



Adult Social Care Committee Additional Meeting

Date: **Monday 8 June 2015**

Time: **1pm**

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 T Fitz-Patrick

Mr T Garrod

Mr A Grey

Ms E Morgan (Vice Chair)

Mr J Perkins

Mr A Proctor

Mr W Richmond

Mr M Sands

Mr E Seward

Mrs M Somerville

Mrs A Thomas

Mr B Watkins

Mr M Wilby

**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. 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.

3. The New Approach to Social Care - Promoting Independence in Norfolk

(Page 4)

Report and presentation by Executive Director of Adult Social Services

Group Meetings

Conservative	12noon	Conservative Group Room
UK Independence Party	12noon	UKIP Group Room
Labour	12noon	Labour Group Room
Liberal Democrats	12noon	Liberal Democrat Group Room

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

Date Agenda Published: 29 May 2015



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.

Adult Social Care Committee

Item No. 5.

Report Title	The new approach to social care – promoting independence in Norfolk
Date of Meeting	8 June 2015
Responsible Chief Officer	Harold Bodmer, Executive Director of Adult Social Services

Strategic impact:

This report proposes setting a new Council strategy for Adult Social Care with the aim of helping people to live at home wherever possible.

The new Promoting Independence strategy would be part of the County Council's strategic approach, Re-imagining Norfolk.

The strategy would strongly reflect three of the Council's four priorities:

- a) Quality of life – supporting the wellbeing and safeguarding of adults with care and support needs
- b) Excellence in education – ensuring the access to educational opportunities for adults with care needs and their carers, in order to promote inclusion and routes into employment
- c) Real jobs – promoting a range of new support and care jobs which support the development of the local economy

The strategy will address the need to deliver services within available resources and support the authority to meet it's duty under the Care Act to promote wellbeing and prevention.

Executive summary

There are significant drivers for change in social care:

- a) Reduction of local authority funding
- b) Longer life expectancy with more complex needs means demand is increasing
- c) Public expectations of more personalised and enabling services
- d) Care Act duties to promote wellbeing and prevention and the funding cap

This makes it imperative to set a new strategy for adult social care services in Norfolk which identifies the ambitions and outcomes of people with social care needs and sets these within the available resources. It is proposed that this builds on personalisation and helps local communities to respond to the needs of vulnerable citizens.

Setting a new approach to social care requires a focus on helping people to retain and restore their health and wellbeing by building on what is available to them: a shift from finding needs and meeting them, to building on assets and harnessing them.

Recognising the aim for this strategy is to be driven by people and their lives, not services, a process of co-production with citizens and stakeholders is proposed. The new strategy will be underpinned by a medium term financial plan to set out how a sustainable adult care service will be delivered.

Recommendations:

Committee is asked to endorse and champion the proposed development of a new strategy for adult social care and the associated development of a medium term financial plan.

1. Proposal

1.1 A new social care strategy

- 1.1.1 In common with other authorities, Norfolk County Council needs to establish a sustainable approach to social care given the rising demands, changing expectations and reducing resources.
- 1.1.2 It is proposed to forge a new alliance between the County Council and local people about care and support which is founded in people's lives and communities, not services and organisations. We are looking for a new combination of social capital and council resources to achieve better outcomes and balanced books.
- 1.1.3 There is also good evidence that establishing a focus on empowerment and enablement is a crucial step in moving forwards and that this is also vital in managing budget reductions. The Local Government Efficiency programme (2014) set out: "only those councils that have developed a model based on decreasing dependency on social care and promoting independence have been able to achieve higher level savings."

1.2 The vision

- 1.2.1 Social care is about people being able to live their lives, accessing the support they need, making the choices that work for them and remaining in control. It is about staying at home wherever possible. It is proposed that Norfolk's approach to building sustainable social care is founded firmly on personalisation. Personalisation has had a transformational impact on social care since its inception in 2007 but there is much to do to realise the ambitions which underpin it.
- 1.2.2 *"Personalisation is fundamentally about better lives, not services. It is rooted in the power of co-production with people, carers and families to deliver better outcomes for all. It is not simply about changing systems and processes or individualising funding, but includes all the changes needed to ensure people have a greater independence and enhanced wellbeing within stronger, more resilient communities." Think Local Act Personal 2014*
- 1.2.3 Alongside this, the Social Care Institute for Excellence sets out a 'strengths-based' approach to care: *'a strengths-based approach to care, support and inclusion says let's look first at what people can do with their skills and their resources and what can the people around them do in their relationships and their communities. People need to be seen as more than just their care needs – they need to be experts and in charge of their own lives.'* We will create an approach which builds on personalisation, strengths and assets.

- 1.2.4 By ensuring a focus on promoting independence, wellbeing and personalisation, the approach will seek to allow the realignment of resources. Ensuring people are able to access the existing support available in local communities will avoid unnecessary call on funded services – and unnecessary reliance on formal services, preventing or delaying needs will reduce the call on high cost services. Giving people the tools to remain free of formal services whilst providing targeted and effective services for those who are most vulnerable will allow us to realign investment in social care.
- 1.2.5 The Care Act gives a clear requirement that local authorities should help to improve people's independence and wellbeing. It sets out that local authorities will work with their communities and provide or arrange services that help to keep people well and independent. This should include identifying the local support and resources already available, and helping people to access them. It says local authorities should also provide or arrange a range of services which are aimed at reducing needs and helping people regain skills, for instance after a spell in hospital.

1.3 **How are we doing in Norfolk?**

- 1.3.1 People with social care needs in Norfolk report a good level of satisfaction with their lives and we have some strong roots in personalisation. But in comparison with other areas the social care system in Norfolk is expensive and relies more heavily on traditional services such as residential and day care. This creates costs which we cannot afford and institutional care is increasingly at odds with what people want in their lives.
- 1.3.2 However, we have established ways of working in Norfolk which illustrate the opportunities to collaborate with people for better outcomes such as:
- a) *Sheila, a young woman with a learning disability, is supported to secure work in the health service rather than go to a day centre. She gains the structure and social contact a day centre would have offered, but also earns an income, contributes to the economy and feels great about being able to hold down a job*
 - b) *Ann cares for her husband, who has dementia, but is struggling to manage and wonders whether residential care is the only option now. A carer's assessment through a voluntary organisation links Ann to a local carers' network, where she finds support and practical advice, and a small fund to employ someone to care for her husband at home while she has a break. Ann can carry on caring at home*
 - c) *Brian's wife passed away and he has felt increasingly lonely and has started to get depressed. He got in touch with the Council to ask about going to a day centre. Instead, a development working talked about his former interests and suggested volunteering at the local Museum or being a befriender at a nearby care home. He is now a befriender and visits two or three times a week to meet the residents, especially the ones who don't get many visitors*
 - d) *Dementia friendly communities is a scheme where local people and businesses can skill themselves up to support and better cater for their citizens who are living with dementia. Awareness training, being able to spot if someone may be struggling and offer a friendly approach and better signage all make a valuable difference which enables people to feel included and welcome*

1.4 **Emerging priorities in a new strategy**

- 1.4.1 From reviewing good practice and what others are doing, we are likely to seek the following outcomes:
- a) Local communities are welcoming and inclusive for all citizens so people can maintain their wellbeing e.g. dementia friendly communities, community connecting roles
 - b) People have easy access to great information about how to access care and support as they need to e.g. a community focused front-door, local service directories and support navigating
 - c) When people's independence is at risk, they get focused support to restore them and support them e.g. access to reablement, home adaptations, assistive technology
 - d) People with care and support needs are supported to plan to keep a good quality of life and wellbeing, using social capital and where necessary, funded support
 - e) Where people have complex needs they can get integrated health and care services e.g. specialist dementia respite at home
 - f) The Council should remain the champion of good quality care and safeguarding so vulnerable adults can confidently get on with their lives.

1.5 **The next steps**

- 1.5.1 This is a major change programme. Social care and personalisation are essentially about people and how they live their lives, so our process to develop our new strategy will be founded on engagement and co-production. To succeed in moving ahead with personalisation and achieving a sustainable approach to social care the Council needs to engage with citizens to rethink how we can best work with people to sustain their wellbeing and independence from state services. We will invite citizens and stakeholders to explore with the Council how we collaborate to best secure wellbeing, independence, care and support.
- 1.5.2 We want people to help us work out the best solutions, moving the focus from redesigning services into rethinking solutions. It is a new conversation: under the Care Act older people with care needs will be paying up to £70,000 for care before state funding kicks in. We need to speak with them about how we collaborate to invest wisely and to good effect. We need to seek ways to bring wider investment into Norfolk.
- 1.5.3 We will establish a comprehensive engagement programme to help us design a new approach to social care, working with the resources that are available from Council, individuals and communities and creating a new dialogue to find solutions.

1.6 **What happens next?**

- 1.6.1 Based on engagement and modelling of best practice we will formulate a new strategy for adult social care in Norfolk and build the business plan to deliver it. The impact can be anticipated from 2016/17.
- 1.6.2 There will be a substantial staff engagement programme to support this change which will require a fundamental shift in culture. Early engagement with staff about promoting independence in social care is very encouraging. This will align with the work across children's and adult social care to set a new model for social work in Norfolk.

2 Evidence

- 2.1 The proposal to develop a strategy based on promoting independence in social care is founded on the final report of the Local Government Association Efficiency Programme in 2014 and the associated evidence base. It reflects detailed benchmarking undertaken by Norfolk County Council against comparator authorities.

3 Financial implications

- 3.1 Delivering economies and efficiencies will continue to be addressed within the 2015/16 savings programme as already determined. However, there are limits to the efficiencies we can generate in the current system. This approach focuses on preventing or delaying high cost care and will rebalance social capital and citizen resources alongside council investment.
- 3.2 A key requirement of the new strategy is that it will allow the Council to set out a new approach to adult social care which is capable of being delivered within the available resources. The strategy will require a new medium term financial plan which will set out how the strategy will be delivered within the budget. As this is a major change programme, budget impact will be anticipated during 2016/17.
- 3.3 There will be a small cost to the engagement required for this transformation which will be met from the existing budget for transformation.

4. Issues, risks and innovation

- 4.1 Setting a new strategy for adult social care allows Norfolk to step forwards and to innovate. In setting the strategy we will seek to consider how innovation supports the changes that we identify are needed. For example, the establishment of a social enterprise in Shropshire to deliver first point contact for adult care, firmly rooted in the community; generating investment into communities through supporting funding bids; working with people in communities who are mobilising community resources and talents.

Background papers

Please see Appendix A below

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:
Catherine Underwood

Tel No:
01603 224378

Email address:
catherine.underwood@norfolk.gov.uk

Different ways of working – some examples from around the country (cited in Think Local Act Personal ‘Developing the power of strong inclusive communities’ 2014)

CSV Grandmentors in Islington, Hackney and Camden harness the energy and experience of older volunteers to support young people to find work, stay on in education or take up training. Many of the young people they support don't have positive adult role models, others lack direction, some have been in trouble with the police and others have been homeless. Grandmentors visit a young person regularly and help them work towards goals such as finding an apprenticeship or getting on to a college course.

Mrs. Booth is 82 years old and has a Homesharer called Nina. As Mrs. Booth has got older she has lost the confidence to be able to drive and this has resulted in her finding it difficult to visit her husband who has dementia and who lives in a nursing home as well as maintaining her friendships and relationships. In return for accommodation Nina drives Mrs. Booth to visit her husband and friends and helps her to cook and entertain at home. Having Nina sleeping in the house has given Mrs Booth real peace of mind.

In Derby, John's mental health had deteriorated disconnecting him from his family and community. One of John's major concerns was the state of his property which was having an impact on his health. A Local Area Coordinator (LAC) introduced John to a group of neighbours who worked with him to sort out his house and garden. John talked about this 'act of random kindness' as a significant turning point for him. John spent Christmas with his family for the first time in ten years, has widened his social network and, through his passion for IT, is now supporting some of his neighbours with their computing problems.

The Carers café is established as a mutual and run by volunteers who include people with learning disabilities, long term unemployed and older people. Apart from functioning as a café it also hosts a range of activities such as carers' surgeries, coffee mornings, councillors' surgeries and drop in sessions.

Dementia capable communities' nurture the assets that make a place safe, welcoming and enabling to people with dementia. In practice this means providing a safe physical environment and actively empowering people with dementia to have a voice and stay in control of their lives for as long as possible. It also means support to develop social networks, with old friends and new, enables the person with dementia to offer their skills as well as receive help. Local champions go out and encourage a welcome response in shops, pubs and buses.

KeyRing provides supported living networks for people with care and support needs living in the community. Members of the network share their skills and talents with each other and with their communities. Each KeyRing network has a volunteer who sees members regularly and helps the group work together. KeyRing networks improve individuals' social life and confidence, enabling members to be more resilient in terms of living independently in the community.

Calderdale's 'Gateway to Care' is the contact point for both community health and adult social care. The service focuses on prevention, early intervention and safeguarding. Over 97 per cent of contacts are diverted to solutions delivered within the community or receive short-term support that reduces the need for longer-term care. (from LGA efficiency review)

Telford After Care community interest company started on a voluntary basis with a small amount of funding to help set up a smart recovery group and a gardening group to help people in recovery from using drugs or alcohol. This is achieved by improving the health and

wellbeing of its customers; empowering people to lead productive and fulfilling lives so that they can once again be valued members of their community. Founded by someone who had used services, TACT has 2 paid staff and 13 trained volunteers all of whom have recovered from addiction. The service supports between 30-50 people every day with a rich variety of support groups, drop in sessions and activities. (from Community Catalysts)