Norfolk County Council
at your service

Adult Social Care Committee

Date: **Monday 12 January 2015**

Time: **10am**

Venue: **Edwards Room, County Hall, Norwich**

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

Membership

Ms S Whitaker (Chair)

Mr B Borrett
Ms J Brociek-Coulton
Mr D Crawford
Mr J Dobson
Mr T East
Mr T Garrod
Ms D Gihawi
Mrs S Gurney
Mr C Jordan
Miss A Kemp
Ms E Morgan (Vice Chair)
Mr R Parkinson-Hare
Mr A Proctor
Mrs A Thomas
Mrs M Somerville
Mr B Watkins

For further details and general enquiries about this Agenda please contact the Committee Officer:
Nicola LeDain on 01603 223053
or email committees@norfolk.gov.uk

Under the Council's protocol on the use of media equipment at meetings held in public, this meeting may be filmed, recorded or photographed. Anyone who wishes to do so must inform the Chairman and ensure that it is done in a manner clearly visible to anyone present. The wishes of any individual not to be recorded or filmed must be appropriately respected.

A g e n d a

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

2. Minutes **(Page 5)**
To agree the minutes from the meeting held on 17 November 2014.

3. Members to Declare any Interests

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 an interest but can speak and vote on the matter.

4. To receive any items of business which the Chairman decides should be considered as a matter of urgency

5. Local Member Issues

Fifteen minutes for local members 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 or 01603 223053) by **5pm on Wednesday 7 January 2015.**

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

7. Director's Update
Oral update by Executive Director of Adult Social Services

8. Adult Safeguarding Board Peer Review Update **(Page 14)**

Report by Executive Director of Adult Social Services

9. Service and Budget Planning 2015-18 **(To Follow)**

Report by Executive Director of Adult Social Services

10. Adult Social Care Finance Monitoring Report Period Eight (November) 2014-15 **(Page 27)**

Report by Executive Director of Adult Social Services

11. Better Care Fund **(Page 37)**

Report by Executive Director of Adult Social Services

12. The Care Act 2014 **(Page 43)**

Report by Executive Director of Adult Social Services

13. Care and Support Services Quality Framework **(Page 56)**

Report by Executive Director of Adult Social Services

14. Review of Citizens Advice Bureau Funding **(Page 71)**

Report by Executive Director of Adult Social Services

15. Transfer of Mental Health Social Care from Norfolk and Suffolk NHS Foundation Trust to Norfolk County Council **(Page 79)**

Report by Executive Director of Adult Social Services

16. Exclusion of Public

The committee is asked to consider excluding the public from the meeting under section 100A of the Local Government Act 1972 for consideration of the items below on the grounds that they involve the likely disclosure of exempt information as defined by paragraph 3 of Part 1 of Schedule 12A to the Act, and that the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

The committee will be presented with the conclusions of the public interest tests carried out by the report author and is recommended to confirm the exclusion.

17. Exemption to Contract for Ashcroft Residential Care Home **(Page 83)**

Report by Executive Director of Adult Social Services

Group Meetings

Conservative	9:00am	Colman Room, County Hall
UK Independence Party	9:00am	Room 504
Labour	9:00am	Room 513
Liberal Democrats	9:00am	Room 530

Chris Walton
Head of Democratic Services
County Hall
Martineau Lane
Norwich
NR1 2DH

Date Agenda Published: 2 January 2015

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

Norfolk County Council
at your service

Adult Social Care Committee

Minutes of the Meeting Held on 17 November 2014
10:00am Edwards Room, County Hall, Norwich

Present:

Ms S Whitaker (Chair)

Mr B Borrett
Ms J Brociek –Coulton
Mr D Crawford
Mr J Dobson
Ms D Gihawi
Mr T FitzPatrick
Mr C Jordan
Miss A Kemp
Ms E Morgan
Mr W Northam
Mr R Parkinson-Hare
Mr A Proctor
Mrs A Thomas
Mr E Seward
Mr N Shaw
Mr B Watkins

1. Apologies

1.1 Apologies for absence were received from Tom Garrod, Shelagh Gurney and Margaret Somerville (substituted by Wyndham Northam, Tom FitzPatrick and Nigel Shaw respectively).

2. Minutes

2.1 The minutes of the meeting held on 23 October 2014 were approved by the Committee and signed by the Chair.

3. Declarations of Interest

3.1 Ms Kemp declared an “other interest” as a member of her family resided in a care home.

3.2 Mr East declared an “other interest” as a member of his family resided in a care home.

3.3 Mr Parkinson-Hare declared an “other interest” in that his daughter had learning difficulties.

4 Items of Urgent Business

4.1 The Chair took this opportunity to inform the Committee that a previous request from the Norfolk Health Overview and Scrutiny Panel for a joint scrutiny of the transfer of the Mental Health staff from NHS had been revoked. The Adult Social Care Committee would be regularly monitoring the transfer as part of the Forward Plan,

so there was no need for the joint scrutiny.

4.2 There had been an article in a recent copy of the local newspaper about budget savings being made to the learning difficulties sector of the department. These savings had been approved in February, and therefore were being implemented. The Committee agreed that the article should not be responded to from the Committee but individual Councillors may choose to respond if they so wished.

5 Local Member Questions

5.1 There were no local Member questions.

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

6.1 Elizabeth Morgan reported that she had attended a development day on 5th November for the Norfolk Adult Safeguarding Board. This meeting was for the purpose of aligning the work of the safeguarding board with the new requirements of the Care Act.

6.2 Julie Brociek-Coulton reported that there had been a meeting of the Carer's Council on 13th November 2014.

6.3 The Chair reported that she had attended a meeting with the other Chairmen of the Committees where they had reviewed the agenda of the forthcoming Policy and Resources Committee meeting and the proposed savings. A reminder was given that November would be the start of the review of the Committee system.

7 Director's Update

7.1 The Director of Community Services reported that the integrated management arrangements between Norfolk County Council and Norfolk Community Health and Care NHS Trust (NCH&C) were progressing with appointments having been made for the Assistant Directors of Integrated Services. The Director of Integrated Service post, which would report into the NCC Head of Adult Social Care and the Chief Executive of NCH&C, was currently being advertised. Members were assured that the employer would not change as employees would stay employed by their substantive organisation.

7.2 It was also reported that the Better Care Fund had been approved 'with conditions' by the Department of Health. One of those conditions was being able to demonstrate that the plans for reducing admissions were viable. Extra details of the plans had been submitted the week prior to the meeting.

7.3 There was pressure on the acute trusts and extra resilience funding had been agreed for staff in the reablement service to be able to move patients from acute hospitals back into the community throughout the winter months.

7.4 Norfolk Age UK had been nominated for a People's Lottery award for their dementia friendly project, and the Committee were told about the opportunity to vote if they so

wished.

8 Performance Monitoring Report

8.1 The annexed report (8) by the Director of Community Services was received. The report set out performance information and management information which would help the Committee undertake some of their key responsibilities. The paper acknowledged that the overall positive level of performance was reported within the context of significant short and long term pressures.

8.2 During the discussion, the following points were made;

- The Committee noted that it had been reported that the East area of Norfolk were performing well with regards to undertaking carers assessments, and that this good practice could be rolled out to other parts of the County. The Committee heard that Carer's Assessment should always be carried out as mainstream practice, but it would be better practice if an assessment could be carried out by dedicated carer's assessors.

- It was reported that some of the data relating to individuals with permanent admissions into residential or nursing care could have been recorded as permanent when they were in fact temporary. The Council were making use of block purchase beds where possible and only placing outside these contracts where absolutely necessary. The targets which related to adult safeguarding strategy discussions were reported as being achievable.

- The policy of identifying new carers would be brought to a future meeting of the Committee.

- It was agreed that more detail regarding the reduction of business mileage would be circulated to the Committee.

- Officers reported that an internal officer performance board had been set up to have regular dialogue and scrutinise performance. Only operational decisions were made within this Board, and any policy or strategic decision would be put in front of the Committee. The agenda and minutes of the performance board were available for the Committee at any point, and it was suggested that a member could be involved in some way.

- The Committee heard that 114 people received an Independent Living Fund from DWP, most of whom also receive a care package from Adult Social Care.

- There was flexibility within the revised personal care budget to allow those who need to spend more on well being to be able to do so. It was recognised that those with mental health problems would potentially need to spend more of their budget on wellbeing.

- Preparations for the implementation of the Care Act were underway. The project had been running for over a year, and there had been workshops for

staff and members on the practice of the Act. It was reported that Norfolk County Council felt that they were in a good place for the implementation of April 2015. ICT had been waiting for the final versions of the Act in order to know what exactly needed changing.

- Officers were asked if the benchmarking data could be integrated within the performance monitoring dashboard. This would enable Members to be able to see clearly what the target was and if it was being achieved.

8.3 The Committee RESOLVED

- To review and comment on the performance information
- To consider any areas of performance that required a more in-depth analysis.
- To continue to review whether the performance indicators that form the basis of the report enable a robust assessment of performance across the service areas covered by the Committee.

9 Finance Monitoring Report Period Six (September) 2014-15

9.1 The annexed report (9) by the Director of Community Services was received. The report provided the Committee with financial monitoring information based on information to the end of September 2014. It provided a forecast for the full year, analysis of variations from the revised budget, with recovery action to reduce the overspend and the forecast use of Adult Social Care reserves.

9.2 During the discussion, the following points were made;

- Concern was expressed about the predicted overspend of Adult Social Care which was reported to be approximately £6.5 million. A review of the pressures of Adult Social Care had been undertaken and a better reporting structure had been put into place. It was reported that the department were using all block purchase placements in the first instance.
- It was noted that to continually take funds out of the reserves would not be sustainable. It was more important to address the underlying structure of the budget. There was an increased need for existing services, and it was imperative that the way in which the department worked was reviewed. There also had to be realistic savings targets moving forwards because if they are not achievable the reserves cannot be used to support them. It was noted that the Committee should be doing more to support this large issue within Adult Social Care, and that a motion to Council could be made.
- Some innovative work had been carried out in Durham County Council regarding telecare which Norfolk County Council could learn from.
- It was noted by the Committee that there was a significant overspend on hired transport. Although this seemed to be the case from the report, it was

clarified that overall, less had been spent than the last financial year, but it had a savings target which had not been achieved. It was noted that as a Council and the Committee, both had a duty of care to those residents which were eligible for transport, therefore there would be discretion on cutting transport for access to services.

- Dementia friendly pilots had been set up in conjunction with NorseCare, and capital funding had been provided for the set up of these.

- The Strong and Well Project (LILY) in conjunction with Kings Lynn and West Norfolk Borough Council would potentially provide savings. However, it was reported that, as this was in its early days, it was not possible to state how successful it was going to be. The project would be monitored.

- There was already an integrated approach with regards to transport for schools and health in place with EDT. More could potentially be saved and the provision for transport would be considered within the savings proposals for the next two years.

- Officers were asked to include more detail in the narrative for future financial reports.

9.3 The Committee RESOLVED to note:

- The forecast revenue outturn position for 2014-15 as at period six of an overspend of £6.486m.

- The recovery actions being taken to reduce the overspend.

- The current forecast for use of reserves.

- The forecast capital outturn position for the 2014-15 capital programme.

10. Market Position Statement 2015/16

10.1 The annexed report (10) by the Director of Community Services was received. A Market Position Statement forms part of the Council's response to new statutory duties within the Care Act 2014 for development and shaping of the social care market.

10.2 During the discussion, the following points were made;

- In the event of provider failure, it was reported that there would be clear responsibility set out within the Care Act to ensure there was sufficient resources in place. Work would be carried out with external providers as well our in house provision. A paper on quality assurance would be brought o a future meeting of the Committee.

- It was recognised that there was good working practices being achieved in

communities. A lot of natural support already existed within families, and the extended community. There was then the opportunity to link providers within the communities.

- General Practitioners (GPs) were working with partners to help them diagnose dementia. By linking with carers support services and day services which helped families, it was aiding the overall support. GPs' knowledge base would enable a better understanding of the different support that communities offer.

10.3 The Committee RESOLVED to:

- To approve the proposed Market Position Statement for 2015/16 for publication, subject to amendments.

- Support the proposal to develop future Market Position Statement annually on a rolling three year basis for Committee approval.

The Committee had a 30 minute break at this point, and returned at 1.05pm

11. The Norfolk Model of Social Work

11.1 The annexed report (11) by the Director of Community Services was received. The report outlined the way in which a new model of social work will have a significant contribution to ensuring the council delivers an improved, more responsive, personalised and outcome-focused social work service in Norfolk.

11.2 During the discussion, the following points were made;

- The philosophy would be a description of the way in which social workers practice in Norfolk. Its development was timely as it coincided with the return of the 59 mental health social workers who had joined NCC from the Norfolk and Suffolk Foundation Trust. The work was intended to raise the profile of social workers.

- Two workshops had already been held with staff and a third would be held in January with implementation taking place following this.

- It was recognised that social work was a challenging job, and any way in which good practice could be shared and celebrated was welcomed.

- The initiative had been welcomed by existing social work practitioners and managers because it encouraged better joined-up working with other agencies, between social work disciplines and would encourage a more personalised approach for the individuals.

- The work would be delivered within the existing departmental budget. It did not involve any new posts being created.

- Children's Services adoption of the 'Signs of Safety' model involved a shift in practice towards a more collaborative social work approach. The philosophy would support this way of working as well as the changes to a more outcome-focussed safeguarding practice which had been adopted within Children's Services. The changes recommended from the peer review would be taken into account.

- It was confirmed that, whilst the new model of social work applied to all social work specialisms, there was still a role for dedicated children's Social Workers, adults Social Workers and mental health social workers as well as specialist functions such as adult safeguarding social workers. However, the shared model would enhance the way in which social workers work across the specialisms, encouraging a 'whole-family', community-focused approach.

- It was reported that newly qualified Social Workers were given extra support and protected time in their first year of work. This is called the Assessed and Supported Year in Employment (ASYE). This meant that they were expected to carry a smaller caseload than more experienced colleagues and were provided with a mentor. NCC worked in partnership with Higher Education establishments and Colleges. However, it was acknowledged that the University of East Anglia specialises in the field of children's social work.

- Although the model was welcomed by the Committee, members expressed the hope that much of the good practice described was already embedded in the social work taking place in the county. However, it was recognised that it was timely to formally record it now given the improvement journey taking place in Children's Services and the implementation of the Care Act, which was the most significant legislation since 1948.

11.3 The Committee RESOLVED to;

- Endorse the objectives and the approach being taken.

12. Developing Norfolk's Carers Strategy: 2014-17

12.1 The annexed report (12) by the Director of Community Services was received. The report provided information on the strategy that had been agreed by the Carers Council for Norfolk, the Carers Agency Partnership and each of the five Clinical Commissioning Groups.

12.2 During the discussion, the following points were made;

- It was hoped that the strategy would actively encourage employment if so wished by the carer but it was noted that it should also encourage the employer to assist them in employing a carer.

- It was clear that, as a Council, we needed to be mindful of the duty to provide wellbeing to the carer, as well as to the person being cared for.

12.3 The Committee RESOLVED to;

- Review, agree and endorse the commitment that carers have said are important to them outlined in the draft strategy.
- Agree that the final Carers strategy to be launched on 28th November 2014 – 'Carers Rights Day'.

13. Internal and External Appointment

13.1 The annexed report (13) by the Head of Democratic Services was received. Appointments to outside bodies add value in contributing towards the Council's priorities and strategic objectives. Under the Committee system, the responsibility for appointing to internal and external bodies lies with the Service Committees.

13.2 The following appointments to internal and external bodies were noted;

- Sue Whitaker was re-appointed to Norfolk Council on Ageing
- John Dobson replaced David Collis on Queen Elizabeth Hospital Trust – Governors' Council.
- Sue Whitaker was re-appointed to Norfolk and Suffolk NHS Foundation Trust – Partner Governor.
- Elizabeth Morgan replaced Mike Sands on Norfolk Community Health and Care NHS Trust Shadow Council of Governors representing Adults.
- Deborah Gilhawi replaced Daniel Roper on Norfolk and Norwich University Hospital Trust – Council of Governors.
- Julie Brociek-Coulton replaced Jonathan Childs on James Paget University Hospital NHS Foundation Trust – Council of Governors.

13.3 It was agreed that a verbal report would be given to the Committee from any meetings attended.

13.4 The Committee RESOLVED to;

- Review and where appropriate make appointments to those external and internal bodies, as set out in Appendix A of the report.
- Agree a mechanism to member feedback from the external bodies on which they represent the Council.

14. Working Protocol with Healthwatch Norfolk

14.1 The annexed report (14) by the Director of Community Services was received. A

new working protocol with Healthwatch Norfolk was required to reflect the committee system of governance at Norfolk County Council.

14.2 During the discussion, the following points were made;

- A draft agenda of the meeting with Healthwatch would be circulated to the members of the Adult Social Care Committee for their information.
- It was reported that since Healthwatch was established there had been no referrals to the County Council from them.

14.3 The Committee RESOLVED to;

- Approve the working protocol between the County Council and Healthwatch Norfolk.

Meeting finished at 2.15pm.

CHAIR

Adult Social Care Committee

Item No 8

Report title:	**Adult Safeguarding Board Peer Review update**
Date of meeting:	**12 January 2015**
Responsible Chief Officer:	**Harold Bodmer, Executive Director of Adult Social Services**

Strategic impact

A Peer Review of Adult Safeguarding in Norfolk was carried out in May 2014 by an independent team led by the Local Government Association. This report sets out the key findings and the progress made on the recommendations. As Members will be aware, the Safeguarding responsibilities of Local Authorities become statutory under the Care Act from April 2015.

Executive summary

Members will be concerned to make sure that vulnerable adults in Norfolk have the right to lead their lives free from harm and know what to do if they experience harm from others or suspect harm towards another person. The Safeguarding Peer Review made several recommendations for Norfolk in order to help us improve and be ready for the implementation of the Care Act. An action plan was developed from the recommendations and the detail is set out in appendix 1. The purpose of this report is to assure Members that many recommendations are now completed and others are in active progress. This is in the context of preparing our staff and partner organisations for the implementation of the Care Act and the key statutory responsibilities that brings, which are set out in this report.

Recommendations:

That Members note the progress on the recommendations of the Peer Review as set out in Appendix 1.

That all Members of the Adult Social Care Committee undertake the training in Basic Awareness of Adult Safeguarding in order to support the profile of the work of NSAB.

1. Evidence

1.1 The requirements of the Care Act 2014 place clear responsibilities on Norfolk Safeguarding Adults Board (NSAB), including the status of a regulated body and the Board must be ready and fit for purpose.

1.2 Safeguarding is everyone's business and it is important that organisations work together to protect people who need help and support. The Care Act will require all local authorities to set up a Safeguarding Adults Board (SAB) in their area and gives Boards a clear basis in law for the first time. Whilst Norfolk has had a Safeguarding Board for many years, latterly with an Independent Chair, it has not to date been a legal requirement.

1.3 The Care Act says that SABs must:

a) include the local authority, the NHS and the police, who should meet regularly to discuss and act upon local safeguarding issues

b) develop shared plans for safeguarding, working with local people to decide how best to protect adults in vulnerable situations
c) publish this safeguarding plan and report to the public annually on its progress, so that different organisations can make sure they are working together in the best way

1.4 The Act also requires local authorities to make enquires, or ask others to make enquiries, when they think an adult with care and support needs may be at risk of abuse or neglect in their area and to find out what, if any, action may be needed. This applies whether or not the authority is actually providing any care and support services to that adult.

1.5 The enquiry may lead to a number of outcomes, depending on the circumstances. This can include prosecution if abuse or neglect is proven, or lead to a needs assessment or review of an existing care and support plan. The important point to note is the person themselves is in control of what happens next. In order to do this, local authorities must arrange for an independent advocate to represent and support a person who is the subject of a Safeguarding Enquiry or a Safeguarding Adult Review, particularly if they need help to understand and take part in the enquiry to express their views, wishes, or feelings.

1.6 In addition, the Act says that SABs must arrange a Safeguarding Adults Review in some circumstances – for instance, if an adult with care and support needs dies as a result of abuse or neglect and there are concerns about how an organisation has acted. Any review carried out is about learning lessons for the future and a report will be completed for the SAB regarding how all organisations involved can improve as a result.

1.7 It is important that organisations share information related to abuse or neglect with SABs. Not doing so could prevent them from being able to tackle problems quickly and learn lessons to prevent them happening again.

1.8 The Act is therefore clear that if an SAB requests information from an organisation or individual who is likely to have information which is relevant to SAB's functions, they must share what they know with the SAB. This is so any problems can be tackled quickly, and lessons can be learnt to prevent them happening again in the future.

1.9 Over the next four months the Norfolk SAB will focus on:

a. Production of a three year Strategic Plan
b. Development of a Business Plan for 2015/16
c. Making proposals for, and agreeing, a restructure of Board membership
d. Production of a Constitution
e. The role of an Executive Business Committee once the Board is restructured
f. Revision of the Terms of Reference for LSAPs (Locality Safeguarding Adults Partnerships) and other sub groups of the Board in light of the Strategic Plan and Business Plan

1.10 A report will be brought to Adult Social Care Committee once the Strategic Plan is developed, along with the revisions to the structure of the NSAB.

2 Norfolk Adult Safeguarding Board Peer Review

2.1 To remind Members, the Peer review team who visited Norfolk in May 2014 focussed on three key areas, namely:

a) The quality of practice for users and carers.

b) The functioning of the Safeguarding Adults Board.
c) Working arrangements with health systems across Norfolk.

2.2 The reasons for choosing these areas were because of the significant changes that had been made within the health system over the past year, the increase in more self directed care and the need to make sure the Adult Safeguarding Board is ready to take on its statutory function.

2.3 In summary, the review found that Norfolk's safeguarding was on a 'firm foundation with no major areas of concern'. Whilst many strengths were highlighted and reported to this Committee in June 2014, the most important areas for action were:

a) A need to re-organise the Norfolk Safeguarding Adults Board to make a strategic impact. This means making sure that the Board is linked in to other relevant Boards, hold its members to account with robust challenge, ensure political involvement is heightened and make sure there is full representation from Health partners
b) Make a step change from a process led to a person centred approach. This means putting the person at the centre of the process and show in records that this has happened. In addition there needs to be a cultural shift towards greater community engagement
c) Identify how to evidence that a difference has been made to people's lives. A way needs to be found to involve people in the safeguarding process and measure people's experiences. In addition feedback needs to be given to those who refer and auditing needs to be more rigorous and systematic, involving operational managers
d) Rebalance the Adult Social Care budget as and when resources are available as demand in Norfolk likely to rise. The review team recognised the financial pressure facing the council and acknowledged that Adult safeguarding services were protected from budget cuts. However, they felt that other reductions in assessment and care management teams may have had an impact on the quality of safeguarding assessments

2.4 It is pleasing to note that many of the actions are now complete, with the exception of the production of the strategic plan, embedding the making safeguarding personal approach through staff training and more public awareness of the importance of Adult safeguarding.

2.5 In particular, additional funding has been secured from statutory partner organisations (Health and Police) as well as support from all Clinical Commissioning Groups to the development of the safeguarding agenda. A communications group has been established to raise public awareness and the Adult Board now has a safeguarding Board manager role which mirrors the Children's Board manager role.

2.6 Finally, in order to develop a wider strategic role, the new Chair of NSAB has been working with the Safeguarding Children's Board, the local Chairs Group and a range of other relevant bodies to identify areas of common interest and possible shared initiatives.

3 Issues, risks and innovation

3.1 Over the next few months, NASB will ensure we continue to deliver against the action plan and also work with the Locality Adult Safeguarding Boards to ensure a focus on local partnerships which underpins good multi agency work.

3.2 A major consideration will be also be how the NSAB involves citizens in strategic decision making. The NSAB already includes representation from Healthwatch and in January the Board will consider the formal establishment of a Citizen Advisory Group.

3.3 The NSAB is intending to launch a major public awareness campaign in Sept 2015. Members are invited to play a significant role within their localities to promote this campaign. Further information will be available nearer the time.

3.4 From April 2015 NSAB will take on responsibility for safeguarding prisoners. The prison service is represented on the Board and consultation will be necessary to consider the best ways of achieving the aims of the Care Act 2014 in this regard.

Background Papers

Peer Review Action Group report, attached as Appendix A

Officer Contact

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

Officer Name:	Tel No:	Email address
Joan Maughan Independent Chair NSAB	01379 788468	joanmaughan@hotmail.com
Helen Thacker Multi-Agency Safeguarding Hub (MASH) Team Manager	01603 729233	helen.thacker@norfolk.gov.uk

Norfolk Adult Safeguarding Peer Review Group 2014

Action Plan V4 (a) Completed

Ref	Task	Update		Senior Sponsor	Complete by	Status
1.	**Leadership and Governance NCC**					
1.1	**Raise profile and understanding of adult safeguarding with elected members.**					
	Present the Peer Review of Adult Safeguarding report to the new Adult Social Services Committee for agreement and sign-off the action plan.			Harold Bodmer	16/6/14	Completed
	Member for Safeguarding adults to be on Safeguarding Board	Elizabeth Morgan – Deputy Chair, Adult Social Care Committee		Harold Bodmer	16/6/14	Completed
	Harold Bodmer to present Peer Review slides to COG at first opportunity			Harold Bodmer	8/5/14	Completed
	Cabinet member and SAB member to be involved in appointment of new Independent SAB Chair			Debbie Olley	16.05.14	Completed
	Adult Safeguarding a standing item on the Committee agenda			John Perrott	07.07.14	Completed
	Agree with Children's Committee the Terms of Reference of the Safeguarding member Group	Paper to be presented at July meeting.		Harold Bodmer	07.07.14	Completed
1.2	**Invest in more publicity and initiatives to raise public awareness of adult safeguarding**					
	Develop a communications strategy for safeguarding	To be discussed at July Safeguarding Adults Board. Linda to confirm names of comms leads in Health & Police. Health Sub-group to be tasked to identify names of comms leads within in individual Health organisations. Task & Finish Group to develop		Linda Naylor/Joan Maughan	15.12.14	Completed

Norfolk Adult Safeguarding Peer Review Group 2014

Action Plan V4 (a) Completed

Ref	Task	Update		Senior Sponsor	Complete by	Status
		Communications strategy to be held on 13 October 2014.				
	Issue media comms re new safeguarding website	Website launched 21 July 2014		Linda Naylor/Susie Lockwood	15.09.14	Completed
	Issue media comms re appointment of independent Chair.	Media communication 21 July 2014		Linda Naylor/Susie Lockwood	15.09.14	Completed
1.3	**Give the new Adult Safeguarding Board Chair support to provide a strong and clear leadership.**					
	Review Safeguarding Coordinator post to ensure adequate capacity to support the Board.	Coordinator post reviewed. Replaced by new Business Manager – Helen Thacker appoint and commence January 2015.		Debbie Olley/ Lorrayne Barrett	31.10.14	Completed
	Arrange induction and mentoring of the new independent Chair appointed October 2014	Mike Briggs lead of Peer Review appointed as mentor		Lucy Hohnen	07.07.14	Completed
1.4	**The Board to produce a 3-5 year strategy, an annual business plan and annual report – see version V4(b) In progress**					
1.5	**Give the Board the strategic focus and the Locality Partnerships an action focus. Locality Partnerships to be directed and accountable to the Board.**					
	Commission a review of the Safeguarding Adults Board membership, processes and functions.	Reviewed at Board's Development Day (05.11.14)		Harold Bodmer/ Joan Maughan	07.07.14	Completed
	Director of Community Service to be Board member	Confirmed Harold Bodmer as a member of the Safeguarding Adults Board		Harold Bodmer	15.09.14	Completed
	Board meetings bi-monthly	Agreed at Board (18.07.14) that additional meetings will be held as and when required.		Harold Bodmer/ Joan Maughan	15.09.14	Completed

Norfolk Adult Safeguarding Peer Review Group 2014

Action Plan V4 (a) Completed

Ref	Task	Update		Senior Sponsor	Complete by	Status
	Ensure the Board is appropriately resourced and core partners make a fair financial and resource contribution.	Focussed discussion SAB (18.07.14) and Management Group (13.08.14) Agreed additional interim funding to increase Independent Chair involvement and activities of the Board including Safeguarding Adult Review Panels, professional Development Day etc secured. Management Group paper presented and agreed at SAB (16.10.14) requesting increased funding from partners for 2015/2016 to include a Training Validation Panel. Consultation held with all main partners with future funding for the SAB, in particular with regard to statutory status. All agreed funding to be ratified by the Board annually.		Harold Bodmer/ Joan Maughan	15.12.14	Completed
	Review sub-groups in line with LSAPs	In line with new SAB Strategic and Business Plans, proposals for membership and Terms of Reference for All Subgroups and LSAPs to be ratified by SAB at January Board (21.01.14)		Harold Bodmer/ Joan Maughan	15.12.14	Completed
1.6	**Ensure full representation of NHS organizations** **Health Representatives of Board include** • Mavis Spencer, Deputy Director of Nursing, NHS England • Jackie Schneider, Head of Patient Safety, North Norfolk CCG					

Norfolk Adult Safeguarding Peer Review Group 2014

Action Plan V4 (a) Completed

Ref	Task	Update		Senior Sponsor	Complete by	Status
	• Howard Stanley, Senior Nurse, Adults Safeguarding Lead, Norfolk CCGs (Chair - Health Sub-Group) • Dawn Collins, Assistant Director of Nursing, Norfolk & Norwich University Hospital (Chair – CLSAP) • Walter Lloyd-Smith, Safeguarding Lead, East Coast Community Health Care (Chair – ELSAP) • Anna Morgan, Director of Service Pathways, Norfolk Community Health Care • Terry Hicks, Manager, East of England Ambulance Service NHS Trust • Jane Sayer, Director of Nursing, Quality & Patient Safety, Norfolk & Suffolk NHS Foundation Trust					
	Present the report and action plan to the 5x CCG Boards, NCH&C Board, NSFT Board, 3x Hospital Boards; to get sign up for representation.	Copy of report and action plan sent by Harold Bodmer to all Health Chief Executives for response before next Safeguarding Adults Board (16.10.14) Harold Bodmer and Joan Maughan have met with all Health Executives to discuss details of action plan.		Debbie Olley/ Lorrayne Barrett/ Linda Naylor	15.09.14	Completed
1.7	**Continue to plan for the new statutory duties under the Care Act**					
	Ensure the Transformation plan takes account of the Safeguarding Adults Board	Louise Cornell, Assessment Business Lead, link for Care Act to ensure SAB is fully informed.		Janice Dane	15.09.14	Completed
	Project to report to the Board as appropriate	Veronica Mitchell link from Peer Review Action Group to transformation planning. Ann Taylor to update the Safeguarding Adults Board on activities of the Care Act Board on a regular basis, summary and headlines.		Janice Dane/ Veronica Mitchell	15.09.14	Completed
1.8	**Develop a multi-agency training strategy**					

Norfolk Adult Safeguarding Peer Review Group 2014

Action Plan V4 (a) Completed

Ref	Task	Update		Senior Sponsor	Complete by	Status
	Review existing training programme	Draft training frame work presented to Training & Policy Sub-Group 16.09.14		Debbie Olley /Lucy Hohnen/ Kate Brown	15.09.14	Completed
	Hold workshops to identify what staff need	Workshops held September/October 2014		Debbie Olley /Lucy Hohnen/ Kate Brown	15.12.14	Completed
	Draft strategy	John Holden, Jeremy Bone and Kate to discuss appropriate systemic audit format for learning outcomes.		Debbie Olley /Lucy Hohnen/ Kate Brown	15.12.14	Completed
	Implement strategy	Kate to discuss details with Lucy and Training & Policy Sub-group. To be present to SAB for ratification and implementation at January Board		Debbie Olley /Lucy Hohnen/ Kate Brown	15.12.14	Completed
1.9	**Improve consistency of information sharing with and across District Councils**					
1.10	Establish Housing Sub-group *(New Task added at request of NSAB 18.7.14)*	Housing Sub-Group established from August 2014.		Linda Naylor	15.09.14	Completed
2.	**Practice**					
2.1	**Train social care workers in outcome focused practice – see version V4(b) In progress** *(Also to be embedded in Care Act Training)*					
2.2	**Build the principles of "Making Safeguarding Personal" (MSP) initiative into safeguarding practice and processes**					
	Review processes and CareFirst forms to include reference to MSP principles	Progress reviewed and changes to CareFirst forms implement 1 November 2014		Debbie Olley/ Helen Thacker	15.09.14	Completed

Norfolk Adult Safeguarding Peer Review Group 2014

Action Plan V4 (a) Completed

Ref	Task	Update		Senior Sponsor	Complete by	Status
	Investigate Learning and Development needs of practitioners and ensure MSP principles are included in all relevant training	Task amended adding "…*and ensure MSP principles are included in all relevant training."* MSP principles are integral to the newly designed safeguarding adults training programme which has been sent to all staff to seek their views and comments received have been used to amend the programme . The new programme went out to tender on 1 December 2014. All providers delivering safeguarding adults and MCA training have been told they must include the principles of MSP in training delivered.		Debbie Olley/ Kate Brown	15.09.14	Completed
	Implement new processes	New processes implemented 1 November 2014. Guidance issued to all staff via CareFirst Forum and via Heads of Care. Guidance delivered to Safeguarding Adults Team for discussion with their respective locality teams at team meetings and during consultants.		Debbie Olley/ Helen Thacker	15.12.14	Completed
	Deliver training in new processes	To include advanced skills training. Safeguarding Adults Practice Consultants to refresh information with case work examples. The new mental health staff have received training in their first month at NCC regarding the principles of MSP and how they work in practice and the		Debbie Olley/ Helen Thacker	15.12.14	Completed

Norfolk Adult Safeguarding Peer Review Group 2014

Action Plan V4 (a) Completed

Ref	Task	Update		Senior Sponsor	Complete by	Status
		processes which support this . The Advanced Skill course now includes the principles of MSP				
2.3	**Ensure the asset based community development work includes safeguarding**					
	Ensure that the new model of social work under development includes a community approach to adult safeguarding.	Norfolk Philosophy of Social Work model includes community approach to Safeguarding		Janice Dane/ Lorna Bright	15.12.14	Completed
2.4	**Ensure Community Groups are aware of the Multi Agency Safeguarding Hub – see version V4(b) In progress**					
2.5	**Review duplication of Practice Consultant's role in the light of ACMR**					
	In light of Assessment and Care Management Reviews, review the locality Practice Consultants role in relation to Safeguarding	Helen and Lorrayne to explore with Practice Consultants. Paper to be presented to August County Managers Group. Task and Finish Group to be held on 24.09.14 to include Safeguarding team, team managers, locality based Practice Consultants. Report to be sent to Heads of Social Care. Workshops held with Practice Consultants. Paper circulated and agreed. Issues resolved.		Debbie Olley/ Lorrayne Barrett/ Helen Thacker	15.12.14	Completed
2.6	**Consider whether to change local policy so that police are only consulted where required**					
	Consult with senior managers in NCC and Police	Also identified as a National issue. Agreed no change required.		Debbie Olley	15.12.14	Completed

Norfolk Adult Safeguarding Peer Review Group 2014

Action Plan V4 (a) Completed

Ref	Task	Update		Senior Sponsor	Complete by	Status
3.	**Systems and Processes**					
3.1	**Review file audit procedure and develop other QA measures**					
	Review current processes for file checking by QA Team and by operational managers, including the need for a safeguarding case closure process.	Review to include review of QA process. Report to Senior Management Team (SMT) early September 2014.		Catherine Underwood/ John Holden	17.11.14	Completed
	Implement systematic random auditing of files by Heads of Social Care and members of SMT	To include a review of QA process Report to be presented to Heads of Social Care in October 2014. Auditing procedures to reflect all staffing levels within new integrated teams with Health.		Catherine Underwood/ Debbie Olley/ John Holden	17.11.14	Completed
	Implement new framework with operational teams	To include a review of QA process To also reflect all staffing levels within new integrated teams with Health		Catherine Underwood/ Debbie Olley/ John Holden	15.12.14	Completed
3.2	**Develop a system to record outcomes**					
	Develop CareFirst to enable recording	Completed		John Perrott	15.09.14	Completed
3.3	**Develop a dashboard of outcome measures**					
	Standing item on Safeguarding Board agenda	Included in Risk & Performance Sub-Group reporting to Board		Harold Bodmer/ Lorrayne Barrett	15.12.14	Completed
3.4	**Gather users' and carers' views and feed them into planning**					

Norfolk Adult Safeguarding Peer Review Group 2014

Action Plan V4 (a) Completed

Ref	Task	Update		Senior Sponsor	Complete by	Status
	Research how this is done by other local authorities	Gather views of those who have been through Safeguarding events. To be discussed with regional Safeguarding Adults leads.		Catherine Underwood/ Linda Naylor	15.09.14	Completed
3.5	**Give carers more assurance on how complaints about care providers will be addressed – see version V4(b) In Progress**					
3.6	**Develop a system to feed back to the referrer**					
	Develop a system to feed back to the referrer	Mandatory question added to case closure documentation, including Referral, Strategy Discussion and Assessment.		Debbie Olley/ Lorrayne Barrett/ Helen Thacker	15.09.14	Completed
3.7	**Admin support for Customer Service Centre to avoid Practice Consultant time being spent inputting and checking data – see version V4(b) In Progress**					

Adult Social Care Committee

Item No 10

Report title:	**Adult Social Care Finance Monitoring Report Period Eight (November) 2014-15**
Date of meeting:	**12 January 2015**
Responsible Chief Officer:	**Harold Bodmer, Executive Director of Adult Social Services**

Strategic impact

This report provides the Committee with financial monitoring information, based on information to the end of November 2014. It provides a forecast for the full year, analysis of variations from the revised budget, with recovery actions to reduce the overspend and the forecast use of Adult Social Care (ASC) reserves.

Executive summary

As at the end of November 2014 (Period Eight) the forecast revenue outturn position for Adult Social Care for 2014-15 is an overspend of £6.094m, after recovery actions.

This is a decrease of £0.392m since the report to the Committee on 20 October for period six, when an overspend of £3.656m after recovery actions was forecast. That report identified the intention to use £3.656m from the Legal Liabilities reserve to mitigate the level of overspend and identified further recovery actions to reduce that will hopefully achieve a balanced budget in 2014-15. The ASC Legal Liabilities reserve was created to cover the potential costs arising from the dismissal of the Hertfordshire County Council appeal regarding funding of aftercare under s117 of the Mental Health Act. These costs arise in the Purchase of Care budget.

Purchase of Care (PoC) continues to be the area of highest financial risk to the ASC budget. The Purchase of Care budget is used to fund packages of care for people, including Personal Budgets. The current forecast for net cost of PoC is for an overspend of £5.450m (gross cost of PoC less service user income). The revised budget reflects an additional £1m which was agreed by Members to support the phasing in of the 2014-17 savings in this area.

Adult Social Care reserves at 31 March 2014 stood at £13.353m. The service is forecasting a net use of reserves in 2014-15 of £1.694m to meet commitments and £3.789m to mitigate the level of overspend set out in this report. The 2014-15 forecast outturn position for reserves and provision is therefore £7.870m.

The 2014-15 Capital budget reflects the agreed programme for 2014-15 and slippage at 2013-14 outturn. The overall programme for the next two years has increased by the £236k to reflect net additional funding to support the planned capital spend. At period eight there are no forecast variations to the programme.

Recommendation

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

a) **The forecast revenue outturn position for 2014-15 as at Period Eight of a an overspend of £6.094m**
b) **The recovery actions being taken to reduce the overspend**
c) **The current forecast for use of reserves**
d) **The forecast capital outturn position for the 2014-15 capital programme**

1 Proposal

1.1 Members have a key role in overseeing the financial position of Adult Social Services, including reviewing the revenue budget, reserves and capital programme.

1.2 This is the fourth monitoring report for 2014-15 and reflects the forecast position at the end of November 2014 (Period Eight).

2 Evidence

2.1 This is the fourth monitoring report for 2014-15 and the table below summarises the forecast outturn position at the end of November 2014 (Period Eight).

	Revised Budget	Forecast Outturn	Forecast Variance		Previously Reported
Summary	**£m**	**£m**	**£m**	**%**	**£m**
Management, Finance and Transformation	-3.994	-6.081	-2.087	52%	-2.087
Commissioning	75.040	75.547	0.507	1%	1.212
Business Development	4.523	4.574	0.051	1%	0.098
Human Resources	1.204	1.046	-0.158	-13%	-0.008
Safeguarding	235.600	246.616	11.016	5%	10.257
Prevention	10.075	10.864	0.789	8%	0.865
Service User Income	-72.832	-75.856	-3.024	4%	-2.341
Total Net Expenditure	**249.616**	**256.710**	**7.094**	**3%**	**7.996**
Recovery actions	0.000	-1.000	-1.000		-1.510
Total Net Expenditure after recovery actions	249.616	255.710	6.094	3%	**6.486**
Use of ASC Reserves	0.000	-3.789	-3.789		-3.656
ASC Total after use of reserves	**249.616**	**251.921**	**2.305**	**1%**	**2.830**

2.2 As at the end of November 2014 (Period Eight) the forecast revenue outturn position for 2014-15 is a £6.094m overspend for Adult Social Services.

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 overspend is primarily due to the forecast for the net cost of Purchase of Care (PoC) where there is a forecast overspend of £5.450m.

2.5 **Purchase of Care**

2.5.1 The gross PoC budget was overspent in 2013/14 by £4.008m. PoC for Older People is the main budget with pressure, having a forecast overspend of £9.162m at the same time income from service users is expected to deliver an additional £3.344m over what was budgeted.

2.5.2 Also the PoC forecast anticipates only a partial achievement of budgeted savings from 2013/14 and 2014/15. In 2013/14 savings were not achieved for Mental Health where progress has been slower than expected to move people from

residential care to living in the community.

2.5.3 In 2014/15 significant savings are budgeted for wellbeing, transport and Learning Disabilities/Physical Disabilities packages which carry significant financial risks. The revised budget reflects an additional £1m of funding to phase in the 2014-17 savings for wellbeing and transport activities for people receiving support from Adult Social Care through a personal budget.

2.6 **Overspend Action Plan**

2.6.1 Services are required to take recovery actions to avoid or mitigate an overspend at the end of the year. This is a prior consideration before the use of reserves is considered. The following actions, which are estimated to save £1.510m in 2014/15, have been initiated by the Director to mitigate the overspend identified in the period six forecast.

2.6.2 The Department is aiming for a balanced position at the year end and is working to identify further savings that could be made and to review any money that does not appear to be committed at this stage of the financial year and which could be used to offset overspends elsewhere. The Overspend Action plan to date is shown below.

Action	**Amount £m**
The 2014/15 Norse Care rebate of £1m is proposed to be used to support the revenue budget instead of being transferred to the residential reserve for the transformation of residential care.	-1.000
Run-rate/Procurement Review	
Job freeze except for those funded by NHS and essential posts	
Financial targets for Head of Social Care	
Scrutiny of all any non-block purchase placements	
Scrutiny of all high cost transport placements	
	-1.000
Built into the forecast expenditure position	
Heads of Social Care have been advised by the Director of restrictions being placed on their discretion to provide residential care resulting in tighter controls around spending above NCC rates and only agreeing most cost-effective solutions.	-0.510
Review of forecast service user contributions towards the cost of their non-residential care. This was understated compared to last year and current spend.	-2.107
Use of ASC ICT fund for ICT costs related to bringing the MH staff back to NCC and corporate funding of redundancies. Previously this had been forecast to come from ASC revenue budget.	-0.400
Norse Care utilisation	-0.500

2.7 **Reserves**

2.7.1 Adult Social Care reserves at 31 March 2014 were £13.353m. The service is forecasting a net use of reserves in 2014-15 of £1.694m to meet commitments and £3.789m to reduce budget overspend as set out in this report. The 2014-15 forecast outturn position for reserves and provision is therefore £7.870m. The projected use of reserves and provisions is shown at **Appendix C.**

2.8 **Capital Programme 2014-15**

2.8.1 The position of the capital programme as at Period 6 is shown at **Appendix D**. The programme has been reviewed and the budgets re-profiled across 2014-15, 2015-16 and 2016-17 to reflect when expenditure is now expected to be incurred. The revised 2014-15 forecast is in line with the reviewed 2014-15 budget and net funding increase of £236k. The reviewed budget for this financial year of £4.852m includes the capital programme agreed by County Council for Adult Social Care in 2014-15 of £9.060m, slippage on the 2013-14 programme at outturn of £1.492m and re-profiling for parts of the programme now expected to be completed in future years. The main priority for capital spending in Adult Social Care in 2014-15 continues to be the development of Housing With Care and Supported Housing provision.

3 Financial Implications

3.1 There are no decisions arising from this report. The financial position for Adult Social Services is set out within the paper and appendices.

4 Issues, risks and innovation

4.1 This report provides financial performance information on a wide range of services monitored by the Adult Social Care Committee. Many of these services have a potential impact on residents or staff from one or more protected groups. The Council pays due regard to the need to eliminate unlawful discrimination, promote equality of opportunity and foster good relations.

4.2 There are no issues or risks directly arising from this report.

5 Background Papers

5.1 There are no background papers relevant to the preparation of this report.

Officer Contact

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

Officer Name:	**Tel No:**	**Email address**:
Neil Sinclair	01603 228843	neil.sinclair@norfolk.gov.uk

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.

Adult Social Care 2014-15: Budget Monitoring November 2014 (Period Eight)

Summary	Revised Budget £m	Forecast Outturn £m	Forecast Variance £m	Forecast Variance %	Previously Reported £m
Management, Finance and Transformation	-3.994	-6.081	-2.087	52%	-2.087
Commissioning	75.040	75.547	0.507	1%	1.212
Business Development	4.523	4.574	0.051	1%	0.098
Human Resources	1.204	1.046	-0.158	-13%	-0.008
Safeguarding	235.600	246.616	11.016	5%	10.257
Prevention	10.075	10.864	0.789	8%	0.865
Service User Income	-72.832	-75.856	-3.024	4%	-2.341
Total Net Expenditure	**249.616**	**256.710**	**7.094**	**3%**	7.996
Recovery actions	0.000	-1.000	-1.000		-1.510
Total after recovery actions	249.616	255.710	6.094	3%	6.486
Use of ASC Reserves	0.000	-3.789	-3.789		-3.656
ASC Total after use of reserves	**249.616**	**251.921**	**2.305**	**1%**	2.830

Service Detail

Commissioning					
Commissioning	1.250	1.195	-0.055	-4%	-0.067
Service Level Agreements	4.411	5.377	0.966	22%	1.540
ICES	2.601	2.607	0.006	0%	0.000
Norse Care	32.551	32.491	-0.060	0%	-0.060
Supporting People	13.443	13.270	-0.173	-1%	-0.024
Learning Disabilities Partnership	5.594	5.594	0.000	0%	0.000
Independence Matters	13.247	13.247	0.000	0%	0.000
Other	1.943	1.766	-0.177	-9%	-0.177
Commissioning Total	**75.04**	**75.547**	**0.507**	**1%**	**1.212**

Safeguarding					
Purchase of Care					
Older People	98.818	107.980	9.162	9%	8.147
People with Physical Disabilities	23.773	23.847	0.074	0%	0.563
People with Learning Difficulties	80.901	79.408	-1.494	-2%	-1.202
Mental Health, Drugs & Alcohol	12.087	12.818	0.731	6%	0.549
S117 invoice from Suffolk County Council – for various placements retrospectively	0.000	0.520	0.520		0.000
Hired Transport	4.650	6.913	2.263	49%	2.263
Staffing and support costs	15.371	15.131	-0.240	-2%	-0.063
Safeguarding Total	**235.600**	**246.616**	**11.016**	5%	**10.257**

Summary	Revised Budget £m	Forecast Outturn £m	Forecast Variance		Previously Reported £m
			£m	%	
Prevention					
Housing With Care Tenant Meals	0.673	0.692	0.019	3%	0.019
Personal & Community Support	1.143	1.163	0.020	2%	0.009
Norfolk Reablement First Support	5.403	5.779	0.376	7%	0.433
Service Development, including N-Able	0.908	1.331	0.423	47%	0.420
Other	1.948	1.899	-0.049	-3%	-0.016
Prevention Total	**10.075**	**10.864**	**0.789**	8%	**0.865**

Income from Service Users					
Older People	-59.789	-63.133	-3.344	6%	-0.584
People with Physical Disabilities	-2.243	-2.050	0.193	-9%	0.323
People with Learning Disabilities	-4.889	-4.719	0.170	-3%	0.260
Mental Health, Drugs & Alcohol	-4.523	-4.493	0.030	-1%	-0.160
Beds purchased by Health	-1.388	-1.461	-0.073	5%	-0.073
Service User Income Total	**-72.832**	**-75.856**	**-3.024**	4%	**-2.341**

Adult Social Care
2014-15 Budget Monitoring Period 6
Explanation of over and underspends

1. Management Finance and Transformation underspend of £-2.087m

The forecast underspend is due to the departmental retention of service budgets (-£1.714m) to enable effective targeting of resources to priorities and pressures during the year.

2. Commissioning overspend of £0.507m

The main over/underspends are:

Service level Agreements, with external providers, forecast overspend of £0.507m. The remaining savings on Service Level Agreements from the 2011-14 Big Conversation were not achieved in 2013-14 and a continuing shortfall is expected. Work is ongoing to identify where these savings can be made on an ongoing basis.

Norsecare forecast underspend of £-0.060m. Savings identified with the 2014-15 budget of £2m are now forecast to be achieved: £1.600m additional Norse Care rebate and £0.500m reduced planning bed purchases from other providers by using Norse Care beds.

3. Safeguarding overspend of £11.016m

The main over/underspends are:

Purchase of Care (PoC) overspent by £8.474m. The PoC budget was overspent in 2013-14 by £4.008m. PoC Older People is the main budget with pressure, having a forecast overspend of £9.162m, though this projected overspend needs to be considered alongside the projected additional income over budget to be received from self-funders and top up which is expected to have a positive variance of £3.344m

Also the PoC forecast anticipates only a partial achievement of budgeted savings from 2013-14 and 2014-15. In 2013-14 savings were not achieved for Mental Health where progress has been slower than expected to move people from residential care to living in the community.

In 2014-15 significant savings are budgeted for wellbeing, transport and Learning Difficulties/Physical Disabilities packages which carry significant risks. The revised budget reflects an additional £1m of funding to phase in the 2014-17 savings for wellbeing and transport activities for people receiving support from Adult Social Care through a personal budget. .

4. Prevention Overspend by £0.789m

The main over/underspends are:

Norfolk Reablement First Support overspent by £0.376m a £57k reduction from month 6. Overall the reasons for the overspends are due to demand led increased staffing costs and no budget allocation for enhancements or standby payment.

Service Development overspent by £0.423m, negligible movement from month 6. The 2013-14 savings target for Assistive Technology (N-Able) of £0.748m are forecast to not be achieved in 2014-15. Work is continuing to implement the saving and for N-Able to deliver a profit, which will deliver savings to the service. This overspend is partly offset by the cessation of a Service Level Agreement.

5. Income from Service Users underspent by £-3.024m

Budgeting income from service user contributions towards the cost of their care is difficult as service user contributions are based on their individual financial circumstances. The service saw a significant increase in income from service user contributions towards the end of 2013-14. The projected income is up by £683k from period 6 reflecting the amount of income from self-funders and top ups.

This area continues to be closely monitored for reporting to each Adult Social Care Committee. There is currently a review of forecast service user contributions towards the cost of their non-residential care and this has been adjusted as it appears to be understated compared to last year and current PoC spend. See Overspend Action Plan

Adult Social Care Reserves and Provisions

	Balance 1 April 2014	Usage 2014/15	Forecast Balance 31 March 2015
	£m	£m	£m
Doubtful Debts provision	0.952	0.000	0.952
Redundancy provision	0.103	-0.072	0.031
Prevention Fund - Living Well in Community	0.117	-0.117	0.000
Prevention Fund – General - As part of the 2012-13 budget planning Members set up a Prevention Fund of £2.5m. To mitigate the risks in delivering the prevention savings in 2012-13 and 2013-14, particularly around reablement and Service Level Agreements, and the need to build capacity in the independent sector.	0.533	0.000	0.533
Prevention Fund - Strong and Well	0.490	-0.490	0.000
Repairs and renewals	0.043	-0.015	0.028
IT reserve - For the implementation of various IT projects and IT transformation costs.	1.425	0.000	1.425
Residential Review - Required in future years for the Building Better Futures programme, including the transformation of the homes transferred to Norse Care on 1 April 2011.	2.330	0.000	2.330
ASC Legal Liabilities - Cabinet approved on 9 May 2011 the creation of the Adult Social Care Legal Liabilities reserve to cover the potential costs arising from the dismissal on Tuesday 15 February 2011 at the Court of Appeal of the appeal lodged by Hertfordshire County Council regarding the funding of aftercare under section 117 of the Mental Health Act. These costs appear in the Purchase of Care budget.	3.789	-3.789	0.000
Unspent Grants and Contributions- Mainly the Social Care Reform Grant which is being used to fund the Transformation in Adult Social Care.	3.571	-1.000	2.571
Total ASC reserves and provisions	**13.353**	**- 5.483**	**7.870**

Appendix D

Adult Social Care Capital Programme 2014-15

Scheme Name	Reprofiled Capital Budget 2014-15 Including Slippage	Forecast outturn at Period 8
	£'000	£'000
Approved Programme		
LPSA Domestic Violence	276	276
Failure of kitchen appliances	5	5
Adult Social Care IT Infrastructure	146	146
Improvement East Grant	28	28
Great Yarmouth Dementia Day Care	235	235
Strong and Well Parnership - Contribution to Capital Programme	248	248
Bishops Court - King's Lynn	150	150
Rashes Green	31	31
Supported Living for people with Learning Difficulties	8	8
Redevelopment of Attleborough Enterprise Centre	28	28
GT. YARMOUTH LD DAY SERVS-Certificate	19	19
Attleborough Community Hub CERF	17	17
Dementia Friendly Pilot - Wells	1	1
Dementia Friendly Pilot - Norse Care	95	95
Bowthorpe ASC Scheme	3,000	3,000
Attleborough Windows	97	97
Lakenfields	250	250
Autism Innovation	19	19
Cromer Road Sheringham (Independence Matters)	200	200
LPSA Domestic Violence	276	276
Failure of kitchen appliances	5	5
Adult Social Care IT Infrastructure	146	146
Improvement East Grant	28	28
TOTAL Capital	**5.421**	**5.421**

Adult Social Care Committee

Item No 11

Report title:	**Better Care Fund**
Date of meeting:	**12 January 2015**
Responsible Chief Officer:	**Harold Bodmer, Executive Director of Adult Social Services**

Strategic impact

The Better Care Fund (BCF) requires local authorities with responsibility for social services and clinical commissioning groups (CCGs) to create a pooled commissioning fund for the provision of integrated health and community care services, with a priority purpose of reducing unplanned admissions to hospital. It forms part of a wider programme of integration with health services.

Executive summary

The Better Care Fund is a national scheme which furthers the integration of health and social care through the creation of a local pooled budget and the development of a shared delivery plan. The governance of this process has been taking place over the last 12 months through Norfolk's Health and Wellbeing Board (HWBB).

The Norfolk Better Care Fund plan has been agreed by the Norfolk HWBB and is progressing through a national assurance process, led by the Department of Health with the Department for Communities and Local Government. At present the plan is approved, with two conditions to be met. We have addressed these two conditions and are awaiting the outcome of this national process in mid-January.

The Better Care Fund goes live from April 2015 and the formal arrangements for a pooled fund need to be prepared. This paper provides an overview of the Norfolk Better Care Fund plan and sets out the process to put the pooled budget in place. The pooled budget will include funding which would otherwise have been within the Adult Social Services budget.

Recommendations:

Members are asked to endorse the proposed approach to preparing for the Better Care Fund pooled fund under section 75 of the NHS Act.

Members are asked to request the final proposal for a pooled fund is brought to Committee in March for final approval.

1. Evidence

1.1 During the 2013 Spending Round, as part of the integration agenda, a new scheme for health and social care was introduced. Initially referred to as the Integration Transformation Fund, it has since been renamed and is now called the Better Care Fund (BCF).

1.2 The BCF is a national initiative: a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities. Local Government Association and NHS England correspondence of November 2013 notes this is 'a real opportunity to create a shared plan for the totality of health and social care activity and expenditure that will have benefits way beyond the effective use of the mandated pooled fund. We encourage Health and Wellbeing Boards to extend the scope of

the plan and pooled budgets.'

1.3 The scope calls for a step change in existing arrangements, to change patterns of services and spending. It is noted that Ministers will wish to be assured of how use of the fund will secure improved outcomes and wellbeing for people, with effective protection of social care and integrated activity to reduce emergency and urgent health demand. It is seen as building sustainable health and care for the foreseeable future and acting as a catalyst for agreeing a joint vision for improving outcomes and to build commitment for accelerated change.

1.4 Norfolk Health and Wellbeing Board (HWBB) is required to have a Better Care Fund plan which addresses the use of a pooled fund. There have been several stages of a national assurance process which the plan has had to pass. The plan has been approved by the HWBB at each stage of its development.

2. Financial Implications

2.1 The Better Care Fund programme requires the creation of a pooled fund with the five Norfolk CCGs of £65m and it is proposed that a separate pooled fund is held with each CCG. The Better Care Fund is part of the financial planning for the year ahead. Officers will prepare a proposed pooled fund agreement to be entered into with each of the five Clinical Commissioning Groups under section 75 for presentation to the Committee in March 2015 for approval.

3. Issues, risks and innovation

3.1 The Better Care Fund provides a framework for progressing the integration of health and care for improved outcomes for individuals and a sustainable local system. The BCF plan for Norfolk contains proposals for transformation of local care and health against best practice. However, there is a risk that the planned reduction in unplanned admissions to acute care will not be made, therefore reducing available funding for community services. This risk is mitigated by the joint plans, which protect social care from this additional risk which will be managed through the CCGs.

4 Norfolk's Better Care Fund plan

4.1 Norfolk's plan follows the prescribed template. It sets out:

1. A vision for health and care services, setting out how this addresses the local population's needs, the key components of our vision
2. What difference this will make for service users and patients
3. The changes that will be made in the pattern and configuration of services
4. The case for change: what analysis of local need and local services tells us about why we need to make changes
5. A plan of action for delivery of the plan, including milestones for a set of BCF schemes
6. Governance arrangements for the BCF and management oversight arrangements
7. Risk and contingency planning
8. How the BCF aligns with other plans
9. How we will address the national conditions
10. Public, patient and provider engagement, with an emphasis on acute providers
11. A detailed description of the schemes which will deliver the plan.

4.2 In addition, there are two spreadsheets which set out the details of the funding – where the pooled fund will be drawn from and where it will be paid to – and the

benefits of the schemes.

4.3 The BCF requires four national conditions to be met and the plan sets out how these will be achieved:

1. The protection of social services
2. 7 day services to support discharge
3. Data sharing
4. Joint assessment and accountable lead for high risk groups.

4.4 There are five nationally prescribed performance measures for the Better Care Fund:

1. Unplanned admissions to hospital
2. Admissions to residential care
3. Delayed transfers of care
4. Reablement after 91 days
5. Patient satisfaction

4.5 In addition, Health and Wellbeing Boards are required to set a local indicator, which for Norfolk it has been agreed should be to improve the assessment of dementia. Originally Norfolk had chosen two indicators, the other being to monitor the impact of people feeling supported to manage their long term condition. However as part of the on-going assurance process Norfolk was asked to set just one local metric. Therefore it was agreed, due to the prevalence of dementia in Norfolk, that this should be the focus to have the most positive impact.

4.6 National assurance process

A national assurance process has been put in place, led by the Department of Health. This has required additional scrutiny and challenge over 2014.
At the time of writing this report, the Norfolk BCF plan has been approved, subject to addressing two conditions. These have been addressed and we are awaiting confirmation that these conditions are now complete.

4.7 Delivering the Better Care Fund

The BCF process has focused the Council and CCGs on forming a clear plan for use of a pooled budget. Norfolk has a strong history of integrated working and whilst the assurance process has been taking place, we have been progressing our plans.

4.8 A BCF Programme Group has been established between the Council and CCGs to provide officer management of the delivery, with escalation to the Health and Care Chief Officer Group (of which the Director of Adult Social Services is a member).

4.9 An update on the plan is provided to each Health and Wellbeing Board.

5 Financial information

5.1 The national scheme has set out a minimum size of the pooled fund and the contributions to it. For 2015/16, £3.8bn of funding will be distributed via the BCF in locally agreed pooled funds. This funding is made up of:

a) £1.9bn of NHS funding
b) £130m carers' break funding
c) £300m CCG reablement funding
d) £354m capital funding (including £220m Disabled Facilities Grant)
e) £1.1bn that is currently transferred from health to social care (s256 funding)

5.2 Revenue Funding

For Norfolk £56.381m revenue funding will be provided to NHS Clinical Commissioning Groups (CCG) via their base funding allocations. Amounts per CCG were fixed as follows:

a) West Norfolk CCG £11.443m
b) South Norfolk CCG £14.020m
c) Norwich CCG £12.245m
d) North Norfolk CCG £11.553m
e) Great Yarmouth and Waveney CCG £7.120m*

*please note this is just the Norfolk element of the CCG.

5.3 Protection of Social Care

£34.807m has been allocated for the protection of Social Care within the Better Care Fund. £19.152m of this is the funding already transferred (section 256 funding) and £15.655m is made up of a variety of measures to protect social care, support carers, invest in reablement and implement the Care Act.

5.4 Notifications to date are that the £6.080m capital funding will be provided direct to NCC via a grant payment although at time of writing this report we are awaiting confirmation of the capital allocation. This funding will be formed by:

5.5 Social Care Capital Grant - £2.327m

NCC currently receives this grant and it forms the primary funding of the capital programme within Adult Social Care.
In 2015/16 this grant transfers into the BCF and is increased from £2.292m to £2.327m.
As part of the implementation of the Care Act it has been indicated that an element of this funding (£50m nationally and £0.871m for Norfolk) should be used for the purpose of implementation of the Care Act.

5.6 Disabled Facilities Grant (DFG) - £3.753m

The DFG is funding that currently goes direct to lower-tier authorities. They have the statutory duty on local housing authorities to provide DFG to those who qualify for it. This statutory duty is to provide adaptations to the homes of disabled people, including in relation to young people aged 17 and under. For 2015/16, this funding transfers to upper-tier authorities, via the BCF, so that the provision of adaptations can be incorporated in the strategic consideration and planning of investment to improve outcomes for service users.

The statutory duty remains with lower-tier authorities in 2015/16 therefore funding will be made available from the pooled budget to ensure that the respective housing authorities (district councils in two-tier areas) are able to continue to meet this duty.

The fixed allocations to each district are:

	£
Breckland	0.535m
Broadland	0.414m
Great Yarmouth	0.567m
King's Lynn and West Norfolk	0.759m
North Norfolk	0.595m
Norwich	0.472m
South Norfolk	0.410m

6 Performance Pay

6.1 As an added dimension, £16.295m within the BCF is related to performance. Originally this funding was linked to the successful performance against the full key metrics, but this fund is now split between:

a) Payment for performance on total emergency admissions (general and acute non-elective admissions)

Norfolk has targeted to reduce its total emergency admissions by at least 3.5% during the period 1 January 2015 to 31 December 2015 (the fourth quarter 2014/15 to the third quarter 2015/16) against a baseline of the same period 2013/14 and 2014/15.
For Norfolk this is a reduction in 3,289 admissions with an associated fund of £4.900m.

b) NHS commissioned out-of-hospital services

The size of this element of the fund will be dependent on the size of the performance fund relating to reduced emergency admissions above.

As we have £4.9m linked to admissions, we therefore have £11.395m that must be spent by CCGs on 'NHS commissioned out-of-hospital services' as part of the BCF plan.

6.2 The implication of achievement, or non-achievement, of the total emergency admissions metric is:

Part 1 Payment for performance on total emergency admissions	
Target met	**Target not met**
Full amount included within BCF to be released at quarterly intervals for local HWBs to invest in locally agreed priorities, as set out in BCF plans	Payment is proportional to performance so some funding remains within CCG budgets proportional to the level by which the target is missed. CCGs will decide how to spend this portion of the funding, in consultation with HWBs. It is expected that this money will be used to compensate CCGs for unplanned emergency admissions costs.

6.3 **Pooled funds and Section 75 of the NHS Act 2006**

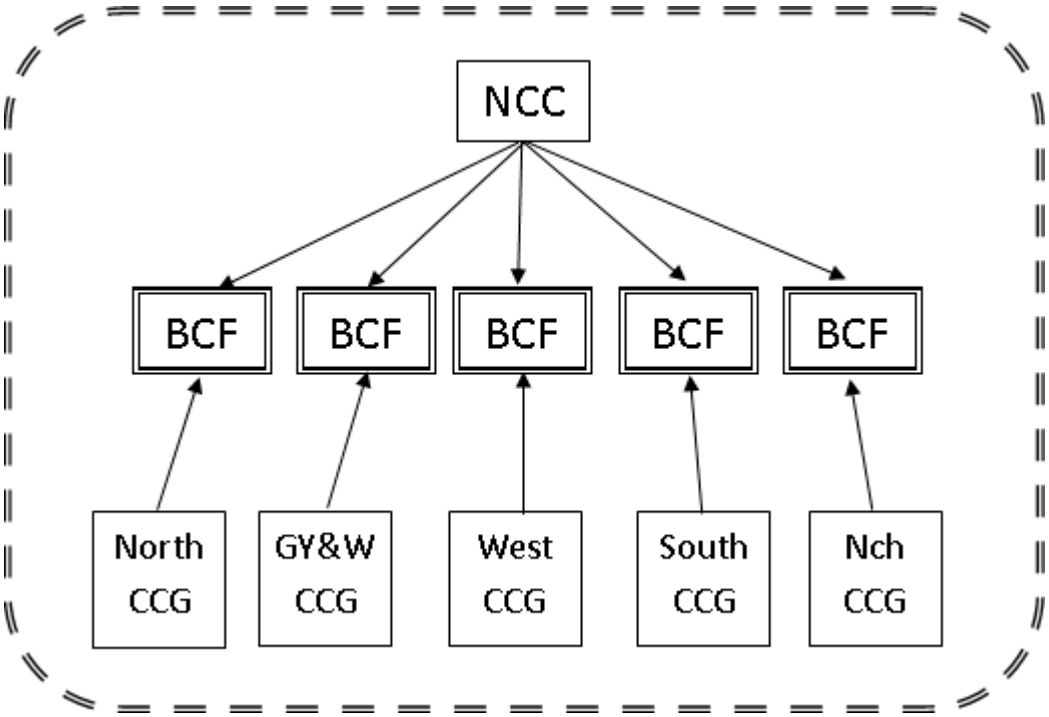
6.3.1 In order for the funding to be released into the BCF, a pooled fund/s is required. Section 75 of the NHS Act 2006 allows for such a pool to be created and sets the legal basis for the contract.

6.3.2 For the avoidance of doubt, we are defining a pool fund to be:

"A pooled budget (or fund) is an arrangement where two or more partners make

financial contributions to a single fund to achieve specified and mutually agreed aims. It is a single budget, managed by a single host with a formal partnership or joint funding agreement that sets out aims, accountabilities and responsibilities".

6.3.3 In working with five CCGs in Norfolk, it has been proposed that we will need five pooled funds and therefore five S75 agreements. The agreements themselves will be similar in format and contain the individual locality specific details pertinent to that CCG.



6.3.4 The details of the individual agreements will be worked through and agreed with CCG partners during January and February 2015. The core elements of the agreement will be:

a) Governance
b) Risk Share and Over/Underspends
c) Scheme and Project level information
d) Financial Contributions and Cashflow
e) Alignment of budgets outside of a pool
f) Hosting arrangements

Background papers

The Norfolk Better Care Fund plan is available on the Norfolk Ambition website: http://www.norfolkambition.gov.uk/News/index.htm

Officer Contact

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

Officer Name:	Tel No:	Email address
Catherine Underwood	01603 224378	catherine.underwood@nhs.net
Leon Ringer	01603 223809	leon.ringer@norfolk.gov.uk

IN TRAN communication for all

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.

Adult Social Care Committee

Item No 12

Report title:	**The Care Act 2014**
Date of meeting:	**12 January 2015**
Responsible Chief Officer:	**Harold Bodmer, Executive Director of Adult Social Services**

Strategic impact

The Care Act consolidates existing legislation for adult social care in England into a single framework and introduces reforms to the way care and support will be accessed and funded in future. The Care Act is the biggest change in social care legislation since 1948. It became law on 15 May 2014.

There are some requirements of the Care Act that have to be implemented in April 2015 and some that have to be implemented in April 2016. This report asks Members to agree various recommendations around charging people for their contributions towards the cost of social care and on how the authority can meet it's duties around people in custodial settings with care and support needs. This is part of ensuring that the Council is prepared for the aspects of the Care Act that have to be implemented in April 2015.

Executive summary

Norfolk's 'new' charging policy for residential and non-residential care comes into effect on 1 April 2015 and is based on the Care and Support (Charging and Assessment of Resources) Regulations 2014. The proposed charging policies for residential and non-residential care are very similar to the existing NCC policies. However within the final Care Act Regulations there are a number of options available to Local Authorities. In order to design the new charging policies consideration needs to be given to the following areas and a decision made as to how the Council will proceed with each of these. Members are asked to agree the following recommendations:

Recommendations:

1. **Charging for support for Carers - continue to not charge for support to carers**
2. **Third Party top-ups (Residential Care) - continue with the current policy that the person making the 'top-up' payments pays the 'top-up' amount to the local authority**
3. **Charging for Respite – continue with the current policy of charging for respite based on the Residential Charging policy**
4. **Charging an arrangement fee – charge people who pay for their own care a fee when they ask us to arrange their care for them and set a fixed price the amount of which will be reviewed annually**
5. **Deferred Payments - offer deferred payments to those receiving Housing with Care and Supported Living as well as those living in residential care**
6. **Couples - assess all new cases from April 2015 in line with the non-residential policy ie on an individual basis, leave the existing couples' assessments as is and review them in 2016**
7. **Prisons - keep social care and assessment in house and commission the provision of services, building on what already exists, eg NRS contract for equipment, existing prison healthcare contract**

1 Background

1.1 The Care Act consolidates existing legislation for adult social care in England into a single framework and introduces reforms to the way care and support will be accessed and funded in future. The Care Act is the biggest change in social care legislation since 1948. It became law on 15 May 2014.

1.2 Changes to the way Councils assess people for care, including new national eligibility criteria and a Universal Deferred Payment Scheme will commence in April 2015. Funding reforms including a Care Account, an increase to financial thresholds, and a cap on care costs will be brought in from April 2016. A summary of the timing of the key requirements of the Care Act is shown in Appendix One.

1.3 There will be a significant impact for Norfolk County Council of the Act, especially given the number of older people in the County. The Act will increase demand on social care resources required to fund care, undertake additional assessments and to implement the legislation. Funding will be available to meet anticipated increase in costs but there is a high risk that this will be insufficient to meet the increase in costs.

1.4 Implications for Norfolk County Council (NCC) include:

a) Significantly more people being eligible for adult social care funding, especially given the number of older people in the County
b) Significant increase in number of people wanting social care assessments and financial assessments
c) More expenditure by NCC on packages of care
d) Potential impact on fees paid by NCC to providers, as less people will be funding their own care and more people will be funded by the Council
e) NCC will need to monitor the cost of peoples' eligible social care needs (including people who fund their own care), monitor when they are reaching their care cap and provide people with their annual account
f) Increase in request for deferred payments, which means NCC will have more debt
g) Potentially additional complaints
h) Additional resources required for implementation and in the future.
i) Huge potential cost impact to the local authority
j) Tight timeline

1.5 The department has had a project running to implement the Care Act for about 18 months. This reports to the Adult Social Services Transformation Programme Board and in turn to Chief Officers Group (COG). Overall progress on the project is good and is rated as green (on schedule, progress in line with agreed programme plan) but the project is shown as amber corporately because of the large risk element to the Council. The project group is linked in with regional groups and with other authorities. A national costing model is due to be released in January 2015 so that authorities can estimate the potential financial impact of the changes due to be implemented in April 2016.

1.6 However a key issue is that ICT have said that they are unable to provide the resources for the project on the Implementation of the Care Act. It appears that the majority of ICT resources are being focused on DNA and associated work like Sprints and these are taking priority. Adult Social Services have agreed to fund a project manager in ICT for six months to enable detailed planning work on the Care Act to be carried out, including the impact of the final regulations for April 2015 and what changes are required to Care First. The Transformation Board has asked COG to ensure that ICT prioritise their work so that sufficient resources

are available for the Care Act, especially after December 2014.

1.7 The national timelines are:

- May/June 2013 – Formal Bill
- Summer 2013 – Consultation with Local Authorities
- September 2013 – NCC sent response to consultation
- 15 May 2014 – Care Bill became the Care Act
- June 2014 - Consultation on draft regulations and guidance for April 2015
- September 2014 – NCC sent response to consultation
- October 2014 - Regulations introduced to Parliament and Guidance published
- **January 2015** - (originally timetabled for November/December 2014) - Launch consultation on draft regulations and guidance for the introduction of: the cap on care costs; extension to the means tests; and care accounts
- **April 2015** – Implementation of a number of requirements
- October 2015 - Regulations introduced to Parliament and Guidance published
- **April 2016** – Implementation of the Dilnot requirements

2 Proposals and Evidence

2.1 The Care Act 2014 provides a single legal framework for charging and enables a Local Authority to charge a person when it is arranging to meet a person's care and support. This is set out in Sections 14 and 17 of the Care Act 2014.

2.2 Norfolk's charging policy for residential and non-residential care comes into effect on 1 April 2015 and is based on the Care and Support (Charging and Assessment of Resources) Regulations 2014. The proposed charging policies for residential and non-residential care are very similar to the existing NCC policies. However within the final Care Act Regulations there are a number of options available to Local Authorities. In order to design the new charging policies consideration needs to be given to the following areas and a decision made as to how the Council will proceed with each of these.

2.3 Charging for support to Carers

2.3.1 The Care Act guidance says that where a carer has eligible support needs of their own, the local authority has a duty, or in some cases a power, to arrange support to meet their needs. Where a local authority is meeting the needs of a carer by providing a service directly to a carer, for example a relaxation class or driving lessons, it has the power to charge the carer. However, a local authority must not charge a carer for care and support provided directly to the person they care for under any circumstances. The guidance also says that a local authority should consider how it wishes to express the way it values carers within its local community as partners in care, and recognise the significant contribution carers make. Local authorities should consider carefully the likely impact of any charges on carers, particularly in terms of their willingness and ability to continue their caring responsibilities.

2.3.2 <u>Option 1 – charge for support to carers</u>
If the Council charges carers it will need to complete a financial assessment to work out how much the carer will need/can afford to pay. This will require additional financial assessment staff. Charging could also have a negative impact on the carer resulting in a carer breakdown situation. Charging carers may not fit

comfortably with the value the Council places on the significant contribution that Carers make.

2.3.3 Option Two – do not charge for support to carers
Currently the Council does not charge carers for the support that it provides. If the Council chooses to carry on not charging, it will lose out on potential income however it will not need to recruit additional financial assessment staff to carry out the financial assessments of carers. It is estimated that there are potentially 28,000 carers who may contact Norfolk County Council (Appendix Two).

2.3.4 Recommendation
Option Two is recommended as this maintains the current policy of not charging carers and fits with the value that the Council places on the significant contribution that carers make.

2.4 Responsibility for costs of care home placements and to whom the third party payments should be made (Residential Care).

2.4.1 Currently when a person chooses to move into a residential home that is more than the authority's fee levels they are can do this as long as there is somebody who can pay the difference between the maximum level NCC will pay (as defined in the persons Personal Budget) and the cost of the placement. This is known as a Third Party top up.

2.4.2 A Deed of Third Party Contribution is drawn up which is signed by the Third Party payer. This details the cost of the home, less the amount NCC will pay leaving a difference for which the Third Party is responsible for. If the person defaults in paying the Third Party top-up, NCC Credit Control can pursue them via the courts if necessary as the person has signed up to taking responsibility.

2.4.3 The Care Act says that where a person chooses a setting that costs more than the amount identified for the provision of the accommodation in the personal budget, an additional cost or 'top-up' payment will need to be made which is the difference between the amount specified in the personal budget and the actual cost. In such cases, the local authority must arrange for the person to be placed there, provided a third party, or in certain circumstances the person in need of care and support, is willing and able to meet the additional cost. The local authority is responsible for the total cost of that placement. This means that if there is a break down in the arrangement of a 'top-up', for instance if the person making the 'top-up' ceases to make the agreed payments, then the local authority would be liable for the fees until it has either recovered the additional costs it incurs or made alternative arrangements to meet the cared for person's needs.

2.4.4 In terms of securing the funds needed to meet the total cost of the care (including the 'top-up' element) a local authority has three options, except where it is being funded by a deferred payment agreement, in which case it is added to the amount owed. The options for top-up payments are:

2.4.5 Option One – treat the 'top-up' payment as part of the person's income and therefore recover the costs from the person concerned through the financial assessment.
This is based on the assumption that the third party payer makes the payment to the person with care needs. The cared for person would then be responsible for meeting these fees in addition to their own assessed contribution.

2.4.6 Option 2 - the person making the 'top-up' payments pays the 'top-up' amount to the local authority**.**
The local authority then pays the full amount to the provider and invoices the

Third Party payer for the top-up amount.

2.4.7 Option 3 - agree with the third party paying the 'top-up' and the provider that payment for the 'top-up' element can be made directly to the provider with the Council paying the remainder.
The Department of Health does not recommend this.

2.4.8 Recommendation
It is recommended that the person making the 'top-up' payments pays the 'top-up' amount to the local authority, ie. Option Two. This is what Norfolk County Council does now and it enables the authority to pursue the third party payer if they default in paying the third party contribution. Also as the contract remains with NCC and the provider, the Council can manage any increase in fees.

2.5 Charging for Respite Care

2.5.1 Currently where a person receives respite care in a CQC registered care home NCC carries out the financial assessment in line with the Charging for Residential Accommodation guide (CRAG).

2.5.2 For a period of time when Personal budgets were first introduced NCC based the contribution for those people receiving a mixed package of care on the Fairer Charging policy. However this meant NCC were losing out on income as the Fairer Charging Policy leaves the person with a minimum income of £185.43 (for 2014-15) per week whereas the Residential policy leaves the person with a Personal Expenses Allowance of £24.40 (for 2014-15).

2.5.3 In 2012/13 NCC reverted to charging for respite stays in a CQC home under CRAG. Since then the income has increased from £152,139 in 2011-12 to £765,578 in 2013-14.

2.5.4 The Care Act says that where a person is a temporary or short-term resident in a care home, a local authority may choose to charge based on its charging policies outside of a care home.

2.5.5 Option One – follow the Residential Charging policy
This will follow the same process as NCC do now.

2.5.6 Option Two – follow the Non-Residential Charging Policy
Whilst this would be an easier process to manage, this would reduce the level of income NCC receives.

2.5.7 Recommendation
It is recommended that NCC calculates a person's contribution to their respite care under the Residential charging policy, ie. Option One. This will maintain the level of income. This will be reviewed in April 2016 as part of the second phase of the Care Act.

2.6 Charging an arrangement fee for self-funders receiving non-residential care

2.6.1 At the moment if an individual has capital of more than £23,250, they are not eligible for social care funding however the Council will provide advice and support with making any care arrangements if the individual requires this. The only exception to this is where the person lacks capacity and has nobody who can help them with this or where there are safeguarding issues.

2.6.2 The Care Act guidance says that people with eligible needs and financial assets above the upper capital limit may ask the local authority to meet their needs. This

could be for a variety of reasons such as the person finding the system too difficult to navigate, or wishing to take advantage of the local authority's knowledge of the local market of care and support services. Where the person asks the local authority to meet their eligible needs, and it is anticipated that their needs will be met by a care home placement, then the local authority may choose to meet their needs, but is not required to do so. In other cases, where the needs are to be met by care and support of some other type, the local authority must meet those eligible needs.

2.6.3 The local authority must make clear to the person that they may be liable to pay an arrangement fee in addition to the costs of meeting their needs to cover the costs of putting in place the care and support required. Arrangement fees charged by local authorities must cover only the costs that the local authorities actually incur in arranging care. Arrangement fees should take account of the cost of negotiating and/or managing the contract with a provider and cover any administration costs incurred. Local authorities must not charge people for a financial assessment, a needs assessment or the preparation of a care and support plan.

2.6.4 It may be appropriate for local authorities to charge a flat rate fee for arranging care. This can help ensure people have clarity about the costs they will face if they ask the local authority to arrange their care.

2.6.5 Option One – do not charge an arrangement fee for arranging non-residential care

There are potentially a large number of people who may ask NCC to arrange their care and support: best case scenario is an extra 1,755 people; worst case scenario, an extra 3,631 people. This will create a lot of extra work for all those involved with the care process, ie social workers, Care Arranging staff, Financial Assessment staff, Payments staff and potentially debt recovery staff. Although Councils can only charge for arranging the care, charging would go towards some of the additional costs incurred by this new duty and therefore not charging, especially in the current financial climate, is not recommended.

2.6.6 Option Two – charge an arrangement fee based on the package of care

If NCC choose charge in this way, the Council will need to calculate the costs incurred for each individual case which will be very time consuming.

2.6.7 Option Three – charge a flat rate arrangement fee

The Care Act allows Councils to charge a flat rate arrangement fee for arranging care. This helps ensure people are clear about the costs they will face, if they ask NCC to arrange their care. This has to be set at a level where it does not exceed the cost incurred and potentially there would be different rates for arranging the different services, eg day care, home care.

2.6.8 Recommendation**n**

It is recommended that NCC charges a flat rate arrangement fee, ie. Option Three. It would be relatively straight forward to calculate the amount(s) and it would be clear to people who want NCC to arrange their non-residential care.

2.7 Offering Deferred Payments to those people in Housing with Care, Supported Living and Shared Lives Schemes

2.7.1 NCC operates a Deferred Payments Scheme for people who do not want to sell their property when they move into residential care. The care fees accrue against the property and NCC secure this via a legal charge. The Council uses HASSASSA (Health and Social Services and Social Security Adjudications Act

1983) where someone who owns a property owes the Council money for residential care but refuses to engage with NCC.

2.7.2 Under the Care Act Councils will have to operate a Universal Deferred Payments Scheme for people in residential care and to those receiving care in supported living or housing with care. Also HASSASSA is repealed. This will not affect those people who already have an existing Deferred Payments Agreement or charge placed on the property under HASSASSA.

2.7.3 Currently when a person moves into Housing with Care or Supported Living and they own their property, they are charged the full cost of their care. In some cases the person is unable to meet the costs of their care until the property is sold. Under the current Fairer Charging policy NCC cannot offer Deferred Payments to people in non-residential care. However, in order for NCC to secure any fees, the Council allows the person to enter into a Voluntary Legal Charge whilst the property is on the market for sale. When the property is sold NCC then receive any fees which are due to it.

2.7.4 Under the Care Act the ability to offer Voluntary Legal Charges will cease. In it's place Councils will be able to offer Deferred Payments to people receiving Housing with Care and Supported Living. This would only be to those people who have less than £23,250 in accessible capital assets eg. savings.

2.7.5 If Councils choose not to offer Deferred Payments for those in Housing With Care and Supported Living, the Care Act is clear that if a person accrues debts to the Council the first means of recovery action a Council would need to consider is to offer a Deferred Payments Agreement to the person.

2.7.6 <u>Option One – Do not offer Deferred Payments to those in Housing with Care or Supported Living</u>
If NCC does not offer Deferred Payments, it is disadvantaging those people who are property rich and cash poor. If someone does not pay their contribution to their care fees and the Council has to pursue the fees, then NCC would need to offer them Deferred Payments at that time.

2.7.7 <u>Option Two – Offer Deferred Payments to those in Housing with Care or Supported Living</u>
The Council currently offer this via a Voluntary Legal Charge therefore this would be no change to existing practice in that NCC will still be able to secure any charges on the property. Although having more deferred payments will have a financial impact on NCC this should be offset to some extent by the Council being able to charge interest during the life of the agreement to cover costs under the Care Act. Currently the Council does not charge interest on deferred payments during the life of the agreement but from 56 days after someone sells their property or dies.

2.7.8 <u>Recommendation</u>
It is recommended that NCC offers Deferred Payments to people in Housing With Care or Supported Living - Option Two.

2.8 Couples

2.8.1 Currently NCC financially assesses a person receiving non-residential care and support and also completes a financial assessment for the household. The Council charges the most beneficial assessment for the person receiving care and support.

2.8.2 Under the Care Act NCC will no longer have the power to assess couples or civil

partners according to their joint resources. Councils must treat each person individually. Charges for existing people who have had a household assessment will remain in place until April 2016 or when they no longer need a service, whichever comes first. The Department of Health have advised that Councils do not have to implement the reassessment of existing couples until 2016.

2.8.3 Recommendation

The recommendation is that the Council assesses all new cases from April 2015 in line with the non-residential policy on an individual basis, leaves the existing couples' assessments as is and reviews them in April 2016. That way there will be fewer cases to reassess in April 2016. This is in line with Department of Health advice.

2.9 Prison responsibilities under the Care Act

2.9.1 The Care Act requires local authorities to undertake assessments and meet the eligible needs of people in custodial settings with care and support needs from 1 April 2015. An assessment of likely demand indicates there could be around 40 prisoners currently with care and support needs in Norfolk. Norfolk has three prisons (Norwich, Bure and Wayland) and one approved premises (John Boag House). It is anticipated that the majority of new referrals will come from Norwich prison: HMP Norwich has a 26 bed special care unit for offenders with significant social needs, plus a 16 bed elderly lifer unit; and it is also the designated local prison serving the courts.

2.9.2 From April 2015 local authorities must:

a) Carry out an assessment for any prisoner in their area with the appearance of needs, regardless of where they originally came from or will be released to
b) Provide an independent advocate should the individual have substantial difficulty in being involved in or understanding the process
c) Carry out a financial assessment – though it is anticipated that very few prisoners will require this
d) Prepare a care and support plan to meet eligible needs and keep these under review
e) Where an individual does not meet eligibility criteria, provide written information about what can be done to meet or reduce their needs
f) Meet urgent needs prior to an assessment
g) Work with other local authorities to provide continuity of care for prisoners moving into and out of Norfolk
h) Provide information and advice to prisoners and establishments on what can be done to prevent or delay the development of care and support needs

2.9.3 £11.2m nationally has been allocated to deliver the new duties in prisons. £3.8m of this for assessments and £6.8m for care provision. The £1.7m for the East of England will be split between nine authorities, based on need using a NOMS (National Offender Management Service) funding formula.

2.9.4 Prisoners can often have complex health and care needs, and experience poorer health and mental health outcomes than the general population. There are a number of challenges associated with the provision of assessments and social care in prisons:

a) Security clearance issues for staff going in
b) Safeguarding procedures for staff
c) Low and uncertain numbers – making it more difficult to scope a

commissioned service
d) Continuity of care given high movement of prisoners at short notice
e) Restrictive nature of prison environment – eg care services that can be provided, modification to cells
f) A need to involve the prison and healthcare provider in support planning - but this relies on consent of the prisoner

2.9.5 Options for delivery

NCC could:

a. Manage and support prisons around referral through SCCE (Social Care Centre of Expertise), following completion of a checklist by prison staff
b. Employ/ train a team of staff to undertake social care / financial assessments and support planning in prisons
c. Commission delivery of social care services and/or referral, assessment and support planning
d. Look to vary the existing prison healthcare contract commissioned by NHS England to cover social care
e. Extend the existing NRS contract for equipment. NRS provide equipment as part of the Integrated Community Equipment Service with the NHS. NRS already go into prisons to provide equipment for health needs
f. Work with existing organisations in prisons ie CAB to provide information and advice

2.9.6 Recommendation

It is recommended that NCC keep assessment and care management in house, but commission out the provision of services. This is the approach that most other local authorities are taking. The existing prison healthcare contract is provided by Virgin Healthcare. Contract variation looks as if it might be possible, with an associated cost.

3 Financial Implications

3.1 There are no additional resource requirements for the recommendations on charging for respite care, third party top-ups and carers. Additional resources would be required in Finance Exchequer Services if the Council were to decide to charge for support for carers.

3.2 There will be additional costs arising from: re-assessing couples who have non-residential care, and the potential increase in people needing help to manage their finances. It is not possible to quantify these at this time but information will be provided to the Committee as it becomes available.

3.3 There will be additional costs from arranging non-residential care for people who fund their own care but ask NCC to arrange this, however these should be offset by the arrangement fee it is recommended the Council will charge.

3.4 Offering deferred payments to people in Housing With Care and Supported Living will also have a financial impact, but this should be offset to some extent by the Council being able to charge interest during the life of the agreement.

3.5 The new duty to provide social care assessments and services for people in custodial settings will mean increased costs to NCC. The Council will monitor the cost of this from April 2015 compared to the additional funding that is being provided centrally.

3.6 There are also significant financial implications to NCC from the requirements of the Care Act that have to be implemented in April 2016, which have been

mentioned earlier in the report including: more people being eligible for social care funding and the Council having to fund more packages of care, more people asking for social care – and financial assessments and more administrative costs. Further reports on the 2016 requirements, including the potential costs and funding, will be brought to the Adult Social Care Committee when the draft regulations and guidance on these aspects of the Care Act are provided for consultation, the national costing model is released and as information becomes available.

4 Issues, risks and innovation

4.1 There are no other key issues and risks, other than contained elsewhere in the report, to bring to the attention of the Committee.

Officer Contact

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

Officer Name:	**Tel No:**	**Email address**:
Janice Dane	01603 223438	janice.dane@norfolk.gov.uk

IN TRAN communication for all

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.

Appendix One: Timing of Key Requirements of the Care Act

Key Requirement	Timing
1) National minimum threshold for eligibility – Eligibility to be set nationally based on risk to the individual's wellbeing (as opposed to the risk to the individual's independence). This to be critical and substantial, which is NCC's policy 2) Assessments, including carers' assessment - Anyone with a perceived social care need can request an assessment. Assessments are to focus on early intervention and prevention. Assessments are to take into account the person with needs, their family and carers 3) Early intervention and prevention - Supporting people as early as possible to help maintain their wellbeing and independence 4) Personal Budgets and care and support plans - Outcomes of support planning should be continuing independence and wellbeing. There will be new Independent Personal Budgets for anyone with eligible care needs 5) New Charging framework 6) Universal Deferred Payments Agreements - People who face the risk of having to sell their home in their lifetime to pay for care home fees will have the option of a deferred payment, regardless of whether or not the local authority pays for their care 7) Information, Advice and Guidance and Complaints - New duty to provide advice and information to service users and carers who do not meet the eligibility threshold. Councils will be required to provide comprehensive information and advice about care and support services in their area and what process people need to use to get the care and support that is available. They will also need to tell people where they can get independent financial advice about how to fund their care and support. Councils will be required to provide independent advocates to support people to be involved in key processes such as assessment and care planning, where the person would be unable to be involved otherwise 8) Integration - Duty on councils to join up care and support with health and housing where this delivers better care and promotes wellbeing 9) Market Development and Commissioning - Duty on councils to ensure there is a wide range of care and support services available that enable local people to choose the care and support services they want (market shaping) 10) Safeguarding and Aftercare Mental Health - First ever statutory framework for adult safeguarding. Require local authorities to ensure enquiries are made into allegations of abuse or neglect, and to establish a safeguarding adults board (SAB) in their area	From April 2015.

11) Transition Child to Adult - Duty to assess young people, and carers of children, who are likely to have needs as an adult where it will be of significant benefit, to help them plan for the adult care and support they may need, before they (or the child they care for) reach 18 years. Legal responsibility for local authorities to cooperate to ensure a smooth transition for people with care needs to adulthood	
1) Extended means test - Increase in capital thresholds /extension to the means test providing more support to people with modest wealth 2) Capped charging system - Introduction of a cap on costs of meeting eligible needs for care and support (to be set at £72,000 for those of state pension age and above when it is introduced) including independent personal budgets and care accounts. No contribution expected for young people entering adulthood with an eligible care need. Lower cap for adults of working age (level to be determined). Everyone will know what they have to pay towards the cost of meeting their eligible needs for care and support. People will be protected from having to sell their home in their lifetime to pay for any care home costs. People will be helped to take responsibility for planning and preparing for their care needs in later life 3) Care Accounts	From April 2016.

Appendix Two: Estimated future demand from carers

Numbers are based on the Census 2011 which showed there are approximately 34,833 carers. Adult Social Services are already in contact with about 6,500 carers therefore it could be estimated that there will be an additional 28,000 carers who may contact the department. It is assumed that of the 28,000 remaining carers, approximately 50% will approach the Council over a three year period. It has also been assumed that the majority of those will come through in 2015-16 due to the publicity around the Care Act.

Adult Social Care Committee

Item No 13

Report title:	**Care and Support Services Quality Framework**
Date of meeting:	**12 January 2015**
Responsible Chief Officer:	**Harold Bodmer, Executive Director of Adult Social Services**

Strategic impact

The Care Act 2014 places new statutory duties on councils with adult social care responsibilities to promote an effective and efficient market in high quality social care and support services focussed on promoting independence and individual wellbeing. The Council currently invests over £260m a year in this market and it is imperative that the investment secures the quality of services that people actually need to support their independence, meet core care needs and represents good use of, and value for, public money. A new quality assurance framework is proposed that will enable the Council to ensure that it is only investing at the scale it needs to and that that investment is buying high quality, effective value for money services.

Executive summary

The Council relies upon a market of over 600 providers to deliver social care and support at a cost of over £260m a year. It is essential that we can be confident that this care is high quality, effective, responsive to changing care needs and supports the outcomes that the person wants. Set against a background of decreasing resources it is even more important than ever that the Council is confident about getting good value for money when it invests in this market. The revised Norfolk care and support quality assurance framework (Appendix 1) sets out our approach to securing these benefits.

The framework will ensure that the promotion of individual wellbeing is at the heart of all our endeavours and that the prevention, reduction or delay in the need of funded care packages is achieved through effective demand management. This places the Council in a strong position regarding the new Care Act requirements.

Where we do need to invest in care packages the framework focuses on minimising the risk of poor quality services or market failure by ensuring that we have effective risk profiling that drives a targeted market monitoring programme at local level.

We are also implementing a new model for homecare which requires more dynamic and active management at local level. We propose to begin the roll out of the framework by appointing two quality and monitoring officers. These officers will provide the active management required and provide the foundations for the capacity that we will need for full market coverage. We will also invest in our market intelligence system to drive the risk profiling. The total maximum investment required for the initial roll out of the framework and to support the new model of homecare is £101,907. The cost will be contained within existing budgets.

Recommendations: The committee is asked to:

- **Agree to adopt the proposed care and support quality framework to secure high quality, effective value for money social care services in Norfolk**
- **Agree to the proposed initial investment of £101,907 in quality assurance staff and systems on a self financing basis**
- **Agree the proposed governance arrangements including the requirement to provide the Adult Social Care Committee with an annual quality report**

1. Proposal

1.1 The proposal is to adopt a new quality framework care and support services in Norfolk which:

a) Supports the development and implementation of clear standards across the whole system to support the promotion of wellbeing and independence
b) Supports a systematic approach to quality assurance proportional to risk to ensure that standards are met by providers
c) Puts service user feedback at the heart of our assessment of quality
d) Puts adherence to quality standards at the heart of future contracts
e) Enables the evaluation of effectiveness and value for money of services
f) Supports an effective and efficient market in care and support services
g) Provides formal governance and oversight of the effectiveness of the quality assurance system as a whole

The framework is attached at Appendix 1.

2 Evidence

2.1 Making sure that vulnerable adults and people with social care and support needs are able to access the services they need is a key responsibility of the council.

2.2 Putting the promotion of individual wellbeing at the heart of everything we do means listening to service users. Without this intelligence we simply cannot know if services are, or continue to be, appropriate, effective and therefore good value for money. The framework supports this.

2.3 The renewed emphasis on prevention, the requirement for new advice and information services taken together with changed arrangements for needs assessment and support planning mean that we need to revisit our current quality assurance approach to these activities. We need to be able to identify innovative ways of enabling people to restore their own independence without recourse to funded care packages wherever possible. Carrying out these activities well is critical to our ability to manage demand for funded services and therefore cost. The new framework will support these Care Act requirements.

2.4 For people whose circumstances mean that they do require care and support the Council relies upon the market for the vast majority of funded services. The Care Act 2014 places new duties on the Council to ensure there is a market of care and support services available to meet people's needs. Our new framework addresses as a priority a revised approach to quality in the care market. A robust approach to quality assurance is essential in a market which is composed of over 600 services providing services to our most vulnerable citizens. We have reviewed our market monitoring activities to ensure that these services remain high quality, support outcomes and are good value for money irrespective of who provides them.

2.5 Poor quality services are not effective in supporting people to achieve their wellbeing outcomes. Poor quality services can be distressing, harmful and fail to deliver the outcomes which individuals seek. Poor quality services are bad value for money. It is essential, therefore, that we ensure we know that all the services we pay for are high quality and effective. This requires regular ongoing proactive monitoring of provider performance across the board and effective interventions to restore high quality services if things are beginning to go wrong.

The new framework supports this.

2.6 The framework recognises the regulatory role of the Care Quality Commission (CQC) in supporting adherence by regulated providers to a range of basic quality standards. They do so through periodic inspections typically focusing on a group of the basic standards on each inspection visit. They have powers to require providers to meet regulatory standards but rely very much on local authorities to intervene and support providers to maintain quality services as the duty to do so is placed on councils themselves.

2.7 The Council cannot rely on the CQC alone and needs a further level of assurance to provide real confidence about the quality of services provided in Norfolk on a day to day basis. In addition, there are many services including day care and services paid for through direct payments in which the Council invests more than £40m a year that are not CQC registered at all and will never receive a CQC inspection.

2.8 With the exception of a very small number of very large national providers it is the local authority not the CQC that is responsible for ensuring needs continue to be met in the event of market failure. This means that the Council needs to gather and analyse provider financial sustainability data to ensure that it has an early warning of potential market failure. The framework supports this.

2.9 In any event the Care Act is clear that the Council's quality responsibilities extend beyond CQC registered services and even those services that the Council itself funds to all interventions that are intended to promote individual wellbeing and independence.

2.10 The new framework builds on our established quality assurance practice and is set within the context of the responsibilities held by the CQC and other partners. We have already taken an important step in establishing a clear statement of what quality care means to us in Norfolk through the Harwood Care Charter. We intend to build on our Care Charter, co-producing a complementary suite of quality standards to address the areas of highest risk. We are already working with providers and representatives of care users to link these quality standards to a new Trusted Carer quality scheme and Code of Practice exploring ways of embedding adherence to these standards in future contracts to give the standards real teeth. The framework supports these developments.

2.11 The framework also recognises the responsibility to assure the quality of the services which the Council provides itself. This is established practice where regular audits are undertaken to test practice and outcomes against our stated procedures and standards. The implementation of the Care Act will require the redesign of many of the Council's directly provided services. This will feed into the new quality assurance regime which will be developed over coming months for these services.

2.12 **A risk based approach to market monitoring**

2.12.1 Ensuring that people are receiving and continue to receive quality care requires the Council to be able not only to react to intelligence that indicates that something has already gone wrong with a provider, but also to be on the front foot able to head off declines in service quality through proactive market monitoring.

2.12.2 The new quality assurance framework proposes a risk-based approach to monitoring the market. In order to manage such a diverse and disparate market, we need to focus resources intelligently, ensuring we find the

appropriate balance between reacting to problems and scanning for issues.

2.12.3 There is a huge amount of information about service quality and it is important to draw this together to allow us to understand a full picture. Cases of failure in care quality often point to a lack of drawing together vital information held by different parties. A systematic means to collate and marshal this information is an essential enabler to establishing a risk-based and intelligence-driven approach.

2.12.4 Market monitoring taken together with intelligence about provider performance from other sources, including in particular service users, provides a critical insight into the markets ability to meet needs and the Council's ability to secure value for money. The regular, systematic collection and analysis of this intelligence is essential to enable the Council to direct its efforts towards those providers who present the greatest risk to service users.

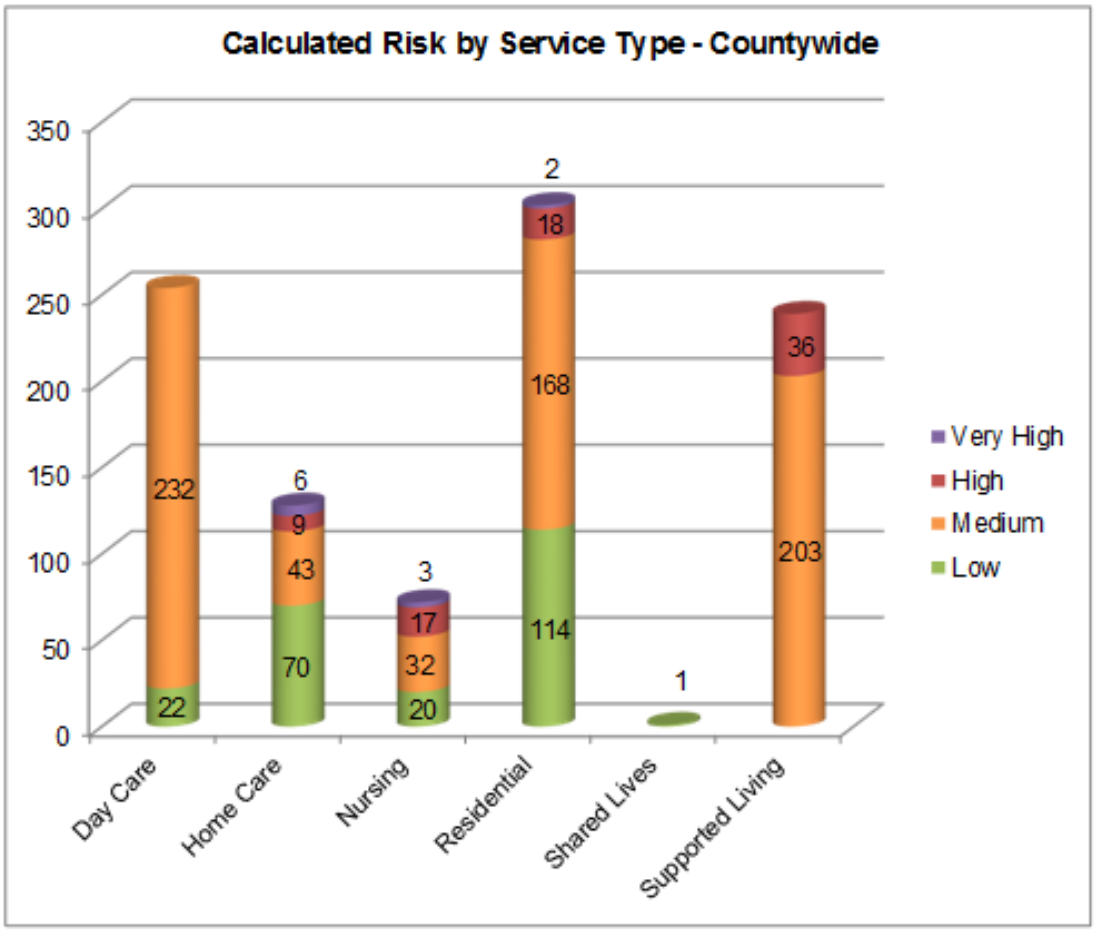
2.12.5 There is risk in care markets, providing complex services to vulnerable people. The current data from CQC shows that almost 60 providers are non-compliant with one or more set standards in Norfolk as at November 2014. Historical data shows that half of these providers will remain non-compliant for three months or longer and 1 in 6 will still be non-compliant after a year. At the time of writing the department's quality assurance team is operating restrictions on any further placements in relation to 11 providers because of serious concerns and dealing with a potential nursing home closure. We have just completed the reprovision of the Care UK homecare packages following serious market failure occurring in April of this year. This has involved additional officer time alone of around 1350 hours since July 2013 when the contract was let. Initially in managing and attempting to rectify the volume of complaints and organisational problems and latterly the reprovision of the contract itself to four different providers.

2.12.6 The Council will not be able to discharge its new market development duties without a proactive programme of market and provider performance monitoring. Such a programme will require a new data collection and analytics capacity together with feet on the ground at locality level to enable monitoring visits to be undertaken.

2.12.7 There is of course serious pressure on resources and so such monitoring and consequential analysis need to be undertaken in proportion to the assessed risk of each provider. The quality assurance team has undertaken an initial programme of risk assessment based on all intelligence to hand and many years of experience, resulting in the allocation of a starter risk for every provider with whom the Council has a contractual relationship.

2.12.8 The risk results in an assessment of the frequency of proactive monitoring visits we believe are required to ensure that quality services are maintained by each provider. These visits are in addition to any reactive interventions driven by complaints and similar specific intelligence and also the ongoing collation of monitoring information. This information will include financial data indicating levels of activity, information from the Carefirst system, information from the quality assurance community including health where relevant, CQC published information, market reports and soft intelligence together with service user feedback which we plan to secure at least four times a year for all providers. In addition we will actively seek feedback from social care practitioners and commissioners at locality level.

2.12.9 The diagrams below illustrate the results of this initial risk profiling.



2.12.10 It is proposed that the contact with services is responsive to such risk profiles:

- Very High Risk equates to the need for four proactive visits a year
- High Risk equates to the need for two proactive visits a year
- Medium Risk equates to the need for one proactive visit a year
- Low Risk equates to the need for one proactive visit every two years

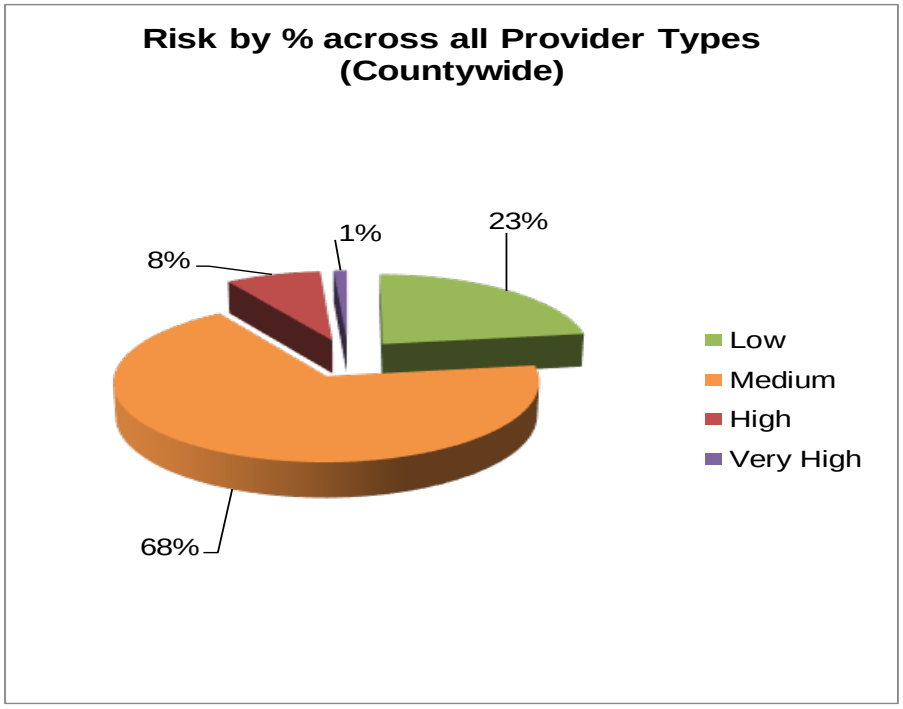
On this basis a little over 1,000 proactive visits would be required each year to fully implement the framework. This equates on average to one visit per provider setting each year.

2.12.11 We will use all available intelligence to reassess risk on a continuous basis reclassifying providers accordingly. Visits will be prioritised by risk to ensure that monitoring resources are deployed so that higher risk providers are always monitored as required.

2.12.12 The monitoring visits themselves will typically include a mix of specific monitoring of contractual compliance, seeking key performance data, checking records, documentation and systems and service user feedback as well as providing an opportunity for providers to discuss ideas, issues or concerns.

2.12.13 The intelligence gathered on monitoring visits and all other sources will be systematically recorded on the market monitoring system which will enable ongoing reassessment of risk and the development of specific support packages for providers to enable them to plug gaps in quality. This intelligence will drive performance dashboards that can support service improvement on an ongoing basis.

2.12.14 The mix of initial risk is illustrated in the diagram below.



2.12.15 The current quality assurance team will be repurposed both to respond to concerns and complaints and deliver in the new framework. However, it is anticipated that the full implementation of the new framework will require additional resources.

2.12.16 The priority for establishing locally based quality assurance within the new framework will be the implementation of the new home care services in West and East Norfolk. It is proposed that two new posts are established in order to provide the active contract and quality management required to support the model. It is anticipated that these posts would be evaluated at scale J (£29,528 - £31,160). The maximum cost including all on costs at scale J is £38,329.

2.12.17 We intend to evaluate the effectiveness and adequacy of the new arrangements after being fully operational for 12 months and anticipate that the new posts will be broadened to provide coverage of the full market in the locality. If the evaluation indicates the initial investment was successful, then the intention would be to recommend extending the arrangements to the remaining three localities, subject to availability of funding, when the home care contracts in those areas are re-tendered in 2016.

2.12.18 The data collection and analysis function will require 0.5 whole time equivalent post at scale D (£7,941 - £8,494). The maximum cost of this post including on costs would be £10,249.

2.12.19 The estimated cost of the market monitoring system including software licenses would be approximately £15,000 a year.

2.12.20 On this basis the total maximum investment required would be £101,907 which is proposed to come from existing departmental resources.

2.12.21 We plan to review the operation of the current team in order to support the new framework.

2.13 **Governance and oversight**

2.13.1 The Council needs to be confident that its investments in securing quality care

are effective. This will require systematic reporting on achieving the quality required at all key points of the quality pathway. It is proposed therefore to implement stronger governance and reporting arrangements so that officers with key management responsibilities receive monthly reports, the senior management team receives quarterly reports and most importantly elected members receive an annual report providing them with full and proper oversight. It is proposed, therefore, to publish an Annual Quality Report covering the whole framework for consideration by the Adult Social Care Committee to enable the Committee to exercise full oversight.

2.13.2 The proposed Quality Framework addresses the Council's own strategic needs and provides a comprehensive whole system approach to securing full compliance with key aspects of the Care Act.

3 Financial Implications

3.1 The proposal is to create an additional investment of £101,907 in order to support the implementation of a new home care model and to support the new quality assurance framework. The existing investment will also be redirected to deliver the model.

3.2 Our evaluation indicates that savings in the purchase of care budget will be achieved through the new approach and these savings will be used to fund the proposed investments.

4 Issues, risks and innovation

4.1 The risks arising from failing to quality assure key processes and in particular the care and support provided to people with substantial or critical care needs include:

a) Individual harm
b) Poor value for money for the Council
c) Reputational risk to the Council
d) Failure to discharge statutory duties
e) Inefficient, uneconomical and ineffective internal processes
f) Market failure

4.2 The proposed quality framework will enable the Council to manage these risks and will support effective governance and innovative approaches to quality assurance.

Officer Contact

Officer Name:	**Tel No:**	**Email address**:
Catherine Underwood	01603 224378	catherine.underwood@nhs.net
Steve Holland	01603 223135	steve.holland@norfolk.gov.uk

Great Care • Great Quality • Great Value

Norfolk County Council

Adult Social Care and Support Services

Quality Framework

2015

Introduction

Making sure that vulnerable adults and people with social care and support needs can have the support they need to meet their core care needs and are helped to live as independent a life as possible is a key priority for Norfolk County Council.

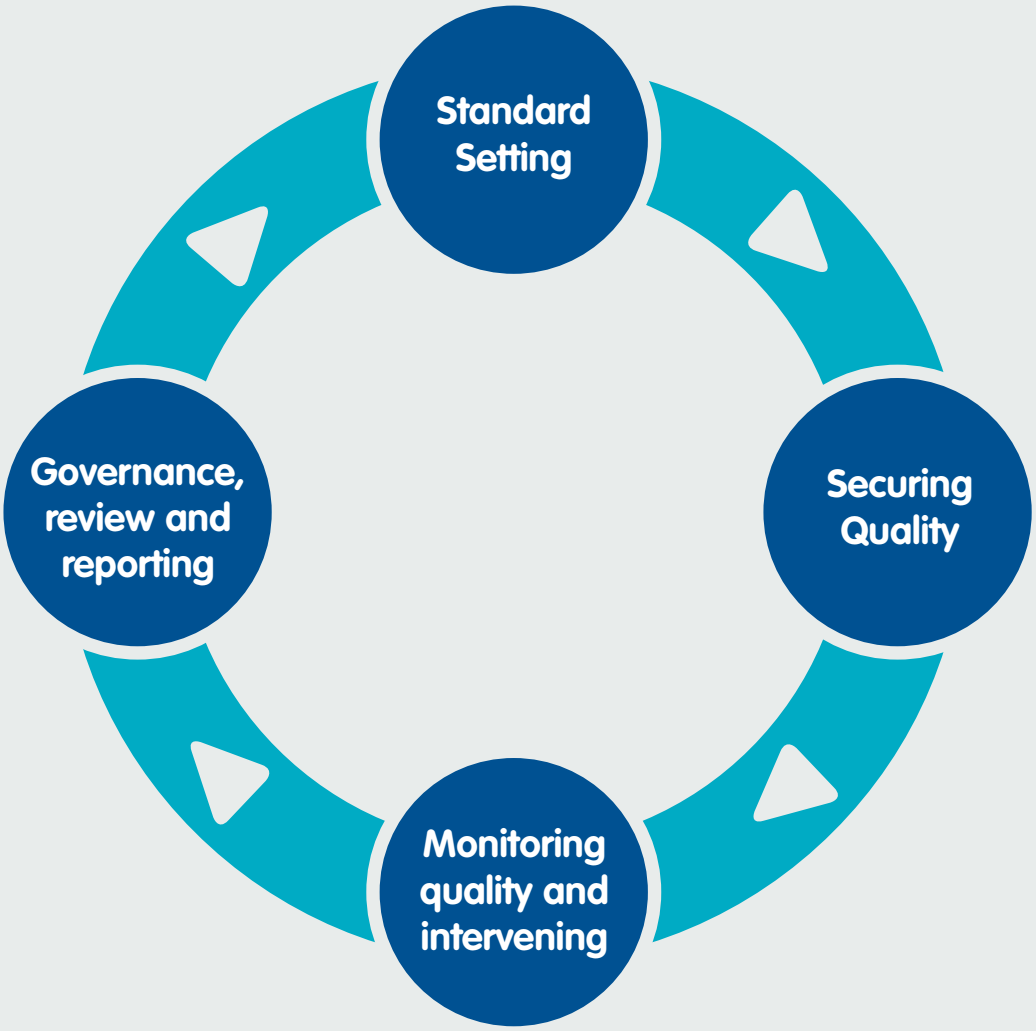
The Care Act has placed new or changed duties on councils with adult social care responsibilities and this requires a fresh look at how we go about ensuring that we are promoting individual wellbeing and independence at all stages in adult life.

What is the Quality Assurance Framework?

This Quality Assurance Framework sets out the approach we will take to ensuring care and support services in Norfolk provide what our citizens need – Great Care, Great Quality, Great Value.

What do we mean by Quality Assurance?

Quality assurance can be seen as a set of processes which are put in place with one goal: to ensure quality is in place throughout a system, in this case care and support services in Norfolk.



It means a whole system approach, where standards are set, communicated and things are put in place to make sure quality is delivered. It is also about monitoring quality and taking clear action where quality is not meeting standards. Quality assurance is also about culture and creating expectations, with people providing services and using services. Quality assurance needs to be a collaboration between people using services, people providing services and commissioners, where we account for quality.

To achieve this we have created a new care and support quality framework, **Great Care Great Quality Great Value** which covers the whole quality pathway from maintaining wellbeing to providing the quality care and support required when needed.

Quality Framework Principles

- Supports a whole systems approach to promoting individual wellbeing and independence
- Supports the development and implementation of quality standards that set out what good looks like
- Sets out how we will secure high quality care provision in the market
- Sets out how we will monitor provider performance and promote an effective and efficient market in care and support services.
- Sets out governance review and oversight arrangements that will enable elected members to satisfy themselves that the Council is discharging its responsibilities properly.

We have set our framework in 4 stages:

1 **Standard Setting**
2 **Securing Quality**
3 **Monitoring and intervention**
4 **Governance.**

Our framework will commit to learn from high profile national cases where quality has failed in care. For example, we can see how in some cases a culture was allowed to develop where people accepted unacceptable care; many people had concerns but no-one put the whole picture together and acted; targets were met, but this did not assure care was acceptable.

Part 1 Standard Setting

Quality depends on having and adhering to standards that reflect what people need and expect. Developing and setting out standards for what good looks like is essential if we are to be able to judge the effectiveness of our efforts to promote wellbeing and independence.

We are committed to setting very clear expectations of high quality in care and support services in Norfolk. We have already set out our vision in the discussion document **The New Compact for Social Care** and this includes a set of 'good care principles' which underpin our approach to care and support.

Our good care principles:

- **Personalised**
- **Good quality**
- **Safe**
- **Good value**
- **Formal and informal support measures**
- **Building on strengths, connections and technology**

Standards are already in place for care services through the regulatory regime of the Care Quality Commission (CQC) and these form the foundation of our quality expectations. However, we need local standards to build on these.

Norfolk's **Harwood Care Charter** is an innovative keystone in our approach to quality absolutely securing the voice of service users at the heart of our quality regime. It enables service providers to make a public commitment to listening to people and responding to what people say to create service improvement.

In setting our standards we will continue to put the service user at the centre of our thinking. They will focus on **outcomes** for individuals and we will be guided by established approaches like **Think Local Act Personal and Making it Real.**

We will ensure that standards are co-produced and have due regard to equalities so that they set out what good looks like in a way that is easy to understand, transparent, practical and fair.

Where we do not currently have standards we will develop them within a reasonable timeframe to be agreed with key stakeholders so that all aspects of what people are entitled to expect from care and support services in Norfolk are clearly set out.

Where we already have well developed standards we will review these at least annually and will engage with key stakeholders to ensure that they remain relevant and appropriate. We will make changes to our standards in response to what stakeholders tell us about their effectiveness.

Part 2 Securing Quality

Having set standards for quality, action is needed to put them into practice. We will take action to create a culture of quality in care and support in Norfolk and communication will be key to this.

We will disseminate our standards widely using all channels available to people who may want to use services. We want people to be sure of what they are entitled to expect, raising the bar for care.

We will ensure providers of services are clear about what quality we expect them to deliver. Where we contract for services we will consider how we can best use contractual requirements to secure quality. We will also consider how our funding of care can be used to incentivise and recognise high quality.

However, we know that delivering quality takes much more than simply setting expectations. It is also about encouraging a culture where everyone is driven to achieve excellence.

There is a range of activities which the Council undertakes to support providers in delivering quality in care services including:

- **Setting out clear standards in our contracts with providers**
- **Care workforce development: we analyse the care workforce requirements and collaborate with providers to develop and fund training and to attract the right people into careers in care.**
- **Best practice guidance: our quality assurance team provides practical advice to services on good practice.**
- **Provider forums: regular meetings between commissioners and providers in local areas or in service areas, which provide a place for sharing good ideas, disseminating key communications and ensuring a shared dialogue about quality**
- **A new co-produced Code of Practice**
- **Providers will be helped to understand how to develop services through our Market Position Statements.**
- **We recognise that many services engage with health and care commissioners and collaborate for a shared approach to quality.**

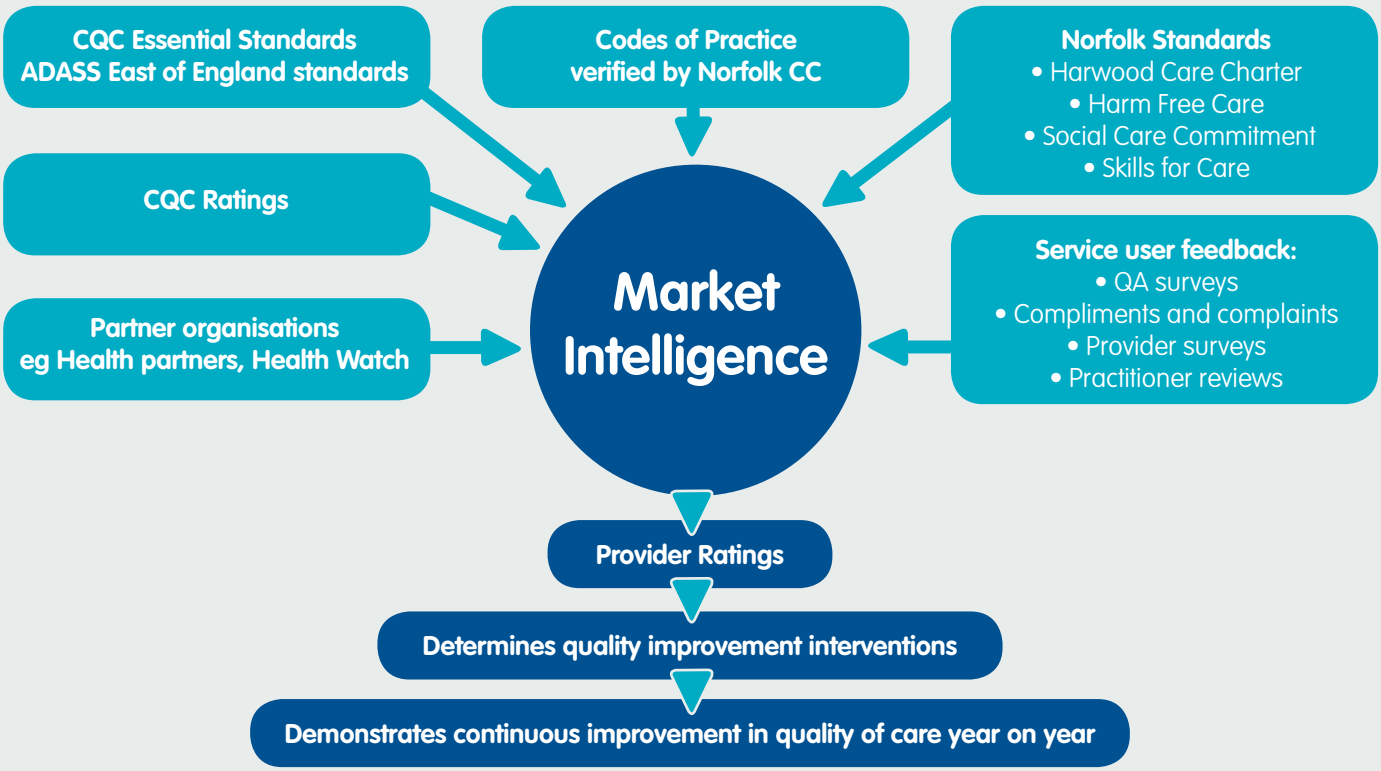
Our framework recognises that good quality care is hugely reliant on the staff who deliver it. We actively promote the care workforce in principle and in practice as part of our actions to secure quality care.

Part 3 Monitoring quality and intervening

In monitoring the quality of care in the market we will be guided by the following principles:

- **High quality real time market intelligence will be secured from a range of relevant sources in order to create a timely and robust picture of quality**
- **Analysis of market intelligence will drive our understanding of the market and the performance of all providers**
- **A risk driven market monitoring programme will be undertaken by the authority based on the market intelligence**
- **Effective interventions to secure high quality services will be undertaken whenever necessary.**

The diagram below illustrates our intelligence and risk driven approach to market monitoring:



While there is clearly a key responsibility for the quality assurance team, our approach to quality assurance will draw in feedback from the many people who have contact with care services. It is only by gathering all the evidence that we can build confidence that we have a full picture and that we are not missing anything.

The Quality Assurance Team will collate a wide range of information about services in order to understand the fullest picture about quality. A risk based approach will allow us to target the specialist expertise in the quality assurance team on areas which need closer consideration.

The team will ensure every service has a minimum level of contact, but that further contact will be driven by the risk analysis, drawing in such information as: CQC outcomes, safeguarding activity, complaints and operational concerns.

The Quality Assurance Team may undertake a range of interventions including:

- **Service audits to further understand the quality**
- **Engagement with providers to agree improvement actions**
- **Provision of support and guidance to facilitate improvement**
- **Working within safeguarding procedures to consider wider service concerns**
- **Suspending use of a service where there are significant concerns**
- **Ceasing to use the service if standards are not satisfactory**
- **Supporting reprovision if the market fails.**

Part 4 Governance review and reporting

The responsibilities and duties set out in the Care Act for adult social care are the responsibilities and duties of the Council itself. The Council has delegated responsibility for these services to the Adult Social Services Committee and it follows, therefore, that the Elected Members of that committee will wish to be able to exercise proper oversight and scrutiny of the implementation and effectiveness of the framework.

There will be a comprehensive annual quality report for consideration by the Committee which will be a public document.

The Executive Director, the Senior Management Team and other senior officers will likewise need to be fully aware on an ongoing basis of the success or otherwise of all our efforts to secure quality services.

There will be a quarterly quality report to the Senior Management Team and a quality report to each meeting of the Performance Board.

Understanding quality at a local level is vital.

There will be a monthly quality dashboard provided to heads of commissioning and social care.

Results of quality assurance will be provided to the managers/providers responsible for a particular area of service.

In respect of the quality assurance of our own activities we will establish and agree an appropriate programme of systemic and thematic quality audits to ensure that we are adhering to our own standards and will support any remedial actions that may be required as well as facilitating opportunities for continuous improvement.

Adult Social Care Committee

Item No 14

Report title:	**Review of Citizens Advice Bureau Funding**
Date of meeting:	**12 January 2015**
Responsible Chief Officer:	**Harold Bodmer, Executive Director of Adult Social Services**

Strategic impact

The proposals will enable the Council to retain valued information and advice services and in addition to address statutory duties placed on local authorities by the Care Act 2014.

Executive summary

The Council currently invests £364,000 a year on the Citizens Advice Bureau (CAB) service to provide free, confidential, impartial and independent advice on a wide range of issues including: welfare benefits, housing and homelessness, debt advice, employment, consumer, relationships, legal, taxation, health and education, immigration and nationality and discrimination.

Three local networks of CABs receive grant funding from Norfolk County Council under annual partnership agreements ending 31/3/15 as follows:

Norfolk CAB	£287,404.48
Diss, Thetford and District CAB	£ 37,924.00
Dereham, Watton and Holt CAB	£ 38,508.51

In addition, all seven district councils invest a total of at least £438,000 in the CABs each year. There is potential to achieve a Norfolk-wide approach to the funding of preventative advice services that meet both countywide needs and local priorities through work with district councils. It is also an opportunity to identify efficiency savings and remodel the service to focus on priority outcomes.

Commissioners are undertaking a strategic review of all information, advice and advocacy (IAA) services to establish priorities for Adult Social Services including compliance with the Care Act and wider Council functions and responsibilities.

The review would consider where the NCC funded services (including CABs) fit with other IAA services in the county and the local pathways to information, advice and advocacy and whether there is duplication. It also allows for consideration of how well the current pattern of services meets the needs of people who are vulnerable and relatively isolated with for example no digital access.

It is proposed that the current Norfolk County Council funding agreements for the CABs are extended for six months to 30/09/15 to allow for the wider review and to seek a shared approach to funding advice services with the district councils.

The Norfolk County Council constitution delegates decisions around Citizens Advice Bureau grant funding to Council Members.

Recommendations:
It is recommended that the Committee:
a) Approves the extension of CAB grant funding at the current levels for an additional six months to 30/09/15 with the following conditions:

- **that CAB engages with the Council to support the strategic review of**

information, advice and advocacy services

- **that CAB implements an effective plan within the resources they have to manage unanswered calls to the countywide CAB Adviceline**

b) Requires commissioners to complete a strategic review of information, advice and advocacy services and to bring a commissioning proposal to Committee for implementation from October 2015. This will address Care Act duties, seek a Norfolk-wide approach with district councils and will identify any efficiency savings.

1. Proposal

1.1 The proposal is to extend current funding to the three Citizens Advice Bureau networks in Norfolk for an additional six months to 30 September 2015. This will allow for a strategic approach to the funding of information, advice and advocacy (IAA) services including the funding to Citizens Advice Bureaux by:

a) Identifying priorities for the funding of IAA services through a review of current provision and a survey of stakeholders, alongside a review of required outcomes
b) Seeking a shared approach with our district council partners to the combined investment of around £800k in funding of Citizens Advice Bureaux
c) Addressing emerging issues around equitable access to advice services
d) Remodelling and refocusing services to deliver priority outcomes and efficiency savings.

1.2 The proposed strategic approach is recommended in response to new statutory duties under the Care Act 2014 which require councils with responsibility for social services to ensure the provision of information and advice relating to care and support for the whole population, not just those with care and support needs and to promote individual wellbeing through preventing, reducing or delaying the need for care and support through early access to advice and information.

1.3 A paper describing the conclusions from the strategic review of IAA services and the dialogue with district paper including recommended options for a decision on CAB funding after September 2015 will be brought to the Committee for consideration.

2. Evidence

2.1 **Current Position**

2.1.1 The Citizens Advice Bureau service exists to provide free, confidential, impartial and independent advice on a wide range of issues, including but not limited to: welfare benefits, housing and homelessness, debt advice, employment, consumer, relationships, legal, family and personal, taxation, immigration and nationality, health and education and discrimination.

2.1.2 Specific services include detailed ongoing casework and support for those with a complex problem, and financial capability advice for people in debt.

2.2 **CAB operations in Norfolk**

2.2.1 As at December 2014 there are three member bureaux in Norfolk, with main sites in: Attleborough, Dereham, Diss, Downham Market, Fakenham, Great Yarmouth, Holt, Cromer, Aylsham, King's Lynn, North Walsham, Norwich, Thetford, Watton and Wymondham.

2.2.2 The bureaux also provide a cross county telephone advice line and outreach services,

which operate from locations such as GP's surgeries, prisons, community centres, libraries and village halls.

2.2.3 A map showing their locations as regards the index of multiple deprivation is at Appendix 1. This shows a reasonably good spread of access points to advice across the county with provision accessible to most people living in areas that score Very High, or High on the index. The locations also reflect the towns and cities with transport links and where other services and amenities are sought and delivered.

2.3 Service capacity

2.3.1 Bureaux rely on a mix of paid staff and volunteers. In Norfolk the, over 400, CAB volunteers are provided with support and supervision from paid advisors and managers. Research in 2011 found 80% of CAB advisors were volunteers.[1]

2.4 Demand and performance

2.4.1 In 2013 the CABs anticipated that demand for their services particularly benefit, debt and housing will continue to grow in response to:

a) Continuing changes to benefits and tax credits
b) Increasing levels of poverty as these changes take effect, along with other cuts to public services and levels of unemployment
c) Continuing high levels of debt problems with a significant increase in fuel poverty anticipated as fuel prices increase
d) Changes to housing benefit which may impact on homelessness.

2.4.2 The three bureaux cover a single countywide advice line for telephone enquiries. From April to September 2014 around 2500 calls were made to this number each month with only 30% able to be answered. The remaining 70% will include several calls from individuals trying several times to get through but it is likely that there is unmet demand for telephone advice. There is a need to understand with CAB what the impact is for callers who do not get through and what CAB offers currently to those callers.

2.4.3 The 2013/14 statistics reveal a 10% drop in clients who have been advised and a 28% drop in issues presented including a reduction in debt and benefits issues:

	2013/14	2012/13	**Change**
Clients advised	30,448	33,845	down 10%
Issues presented	83,000	115,000	down 28%
Debt	26,625	33,000	down 19%
Benefits/tax credits	22,963	34,390	down 33%
Employment	8,018	7,931	up 1%
Housing	5,453	5,082	up 7%
Homelessness	961	N/K	
Relationships	6,100	5,400	up 13%

2.4.4 In contrast clients presenting with housing, employment and relationship issues, including domestic abuse and relationship breakdown have all increased.

[1] Bureau Characteristics Analysis 2010/11 Citizens Advice 2011

2.4.5 In general the bureaux contend that there has been a pattern of fewer clients seen but those clients have more issues and more complex issues. Due to the holistic nature of the service clients can receive advice on more than one issue, averaging 3.4 issues per client.

2.4.6 More work is needed to understand this drop in activity/demand overall which may reflect a reduction following a spike in demand in earlier years. Other reasons may include barriers to accessing the advice; the impact of specialist projects delivered by CABs; changes in the way people access advice (online for example) or people accessing advice from non-CAB providers.

2.5 Impact & Outcomes of CAB advice

2.5.1 CAB produced an impact report for 2013/14 covering all Norfolk Bureaux which reported known and anticipated outcomes from clients including:

a) Household income gains of £1.1m (80% is increased income from Benefits)
b) £1.3 m of personal debt written off

2.5.2 National research for Citizens Advice [2] found that:

a) 37% clients were better off - of which 51% had one-off payment and 26% gained increased regular income
b) 33% felt less anxious
c) 14% had fewer health problems

2.6 Citizens Advice Bureau Funding

2.6.1 There are three Partnership Grant Funding Agreements in place. These agreements fund what is referred to as the 'core service' for generic advice and information on a range of issues, and has been set out with reference to the Council's Core Role.

2.6.2 Current Norfolk CC funding levels are as follows:

Norfolk CAB	£287,404.48
Diss, Thetford and District CAB	£ 37,924.00
Dereham, Watton and Holt CAB	£ 38,508.51
Total	£363,837.00

[2] Ipsos mori research for Citizens Advice 2005

2.6.3 Other local funders of their core role in 2013/14 include:

Bureaux	**Other local funders**
Mid Norfolk CAB (formerly Dereham, Watton and Holt CAB)	Breckland District Council North Norfolk District Town and Parish Councils (incl: Holt, Sheringham, Dereham, Watton) Prison Service (specific service)
Diss, Thetford & District	Suffolk County Council Breckland District Council South Norfolk District Council Mid Suffolk District Council Town and Parish Councils (incl: Thetford, Diss, Eye)
Norfolk	North Norfolk Great Yarmouth King's Lynn South Norfolk Breckland (Broadland & Norwich for specific projects including overhead contribution) Town & parish councils (Cromer, Sprowston & Wymondham in 13/14)

2.6.4 It is understood that at least £438,000 is received in funding form other local authorities in Norfolk for the CAB core service. The CABs also attract funding from some district and other funders - for example the Lottery and charitable trusts - for specific projects over and above their core service that benefit Norfolk residents.

2.7 **Drivers in the provision of advice in Norfolk**

2.7.1 The local authority has an interest in access to information and advice services with regards to adult social services and the wider communities agenda and has invested accordingly to the benefits of community and economic wellbeing and prevention.

2.7.2 As the Care Act sets out, information and advice should form part of a strategic approach to sustaining wellbeing and a preventative approach which avoids impact on health and care needs. These facilities must be available to the whole population, not just those with care and support needs and should signpost to the local authority where appropriate for further prevention services and support.

2.8 **Developing a strategic approach to the provision of information, advice and advocacy in Norfolk**

2.8.1 Alongside funding of the CAB, the Council commissions a network of specialist information and advice services relating to specific service user groups; carers, older people and people with disabilities.

2.8.2 CABs are represented on the Norfolk Community Advice Network (NCAN), a provider led strategic partnership aims to improve access to free, high quality social welfare advice, information, advocacy, and representation services. The County and District Councils will engage with this group as part of developing a new strategic approach.

2.8.3 All seven district councils have committed to work with the County Council commissioners to consider CAB funding and to explore the potential to take a

countywide approach to funding.

3. Options

3.1 The following options have been considered:

Option A - To cease grant funding for one or more of the three x CABs at the end of current agreements (31/3/15)

Benefits:

- Savings made to the authority of up to £364k per year

Risks

- Likely closure of a number of CAB offices and/or outreach points
- Significant reduction of availability of information and advice services
- Loss of key referrals to commissioned IAA services
- A Council decision to reduce funding without reference to other funders

Option B - To continue to grant fund the three CABs for a further year from 1/4/15 at current levels, revising grant funding agreements to require CABs to measure and report specific outcomes or impact.

Benefits:

- Relatively low risk
- Minimal commissioning officer resource required
- Builds evidence base of impact and outcomes important to NCC
- Retains CAB referrals to commissioned IAA services

Risks

- A Council decision to reduce funding without reference to other funders
- Potential closure of one or more CAB offices and/or outreach points due to a reduction in funding in real terms
- No savings made to the authority
- Fails to take into account wider Information Advice and Advocacy market of potential providers or take a strategic approach to funding IAA in the county including Care Act compliance

Option C - Recommended option - Extend current funding to the three Citizens Advice Bureau networks in Norfolk for an additional six months to 30 September 2015 to allow for Norfolk County Council to implement a revised more strategic approach to the funding of information, advice and advocacy (IAA) services including the funding to Citizens Advice Bureaux by:

- identifying priorities for the funding of IAA services
- reviewing current provision and a survey of stakeholders
- seeking a shared approach with district councils to the combined investment in Citizens Advice Bureaux
- remodelling and refocusing services to deliver priority outcomes and efficiency savings

Benefits

- Joined-up partnership approach is taken with agreed evidence base for funding
- Risk reduced by involving local providers in decision-making
- Move to an outcomes-based commissioning approach in the mid-to longer term for better value for money
- Takes into account the whole Information Advice and Guidance market
- Potential for identifying efficiency savings

Risks

- May be difficult to reach a joint decision as each local District Councils will have an interest in protecting CAB activities in their own area.

4. Financial Implications

4.1 The financial implication for the authority of approving the proposal in the short term is a commitment of just under £232,000 in grant funding from April to September 2015 with the potential to achieve efficiency savings from October 2015 onwards following a strategic review of all IAA funded services.

4.2 The expenditure is within the existing budget for the provision of this service.

5. Issues, risks and innovation

5.1 The proposal balances the risk of seeking a more strategic approach which the potential impact on services. It seeks to capture the opportunity to innovate by working across commissioning partners for key outcomes.

5.2 An interim decision to extend current funding for just six months is a break from previous decisions to renew CAB funding on an annual basis for 12 months at a time. This has potential for closure of, or limited access to, one or more CAB services as this represents a standstill budget for the first six months of 2015/16 and thus a reduction in real terms, and funding uncertainty for the mid and long term. Across the three bureaux CABs advised 30,448 people in 2013/14.

5.3 People from protected groups use CAB services (although we have yet to receive a breakdown of their statistics by client group)

6. Background

6.1 Appendix 1 is a map of building based access points for Citizens Advice in the county mapped to indicators of multiple deprivation.

Officer Contact

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

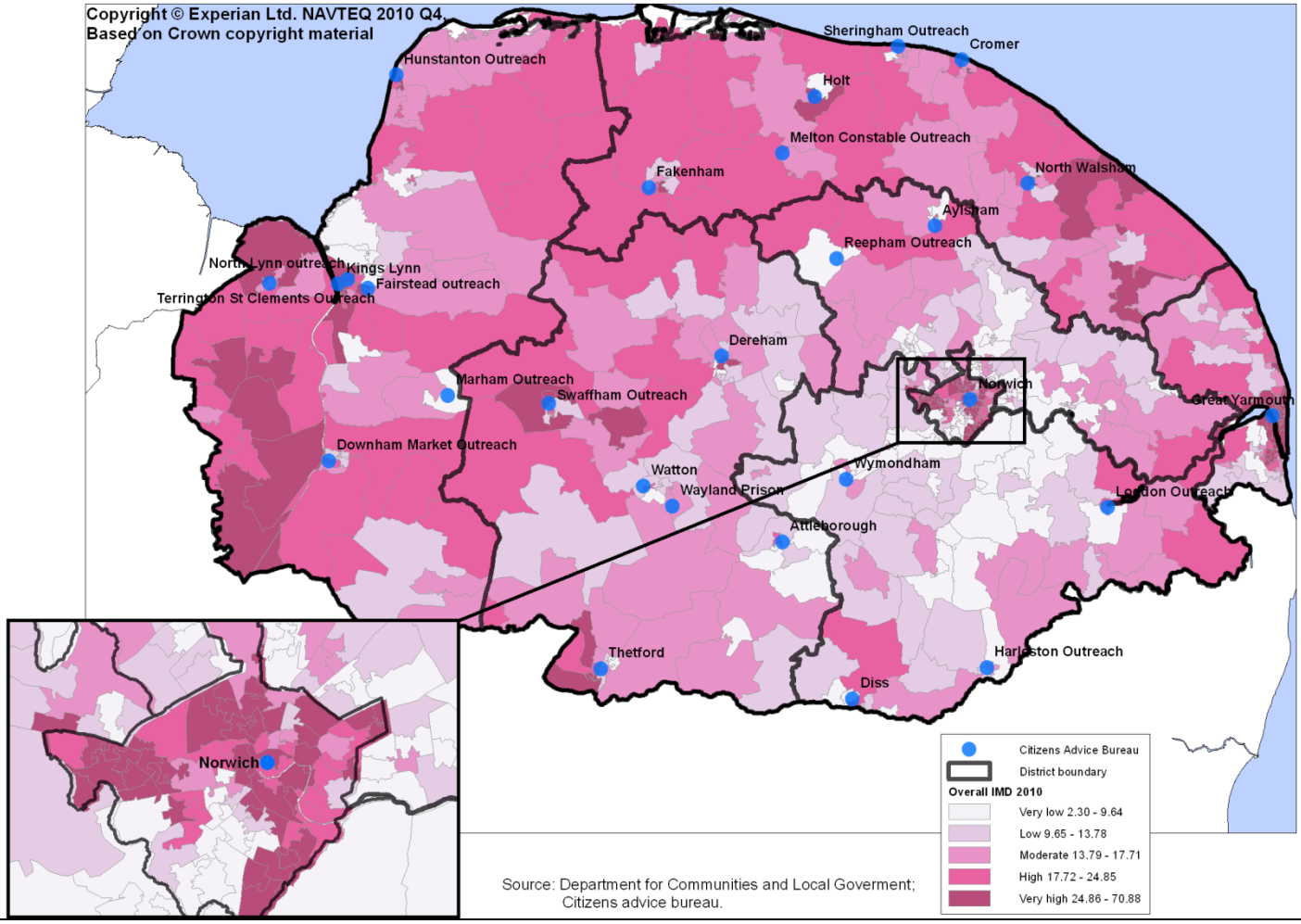
Officer Name:	Tel No:	Email address
Catherine Underwood	01603 224378	catherine.underwood@nhs.net
Helen Read	01603 223151	helen.read1@nhs.net
Rob Cooper	01603 257042	robert.cooper4@nhs.net

IN TRAN
communication for all

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.

Appendix 1 - Norfolk Citizens Advice Bureau access points

Indicator	As at	Level	Source	Description
Index of Multiple Deprivation (IMD)	2010	LSOA	Department for Communities and Local Government, Indices of Deprivation 2010.	The Indices of Deprivation 2010 (ID2010) provides a relative measure of deprivation in small areas across England. Collectively it comprises ten indices which measure different aspects of deprivation. The most widely used of these is the Index of Multiple Deprivation (IMD), which is a combination of a number of the other indices to give an across the board score for the relative level of multiple deprivation in each part of the country. Each LSOA is ranked across the 32,482 LSOAs in England, with a 1 for the most deprived LSOA in England and a 32,482 for the least deprived LSOA for each domain.



Adult Social Care Committee

Item No 15

Report title:	**Transfer of Mental Health Social Care from NSFT to NCC**
Date of meeting:	**12 January 2015**
Responsible Chief Officer:	**Harold Bodmer, Executive Director of Adult Social Services**

Executive summary

Adult Mental Health social care teams moved to NCC from Norfolk and Suffolk Foundation Trust (NSFT) on 1 October 2014.

The service is still in the early stages of settling down. Staff are continuing to adjust to the transfer and there are plans in place to provide them with the support, learning and development needed to be able to successfully deliver adult social care duties within NCC.

There are continued risks following the transfer arising from the number of vacancies, the transfer of work between teams, the amount of data cleansing to be carried out on CareFirst and the learning and development needs of staff. Plans are progressing to address all of these areas.

1 Service design

1.1 The following principles for the service design were set out in the previous report to Committee. This confirmed that the new service should be:

a) Responsive, seamless service
b) Aim to meet health and social care needs
c) Maintain an integrated approach with NSFT
d) Focus on delivering a personalised service
e) Have safeguarding at its core
f) Benefit from strong social care leadership at all levels

2 Locality Structure

2.1 The service is based around five locality teams, co-terminous with Norfolk's five CCG areas. NSFT organises under three localities, with their central locality corresponding with the Norwich, North and South CCG locality areas. The advantages of moving to the CCG structure is that it provides opportunity for greater communication and co-operation across primary and community health and adult social care teams over time.

2.2 In addition there is a county wide AMHP service with a dedicated Team Manager and Practice Consultants responsible for organising and supporting the delivery of an improved AMHP service across the County.

2.3 Each locality team is based within existing health trust premises, in most instances co-located with the equivalent NSFT health team. This has enabled as much continuity as practicable to be maintained and the continuation of effective joint working where in the interests of service users.

3 Managing the Risks and Issues

3.1 The Adult Mental Health Social Work Service transferred successfully on 1 October 2014. All staff have undertaken Care First training and are completing other training on Assessment and Care Management and personal budgets and other policies and procedures related to working for NCC. Staff are settling into new roles and getting to grips with statutory social work. However, there are risks that are being managed.

4 Manager Vacancies

4.1 There are currently three out of six substantive team managers in post (East, West and North locality social work teams). Two rounds of external recruitment have taken place with a poor response. The South social work team and the AMHP service are currently led by agency team managers. The temporary Norwich team manager retired at the end of November and cover for Norwich is currently shared between the South and East Team managers. There is a further round of recruitment taking place for these posts which are crucial in leading these teams forward.

5 Assistant Practitioner/Carers Assessors Vacancies

5.1 Only two unqualified staff transferred back from the Trust leaving the new teams 19 assistant practitioner/carers assessors short. This means that there remain outstanding carer's assessments and reviews that transferred from NSFT together with new referrals being received since the transfer. Recruitment to the assistant practitioner posts has been taking place with a very positive response and we will be appointing staff in a phased way from January to March 2015

5.2 **Case load Transfer**

5.2.1 From 1 October 2014 NSFT were no longer able to complete statutory social care. A web form was designed for NSFT to refer this work to NCC. Over 200 referrals to NCC have been received in this way since 1 October

5.2.2 All cases that social care were holding with a health only requirement have now passed back to NSFT. There continues to be more than 200 cases remaining with social workers where the service user has joint health and social care needs but where the social care needs are now stable and no longer require social work intervention. These cases now need to transfer back to NSFT and there is a plan in place to achieve this by the end of March 2015. Until this is achieved the teams are needing to hold these cases as well as take on new referrals.

5.3 **Case records – data cleaning**

5.3.1 The data received from NSFT has been put onto CareFirst. However there is a considerable amount of data cleansing work that is still required to ensure that the records are accurate and complete and this presents a risk until the work is completed. Business Support in each locality are undertaking this work.

5.3.2 Using Care First managers are working to quantify the volume of assessment and review activity that is currently overdue and/or unallocated. Performance information since 1 October is being shared with team managers to enable them to monitor and be accountable for team performance.

6 Developing the Service

6.1 The social work staff who transferred are qualified and have many years of professional experience but lack practical experience of delivering statutory social work functions expected within Norfolk Adult Social Services.

6.2 A comprehensive training programme is underway to cover the first six months post transfer. There is follow up support in the workplace, shadowing adult social care colleagues, ongoing learning and development and mentors are being promoted to support staff confidence in their new roles. Staff completion is being monitored.

6.3 A number of service areas were identified during the transition project where the social work contribution and role requires review - Norfolk Recovery Partnership (Drug and Alcohol Service), Community Forensic team, Crisis Resolution and Home Treatment team (CRHT) and Youth and Early Intervention team. Reviews will be prioritised for CRHT and NRP for early in 2015 and we are currently planning how this will take place.

6.4 Overall the aim is to develop the Adult Mental Health service to provide an integrated community mental health offer with NSFT through the co-location and successful joint working of staff from both organisations. This will also include close collaboration with wider community partners. Future development will be led by the Joint Operational Group and through the Mental Health Partnership Board

7 Future Governance

7.1 A Mental Health Services Partnership Board met for the first time in November, with quarterly meetings planned for 2015.

7.2 In addition a Joint Operational Managers Group is being established led by the NCC Head of Service and Trust Locality managers. The group meets for the first time in January.

8 Background

8.1 The Mental Health Social Care service successfully transferred from NSFT to NCC on 1 October 2014 following the ending of the Section 75 agreement between the Trust and the Council.

8.2 In January 2014 the Cabinet agreed that the existing Section 75 agreement between NSFT and NCC should not be further renewed. This followed an extended period during which the Trust sought to achieve improvements across a range of key performance indicators.

8.3 Between March and October 2014, a programme of transition work was undertaken aimed at ensuring the service transferred back to NCC with minimal impact on service users and their families, and enabling the County Council to assume full responsibility for this service from day one.

8.4 Of 100 posts transferred to the Trust in 2008, just 59 posts transferred back to NCC. Successive re-organisations and the dispersal of social care functions across an increasingly generic workforce led to a reduction in the number of identifiable posts undertaking social care work and in particular social care posts in management positions.

Background papers

None

Officer Contact

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

Officer Name:	**Tel No:**	**Email address**:
Alison Simpkin	01603 679341	alison.simpkin@norfolk.gov.uk

IN TRAN
communication for all

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.