

# Adult Social Care Committee

Date: **Monday, 06 November 2017**

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)

Mr Tim Adams                      Mr W Richmond

Miss K Clipsham                Mr M Sands

Mrs S Gurney (Vice-Chair)   Ms S Squire

Mrs B Jones                      Mr M Storey

Mr J Mooney                     Mr H Thirtle

Mr G Peck                        Mr B Watkins

**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 9 October 2017

## 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

- your well being or financial position
- that of your family or close friends
- that of a club or society in which you have a management role
- that of another public body of which you are a member to a greater extent than others in your ward.

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 1 November 2017**. For guidance on submitting public questions, please visit <https://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>

or view the Constitution at [www.norfolk.gov.uk](http://www.norfolk.gov.uk)



## **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 1 November 2017**.

## **7. Notice of Motions**

Notice of the following motion has been given in accordance with the Committee Procedure Rules:-

Mr M Sands:

Committee welcomes the decision of Council to ask us to establish a commission to examine the creation of a Carers Carter to include:

- a) Carer friendly practices employers could adopt to enable employees with carer responsibilities to work more flexibly;
- b) Support that schools could provide to students with caring responsibilities whose studies and participation in school life might be adversely affected ;
- c) Support that the county council can offer or be part of to support community organisations in providing respite and social activities for carers who activities may be restricted by caring responsibilities;

Recognising the importance of this work across all the Council the Committee resolves the membership of the commission should be:

- An independent chair with experience & knowledge of the issues;
- Six councillors in total from Adult Social Care and Children's Services committees
- Norfolk County Council Carers champion;
- Four representatives nominated by Carers organisations.

Council agreed to establish the Commission no later than December 2017 with a target date to report by June 2018. This Committee therefore agrees that, as we have no more meetings until January, to:

1. Delegate calling the first meeting of the commission to Officers;
2. Request the Executive Director of Adult Social Care to invite Carers organisations to nominate 4 representatives on to the commission;
3. Ask Adult Social Care Committee to agree the representation of Councillors on the commission;



**8. Chairman's Update**

Verbal update by Cllr Bill Borrett

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

**10. Executive Director's Update**

Verbal Update by the Executive Director of Adult Social Services

**11. Member Champion Appointments**

**Page 15**

A report by the Executive Director of Adult Social Care

**12. Commissioning and Market Shaping Framework 2017/18 to 2019/20**

**Page 17**

A report by the Executive Director of Adult Social Care

**13. NorseCare Contract review**

**Page 28**

A report by the Executive Director of Adult Social Care

**14. Adult Social Care Finance Monitoring Report Period 6 (September) 2017-18**

**Page 34**

A report by the Executive Director of Adult Social Care

**15. Risk Management**

**Page 59**

A report by the Executive Director of Adult Social Care

**Following this meeting there will be a Member workshop to discuss the Learning Disability and Autism strategy**

**Group Meetings**

Conservative	9:00am	Leader's Office, 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**



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NR1 2DH

Date Agenda Published: 27 October 2017



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## **Adult Social Care Committee**

**Minutes of the Meeting Held on Monday, 09 October 2017  
at 10:00am in the Edwards Room, County Hall, Norwich**

### **Present:**

Mr B Borrett (Chairman)

Mr Tim Adams

Miss K Clipsham

Mr J Fisher

Mrs S Gurney (Vice-Chair)

Mr J Mooney

Mr S Morphew

Mr G Peck

Mr W Richmond

Mr M Sands

Mrs S Squire

Mr H Thirtle

Mr B Watkins

### **1. Apologies**

- 1.1 Apologies were received from Mrs B Jones (Mr S Morphew substituting), Mr M Storey (Mr J Fisher substituting).

### **2. To confirm the minutes of the meeting held on 04 September 2017**

- 2.1 The minutes of the meeting held on 04 September 2017 were agreed as an accurate record and signed by the Chairman.

### **3. Declarations of Interest**

- 3.1 There were no declarations of interest.

### **4. Urgent Business**

- 4.1 There were no items of urgent business discussed.

### **5. Public Question Time**

- 5.1.1 One public question was received and the answer circulated; see appendix A. Mr Russell asked a supplementary question: regarding Benjamin Court, he asked if details could be provided of the cost proposal and how sustainable it would be long term.
- 5.1.2 The Executive Director of Adult Social Services clarified that configuration of the reablement based service was being planned; the overall spend provided was shown in the proposal for the Better Care Fund, signed off as a joint proposal with the Clinical Commissioning Groups (CCGs) and Adult Social Care Committee. More specific details could be provided closer to agreement with the CCGs on configuration of the service. The Executive Director of Adult Social Services clarified that the Health and



Wellbeing Board had, supported by the Adult Social Care Committee, agreed the Better Care Fund proposal for reablement based accommodation. This was not due to come back to Committee.

- 5.2 The Committee Officer confirmed that a second public question was received which was declined. The questioner had submitted a question 4 months previously; the rules for public questions to service committees at section 4.2, paragraph 5, of the Constitution designated that members of the public could ask one question and one supplementary question in a 6 month period.

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

- 6.1 No Member questions were received.

## **7. Chairman's Update**

- 7.1 The Chairman had no further update to the information provided in the reports.
- 7.2 Having been asked for an update from the Health and Wellbeing Board meeting, the Chairman noted that the minutes were available on the Council's website; decisions which affected the Adult Social Care Committee would be reported to Members.

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

- 8.1 Mr Sands had attended the Carers' event at the Forum the previous week, and a meeting of "Able Care" at Whitlingham; he would pass information from this to the Executive Director of Adult Social Services.
- 8.2 Ms Gurney had also attended the recent Carers' event at the Forum.
- 8.3 Mr Thirtle had met professor John French from the University of East Anglia, who was a trustee of centre 81, a service for adults with physical, sensory and other disabilities, health and social needs. Mr French had produced plans for a £10m, purpose built, integrated site for centre 81, which would have impacts on Social Care. New Anglia Local Enterprise Partnership (LEP) had agreed to submit £5m towards the project.

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

- 9.1 The Executive Director of Adult Social Services updated the Committee on:
- The recommendation to Policy and Resources Committee agreed by the Committee to lobby government for Adult Social Care funding. He clarified that this process was underway; the Local Government Association had published a budget submission including a full explanation of pressures experienced by Adult Social Care;
  - A procurement decision made the previous week for mental health services in Norfolk; contracted mental health services would start in march 2018, and providers were currently being planned;
  - The new service to support Carers, "Carers Matter Norfolk", which commenced



the previous week;

- Implementation of the new Social Care recording system Liquid Logic which was on-track to go live in November;
- Recruitment of social workers; ordinary vacancies had reduced from 30 to 23 and a session at “Community Care Live” had resulted in 22 applications to the 50 additional vacancies;
- The Better Care Fund (BCF) which was expected to be assured with conditions.

- 9.2.1 The departure of Michael Scott, CEO of the Norfolk and Suffolk Foundation Trust, was discussed. The Executive Director of Adult Social Services confirmed he had retired.
- 9.2.2 It was queried how a coordinated response to community mental health social services could be created across Norfolk; the Executive Director of Adult Social Services confirmed that integration ambitions would be worked on.
- 9.2.3 Specifications for the new mental health social care community support service had been put together against proposals from the three providers involved, including moving forward with women only services. Work would be undertaken with service providers and users to ensure a smooth and effective process.

## **10. Norfolk Safeguarding Adults Board Annual Report 2016-17**

- 10.1.1 The Committee received the report outlining the Annual Report summarising the work of the Norfolk Safeguarding Adults Board (NSAB) for the year 2016-17.
- 10.1.2 A copy of the annual report was circulated. The Independent Chair of the Safeguarding Adults Board introduced the role of the NSAB and its commitments in meeting the requirements of the Care Act. The self-neglect and hoarding strategy had been launched; ways to link with Early Help Hubs would be developed.
- 10.1.3 The NSAB hoped to improve capacity to cascade lessons learned from Safeguarding Adult Reviews to Social Care staff.
- 10.1.4 Workshops could be provided for Committee Members on Councillors’ responsibilities in safeguarding. It was also possible for Members to attend MASH briefings; interested Members were advised to approach the Safeguarding Adults Board Manager/Business Lead for more information.
- 10.2.1 The Assistant Director of Social Work clarified that the procedure related to lower level reports to Social Care had changed. Referrers were now offered advice and information and concerns were recorded through a different process to ensure information was not lost in-case of future referrals.
- 10.2.2 Enquiries to Social Care had gone down while the rate of serious referrals had gone up to 90%; this was queried. The Assistant Director of Social Work clarified that due to better provision of information and advice less calls were made to the Council for advice, and therefore more calls related to safeguarding concerns.
- 10.2.3 The impact of county lines on Social Care was queried. Housing colleagues reported an increase in incidents such as cuckooing. The Safeguarding Adults Board Manager/Business Lead reported that staff were well connected to the silver and gold



meetings led by police and there was good liaison across services. The number of cases related to County Lines was growing as Operation Gravity continued in Norfolk.

- 10.2.4 The Independent Chair of the Safeguarding Adults Board confirmed links between organisations had developed well and believed information sharing was improving.
- 10.2.5 The Independent Chair of the Safeguarding Adults Board discussed how loneliness could be an issue for people of any age, such as those with mental health problems or addiction. She felt there was a need to increase the effectiveness of the “In Good Company” Strategy across Norfolk.
- 10.2.6 The 2 gaps in attendance on the NSAB were noted. The Safeguarding Adults Board Manager /Business Lead reported they were actively seeking to open up avenues for agencies and organisations to feed in to the board; it was noted that the board could benefit from having a lay member.
- 10.2.7 It was suggested that it would be useful to involve representation from business groups or the private sector. The Safeguarding Adults Board Manager/Business Lead recognised the value of extending links to the business community.
- 10.2.8 The Independent Chair of the Safeguarding Adults Board felt that most responses from agencies were good however that improvements could be made.
- 10.2.9 It was noted that due to the high number of elderly citizens and issue of rural isolation, self-neglect was an issue in Norfolk.
- 10.3 When taken together, with 13 votes for, the Committee duly **RESOLVED** to **AGREE**:
  - a) the content of the report;
  - b) to instruct Officers to share this report with partner organisations with whom they had contact and actively encourage their involvement with NSABs work;
  - c) to ensure all organisations in their constituencies with whom they had contact had safeguarding adult promotional material.

## **11. Adult Social Care Finance Monitoring Report Period 5 (August) 2017-18**

- 11.1.1 The Committee discussed the financial monitoring report based on information to the end of August 2017 setting out variations from the budget, progress against planned savings and actions being taken by the service to remain within budget.
- 11.1.2 The Finance Business Partner (Adult Social Services) updated Members that the Committee was reporting a balanced budget position however there had been an increase in purchase of care in period 5. This increase was queried.
- 11.2.1 The Executive Director of Adult Social Services reported that, following a ‘snapshot’ of 20 cases, Officers had not found inappropriate practice in the decisions made to support those in residential care. To minimise further increase, support for carers needed strengthening and it was hoped that the launch of the new carers’ service would enable this. Increasing bed based reablement alternatives would support reductions in admissions to care, and this was urgently underway. If the pattern continued, the budget would need reconsidering; the costs would continue to be monitored closely.



- 11.2.2 Expected winter budget pressures were queried. The Finance Business Partner (Adult Social Services) confirmed that in period 5 there had been an increase in commitments of £2m for the remainder of the year, £400,000 due to an increase in learning disability support and £898,000 related to older people support impacted by a fall in the number of people able to pay for their own care. Preparedness for winter included recruitment to the social work posts to increase the capacity for timely assessments, and increasing accommodation based reablement housing. Work was underway with homecare and residential providers to prepare for winter.
- 11.2.3 The Finance Business Partner (Adult Social Services) clarified that expenditure of reserves related to funding for the NIPE (National Institute for Practice Excellence) and DOLS (Deprivation of Liberty Safeguards) and agreed projects related to the Social Care Market and learning and development. £3.145m was put into reserves from the Better Care Fund (BCF) which could not be spent in this financial year.
- 11.2.4 The Finance Business Partner (Adult Social Services) confirmed that the cost of “Community Care Live” was included under “additional Social Care funding”, which included a consideration for recruitment. She **agreed** to find out the exact cost.
- 11.2.5 The Finance Business Partner (Adult Social Services) clarified that the reablement accommodation was expected to show fast savings as reablement was usually short term. It was hoped that one unit would be open by January 2018.
- 11.2.6 Officers were taking a new approach by asking NorseCare to take the lead in looking at ways to reduce costs. This had led to a lag in meeting the planned reduction; improvement was expected in the next quarter.
- 11.2.7 The Director of Integrated Commissioning clarified that the review of daycare would involve service users to understand what people wanted from the service and a number of providers including Independence Matters to ensure a sustainable market.
- 11.3 When taken together, with 13 votes for, the Committee duly **AGREED**:
  - a) The forecast outturn position at Period 5 for the 2017-18 Revenue Budget of £261.313m;
  - b) The planned use of reserves;
  - c) The forecast outturn position at Period 5 for the 2017-18 Capital Programme.

## **12. Strategic and Financial Planning 2018-19 to 2021-22**

- 12.1.1 The Committee received the report updating on the Committee’s detailed planning to feed into Norfolk County Council’s budget process for 2018-19.
- 12.1.2 The Finance Business Partner (Adult Social Services) reported the 2 key aspects relating to the Committee were the assumption of using the 3% Social Care precept and improved Better Care Funds toward protection of social care in 2018-19 and 2019-20. This was incorporated into planning assumptions.
- 12.2.1 Spreading the savings over 4 years instead of 3 was queried. The Executive Director of Adult Social Services clarified the budget planning relied on the assumption that business rates and Local Authority funding would move forward as planned giving uncertainty around the later part of the budget for Social Care. Government had confirmed they would consult in Autumn 2018 with Social Care about different



funding arrangements which would impact on the budget for 2020-21.

- 12.2.2 A concern was raised over the impact on vulnerable adults from changes to the disability disregard. The Executive Director of Adult Social Services confirmed that the change was intended to ensure that the funding was received by those who needed it, therefore the changes would be promoted with public sector and advice organisations. Investment in information provision would also support this.
- 12.2.3 The impact on carers of changes to the budget was queried. The Executive Director of Adult Social Services reported that the new service, “Carers Matter Norfolk”, would bring together many organisations to provide one front door, information, respite and other services to provide better, more targeted support to carers. Better support for carers should enable some future demand for care services to be avoided and this would result in a saving.
- 12.2.4 The Finance Business Partner (Adult Social Services) clarified that detailed business cases were in place for some proposals and others were linked with the Norfolk Futures programme. Some proposals around technology needed further work; the proposals for 2018-19 were continuations of existing strategies. Equality Impact Assessments would be completed as part of the consultation process.
- 12.3 When taken together, with 8 votes for, 1 vote against and 4 abstentions, the Committee:
- a) **AGREED** to **RECOMMEND** to Policy and Resources Committee that budget planning for 2018/19 assumes a 3% Adult Social Care council tax precept;
  - b) **CONSIDERED** and **AGREED** the service-specific budgeting issues for 2018-19 as set out in sections 3 and 4 of the report;
  - c) **AGREED** that there were no planned savings for 2018-19 which could be implemented during 2017-18 to provide an in-year saving;
  - d) **CONSIDERED** and **AGREED** that no savings identified for 2019-20 had the capacity to be brought forward to 2018-19;
  - e) **AGREED** proposed new savings for 2018/19 (shown in Table 5 of the report), for **RECOMMENDATION** to Policy and Resources Committee, including those which would require consultation.

### 13. Performance Management report

- 13.1.1 The Committee received the performance management report covering critical measures against the strategy “Promoting Independence” and targets specifically:
- Critical measures and targets against Promoting Independence strategy;
  - The vital signs suite of measures and associated targets already agreed by the Committee and the subject of regular reporting
- 13.1.2 Targets related to Independence Matters, which it was agreed to bring back to Committee, were included in the report.
- 13.2.1 There was a full discussion about departmental performance; specific issues raised were:
- 13.2.2 Reduction of permanent admissions into residential care for people aged 18-64 - officers were asked about how this target would be achieved. The assistant director



of social care said there was a commitment to admit fewer people of working age to care and adopt an enabling approach. Alongside this, there would be different accommodation options which would provide support for people to lead more independent lives.

- 13.2.3 It was queried how targets related to delayed transfers of care would be met. The Executive Director of Adult Social Services reported that a plan had been agreed with the NHS for maximising discharges over winter. Additional initiatives to support minimising delayed discharges were outlined in the Better Care Fund (BCF), and included discharge to assess, additional homecare purchasing and reablement services. The Assistant Director of Strategy & Transformation in answer to a question noted that work was underway to understand recording practices so that efforts could be targeted towards where there would be most impact.
- 13.2.4 There was a question concerning the scope of the carers' measure. In response, the Assistant Director for strategy and transformation said the intention was to measure the impact of our services for carers. This might not be a single measure, but several measures which taken together gave an evaluation of the difference services were making for carers.
- 13.2.5 In response to a question the Executive Director of Adult Social Services confirmed the reablement service was performing consistently across Norfolk as shown in the Vital Signs dashboard appended to the report. The accommodation based reablement service would be a consistent model across Norfolk. The Director of Integrated Commissioning clarified that there would be 3 centres of bed based reablement to focus services and provide an equitable offer.
- 13.3 When taken together, with 13 votes for, the Committee duly **AGREED** targets against the measures as set out in the table at section 5 of the report.

The Meeting finished at 12:01 PM

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



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## **PUBLIC QUESTIONS TO ADULT SOCIAL CARE COMMITTEE**

**MONDAY 9 OCTOBER 2017**

### **1a. Question from David Russell**

North Norfolk Clinical Commissioning Group carried out a consultation on the future of Benjamin Court in Cromer and the replacement of current inpatient beds, which ended on the 11th September.

It subsequently emerged that Norfolk County Council Adult Social Care Department submitted a firm proposal for Reablement Beds at the unit.

Can you provide details of this proposal?

### **1b. Response from Chair**

Adult Social Services expressed an interest to North Norfolk Clinical Commissioning Group, at the same time as the consultation, in the use of the 18 beds if they became free for accommodation based reablement.

Norfolk First Support (NFS) would provide the Accommodation Based Reablement in Benjamin Court. NFS is the NCC in house service that provides reablement to people in their own homes.

The aim of Accommodation Based Reablement (ABR) is to maximise the independence of people and reduce the number of people going into residential care. This would mean more people could stay in their own homes, in line with Adult Social Services' Promoting Independence strategy and the Care Act. It will also reduce the amount of long term home care people who return to their own homes need, which in turn will help reduce the pressure on the home care market.

It will complement Adult Social Services home based reablement service and also initiatives like Supported Care

The service would be offered by NCC to people who are medically fit for discharge from an acute bed but unable to return to their home safely (including due to physical/function ability and concerns about night time). The service would also be offered to people who are at risk of going into hospital or long term residential care. People would need to have the potential to be reabled and would benefit from reablement. The service would work with people to ensure they regain their independence in a safe environment, usually after an illness or injury. People would return to their usual place of residence or an appropriate placement to meet their needs, having completed a reablement programme.

The service will work with occupational therapists, physiotherapists and health professionals.

The type of activities may include: personal care; help with preparing meals; assessing risk and ensuring a safe home environment; obtaining equipment for users; teaching people exercises to help regain mobility, strength and confidence, and supporting and encouraging them to practise the exercises; problem-solving to support independence;



supporting users to increase social contact, for example referring or informing users about lunch clubs, day centres, social activities.

People would have accommodation based reablement for up to six weeks. In exceptional circumstances it could be offered for longer for individuals. As this is reablement it would be provided free to people for up to six weeks (in line with the Care Act).

The proposal for accommodation based reablement is joint through the Better Care Fund and has been to Adult Social Care Committee on 10 July and the Health and Well Being Board in September.

Work on an agreement for use of the accommodation is still to be completed.



# Adult Social Care Committee

Item No:

<b>Report title:</b>	<b>Member Champion Appointments</b>
<b>Date of meeting:</b>	<b>6 November 2017</b>
<b>Responsible Chief Officer:</b>	<b>James Bullion, Executive Director of Adult Social Services</b>

## **Executive summary**

At its meeting on 19 June 2017, the Committee deferred consideration of the appointment of a Member Champion for Learning Disabilities and also a Member Champion for Physical Disability and Sensory Impairment. This request subsequently went to the Committee meeting on 4 September but no appointments were made. This report asks Members to consider making these appointments.

## **Recommendations:**

**That Members agree appointments to the following posts:**

- a) Member Champion for Learning Disabilities**
- b) Member Champion for Physical Disability and Sensory Impairment**

## **1. Proposal**

### **1.1 Member Champions**

- 1.2 At the meeting of the Committee held on 19 June, the Committee deferred consideration of the appointment of a Member Champion for Learning Disabilities and a Member Champion for Physical Disability and Sensory Impairment. This request subsequently went to the Committee meeting on 4 September but no appointments were made.
- 1.3 Communities Committee has recommended that that the Member who is appointed as Member Champion for Physical Disability and Sensory Impairment should also serve as the Council's representative on Norfolk and Norwich Association for the Blind.

## **2 Financial Implications**

- 2.1 The decisions members make will have a small financial implication for the members allowances budget, as attendance at an internal or external body is an approved duty under the scheme, for which members may claim travel expenses.

## **3 Issues, risks and innovation**

- 3.1 There are no other implications to be considered by members.

## **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>
Sarah Rank	01603 222054	<a href="mailto:sarah.rank@norfolk.gov.uk">sarah.rank@norfolk.gov.uk</a>



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# Adult Social Care Committee

Item No:

<b>Report title:</b>	<b>Commissioning and Market Shaping Framework 2017/18 to 2019/20</b>
<b>Date of meeting:</b>	<b>6 November 2017</b>
<b>Responsible Chief Officer:</b>	<b>James Bullion, Executive Director of Adult Social Services</b>

## Strategic impact

The Care Act places a statutory duty on Norfolk County Council (the Council) to promote the effective and efficient operation of the care market. This is essential to enable the Council to meet the eligible care needs of all adults in the county, secure value for money and meet savings targets and create a sustainable care market.

## Executive summary

This report sets out the proposed framework for commissioning and market shaping over the period 2017/18 to 2019/20. (See **Appendix 1** for the Framework document) It highlights the key changes that commissioning and market shaping needs to bring about to best support our Promoting Independence strategy to deliver our vision of supporting people to be independent, resilient and well and deliver the savings required over the period.

The framework provides the foundation for a clear commissioning and market shaping strategy to bring about the changes required in the market and in communities to realise our vision. Sector based plans for older people and working age adults are being developed to address the strategic priorities set out in the framework.

The reason for bringing this report at this time is to ensure Adult Social Care Committee (the Committee) are sighted on the risks and opportunities within the social care sector and in particular are aware of issues facing the market and proposed strategies for supporting a sustainable and vibrant market for care in the future.

## Key Points:

- a) The Care Act places a specific statutory duty on the Council to shape its social care market
- b) Demographic growth indicates likely increases in demand for services at a time when budgets are decreasing
- c) The care workforce is not stable and Norfolk has significant gaps in key sectors such as nursing and homecare
- d) Care accommodation needs to be modernised and the supply of independent/supported accommodation increased
- e) The implementation of the PI strategy requires more reablement/enablement focused services across all types of care
- f) CQC and benchmarking data shows that quality of services, while improving, needs to improve further
- g) The care sector is a generally low paid workforce, additional costs and pressures have accrued from the introduction of the NMW
- h) Tools for shaping and supporting the market including workforce strategies, provider engagement forums, recruitment support and the market development fund are well developed
- i) Strategic priorities outlined in the Commissioning and Market Shaping Framework 2017-2020 will consolidate and support communication with market providers



## **Recommendations:**

### **The Committee is recommended to:**

- a) Agree the strategic priorities for market shaping and development set out in the Commissioning and Market Shaping Framework 2017- 2020, as set out in 3.11.2**
- b) Agree to delegate the development of sector plans, in conjunction with providers and users of services, based on the strategic priorities in the Framework**

## **1. Proposal**

- 1.1 A new commissioning and market shaping framework is proposed setting out clear priorities to support the delivery of the Council's Promoting Independence Strategy, to support the delivery of the Norfolk Futures savings programme and maximise the impact of commissioning in shaping the Norfolk care market.

## **2. Evidence**

### **2.1 Why do we need a new commissioning and market shaping framework?**

- 2.1.1 The Council is under a specific statutory duty in the Care Act (the Act) to shape its social care market so that it operates effectively and efficiently providing a choice of good quality services which are sustainable in the long term. Commissioning has a vital role to play in ensuring that the Council discharges this market shaping duty successfully.
- 2.1.2 The market and system of care and support is complex. A commissioning and market shaping framework will ensure that the Council focuses its work on strategic priorities that guide commissioning effort and compliments related programmes in the health and care systems. These programmes include Promoting Independence, Living Well and the Sustainability and Transformation Plan.

## **3. National and local drivers of change**

### **3.1 Demographic growth and financial challenges**

- 3.1.1 Demographic trends show that life expectancy is increasing. This is a cause for celebration, however, it means that there will be a growing proportion of the population over the age of 75 with many living into their 90s. In Norfolk over the period 2015 to 2036 we expect an increase of 67,000 in the over 75s population. This is a 70% increase compared to a 13% increase in the population as a whole.
- 3.1.2 Additional financial pressures include:
  - a) a fall in funding and real terms spending on social care. Nationally, the Association of Directors of Adult Social Services (ADASS) reported in the 2016 Budget Survey the impact of pressures following five years of funding reductions totalling £4.6bn and representing 31% of real terms net budgets. In Norfolk, Adult Social Services has needed to deliver £90m of savings since 2010 in order to manage both rising costs and demand amid sustained reductions in funding
  - b) Over the period 2018/19 to 2021/22 Adult Social Care will need to deliver further savings of £69.619m
  - c) Introduction of the national living wage and the commitment to year on year increases which are not fully funded places further financial pressure on all councils



- 3.1.3 All of this means that shaping and managing demand in the care market will be crucial to the Council's success in meeting its financial targets whilst still discharging its social care duties under the Care Act.

### **3.2 Workforce challenges**

- 3.2.1 The stability and capacity of the care workforce is a national issue that is brought into sharp focus in Norfolk. Over 27,000 people are employed in the social care market in Norfolk and recruitment and retention of staff is challenging with turnover rates approaching 30% in the care home sector and almost 50% in the home care sector.
- 3.2.2 There is a national shortage of nurses and in Norfolk over the past 12 months over 250 nursing beds have been lost. At least 7.3% of the care workforce currently comes from European Union (EU) countries. Norfolk has developed a workforce strategy but this needs to be re-profiled and is critical to success in shaping the supply side of the market.

### **3.3 Care accommodation challenges**

- 3.3.1 The care estate needs to change. Approximately 90% of existing residential care homes were not purpose built and many are not registered to support people with dementia. We expect a significant rise in the number of older people in particular who will require dementia related care and/or nursing support. Whilst it remains important to ensure choice in the market it will become increasingly difficult for smaller homes faced with diseconomies of scale and the need to invest in the fabric of the building as well as training the workforce to meet these specialist needs going forward. There will be a need to invest in new purpose built care homes to meet the future demand for this type of care and support.
- 3.3.2 There are only 18 housing with care schemes supporting older people provided through social landlords in the whole of Norfolk providing 707 beds. There are a small number of privately funded schemes bringing the total up to around 1000 beds. Recent commissioning research suggests that about 1500 extra beds will be required as a minimum by 2036 to meet demand. Housing with care can also provide a more independent offer for working age adults particularly those with physical and learning disabilities.
- 3.3.3 Greater use of assistive technologies and digital solutions will play a key part in enabling people to remain at home longer together with the smart investment of disability facilities grant funding held by the district councils. The Council is already embarked upon a housing strategy and it will be important to ensure that it supports the developments required to deliver better outcomes for people and to deliver savings.

### **3.4 Integrated provision challenges**

- 3.4.1 The Care Act lays down the challenge to local authorities and the health system to work effectively together to promote wellbeing and prevent, reduce or delay the need for social care. In the social care system services are provided almost entirely by a market of independent care businesses, national and local organisations in the community sector as well as countless community based groups, not forgetting the legions of unpaid carers.
- 3.4.2 The effective arrangement and use of these assets across the whole system to support people where they live is critical to successful market shaping. In Norfolk one of the approaches taken to achieve this is 'place shaping'. This means that we create services that really support wellbeing and the swift restoration of independence when help is needed to do so. These services wrap around and support key health infrastructure such as hospitals and GP surgeries.



### **3.5 Quality and market engagement challenges**

- 3.5.1 The Committee considered the annual quality report at its June meeting. The report set out the quality of care in Norfolk both as measured through Care Quality Commission (CQC) inspections and through analysis of concerns, complaints, safeguarding incidents and other intelligence. There is a clear need to improve performance across the market as a whole particularly in the residential care sector. Securing high quality and a high performing market is central to effective commissioning and market shaping.
- 3.5.2 The relationship between the Council and the care market is fundamental to improving quality and performance and we continue to work with providers to ensure that the appropriate structures are in place to support inclusive engagement and dialogue that supports market shaping.

### **3.6 Value for money challenges**

- 3.6.1 The Council spends £290m a year in the Norfolk care market. A comprehensive analysis of this investment by sector is set out in the commissioning led market position statement (see section 6. Background Documents). It is clearly essential that the Council is able to demonstrate that it is getting good value for its investment. To do so the Council needs to be satisfied on good evidence that its prices cover the actual cost of care and support sustainable provision in the long term. The statutory guidance to the Act requires councils to be able to show that prices have due regard to actual costs. Norfolk has successfully developed a cost model to enable the Council to confidently set its prices for residential care for older people and are working with providers to do the same for the working age adult residential care sector.
- 3.6.2 Commissioners have also completed a major analysis of cost in the home care market and have developed a new pricing structure for implementation from April 2018 which will signal significant new investment in this crucial market. Work across all market sectors will take place as our strategies develop.

### **3.7 Sustainability challenges**

- 3.7.1 The Act and guidance require the care market to be sustainable in the long term and there are specific duties in the event of market failure. Striking the right balance between quality, value for money and choice on the supply side of the market is central to successful commissioning. The market is beginning to show signs of stress in both the care homes and home care sectors and commissioners will need to continue to strive to ensure that plans are mindful of the balance required.

### **3.8 Diversity and choice challenges**

- 3.8.1 The Act requires a market that provides a variety of providers and services to provide choice for people whether or not they pay for the care themselves or the Council does so. This choice needs to be balanced against sustainability, quality and value for money. A market that is over consolidated may give value but creates risk if a key provider fails. On the other hand a market that has too many providers may provide greater choice but may not provide value for money. Commissioners have a key role to play in getting the right mix in the market.

### **3.9 What does the Care Act say about shaping and managing demand in the market?**

- 3.9.1 The Care Act requires councils with adult social care responsibilities to promote the individual wellbeing of all adults in their areas. In doing so the Act emphasises the need to prevent, reduce or delay the need for care. Our new Living Well social work practice, founded on the three conversations model, will be key to ensuring that the Council is fully



aligned with these requirements. In effect this means that our social work practice will have a significant effect on the demand side of the market. As a result we expect both the level of demand for care services needed to meet eligible needs, and the types of care and support required, to change as adults are increasingly supported to be independent, resilient and well in their own homes and communities.

- 3.9.2 The Act also requires councils to ensure that all prospective care consumers are able to access sufficient information and advice to make informed choices about what is available to support them and what it might cost and who will pay. A good current example of doing so is the proposed support scheme for discharge from hospital which will feature a new, up to date, relevant and comprehensive information and support service to patients in hospital preparing for discharge. Further work will be needed to ensure that all care consumers are informed and supported to make effective care choices to shape demand for good quality cost effective services.

### 3.10 **What does the Care Act say about shaping and managing supply in the market?**

- 3.10.1 Having set out requirements that are essentially about managing the demand for care services the Act goes on to set out important duties that relate to the supply side of the market.

- 3.10.2 The Act requires councils to promote the effective and efficient operation of their care markets. In particular the requirements focus on quality, diversity and choice, value for money and sustainability. There is in addition a specific requirement to foster the care workforce.

- 3.10.3 Success in commissioning will be measured by the extent to which local communities realise independence and wellbeing and in particular the extent to which the formal care market can meet needs through a diverse range of quality, value for money sustainable services.

### 3.11 **The Commissioning and Market Shaping Framework**

- 3.11.1 The commissioning and market shaping framework (the framework) is intended to enable the Council to address these drivers of change and challenges as well as to effectively discharge its Care Act duties in relation to market shaping as set out above in this report.

- 3.11.2 The Framework is founded on the following ten fundamental strategic priorities:

#### **Quality**

- a) To improve and sustain the quality of care in the market
- b) To ensure that all care consumers have access to effective information, advice and support to enable informed choices in the care market

#### **Promoting Independence and Stability**

- c) To secure stable and sustainable supply in the market matching demand to best address eligible care needs
- d) To support a shift from residential care to housing based solutions for working age adults and older people where this delivers better outcomes and value
- e) To support carers and communities to maintain people's wellbeing
- f) To support early intervention and help to prevent the need for formal funded care including much greater use of technologies
- g) To effectively integrate market and place based services with health and housing services to create resilient places to support wellbeing
- h) To maximise value for money from our investment in the market and deliver savings



## **Workforce**

- i) To foster the care workforce to secure and sustain the numbers and quality of people needed to provide the care that best meets demand
- j) To embed the shift to more enablement, reablement, resilience and independence in our investment in the market

### **3.12 Implementing the Framework**

- 3.12.1 The framework provides the common set of principles and priorities to shape and direct all of our commissioning and market shaping over the coming years. It will be implemented through a series of sector plans which will describe the current state of the market, the demographic context, the expected future demand, and options or expectations for the future shape of the market in that sector. These will be developed in conjunction with providers and users of services over the coming months.

## **4. Financial Implications**

- 4.1 The programme of work in the commissioning and market shaping framework is ongoing. However the significant financial pressures building in the market should be noted. Work on supporting the market, better provider communication and a cost of care exercise during 17/18 will ensure risks are identified and mitigated.
- 4.2 The cost of care exercises both completed and being undertaken provide a baseline understanding of the costs associated with delivering a service. However, inflation, legislation and market pressures are key components for ensuring that costs are updated and relevant to the Norfolk market. Prices are set as part of the annual budget setting process and necessarily take into account affordability. The challenge to balance quality, market stability, value for money and affordability is increasing as funding reduces and budgets are squeezed.
- 4.3 The Council aims to set out proposed prices for the following financial year in January each year. This enables the proposals to be considered as part of the budget setting process, including wider decisions affecting council services and agreement of key decisions such as council tax.
- 4.4 As part of the spring budget the Chancellor announced additional non-recurrent funding for social care in 2017-18 and two further years. A condition of the grant is that the funding is pooled into the Better Care Fund and plans for spending were agreed by the Council and Norfolk's Clinical Commissioning Groups in July. One of the conditions for use of the grant is to help stabilise the local social care provider market. Our plans have taken both the additional funding and improved better care funding into consideration in order to enable longer term decisions to be made. This will enable £9m of the 2017-18 funding to be earmarked to support the market, rising to £11m in 2018-19. This funding will help support implementation of some priorities arising from these plans, but further financial resources may need to be included within future year budget planning as requirements are developed.

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

- 5.1 A review of the commissioning function is planned to bring forward proposals in the last quarter of the current financial year. These plans will support the continued integration of functions while ensuring that key Adult Social Care projects are delivered.
- 5.2 **Legal implications**
- 5.2.1 Market shaping, as proposed, is fully compliant with the Care Act.



## 5.3 Risks

- 5.3.1 There is a growing risk of market failure as demand for care increases and the cost of providing it (particularly in the most rural areas of Norfolk) increases beyond the Council's ability to fully fund all cost increases in all cases. Failures can range from insolvencies at one end of the scale( with potential permanent loss of capacity) to temporary interruptions in supply caused in the main by quality and performance issues at the other all of which increase the risk of being unable to secure the care that people need.
- 5.3.2 In the last two years over 250 nursing beds have been lost in the market. In most cases this was the result of care homes deciding to continue as residential only instead of residential and nursing due either to lack of placements and / or the shortage of affordable nurses. As the proportion of very elderly people in the Norfolk population increases more nursing capacity will be required.
- 5.3.3 Many residential care homes in Norfolk cater for frail elderly people but are unable to support such people who have dementia that drives challenging behaviours. An increase in dementia capable capacity will be required going forward.
- 5.3.4 There is a small (2%) but growing unmet need in the home care market with particular pressures in the North and South of the county. Three small providers have left the market in the last year and several other providers, large and small, continue to battle with quality issues giving rise to interruptions in supply. Without improvements in quality temporary interruptions in supply will become more common resulting in increased unmet demand.

## 6. Background Papers

- 6.1 [The Market Position Statement 2017](#)  
[Adult Social Care Annual Quality Report 2016/17](#)

### 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:

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Steve Holland	01603 638353	<a href="mailto:steve.holland@norfolk.gov.uk">steve.holland@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.



**DRAFT**

# Adult Social Services

Commissioning &  
Market Shaping  
Framework  
**2017-20**

## Our vision

Supporting people to be  
independent resilient  
and well

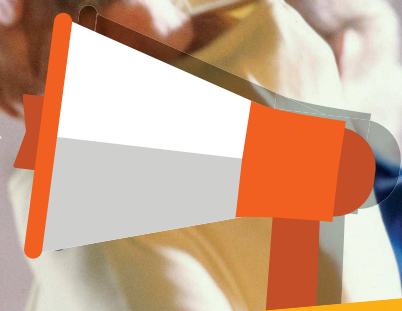
## Our commissioning and market shaping strategic priorities

- Improve and sustain the quality of care
- Maximise value for money from our investment in the market and deliver savings
- Secure stable and sustainable supply in the market matching demand to best address eligible care needs
- Support a shift from residential care to housing based solutions for working age adults and older people where this delivers better outcomes and value
- Foster the care workforce to secure and sustain the numbers and quality of people needed to provide the care that best meets demand
- Embed the shift to more enablement, reablement, resilience and independence in our investment in the market
- Support carers and communities to maintain people's wellbeing
- Support early intervention and help to prevent the need for formal funded care including much greater use of technologies
- Ensure that all care consumers have access to effective information, advice and support to enable informed choices in the care market
- Effectively integrate market and place based services with health and housing services to create resilient places to support wellbeing





This framework outlines our vision for how strategic commissioning and market shaping will help shape the care market, care system and communities to support people to be independent, resilient and well.



# Strategic Commissioning and Market Shaping

The Care Act requires councils to put the promotion of individual wellbeing at the heart of everything they do. The Act emphasises the need to prevent, reduce or delay the need for care and to work with key partners including health, housing and communities in doing so. The operation of the care market is critical and complimentary to these endeavours. Our approach to strategic commissioning and market shaping will be driven by these imperatives.

This means shaping markets and community based care and support to provide the most effective and efficient ways of doing so. Our approach to market shaping is about marshalling the best support available from all providers across the whole system, including community health and primary care, thereby helping our acute hospitals to work better through minimising avoidable admissions and delayed transfers of care.

## Commissioning

- We will support the development and implementation of effective workforce strategies for each key market sector with clear plans for tackling recruitment and retention challenges.
- We will support the development and implementation of effective housing and care accommodation strategies for supported key market sectors with clear plans for doing so.
- We will develop and publish through our Market Position Statement clear commissioning strategies for each of our key markets setting out our commissioning intentions, planned investment and opportunities for the market.
- We will simplify and standardise our sourcing and procurement processes through flexible framework arrangements which will replace the legacy contracts programme and minimise market disruption.
- We will strengthen our quality assurance and performance management to secure continuous improvement, value for money and sustainability.
- We will develop new flexible outcomes based contracts that reward and incentivise the promotion of wellbeing and maximising independence.
- We will support the development and implementation of information and advice strategies that empower care consumers enabling good choices in the care market.
- We will work with the market and care consumers to develop and implement robust and effective management of market failure, setting out our approach in business continuity and contingency planning.



## Market Shaping

- We will support the development and implementation of integrated commissioning in each of our localities setting out clear plans of how to do so.
- We will support the development and implementation of about 20 place based care and support systems clearly linked to GP surgeries bringing together communities, health, the independent market and community groups to support people to be resilient and well.
- Work with health and other partners to develop and implement new effective hospital discharge systems that gets people home from hospital as quickly and safely as possible including discharge to assess and trusted assessor schemes with clear plans for doing so.
- Work with health and other partners to develop and implement initiatives that tackle avoidable admissions to our acute hospitals including enhanced health care in care homes with clear plans for doing so.



## Be strong partners with priorities

Norfolk County Council invests almost **£300m a year** in the care market relying almost entirely on **over 700** independent business and organisations to provide the care and support that people need to be independent, resilient and well. Developing and continuously improving our relationships with providers and building trust are key for effective working.

- **We will** continue our market engagement and set out clear proposals for more effective structures to support dialogue at strategic, sector, operational and local level including support for a Norfolk care association.
- **We will** continue to work with the market to develop credible and effective cost models to ensure we pay the right price to ensure quality, value for money and sustainability in the long term.
- **We will** make our Market Position Statement available as an online resource linked to our Market Intelligence Tool that will provide the information that everyone with an interest in the care market needs to make business decisions and care choices.
- **We will** continue to support and develop our annual Care Convention to help guide our market shaping priorities decisions and care choices.
- **We will** develop and publish clear commissioning intentions in a suite of sector based market shaping plans to enable providers to develop services going forward.

## Quality

- Norfolk faces a significant quality challenge with CQC ratings being significantly lower than other local authority areas in the East of England.
- We will implement our quality improvement strategy set out in our annual quality report.
- We will make available to all providers free of charge a new quality improvement tool to help secure and maintain CQC ratings of at least good.
- We will work with the market to develop a new leadership & skills resource to tackle the root causes of poor quality ratings.
- We will work with quality assurance colleagues across the whole healthcare and social care system to reduce duplication and increase the effectiveness of our interventions.

## Celebrating great care and promoting best practice

We believe that identifying and promoting best practice and sharing it across sectors is a great way to improve care services.

We want to continue to formally recognise the very best in care in Norfolk through our Annual Care Awards Event

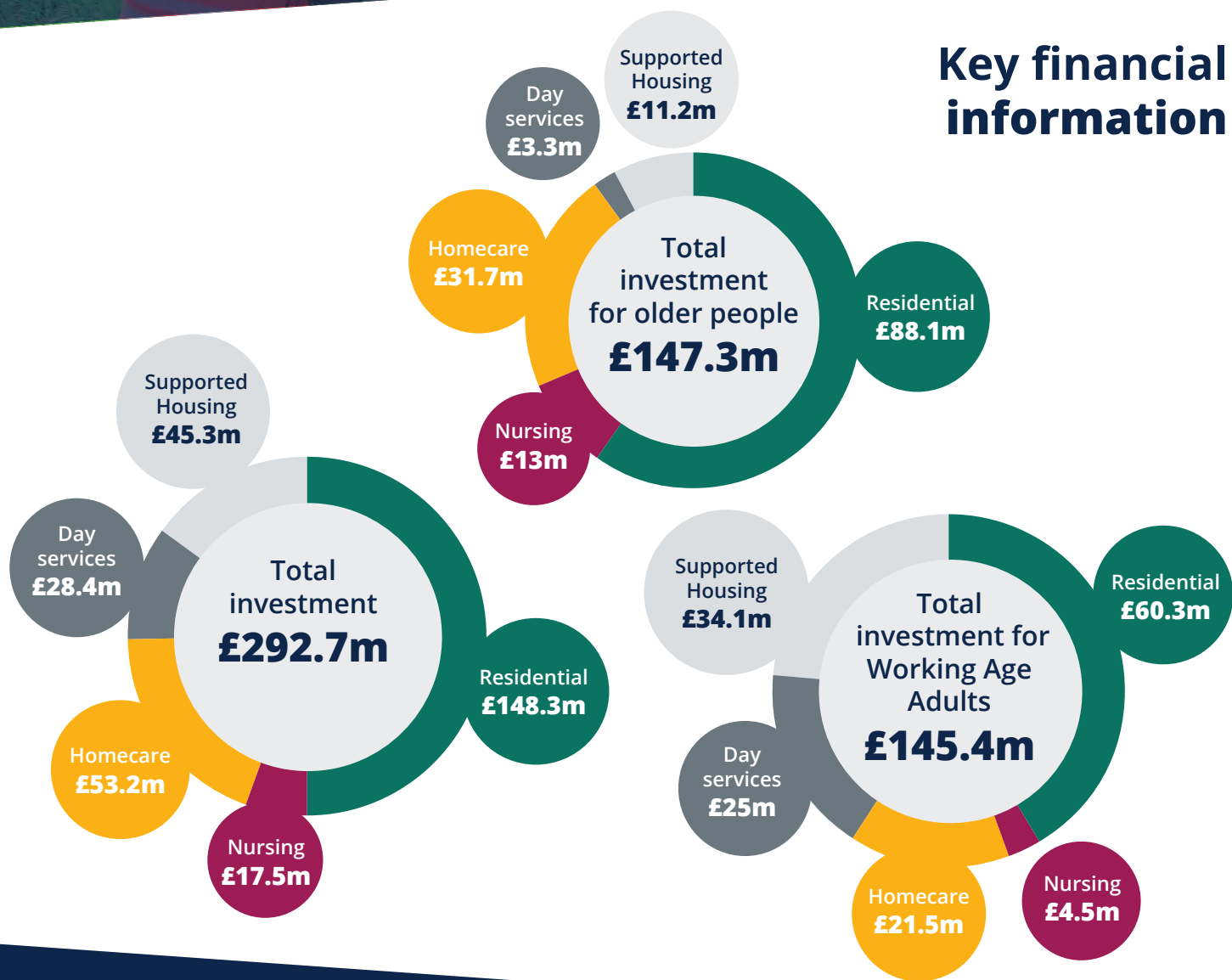




# Being the best

- We will work closely and effectively with key partners leading our prevention and early interventions programme, our social workers driving forward the Living Well programme and colleagues leading workforce and housing strategies.
- We will work with colleagues across the whole Council and key partner organisations to identify and develop best practice and new ways of working.
- We will be active players in regional and national market shaping, commissioning and integration networks.

## Key financial information



## Delivering success: selection of key performance measures

% regulated care providers rated as good or better target at least 80% in all sectors	% regulated care providers rated as inadequate target less than 1%	% unmet need for care package all sectors target less than 1% at any time in any sector	Social care avoidable admissions target	% publicly funded people in care homes for more than 18 months target less than 25%
Working towards reducing social care delays from 744 patient days in June to 566 in November	% of adults under the age of 30 in long stay care homes target 0%	% discharges from hospital to home target at least 90%	% of adults with LD living in their own homes target at least 90%	% of supported living settings with at least 6 units target 80%



# Adult Social Care Committee

Item No:

**Report title:** NorseCare Contract Review

**Date of meeting:** 6 November 2017

**Responsible Chief Officer:** James Bullion, Executive Director of Adult Social Services

## Strategic impact

NorseCare 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.

## Summary

Since Norfolk County Council created NorseCare in 2011 much has been achieved. NorseCare is the largest single provider of residential and Housing with Care services in Norfolk. NCC spends nearly £290 million a year in the care market, of which just over £34 million is with NorseCare.

Since the company was established, the operating context for the county council, its companies and the wider care market has significantly changed. This report analyses the current position, and proposes some new operating principles which will inform changes to the transformation programme and revise the contract arrangement between the council and NorseCare.

## Recommendations:

### Committee is asked to:

**Agree the principles in Section 3 and delegate to the Executive Director a refresh of the NorseCare Contract based on those principles**

## 1. Context and background

- 1.1 In 2011 Norfolk County Council (NCC) 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.
- 1.2 As part of the vision for establishing the company, NorseCare was required to transform its ageing estate over 15 years. All care staff and associated management and support staff transferred to the new company with the expectation they would, wherever possible, be redeployed in the new care settings as the transformation programme proceeded.
- 1.3 Much has been achieved over the last six years. NorseCare is the largest single provider of residential and Housing with Care services in Norfolk. 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 spending on residential care and 98% of NCC's spending on Housing with Care. NorseCare has previously delivered savings for the council through efficiencies, changes to staff contracts and developing other income streams, which enabled the contract to be reduced by £1m in 2015/16 and has provided annual rebates. In this financial year NorseCare has foregone an inflationary increase and developments including resizing the contract and introducing revised terms and conditions for new staff has enabled some savings to be realised.



- 1.4 However, since the company was established, the operating context for the county council, its companies and the wider care market has significantly changed. This report analyses the current position, and proposes some new operating principles which will inform changes to the transformation programme and revise the contract arrangement between the council and NorseCare.

## **2. Factors for Change**

There are a number of factors which make it timely to review and re-set the contractual arrangements with NorseCare. These are:

### **2.1 The introduction of the Care Act 2014**

- 2.1.1 A key duty of the council under the Care Act 2014 is 'market shaping', which has three main functions:

- a) To promote wellbeing of the whole local population, not just those people whose care it funds
- b) To move from being an influencer on the care market solely through its own purchasing to one where, with providers, 'it seeks to shape, facilitate and support the care market'
- c) To ensure that continuity of care is maintained for people in case of provider failure

### **2.2 Promoting Independence Strategy**

- 2.2.1 Promoting Independence is Adult Social Services' strategy to support people to stay independent, resilient and well. Shaped by the Care Act, it aims to help people to live their lives, making choices that work for them, with support that ensures they stay in control in their preferred place of residence.
- 2.2.2 To implement Promoting Independence we are changing the pattern and type of support and care across Norfolk, with more emphasis on support for people to remain at home for longer, less reliance on residential care. This is what people tell us that they want. This approach is already reflected in our commissioning intentions, with a greater investment in home-based reablement, accommodation based reablement, assistive technology support services, home support and supported housing, nursing care, and consequently lower growth proportionately in residential care. These commissioning intentions need to be factored into the arrangements for NorseCare.

### **2.3 Changing Demographics**

- 2.3.1 A recent review of requirements for 2020 shows a significant change from the Strategic Model of Care which was developed in 2008. The most significant factor is a projected increase in the need for dementia and nursing residential care, and Housing with Care provision, with many fewer non-dementia residential care home places.

### **2.4 Financial constraints on the public sector**

- 2.4.1 Since 2010, the public sector has seen a period of sustained austerity which has reduced government grant to local councils and required year on year reductions in spend. This has been at a time of increasing demand which has made it a particularly challenging time for social care.
- 2.4.2 Nationally it is acknowledged that social care has been underfunded. Since the Council agreed its budget in February, additional funding has been directed towards adult social care by the Government, including through the ability to increase council tax to support social care. However, there is still a need for a more sustainable footing for the future,



and the Government has signalled there will be further debate in the New Year about the best way to finance and deliver social care services.

- 2.4.3 Whilst the overall spending for adult social services increases year on year, savings still have to be achieved to keep pace with the demand for services and the increasing costs of providing them. In 2016/17, adults made savings of £7.2m in 2016/17 against a target of £10.9m.
- 2.4.4 In 2017/18, it is required to deliver savings of £14m, and a further £4m to replace one-off government funding. For the following four years, the total amount is £69.619m. This gives an indication of the scale of change and transformation required.

## **2.5 The Residential Care Market**

- 2.5.1 Adult Social Services spends the vast proportion of its monies with independent providers of care. Whilst social workers assess what strengths people have and agree with individuals what additional support they need to be able to stay as independently as possible, any care is then purchased from the care market.
- 2.5.2 Inflation, pay costs and rising prices all put pressure on the cost to adult social services for that care. In line with other local authorities, the amount of money the Council pays for each 'unit' of care is increasing. These increased costs are being driven by a range of factors including:
  - a) Increases to the National Minimum Wage
  - b) A very challenging labour market, with significant ongoing staff turnover, particularly in home care
  - c) An 'ageing' care estate of often older care homes and nursing homes
- 2.5.3 Adult social services has a statutory responsibility to support and develop the market for care – not just for those eligible for adult social care, but for all citizens in Norfolk. At the same time, it is also our responsibility to purchase care in the most cost effective way for council tax payers.
- 2.5.4 During the 2016/17 and 2017/18 Cost of Care exercise, the consultations on Proposed Usual Prices for Residential and Nursing Care for Older People in Norfolk provided NCC with feedback from some providers who perceived that the Council's contractual arrangements with NorseCare were having a negative impact on the viability of the market.
- 2.5.5 Transparency and trust between Adult Social Services and the market is critical for developing sustainable care patterns for current and future generations. Clarity about the direction of travel for NorseCare and openness about the principles underpinning the contractual arrangements will help to address negative perceptions which have built up.

## **3 Underpinning principles for future arrangements between NorseCare and Norfolk County Council**

### **3.1 Move to unit cost basis**

- 3.1.1 The Council and NorseCare are working together to determine the unit cost for beds in each care home. Within this they will identify the 'legacy' cost relating to costs inherited by NorseCare from NCC when the staff and assets transferred. NCC and the company will agree a trajectory to reduce the legacy costs. They will also agree any reductions in the number of beds purchased in specific homes.



- 3.1.2 The council will also ensure that the payment it makes towards legacy costs does not subsidise the rates which the company charges self-funders.
- 3.2 Releasing more capacity for self-funders**
- 3.2.1 Income from self-funders is reinvested in the transformation programme. It is proposed to review the current position to determine a new balance between local authority purchased care and self-funders which would give greater flexibility to respond to real-time demand and market pressures.
- 3.3 Re-defining the transformation programme in line with needs**
- 3.3.1 The transformation programme was based on needs analysis conducted in 2008-10 and the landscape has changed considerably since then. Recent analysis by Public Health, and stakeholder views, indicate that future developments should focus on provision of accommodation for those with dementia but also on more independent living such as housing with care that can provide a better quality of life and independence for individuals.
- 3.3.2 To date NorseCare has made progress in transforming and adapting the estate. Four new schemes have opened to replace nine unmodernised homes. With investment from the council of some £5.6m, this has resulted in 143 dementia places and 122 housing with care units.
- 3.3.3 Whilst this is in line with the original transformation programme, there is a need for scale and pace to meet the changing needs. Housing with care is a more flexible, 'fit for the future', model that can be adapted to suit a variety of needs and levels of dependency.
- 3.3.4 NCC and NorseCare intend to work together to identify homes where a shift can be made towards dementia beds in order to help increase capacity within the market in line with anticipated future demand.
- 3.3.5 Both NCC and NorseCare recognise the need to take account of learning from previous developments. The options for development here need to be tested with both NorseCare and external providers to ensure resulting revenue levels are sustainable.
- 3.3.6 Further work will be undertaken during November and December 2017 to identify potential development of other new sites to meet demand in key areas. NCC will also consider opportunities that may exist within the market in any identified development areas.
- 3.3.7 Revised projections of need and requirement for a different mix of accommodation will entail potential closure of some homes that are not economically viable or meeting the aspirations of Norfolk residents. Recommendations for any re-purposing of existing homes, or closures, will be put forward by NorseCare.

## **4 Conclusion and Next Steps**

- 4.1 NorseCare continues to play an important role in delivering Adult Social Services' strategy for change, Promoting Independence. To ensure that it is fit for the future and closely aligned to support that strategy, a refresh of the original contract is required.
- 4.2 If agreed by Committee, the Executive Director will take forward discussions with NorseCare which will lead to a refreshed contract for 2018/19. The outcome of the refresh will be reported to the Adult Social Care committee.



## **5 Financial implications**

- 5.1 Re-negotiating the contract, based on the above principles, would effectively re-set financial expectations on both sides, and ensure that future savings are robust and deliverable. Critical to this will be determining the unit cost for beds in each care home and, within that, identifying the 'legacy' cost relating to the costs that NorseCare inherited from the council when the staff and assets transferred. The Council and the company will agree a trajectory to reduce the legacy costs. They will also agree any reductions in the number of beds purchased in specific homes.
- 5.2 The 2019-21 budget proposals include an initial estimate of the potential reduction in cost that could be achieved if NCC was able to achieve closer to market parity for the current services commissioned through the contract.
- 5.3 The finance monitoring report for period 6 elsewhere on this agenda sets out the current position in relation to the NorseCare budget. This reports an improved position, but there remains a variance. Work continues to address this and a clearer position will be available for Committee in January 2018.

## **6 Issues, risks and innovation**

### **6.1 Legal**

#### **6.1.1 Care Act 2014**

Market shaping is a key duty under the Care Act 2014. NCC has the responsibility of promoting the efficient and effective operation of the care market to support needs. This work will support NCC's market shaping responsibilities under the Care Act.

### **6.2 Risks**

- 6.2.1 There is a risk that relationships with the provider market will be adversely affected by the contention of current arrangements with NorseCare.
- 6.2.2 There is a risk that Adult Social Care will not deliver against its budget if changes are not undertaken in relation to current arrangements between NorseCare and NCC.

### **6.3 Equality**

- 6.3.1 By redefining the Norse transformation programme services can be developed to meet the needs of Norfolk's most vulnerable older people particularly those diagnosed with dementia.

## **7 Governance of the Contract**

- 8.1 The Liaison Board, which comprises members, officers and Norse Care's senior managers, oversees and monitors the Company's activities ensuring that the strategic objectives detailed in the contract are met.
- 8.2 NorseCare submits reports of its activities, its performance against the KPIs and its business plan and management accounts to the Liaison Board.
- 8.3 The Executive Director considers recommendations arising from the Liaison Board in managing the Norse Care contract.



## 9. Recommendations

### 9.1 Committee is asked to:

**Agree the principles in section 3 and delegate to the Executive Director a refresh of the NorseCare Contract based on those principles**

### 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:

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# Adult Social Care Committee

Item No .....

<b>Report title:</b>	<b>Adult Social Care Finance Monitoring Report Period 6 (September) 2017-18</b>
<b>Date of meeting:</b>	<b>6 November 2017</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 September 2017. The report sets out variations from the budget, progress against planned savings and the actions being taken by the service to remain within budget.

## Executive summary

As at the end of September 2017 (Period 6), Adult Social Services is forecasting an outturn position to budget. This is following review of risks and achievement of savings. The budget was set in February 2017, prior to the announcement by the Government of additional funding for adult social care.

<b>Expenditure Area</b>	<b>Budget 2017/18 £m</b>	<b>Forecast Outturn £m</b>	<b>Variance £m</b>
<b>Total Net Expenditure</b>	261.313	261.313	0.000

The headline information and considerations include:

- The outturn position for 2016-17 was a £4.399m overspend, which included some one-off funding. Investment was included in the 2017-18 budget to help manage the underlying pressure in this financial year. This includes £4.197m of one-off funding and the service's internal plans include saving targets to meet this pressure by April 2018
- Commitments between setting the budget in January 2017 and the start of the financial year remained largely stable and therefore has not placed additional pressures on the budget from the outset
- Plans for the use of the additional one-off social care grant, which totals £18.561m in 2017-18 has been agreed with health partners. Work is progressing to implement the interventions that will support the priorities, including supporting hospitals to reduce delayed transfers of care and care market stability. However, due to the timing of the grant and the requirement for plans to be agreed with health partners in advance of spending, the one-off grant is not expected to be spent in full during this financial year and a reserve will be used, to enable funds to support invest to save interventions, over the planned life of the projects

Adult Social Services reserves at 1 April 2017 stood at £2.074m. The reserves at the beginning of the year included committed expenditure, which was carried forward in 2016/17. At period 6 the forecast includes the planned use of £0.901m of reserves in this financial year.

The 2017-18 forecast outturn position for reserves is £4.633m. Provisions totalled £4.157m at 1 April 2017, mainly for the provision for bad debts.



## Recommendations:

Members are invited to discuss the contents of this report and in particular to agree:

- a) The forecast outturn position at Period 6 for the 2017-18 Revenue Budget of £261.313m
- b) The planned use of reserves
- c) The forecast outturn position at Period 6 for the 2017-18 Capital Programme

## 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 6 (September 2017) forecast including assumptions about the implementation and achievement of savings before the end of the financial year.

## 2. Detailed Information

- 2.1 The table below summarises the forecast outturn position as at the end of September (Period 6).

Actual 2016/17 £m	Over/ Underspend at Outturn £m	Expenditure Area	Budget 2017/18 £m	Forecast Outturn £m	Variance @ P6 £m
10.392	(0.471)	Business Development	4.012	3.758	(0.254)
69.600	0.123	Commissioned Services	68.462	69.017	0.555
5.492	(0.727)	Early Help & Prevention	8.600	8.401	(0.199)
168.243	12.971	Services to Users (net)	186.690	185.198	(1.492)
1.064	(7.497)	Management, Finance & HR	(6.451)	(5.061)	1.390
<b>254.791</b>	<b>4.399</b>	<b>Total Net Expenditure</b>	<b>261.313</b>	<b>261.313</b>	<b>0.000</b>

- 2.2 As at the end of Period 6 (September 2017) the forecast revenue outturn position for 2017-18 is £261.313m, which is a forecast outturn to budget.
- 2.3 The detailed position for each service area is shown at **Appendix A**, with further explanation of over and underspends at **Appendix B**.
- 2.4 The areas of overspend are Commissioned Services, and Management, Finance and HR, however the management and finance costs is due to creation of a contingency to manage business risk as opposed to spend. These are offset by underspends elsewhere.

### 2.6 Additional Social Care Funding

- 2.6.1 The Chancellor's Budget in March 2017 announced £2bn additional non-recurrent funding for social care, of which Norfolk will receive £18.561m in 17/18, followed by £11.901m in 2018/19 and £5.903m in 2019/20. The funding is paid as a direct grant to councils by the DCLG and as a condition of the grant, councils are required to pool the funding into their BCF. This fund is governed by the Health and Wellbeing Board and monitored by NHS



England and the Department for Communities and Local Government (DCLG) through national and local assurance and quarterly returns.

- 2.6.2 The guidance received by DCLG requires that the funding is used by local authorities to provide stability and extra capacity in the local care system. Specifically, the grant conditions require that the funding is used for the purposes of:
- a) Meeting social care needs
  - b) Reducing pressure on the NHS supporting people to be discharged from hospital when they are ready
  - c) Ensuring that the local social care provider market is stabilised
- 2.6.3 Plans for the use of the funding were reported to Committee in July and were subsequently agreed with Norfolk's Clinical Commissioning Groups.
- 2.6.4 The revised budget shows reflects the grant, which is expected to be accounted for in full either through spending or creation of a reserve. Due to the timing of the grant announcement and subsequent requirement for developing and agreeing plans across the health and social care system, work to implement interventions was not able to implemented earlier in the financial year. Actions to implement the plan are set out at **Appendix C**.
- 2.6.5 The total grant for 2017-18 will not be spent fully in this financial year and Adult Social Care Committee and Policy and Resources committee have agreed that a reserve is put in place to enable funding to be used in line with the agreed plan over the planned three year period. This will ensure that invest to save projects can be developed and implemented appropriately and give adequate time to enable outcomes to be achieved and evaluated.
- 2.6.6 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.
- 2.7 **Services to Users**
- 2.7.1 The table below provides more detail on services to users, which is the largest budget within Adult Social Services:



Actual 2016/17 £m	Over/ Underspend at Outturn £m	Expenditure Area	Budget 2017/18 £m	Forecast Outturn £m	Variance @ Pd6 £m
111.914	8.238	Older People	111.076	115.988	4.912
23.246	1.207	Physical Disabilities	23.148	23.685	0.537
94.527	11.119	Learning Disabilities	96.391	99.107	2.716
13.174	0.267	Mental Health	13.545	14.007	0.462
6.746	3.074	Hired Transport	6.672	5.972	(0.700)
9.144	(1.194)	Care & Assessment & Other staff costs	16.929	16.182	(0.747)
<b>258.751</b>	<b>22.710</b>	<b>Total Expenditure</b>	<b>267.761</b>	<b>274.941</b>	<b>7.180</b>
(90.508)	(9.739)	Service User Income	(81.071)	(89.743)	(8.672)
<b>168.243</b>	<b>12.971</b>	<b>Revised Net Expenditure</b>	<b>186.690</b>	<b>185.198</b>	<b>(1.492)</b>

#### 2.7.2 Key points:

- a) September (Period 6) has seen further increases in purchase of care expenditure but at a significantly lower level than the increases in August. This mainly relates to residential care for older people and residential and supported living for people with learning disabilities. In relation to supported living, seven of the seventeen new packages relate to planned transitions from Children's Services. As reported to committee in October, deep dive review of cases leading to residential care for older people, highlighted that this was the most appropriate placement and alternatives were not suitable. Additional reviews are continuing to ensure that residential placements are reasonable and understood fully. Initiatives such as accommodation based reablement are being implemented, which will provide more options for care provision post hospital discharge and reduce the likelihood of people requiring long term residential care. However, there is a risk that pressures within the health service and the need to reduce delays in transfer of care, particularly from acute hospitals, will lead to additional costs within adult social care
- b) Permanent admissions to residential care – those without a planned end date – have been consistently reducing for the last three years in both 18-64 and 65+ age groups, and reductions had accelerated in the first half of the last financial year in response to the provisions put in place through Promoting Independence. However, these reductions have slowed significantly over the last nine months. Last year the number of permanent admissions to residential and nursing care for people aged 65+ per 100,000 populations was 611.9. As at June 2017 the rolling 12 months admissions has remained fairly static at 611.4. For people aged 18-64, 21 people per 100,000 population were admitted into permanent residential care in 2015-16. The rate of admissions reduced to 18.3 in 2016-17, but as at June 2017 the rolling 12 months admissions has increased to 19.7. The target for this year is 16.6. However, whilst total numbers have reduced over the previous two years, those that do go into residential care tend to be people with higher levels of need that require longer lengths of stay and more expensive care packages, meaning that spend has not reduced proportionally
- c) The forecast expenditure for purchase of care, excluding care and assessment is £9.152m more than the 2016/17 outturn, this is mainly due to the higher cost of care.



The forecast reflects some readjustment for savings that are high risk of non-delivery

- d) Overall there is a reduction of £0.765m in forecast income in 2017/18 compared to 2016/17 outturn. However, 2016-17 included some one-off income items accounted for against purchase of care income, for example £5.155m in relation to Cost of Care and National Living Wage and £5m to protect social care following reductions in the Better Care Fund. The actual service user income has therefore increased significantly in 2017/18

## 2.8 Commissioned Services

### 2.8.1

Actual 2016/17 £m	Variance at outturn £m	Expenditure Area	Budget 2017/18 £m	Forecast Outturn £m	Variance @Pd6 £m
1.185	(0.289)	Commissioning Team	1.662	1.609	(0.053)
10.361	(0.795)	Service Level Agreements	11.122	10.912	(0.210)
2.184	(0.418)	Integrated Community Equipment Service	2.501	2.256	(0.245)
33.280	3.257	NorseCare	32.385	33.191	0.806
8.323	(1.172)	Housing related support	6.478	6.478	0.000
13.114	(0.244)	Independence Matters	12.857	13.144	0.287
1.153	(0.216)	Other Commissioning	1.457	1.427	(0.030)
<b>69.600</b>	<b>0.123</b>	<b>Total Expenditure</b>	<b>68.462</b>	<b>69.017</b>	<b>0.555</b>

### 2.8.2 Key points: **NorseCare**

- The variance has reduced from Period 6 to £0.806m. As part of the management of the Council's overall 2016/17 underlying overspend for adult social services, one-off funding of £2m has been used in 2017/18 to temporarily manage part of the variance between the previous budget and the NorseCare contract price. Despite on-going reductions in the real-terms contract costs (including NorseCare forgoing the inflationary increase for this year that the contract entitles it to) there remains a variation between the approved budget and the contract price
- Savings targets set in the council's prior-year budgets were not able to be achieved within the 2017-18 contract price – this is mainly because of the 'legacy' costs that NorseCare carries in respect of staff terms and conditions and property maintenance
- The reduction in the variance reflects work to maximise and reshape the contract and to ensure that income that relates to NorseCare block beds is reflected against the contract spend

#### **Independence Matters**

- The service is working closely with Independence Matters to reshape the contract and service model to enable long term savings to be delivered. Savings related to the review of day services will not be fully delivered in 2017-18 and other one-off efficiencies have been implemented to reduce the shortfall

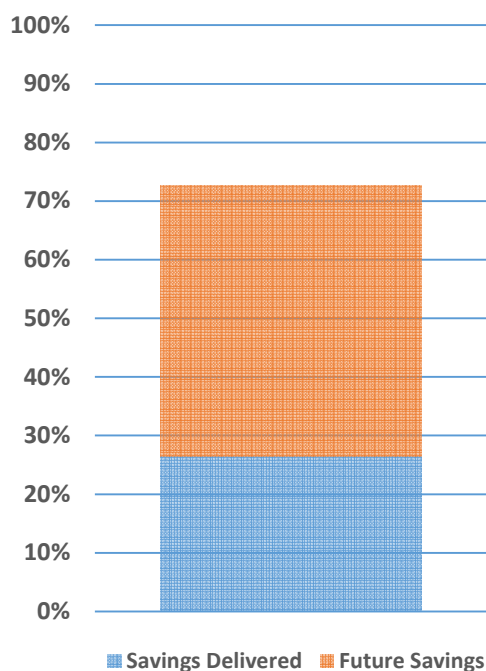


## 2.9 Savings Forecast

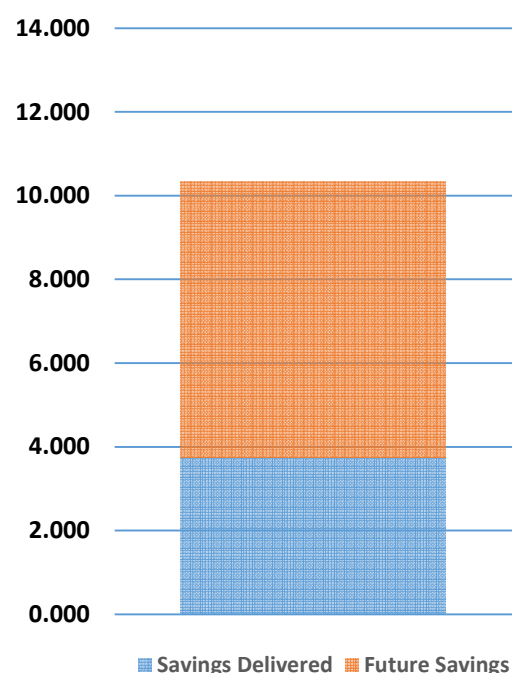
- 2.9.1 The department's budget for 2017/18 includes savings of £14.213m, the net savings reported for the service total £11.213m, which reflects the impact of reversing previous savings of £3m for transport, which are now targeted in 2018/19. In addition the service is planning to meet additional savings of £4.197m by April 2018 in order to manage the impact of the one-off adult social care support grant, which has been used to provide additional time to reduce the underlying overspend from 2016/17. The current forecast position for purchase of care suggests that this will not be achieved in full in 2017-18.
- 2.9.2 The service has refreshed the Promoting Independence strategy and savings programme. As a result, whilst the savings are in line with the proposals agreed by County Council in February, the detail about how savings will be delivered has been built up, with new projects. The report to this Committee in July 2017 detailed the revised programme of work and cross referenced these to the original savings descriptions.
- 2.9.3 Period 6 monitoring and savings analysis has shown that £3.874m of the planned savings are at risk of non-delivery and £10.339m is on track. There is no material change from the totality of savings forecast at Period 5. **Appendix C** sets out the delivery status of the programme by workstream and project

Savings	Saving 2017/18 £m	Forecast £m	Variance £m	Previously Reported £m
Savings off target (explanation below)	-6.842	-2.968	-3.874	3.591
Savings on target	-7.371	-7.371	0.000	0
<b>Total Savings</b>	<b>-14.213</b>	<b>-10.339</b>	<b>-3.874</b>	<b>3.591</b>

ASC Savings as a % of the requirement



ASC Savings 2017/18





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

**Younger adults and older people reviews (target £4.445m; forecast £2.466m; variance £1.979m)** This initial forecast is based on evidence of the actual impact from reviews completed earlier in the year. However, this is a difficult saving to accurately evidence and savings could still be achieved through other demand management interventions that will enable savings to be achieved across the workstream. Recruitment for additional social workers is underway and the Living Well programme has been launched, which will support approaches that will deliver increased independence for individuals.

**Home care commissioning (target £0.183m; forecast £0.000m; variance £0.183m)** A new framework is in place for the Northern, Central and Southern areas and work is being finalised regarding fee structures. The framework is expected to improve stability in this market but is not forecast to achieve immediate savings. The new framework encourages provider collaboration to improve efficiency of home support rounds, which will improve the financial sustainability and support more cost effective commissioning of wider services.

**Review of day services (target £1.000m; forecast £0.266m; variance £0.734m)** The service is working closely with Independence Matters to reshape the contract and service model to enable long term savings to be delivered, however, part of the savings will require reduction in demand for day services and alternative approaches.

**Review of the usage of short term planning beds (target £0.500m; forecast £0.080m; variance £0.420m)** The service had targeted a reduction in its usage of planning beds but the decommissioning of these services has been delayed due to the requirement to source alternative capacity to ensure no detrimental impact on hospital discharge.

**Review of various commissioning arrangements to identify more cost effective ways of providing services (target £1.159m; forecast £0.618m; variance £0.541m)** Planned reduction and decommissioning of some contracts has not been achieved. This has been mitigated through revised usage of contracts to improve value for money.

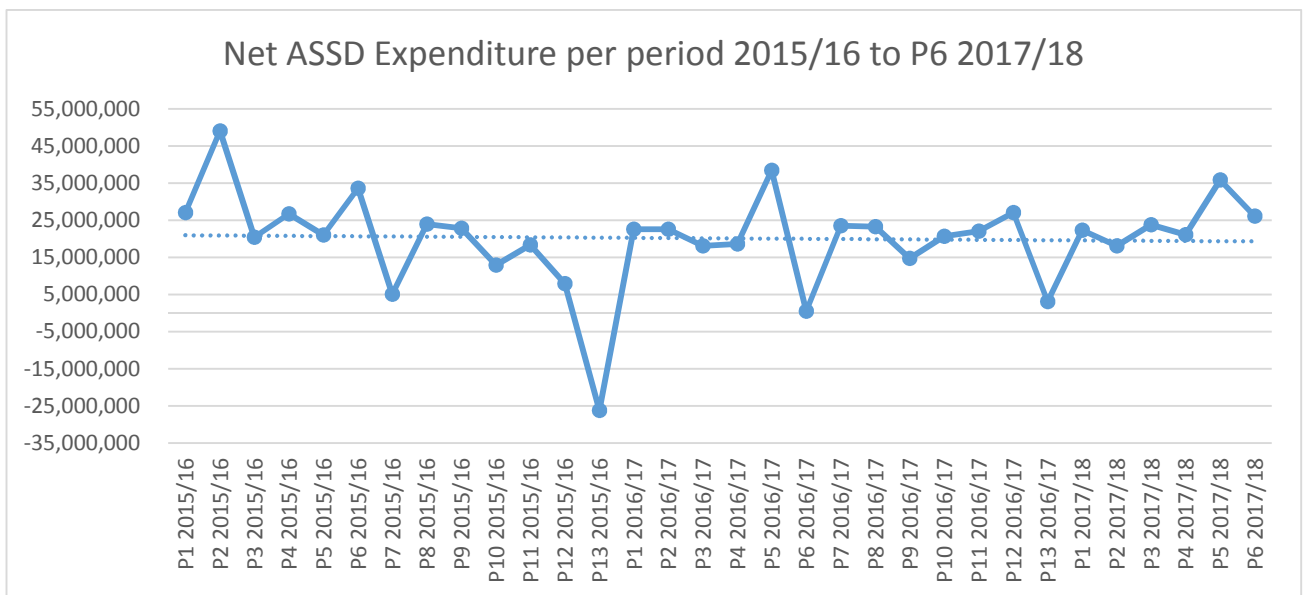
The following savings have no formal requirement for delivery in 2017/18, and are not part of the forecast savings above but are mitigating the non-delivery against the services reported forecast outturn.

**Transport (target £0.000m; forecast £0.500m)** The service is seeing an impact of the transport policy coupled with the work being undertaken to continuously review routes and contracts. This will be an early achievement of the planned savings for 2018/19.

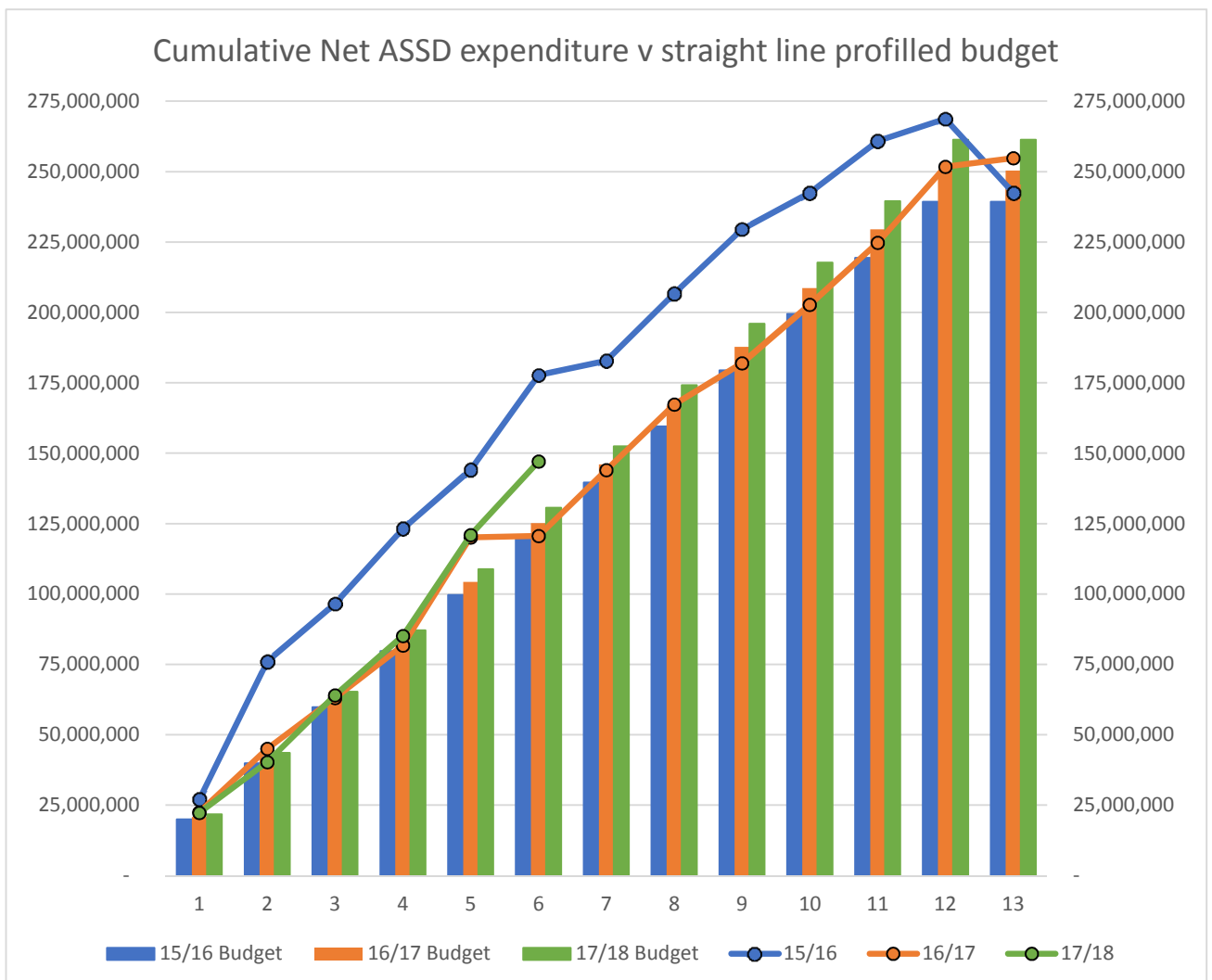
**Service User income (target £0.000m; forecast £0.600m)** The Finance Exchequer Service has increased work with service users who make a nil contribution towards their care with a view to ensuring the service user is maximising their income and supporting them to claim all the benefits they are entitled to.

- 2.9.5. The departments net expenditure each period is prone to fluctuations, as evidenced by the below graphic, however, it continues to display a downward trajectory when compared to 2015/16. The spike in the period 5 2017/18 net expenditure is due to the month having two main payment runs – this is comparable to the peaks seen in similar periods of 2016/17 and 2015/16.





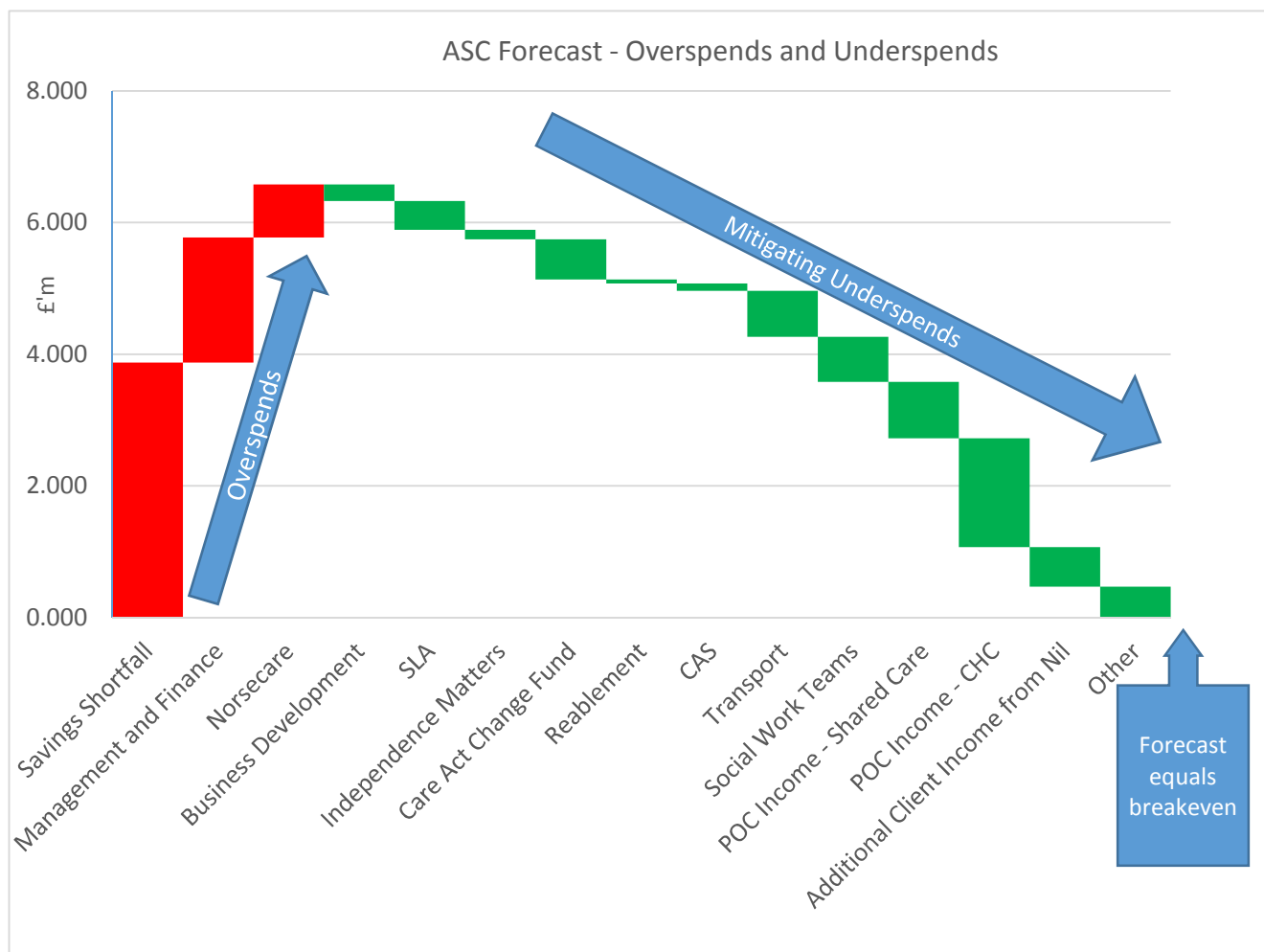
2.9.6. The department's net expenditure, when compared to a profiled budget, currently appears to display a stronger position than it did in 2015/16 but a slightly worse position than 2016/17. The net expenditure is now above the profiled budget at period 6, which is mainly due to the double payment period described above. We expect that the net expenditure will more gradually return towards the profiled budget than it did in 2016/17. Whilst the period 5 and period 6 patterns of expenditure are relatively similar, in 2016/17 period 6 was represented by a one-off spike in income as the billing commenced for the Better Care Fund. In 2017/18 this billing cycle represents a more steady flow of income.





## 2.10 Finance and Performance monitoring

- 2.10.1 Monthly performance and finance data is reviewed by senior management team in order 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 have been introduced, enabling scrutiny at team level and are led by the Executive Director of Adult Social Services. Teams continue to develop actions and follow up work to scrutinise variation to forecast.
- 2.10.2 Furthermore, whilst the savings programme is not expected to deliver the full savings expectation in the current year, the department continues to forecast a breakeven position due to mitigating underspends in non-savings related activities – as evidenced by the following graphic.



- 2.10.3 The service will be implementing the new social care replacement system, Liquid Logic on 22<sup>nd</sup> November 2017. This will provide an improved management and reporting system for social care, but also includes implementing a new financial system for social care. It is expected that financial reporting will be limited during and immediately after implementation of the new system. This is both due to capacity and to enable full testing to be carried out following transition to the new system. To mitigate risk, the service has worked with finance to undertake a half year-end close at Period 6, which provides a more detailed view of the accounts and balances and this has not identified variations to the forecast position.

## 2.11 Reserves

- 2.11.1 The department's reserves and provisions at 1 April 2017 were £6.231m. Reserves totalled £2.074m.



- 2.11.2 The reserves at the beginning of the year included committed expenditure, which was carried forward in 2016/17. At period 6 the forecast includes the planned use of £0.901m of reserves in this financial year.
- 2.11.3 The forecast reserve position at 31 March 2018 is £4.633m.
- 2.11.4 Provisions totalled £4.157m at 1 April 2017, mainly for the provision for bad debts. The projected use of reserves and provisions is shown at **Appendix E**.
- 2.11.5 As set out in section 2.6 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.
- 2.11.6 Actions have been taken in line with the plan, as set out in paragraph 2.6.4 of this report. The plan includes carrying forward £3.145m of the additional grant funding to enable invest to save projects to be completed over the agreed timeframe.

## 2.12 Capital Programme

- 2.12.1 The department's three year capital programme is £21.581m. The programme includes £6.924m 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. The capital programme also includes £7.150m for the social care and finance replacement system. The priority for use of capital is development of alternative housing models for young adults. Details of the current capital programme are shown in **Appendix F**.

## 3. Budget Planning 2018-22

- 3.1 Adult Social Care Committee agreed the budget proposals for 2018-22 in October. These will form part of the Council's budget consultation during the autumn, with consultation being undertaken on specific proposals where appropriate. This Committee will consider the outcome from the consultation in January as well as any change in the planning context for the Council and Adult Social Care.
- 3.2. Budget plans have been prepared on the basis of the previously announced funding for the non-recurrent additional social care funding in 2018-19 within the improved better care fund. Recent correspondence from the Department of Health and Department for Communities and Local Government has stated that a proportion of the funding may be dependent upon achievement of the agreed November targets for reducing delayed transfers of care (DTOC). The proportion has not been specified. The Council has agreed plans with health partners for the use of the funding, which includes initiatives to support managed transfers of care – these are predominately two year schemes. The latest DTOC performance (August 2017) has shown an improved position for Norfolk, however the targets for November remain challenging for the health and social care system.
- 3.3 Looking ahead the Committee will need to consider the financial risks for the service that could affect the 2018-19 budget plans. These include:
- a) Any changes to the 2017-18 budget forecast position by Period 9
  - b) The extent that the service has been able to achieve additional savings to reduce the impact of the reduction from one-off funding agreed as part of the 2017-18 budget setting (as described at 4.2 below)
  - c) Achievement of the Delayed Transfers of Care target for November



## **4. Financial Implications**

- 4.1 The forecast outturn for Adult Social Services is set out within the paper and appendices.
- 4.2 As part of the 2017/18 budget planning process, the committee proposed a robust budget plan for the service, which was agreed by County Council. This included the reprofiling of savings across the following four years and additional investment to enable effective management of the recurrent overspend. Within this investment £4.197m is from one-off funding. This means the service will need to deliver savings in 2017-18 above the 2017/18 headline amount in order to reduce spending to a level that will ensure that this is addressed by April 2018. These savings will continue to be pursued from areas previously agreed and, wherever possible, further efficiencies.

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

- 5.1 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.
- 5.2 This report outlines a number of risks that impact on the ability of Adult Social Services to deliver services within the budget available. These risks include the following:
- a) Pressure on services from a needs led service where number of service users continues to increase. In particular 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 increase due to additional cases that have not previously been identified. 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 decisions due to current financial deficits in health provider and commissioning organisations. This risk is recognised within the service's risk register and NCC involvement in the change agenda of the system and operational groups such as Accident and Emergency Delivery Boards 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) Increasing waiting lists and delays in recording 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 and the patterns of expenditure become more defined as the financial year progresses and as a result of the reduced risk 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
- l) Achievement of targets for delayed transfers of care attributable to social care, which could impact on available funding for 2018-19

## 6 Recommendations

6.1 Members are invited to discuss the contents of this report and in particular to agree:

- a) The forecast outturn position at Period 6 for the 2017-18 Revenue Budget of £261.313m
- b) The planned use of reserves
- c) The forecast outturn position at Period 6 for the 2017-18 Capital Programme

## 7. Background

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

[Finance Outturn Report – Adult Social Care Committee June 2017](#) (p27)

[Norfolk County Council Revenue Budget and Capital Budget 2017-20 - County Council February 2017 – p22](#)

[Finance Monitoring Report – Adult Social Care Committee October 2017](#)

## 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:

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## Adult Social Care 2017-18: Budget Monitoring Period 6 (September 2017)

Please see table 2.1 in the main report for the departmental summary.

Summary	Budget	Forecast Outturn	Variance to Budget		Variance @ Pd 6
	£m	£m	£m	%	£m
<b>Services to users</b>					
Purchase of Care					
Older People	111.076	115.988	4.912	4.42%	3.832
People with Physical Disabilities	23.148	23.685	0.537	2.32%	1.038
People with Learning Disabilities	96.391	99.107	2.716	2.82%	2.184
Mental Health, Drugs & Alcohol	13.545	14.007	0.462	3.41%	0.420
<b>Total Purchase of Care</b>	<b>244.160</b>	<b>252.787</b>	<b>8.627</b>	<b>3.53%</b>	<b>7.474</b>
Hired Transport	6.672	5.972	(0.700)	(10.49%)	(0.701)
Staffing and support costs	16.929	16.182	(0.747)	(4.41%)	(0.672)
<b>Total Cost of Services to Users</b>	<b>267.761</b>	<b>274.941</b>	<b>7.180</b>	<b>2.68%</b>	<b>6.101</b>
Service User Income	(81.071)	(89.743)	(8.672)	10.70%	(7.625)
<b>Net Expenditure</b>	<b>186.690</b>	<b>185.198</b>	<b>(1.492)</b>	<b>(0.80%)</b>	<b>(1.524)</b>
<b>Commissioned Services</b>					
Commissioning	1.662	1.609	(0.053)	(3.17%)	(0.043)
Service Level Agreements	11.122	10.912	(0.210)	(1.89%)	(0.429)
ICES	2.501	2.256	(0.245)	(9.81%)	(0.185)
NorseCare	32.385	33.191	0.806	2.49%	1.403
Housing Related Support	6.478	6.478	0.000	0.00%	0.000
Independence Matters	12.857	13.144	0.287	2.23%	0.287
Other	1.457	1.427	(0.030)	(2.04%)	(0.047)
<b>Commissioning Total</b>	<b>68.462</b>	<b>69.017</b>	<b>0.555</b>	<b>0.81%</b>	<b>0.986</b>
<b>Early Help &amp; Prevention</b>					
Norfolk Reablement First Support	4.516	4.454	(0.062)	(1.36%)	(0.117)
Service Development	1.244	1.246	0.003	0.21%	(0.015)
Other	2.841	2.701	(0.140)	(4.93%)	(0.130)
<b>Prevention Total</b>	<b>8.600</b>	<b>8.401</b>	<b>(0.199)</b>	<b>(2.31%)</b>	<b>(0.263)</b>



## Adult Social Care

### 2017-18 Budget Monitoring Forecast Outturn Period 6

#### Explanation of variances

#### 1. Business Development, forecast underspend (£0.254m)

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

#### 2. Commissioned Services forecast overspend £0.555m

The main variances are:

**NorseCare**, overspend of £0.806m. The variance has reduced from Period 6 to £0.806m. Despite on-going reductions in the real-terms contract costs (including NorseCare forgoing the inflationary increase for this year that the contract entitles it to) there remains a variation between the approved budget and the contract price.

Savings targets set in the council's prior-year budgets were not able to be achieved within the 2017-18 contract price – this is mainly because of the 'legacy' costs that NorseCare carries in respect of staff terms and conditions and property maintenance

The reduction in the variance reflects work to maximise and reshape the contract and to ensure that income that relates to NorseCare block beds is reflected against the contract spend.

**Service Level Agreements**, underspend of (£0.210m). The underspend is due to a reduction in planned costs, following retendering of agreements, together with additional income from Continuing Health Care and private sale of beds within the contracts. This is offset by a planned reduction in contract costs, which is no longer viable.

**Integrated Community Equipment Store**, underspend of (£0.245m). Working practices have changed, which has reduced the equipment backlog. This combines with a recycled equipment rebate to deliver an underspend.

**Independence Matters**, overspend of £0.287m. The overspend is due to savings not being achieved in full in 2017-18. One-off reductions in relation to inflation are mitigating the impact in 2017-18.

#### 3. Services to Users, forecast underspend (£1.492m)

The main variances are:

**Purchase of Care (PoC) expenditure**, overspend of £8.627m. Additional funds were added into the budget for 2017/18 to cover some of the pressures within PoC, including the impact of Cost of Care and the National Living Wage. Period 5 saw a significant increase in number of service users and commitments, particularly in relation to older people nursing and long term residential care. The increase has continued in Period 6, but at a much lower level. The service has reviewed the cases occurring in August. The majority reflect additional volume of people from hospital for which there was no alternative placement. The forecast includes adjustment to reflect possible non-delivery of £3.316m net savings.

**Service User Income**, over-recovery of (£8.672m). Income from service users has exceeded 2016/17 figures up to the end of September 2017, and this trend is expected to continue. The increases are a reflection of the alteration to the charging policy so that the calculation of charges takes into consideration an amount more closely reflected to actual disability related expenditure incurred by individuals and a new piece of work to support people who may not be



accessing all financial benefits available to them. The increase also reflects the rise in number of service users in residential care, which will increase service user income.

**Transport**, underspend of (£0.700m). The service has been working to reduce the use of transport in line with the Council's Transport policy and implement changes to routes and methods of transport as less people need transport. This impact of the changes are taking time, but evidence from the first four months of the year has shown that changes are now taking affect and the cost of transport provision is reducing.

#### **4. Early Help and Prevention, forecast underspend (£0.199m)**

The main variances are:

**Other Services**, underspend of (£0.145m). The variance relates to vacancies within Care Arranging Service and the Emergency Duty Team.

#### **5. Management, Finance and HR, forecast overspend £1.390m**

The main variances are:

**Management and Finance**, overspend of £1.362m. A contingency has been put in place to provide for the risk of not delivering the savings identified within the forecast, and to cover potential increases in demand. This has been increased from Period 5.



# Improved Better Care Fund (iBCF) - Summary table and October Update

## Appendix C

Planning priority	Grant Condition	Description	2017/18 £m	2018/19 £m	2019/20 £m	Impact	Activity and progress
Protect	Meeting Social Care Needs	<b>iBCF1</b> Funding required to manage shortfall in recurrent pressures and protect social care services	1.9	11.9	22.2	Over the three year period this funding will ensure that vital service provision such as homecare is maintained and people are supported to maintain their independence and stay out of hospital	Funding is part of budget planning for adult social care as a whole - over 80% of spend is with the market
Sustain	Reduce pressure on the NHS and stabilise Social Care provider market	<b>iBCF2</b> Support the care market and develop resilience against the impact of specific recurrent market pressures	9.1	10.8	10.8	Recent legislation on NMW and the cost of care presents additional pressures to the care sector that require supporting if provision is to remain sustainable. Market failure presents a risk to individuals but also the system overall funding here will support integrity of the care market	This is about sustaining the Market. In line with cost of care, legislation and market pressures – the aim is to develop a sustainable approach. Funding is targeted on specific needs such as legislative change, but will some funding will be carried forward to 2018-19 where this enables funding to be targeted in a more sustainable way.
Sustain	Meeting Social Care Needs	<b>iBCF3</b> Managing recurrent capacity with DOLs when alternative funding finishes	0	0.2	0.2		To support delivery of this service from 2018-19 when current funding will no longer be available



Planning priority	Grant Condition	Description	2017/18 £m	2018/19 £m	2019/20 £m	Impact	Activity and progress
Sustain	Reduce pressure on the NHS and meet social care need	<b>iBCF4</b> Managing capacity – strengthen social work to assist people at discharge and to prevent admissions	2.6	2.5	0.0	<p>Social work is core to ensuring people's needs are met quickly and effectively. Supporting capacity of social work will strengthen the prevention offer, ensure people receive support that meets their needs and is fundamental to ensuring that people are able to leave formal care settings as soon as they are medically fit. Resources here will enable services to be flexed according to pressure within the system.</p> <p>Investing in social work will reduce pressures on the NHS and supports the Promoting Independence agenda. The invest to save element will be realised through better management of needs and management of flow through the system.</p> <p><b>Note:</b> of the £2.6m in 2017/18, £1m will need to be carried forward into 2018/19 to reflect recruitment timescales, therefore £3.5m will be spent in 2018/19. For 2019/20 it is the intention for the investment to remain at 2018/19 levels (£3.5m) but the additional capacity should be self-financing through savings delivered in the Purchase of Care budget.</p>	<p>50 additional social care staff 15 additional team managers Improvements to skills and professional development to deliver a more community-focused model of social care</p> <p>Phase 1 of the recruitment campaign had recruited 7 social workers and 3 managers. Phase 2 has seen an encouraging level of applications, with interviewing taking place during November.</p>
Invest and Improve	Reduce pressure on the NHS	<b>iBCF5</b> Expansion of prevention schemes – social prescribing and community/care navigation schemes – Invest to save	0.7	0.7	0.0	<p>Social prescribing has been evidenced to divert demand from formal care services, especially hospitals. Combined with an offer that builds on community resilience and capacity this initiative is designed to support demand management initiatives and enhance community ability to respond to need</p>	<p>Supporting the development of existing initiatives working with CCGs, Public Health and District Councils. This is being taken forward on CCG boundaries. During September meetings took place in each of the 5</p>



Planning priority	Grant Condition	Description	2017/18 £m	2018/19 £m	2019/20 £m	Impact	Activity and progress
							localities, working with district councils, CCGs and the voluntary sector to develop local social prescribing models. Local delivery models to be agreed in November, with implementation taking place November 17 to Jan 18
Invest and Improve	Reduce pressure on the NHS	<b>iBCF6</b> Respond to care pressures – micro commissioning invest to save pilot	0.1	0.1	0.0	Homecare is a key service in ensuring people can stay out of hospital and be discharged quickly when they are medically fit. Micro commissioning initiatives have been shown to have a positive impact on homecare capacity in similar rural areas. Increased capacity in the system is designed to be sustainable without additional funding after the first two years	Investment in support to micro enterprises to deliver Home Support. Community Catalyst have been engaged to support this work and initial scoping discussions undertaken to identify our approach to localised development.
Invest and Improve	Reduce pressure on the NHS	<b>iBCF7</b> Managing transfers of care – Trusted assessor	0.2	0.2	0.2	Managing transfers of care and implementing the HICM requires a number of joint initiatives between social care and health partners. Key elements of the pathway are trusted assessor and discharge to assess. The implementation of these will be supported by an enhanced, wrap around, home care offer and additional capacity in reablement beds – these initiatives will support the reduction of delayed transfers of care and provide a better quality of care for people in this pathway	Co-production of a trusted assessor model with providers will ensure that each acute hospital is able to discharge people safely and efficiently back to care homes. Research and business case completed, with engagement events delivered during October. Feedback is now being reviewed ready to move to implementation.



Planning priority	Grant Condition	Description	2017/18 £m	2018/19 £m	2019/20 £m	Impact	Activity and progress
Invest and Improve	Reduce pressure on the NHS	<b>iBCF8</b> Managing transfers of care – through invest to save programme for example discharge to assess; home support wrap around service; accommodation based reablement and active assessment beds	5.1	0.5	0.2	Many of these initiatives are to be run as pilots to evaluate outcomes and put in place sustainable funding based on the part of the system where benefits accrue. There will be a requirement to carry forward an element of the 2017/18 funding depending on the progress and timing of implementing each pilot.	<b>D2A</b> - Supporting the development of Discharge to Assess. Initiatives have been developed and business case in place. <b>Home Support</b> - Developing specialist services to support discharge. Using the Home First model this is being linked with iBCF 9 and 10 to provide crisis management services <b>Bed Based Reablement</b> - Developing a bed based reablement service looking to provide at least 20 beds. Service specification finalised. NFS to deliver in Central areas and services commissioned in East and West. Delivery to commence late 2017/early 2018
Invest and Improve	Reduce pressure on the NHS	<b>iBCF9</b> Enhanced community offer for carers - 3 year invest to save pilot	0.1	0.1	0.1	Carers are key to supporting people to stay safe and independent. Additional funding here will work alongside newly commissioned carers service to ensure that carers are fully supported to have a good quality of life	Using the Home First model this is being linked with iBCF 8 and 9 to provide crisis management services



# Improved Better Care Fund (iBCF) - Summary table and October Update

## Appendix C

Planning priority	Grant Condition	Description	2017/18 £m	2018/19 £m	2019/20 £m	Impact	Activity and progress
Invest and Improve	Reduce pressure on the NHS	<b>iBCF10</b> Enhanced flexible dementia offer - 3 year invest to save pilot	0.2	0.2	0.2	Providing support that enables people with dementia to stay in their own homes is a priority for both health and social care. This funding will enhance the existing offer and allow innovations in service to be implemented and tested for success. This service will support people with dementia to be discharged safely from formal care settings.	Using the Home First model this is being linked with iBCF 8 and 10 to provide crisis management services
Invest and Improve	Reduce pressure on the NHS	<b>iBCF11</b> Reduce DTOC mental health services	0.4	0.4	0.4	Providing sufficient support when people with mental health problems leave formal care services is crucial in ensuring people can settle and establish their independence. We are working with mental health colleagues to formulate the most effective mechanisms that will support discharge from hospitals and formal care settings.	This will provide 1 fte Assistant Mental Health Practitioner overnight. There will be an additional 7 beds/flats jointly funded with NSFT with social care support to provide suitable discharge destinations. Units are now commissioned with 5 active and 2 units come on stream in line with demand
			<b>20.4</b>	<b>27.7</b>	<b>34.3</b>		
Funded by:	iBCF as per 2017 Spring Budget		-18.6	-11.9	-5.9	Non -recurrent funding	
	iBCF as per 2015 Spending Review		-1.9	-15.8	-28.4		
	<b>Total</b>		<b>-20.4</b>	<b>-27.7</b>	<b>-34.3</b>		



## 2017-20 Savings Programme

The overall revised savings programme is now structured as follows:

<b>Gross Savings Requirement</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
Reported gross savings - agreed by County Council	-14.213	-18.716	-10.000
Add: Removal of one-off grant		-4.197	
<b>Target service savings</b>	<b>-14.213</b>	<b>-22.913</b>	<b>-10.000</b>

### Summary

<b>Savings Programme</b>	<b>Workstream</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
<b>Promoting Independence</b>	Early Help and Prevention	<b>-1.500</b>	<b>-3.500</b>	<b>-0.800</b>
	Entry Points*	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
	Younger Adults	<b>-2.581</b>	<b>-6.794</b>	<b>-5.307</b>
	Older Adults	<b>-2.364</b>	<b>-2.665</b>	<b>-3.393</b>
	Commissioning	<b>-3.658</b>	<b>-9.724</b>	<b>-0.500</b>
<b>Business as Usual</b>	Other	<b>-4.110</b>	<b>-0.230</b>	<b>0.000</b>
<b>Total</b>		<b>-14.213</b>	<b>-22.913</b>	<b>-10.000</b>



Workstream	Workstream Savings 2017-20		2017-18 Saving	2017-18	Period 6 forecast	Variance to budget
				£m	£m	£m
Early Help and Prevention workstream	-5.800	=	Promoting Independence - Reablement - net reduction - expand Reablement Service to deal with 100% of demand and develop service for working age adults	-1.500	-1.500	0.000
Older and Younger Adults workstreams	-23.104	=	Younger adult reviews	-2.581	-1.766	0.815
			Replacement of planning beds	-0.500	-0.080	0.420
			Older people reviews	-1.864	-0.700	1.164
Commissioning workstream	-13.882	=	Remodel contracts for support to mental health recovery	-0.125	-0.125	0.000
			Home care commissioning - an improved framework for procuring home care services in Norfolk	-0.183	0.000	0.183
			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
			Building resilient lives: reshaping our work with people of all ages requiring housing related support to keep them independent	-2.100	-2.100	0.000
			Radical review of daycare services	-1.000	-0.266	0.734



Business as usual	-4.340	=	Reduce Training & Development spend following implementation of Promoting Independence	-0.200	-0.200	0.000
			Review of commissioning structure and wider opportunities to realign staffing structures in localities	-0.155	-0.155	0.000
			Review of various commissioning arrangements to identify more cost effective ways of providing services	-1.159	-0.618	0.541
			Multiple small efficiencies within Service Level Agreements	-0.190	-0.190	0.000
			Maximise use of apprenticeships	-0.020	-0.020	0.000
			Rationalise mobile phones	-0.010	-0.010	0.000
			Additional savings proposals currently being developed	-1.141	-1.141	0.000
			A consistent approach to specific laundry needs	-0.055	-0.038	0.017
			Align charging policy to more closely reflect actual disability related expenditure incurred by service users	-1.180	-1.180	0.000



## Adult Social Services Reserves and Provisions 2017/18

	Balance	Period 6	
		Proposed usage	Balance
	01-Apr-17	2017/18	31-Mar-18
	£m	£m	£m
Doubtful Debts provision	4.157	0.000	4.157
<b>Total Adult Social Care Provisions</b>	<b>4.157</b>	<b>0.000</b>	<b>4.157</b>
<p>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. Funding was brought-forward on 1 April 17, and it is being used for prevention projects: Ageing Well and Making it Real.</p> <p>2013-14 funding for Strong and Well was carried forward within this reserve as agreed by Members. Funding was brought-forward on 1 April 17, all of which has been allocated to external projects and will be paid upon achievement of milestones.</p>	0.200	-0.187	0.013
Market Development Fund	0.020	-0.020	0.000
Repairs and renewals	0.043	0.000	0.043
Adult Social Care Workforce Grant	0.255	-0.255	0.000
IT Reserve - Slippage in revenue spending pattern in relation to social care information system procurement	0.361	0.315	0.676
Improved Better Care Fund - requirement to carry forward grant to 2018/19 in relation to the managing capacity and transfers of care workstreams.	0.000	3.145	3.145
Unspent Grants and Contributions	1.196	-0.439	0.757
<b>Total Adult Social Care Reserves</b>	<b>2.074</b>	<b>2.550</b>	<b>4.633</b>
<b>Total Reserves &amp; Provisions</b>	<b>6.230</b>	<b>2.559</b>	<b>8.790</b>



## Adult Social Services Capital Programme 2017/18

Summary	2017/18		2018/19
Scheme Name	Current Capital Budget	Forecast outturn at Year end	Draft Capital Budget
	£m	£m	£m
Failure of Kitchen Appliances	0.030	0.030	0.000
Supported Living for people with Learning Difficulties	0.015	0.015	0.000
Adult Social Care IT Infrastructure	0.141	0.141	0.000
Adult Care - Unallocated Capital Grant	4.076	4.076	0.000
Strong and Well Partnership - Contribution to Capital Programme	0.121	0.121	0.000
Bishops Court - King's Lynn	0.085	0.000	0.000
Winterbourne Project	0.050	0.050	0.000
Care Act Implementation	0.871	0.871	0.000
Social Care and Finance Information System	5.238	5.238	1.912
Elm Road Community Hub	1.324	1.324	0.109
Better Care Fund Disabled Facilities Grant and Social Care Capital Grant – passported to District Councils	6.924	6.924	0.000
Teaching Partnership IT Equipment	0.068	0.068	0.000
Netherwood Green	0.703	0.703	0.000
Sheringham Hub (Cromer Road)	0.000	0.004	0.000
<b>TOTAL</b>	<b>19.645</b>	<b>19.564</b>	<b>2.021</b>



# Adult Social Care Committee

Item No.

<b>Report title:</b>	<b>Risk Management</b>
<b>Date of meeting:</b>	<b>6 November 2017</b>
<b>Responsible Chief Officer:</b>	<b>James Bullion, Executive Director of Adult Social Services</b>
<b>Strategic impact</b> Monitoring risk management and the departmental risk register helps the Committee undertake some of its key responsibilities and provides contextual information for many of the decisions that are taken.	

## Executive summary

At the Committee in June 2017, we agreed to bring the Risk report on an exception basis, ie where there had been any significant changes. A significant change can be defined as any of the following;

- A new risk
- A closed risk
- A change to the risk score
- A change to the risk title or description (where significantly altered).

Since the last Committee meeting the risk register has been reviewed by the Senior Management Team and the Risk Management Officer. The changes outlined below at 1.2 to 1.4 were identified as significant and have therefore been brought before this Committee.

### Recommendations:

**Committee Members are asked to:**

- Agree to the addition of the new Risk RM023 which will replace RM020a and RM020b**
- Agree to the removal of Risk RM020a/RM14079 and RM020b/RM0207 (as per a above)**
- Agree to change the prospect Risk score for Risk RM014b from red to green**
- Consider if any further action is required**

## 1. Proposal

- 1.1 The Adult Social Care Risk Register has been reviewed in conjunction with the Risk Management Officer and the Senior Management Team. This report provides Members with an update on changes to the risk register which have occurred since this was last reported to Committee in June.
- 1.2 Having reviewed the Corporate Risks on the register in conjunction with the Managing Director it has been agreed that in order to reflect the current position regarding funding and demography, it is fundamental to have this identified on the Risk register.
- 1.3 There are currently two risks on the register around meeting both the current needs and long term needs of citizens (RM020a/RM14079 and RM020b/RM0207), however as part



of this is covered under our Promoting Independence Strategy (Risk RM13923) these two risks could now be removed and replaced by RM023 in conjunction with RM13923.

- 1.4 At the Committee meeting on 4 September, members agreed to amend the transport savings to £0.700m in 2018-19 (from £3m) and £1m in 2019-20 (from £0.800m). It is therefore recommended that we amend the Prospect Risk Score from red to green.

## **2. Evidence**

- 2.1 The Adult Social Services departmental risk register reflects both corporate and departmental key business risks that need to be managed by the Senior Management Team and which, if not managed appropriately, could result in the service failing to achieve one or more of its key objectives and/or suffering a financial loss or reputational damage. The risk register is a dynamic document that is regularly reviewed and updated in accordance with the Council's "Well Managed Risk – Management of Risk Framework".
- 2.2 A clear focus on strong risk management is necessary as it provides an essential tool to ensure the successful delivery of our strategic and operational objectives. The Business Development Manager meets regularly with the Risk Management Officer to provide an update on each of the risks contained within the risk register.

## **3. Risk Register**

- 3.1 Each risk score is expressed as a multiple of the impact and the likelihood of the event occurring:
- a) Original risk score – the level of risk exposure before any action is taken to reduce the risk when the risk was entered on the risk register
  - b) Current risk score – the level of risk exposure at the time the risk is reviewed by the risk owner, taking into consideration the progress of the mitigation tasks
  - c) Target risk score – the level of risk exposure that we are prepared to tolerate following completion of all the mitigation tasks
- 3.2 In accordance with the Risk Matrix and Risk Tolerance Level set out within the current Norfolk County Council "Well Managed Risk - Management of Risk Framework", four risks are reported as "High" (risk score 16–25) and 14 as "Medium" (risk score 6–15) and one as "Low" (risk score 1-5). A copy of the Risk Matrix and Tolerance Levels appears at **Appendix B**.
- 3.3 The prospects of meeting target scores by the target dates are a reflection of how well mitigation tasks are controlling the risk. It is also an early indication that additional resources and tasks or escalation may be required to ensure that the risk can meet the target score by the target date. The position is visually displayed for ease in the "Prospects of meeting the target score by the target date" column as follows:
- a) Green – the mitigation tasks are on schedule and the risk owner considers that the target score is achievable by the target date
  - b) Amber – one or more of the mitigation tasks are falling behind and there are some concerns that the target score may not be achievable by the target date unless the shortcomings are addressed
  - c) Red – significant mitigation tasks are falling behind and there are serious concerns that the target score will not be achieved by the target date and the shortcomings must be addresses and/or new tasks are introduced
- 3.4 The current risks are those identified against the departmental objectives for 2017/18 and have been reviewed for this report.



## 4. Attachments

- 4.1 **Appendix A** provides Committee members with the full departmental risk register including Adult Social Care corporate risks.

**Appendix B** provides Members with a Risk Matrix, showing where the risks sit on the risk spectrum from 1 (lowest possible score) to 25 (highest possible score).

## 5. Financial Implications

- 5.1 There are no financial implications other than those identified within the risk register.

## 6. Issues, risks and innovation

- 6.1 There are no other significant issues, risks and innovations arising from this Risk Management report.

## 7. Recommendations

- 7.1 **Committee Members are asked to:**

- a) Agree to the addition of the new Risk RM023 which will replace RM020a and RM020b
- b) Agree to the removal of Risk RM020a/RM14079 and RM020b/RM0207 (as per a above)
- c) Agree to change the prospect Risk score for Risk RM014b from red to green
- d) Consider if any further action is required

## 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:

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**Tel No. :**

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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.



Risk Register Name		Adult Social Care Departmental Risk Register															Red				
Prepared by		Sarah Rank and SMT															Amber				
Date updated		October 2017															Green				
Next update due		January 2018															Met				
	Service	Risk number	Risk name	Risk Description	Date entered on risk register	Original Likelihood	Original Impact	Original Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
C	Adults Services	RM023	Failure to understand and act upon changes to demography, funding, and government policy, with particular regard to Adults Services.	There is a risk of failure to fully understand and act upon changes to demography, funding, and government policy. Cause: Changes to demography, funding, and government policy. Event: The Council fails to plan and adapt to change effectively for the future. Effect: Outcomes for Norfolk citizens may worsen.	18/08/2017	5	5	25	4	5	20	1) Implementation of Promoting Independence Strategy. This strategy is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. The strategy aims to ensure that demand is understood and managed, and there is a sustainable model for the future. 2) As part of the strategy, a shift of spend towards targeted prevention, reablement services, enablement, and strengthened interim care. 3) Implementation of Better Care Fund plans which promote integration with the NHS and protect, sustain and improve the social care system. 4) A new set of NCC corporate priorities which aims to address longer-term demand management in children's and adult services.	1) Promoting Independence change programme established. First set of change activities prioritised and agreed; robust and extended (to 5 years) target demand model in place to model scenarios and set volume and saving targets. 2) Business cases for change prioritised to address key shifts which need to be made; underpinned by and aligned to commissioning and de-commissioning. Critical enabler is embedding strengths-based practice. 3a) Initial plans for investment of additional Better Care Fund monies discussed with Health and Wellbeing Board; clear alignment with Promoting Independence and STP expectations. Significant delays in publication of national guidance on BCF which has delayed production of a local two year BCF Plan. When finalised this will include an Integration Plan with objectives linked to STP. 3b) Performance management arrangements for the BCF to provide additional assurance and progress on shared BCF targets including reablement, and reductions in residential care. 4) Analysis of workload patterns across adults social services; agreement by Adults committee to invest in additional social work capacity and recruitment launched. Critical enabler is embedding strengths-based practice; innovation site began on 12th September 2017, with two further sites to be rolled out.	2	4	8	31/03/2030	Amber	James Bullion	Debbie Bartlett	05/10/2017
C	Adult Social Care Committee	RM14079 and RM020a	Failure to meet the long term needs of Norfolk citizens	If the Council is unable to invest sufficiently to meet the increased demand for services it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local authorities may only have sufficient funding for Adult's and Children's care.  E10	11/10/2012	5	5	25	4	5	20	1) Implementation of Promoting Independence Strategy. This strategy is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. The strategy aims to ensure that demand is understood and managed, and there is a sustainable model for the future. 2) As part of the strategy, a shift of spend towards targeted prevention, reablement services, enablement, and strengthened interim care. 3) Implementation of Better Care Fund plans which promote integration with the NHS and protect, sustain and improve the social care system.	1) Promoting Independence change programme established. First set of change activities prioritised and agreed; robust and extended (to 5 years) target demand model in place to model scenarios and set volume and saving targets. 2) Business cases for change prioritised to address key shifts which need to be made; underpinned by and aligned to commissioning and de-commissioning. Critical enabler is embedding strengths-based practice. 3) Initial plans for investment of additional Better Care Fund monies discussed with Health and Wellbeing Board; clear alignment with Promoting Independence and STP expectations. Significant delays in publication of national guidance on BCF which has delayed production of a local two year BCF Plan. When finalised this will include an Integration Plan with objectives linked to STP. 3b) Performance management arrangements for the BCF to provide additional assurance and progress on shared BCF targets including reablement, and reductions in residential care.	2	4	8	#####	Amber	James Bullion	Debbie Bartlett	31/05/2017
C	Adult Services (Lead Director) Shared Re-procurement of social care system for Adults, Children's and Finance Departments -	RM019	Failure to deliver a new fit for purpose social care system on time and to budget.	A new Social Care system is critical to the delivery and efficiency of Adults and Children's Social Services. This is a complex project and the risk is the ability to deliver on time along with the restriction on making any system changes to the existing system (Carefirst)	24/02/2016	4	5	20	3	5	15	1) Ensure effective governance is in place 2) Set up a project team to manage the project. 3) Determine go live dates for Adults Services, Children's Services, and Finance. 4) Deliver implementation of the new system 5) Complete User Acceptance and Data Migration Testing 6) Deliver change and training	1) Clear governance is in place. The Project Sponsors are Janice Dane (Adults), Don Evans (Children's) and John Baldwin (Finance). This is overseen by CLT. A Programme Board has now been set up to replace JLAG (Joint Leadership Advisory Group) including the Directors of Adults, Children's and Finance and Commercial Services . 1b)There are weekly Joint Leadership Advisory Group (JLAG) Leads sessions with the Project Sponsors and the Project Team; and regular updates to Adults Committee and to CLT. 2) A core Project Team has been up and running since January 2016 (with strong practitioner involvement). A network of champions has been established in Adult Social Services and Children's Services. 3) Adults and Finance are planned to go live w/c 20 November 2017 and Children's and Finance in April 2018. 4) Delivery of implementation is proceeding in line with the plan. 5) The fourth and final round of User Acceptance Testing has been completed for Adults and Finance. No show stopping issues have been forecast against any of the acceptance criteria so the face to face training programme has been initiated. 6)ELearning invites have been sent out to all Adults CareFirst users and staff are generally achieving the required pass mark to proceed to face to face training. A significant number of staff have been scheduled in for the Face to Face training programme which is being initiated in five locations across the county from 2 October. Enrolment has run a little late due to the complexity of scheduling around 2,500 units of training with 1,500 staff to be delivered in a six week period. 7)A support helpdesk has been set on 2 October in a central location and is now preparing for go live.	1	4	4	30/04/2018	Green	James Bullion	Janice Dane	13/10/2017



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C	Adult's Services	RM014b	The savings to be made on Adult Social Services transport are not achieved.	The risk that the budgeted savings of £1.7m to be delivered by 31 March 2020 will not be achieved.	04/11/2015	3	3	9	3	3	9	1) Whilst we have managed to achieve £0.487m of the budgeted savings, as we were unable to achieve the savings in full, the savings have been reprofiled to future years (2017/18 and 2019/20). 2) A review of transport is also taking place. 3) Transport Guidance has been updated in line with the revised transport policy 4) Refurbishment of a site in Thetford to provide day services and respite care to prevent people from having to travel long distances. 5)Under the Younger Adults of the Promoting Independence Workstream, we're developing a joint approach to disability and transition from Children's to Adults. 6) Exploring the use of an application to help with monitoring of the cost of transport. This application is currently being used by Children with Special Educational Needs.	1) Adult Social Care Committee agreed on 4 September 2017 to amend the transport savings to £0.700m in 2018-19 (from £3m) and £1m in 2019-20 (from £0.800m) and that the difference of £2.1m in savings will be made through the purchase of care budget as a result of changes to patterns of care. 2) Titan training will be rolled out. Currently recruiting to ASS specific posts to enable more people to use public transport. 3) The revised Transport Guidance and Policy was agreed by ASC Committee on 6 March 2017 and shared with staff. This is being implemented for new service users now and for existing people at the point of review. This now links with the work on assessments and reviews as part of the Promoting Independence Programme. It appears that this is being embedded in working practices, given the forecast underspend on transport. 4) Planning application for Thetford Site has been agreed and the tender for the refurbishment is due to go out in the autumn. The building work is estimated to be completed by May 2018. The tender for care services will go out in the Autumn 2017. 5) This is currently being developed. We have carried out the fieldwork to understand the current transition process from Children's services to Adult services. We have taken a joint approach and carried out 50 interviews with senior stakeholders from children's services, adult services and health, as well as meeting with transition workers, team managers and other key staff from children with disability teams, looked after care teams, leaving Care teams, Adult LD, Adult mental health and adult Physical disability team. We have also engaged with NSFT Youth Service for their views, and will be	2	2	4	31/03/2020	Green	James Bullion	Janice Dane	13/10/2017
												incorporating the views of young people who have been through transition. We also made a visit to the Transition service used by Essex Social Services team, and learning from this will be incorporated into the overall review. Transition review interviews will be completed by early October and then an overview of the findings will be drawn up to be shared as part of a Transition planning workshop in early November. The output of this phase will be to draw up a current state report and to identify options to explore what a new service might look like. The plan is to complete this report by the end of December.									
C	Adult's Services	RM0207 and RM020b	Failure to meet the needs of Norfolk citizens	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation.  It is recommended that this risk is removed and replaced by RM023	01/04/2011	3	4	12	3	4	12	1) Implementation of Promoting Independence Strategy. This strategy is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. The strategy aims to ensure that demand is understood and managed, and there is a sustainable model for the future. 2) As part of the strategy, a shift of spend towards targeted prevention, reablement services, enablement, and strengthened interim care. 3) Implementation of Better Care Fund plans which promote integration with the NHS and protect, sustain and improve the social care system.	1) IMT have developed the first version of a Transport application for use by Adult Social Services and Travel and Transport where you can see for each day centre where people are travelling from, whether they are travelling alone/with others and which day services other people charged to that budget code are going to. It is based on an application IMT developed for Children with Special Education Needs. The application looks useful, and provides a clearer picture of transport provision than analysing pages of reports. The department is checking the viewer application and it will be trialled with Business Support initially.	2	4	8	31/03/2018	Amber	James Bullion	Debbie Bartlett	31/05/2017
D	Finance	RM13926	Failure to meet budget savings	If we do not meet our budget savings targets over the next three years it would lead to significant overspends in a number of areas. This would result in significant financial pressures across the Council and mean we do not achieve the expected improvements to our services	30/04/2011 -	3	5	15	4	5	20	1) Efficiency and savings targets are being managed through the Promoting Independence Programme Board and the Finance and Performance Board. 2) Monthly monitoring, locality team meetings and continued development of forecast to ensure timely focus on key budgets and any emerging issues 3) Norsecare Liaison Board to develop and monitor delivery of savings related to the Norsecare contract 4) County Council agreed budget for 2017-18 included investment and reprofiling of savings to future years 5) Senior and concerted focus on transforming the LD service.	1) Promoting Independence programme of work refreshed and delivery plan developed. Target demand model complete and focussed work on entry points, processes for older people and younger adults, cross-cutting behavioural change and commissioning projects. 2) Finance and Performance Board have moved to a panel style approach providing senior management scrutiny along with locality finance meetings. Mid year close down undertaken to improve accuracy of forecast. 3) Work continues with Norsecare to deliver savings. 4) Additional social care funding has been received and plans agreed by NCC and health partners. In addition to funding to support protection of social care and to support market stability, there are invest to save projects that will both support discharge from hospital and wider demand management. 5) Reshaped management of the LD service and dedicated younger adults workstream within the PI programme 6) Norfolk Future's programme in place, including Promoting Independence for vulnerable adults, smarter information and advice, towards a Norfolk housing strategy, Digital Norfolk, Commercialisation and Local Service Strategy. The programme will provide futher support for delivery of savings.	3	5	15	31/03/2018	Red	James Bullion	Susanne Baldwin	24/10/2017
D	Locality and hospital teams	RM13931	A rise in acute hospital admissions and discharges and pressure on acute services.	A significant rise in acute hospital admissions / services would certainly increase pressure and demand on Adult Social Care. Potential adverse impacts include rise in Delayed Transfers of Care (DTOCs), pressure on Purchase of Care spend, assessment staff capacity and NCC reputation.	30/06/2011 - revised 21/04/2016 -	3	4	12	4	4	16	1) Integrated structure between NCC and NCHC allows AD's to make quick decisions and to flex resources to minimise impact. 2) Integration programme developing new approaches to reduce delays and prevent admissions 3) Daily participation in whole system escalation process. 4) DTOC Improvement Plan is now in place 5) Senior manager oversight of emerging issues. 6) Careful management of reputation and risk.	1) Daily Capacity mapped and monitored and given high priority. 2) Build on delivery in phase 2, real emphasis on where we can achieve most benefit to the individual receiving our services and link to the wider strategic agenda. Within Phase 3 we are concentrating on flow and capacity and working closely with the Promoting independence team to alter the bed based offer for short term placements. Also the introduction of accommodation based reablement beds across Norfolk will aid the flow from the acute and community hospitals and reduce strain on the purchase of care budget and assist the department to meet DTOC targets. 3) Work closely with health colleagues on silver calls. 4) The DTOC Improvement Paln includes weekly meetings to monitor the figures and to take action as required. 5) Director of Integrated Care coordinates senior manager oversight to effectively manage issues. 6) SMT presence at A&E delivery Board which helps to improve reputation.	2	3	6	31/03/2018	Amber	James Bullion	Lorrayne Barrett	13/10/2017



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D	SMT	RM14237	Deprivation of Liberty Safeguarding	Following the Cheshire West ruling it has been identified that we're not meeting our responsibilities around Deprivation of Liberty Safeguards (DoLS). This could lead to us being judicially reviewed.	08/05/2015	3	4	12	4	4	16	1) Reviewed staffing compliment 2) Reviewed processes and systems to ensure cases are dealt with in a timely manner. 3) Improved data quality and reporting to allow cases to be monitored. 4) Implementation of Liquid Logic may impact whilst staff beocme used to a new system.	1) Limited DoH grant funds remain. Remaining Best Interest Assessor (BIA) post is only for 6 months. SCCE have therefore agreed to recevie referrals from April 18. This will free up DoLS staff as they currently manage their own referral line. These staff will be used to undertake reviews on the outstanding work. 1b) Relief BIA employment is being sought and BIA staff on rota will be used to undertake review work. 2) Processes and systems are working well to manage priority decisions. 3)There is currently one legal challenge and two potential – but all are around objection to the DoLS and not NCC process.	2	4	8	31/03/2018	Red	Lorna Bright	Alison Simpkin	12/10/2017
D	Finance	RM14262	The potential risk of shortfall between funding and pressures through integration of capital and revenue funding between the Council, health organisations and district councils	The integrated health and social care agenda has seen pooling of capital and revenue resources through the Better Care Fund and further policy drive to manage the transfer of people with learning disabilities from inpatient settings to community settings. There is a risk that this will have a negative impact on available resources for delivery of adult social care	16/06/2016	3	5	15	3	5	15	1) Section 75 agreements to manage forward planning and joint arrangements 2) Partnership Boards in place attended by NCC. 3) Transforming Care Plan project in place and NCC involvement on all workstreams. 4) Introduction of the Improved Better Care Fund including planned use for additional social care grant.	1) Section 75 agreements to be renewed for 17/18 once final allocations and detailed BCF guidance is received. 2) Consolidated Better Care Fund Programme Board is in place. BCF plans in place and signed off. 3) Transforming Care Plan programme in place and baseline completed. Progress achieved with moving people from inpatient settings to community placements. Further work completed on joint protocols, which have not been agreed. Work is progressing to develop criteria in line with operational processes. 4) The introduction of the Improved BCF from April 2017, including additional one-off funding for social care. Additional social care funding has been received and plans agreed by NCC and health partners. In addition to funding to support protection of social care and to support market stability, there are invest to save projects that will both support discharge from hospital and wider demand management.	2	4	8	31/03/2019	Amber	James Bullion	Susanne Baldwin	24/10/2017
D	Transformation	RM13923	Risk of failing to deliver Promoting Independence, change programme for Adult Social Services in Norfolk	Promoting Independence Change Programme oversees and co-ordinates the linked change and transformation activities required to deliver the strategy. If we fail to deliver the programme this will lead to a failure in developing a sustainable model for adult social care and a failure to deliver a balanced budget	30/04/2011	4	3	12	3	4	12	1) Robust programme management arrangements with properly resourced capacity and skills in place 2) Defined suite of business cases which are prioritised and sequenced to maximise impact and make best use of resources 3) Clear leadership from senior managers to sponsor and champion changes 4) Strong performance framework to measure and monitor the impact of change activities and to take action to address any issues	1) Programme manager and four project managers now in place. 2) Business cases are being prepared on a prioirty basis and are presented to the Promoting Independence Board or SMT as required. 3) Workstream sponsors engaged and owning priorities. Temporary business lead roles appointed to the Programme. 4) Initial set of high level measures agreed – effectively a set of 'vital signs' for the programme. Requires targets to be set against these, and metrics disaggregated to workstream and project level.	2	4	8	31/03/2018	Amber	James Bullion	Debbie Bartlett	13/10/2017
D	Adult Social Services Department	RM 14261	Staff behaviour and practice changes to deliver the Promoting Independence Strategy	A significant change in staff behaviour and social care practice is required to deliver the Promoting Independence Strategy. Failure to make the culture change needed across the workforce would greatly impact the transformation of the service and its ability to deliver associated budget savings'	25/04/2016	3	5	15	3	4	12	1) Robust OD plan signed off by the PI Programme Board. 2) Reviewing staff supervision and process and training. 3) Management Development Programme for Team Managers and Practice Consultants will be rolled out throughout the year.	1 - 3) Living Well – 3 Conversations work has started. Recruitment for additional social workers well under way. The Management Development Programme starts in November for Team Managers and Practice Consultants.	2	4	8	31/03/2018	Amber	James Bullion	Lucy Hohnen	13/10/2017
D	Support & Development	RM13925	Lack of capacity in ICT systems	A lack of capacity in IT systems and services to support Adult Social Services delivery, in addition to the poor network capacity out into the County, could lead to a breakdown in services to the public or an inability of staff to process forms and financial information in for example Care First.	30/04/2011	4	4	16	3	4	12	1) As part of the Business Continuity plan steps are in place to mitigate any system loss and downtime. 2) To ensure effective Integration, staff must have access to the relevant systems regardless of where they are located. Please also refer to Risk RM019	1) Recovery steps are outlined in the Business Continuity plan. These are always reviewed following any serious incidents and updated where necessary. 2) ICT Capacity and solutions for integrated working are discussed at the Integration Programme Board. Issues are being progressed as a key priority. NCHC staff now have access to NCC Outlook calendars. We are working with NCHC to arrange NCC staff having access to NCHC Outlook calendars.	3	2	6	31/03/2018	Amber	James Bullion	Sarah Rank	13/10/2017
D	Information Management	RM14085	Failure to follow data protection procedures	Failure to follow data protection procedures can lead to loss or inappropriate disclosure of personal information resulting in a breach of the Data Protection Act and failure to safeguard service users and vulnerable staff, monetary penalties, prosecution and civil claims.	30/09/2011	3	5	15	3	4	12	1) New staff not allowed computing access until they have completed the data protection and information security e-learning courses. 2) Mandatory refresher training and monitoring rates of completion of training. 3) Monthly reports to CLT around data breaches 4) An Information Compliance Group (with representation across each department) meet on a bi-monthly basis and reports back any issues to the Information Management Board. 5) Changes to Data Protection rules will come into effect in May 2018 - we are working closely with Information Management to ensure all of our policies and procedures are compliant.	2) Reminders to individual staff to complete Data Protection e-Learning courses are sent out and managers are informed of staff who have not completed the e-learning course. The refresher e-learning course has now moved from every three year's to two year's in line with guidance received from the ICO.	1	3	3	31/03/2018	Green	Lorna Bright	Sarah Rank	13/10/2017
D	Adult Social Services Commissioning	RM14290	Negative outcome of the Judicial Review into fee uplift to care providers	A successful Judicial Review being brought by a group of residential care providers may result in additional costs which were not anticipated in budget planning for the year.	07/09/2015	3	4	12	3	4	12	1) Following the Older People residential and nursing care cost of care exercise and consultation process, the outcome and revised usual prices was recommended to the Adult Social Care Committee on 29th April 2016 and implemented. 2) Ongoing work with the market to discuss annual increases to fees	1) The 2017/18 uplifts were recommended to Committee and implemented following consultation 2) Project in place to review working age adults fee framework 3) Discussion around increase to fees with market to understand cost implications and pressures. Recommendations will be reported to Committee in January alongside budget planning proposals.	1	4	4	31/03/2018	Amber	James Bullion	Susanne Baldwin	24/10/2017



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D	Adult Social Services Commissioning	RM14247	Failure in the care market	The council contracts with independent care services for over £200m of care services. Risk of failure in care services would mean services are of inadequate quality or that the necessary supply is not available. The council has a duty under the Care Act to secure an adequate care market. If services fail the consequence may be risk to safeguarding of vulnerable people. Market failure may be faced due to provider financial problems, recruitment difficulties, decisions by providers to withdraw from provision, for example. Further reductions in funding for Adult Social Care significantly increases the risk of business failure.	07/09/2015	4	3	12	4	3	12	1)A Quality Assurance Framework in in place which provides a risk based approach to the market of care services, collating intelligence from a range of sources and triangulating to identify services for targeted intervention 2) Prioritising care workforce capacity within the learning and development programme 3) Revision of a market failure protocol based on established good practice 4) Liaison with Care Quality Commission to engage with their work with Norfolk care services 5) Procuring new domiciliary care contracts 6) Appropriate investment in the care market 7) Effective management of market failure	2) A recruitment and retention project is underway which was launched in March 17. 2b) New real time quality (risk) dashboard produced 3) Market resilience strategy under development 4) Refreshed working arrangements with CQC 4b)Revised and improved carers service that will support informal carers - being procured for delivery in Sept 17. 5) New 'patch' based contracts procured in the North, East and West of the county with a roll out to Norwich and South during 2017. 6) Stabilisation of provider market and channelling of investment proposed as part of the improved Better Care Fund. 7) Provider engagement and dialogue included in the 'cost of care' exercise which will support accurate identification of costs of provision and ensure investment targeted appropriately	2	3	6	31/03/2018	Amber	Sera Hall	Steve Holland	31/05/2017
D	Adult Social Services Commissioning	RM 14260	Failure of the care market (through the independent providers) due to difficulties in recruiting staff into the sector.	The council invests over £54m through approximately 120 independent providers in provision of homecare to over 4000 vulnerable people at any one time. Failure of the care market (through the independent providers) due to problems recruiting staff into the sector may result in a risk to safeguarding of vulnerable people, delays in discharging people from hospital and inappropriate admissions to hospitals and care homes. Problems recruiting into and retaining care workers in the care sector are particularly acute in the west and north of the county but are experienced across the county as a whole.	16/05/2016	4	4	16	4	3	12	1) A Quality Assurance Framework provides a risk based approach to the market of care services 2) Ensure robust procurement processes that ensure providers cost provision adequately 3) Work with providers, workforce professionals and other partners to develop and implement a workforce development plan and to ensure workforce terms and conditions are equitable 4) Development of a care contingency network and emergency provision 5) Clear communication needed with the market to publicise areas of need and future commissioning intentions	2) Market testing conducted using open technique (providers set bid price) 3) An executive board has been created to take responsibility for the promotion and delivery of a sector skills action plan and this includes a clear accountability structure with named leads for each priority 3b) Inclusion of Unison Ethical Care Charter in all new Home support contracts 3c) We have a website for care workers which includes information and advice around the caring profession. There is also a recruitment portal for providers to advertise vacancies and a promotional campaign in order to make the profession more attractive. 4) Plans to develop and implement resilience measures including emergency provision are being developed and will be proposed to SMT 5) Market Position Statement for 2017/18 complete.	2	3	6	31/03/2018	Amber	Sera Hall	Steve Holland	31/05/2017
D	Integration	RM13936	Potential for integration to adversely affect delivery of statutory responsibilities or impact on reputation	Pressure on integrated staff could have an adverse impact on joint teams regarding capacity and take them away from departmental priorities impacting on reputation / ability to deliver.	30/06/2011 - revised 18/04/2016	3	5	15	2	5	10	1) Pressure closely monitored by AD's and escalated to Director Integrated Services. 2) Integration Programme Board monitors and considers implications and costs across both organisations. 3) Issues can be escalated to S75 Monitoring Board (membership includes Committee Chair and Executive Director) for resolution.	1) SMiT (Senior Managers Integration Team) regularly discuss capacity issues and take action. 3) Issues are escalated as and when necessary.	1	5	5	31/03/2018	Green	James Bullion	Lorrayne Barrett	13/10/2017
D	Adult Social Services Department - Commissioning	RM14238	Failure in our responsibilities towards carers.	The failure of Adult Social Services to meet its statutory duties under the Care Act will result in poorer outcomes for service users and have a negative impact on our reputation. Funding reductions by health and other partners may adversely impact on provision of countywide carers services	27/05/2015	2	3	6	2	3	6	1) Co-production with providers and users of service resulted in revised carers services specification 2) Maintaining existing health investment in commissioned services 3) Strong engagement and dialogue with Carers Council 4) Competitive procurement of Carers Service to deliver in Sept 2017 5) Proposed investment as part of the improved Better Care Fund for enhanced support for carers. 6) Review of our offer to carers around respite, direct payments and commissioned services.	1-5) A tender process is now complete and a new service was put into place on 1/10/17. 6) A review of the respite policy has being considered by SMT and is now being developed further.	1	1	1	31/03/2018	Amber	Sera Hall	Emma Bugg	13/10/2017



**Risk Matrix and Tolerance Levels**

<b>Impact</b> <b>Likelihood</b>	<b>Extreme</b> <b>5</b>	<b>Major</b> <b>4</b>	<b>Moderate</b> <b>3</b>	<b>Minor</b> <b>2</b>	<b>Insignificant</b> <b>1</b>
<b>Almost Certain</b> <b>5</b>	<b>25</b>	<b>20</b>	<b>15</b>	<b>10</b>	<b>5</b>
<b>Likely</b> <b>4</b>	<b>20</b>	<b>16</b>	<b>12</b>	<b>8</b>	<b>4</b>
<b>Possible</b> <b>3</b>	<b>15</b>	<b>12</b>	<b>9</b>	<b>6</b>	<b>3</b>
<b>Unlikely</b> <b>2</b>	<b>10</b>	<b>8</b>	<b>6</b>	<b>4</b>	<b>2</b>
<b>Rare</b> <b>1</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

<b>Tolerance Level</b>	<b>Risk Treatment</b>
<b>High Risk</b> <b>(16-25)</b>	Risks at this level are so significant that risk treatment is mandatory
<b>Medium Risk</b> <b>(6-15)</b>	Risks at this level require consideration of costs and benefits in order to determine what if any treatment is appropriate
<b>Low Risk</b> <b>(1-5)</b>	Risks at this level can be regarded as negligible or so small that no risk treatment is needed



## The Council's risk scoring methodology

Each risk score is expressed as a multiple of the impact and the likelihood of the event occurring:

- a) Original risk score – the level of risk exposure before any action is taken to reduce the risk when the risk was entered on the risk register
- b) Current risk score – the level of risk exposure at the time the risk is reviewed by the risk owner, taking into consideration the progress of the mitigation tasks
- c) Target risk score – the level of risk exposure that we are prepared to tolerate following completion of all the mitigation tasks

In accordance with the Risk Matrix and Risk Tolerance Level set out within the current Norfolk County Council “Well Managed Risk - Management of Risk Framework”, three risks are reported as “High” (risk score 16–25) and 11 as “Medium” (risk score 6–15).

The prospects of meeting target scores by the target dates are a reflection of how well mitigation tasks are controlling the risk. It is also an early indication that additional resources and tasks or escalation may be required to ensure that the risk can meet the target score by the target date. The position is visually displayed for ease in the “Prospects of meeting the target score by the target date” column as follows:

- a) Green – the mitigation tasks are on schedule and the risk owner considers that the target score is achievable by the target date
- b) Amber – one or more of the mitigation tasks are falling behind and there are some concerns that the target score may not be achievable by the target date unless the shortcomings are addressed
- c) Red – significant mitigation tasks are falling behind and there are serious concerns that the target score will not be achieved by the target date and the shortcomings must be addressed and/or new tasks are introduced