

Adult Social Care Committee

Date: **Monday, 05 September 2016**

Time: **10:00**

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

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

Membership

Mr B Borrett (Chairman)

Ms J Brociek-Coulton Mr W Richmond

Mr D Crawford Mr M Sands

Mr T Garrod Mr E Seward

Mrs S Gurney Mrs M Stone (Vice Chairman)

Mr J Mooney Mr M Storey

Ms E Morgan Mrs A Thomas

Mr R Parkinson-Hare Mr B Watkins

Mr J Perkins Ms S Whitaker

**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

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A g e n d a

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

2. **To confirm the minutes of the meeting held on 4 July 2016**

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3. **Declarations of Interest**

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

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

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

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects

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

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

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

5. **Public QuestionTime**

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm Wednesday 31st August 2016**. For guidance on submitting public question, please view the Consitution at www.norfolk.gov.uk.

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

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm on Wednesday 31st August 2016**.

- 7. Update from Members of the Committee regarding any internal and external bodies that they site on.**
- 8. Executive Director's Update**
Verbal Update by the Acting Executive Director of Adult Social Services
- 9. Chairman's Update**
Verbal update by Cllr Bill Borrett
- 10. Exercise of Delegated Authority**
- 11. Adult Social Care Finance Monitoring Report Period 4 (July) 2016-17** **Page 13**
Report by the Acting Executive Director of Adult Social Services
- 12. Performance management report** **Page 29**
Report by the Acting Executive Director of Adult Social Services
- 13. Promoting Independence: Adult Social Care Target Demand Model** **Page 41**
Report by the Acting Executive Director of Adult Social Services
- 14. Norfolk's Implementation of the Care Act - SCIE Review** **Page 53**
Report by the Acting Executive Director of Adult Social Services
- 15. Transport** **Page 59**
Report by the Acting Executive Director of Adult Social Services
- 16. Norfolk Safeguarding Adults Board Annual Report 2015-16** **Page 65**
Report by the Acting Executive Director of Adult Social Services

Group Meetings

Conservative	9:00am Conservative Group Room, Ground Floor
UK Independence Party	9:00am UKIP Group Room, Ground Floor
Labour	9:00am Labour Group Room, Ground Floor
Liberal Democrats	9:00am Liberal democrats Group Room, Ground Floor

Chris Walton
Head of Democratic Services

County Hall
Martineau Lane
Norwich
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Date Agenda Published: 25 August 2016



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Adult Social Care Committee

**Minutes of the Meeting Held on 4 July 2016
10:00am in Edwards Room, County Hall, Norwich**

Present:

Mr B Borrett (Chairman)

Ms J Brociek –Coulton

Ms E Corlett

Mr D Crawford

Mr T Garrod

Mrs S Gurney

Mr J Mooney

Ms E Morgan

Mr J Perkins

Mr W Richmond

Mr R Parkinson-Hare

Mr M Sands

Mr E Seward

Mr N Shaw

Mr B Spratt

Mrs M Stone

Mr B Watkins

Chair's Announcements:

1. Apologies

- 1.1 Apologies were received and accepted from Mr M Storey and Ms S Whitaker (substituted by Mr N Shaw and Ms E Corlett respectively).

2. To confirm the minutes of the meeting held on 16 May 2016

- 2.1 The minutes of the meeting held on 16 May 2016 were confirmed as an accurate record and signed by the Chair.

3. Declarations of Interest

- 3.1 There were no interests declared

4. Urgent Business

- 4.1 There were no items of urgent business.

5. Public Question Time

- 5.1 There were no public questions.

6. Local Member Questions / Issues

- 6.1 There were no local members questions / issues.

7. Chairman's Update

- 7.1 The Chairman highlighted the report on the Better Care Fund and that the Council had been put into an escalation process. To achieve an outcome, they would put in a £5 million one-off payment.
- 7.2 The Social Care Institute of Excellence report was currently being undertaken and the report would be shown to the Committee.
- 7.3 The Chairman also highlighted the Carer's Card and it was felt that this needed to be widely publicised. Members were encourage to let their parishioners know about this.

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

- 8.1 Mr Brian Watkins reported that he had been to a meeting of the Norfolk and Norwich University Hospital where it had been reported that the demand on the hospital had increased and a development plan was in place.
- 8.2 Mrs Julie Brociek-Coulton had attended a Carer's Open Day held at The Forum, Norwich and a meeting of the Carer's Council.
- 8.3 Ms Emma Corlett had attended a successful mental health seminar.
- 8.4 Ms Elizabeth Morgan reported that she would be attending an Adult Safeguarding Board the following week. The annual report had not yet been published but would be for the Committee's consideration at a future meeting. She had attended a meeting of the Norwich Localities Learning Disability Group and the annual general meeting of 'Opening Doors'.

9. Executive Director's Update

- 9.1 The main priority of the department continued to be implementing the Care Act and managing the resources to be able to do that effectively.
- 9.2 The first draft of the Sustainability and Transformation Plan had been submitted to and would be presented to the NHS in the near future. It would be available to

- Members with an action plan which could be monitored.
- 9.3 The consultation on the cost of care proposals had finished, with discussions now taking place on the fee uplift.
- 10. Exercise of Delegated Authority**
- 10.1 There was no exercise of delegated authority.
- 11. Internal and External Appointments**
- 11.1 The Committee considered the report by the Head of Democratic Services setting out the outside and internal appointments relevant to Adult Social Care Committee, together with the current Membership. Members were asked to review and make appointments to those external bodies, internal bodies and Champions positions, as set out in Appendix A of the report.
- 11.2 The Committee **RESOLVED** to make appointments to external bodies, internal bodies and champions' positions as set out in the report.
- 12. Adult Social Care Finance Monitoring Report Period 2 (May) 2016-17**
- 12.1 The Committee considered the report which provided them with financial monitoring information, based on information to the end of May 2016. It provided an analysis of variations from the budget and the actions being taken by the service to reduce the overspend.
- 12.2 It was noted that the outturn of NorseCare was over budget by more than 10%. However this reflected the fact that in previous years savings had been identified. The medium term plan was still being achieved as the savings were taking longer to realise than anticipated.
- 12.3 There was concern from the Committee about what seemed to be an inaccurate budget. However it was clarified that given the nature of the spending, money had already been committed to individuals which could not be changed. The Committee heard that Norfolk County Council was not alone in this situation and nationally Council's were under a huge amount of financial pressure.
- 12.4 Members were assured that any funding from the Clinical Commissioning Groups for the Better Care Fund agreed through the escalation process would be guaranteed by the 3 year section 75 agreement put in place.
- 12.5 The Committee **RESOLVED**;
- To note the forecast outturn position at period 2 for the 2016-17 Revenue Budget of an overspend of £7.763m
 - To note the planned actions being taken by the service to reduce the overspend.

- To note the planned use of reserves.
- To note the forecast outturn position at period 2 for the 2016-17 Capital Programme.
- To recommend that Policy and Resources agree to use the Corporate Risk Reserve in line with previously reported budget risks for the service, specifically to fund;
 - £5.155m to manage the identified additional budget pressures from the cost of care review and national living wage;
 - £5m to protect social care due to a reduction in funding allocated within the Better Care Fund.

13. Integration, the Better Care Fund and the Sustainability and Transformation Plan

- 13.1 The Committee received the annexed report (13) from the Executive Director of Adult Social Services which provided information on work streams in Norfolk to address the integration of health and care services to better provide for the individual. The report highlighted progress in three key areas; operational integration, the sustainability and transformation plan (STP) and the Better Care Fund (BCF).
- 13.2 It was noted that the 3.5% reduction for elective admissions was a challenging target as the rate of admissions was climbing nationally.
- 13.3 The section 75 agreement for the Better Care Fund would ensure a more coherent, single approach to the Better Care Fund. There would be one set of reporting which would make it easier for comparisons to be made. As a result of the negotiations that had taken place, all partners had reviewed practice.
- 13.4 It was felt that the workstreams mentioned in the report should not just be aspirational but imperative. Staff were eager to achieve them as the benefits for the service user could be seen.
- 13.5 The Committee **RESOLVED** to;
- Approve the assessment of the impact of savings required in the Better Care Fund for 16/17.
 - Note the report.
 - Agree to delegate authority to the Chairman and the spokespersons to agree any additional savings.

14. Performance Management Report

- 14.1 The Committee received the annexed report (14) from the Executive Director of Adult Social Services which presented current performance information against the committee's vital signs indicators, based upon the revised performance management system which was implemented as of 1 April 2016.
- 14.2 The Committee noted that the employment figures for those with learning disabilities was low, however accessing work opportunities for those individuals relied on external factors. There was work being carried out corporately to encourage this

- and an update on this would be brought to a future meeting.
- 14.3 There was no information relating to the family group as the data was not available.
- 14.4 The Committee **RESOLVED** to;
- Approve the recommended changes to the vital signs indicator list.
- 15. Pressures on Future Adult Social Care Services in Norfolk**
- 15.1 The Committee received the annexed report (15) from the Executive Director of Adult Social Services which reviewed the factors that drove pressures on the Adult Social Care budget.
- 15.2 Members noted that there needed to be more evidence and analysis regarding the link of turnover of staff and the quality of care. It was also important that best value was being received for the contracts they were tied into. It was confirmed that the work being carried out on homecare included different models for comparison.
- 15.3 Members questioned if there was more work needed to be carried out about the capability of the jobs in the care sector and if more workers were needed to help aid the recruitment issues.
- 15.4 The Committee **RESOLVED** to;
- Note the contents of the report
- 16. Risk Management**
- 16.1 The Committee received the annexed report (16) from the Executive Director of Adult Social Services which provided Members with an update of the most recent changes to the risk register.
- 16.2 The Committee noted that the risk relating to a judicial review could be deleted off the register once the three month deadline for a claim had elapsed.
- 16.3 The Committee **RESOLVED** to;
- Note the progress with departmental risks since 11 May 2016
 - Approve the recommendation to remove the two risk from the register which had been achieved.
- 17. Promoting Independence Update**
- 17.1 The Committee received the annexed report (17) from the Executive Director of Adult Social Services which provided Members with an update on Promoting Independence which had been agreed previously as the strategy for transforming adult social care in Norfolk.
- 17.2 The Committee heard that in implementing the new models of working Officers were understanding the barriers and cultural changes. The model would take time to

embed and various steps were being taken to help this happen.

17.3 The change to the service was being worked through with providers and forums had been held to enable views to be shared.

17.4 The Committee **RESOLVED** to;

- Note the contents of the report.

18. Transport

18.1 The Committee received the annexed report (18) from the Executive Director of Adult Social Services which provided an update on the transport savings and project as requested by the Committee.

18.2 There was concern from the Committee that the savings mentioned in the report would not achieve the level required.

18.3 The department were having discussions with Children's Services about how TITAN travel training can be made available to adults, e.g. providing training at "off peak" times for schools and colleges, and were looking at starting a pilot in October 2016.

18.4 The Committee **RESOLVED** to;

- Note the work being carried out to deliver transport savings
- Request Officers to consider a wider review of arrangements for Adult Social Care transport looking at best practice elsewhere.

19. Adult Social Care and Support Quality Framework Annual Report

19.1 The Committee received the annexed report (19) from the Executive Director of Adult Social Services which updated Members on the implementation of the previously adopted quality framework and included the first annual quality report.

19.2 The Executive Director confirmed that a key role for Norfolk County Council under the requirements of the Care Act was to invest funds from the training budget to support initiatives to help improve providers performance.

19.3 The Committee **RESOLVED** to;

- Note the annual quality report 2015/16 at Appendix 1 of the report.
- Agree that an interim report would be brought to the Committee before six months.

Meeting finished at 1.25pm.

CHAIR



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Adult Social Care Committee

Item No

Report title:	Adult Social Care Finance Monitoring Report Period 4 (July) 2016-17
Date of meeting:	5 September 2016
Responsible Chief Officer:	Catherine Underwood, Acting Executive Director of Adult Social Services

Strategic impact

This report provides the Committee with financial monitoring information, based on information to the end of July 2016. It provides an analysis of variations from the budget and the actions being taken by the service to reduce the overspend.

Executive summary

As at the end of July 2016 (Period 4), Adult Social Services is forecasting an overspend of £8.151m, with the application of previously identified use of the Corporate Business Risk Reserve. The overspend equates to a 3.3% variance on the revised budget. This is following review of risks and recommendations for application of funding, which is set out below. The paper also highlights the financial position following negotiation of the Better Care Fund for 2016/17 and the financial implications for the Council and Adult Social Services.

Expenditure Area	Budget 2016/17 £m	Forecast Outturn £m	Variance £m
Total Net Expenditure	247.369	260.675	13.306
Use of Corporate Business Risk to manage additional budget pressures for cost of care and national living wage	0.000	(5.155)	(5.155)
Revised net expenditure	247.369	255.520	8.151

The headline information and considerations include:

- The outturn position for 2015-16 was £3.168m and this underlying pressure continues into 2016-17
- The Council in setting the budget recognised the additional business risks affecting the service, specifically in relation to the cost of care exercise that concluded in April, the additional cost in 2016-17 for the introduction of the national living wage and the uncertainty of health funding to maintain social care as part of the Better Care Fund. A corporate business risk reserve was set up as part of the 2016-17 budget to help manage this risk. The use of £5.155m has previously been agreed for cost of care and national living wage pressures and £5m towards protecting social care following the reduction in health funding towards social care in 2016-17 within the Better Care Fund
- The forecast recognises the increase in commitments between when the budget was set at the end of January 2016 and the actual commitments at April 2016
- The service is continuing to improve its information and accuracy of forecasting. Inclusion of improved information about how our home care and day contracts are being used, information

about waiting lists and service level agreements has improved the accuracy of forecasting, but resulted in the need to recognise a higher budget pressure for the service

- e) Following work with iMPower consultants the forecast includes a revised savings estimates, reflecting reprofiling of some savings

Adult Social Services reserves at 1 April 2016 stood at £2.848m. The service plans to make a net use of reserves in 2016-17 of £1.198m therefore it is estimated that £1.650m will remain at 31 March 2017. The service has provisions, mainly for doubtful debts, of £3.127m.

Recommendations:

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

- a) **The forecast outturn position at period 4 for the 2016-17 Revenue Budget of an overspend of £8.151m**
- b) **The planned actions being taken by the service to reduce the overspend**
- c) **The planned use of reserves**
- d) **The forecast outturn position at period 4 for the 2016-17 Capital Programme**

1. Introduction

- 1.1 The Adult Social Care Committee has a key role in overseeing the financial position of the department including reviewing the revenue budget, reserves and capital programme.
- 1.2 This monitoring report is based on the Period 4 (July 2016) forecast including assumptions about the implementation and achievement of savings before the end of the financial year.
- 1.3 The County Council in setting the budget for 2016/17, recognised the significant business risks facing the service, including the review of cost of care and the implications of national living wage and the continuation of funding from Clinical Commissioning Groups (CCGs) to maintain social care within the Better Care Fund scheme. As part of the 2016-17 budget setting, the Council put in a place a Corporate Business Risk Reserve. The forecast includes the approved use of £10.155m to manage the actual costs that have now arisen for the service

2. Detailed Information

- 2.1 The table below summarises the forecast outturn position as at the end of July 2016 (Period 4).

Actual 2015/16 £m	Over/ Underspe nd at Outturn £m	Expenditure Area	Budget 2016/17 £m	Forecast Outturn £m	Variance @ P4 £m
8.325	(0.312)	Business Development	7.611	7.446	(0.165)
70.665	0.804	Commissioned Services	70.006	72.597	2.591
5.442	0.142	Early Help & Prevention	9.142	8.741	(0.401)
164.760	9.653	Services to Users (net)	155.968	168.154	12.186
(6.710)	(7.119)	Management, Finance & HR	4.642	(1.418)	(6.060)
242.482	3.168	Total Net Expenditure	247.369	255.520	8.151

- 2.2 As at the end of Period 4 (July 2016) the revenue outturn position for 2016-17 is £8.151m, the forecast includes the release of (£5.778m) of Care Act funding that was not allocated to specific budgets at the beginning of the year.
- 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 net cost of Services to Users (purchase of care and hired transport), and risks associated with the delivery of recurrent savings, resulting in a forecast overspend of £12.186m.
- 2.5 **Additional pressures for 2016/17**
- 2.5.1 The finance monitoring report to Committee in July 2016 set out the additional business risks that had arisen since the budget was set. This included the position regarding negotiations of the Better Care Fund. A three year Section 75 agreement has now been signed by the Council and the five CCGs, which provides a joint commitment to secure annual funding of £7.9m for protection of social care.
- 2.5.2 The report also provided an update on the cost of care review and the implications for 2016/17 and future years' budgets. Since then the consultation on the 2016/17 uplift has closed. Additional work has been undertaken to enable a decision to be made that takes stock of the responses received within the consultation period.
- 2.6 **Services to Users**
- 2.6.1 The table below provides more detail on services to users, which is the largest budget within Adult Social Services.

Actual 2015/16 £m	Over/ Underspend at Outturn £m	Expenditure Area	Budget 2016/17 £m	Forecast Outturn £m	Variance £m
111.417	3.579	Older People	103.878	108.437	4.560
24.750	0.412	Physical Disabilities	22.101	23.536	1.435
90.218	9.863	Learning Disabilities	83.387	91.621	8.233
13.519	1.839	Mental Health	12.899	12.995	0.096
6.909	2.328	Hired Transport	3.672	6.709	3.037
14.436	(1.150)	Care & Assessment & Other staff costs	16.524	16.104	(0.420)
261.249	16.871	Total Expenditure	242.461	259.403	16.941
(96.490)	(7.218)	Service User Income	(86.493)	(91.248)	(4.755)
164.760	9.653	Revised Net Expenditure	155.968	168.154	12.186

2.6.2 Key points:

- a) Permanent admissions to residential care – so those without a planned end date – have been consistently reducing for the last three years in both 18-64 and 65+ age

groups, and reductions have accelerated in the last year in response to the provisions put in place in response to Promoting Independence. In the twelve months preceding March 2013 Norfolk permanently admitted 823 people aged 65+ per 100,000 population, whereas in the twelve months before March 2016 it permanently admitted 623 older people. In the 18-64 age group this rate reduced from 53 people permanently admitted per 100,000 population in the twelve months preceding March 2013, to 21.7 at March 2016. In real terms, and looking just at the last year (comparing the totals in March '15 and March '16) this means around 114 fewer permanent admissions of people aged 65+, and around 55 fewer permanent admissions of people aged 18-64

- b) The total number of permanent residential placements for older people recorded on Carefirst at 31st July 2016 is 2237. This compares to 2292 at April 2015. This is in line with an overall reduction in the number of older people requiring packages of care. However there has been an increase in the number of people receiving learning disability and mental health services. Residential placements for working age adults in total has remained stable, but there has been a net increase in placements for people with learning and physical disabilities, offset by a reduction within mental health services. This reduction reflects the work that has taken place within mental health services, with 37 people moved from residential to community settings since September 2015. Services for working age adults have seen an increase in the number of service users, reflected in an increase in the number of home support packages
- c) The forecast expenditure for purchase of care is (£1.8m) less than the 2015/16 outturn. The 2015/16 expenditure included £1.1m one-off expenditure, which was offset by income. However, the 2016/17 expenditure includes the increase in spend due to the cost of care exercise and implementation of the national living wage
- d) Reducing the number of working age adults in residential placements is challenging. Transition plans for individuals are continuing to be developed and implemented, but transition for most individuals will take time with increased resources often needed initially to support the transition process into more independent care settings
- e) The Learning Disability and Physical Disability savings for 2016-17 are not expected to be fully delivered. Alternative options are being identified
- f) There is a reduction of £10m in budgeted income in 2016/17 compared to 2015/16 outturn. This primarily relates to one-off income items accounted for against purchase of care income in 2015/16 including £4.6m from reserves for 2015/16 cost of care pressures and approved use of reserves when setting the 2015/16 budget; £0.415m transfer from Public Health; £3.6m to adjust for Continuing Health Care agreements and £1.1m in relation to additional invoices raised, but which were offset by additional costs. The forecast includes the additional income from the Corporate Risk Reserve of £5.151m

2.7 Commissioned Services

2.7.1

Actual 2015/16 £m	Variance at outturn £m	Expenditure Area	Budget 2016/17 £m	Forecast Outturn £m	Variance £m
1.219	(0.182)	Commissioning	1.474	1.327	(0.147)
10.925	(0.219)	Service Level Agreements	11.357	10.931	(0.425)
2.620	0.021	Integrated Community Equipment Service	2.602	2.553	(0.048)
32.496	1.645	NorseCare	30.415	33.636	3.221
9.141	(0.141)	Supporting People	9.402	9.402	0.000
12.930	(0.265)	Independence Matters	13.345	13.345	0.000
1.334	(0.055)	Other Commissioning	1.412	1.402	(0.010)
70.665	0.804	Total Expenditure	70.006	72.597	2.591

2.7.2 Key points:

- a) A joint and medium term plan is being developed with Norse Care for delivery of current and future savings however, this is not expected to reduce the shortfall in 2016/17

2.8 Savings Forecast

2.8.1 The department's budget for 2016/17 includes savings of £10.926m. The Period 4 forecast has included a revised forecast for delivery of the savings. The service commissioned iMPower consultants to review the Promoting Independence programme of work. This has included modelling the target demand for the service in order to deliver the required savings, providing challenge on the delivery plans and targets, comparison with other councils and considered areas of that could have further focus to support delivery of the savings. A summary report is provided to Committee elsewhere on this agenda, however, the review concluded that:

- a) the Council is pursuing the right strategy, based on their experience in other councils and the change already achieved within the service. It recognised that the strategy reflected a higher risk appetite within the service regarding supporting people to remain as independent as possible for as long as possible – rather than providing more traditional packages of care, but tested this with social work teams, which suggested that there is further room to prevent and reduce services required
- b) the timeline for the strategy is challenging, with the consultants questioning whether the savings can realistically be delivered in three years. Whilst the service can try to take measures to enable reviews of care to be done quicker, the aims for reducing demand will be harder to manage at pace
- c) there are other interventions that can be used to enhance delivery of the strategy – including advice and information; further work on transitions; and behavioural change – but the consultants did not identify any new opportunities that would

deliver material benefit that the council is not already pursuing. The service is reviewing the programme of work to reprioritise and reflect these proposals

- 2.8.2 Risks totalling £3.976m have been reflected in the forecast position and alternative savings are being identified.

Savings	Saving 2016/17 £m	Forecast £m	Variance £m
Savings off target (explanation below)	3.976		3.976
Savings on target	6.950	6.950	0.000
Total Savings	10.926	6.950	3.976

For those savings that are off target a brief explanation is provided below of the reasons why they are off target and any planned recovery action that is in place.

- 2.8.3 **Integrated Community Equipment Service (target £0.500m, forecast £0.232m, variance £0.268m)**

The savings were planned focusing on a mix of preventative and efficiency savings. The service is aiming to increase the access to equipment to reduce or delay the need for formal packages of care and review the way that equipment is recalled. Feasibility plans have identified that these savings will need to be re-profiled due to the time needed to set up new teams and processes. The focus will be on increasing the review and recall of equipment and reviewing where improved access to equipment can reduce the need for some service users to require two care workers (known as double-ups). In order to address the savings gap, a bid has been made for investment from the rural transition money to increase the availability of equipment to more people at a preventative stage, to reduce the requirement for formal packages of care.

- 2.8.4 **Changing how we provide care for people with learning disabilities or physical disabilities (target £1.500m, forecast £0.600m, variance £1.000m)**

The saving involves re-assessing the needs of existing service users and where appropriate providing alternative and more cost effective accommodation, or means of supporting them in their current accommodation. As previously reported while it is considered that savings can be achieved over time, the lead in times for the work have been longer than originally planned. In addition actions have been needed to review the implementation of the changes. A full review of the work areas is being completed and alternative options for 2016-17 are being explored.

- 2.8.5 **Promoting Independence - Reablement - expand Reablement Service to deal with 100% of demand and develop service for working age adults (target £3.158m, forecast £1.200m, variance £1.958m)**

Recruitment to posts is completed and the service is managing increased referrals. The savings are expected to be delivered, but have required re-profiling in year one, which will reduce the levels of savings that can be achieved in 2016/17.

2.8.6 **Transport Savings (target £1.050m, forecast £0.200m, variance £0.850m)**

A full report was presented to committee in July 2016. Various strands of work have and are being carried out including the reduction in the allocation for funding for transport in peoples' Personal Budgets; discussing with people at their annual review how they can meet their transport needs in a more cost effective way; and charging self-funders. However the savings from transport are taking longer to deliver than originally anticipated due to lack of capacity in the locality teams; the information available from travel systems; being able to make changes to travel arrangements for all individuals on a route to enable transport to be stopped and savings realised, cultural change and a reluctance to take up travel training.

2.9 **Overspend Action Plan**

2.9.1 The department is taking recovery action to reduce in year spending as far as possible. There is continued focus on many of the action areas identified within 2015-16 and inclusion of new actions. All localities have prepared recovery plans which include ongoing actions and new areas. These have been reviewed by Finance and Performance Board and Senior Management Team and key areas for immediate attention within the service to support the in-year budget position have been identified. The action plan detailed at Appendix C highlights the main areas of focus for the service. The actions and performance are incorporated into the work of the Finance and Performance Board to provide a framework for regular monitoring and assurance.

2.10 **Reserves**

2.10.1 The department's reserves and provisions at 1st April 2016 were £5.975m. Reserves totalled £2.848m. The service is forecasting a net use of reserves in 2016-17 of £1.198m to meet commitments. This does not assume use of reserves to offset general overspend. The 2016-17 forecast outturn position for reserves is therefore £1.650m. Provisions totalled £3.127m at 1 April 2016, mainly for the provision for bad debts. The projected use of reserves and provisions is shown at **Appendix D**.

2.11 **Capital Programme**

2.11.1 The department's three year capital programme is £23.387m. The programme includes £8.368m relating to Department of Health capital grant for Better Care Fund (BCF) Disabled Facilities Grant (DFG) and Social Care Capital Grant, which is passported to District Councils within the BCF. Agreements are being put in place with district councils as part of the BCF programme of work, to monitor progress, use and benefits from this funding. The capital programme also includes £6.931m for the social care and finance replacement system. The priority for use of capital is Housing with Care and the development of alternative housing models for young adults. There are no adverse variances to be reported at this stage. Details of the current capital programme are shown in **Appendix E**.

3. **Financial Implications**

3.1 There are no decisions arising from this report. The forecast outturn for Adult Social Services is set out within the paper and appendices. The actions at Appendix C set out plans that aim to mitigate and address the overspend.

4. **Issues, risks and innovation**

4.1 This report provides financial performance information on a wide range of services monitored by the Adult Social Care Committee. Many of these services have a potential impact on residents or staff from one or more protected groups. The Council pays due

regard to the need to eliminate unlawful discrimination, promote equality of opportunity and foster good relations.

4.2 This report outlines a number of risks that impact on the ability of Adult Social Services to deliver services within the budget available. These risks include the following:

- a) pressure on services from a demand led service where number of service users continues to increase, and in particular the number of older people age 85+ is increasing at a greater rate compared to other age bands, with the same group becoming increasingly frail and suffering from multiple health conditions
- b) The ability to deliver the forecast savings, in addition to continuing to need to implement some recurrent savings from previous years to help reduce the overspend
- c) The cost of transition cases, those service users moving into adulthood, have not been fully identified
- d) The impact of pressures within the health system, through both increased levels of demand from acute hospitals and the impact of decisions due to current financial deficits in health provider and commissioning organisations
- e) In any forecast there are assumptions made about the risk and future patterns of expenditure. These risks reduce and the patterns of expenditure become more defined as the financial year progresses and as a result of the reduced risk the forecast becomes more accurate
- f) The continuing pressure from the provider market to review prices and risk of challenge
- g) The impact of health and social care integration including Transforming Care Plans, which aims to move people with learning disabilities who are currently inpatients within the health service to community settings

5. Background

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

[Finance Monitoring Report – Adult Social Care Committee July 2016](#)

Officer Contact

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

Officer Name:	Tel No:	Email address:
Susanne Baldwin	01603 228843	<u>susanne.baldwin@norfolk.gov.uk</u>



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 2016-17: Budget Monitoring Period 4 (July 2016)

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

Summary	Budget	Forecast Outturn	Variance to Budget		Variance at Period 2
	£m	£m	£m	%	£m
Services to users					
Purchase of Care					
Older People	103.878	108.437	4.560	4.4%	2.866
People with Physical Disabilities	22.101	23.536	1.435	6.5%	1.265
People with Learning Disabilities	83.387	91.621	8.233	9.9%	8.559
Mental Health, Drugs & Alcohol	12.899	12.995	0.096	0.7%	0.046
Total Purchase of Care	222.265	236.589	14.324	6.4%	12.736
Hired Transport	3.672	6.709	3.037	82.7%	2.437
Staffing and support costs	16.524	16.104	(0.420)	-2.5%	(0.382)
Total Cost of Services to Users	242.461	259.402	16.941	7.0%	14.791
Service User Income	(86.493)	(91.248)	(4.755)	5.5%	(86.157)
Net Expenditure	155.968	168.154	12.186	7.8%	15.127
Commissioned Services					
Commissioning	1.474	1.327	(0.147)	-10.0%	(0.213)
Service Level Agreements	11.357	10.931	(0.425)	-3.7%	(0.400)
ICES	2.602	2.553	(0.048)	-1.9%	0.000
NorseCare	30.415	33.636	3.221	10.6%	3.221
Supporting People	9.402	9.402	0.000	0.0%	0.000
Independence Matters	13.345	13.345	0.000	0.0%	0.000
Other	1.411	1.402	(0.010)	-0.6%	0.012
Commissioning Total	70.006	72.597	2.591	3.7%	2.620
Early Help & Prevention					
Housing With Care Tenant Meals	0.716	0.538	(0.178)	-24.9%	(0.358)
Norfolk Reablement First Support	4.117	3.964	(0.153)	-3.7%	(0.169)
Service Development	1.176	1.218	0.042	3.6%	0.064
Other	3.132	3.021	(0.112)	-3.6%	(0.018)
Prevention Total	9.142	8.741	(0.401)	-4.4%	(0.481)

Adult Social Care 2016-17 Budget Monitoring Forecast Outturn Period 4 Explanation of variances

1. Business Development, forecast underspend (£0.165m)

Business Support vacancies, especially in the East and West teams.

2. Commissioned Services forecast overspend £2.591m

The main variances are:

NorseCare, forecast overspend of £3.2m. This relate to the previous year shortfall on the budgeted reduction in contract value and previously reported contractual requirements that meant that 2015-16 savings could not be achieved. NorseCare and NCC are developing a joint savings plan that will enable a medium term plan for delivering opportunities for further savings but it is not expected that savings above the 2016/17 can be delivered in this financial year.

Service Level Agreements, forecast underspend of £0.425m. Further review of budgets has identified reductions in planned costs and additional income.

3. Services to Users, forecast overspend £12.186m

The main variances are:

Purchase of Care (PoC), forecast overspend £14.324m.

The key reasons for the differences between the forecast and the 2016-17 budget are:

- The impact of the budget gap – the service is managing underlying unfunded pressures (reflected in the overspend at the end of 2015/16). The budget was set reflecting commitments (cost of placements) at January 2016, but the pressures from commitments at April compared to actual budget shows a £3.5m underlying pressure
- Since setting the budget, improved information gained at year-end on the use of home care packages and waiting lists, has enabled estimates to be improved. However, this has meant that forecast expenditure should be increased by £2.9m to reflect that home care commitments are being used more fully than previously and inclusion of expected commitments arising from people that are on waiting lists
- A revision in the level of 2016/17 savings that can be delivered has increased the forecast outturn. This relates to reablement and review of packages of care, which is set out in section 2.8 of this report.
- The 2016/17 financial cost of both the cost of care exercise and the impact to care providers from the national living wage was not included in the adult social care budget when it was set in February. Costs totalling £5.155m are included in the 2016/17 forecast. This is offset by the use of the corporate business risk reserve which is included within the income forecast for services to users

Hired Transport, forecast overspend £3.037m. The savings from transport are taking longer to deliver than originally anticipated. The forecast for period 4 includes an adjustment for expected delay in 2016/17 savings. A full report providing an update on the Transport savings and project was reported to Committee in July 2016.

4. Early Help and Prevention, forecast underspend (£0.401m)

The main variances are:

Housing with Care tenant meals, forecast underspend (£0.178m). This reflects a planned change in contract where service users will pay the provider directly for meals. Therefore the forecast also reflects the same reduction in income and has a nil net impact on the service's budget.

2016/17 Revised Action Plan

The revised plan sets out the priority actions for the service, in addition to business as usual focus on targets for placements, contract management and continued reinforcement of policy and practice.

	Action	Progress	Impact expected	Timescale
1	Full rollout of preventative assessments	Pilots completed and reviewed	Reduction in number of Care Act assessments required.	Rollout during Autumn 2016
2	Full rollout of occupational Therapist/Assistant Practitioner approach	Pilots completed and reviewed	Pilots have identified prevention of spend in the region of £100k per quarter.	Rollout during Autumn 2016
3	Integrated front door offer to improve triage of referrals and consistency of practice. Business case setting out use and impact and recommended interventions	Baseline volumes for all referral routes in place.	Reduction in number of Care Act assessments required, leading to reduction in need for formal packages of care through improved signposting, information and advice	September 2016
4	Implement enhanced service around transitions from Children's Services. Initial action to widen scope of initial business case	Initial business case completed	Improved outcomes through development of plans to work towards greater independence and less high cost packages of care. Savings not expected until 2017/18.	September – March 2017
5	Improved offer for carer support – focusing on signposting and early help. Detailed and costed business case required.		Carer breakdown is cited as one of the main reasons for people requiring new and increased packages of care. Action is needed to help reduce demand.	September – March 2017

	Action	Progress	Impact expected	Timescale
6	Compulsory use of the Care Arranging Service for brokerage of all packages of care. Ensure capacity and knowledge to meet all service requirements within CAS.	Revised operational instruction.	Reduction in prices for care and reduction in the number of top-up arrangements required. Monitoring through Finance and Performance Board. Reduction in new spend for purchase of care.	September 2016
7	Review of policy for hospital discharge and assessment to ensure the right long term care package is in place	Already policy to require no permanent placements and to ensure that discharge plans are in place on admission to planning beds, respite and re-ablement placements.	Improved consistency and improved timetabling for assessment to avoid the risk of adverse longer term packages based on someone's need too soon after discharge. Avoidance of purchase of care spend	September 2016
8	Capacity planning, prioritisation and reallocation of social work resources to support the area of current highest needs in the service – this will focus mainly on services for people with learning disabilities but include other high cost packages of care and low level packages of care		To provide increased support to manage any tasks that can be undertaken by non-social work teams. To increase the number of reassessment of packages of care undertaken in order to increase impact of strength based approach to social care	October 2016
9	Implement Learning Disability service programme.		To ensure that the Promoting Independence strategy	September to March 2017

	Action	Progress	Impact expected	Timescale
	<ul style="list-style-type: none"> - Complete review of packages of care - Individual plans for all services users that could have increased independence - Clear vision for Norfolk on best practice to meet eligible needs - Organisational development plan - LD Conference for all staff and additional training - Commissioning and provider links including provider summit 		can be delivered within the service in line with Older People and Mental Health – helping to reduce the demand for services and provide solutions to meet eligible needs in line with national best practice.	

Adult Social Services Reserves and Provisions 2016/17

	Balance	Planned Usage	Balance
	1 April 2016	2016/17	31 March 2017
	£m	£m	£m
Doubtful Debts provision	3.121	0.000	3.121
Redundancy provision	0.006	(0.006)	0.000
Total Provisions	3.127	(0.006)	3.121
Prevention Fund – General - As part of the 2012-13 budget planning Members set up a Prevention Fund of £2.5m to mitigate the risks in delivering the prevention savings in 2012-13 and 2013-14, particularly around Reablement, Service Level Agreements, and the need to build capacity in the independent sector. 2013-14 funding for Strong and Well was carried forward within this reserve as agreed by Members £0.253m remains of the Strong and Well funding, all of which has been allocated to external projects and will be paid upon achievement of milestones.	0.253	(0.146)	0.107
Repairs and renewals	0.043	0.000	0.043
Adult Social Care Workforce Grant	0.070	(0.070)	0.000
Unspent Grants and Contributions - Mainly the Social Care Reform Grant which is being used to fund Transformation in Adult Social Care	2.482	(0.982)	1.500
Total Reserves	2.848	(1.198)	1.650

Adult Social Care Capital Programme 2016-17

Summary	2016/17		2017/18	2018/19
	Current Capital Budget	Forecast outturn at Year end	Draft Capital Budget	Draft Capital Budget
Scheme Name	£m	£m	£m	£m
Failure of kitchen appliances	0.031	0.031	0.000	0.000
Supported Living for people with Learning Difficulties	0.017	0.017	0.000	0.000
Adult Social Care IT Infrastructure	0.141	0.141	0.000	0.000
Progress Housing - formerly Honey Pot Farm	0.318	0.318	0.000	0.000
Adult Care - Unallocated Capital Grant	5.404	5.404	0.000	0.000
Strong and Well Partnership - Contribution to Capital Programme	0.161	0.161	0.000	0.000
Bishops Court - King's Lynn	0.085	0.085	0.000	0.000
Cromer Road Sheringham (Independence Matters	0.181	0.181	0.000	0.000
Winterbourne Project	0.050	0.050	0.000	0.000
Great Yarmouth Dementia Day Care	0.030	0.030	0.000	0.000
Care Act Implementation	0.871	0.871	0.000	0.000
Social Care and Finance Information System	1.897	1.897	5.034	0.000
Elm Road Community Hub	0.800	0.800	0.000	0.000
Better Care Fund Disabled Facilities Grant and Social Care Capital Grant – passported to District Councils	6.368	6.368	2.000	0.000
TOTAL	16.354	16.354	7.034	0.000

Adult Social Care Committee

Item No.....

Report title:	Performance management report
Date of meeting:	5 September 2016
Responsible Director	Catherine Underwood, Acting Executive Director of Adult Social Services
Strategic impact Robust performance and risk management is key to ensuring that the organisation works both efficiently and effectively to develop and deliver services that represent good value for money and which meet identified need.	

Executive summary

This report presents current performance against the committee's vital signs indicators, based upon the revised performance management system which was implemented as of 1 April 2016.

A full list of indicators is presented in the committee's performance dashboard.

Detailed performance information is available by exception for indicators that are off-target, are deteriorating consistently, or that present performance that affects the council's ability to meet its budget, or adversely affects one of the council's corporate risks. The following indicators are reported as exceptions on this occasion:

- a) Delayed transfers of care (off target)
- b) People with learning disabilities in paid employment (off target)

The report then responds to a request at the last Committee meeting for more information on carers' services, presenting the two report cards covering performance in carers' assessments and care management, and the performance of commissioned carers' services.

Finally the report proposes bringing targets for the remaining volumes and activity vital signs indicators, alongside Budget and Service Planning proposals, to a future meeting and at the latest to the December committee.

Recommendations

With reference to section 3, for each vital sign that has been reported on an exceptions basis, Committee Members are asked to

- a. Review and comment on the performance data, information and analysis presented in the vital sign report cards and
- b. Determine whether the recommended actions identified are appropriate or whether another course of action is required.

With reference to section 4, committee members are asked to:

- a. Review and comment on the requested information, presented in two report cards, about the performance of services to support carers
- b. Subject to comments and amendments, agree to receive information about carers services in this format from now on

With reference to section 5, committee members are asked to:

- a. Agree to receive proposed service volumes and activity targets alongside Budget and Service Planning proposals at a future committee meeting, and at the latest at the December committee.

1 Introduction

- 1.1 This performance monitoring report provides the most up to date performance data available, to the end of period 3 (June 2016).

2 Performance dashboard

- 2.1 The performance dashboard provides a quick overview of Red/Amber/Green rated performance across all vital signs over a rolling 12 month period. This then complements that exception reporting process and enables committee members to check that key performance issues are not being missed.
- 2.2 The dashboard is presented below.

2.3 Adult Social Services Dashboard

Note: results without alerts/colouring denote where targets have not yet been set – in this case because new indicators have been developed.

Monthly	Bigger or Smaller is better	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Target
% of people who require no ongoing formal service after completing reablement	Bigger	88.9%	88.1%	86.4%	87.1%	87.5%	88.3%	86.2%	86.5%	86.3%	87.2%	91.8%	89.9%	
Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (18-64 years)	Smaller	30.8	28.7	28.9	27.7	25.3	23.7	22.5	22.5	21.7	21.1	19.7		20.8
Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (65+ years)	Smaller	685	684	676	661	645	645	622	617	623	616	622		615
Decreasing the rate of people in residential and nursing care per 100,000 people	Smaller	574	576	575	575	571	571	567	564	565	567	568	562	
Increasing the proportion of people in community-based care	Bigger	66.2%	66.1%	66.2%	66.4%	66.5%	66.6%	66.5%	66.7%	66.8%	66.7%	66.7%	66.9%	
Decreasing the rate of Council service users per 100,000 population (18-64 years)	Smaller	912	919	922	927	927	933	928	929	936	935	937	940	
Decreasing the rate of Council service users per 100,000 population (65+ years)	Smaller	3,595	3,585	3,586	3,594	3,573	3,577	3,495	3,505	3,523	3,516	3,531	3,497	
% of people still at home 91 days after completing reablement	Bigger	92.4%	91.4%	91.5%	92.4%	92.2%	92.0%	91.4%	91.7%	90.7%	92.2%	91.9%		90.0%

Monthly	Bigger or Smaller is better	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Target
Number of days delay in transfers of care per 100,000 population (attributable to social care)	Smaller	0.8	0.9	1.0	1.2	1.3	1.4	1.5	1.5	1.5	2.9	2.4		1.5
% People who were subject to safeguarding interventions whose stated outcomes were met	Bigger								63.2%	88.0%	70.2%	75.6%		
% People receiving Learning Disabilities services in paid employment	Bigger	3.6%	3.5%	3.6%	3.6%	3.6%	3.7%	3.6%	3.6%	3.7%	3.3%	3.3%	3.2%	3.4%
% People receiving Mental Health services in paid employment	Bigger	1.7%	1.6%	1.6%	1.8%	1.8%	1.9%	1.9%	1.8%	2.1%	1.9%	2.1%	2.3%	2.2%
% Enquiries resolved at point of contact / clinic with information, advice	Bigger	39.2%	37.9%	36.6%	37.4%	38.3%	36.8%	37.5%	38.9%	42.3%	34.0%	36.2%	35.5%	
Rate of carers supported within a community setting per 100,000 population	Bigger	1,195	1,213	1,221	1,221	1,213	1,183	1,186	1,191	1,112	1,069	1,067	1,103	
% of CQC ratings of all registered commissioned care rated good or above	Bigger	65.5%	67.0%	64.0%	60.2%	58.0%	58.9%	56.9%	56.7%	56.9%	60.6%	61.2%	62.9%	
% Social care assessments resulting in solely information and guidance	Bigger	12.6%	12.7%	12.5%	11.8%	12.5%	14.8%	10.9%	13.4%	11.1%				
Average change in cost for people in long-term council-funded services following reassessment	Smaller	£26.07	£29.70	£25.44	£14.79	£29.34	£16.43	£38.20	£35.45	£31.79				

*Because targets are 'profiled' over the year, and so change every month to reflect the change that is required over time, it is possible for the performance alert to change

1 Report cards

- 1.1. A report card has been produced for each vital sign. These provide a succinct overview of performance and outlines what actions are being taken to maintain or improve performance. The report card follows a standard format that is common to all committees.
- 1.2. Each vital sign has a lead officer, who is directly accountable for performance, and a data owner, who is responsible for collating and analysing the data on a monthly basis. The names and positions of these people are clearly specified on the report cards.
- 1.3. Vital signs are to be reported to committee on an exceptions basis, with indicators being reported in detail when they meet one or more criteria. The exception reporting criteria are as follows:
 - Performance is off-target (Red RAG rating or variance of 5% or more)
 - Performance has deteriorated for three consecutive months/quarters/years
 - Performance is adversely affecting the council's ability to achieve its budget
 - Performance is adversely affecting one of the council's corporate risks
- 1.4. The report cards for those vital signs that do not meet the exception criteria on this occasion, and so are not formally reported, will be made available to view through Members Insight. To give further transparency to information on performance, for future meetings it is intended to make these available in the public domain through the Council's website.
- 1.5. These will then be updated on a quarterly basis. In this way, officers, members and the public can review performance across all of the vital signs at any time.
- 1.6. The two report cards highlighted in this report are presented below:
 - a. Number of days delay in transfers of care attributable to social care per 100,000 population
 - b. % People receiving Learning Disabilities services in paid employment.

3.7 Delayed transfers of care

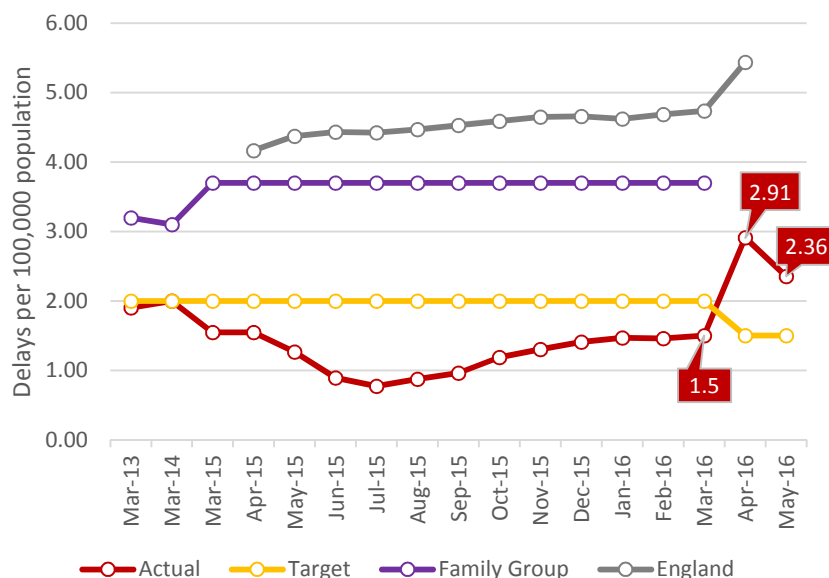
Why is this important?

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

Performance

What explains current performance?

Number of days delay in transfers of care attributable to social care per 100,000 population



- Norfolk has historically performed strongly in this indicator, and has been recognised for its good practice through integrated, hospital-based discharge teams.
- However in April 2016 the number of delays per 100,000 of population nearly doubled when compared to the previous month, dropping off slightly in May, but still significantly higher than previously
- The increase appears to have largely been driven by a sharp jump in delays attributable to social care from the Norfolk & Norwich University Hospital – from a baseline of zero in recent months, to over 250 in April and 210 in May.
- Discussions with colleagues at the NNUH have confirmed that the additional delays in April and May were due to recording errors there, and that the results would be changed retrospectively. We receive our data for this measure directly from the Department of Health, and due to their timetable for updating and re-publishing data, the NNUH advises that we expect these changes to be reflected from September onwards. Members should therefore expect to see this from the next scheduled performance monitoring report in December.
- Irrespective of data issues, the health and care system remains under significant pressure, and keeping delays at a minimum will remain a significant performance challenge.

What will success look like?

Action required

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

- To continue to report excess delays 'by exception' to committee until we are able to show improved Department of Health figures, and address any issues with the NNUH in the meantime.
- Continue priority actions in partnership with health services to ensure timely discharges from hospitals into appropriate care settings through integrated discharge arrangements
- To include working to deliver commitments in the Better Care Fund agreement to support the development of local plans, and Integrated Acute Discharge Hubs

Responsible Officers

Lead: Lorraine Barrett, Director of Integrated Care
Data: Business Intelligence & Performance Team

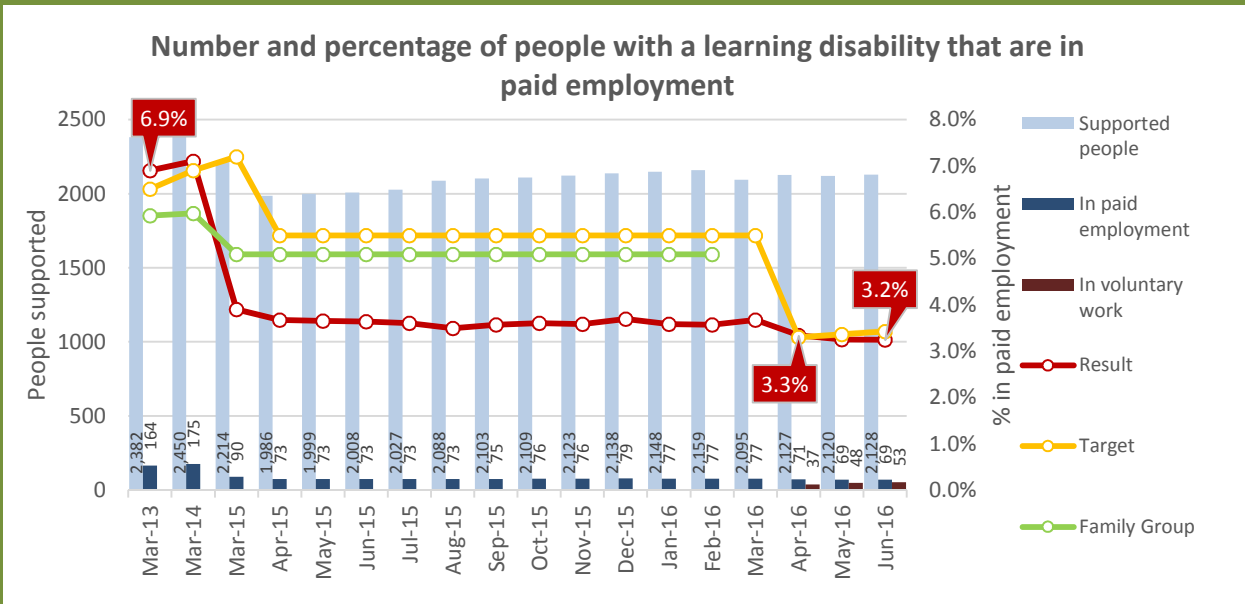
3.8 Number and % of people with learning disabilities in paid employment

Why is this important?

Research and best practice shows that having a job is likely to significantly improve the life chances and independence of people with learning disabilities, offering independence and choice over future outcomes. Furthermore this indicator has been identified within the County Council Plan as being vital to outcomes around both the economy and Norfolk's vulnerable people. Norfolk currently has a low rate compared to other councils.

Performance

What is the background to current performance?



- Current performance is declining, from 3.7% in March 2016 to 3.2% in June 2016 – worse than at year end 2014/15.
- Historically Norfolk's performance has kept pace with the family group average, even during the recession.
- However poor performance in 2014/15, and in the last year, means Norfolk is now significantly below the family group average percentage of 5.1%.
- Records for June 2016 suggest that a large proportion – around 91% – of people receiving LD services are 'not seeking work/retired', which sets a current ceiling of around 9% of people in employment.
- The number of people in voluntary work has only been recorded since April 2016; we would expect numbers to increase as information is recorded during the service users' reassessment.

What will success look like?

Action required

- Meet targets to exceed the previous highest rate (2013/14), with 'steeper' improvement in 17/18 and 18/19 to reflect the timing of the planned review of day services. Targets of 4% by end of 16/17, 5.3% by 17/18 and 7.5% by 18/19.

- Performance has prompted a corporate focus that has identified the following priority action areas:
- The development, by December, of an employment strategy for people with a learning disability that will ensure results-driven commissioned activities focus on opportunities for employment.
 - Working in partnership across the council and the public sector to improve support, including: ensuring a focus on this area of support as part of Community and Environmental Service's developing Integrated Employment Services; work with the Support Into Employment team in Adult Education; work with Great Yarmouth College to support people aged 18-25; and work with the Matthew Project to support people aged over 25.
 - Work with day care providers to support people with a learning disability to prepare for, seek and undertake paid employment within the community.
 - Identify opportunities for work experience placements within Norfolk County Council, building on existing arrangements for placements with Norse, the Norfolk and Norwich University Hospital, and the University of East Anglia.
 - To better capture data on voluntary work undertaken by people with LD, as this can lead on to paid employment.
 - To explore how to capture employment data for people with LD who are not actively receiving a service from NCC, but are now in employment.

Responsible Officers

Lead: Lorraine Barrett, Director of Integrated Care Data: Business Intelligence & Performance Team

2 More detailed information on support for carers

- 2.1 At the last Committee performance monitoring discussion members requested more information on performance in services that support informal carers.
- 2.2 In particular there was a request for more detail in terms of the support the council directly provides through its assessment and care management activity (assessments, reviews etc.), and in terms of services commissioned to support carers via the Cares Agency Partnership (CAP). Previously the data relating to both areas was captured in one report card.
- 2.3 In response to members' feedback, data is now presented in more detailed through two separate report cards covering Norfolk County Council and CAP support in turn. In doing so it is possible to provide a detailed breakdown of the kinds of support provided in each. These report cards are presented below.
- 2.4 Subject to members' comments and preferences, this paper proposes presenting performance in carers services in this way from now on.

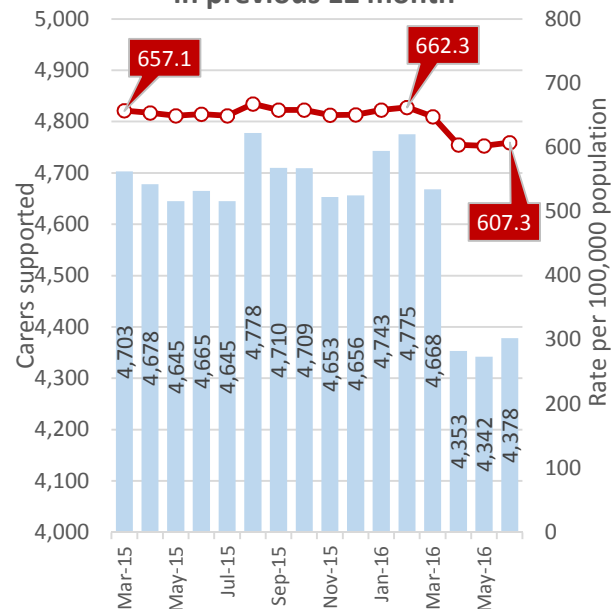
Why is this important?

Norfolk's 91,000+ informal carers provide more support to Norfolk's vulnerable people than formal care services, and without them demand for health and social care would be significantly higher. The 2014 Care Act strengthened councils' responsibilities to carers. This indicator measures the number of carers supported by the council through an assessment, support plan, information and advice, services or personal budgets, or respite care directly from Norfolk County Council (NCC). Outcomes for people tend to be better when services work together to support both service users and their carers.

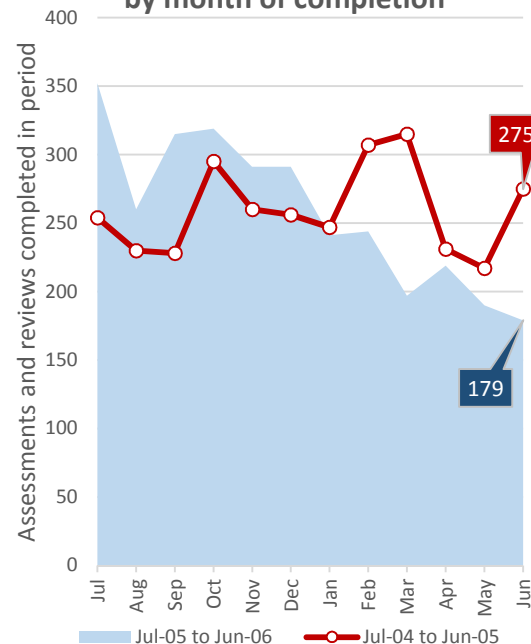
Performance

What explains current performance?

Carers for people aged 18+ supported per 100,000 population in previous 12 month



Carer Assessments and Reviews by month of completion



- Report card has been split to separate out carers receiving support directly from NCC and support commissioned via the Carer's Agency Partnership (CAP).
- Since the last report, the number of carers supported by NCC has increased slightly to 4,378. This is 8% lower than the 12 months ending February 2016.
- Investigations suggest that some of the decrease may be attributed to carers who previously received a direct payment in April 2015 that has now expired and has not been renewed.
- A reduction in direct payment is in line with the principles of strength-based assessments that seek to find community-based non-cost options ahead of formal support.
- Volumes of assessments and reviews completed by NCC for the 12 months to June 2016 are in line with the number in the 12 months to June 2015. It should be noted that monthly levels have dropped steadily since July 2015.
- In July 2015, 275 assessment and reviews were completed. In July 2016, the number completed was 179.

What will success look like?

- Increasing numbers of appropriate and proportionate carers assessments
- Success requires the department to ensure that carers with an active support plan receive a regular review. This is a Care Act requirement and should increase the numbers of carers supported over time.
- Success is also likely to require carers to be helped by improvements in information, advice and community-led support options.
- To understand the council's overall impact on carers this report card should be viewed alongside the 'Carers supported by commissioned service' Vital Signs Report Card.

Action required

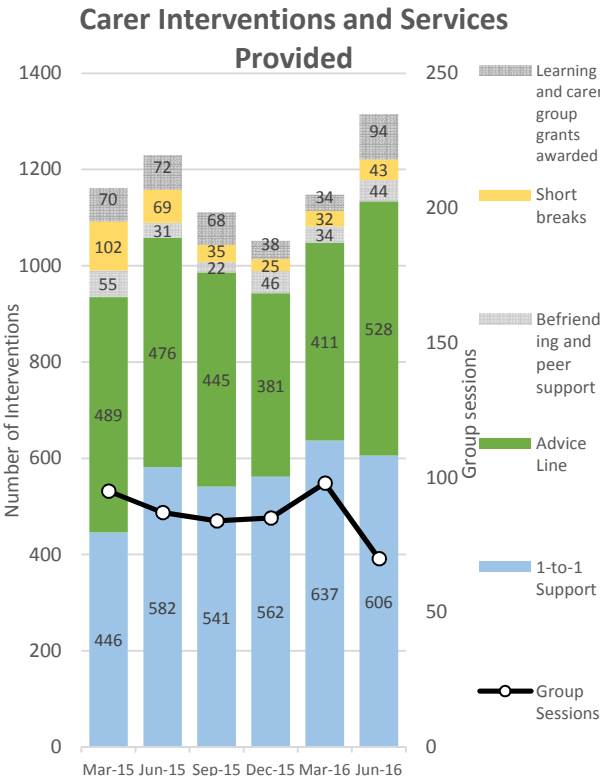
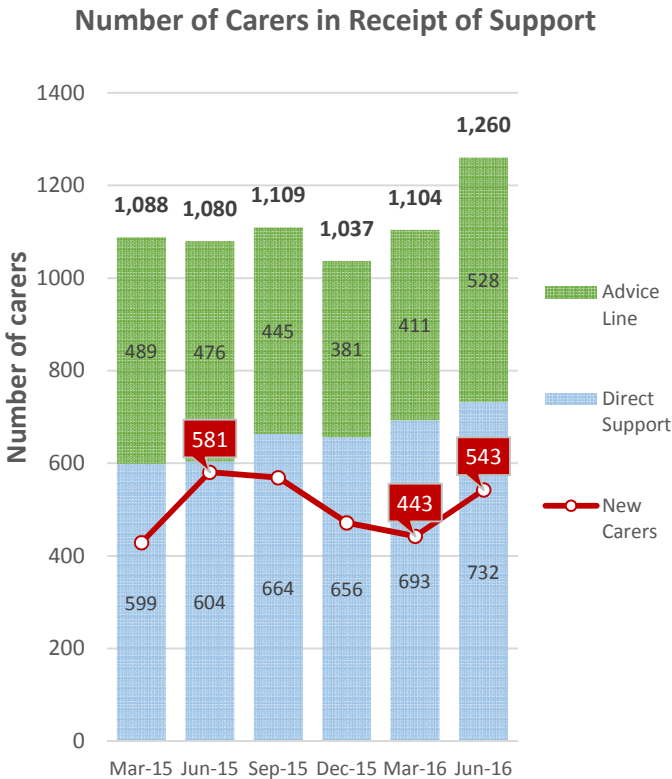
- A detailed review of performance in supporting carers through care pathways (assessments, reviews and direct payments) to understand the significance of these reductions in terms of carers' outcomes, and to identify priority improvement areas – to be reported to committee in future reports.
- Piloting an approach in the Western locality whereby all carers waiting for a separate assessment will be contacted and offered an assessment by CAP by 8 September. CAP have confirmed capacity is in place to support this.

Why is this important?

Norfolk's 91,000+ informal carers provide more support to Norfolk's vulnerable people than formal care services, and without them demand for health and social care would be significantly higher. This indicator measures the support provided to carers from commissioned services provided by the Carer's Agency Partnership (CAP) on behalf of Norfolk County Council. The service is commissioned to provide a range of support including: Advice & Information, 1:1 support and advocacy, Peer support and befriending, Learning and Carer Group grants and breaks.

Performance

What explains current performance?



- Report card has been split to separate out carers receiving support directly from NCC and support commissioned via the Carer's Agency Partnership (CAP).
- There has been a steady increase in the number of carers receiving direct support services over the last 18 months.
- There has been a notable drop in numbers accessing short breaks due to the closure of main provider and a revised criteria.
- In other areas, performance has been variable over time and, at this stage, we do not have enough data to understand whether this is due to changes in seasonal demand or performance of the service.
- The agency reports that there has been an increase in the numbers of carers returning to the service for further support and an increase in the complexity of cases.
- The CAP also provide other generic services such as; promotion and awareness activities, online resources and support, volunteering, work with community health, pharmacies and hospitals, carer coaching for over 75s and other funding support. These are not currently quantifiable.

What will success look like?

- Success is likely to require carers to be helped by improvements in information, advice and community-led support options.
- To understand the council's overall impact with carers this report card should be viewed alongside the 'Carers supported directly by Norfolk County Council' Vital Signs Report Card.

Action required

- Ongoing analysis of carer's support provided by the Carer's Agency Partnership.
- Review promotion of short-breaks criteria to partners and monitor response
- Ascertain whether challenges in home care market are impacting on short-breaks

Responsible Officers

Lead: Sera Hall – Acting Director of Integrated Commissioning

Data: Integrated Commissioning Team

3 Targets for key service volumes indicators

- 3.1 The previous performance monitoring paper (in July) suggested that proposed targets would be available for the remaining vital signs indicators, for members to discuss, amend or agree in this paper/meeting. As outlined then, these remaining indicators monitor key service volumes and activities, and would reflect the council's developing 'target demand model' for adult social care.
- 3.2 It is clear as the target demand model develops that the volumes described in both the remaining vital signs targets, and in the target demand model, should not be proposed or agreed before a full consideration of the Adult Social Services budget strategy. Future budgets will be developed primarily in light of plans around demand management and reduced costs, and efforts to anticipate this without the full consideration of both financial and service volumes data would be counterproductive. In particular any targets set outside of the budget process would risk setting requirements that, whilst representing improved performance, would not support the council to achieve its budget.
- 3.3 As the budget setting process will take place throughout the Autumn, and into January and February committees, it is the suggestion of this paper that these targets are proposed to the committee alongside Budget and Service Planning papers during this period – and at the latest as part of the next performance paper to the December committee.
- 3.4 Members should be reassured that this delay reflects a commitment to take a strictly evidence-based approach to future target setting, and in particular to ensuring that financial and performance targets work together to achieve the objectives set out in the Promoting Independence strategy. Overall this work continues to be overseen by the Promoting Independence Board.

4 Financial Implications

- 4.1 There are no significant financial implications arising from the development of the revised performance management system or the performance monitoring report.

5 Issues, risks and innovation

- 5.1 There are no significant issues, risks and innovations arising from the development of the revised performance management system or the performance monitoring report.

Officer Contact

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

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Performance discussions and actions

Reflecting good performance management practice, there are some helpful prompts that can help scrutinise performance, and guide future actions. These are set out below.

Suggested prompts for performance improvement discussion

In reviewing the vital signs that have met the exception reporting criteria and so included in this report, there are a number of performance improvement questions that can be worked through to aid the performance discussion, as below:

1. Why are we not meeting our target?
2. What is the impact of not meeting our target?
3. What performance is predicted?
4. How can performance be improved?
5. When will performance be back on track?
6. What can we learn for the future?

In doing so, committee members are asked to consider the actions that have been identified by the vital sign lead officer.

Performance improvement – recommended actions

A standard list of suggested actions have been developed. This provides members with options for next steps where reported performance levels require follow-up and additional work.

All actions, whether from this list or not, will be followed up and reported back to the committee.

Suggested follow-up actions

	Action	Description
1	Approve actions	Approve actions identified in the report card and set a date for reporting back to the committee
2	Identify alternative/additional actions	Identify alternative/additional actions to those in the report card and set a date for reporting back to the committee
3	Refer to Departmental Management Team	DMT to work through the performance issues identified at the committee meeting and develop an action plan for improvement and report back to committee
4	Refer to committee task and finish group	Member-led task and finish group to work through the performance issues identified at the committee meeting and develop an action plan for improvement and report back to committee
5	Escalate to County Leadership Team	Identify key actions for performance improvement (that require a change in policy and/or additional funding) and escalate to CLT for action
6	Escalate to Policy and Resources Committee	Identify key actions for performance improvement (that require a change in policy and/or additional funding) and escalate to the Policy and Resources committee for action.

Adult Social Care Committee

Item No.....

Report title:	Promoting Independence: Adult Social Care target demand model
Date of meeting:	05 September 2016
Responsible Chief Officer:	Catherine Underwood, Acting Executive Director of Adult Social Services

Strategic impact

Promoting Independence sets out the authority's intention to create sustainable adult social care by enabling individuals to retain their independence therefore reducing or delaying the need for formal care services. Norfolk County Council is committed to deliver savings of £50m savings in Adult Social Care by 2019. The majority of this saving will come from reducing demand for formal care services whilst ensuring people's needs are met and that the authority's responsibilities under the Care Act are met.

Executive summary

Norfolk County Council has recognised the need for a new approach to savings to deliver £50m savings in adult social care by 18/19 and the Promoting Independence strategy has set out an approach focused on retaining and restoring independence to prevent and reduce reliance on formal care services. Adult Social Services have been working with iMPower Consulting Ltd to create a target demand model in order to set the programme and plan for delivering this transformation.

The paper outlines:

- a) A 'baseline' demand model, showing current volumes throughout the adult social care system
- b) A current system that allocates over 80% of spending on formal care services
- c) A strategy, and implementation plan, that is addressing the necessary areas and that will deliver savings and benefits, but that will fall short of current budget targets
- d) Opportunities around improved approaches around key intervention points within the system, and through improved culture and practice amongst staff and partners

The paper then outlines proposals for a refocused transformation programme with enhancements to current plans and additional interventions in line with the Promoting Independence strategy.

The paper also explains the development, as part of this work, of a tool that will enable members and officers to evaluate the impact of individual and collected interventions on demand for services and costs.

Finally, the paper sets out how the findings and data tool will be used to arrive at a final target demand model as part of the service and budget planning process throughout the Autumn.

Recommendations:

The Committee is asked to:

- a) Note and comment upon the work to review the existing plans to transform services and to propose next steps**
- b) Agree to the further development of the target demand model as part of the annual Service and Budget Planning process, with updates and proposals presented throughout the Autumn ahead of the budget being set in January and February**

1 Background

1.1 Service and Budget Planning discussions (see for example 'Adult Social Care Financial Monitoring Report – Period 4' elsewhere on this agenda), alongside analyses of the drivers of the demand for Adult Care Services (see 'Pressures on future Adult Care services' presented at the July Committee), have outlined in detail the significant ongoing budget pressures facing the Committee as it plans for the future. Given demographic pressures, low unit costs in most areas, and a generally lean workforce, it is the consistent conclusion of these analyses that the required budget reductions can only be delivered by significantly reducing overall demand for Adult Social Care services by:

- a) Improving the advice and 'signposting' available when people contact Adult Social Care so that people can make good decisions that help them remain independent
- b) Improving preventative services that either address lower level needs effectively, or help people to quickly get back on their feet after a crisis, without the need for long-term formal care
- c) Supporting community and personal resilience and availability of a broader range of community-based support options as an alternative to formal care
- d) Commissioning or providing good quality, cost-effective, personalised and integrated support for those people that still require formal care

This reflects approaches being taken by authorities across the county.

1.2 As outlined in the Director's Update at the July Committee meeting, in order to plan to put in place actions and interventions that deliver the above, it is vital that we fully analyse the current model of social care in Norfolk – by which we mean the range of interventions and settings commissioned or provided by the council for people with care needs. In particular it is important to know:

- a) What the overall adult social care model looks like, and how it works
- b) How many people are in each part of the model, or move between parts of it
- c) How much each part of the model costs, and what the unit costs are at each stage
- d) What is driving current demand within the model, and what changes to the model might mean in terms of numbers of people and costs

1.3 To this end the Council has worked with the specialist social care consultancy iMPower to develop a demand model to help us understand the scale and nature of the changes that we need to make to deliver the required savings by 2019.

We have focused on the following activities:

- a) Using the last three full reporting years of activity and financial data to build a 'baseline' demand model reflecting existing practice in order to provide a wider understanding of current demand pressures and costs
- b) Reviewing existing change programmes and practice to provide challenge and assurance that they are realistic and able to deliver performance and financial requirements, using the demand model to simulate the impact of existing change programmes
- c) Developing a target demand model that will model the potential volume shift, its impact on financial requirements, provide advice about the benefits and risks associated with changes in different areas of the model, including their potential knock-on effects elsewhere, assess where gaps in activity are, and confirm the priority areas for change and transformation
- d) Defining the interventions, work-streams or projects required to deliver the target model, developing a high level implementation plan (with accompanying performance metrics) and developing a high level implementation plans and team level performance metrics for the most significant and high priority changes

2. Review of existing model of care and intervention plans

2.1 The following summarise the key findings in our review of our existing care model in Norfolk and the plans for transformation and delivery of associated savings:

- a) Norfolk's adult social care model is most easily understood, and can most clearly be analysed, in terms of an end-to-end care pathway. The pathway and the associated volumes of people service are presented in Appendix A
- b) The area with the highest volume of service activity (the 'front door') accounts for just 1.4% of spend, and the area with the lowest volumes of people served (formal care –nursing, residential, home and day care, personal budgets etc.) accounts for 82% of spend. This this is presented in more detail in Appendix B
- c) Budget pressures will grow. iMPOWER's analysis of current pressures has tested and reflects those calculated by the council (see Appendix C)
- d) The principles and projects within the Promoting Independence project are the right areas of focus and the right approaches and evidence from other authorities suggests that they could generate significant financial benefits and improved outcomes for people. In addition the value of improvements to social care practice through strength-based approaches is confirmed
- e) However, current interventions and practice will not close all of the budget gap, and significant additional activities and continued changes to practice will be needed to deliver the required savings and to maximise the benefits for people with care and support needs
- f) Developing an enhanced and financially sustainable model for social care will require improvements at some key 'intervention points' within the system when it is possible to influence demand for services (these are outlined in Appendix D)
- g) It is vital that the council focuses on reducing demand in the service areas that would deliver the most significant impact both for financial balance whilst retaining outcomes: residential and nursing care for all age adults; home support for all age adults; direct payments for all age adults; day support for people aged 18-64 and supported living for people aged 18-64
- h) Reducing demand in these areas will require significant changes in volumes throughout the system. Whilst work continues to ascertain the exact volume changes required it is likely that these will require an approximately stable volume of contacts, increases to volumes in areas of early help and reablement, and

significant reductions in the number of front door contacts going on to assessments, and thereafter further reductions in the number of those assessments going on to formal care

- i) That to deliver these reductions will require a significant change in the social care 'culture' as well as in its actions. Changes should recognise that individuals' decisions about their care may be influenced by their families, carers, friends and health professionals and that changes require a different approach to outcomes with partners and working with a range of stakeholders as well as people with care and support needs to better understand how people might access preventative services that go on to reduce social care needs
- j) Even given these findings, and the following recommendations, closing the gap will be very challenging. In particular it will be difficult to achieve the savings within the timescale required given that changes – and in particular those requiring cultural and behavioural change amongst partners, changes to the private and community sector care market and to the culture of service – will take some time to implement for full impact

2.2 The following summarises the key recommendations:

- a) A revised Adult Social Services change programme to focus on activity and changes that create the change in demand
- b) A focus on activities to include provisions to reduce demand through a range of intervention points, behaviour and culture change amongst staff and partners, commissioning to alter the mix of services and improved carer support to avoid carer breakdown
- c) Adherence to a delivery programme with adequately resourced change management activities, and the close monitoring of an agreed set of financial and performance metrics

2.3 The following highlight some important further considerations as we plan to implement plans to meeting savings targets:

- a) Any benefits introduced in year will only accrue around half a year's savings given the time taken to implement changes
- b) Whilst initial savings attributable to savings that reduce demand appear small, benefits 'build' over time - for example if 60 fewer people enter a service in year 1 then by the end of year 2 this could be 120 and 180 by year three
- c) Lower numbers of older people in residential care usually means reduced income as well as reduced expenditure – so net savings are lower than they may initially appear

3. Next steps – completing the Target Demand Model

- 3.1 In addition to the review and recommendations highlighted, iMPower have also worked with officers to develop a data tool that will allow the council to evaluate the potential impact of different strategies on service user numbers and expenditure. Using real cost and service volume data, this tool will help us to calculate the likely impact of percentage changes in service volumes (both within and between care settings) on expenditure over time. The key components of the tool are outlined in Appendix E.

- 3.2 The tool will now be used, alongside the findings presented above and any additional evidence, to allow members and officers to continue to assess the impact of the developing Promoting Independence strategy, and of service and budget planning proposals developed through the annual budget cycle throughout the Autumn. As such the target demand model will be developed and finalised as part of the budget setting process.
- 3.3 In the meantime the next stages of the Promoting Independence delivery programme are being developed. An initial review of the findings and of current opportunities, undertaken as part of a workshop with iMPOWER, have highlighted areas for further focus:
- a) The Adult Social Care 'front door' and information and advice
 - b) The transition process from Children's Services into care services for younger adults
 - c) Carers support, and identifying and supporting carers of people at risk of requiring formal care
 - d) Developing our support to people with a learning disability to ensure opportunities to promote independence are developed
 - e) Focused support to cultural and behavioural change
- 3.4 In addition actions that can be progressed immediately, have been identified in:
- a) Improving the use of Care Arranging Services to ensure all services consistently provide value for money
 - b) Evaluating the value and impact of small packages of formal care – where informal or community-delivered options might provide better support and value for money
 - c) Continued development and application of the strength-based approaches to social work practice
 - d) The more flexible use of social work capacity and capability – moving assessment and reassessment capacity to where there are short-term shortfalls in capacity, or where the change to a strength-based approach to practice requires practical coaching from high performing staff and 'champions'

4. Recommendations

- 4.1 The Committee is asked to:
- a) Note and comment upon the findings and recommendations of the review of the Promoting Independence programme
 - b) Agree to the implementation of the target demand model as part of the annual Service and Budget Planning process, with updates and proposals presented throughout the autumn ahead of the budget being set in January and February

5. Financial implications

- 5.1 As an integral part of the 2016-19 budget setting process, this report, and the process of developing a target demand model, has clear financial implications. As such this report has been prepared alongside the Committee's Finance Monitoring, and Service & Budget Planning processes.

- 5.2 Any investment required as a result of proposals that are developed in response to this report (for example, for investment in delivery capacity) will be presented alongside business cases as part of regular budget planning activities.

6. Issues, risks and innovations

- 6.1 The report, in reviewing the context for the delivery of Adult Social Care in Norfolk, directly addresses the main issues and risks facing services as they plan to deliver significant savings.
- 6.2 Furthermore it is clear that innovative approaches will be needed to deliver very testing savings targets, and the paper sets out clear requirements to learn from best practice elsewhere as the council plans to make step-change reductions in demand for formal care services.

Officer Contact

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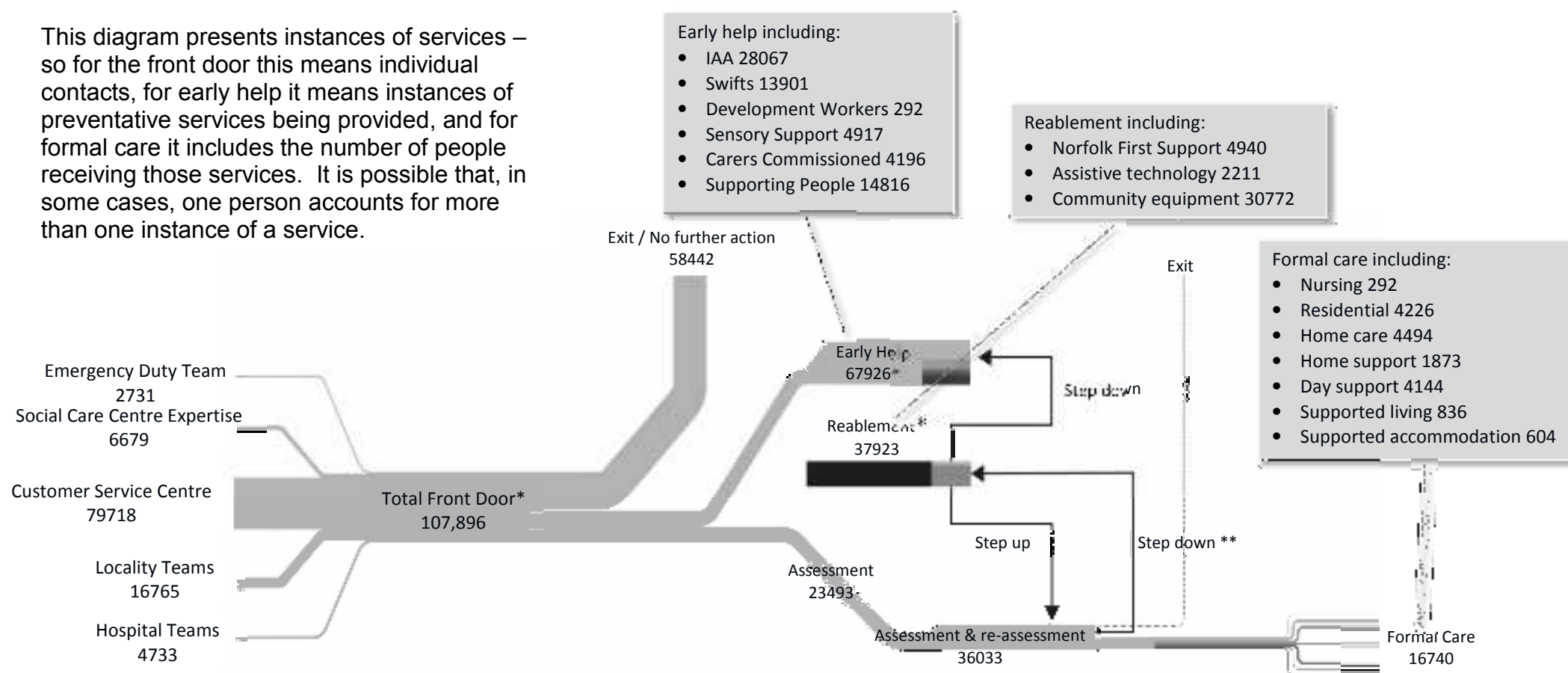
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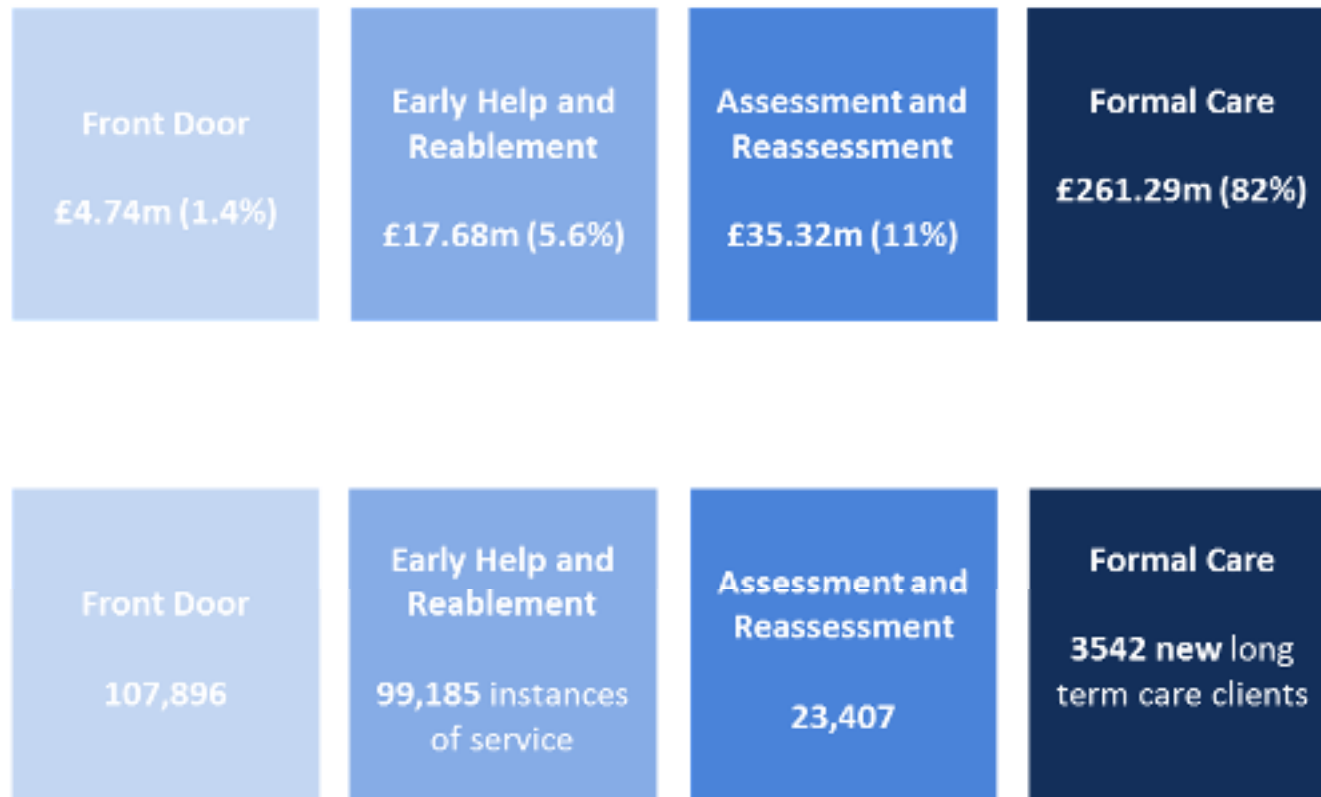
Summarised baseline demand model – key service volumes April 2015 to March 2016

This diagram presents instances of services – so for the front door this means individual contacts, for early help it means instances of preventative services being provided, and for formal care it includes the number of people receiving those services. It is possible that, in some cases, one person accounts for more than one instance of a service.



* NOTE: some reablement referrals do not come through the 'front door', so the totals for Exits, Early Help, Reablement and Assessments do not sum to the total of front door activities

ASC Cost and Demand Summary



How future demand is expected to increase in Norfolk

Using a variety of sources of information we have been able to apply a year on year projection of demand at each stage of the customer journey. This shows us how we anticipate demand to change if we were to change none of our current practice.



Volumes sources and factors include:

- include Poppi and Pansi demographic data
- DoLS
- Independent Living Fund
- Relative wealth (assume no change)

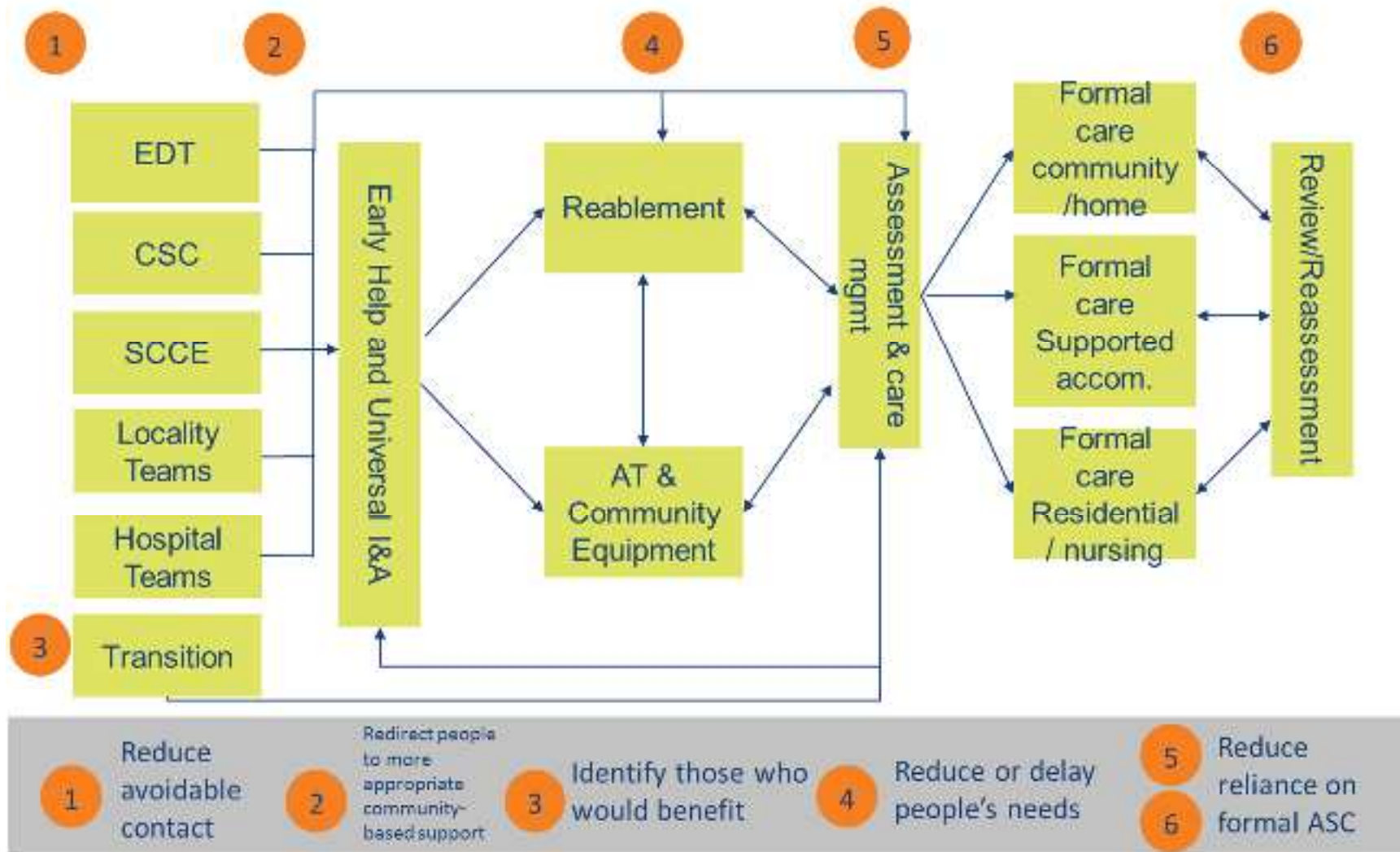
Cost factors include:

- General inflation
- National Living Wage
- Home Care Contract minimum price

We have assumed an even spread across services/teams



Intervention points are the places in the customer journey where we can influence demand

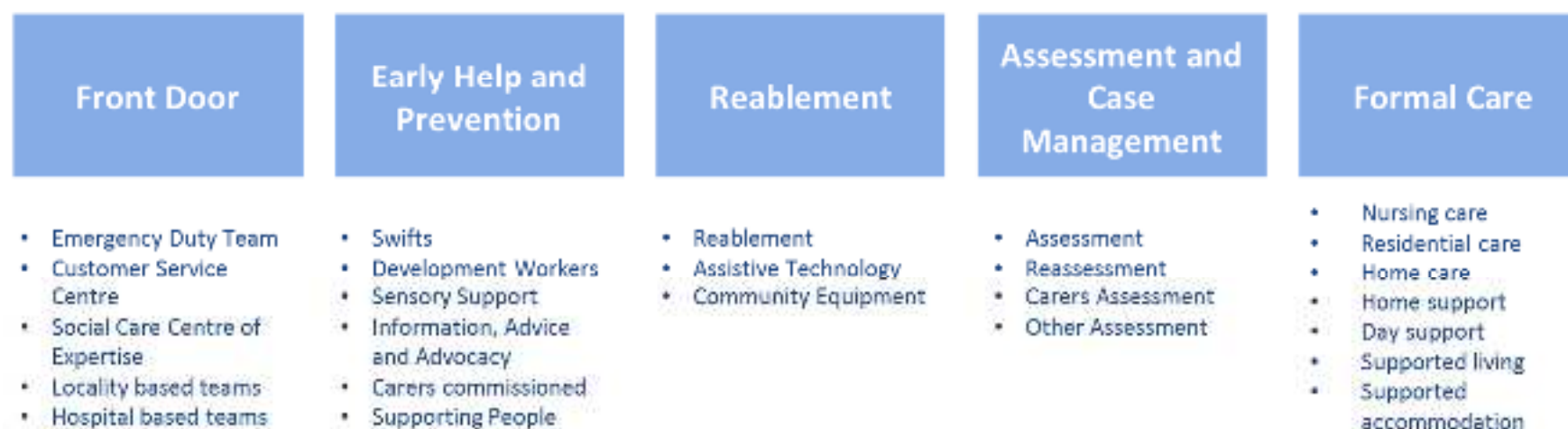


The Target Demand Model

The core tool of the Target Demand Model is the Cost and Demand spreadsheet. The spreadsheet contains multiple data worksheets to represent each step of the customer journey.

The way that data is captured in Care First means that it is not easily possible to undertake flow analysis based on individual customer journeys to understand how demand flows through the system, but there is sufficient data available to represent overarching cost and demand through the process.

The diagram below aligns the structure of the TDM to the stages of the customer journey:



Supporting data is captured in the baseline data tab of the sheet. The cost and demand spreadsheet will have the capability to generate scenario charts as different options are modelled.

Adult Social Care Committee

Item No:

Report title:	Norfolk's implementation of the Care Act SCIE Review
Date of meeting:	5 September 2016
Responsible Chief Officer:	Catherine Underwood, Acting Executive Director of Adult Social Services

Strategic impact

The Care Act introduced the most far-reaching changes in social care legislation in 60 years. Implementing its measures and embedding the required change in social work practice across the county is essential if the council is to meet its statutory duties. The Social Care Institute of Excellence (SCIE) review provides an independent assessment of the council's progress to date.

Executive summary

Norfolk Adult Social Services Department commissioned SCIE to carry out a review of its progress in implementing the Care Act. The decision to do so was made in response to a local user-led organisation's request to the Care Quality Commission, to investigate what it claimed was 'systemic failure' in care and support planning in Norfolk.

The report identifies the opportunity to build on areas of good professional practice and focus on other areas which require improvement to bring them fully in line with the Care Act.

An action plan is being developed in co-production with the stakeholders who contributed to the review. The Norfolk Making it Real group have been asked to monitor progress.

Recommendations:

The Committee is invited to:-

- a) note and discuss the contents of the report**
- b) consider and comment on the proposals for implementing the recommendations**

1. Background

- 1.1 The SCIE review was commissioned by Norfolk County Council in response to a request to the regulator, the Care Quality Commission, to investigate allegations that the council was 'disregarding' its statutory duties.
- 1.2 Under the Care Act, the government has the power to order a CQC inspection of a council in exceptional circumstances. The Department of Health declined to order an inspection in view of the close working between the Council, ADASS and the Local Government Association, which resulted in the commissioning of the SCIE review (part funded by the LGA).
- 1.3 SCIE is a leading improvement support agency and an independent charity working with care and support services across the UK and was chosen because it is a well-respected organisation that has carried out similar reviews with other local authorities since the implementation of the Care Act.

2. SCIE Review – Objectives, scope and methodology

- 2.1 The objectives, scope and methodology of the review were defined in partnership between SCIE and NCC.
- 2.2 The core objectives were to identify whether the tools put in place by NCC and current practice complied with the Care Act principles and duties, with a view to formulating advice and recommendations to promote best practice and consistency going forward.
- 2.3 The scope of the review encompassed the core frontline functions of assessment, review, support planning and personal budgets, including the provision of information and advice on support planning.
- 2.4 It also aimed to take advantage of SCIE's experience of working with other local authorities to put the findings in Norfolk in the context of Care Act implementation in other parts of the country.
- 2.5 SCIE reviewed NCC documentation, 30 individual cases, carried out interviews with service users, carers, NCC staff, councillors, providers and user-led organisations – as well as feedback via letter and emails.

3. SCIE Review – Key findings

3.1 Overview of key findings:

- 3.1.1
 - a) all local authorities are on a journey towards implementing the Care Act 2014: it is the most significant change in adult social care law in the last 60 years, involving important changes to councils' duties, which will take time to implement to the full desired effect in Norfolk as elsewhere
 - b) there were clear examples of good practice and some innovative pilot schemes and initiatives but these were yet to be universally and consistently implemented across the county
 - c) there was a perception that the imperative to make savings has impacted on practice
 - d) communication between NCC and stakeholders has been eroded and would benefit from reinvigoration and improvement
 - e) there was a willingness and clear commitment from all parties to move things forward and make improvements

3.2 Recommendations:

- 3.2.1 The report made 22 recommendations, which are listed in full on pages 25-30 of the SCIE report. They can helpfully be grouped under five headings and summarised as follows:

- 1) Engagement
- 2) Terminology
- 3) Consistency
- 4) Workloads
- 5) Process and Practice

3.2.2 a) Engagement - To improve engagement with stakeholders by:

- i. reviewing mechanisms for engaging with the range of stakeholders across the council (providers, service users, carers, community organisations, etc.)
- ii. making sure people using services can submit support plans in formats of their own choosing

- iii. working with stakeholders to further develop staff's understanding of disabilities and their impact on people's lives
- b) Terminology** - To bring the terminology on NCC forms, processes, factsheets and other guidance in line with that of the Care Act to provide clarity and consistency for staff and the people who use our services
- c) Consistency** - To create opportunities, forums and task-groups across the county to transfer information and learning and share good practice between colleagues at all levels
- d) Workloads** - To carry out an analysis of workloads and time required to deliver quality practice. To review and improve supervision and performance management techniques
- e) Process and practice** – To review and clarify process and practice around aspects of:
 - i. eligibility determination
 - ii. support planning
 - iii. closure of cases
 - iv. resource allocation system
 - v. reviews

4. Review Workshop

- 4.1 A workshop was held on 15 July for SCIE to present their completed report and outline the findings and key themes to all those who had been involved in the review. This was followed by an action planning session during which attendees were invited to contribute towards planning the way in which an action plan should be formulated and implemented.
- 4.2 The questions – designed to address the key findings listed at paragraph 3.1 above – that the workshop focused on were:
- (1) How can the Council work with stakeholders going forward to build trust and a great working relationship?
 - Opportunities for involvement and working together
 - Opportunities for feedback and learning
 - (2) Budgets – the reality
 - How should the Council work with stakeholders to ensure information about financial constraints is clear and understandable?
 - How can partners and people who use our services contribute meaningfully to the discussion on how we can make the money we do have to spend go as far as possible?
 - (3) Consistency across the county – getting the balance
 - How can we make space for local innovation and differences whilst ensuring that people who use our services receive equitable outcomes?
 - How can we ensure that learning about great practice and/or services is shared?
 - (4) Social care practice
 - How can practitioners get a stronger understanding of what assessment and support planning feels like – and what makes it feel better?
 - How can practitioners learn more about disability and the impact it has on an individual's life?
 - How can we approach stakeholders in developing our strengths based approach to social work and Signs of Wellbeing?

5. Next Steps

- 5.1 The recommendations from SCIE can be divided into those which are primarily administrative, such as changes to the wording of forms, and those which require co-production, such as how engagement with stakeholders can be improved and how people using services can interact more effectively to influence the practice of social care.
- 5.2 The table below shows that progress is already being made with the administrative recommendations.

Action	SCIE recommendations	Underway	Completed
Amend best practice guidance and procedures	1,2,3,5,6,7,11,21		✓
Promote Signs of Wellbeing	1,2	✓	
Amend training materials	2,3,4,5,6,7	✓	
Revise CareFirst forms	3,4,5,6,12,13,14,15,22	✓	
Revise supervision procedures	9	✓	
Improve communications at end of assessment	17		✓
Time based costings exercise	19	✓	
Evaluate pilot exercises and roll out to rest of Norfolk	16	✓	

- 5.3 The outputs from the review workshop will form the basis of an action plan, which will be discussed at a further workshop to be arranged for late October. All those who contributed to the review will be invited. The purpose of the workshop will be to distill the ideas from the earlier meeting and considering how the Council and its stakeholders can work together to identify practical tasks which can be completed to meet the recommendations in the report. This will lead to a full action plan identifying tasks, timescales and resources required to ensure the recommendations are implemented in a timely way which meets the expectations of the Council and all stakeholders.
- 5.4 The Making it Real Board have agreed to monitor progress against the action plan, ensuring that stakeholders will have an ongoing role in holding the Council to account for the delivery of the action plan.

6. Issues, risks and innovation

- 6.1 The Council's duties in relation to providing care and support to adults are governed by the Care Act 2014. Failure to comply with these duties could leave the Council open to legal challenge. Responding positively to the recommendations of the SCIE review will provide reassurance that the duties are being fulfilled in a way that complies with both the letter, and the spirit, of the law.

- 6.2 Creating stronger engagement with stakeholders will help ensure that services develop in ways that are more responsive to the needs of people requiring care and support and their carers. Working closely with other organisations will help maximise the benefits of more integrated approaches to social care.

7. Financial Implications

- 7.1 Any changes as a result of the SCIE recommendations will be delivered within existing budgets.

8. Background Papers

- 8.1 External Care Act Implementation Review in Norfolk County Council (June 2016)
Social Care Institute for Excellence -

<https://www.norfolk.gov.uk/-/media/norfolk/downloads/what-we-do-and-how-we-work/policy-performance-and-partnerships/policies-and-strategies/care-support-and-health/external-care-act-implementation-scie-review-in-ncc.pdf?la=en>

Officer Contact

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

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Adult Social Care Committee

Item No:

Report title:	Transport
Date of meeting:	5 September 2016
Responsible Chief Officer:	Catherine Underwood, Acting Executive Director of Adult Social Services

Strategic impact

The Council has responded to the financial challenges facing all local authorities through the development of a new strategy which sets out a direction for the Council to radically change its role and the way it delivers services. This commits the Authority to delivering the Council's vision and priorities, working effectively across the whole public sector on a local basis, and will ensure that the Council's budget of £1.4bn is spent to the best effect for Norfolk people.

Adult Social Care is contributing to this vision through the Promoting Independence strategy where people are able to achieve their outcomes through the most independent means possible, helping individuals and families to connect easily to the support of their communities and targeting Council's resources where additional support is needed. The aim is to develop a sustainable approach to social care in Norfolk, by working with local communities and changing the mix of service provided. We aim to reduce the level of long term packages of care; help people to stay at home longer and provide better use of all resources available to reduce the cost of care packages. Part of this change includes changes to transport and savings in this area.

Executive summary

The report provides a short update on the Transport savings and project as requested by the Committee, following the previous report to the Committee on 6 July.

Recommendations:

Adult Social Services Committee Members are asked to:

- a) **Note the work being carried out to deliver transport savings**
- b) **Note that the department is in the process of finding someone from outside Norfolk County Council (NCC) to carry out a Transport Review to complement the work already carried out. This will also need to sit alongside any other work being undertaken corporately on transport. The review would include looking at: good practice in other authorities in Adult Social Services Transport, especially those who have a relatively low spend on transport; and what efficiencies could be made in the administration, management and procurement of transport for Adult Social Services**

1 Background

- 1.1 Adult Social Care currently spends about £7m each year on providing transport for people eligible for social care funding. It is difficult to provide the total amount of funding that the department spends on transport for people who use the services as some of the funding is given to people as part of their personal budget allocation. Transport is not a service in its own right – it is a means of accessing services or

support. The Travel and Transport team in Community and Environmental Services (CES) arrange transport for people on behalf of Adult Social Services.

2 Budget Savings

- 2.1 Included in the 2014-17 budget agreed by Council in February 2014 were Adult Social Services transport savings of £2.1m.

Financial Year	£m
2014-15	1.800
2015-16	0.150
2016-17	0.150
Total	2.100

- 2.2 To deliver the £2.1m saving the department reduced the funding allocated for transport in the Resource Allocation System (RAS) from 1 April 2014. The reduction was implemented with immediate effect for new service users and from time of annual review for people who were already service users. Therefore all new service users from April 2014 have had a reduced allocation for transport. The Council said that for people who were already service users they would have a face to face annual review (some people have telephone reviews) where there was a reduction in their Personal Budget for transport or for wellbeing. For transport the reduction was effective from the date of the annual review. At the face to face review the person carrying out the review would have the discussion with the service user about how to meet their transport needs in other ways with less funding.

- 2.3 As part of the 2015-18 Budget planning additional savings were agreed to be made from transport:

Financial Year	£m
2016-17	0.900
2017-18	0.800
Total	1.700

Therefore a total of £3.8m of savings has been budgeted to be achieved in the years 2014-18.

- 2.4 The 2015-18 savings of £1.7m are to be delivered by:
- a) Making sure people are using their Motability vehicle or mobility allowance for their transport
 - b) Asking people to use public transport or community transport where we assess that they are able to do this
 - c) Asking people to use the service that is closest to them if this will meet their needs, for example, their local day centre. If they don't want to use the local service as they prefer to use a service that is further away, we will not pay for them to travel there
 - d) If we cannot find a service that meets people's needs in their local area we would not automatically pay for them to travel a long way to get the service elsewhere. Instead we would work with the person who needs the service and their carer/s to come up with a more creative solution that involves less travel
 - e) If we cannot meet people's care needs through the options listed above, we will pay for people's transport through their personal budget
- 2.5 The department started using the new policy from 1 April 2015, assessing all new service users under the new criteria. The department re-assesses existing service

users, who use their personal budget to buy transport or who have their transport paid for by the department, at their annual review.

- 2.6 Given the difficulties in achieving the budgeted savings from the actions agreed so far the department is proposing to commission someone to carry out a Transport Review to complement the work already carried out and to identify how compensating savings could be made. The proposed scope of the review is:

- a) Good practice in other authorities in Adult Social Services Transport, especially those who have a relatively low spend on transport
- b) The most cost effective way of meeting transport needs in social services
- c) Administration and management of all transport commissioned for Adult Social Services
- d) Procurement of all transport for Adult Social Services
- e) What efficiencies could be made in the administration, management and procurement of transport for Adult Social Services?

Discussions are underway with Children's Services as to whether this should be a joint review with Children's Services as Travel and Transport administer and procure transport for them too. The same vehicles, both private hire and Norse, are often used for Children's Services and Adults at differing times of the day, with Adults often having to fit around school transport.

3 Other Work Being Carried Out

- 3.1 Further to the report to Adult Social Care Committee on 4 July there are the following updates on some of the work being carried out:

- 3.2 **a) High cost packages.** The project team have reviewed information from Care First and the system used by Travel and Transport to arrange transport and have identified potential savings from transport packages for individuals that seem high cost. These packages are mainly for people with complex Learning Difficulties. This information has been shared with the locality teams to help inform their reviews/reassessments of people, as the department should not make changes to peoples' packages of care without carrying out a reassessment. Due to the lack of capacity in the locality Learning Difficulties teams the reassessments of these people have not happened at the pace hoped for. The lack of capacity remains an issue and the department has not been able to resolve this, eg trying to recruit agency staff.
- 3.3 **b) Thetford Day Services for people with Learning Difficulties.** As part of looking at the high cost packages the project team identified that if a suitable service was available in Thetford and met these person's needs closer to where they lived, the department could make significant savings on transport for these people. The project team identified an NCC property in Thetford which would be suitable for day services for people with Learning Difficulties. A business case has been prepared and it has been agreed corporately that the department could use some of the Social Care Capital grant to refurbish the building and make it into a day services hub. However the detailed costings have now been provided and are significantly higher than expected from the original estimates. Part of the detailed costings includes an amount for unknown risks so the department has asked for surveys to be carried out to mitigate some of the risks and to see if this reduces the estimated cost. Once the survey results are available and the costs clarified the business case for using this site will be reviewed or whether other sites in the area need to be considered.

- 3.4 **c) TITAN (Travel Independence Training Across the Nation) travel training.**
TITAN is a travel training programme, set up by Children's Services, which was devised to assist students who have problems with regard to the use of public transport. It enables students to raise their levels of confidence and self-esteem, and gives them the opportunity and entitlement to be proficient in independent travel skills. The department has agreed with Children's Services to make TITAN training available to adults, ie providing training at "off peak" times for schools and colleges, and will be starting a pilot in October 2016. There will be a small cost to this, but this will be on an invest-to-save basis. The department has spoken to three large providers of day services and with them has identified people who may benefit from travel training.
- 3.5 **d) Bus Passes.** An issue for some people is that they cannot use their bus pass before 09:30 and NCC is then providing transport so that they can travel before this time. The department is working with some of the larger day service providers to identify the numbers of people that might benefit from having bus passes that they can use before 09:30 and is working with Travel and Transport to see if there is a means of doing this. There needs to be a sufficient number of people to make this cost effective. As well as helping to make savings this will also help people to be more independent.
- 3.6 **e) Transport Guidance.** Guidance has been issued to Adult Social Services staff which reiterates the principles around transport and when it shouldn't usually be provided.

4 Financial Implications

- 4.1 At the end of 2015-16 the spend on transport was £6.909m compared to a budget of £4.581m, ie an overspend of £2.328m. The savings from transport are taking longer to deliver than originally anticipated for the reasons in the section below.

5 Issues, risks and innovation

- 5.1 The savings from transport are taking longer to deliver than anticipated:
- a) lack of capacity in the locality teams has meant the reassessments of people, particularly the high cost packages, have not happened at the pace hoped for, despite having additional bank staff for a period of time
 - b) the travel systems do not provide the information in the format most useful to the department in terms of identifying where savings could be made
 - c) even if two people make alternative travel arrangements and no longer travel on an NCC funded minibus, there might still be four people travelling which means the minibus is still required and therefore no overall savings are achieved until more people have different transport
 - d) the savings on Transport rests upon a general assumption and expectation that service users will meet their own needs for transport to access and take advantage of existing services or support, including public transport. Funded transport should only be provided if, in the opinion of the assessor, it is the only reasonable means of ensuring that the service user can be safely transported to an assessed and eligible service. The overriding principle is that the decision to provide transport is based on needs, risks and outcomes and on promoting independence. This is a cultural shift and it is taking time to embed
- 5.2 Given the difficulties in delivering the savings the department is in the process of sourcing someone from outside NCC to carry out a Transport Review to complement the work already carried out and to identify how compensating savings could be made.

This will also need to sit alongside any other work being undertaken corporately on transport.

6 Background Papers

6.1 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 or want to see copies of any assessments, eg equality impact assessment, please get in touch with:

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Adult Social Care Committee

Item No:

Report title:	Norfolk Safeguarding Adults Board Annual Report 2015-16
Date of meeting:	5 September 2016
Responsible Chief Officer:	Catherine Underwood, Acting Executive Director of Adult Social Services

Strategic impact

The annual report at Appendix A summarises the work of the Norfolk Safeguarding Adults Board during 2015-16.

It illustrates the delivery by the multi-agency partnership of the statutory requirements for safeguarding adults as set out in the Care Act.

The local authority along with the police and health commission form the three statutory partners for safeguarding adults, with the local authority holding lead responsibility.

Publication of an annual report is a statutory requirement (14.136 Care Act Guidance 2016).

Executive summary

Key achievements over the last year as detailed in the report are:

- a) 4,702 users of the NSAB website between April 2015 and 31 March 2016
- b) Safeguarding Adults Survey carried out in May-June 2015 with 853 responses
- c) Joint children and adults safeguarding leaflet produced for local taxi drivers in Broadland
- d) Safeguarding leaflet added to Norfolk County Council's Norfolk First Support Service Customer Information Guide (4,000 copies issued)
- e) Briefed Norfolk County Councillors about adult safeguarding at full council meeting in October 2015
- f) NSAB's first Safeguarding Adults Awareness Week, 7-11 September 2015, included distribution of 10,000 leaflets and promotional pens to members of the public; a seminar with Clare Crawley, Senior Policy Manager - Adult Safeguarding (Department of Health); and a seminar on safeguarding and dementia hosted by Eastern Locality Safeguarding Adults Partnership
- g) Safeguarding Adults Review (SAR) for Mr AA published on 11 November 2015
- h) Chair and/or Board Manager regularly attended the Health & Wellbeing Board, County Board for the Rehabilitation of Offenders, the county Honour Based Abuse Partnership, Domestic Abuse and Sexual Violence Board (DASV)
- i) Board Manager sat on domestic homicide review panels
- j) Business Manager chaired a national one day conference on Safeguarding Enquiries and Safeguarding Adults Reviews
- k) NSAB supported a number of voluntary and community sector organisations in reviewing their safeguarding adults policy

The report set out work to raise the profile for safeguarding adults across partner organisations and with the public, in particular the use of the first awareness week (September 2015)* proved successful. However it illustrates how much more work there needs to be done to really embed the widest possible understanding and knowledge of safeguarding adults across all of Norfolk's community.

NSAB published one Safeguarding Adults Review in the period covered by this report for Mr AA. Mr AA was a Norfolk resident, aged 42 years. He was diagnosed as living with paranoid schizophrenia and had received mental health services over a long period of time. At the beginning of 2014 he went into a period of decline and died in a Suffolk hospital in January 2014. The cause of death was bronchopneumonia, but concerns were raised about the intervention he received up until the time of his death. The SAR was commissioned with Suffolk Safeguarding Adult Board. An action plan is being implemented.

The most significant problem for NSAB remains capacity to deal with all the work required to improve safeguarding for adults in Norfolk. This will be the subject of discussions throughout this coming year.

* Members are positively encouraged to support this year's awareness week (12th to 16th September) in order to increase its reach and impact.

Recommendations:

The Committee is asked to

- a) note the content of the report**
- b) share this report with partner organisations with whom they have contact**

Officer Contact

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Norfolk Safeguarding Adults Board

Annual Report 2015 - 2016



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This report covers the period 01 April 2015 to 31 March 2016

Introduction from Joan Maughan

Independent Chair, Norfolk Safeguarding Adults Board (NSAB)

2015-16 was the first year of statutory status for Safeguarding Adults Boards under the Care Act (2014).

There is no doubt that the Act has placed significant demands on all aspects of safeguarding adults whose vulnerability may place them at particular risk of harm or abuse.

Like most authorities across the country, Norfolk has seen a steady rise in safeguarding referrals and in Safeguarding Adult Reviews, although for this reporting year (April 2015 to March 2016), there has been a slight drop in referrals – from 2,945 (2014/15) to 2,709. However, the number of contacts to Multi-Agency Safeguarding Hub (MASH) and the Safeguarding Adults Practice Consultants remains high and there was a notable increase in alerts following the safeguarding week in September 2015. We believe the reduction is likely due to better screening, asking additional questions early on in the process, better use of the powers within the Care Act, and increased, appropriate signposting on to other areas. Overall the trend is upwards and we are confident that this reflects a greater level of awareness and responsibility to report within professional organisations and a significant rise in public awareness, rather than an increase in abuse.

It was not immediately clear the extent of the demands that safeguarding within the Care Act would make upon services. The Business Plan for 2015-16 was ambitious and, due to some capacity issues, not all targets were met. However, progress on the Business Plan overall has been good, with many areas of achievement.

The Safeguarding Adults Awareness Week, held in the first week of September 2015, was particularly successful, especially as it was NSAB's first attempt. As a result, it will be repeated this year. During the 2016-17 Safeguarding Week, NSAB will launch its self-neglect strategy and I wish to thank all those who have worked very hard to bring this document together. Led by Nigel Andrews,

www.norfolksafeguardingadultsboard.info

Tenancy Support Services Manager for Norwich City Council and Chair of the NSAB Housing sub group, a partnership event was held in March 2016 to inform the strategy. It was attended by 170 delegates from a range of agencies and was well supported both in attendance and financially by our housing colleagues and the district councils. For more details please see page 29.

The year has presented a number of opportunities to increase the profile of adult safeguarding, not only through NSAB's regular attendance at senior partnership meetings such as the Public Protection Forum, but also through presentations at a development day for county councillors and other stakeholder events across the county. We intend to continue building on that foundation throughout the forthcoming year.

The financial position for all partners remains as stringent as ever, but we are grateful to colleagues within Norfolk County Council (NCC), the Police and the NHS Clinical Commissioning Groups for their continued financial support.

The most significant problem for NSAB remains capacity to deal with all the work required to improve safeguarding for adults in Norfolk. This will be the subject of discussions throughout this coming year.

I would like to take this opportunity to record my thanks to all members of the board, its sub groups and locality partnerships for their hard work. I hope you will find this annual report interesting and informative. Your feedback is much appreciated and helps ensure that future reports capture the most relevant information and data. Please email any comments to Walter Lloyd-Smith, Business Manager: walter.lloyd-smith@norfolk.gov.uk



NSAB's new Business Manager Walter Lloyd-Smith took up his post as NSAB's Business Manager at the beginning of September 2015, having worked for five years as a safeguarding adults lead with a local health provider. Walter qualified as an Occupational Therapist in 1994, and has worked in both health and social care sectors.

Key activity in 2015-16

Standout headlines

- 4,702 users of the NSAB website between April 2015 and 31 March 2016
- Safeguarding Adults Survey carried out in May-June 2015 with 853 responses (see right and page 5)
- Joint children and adults safeguarding leaflet produced for local taxi drivers in Broadland
- Safeguarding leaflet added to Norfolk County Council's Norfolk First Support Service Customer Information Guide (4,000 copies issued)
- Briefed Norfolk County Councillors about adult safeguarding at full council meeting in October 2015
- NSAB's first Safeguarding Adults Awareness Week, 7-11 September 2015, included distribution of 10,000 leaflets and promotional pens to members of the public; a seminar with Clare Crawley, Senior Policy Manager - Adult Safeguarding (Department of Health); and a seminar on safeguarding and dementia hosted by Eastern Locality Safeguarding Adults Partnership
- Safeguarding Adults Review (SAR) for Mr AA published on 11 November 2015
- Chair and/or Board Manager regularly attended the Health & Wellbeing Board, County Board for the Rehabilitation of Offenders, the county Honour Based Abuse Partnership, Domestic Abuse and Sexual Violence Board (DASV)
- Board Manager sat on domestic homicide review panels
- Business Manager chaired a national one day conference on Safeguarding Enquiries and Safeguarding Adults Reviews
- NSAB supported a number of voluntary and community sector organisations in reviewing their safeguarding adults policy



Wordle image made from the answers to the question "What do you think the term 'adult safeguarding' means"? The larger the word, the more frequently it featured in responses (May/June 2015 survey)

www.norfolksafeguardingadultsboard.info

The 2015 Safeguarding Adults Partnership Conference attended by housing, health, social care and voluntary sector colleagues



Key findings – Safeguarding Adults Survey (May-June 2015)



61% had heard the term Adult Safeguarding
5% not sure
34% had not heard the term
52% of those NOT working in health, social care and related professions had NOT heard of Adult Safeguarding

Respondents correctly identified:

- people with dementia – **95%**
- people with mental health problems – **95%**
- people with Downs Syndrome – **93%**

...but much less likely to correctly identify people who misuse drugs and alcohol as being at risk:

- **83%** of professionals
- **62%** of residents

855
responses

www.norfolksafeguardingadultsboard.info



Respondents were aware that the following constitute adult abuse:

- humiliating/intimidating someone – **93%**
- not providing adequate care in a residential or care home – **93%**
- pressurising someone to have a sexual relationship – **93%**



...but there was much less acknowledgement of financial abuse (taking money from someone's purse **80%**)

...and just **76%** of professionals and **58%** of residents recognised self-neglect as a form of adult abuse

71% of residents and 91% of professionals would report any adult abuse they witnessed

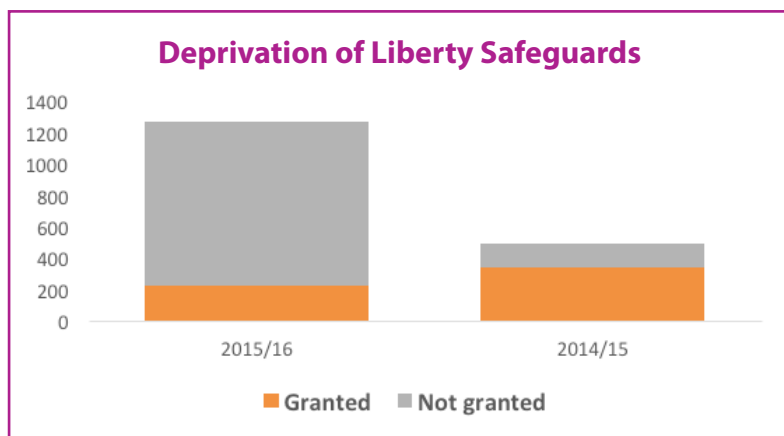
Others were unsure – **8%** professionals and **17%** residents

Of those who would not report abuse or were not sure:

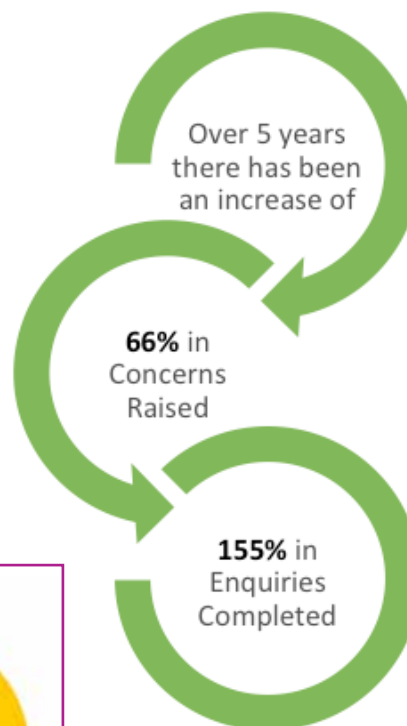
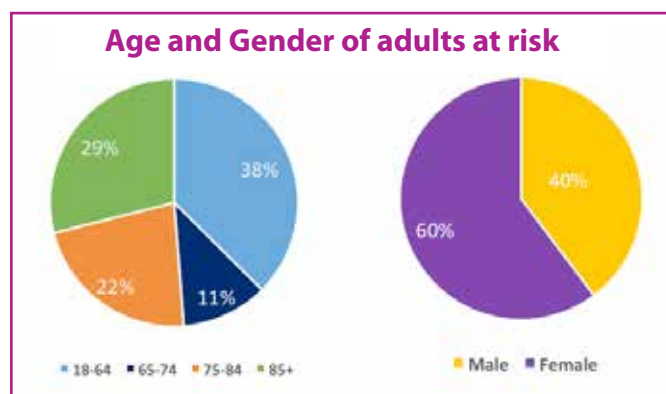
- wouldn't know where to report it or thought they might be mistaken – **56%**
- wouldn't be confident something would happen as a result – **40%**
- too frightened to report it – **15%**
- wouldn't want to get involved – **14%**



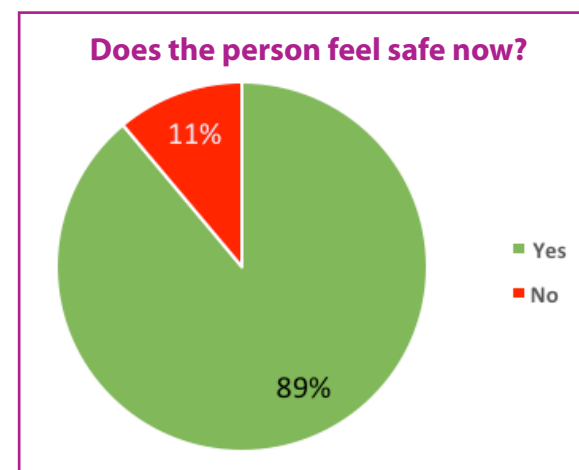
Summary of performance data 2015-16



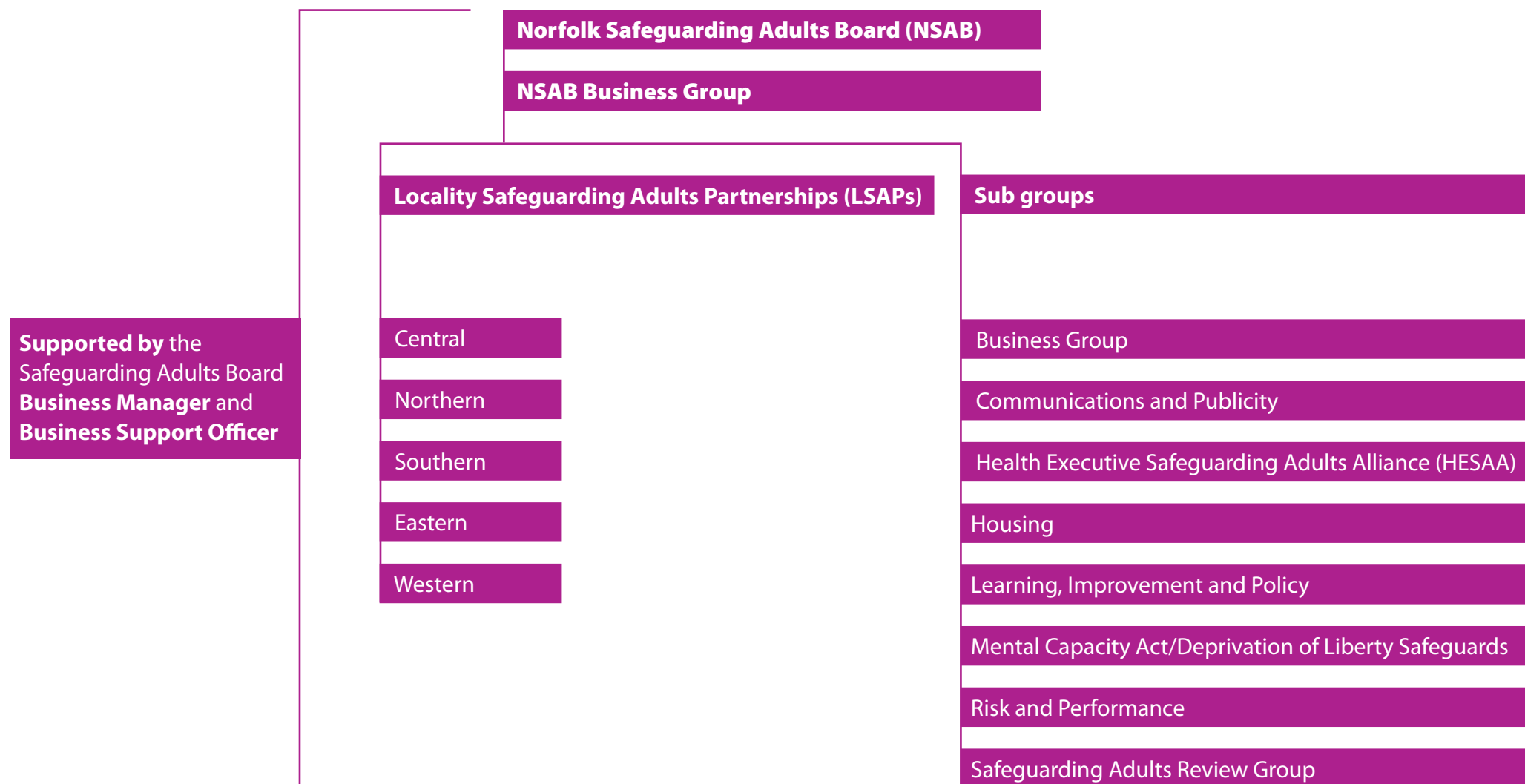
In **37%** of cases the Source of Referral is a Care Home.



In **47%** of cases the Location of Abuse is a Residential or Nursing Home.



Structure of the Norfolk Safeguarding Adults Board



Membership of the Norfolk Safeguarding Adults Board

The NSAB has met five times during the period covered by this annual report, with a board development day held in September 2015.

Name	Role	Organisation
Joan Maughan	Independent Chair	Norfolk Safeguarding Adults Board
Nigel Andrews	Tenancy Support Services Manager	Norwich City Council
Harold Bodmer	Executive Director	Norfolk County Council, Adult Social Services
Lorna Bright	Assistant Director – Social Work	Norfolk County Council, Adult Social Services
Julie Wwendth	Detective Superintendent	Norfolk Constabulary
Stuart Horth	Head of Community Safety	Norfolk Fire and Rescue Service
James Kearns	Chief Executive Officer	BUILD, Norwich
Christine Macdonald	Operations Manager	Healthwatch, Norfolk
Jenny McKibben	Deputy Police and Crime Commissioner	Police and Crime Commissioner's Office
Elizabeth Morgan	Councillor with portfolio lead for safeguarding adults	Norfolk County Council
Kate Rudkin	Head of Development and Operations (chair of NSAB Risk and Performance sub group)	Age UK (Norfolk)
Jane Sayer	Director of Nursing	Norfolk and Suffolk Foundation Trust
Jackie Schneider	Head of Patient Safety	North Norfolk CCG
Will Styles	Governor	Norwich Prison
Mark Talbot	Vice Chair	Association Representing Mentalhealth Care (ARMC)
Mark Taylor	Chief Executive	North Norfolk CCG
Ray Harding	Chief Executive	Borough Council of King's Lynn and West Norfolk
Lella Andrews	Inspection Manager	Care Quality Commission
Julia Sharp	Head of Operations	Norfolk and Suffolk Community Rehabilitation
Charlotte Belham	Senior Probation Officer (Courts)	Norfolk Probation Service

Vacant Board Seats

Lay representative

Norfolk Health Provider representatives

Attendance at board meetings

During 2015-16 attendance by senior officers of Adult Social Services, Police and CCGs has fluctuated due to conflicting priorities although deputies, with the authority to make decisions, have attended on their behalf.

Regular attendance is appreciated as it helps maintain continuity of strategic efforts to improve safeguarding for vulnerable adults. Attendance and apologies are recorded in the minutes of each meeting and from 2016-17 will also be included in the annual report. We welcome feedback on how meetings could be improved to ensure they are as productive as possible.

Norfolk Safeguarding Adults Board

Strategic plan 2015 - 2018

Norfolk learns and improves as part of its processes and is happy to adopt the Local Government Association vision for Safeguarding Boards:

People are able to live a life free from harm, where communities:

- have a culture that does not tolerate abuse
- work together to prevent harm
- know what to do when abuse happens

This document is the strategy to support the vision for safeguarding adults in Norfolk over the next three years, 2015 to 2018, and embraces the six key principles set out in the Care Act 2014. These six principles hold equal importance and are the foundation of good and effective safeguarding.

The purpose of the Safeguarding Adults Board in Norfolk is to hold all agency members to account if this vision is not realised.

Empowerment – presumption of person led decisions and informed consent.

Making Safeguarding Personal will be at the centre of all interventions. The views of adults in need of services will be sought, or that of their advocates, at every level of the safeguarding process.

The board will engage people in conversations about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

Our strategic intention is that the board can clearly demonstrate that it is influenced and advised by the experience of people who have been or may be at risk of harm. The board will seek assurances from its partner organisations that citizen involvement is central to their wellbeing and safeguarding activities.

The board will ensure that citizens are aware of their right to justice at all levels of intervention and require agencies to demonstrate that justice has been achieved.

The board and its partners will make every effort to communicate with the citizens of Norfolk in language and presentation that is accessible.

“What good is it making someone safer if it merely makes them miserable?”

Lord Justice Munby

The board will empower people through the methods and content of training provided.

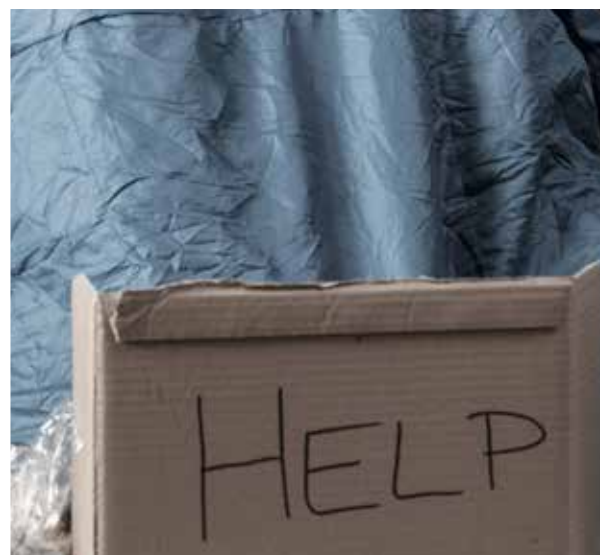
The board will support and monitor activities that enable adults to achieve resolution or recovery.

Prevention –

it is better to take action before harm occurs.

The board will:

- have a communication strategy that empowers all citizens, to enable them to identify harm and know what actions to take.
- require all agencies to intervene to prevent harm by supplying relevant advice and information at the earliest opportunity.
- call for all agencies to share relevant information to reduce the risk of harm occurring or persisting.
- be linked in with and exploit opportunities to support national campaigns with the aim of ensuring that the risk of harm is reduced at every opportunity.
- will know its populations and look for opportunities to encourage personal responsibility, harnessing the potential of the community to protect itself from harm.

**Proportionality –**

proportionate and least intrusive response appropriate to the risk presented.

Life is not risk free. The board will support activities across partner organisations that identify risks, mitigate against them, but are not risk averse. Partner agencies will take the least restrictive option to support, when intervention is required to mitigate risk.

The board will apply opportunities to learn lessons and improve practices, at the relevant level, when concerns have been raised.

“Anyone who believes that the work is simple and the right decision’s always obvious is mistaken”

Mr Justice Peter Jackson

The board will exercise a power to challenge when safeguarding needs are identified and not met.

The board and its partners will have a framework that gathers and builds evidence to demonstrate a response that is proportionate to the circumstances of the incident and the wishes of the adult.

Protection – support and representation for those in greatest need.

The board's partners will use whatever means they have at their disposal to address domestic violence, sexual abuse, psychological abuse, financial or material abuse, modern slavery, discriminatory abuse, organisational abuse, neglect and acts of omission and self-neglect.

The board coordinates partnership activities that will include:

- major public awareness
- targeted awareness to particularly vulnerable groups
- raising the profile of the board
- identifying and managing risk

Norfolk partners employ a large workforce that requires a consistent and coordinated approach to training. Comprehensive training will be developed and delivered to a minimum standard, endorsing accountability for work practices, promoting a culture of openness and transparency without fear of retribution.

The board will support its partner organisations to practise in a manner that does not diminish their safeguarding functions.

Abusive behaviour in any environment is never accepted.

Safeguarding activities demonstrate the diverse communities within Norfolk.

The board will promote a positive approach to information sharing because it believes this is an important protective measure.

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Partnerships – local solutions through services working with their communities.

The board respects individual confidentiality while requiring the sharing of relevant and appropriate information necessary to prevent abuse occurring or continuing or to support adults to achieve resolution and recovery.

The board will actively promote collaborative opportunities, developing partnerships that expand its capacity to ensure the citizens of Norfolk remain safe and achieve its outcomes.

The board will create opportunities for adults who have been or may be at risk of harm, to influence the activities of the safeguarding board and its partners.

In order to value and respect the vigilance of referrers, the board will expect partners to demonstrate that appropriate feedback has been given.



Accountability –

accountability and transparency in delivering safeguarding.

The board will be confident that people who use safeguarding services will understand the role of those services in relation to their safety, health and wellbeing.

The board will implement the requirements of the Care Act, including the publication of an annual report which will include details of its members' activity to deliver the objectives of its strategic plan.

The board will publish any Safeguarding Adults Reviews carried out each year and learning to come from these, in accordance with the requirements of the Care Act 2014.

Partner agencies will understand their own role and the limits to their authority.

The board will develop a constitution that is accessible to all members of the public.

The board will establish a reporting structure that monitors and scrutinises its activity.

The board will continually review its membership and structure to deliver its work plans, which include the Locality Safeguarding Adults Partnerships (LSAPs) and sub groups. The terms of reference will give direction from the board to the sub groups, including LSAPs, and that their end of year summaries to the annual report will evidence this.

Terms of reference will be produced by the board giving direction to the sub groups and LSAPs. The sub groups will be required to evidence how they have met the board's strategic priorities through their contribution to the annual report.

The board will investigate options for income generation.

Training will achieve an agreed minimum standard so staff are aware that abuse is not tolerated, responses are appropriate and all concerns are recorded and heard.



Norfolk Safeguarding Adults Board

Core aims and objectives

The Norfolk Safeguarding Adults Board strategic plan for 2015 to 2018 sets out the key priorities of the board and the work of its members.

These key priorities have been aligned to the six key principles that underpin the Care Act:

Empowerment -

presumption of person led decisions and informed consent

Prevention -

it is better to take action before harm occurs

Proportionality -

proportionate and least intrusive response appropriate to the risk presented

Protection -

support and representation for those in greatest need

Partnership -

local solutions through services working with their communities

Accountability -

accountability and transparency in delivering safeguarding

These key priorities were then developed into a business plan that contains the work and focus of the Safeguarding Adults Board for the coming year. The strategic plan and a summary of the business plan are set out below.

The strategic plan is available in plain English and easy read format. The business plan can be found in its entirety on the Norfolk Safeguarding Adults Board website. www.norfolksafeguardingadultsboard.info

NSAB Business Plan – April 2016 to March 2017

The purpose of this Business Plan is to ensure that people in Norfolk are able to live a life free from harm and where communities:

- Have a culture that does not tolerate abuse
- Work together to prevent harm
- Know what to do when abuse happens.

1. Strategic intention EMPOWERMENT		Actions	Lead role and accountability	Timeframe for delivery	How we will know NSAB has made difference	Status
1.1	The basic information leaflet (hard copy) will be available in other languages.	Expert assistance required Distribution of leaflet to other language groups	Communications & Publicity Sub Grp / Business Manager	September 2016	Test run on website Feedback where possible	
1.2	NSAB will use its influence to ensure that operational services are using 'Make Safeguarding Personal' (MSP) to inform all their safeguarding adult activities.	Ensure that staff have the training they require Produce a staff briefing sheet (SBS) Gather data on how MSP is being applied via the performance dashboard Survey of people receiving a safeguarding service	Learning, Improvement and Policy (LIP) Sub Grp LIP Sub Grp Risk & Performance Sub Grp C&P Sub Grp	October 2016 November 2016 From September 2016 October 2016	 Report to board via C&P Sub Grp	

1. Strategic intention EMPOWERMENT		Actions	Lead role and accountability	Timeframe for delivery	How we will know NSAB has made difference	Status
1.3	NSAB will seek assurances from partner organisations that citizen involvement is central to wellbeing and safeguarding activities.	Request to partners for information to be shared at a future board meeting	Business Manager/ Business Group Chair	March 2017	That all partner organisations will have evidenced robust plans in place by March 2017	
1.4	All staff training will focus on people being central to decision making about their own lives.	Development of a template safeguarding adult awareness package	LIP Sub Grp	November 2016	Review paper to NSAB	

2 Strategic Intention PREVENTION		Actions	Lead role and accountability	Timeframe for delivery	How we know that NSAB has made a difference	Status
2.1	NSAB will have a Communication Strategy that delivers key safeguarding messages to all citizens enabling them to identify harm and know what actions to take.	Communications & Publicity Sub Grp to work to published plan	C&P Sub Grp Chair/ Business Manager	March 2017	Plan agreed	
		Identify preferred ways of making contact with those who may be considered to be hard to reach	C&P Sub Grp/NSAB Chair		Feedback during Safeguarding Awareness Week	
		NSAB will mount a Safeguarding Adults Awareness week to raise the profile of NSAB and give citizens the information they need to report concerns	Business Manager/ LSAPs Chairs	w/c 12 Sept 2016	Feedback from groups Evidence of outcomes from LSAPs	
2.2	NSAB will disseminate key learning from Safeguarding Adult Reviews (SARs) to all partner agencies, thus encouraging an emphasis on preventative safeguarding working.	LIP (and C&P) Sub Grps to be engaged in SAR process to ensure learning is captured and translated into clear message to all partner agencies	LIP Sub Grp Chair/ C&P Sub Grp Chair Business Manager	Ongoing	Feedback via survey of partner agencies 6 months post publication of a SAR	

2.3	NSAB will raise its profile with other relevant sectors / groups and seek their support in preventative adult safeguarding work.	Liaison & engagement with: - District Councils - The business community - Parish / Town councils - Voluntary & community sector - Primary care	NSAB Chair/Business Manager/C&P Sub Grp	March 2017	LSAPs to collate data from local events demonstrating outcomes Increased number of groups / agencies involved with LSAPs and at Business Group	
2.4	NSAB will maximise opportunities to deliver preventative messages to the communities it serves, both throughout the year and during a safeguarding awareness week.	Develop a programme of events and materials	C&P Sub Grp/NSAB Chair Business Manager	w/c 12 Sept 2016	There is a level of activity in all localities which seeks to engage the public That other groups are prepared to contribute to the week in cash or kind	
2.5	Reduce barriers to reporting abuse and neglect. NSAB will develop, launch and deploy a strategy to address Self-neglect and Hoarding.	Gather existing data and research into Norfolk safeguarding reporting patterns Develop clear messages to the public to reduce barriers Establish a T&F Grp to delivery strategy document	R&P Sub Grp via the performance dashboard C&P Sub Grp Housing Sub Grp	November 2016 January 2017 September 2016	NSAB will better understand why people feel they cannot report abuse and neglect Number of cases taken to the High Risk Panels	
2.6	NSAB to monitor ongoing work with prison governors to identify best ways to ensure that prisoners are aware of their right to be protected from harm.	NSAB to receive an update report	Business Manager	November 2016	Report to Board	

3 Strategic Intention PROPORTIONALITY		Actions	Lead role and accountability	Timeframe for delivery	How we know that NSAB has made a difference	Status
3.1	Ensure that the concept of proportionality is understood through inclusion in staff training.	Include in template safeguarding adult awareness package	LIP Sub Grp	November 2016	Sample review of case studies and discussion with clients	
3.2	Promote case examples of safeguarding adult work which uses the least restrictive option when intervention is required to mitigate risk.	Production of short illustrative case studies	NCC Safeguarding Adults Team Manager/Business Manager	December 2016	Disseminated via Business Grp	
3.4	NSAB will exercise its power to challenge when safeguarding needs are identified and not met.	Action to be agreed subject to MSP data gathering on outcomes achieved or not via the dashboard	Allocated as appropriate to action required	Ongoing	Evidence of change in responses	
3.5	NSAB will promote opportunities to learn and disseminate lessons to improve practice, including those derived from Safeguarding Adult Reviews (SARs).	Strengthen links between Safeguarding Adult Review Group (SARG), LIP and C&P Sub Grp	Business Manager Sub Grp chairs plus Rep of SARG	Ongoing	Report to board and action agreed	

4 Strategic intention PROTECTION		Actions	Lead role and accountability	Timeframe for delivery	How we know that NSAB has made a difference	Status
4.1	The board will promote partnership activities that protect, support and represent those in greatest need.	Major public awareness through Safeguarding Awareness Week and other communication activities Identify particularly vulnerable groups and develop meaningful ways of connecting	C&P Sub Grp and LSAPs Chairs/ Business Manager Business Manager	w/c 12 Sept 2016	Survey and evaluation of outcomes	
4.2	Communicate zero tolerance of abusive behaviour in all environments.	Within all future publicity material. Review current material and include. Engage with media.	C&P Sub Group Business Manager	Ongoing	Feedback from citizen consultancy group	
4.3	Promote a positive approach to information sharing in order to protect vulnerable adults.	Discussion and strategy development with other interested parties, through Public Protection Forum, to ensure a unified approach	Chair Business Manager	Ongoing	Report back on progress via Chair	

4.4	Raise awareness with friends and family about how to keep adults at risk of abuse and harm safe.	Raise awareness of how people can make alerts if they have worries about a vulnerable adult Create mechanisms through a communication campaign where people overcome fear of being able to speak up	C&P Sub Grp/LSAPs	Ongoing	Survey	
	Raising the profile of the board.	Strengthen reporting links with: - Health and Wellbeing Board - Adult Social Care Committee - CCGs - Public Protection Forum - Independent Care Sector	C&P Sub Grp/ Business Manager Business Manager/ all Board members	12 months and ongoing	Survey	
4.5	All safeguarding activities will demonstrate the diverse communities within Norfolk.	Ensure website is translation friendly	Business Manager	October 2016		
		Recruit an equality and diversity advisor to the board	Board Manager	March 2017		
4.6	Identifying and managing risk.	Risks raised and recorded as per current procedure	All partners/R&P Sub Grp	Ongoing	Risk register is up to date	
		Risks identified via SARs added to risk register as required	SARG/R&P Sub Grp		Risks are mitigated as far as possible and escalated as appropriate	

5 Strategic Intention PARTNERSHIPS		Actions	Lead role and accountability	Timeframe for delivery	How we know that NSAB has made a difference	Status
5.1	Respecting confidentiality but sharing relevant information to prevent abuse occurring or continuing.	Developing and agreeing a protocol for positive sharing of information	NSAB Chair working with the Public Protection Forum	Ongoing		
	Make available to all sectors a template safeguarding adult policy to ensure a more uniform response to safeguarding adult activity.	Produce a Safeguarding Adults Template policy	LIP Sub Grp	November 2016		
	Develop assurances for effectively linking with other strategic bodies.	Each member agency will ensure the strategic aims of the board are effectively represented within the wider health and social care strategic framework. This will allow higher level and joint strategic priorities to be developed	NSAB Chair	Ongoing	NSAB will better coordinate and prioritise safeguarding adults work	

5 Strategic Intention PARTNERSHIPS		Actions	Lead role and accountability	Timeframe for delivery	How we know that NSAB has made a difference	Status
5.2	Promoting collaborative opportunities with other groups that expand the board's capacity and influence to protect.	Strengthen the LSAPs	Business Manager/ NSAB Chair	April 2015 and ongoing		
		Expand NSAB connections with district & parish councils to promote local engagement	LSAP Chairs			
		Deliver two engagement conference events in 2016-17	Business Manager & T&F Grp	November 2016		
5.3	Citizen influence on board decisions and those of its partners.	Establish a citizen consultancy group	C&P Sub Grp			

6 Strategic Intention ACCOUNTABILITY		Actions	Lead role and accountability	Timeframe for delivery/cost	How we know that NSAB has made a difference	Status
6.1	Ensure the board remains compliant with the Care Act 2014.	Work with board members to ensure that partner representation is at an appropriately senior level (as laid out in the constitution) and that attendance at board meetings is consistent	NSAB Chair/Business Manager	Ongoing	Self-audit	
		Publication of annual report	NSAB Chair/Business Manager	July 2017	Annual report and strategic plans published	
		Conduct any Safeguarding Adults Reviews in accordance with s44 of the Care Act	SAR Group	As and when required	SARs are completed as necessary Learning from SARs is disseminated and implemented	
6.2	Development of a self-audit tool to be used by any partner agencies to benchmark their safeguarding activity against and to provide information back to NSAB.	Establish a T&F Grp	R&P Sub Grp	May 2016	Report back to NSAB	
		Development of audit tool	T&F Grp	February 2017		
6.3	Monitoring and scrutiny of board functions through annual report and audited accounts.	Produce report and accounts for Health and Wellbeing Board	Chair Business Manager	October 2016	Report and accounts accepted	

6 Strategic Intention ACCOUNTABILITY		Actions	Lead role and accountability	Timeframe for delivery/cost	How we know that NSAB has made a difference	Status
6.4	Development of a Safeguarding dashboard that will allow the board to demonstrate impact.	Establish a T&F Grp to lead work	Risk and Performance Sub Grp	September 2016	Content of dashboard influences Board's activity and service development	
	Recognise this is an evolving task.	Agree data set Set up reporting cycle	Business Manager Norfolk County Council Business Intelligence and Performance Service		NSAB receives a dashboard report for each of its meetings from October 2016	

Glossary

CCGs	Clinical Commissioning Groups
LSAPs	Locality Safeguarding Adults Partnerships
NSAB	Norfolk Safeguarding Adults Board
NSAB C&P Sub Grp	Norfolk Safeguarding Adults Board's Communication and Publicity sub group
NSAB LIP Sub Grp	Norfolk Safeguarding Adults Board's Learning, Improvement and Policy LIP sub group
NSAB R&P Sub Grp	Norfolk Safeguarding Adults Board's Risk and Performance sub group
NCC	Norfolk County Council
SARG	Safeguarding Adults Review Group
SNH	Self-neglect and hoarding
T&F Grp	Task and Finish Group

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NSAB Business Plan Strategic Intention – Definitions

1 Empowerment

Individuals will be given relevant information about recognising abuse and the choices available to them to ensure their safety. We give them clear information about how to report abuse and crime, and any necessary support in doing so. We consult them before we take any action. Where someone lacks capacity to make a decision, we always act in his or her best interests.

2 Prevention

Prevention and early intervention – acting before harm occurs and robust shared risk management approach.

3 Proportionality

We discuss with the individual, and where appropriate with partner agencies, the proportionality of possible responses to the risk of significant harm before we take a decision.

4 Protection

We will work together to ensure the protection of adults experiencing, or at risk of abuse or neglect.

5 Partnerships

We will work together to ensure that adult safeguarding links to other parts of the health and social care system to protect adults at risk of abuse or neglect.

6 Accountability

The board will continue working towards ensuring that the roles of all agencies and staff (and their lines of accountability) are clear and explicit. Agencies across the partnership will recognise their responsibilities to each other, act upon them and accept collective responsibility for safeguarding arrangements.

Safeguarding Adults Reviews

What is a Safeguarding Adults Review (SAR)?

One of the Safeguarding Adults Board (SAB) core statutory duties is to conduct any Safeguarding Adults Review in accordance with Section 44 of the Care Act. Safeguarding Adults Reviews (SARs) provide an opportunity to learn lessons when abuse or neglect is suspected to be a factor in the death or serious harm of an adult with care and support needs. The key aim of the SAR is not to investigate or apportion blame, but to examine professional practice and adjust this practice in light of lessons learnt. These lessons are vital to reduce the risk of reoccurrence. The Norfolk Safeguarding Adults Board (NSAB) must arrange a SAR when:

An adult with care and support needs (whether or not those needs are met by the local authority) in the SAB's area has died as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the adult.

Or/and

An adult with care and support needs (whether or not those needs are met by the local authority) in the SAB's area has not died, but the SAB knows or suspects the adult has experienced serious* abuse or neglect and there is concern the partner agencies could have worked together more effectively to protect the individual.

* In the context of SARs, something can be considered serious abuse or neglect where, for example, the individual would have been likely to have died but for an intervention, or has suffered permanent harm or had reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.

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Or

The NSAB has discretion to undertake a SAR in other situations where it believes that there will be value in doing so. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults, and can include exploring examples of good practice.

Or

The NSAB can also consider conducting a SAR into any incident(s) or case(s) involving adults(s) at risk of abuse or neglect where it is believed to be in the public interest to conduct such a review.

Safeguarding Adult Review Group (SARG)

The Safeguarding Adult Review Group (SARG) was established in 2015 as a permanent sub group of the Norfolk Safeguarding Adults Board (NSAB). Previously the group existed in a virtual capacity, but with the advent of the Care Act and the statutory requirement around the undertaking of SARs, NSAB decided to convene a formal group.

The group is currently chaired by the Head of Safeguarding at Norfolk Constabulary. Meetings are held every month. The NSAB Business Manager, local authority, Norfolk and Suffolk Foundation Trust, Senior Nurse for Adult Safeguarding from North Norfolk Clinical Commissioning Group (CCG), deputy chair of the NSAB Risk and Performance sub group and legal representation from Norfolk Public Law (Nplaw) all regularly attend. The meeting is not considered quorate when representatives from statutory agencies are not represented, so deputies are accepted in exceptional circumstances.

The process and procedure for the submission of referrals to the SARG and the subsequent decision-making process are currently being refined to incorporate experience and learning accrued over recent months.

In the past 12 months one SAR has been published (Mr AA) and nine referrals have been received by the group for consideration. Of these, another three SARs have been commissioned and are at various stages of development. Referrals which were deemed not to meet the criteria for a SAR were the subject of a multi-agency review (two) or a single agency review (0), depending on the individual circumstances of each case. For four referrals there was no further action.

Recommendations arising from all reviews commissioned by the SARG are annotated and collated on the Composite Action Plan, and monitored through the meeting process. Where appropriate, recommendations are allocated to sub group chairs and work is coordinated to ensure learning is disseminated across the county to all relevant parties. In the coming months, SARG will continue working to improve awareness among partners to refer cases for consideration.

Safeguarding Adults Reviews 2015-16

Mr AA

On 11 November 2015 the Norfolk Safeguarding Adults Board (NSAB) published a Safeguarding Adult Review into the death of a man who lived with mental health problems. This is very sad death and our thoughts are with the family who have lost a loved one. This was a joint review with Suffolk Safeguarding Adults Board and both Independent Chairs wish to record their condolences and thanks to the family for their assistance throughout this process.

Mr AA was a Norfolk resident, aged 42 years. He was diagnosed as living with paranoid schizophrenia and had received mental health services over a long period of time. At the beginning of 2014 he went into a period of decline and died in a Suffolk hospital in January 2014. The cause of death was bronchopneumonia, but concerns were raised about the intervention he received up until the time of his death. As a result a SAR was commissioned, in partnership with Suffolk SAB, and the report and learning action plan are published on the NSAB website and on Suffolk Safeguarding Adults Board's website.

A practitioner learning event for this SAR was held at the end of September. 2015. While not all invited agencies attended, those that did (Police, Adult Social Care) enabled frontline staff to have input into the development of the action plan.

The report can be accessed at
www.norfolksafeguardingadultsboard.info/safeguarding-adults-review/

Norfolk Safeguarding Adults Board sub groups

Sub group	Chair
Business Group	Detective Superintendent Julie Wwendth Head of Safeguarding and Harm Reduction Safeguarding and Investigations Command Norfolk Constabulary
Communications and Publicity (C&P)	Helen Thacker Head of Service – Safeguarding Norfolk County Council
Health Executive Safeguarding Adults Alliance (HESAA)	Jackie Schneider Head of Patient Safety North Norfolk Clinical Commissioning Group
Housing	Nigel Andrews Tenancy Support Services Manager Norwich City Council
Learning, Improvement and Policy (LIP)	Kate Brown Learning and Development Consultant Norfolk County Council
Mental Capacity Act / Deprivation of Liberty Safeguards	Alison Simpkin Head of Social Care - Adult Mental Health Norfolk County Council
Risk and Performance (R&P)	Kate Rudkin Head of Development and Operations Age UK (Norfolk)
Safeguarding Adults Review Group (SARG)	Detective Superintendent Julie Wwendth Head of Safeguarding and Harm Reduction Safeguarding and Investigations Command Norfolk Constabulary

Business Group

Norfolk Safeguarding Adult Board's Business Group was established following NSAB restructuring in January 2015, and held its first meeting in April 2015. The Business Group brings together the chairs of the sub groups and Locality Safeguarding Adult Partnerships (LSAPs) and other key partners, for example the Red Cross and Norfolk County Council's Trading Standards Service. As such the business group plays a key role in coordinating sub group activity. It acts as a point of linkage between the board, sub groups and LSAPs. The Business Group also drives forward board business in line with the Business Plan. It has met four times in 2015-16 and attendance has been good, with engagement from all sub group and LSAP chairs.

Communications and Publicity

The Communications and Publicity (C&P) sub group's purpose is to develop an understanding of public and board partners' awareness of the adult safeguarding agenda, and to develop communication strategies to enhance this awareness and knowledge.

The C&P sub group created NSAB's 2015-16 communications strategy, which is available on the NSAB website.

Achievements in 2015-16:

- Completed a survey (online and telephone) of local residents and professionals to gather a baseline level of public and professional understanding of what safeguarding is and who is at risk
- Developed a suite of publicity materials in a range of formats, to publicise safeguarding and raise awareness across the county (available on the NSAB website)

- Delivered Safeguarding Adults Awareness Week in September 2015. Highlights included a seminar with Claire Crawley, Senior Policy Advisor for safeguarding at the Department of Health (hosted jointly with Suffolk's Safeguarding Adults Board); media interviews with the chair of the NSAB and multi-agency staff in Norfolk's Multi-agency Safeguarding Hub (MASH), which were published in the local press; stands/leaflets in supermarkets in Norwich and King's Lynn, and-to-face surveys with the public on the streets of Great Yarmouth.

Feedback on Safeguarding Adults Week was very positive, with a great deal of interest shown by members of the public. There was a corresponding increase in contacts to the MASH in September and October 2015.

The sub group has now completed the NSAB communications strategy and action plan for 2016-17.



Health Executive Safeguarding Adults Alliance (HESAA)

The Health Executive Safeguarding Adults Alliance was convened in April 2015, picking up much of the good work undertaken by the Health sub group which had been in place since 2009. This reinvigorated group ensures that the health sector engages with the safeguarding adults agenda at an executive level. Those who attend hold director-level roles within their organisation. Membership comprises the five Clinical Commissioning Groups (CCGs), as well as a number of provider organisations, including:

- Norfolk and Norwich University Hospital
- James Paget University Hospital
- Queen Elizabeth Hospital
- Norfolk and Suffolk Foundation Trust (Mental Health)
- Hertfordshire Partnership NHS Trust
- East Coast Community Healthcare
- Norfolk Community Health and Care
- East Anglian Ambulance Trust
- BMI – The Sandringham Hospital

In addition to the executive members, this group is supported by the CCG Senior Nurse for Adult Safeguarding, a post hosted by North Norfolk CCG, providing support to the Norfolk CCG cluster.

In 2015-16, the group has provided a conduit to ensure that requirements of the Care Act 2014 are firmly embedded into the culture of NHS services throughout the county, including review and development of policies, procedures, training and quality assurance frameworks. This will ensure that safeguarding adults is a core element of service delivery. Some examples of work to date include:

- Embedding the Safeguarding Adult Review (SAR) referral pathway into existing Serious Incident Review processes
- Development of a robust pathway through which NHS organisations can actively participate and take the lead in Section 42 enquiries
- Testing of existing quality assurance processes, to ensure NSAB is aware of new and existing risks within the system

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The HESAA is committed to continuing to meet regularly throughout 2016-17 and has already identified two objectives for the coming year:

- Implementation of the new NHS England Intercollegiate Framework for Adult Safeguarding
- Developing stronger links between NSAB and primary care/GP practices

Housing sub group

The Housing Sub group is made of representation from a number of housing providers across the county and plays an important role in the safeguarding of vulnerable adults. One of its key successes to date has been to raise the profile of housing with our partners from health and social care in promoting a person-centred, whole system approach to the needs of vulnerable adults within the framework of the wider safeguarding agenda.

During the last 12 months, the Housing sub group has been responsible for the planning and delivery of a very successful partnership event in March 2016, at which we saw 170 delegates from the statutory and voluntary and independent sectors come together to hear interesting and powerful presentations from national speakers around self-neglect and hoarding, safeguarding adults and housing, and mental health and safeguarding. One of the key outcomes of this event was to strengthen how we work together and support each other when dealing with complex issues around self-neglect and hoarding. There was overwhelming support for a similar event to be held next year and to try and promote more joint training programmes.

The sub group has also provided the leadership in the development of a self-neglect and hoarding strategy in partnership with other key agencies such as Norfolk County Council, health and social care, Norfolk Fire and Rescue service and housing providers. The strategy is due to be launched as part of the National Safeguarding Adults Week in September 2016.

Mental Capacity Act / Deprivation of Liberty Safeguards (DoLS)

The MCA and DoLS sub group meets alternate months as a partnership group for shared learning, good practice and peer support in relation to our work to provide appropriate care and support to people lacking capacity to consent to their care arrangements in care homes, hospitals, supported living and their own homes. We recognise the unprecedented workload that the Supreme Court judgement has created for care homes, hospitals, the Coroner's Office, Police and the local authority. We use our meetings to explore more efficient and effective ways of working together. An example this year has been the introduction of e-DOLS.

In April 2015 the Department of Health issued a suite of forms for DoLS. NCC managers designed and developed an electronic system to support care homes and hospitals. Working with the council's IT department and existing e-forms software, they produced 'e-DoLS', a web-based system which validates via a secure web browser connection and submits the DoLS applications instantly to the council. e-DoLS enables care homes and hospitals to submit the information online and they can generate a fully-completed ADASS form to print or save for their own records. Meanwhile, the council can track new applications with ease.

Norfolk is the first local authority to achieve this and has shared the learning and process with other councils. Electronic versions of the DoH DoLS paperwork have been built and implemented within carefirst – Adult Social Care's electronic client database. This allows authorisations to be signed off electronically in any location across Norfolk, replacing the earlier requirement for managers with signatory responsibility travelling to sign paperwork.



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Learning, Improvement and Policy (LIP)

During 2015-16 the Learning, Improvement and Policy (LIP) sub group has worked hard to extensively update the Multi-Agency Safeguarding Adults Policy with regards to the guidance in the Care Act (2014). This policy is now available on the NSAB website.

The next major task was to review and update the Multi-Agency Safeguarding Adults procedures. This work has now been completed.

The LIP sub group spent considerable time piloting a scheme to validate the quality of safeguarding adults awareness training delivered by organisations in Norfolk. After evaluating this work, LIP recommended that the board should suspend the pilot. It had involved a large volume of work (for LIP and for organisations submitting their training for validation), but the aim of achieving a quality audit was not realised. The board also had no sanction to apply to organisations whose training did not meet quality standards. LIP is now undertaking work on the viability of developing an awareness training pack for organisations to purchase if they wish.

Risk and Performance

The Risk and Performance sub group has a membership which includes three statutory agencies, health (commissioning), Norfolk County Council and the Constabulary and a nationally recognised local charity.

The group meets bi-monthly with alternate meetings focusing on risk and performance.

The Chair of the sub group attends the Norfolk Safeguarding Adults Board and Business Group meetings.

Risk

The sub group maintains and reviews the Norfolk Safeguarding Adults Board's (NSAB) strategic risk register and identifies risks for consideration at board meetings. Risks are categorised in line with the six principles for safeguarding set out in the Care Act 2014, which also form the structure of the board's strategic and business plans.

This year's risk register has highlighted staff training in safeguarding and the implementation of authorisations for Deprivation of Liberty Safeguards among the range of risks.

Performance

The development of the performance dashboard has continued this year. The dashboard provides visual representation of statistics. The range of topics and the associated statistics to be reviewed using the dashboard is agreed and the final version will be implemented early in 2017. The sub group has been working with colleagues in Suffolk to develop a further auditing tool, and plan to pilot this in early 2017.

The Vice Chair of the sub group participates in the Safeguarding Adult Review Group. Information from the reviews is used to inform performance and identify issues for the risk register.



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Safeguarding Adult Review Group (SARG)

See Safeguarding Adults Reviews, page 26.

Locality Safeguarding Adults Partnerships (LSAPs)

NSAB's five localities are vital to enabling the board to realise its strategic ambitions. Based in Western, Southern, Northern, Eastern and Norwich localities, the purpose of LSAPs is twofold: firstly, to deliver and communicate key objectives at a local level on behalf of NSAB. Secondly, to bring together the fullest range of agencies and partners at a local level to encourage shared working and understanding, to act as a 'hub' for safeguarding adults activity. The membership of each LSAP needs to reflect multi-agency interests that will develop a collaborative approach to local safeguarding issues.

Northern (LSAP)

The Northern LSAP has had presentations on domestic abuse by Kate Biles, Domestic Abuse Change Coordinator, and Sue Griffin, Domestic Abuse Champion for the Northern locality, and on human trafficking and modern slavery by Mark English, Human Trafficking Coordinator. The latter meeting engaged a wide range of organisations, with agreements from agencies present on the dissemination of information.

The NLSAP was joined by the Chair of Norfolk Adults Safeguarding Board for a lively, robust discussion around the self-neglect and hoarding strategy, with some concrete suggestions on how to implement the proposals.

The NLSAP had a clear impact, with members raising the profile of adult safeguarding, e.g. Broadland District Council colleagues ensuring that the transport leaflet is given to all their licensed taxi drivers by the licensing team, and the information regarding human trafficking was shared with environmental health teams across district councils.

There has been a clear focus across the Northern LSAP of raising this issue with wider organisations, e.g. a presentation with the Integrated Care Board, NNCCG.

Although there is an ongoing challenge of ensuring consistent and varied membership of the group, we have had regular representation from Police, prison and district councils within the locality.

The group has benefited from good, anonymised case discussions, which all find helpful and informative.

Western LSAP

The Western locality group (WLSAP) meets five times a year at the Parkview Resource Centre in King's Lynn, Norfolk, with a chairperson and deputy chair to lead the meetings.

The meetings are attended by a wide range of professionals from all fields, including the council, Social Services, safeguarding specialists, NHS hospital, care homes, nursing homes, hospices, Police and voluntary and charitable organisations.

The group was involved in promoting safeguarding awareness to the general public during Safeguarding Awareness Week held in September 2015, and has already made plans for the repeat event in September 2016.

WLSAP bought weekly advertising space in the local free newspaper for the West Norfolk area, containing the safeguarding adults referral telephone number for anyone needing to report a concern about an adult or their own situation.

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There is now a Facebook page for the WLSAP, to promote safeguarding to the public and professionals using social media. It displays the Norfolk safeguarding referral posters and phone numbers, and promotes the Safeguarding Adults Week and associated training events.

The WLSAP is supporting a new venture, the 'Safeguarding Friends' team, which is now underway in West Norfolk. The team comprises experienced safeguarding and social work professionals who, in this voluntary role, plan to visit nursing homes and care facilities to talk with residents and discuss any concerns they may have in a supportive, informative way. The team has undergone the required DBS checks and authorisation.

The Norfolk 'Safer Places' scheme is now well established in the area, with many local businesses, shops and healthcare institutions offering a place of refuge for a vulnerable adult who needs to telephone their main carer or family member for support when faced with a difficult situation.

Eastern LSAP

While Eastern LSAP had a strong start to this year, delivering a number of local seminars and activities, the move of its chairman to a new job and thus having to step down has left the group struggling to maintain its momentum. The partnership has continued to meet, picking up some very important topics, including review of a local human trafficking case, although attendance has dropped off. Discussions to support a new chair are ongoing and it is hoped to have new arrangements in place during the early part of reporting period 2016-17.

Southern LSAP

In 2015-16 Lyn Fabre (South Norfolk Older People's Forum) stepped down as chair of SLSAP. NSAB would like to record its thanks to Lyn for her work as chair of the partnership. During the year the partnership received updates on safeguarding adult work at Wayland Prison and had a presence at the South Norfolk Older People's Forum. In the early part of 2016 Tony Cooke took up the role as chair and worked to relaunch the partnership in April 2016.

Central LSAP

At the end of 2015 the chair of Central LSAP, Governor Will Styles from Norwich Prison, had to step down. NSAB wishes to record its thanks to Will for his leadership during his time as chair and for his skilful and enthusiastic efforts to build the partnership. Central LSAP provided a strong presence during safeguarding week in and round Norwich, leafleting a number of the supermarkets. Nick Pryke (Assistant Director - Integrated Care (Norwich)) has now taken the role of chair.



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NSAB Partners

Norfolk County Council, Adult Social Services

The Adult Safeguarding team in Norfolk County Council comprises 7.5 full-time equivalent practice consultants and one full-time team manager. The team provides a practice consultant for each of the five Adult Social Services localities within Norfolk, as well as being integrated in the Multi-Agency Safeguarding Hub (MASH).

The team's key partners within the MASH are Police and Children's Services. Several other agencies also have a 'virtual' link to the MASH, including Health, Leeway: Independent Domestic Violence Advisory Services (IDVA); Norfolk Probation Services and Norfolk & Suffolk Foundation Trust. This close working environment enables prompt sharing of information between agencies and identifies appropriate involvement in a timely manner for an adult at risk of abuse or neglect.

The Adult Safeguarding team undertakes complex Adult Safeguarding Enquiries, as set out in the Care Act 2014, which was implemented in April 2015. The team also provides professional case consultation, training and joint working, not only to local authority staff but to key stakeholders throughout Norfolk. The Adult Safeguarding practice consultants also provide formal observation of social workers who are progressing towards their Level 2 professional status. This ensures that newly qualified staff will be competent and confident to take part in safeguarding enquiries.

A key focus for the Adult Safeguarding team is to ensure that Making Safeguarding Personal (MSP), which was introduced within the Care Act 2014, is embedded throughout all aspects of an Adult Safeguarding Enquiry. MSP focuses on developing or re-establishing the skill of effective communication in order to gain a real understanding of what the individual wishes to achieve to help keep themselves safe.

The team has been auditing the outcomes relating to MSP and has used these to help develop the service provided and shape any learning that can be implemented across not only the team, but partner agencies too.

Clinical Commissioning Groups (CCGs)

Clinical Commissioning Groups (CCGs) were established in April 2013 and play a major role in achieving good health outcomes for the local population that they serve. The five Norfolk CCGs commission most of the hospital and community NHS services within the NSAB area.

Commissioning involves deciding what services are needed, and ensuring that they are provided. CCGs are overseen by NHS England, which retains responsibility for commissioning primary care services such as GP and dental services, as well as some more specialised hospital services. All GP practices now belong to a CCG, but groups also include other health professionals, such as nurses.

Services CCGs commission include:

- most planned hospital care
- rehabilitative care
- urgent and emergency care (including out-of-hours)
- most community health services
- mental health services
- some learning disability services

Within the NSAB area there are five CCGs:

- North Norfolk CCG
- South Norfolk CCG
- Norwich CCG
- West Norfolk CCG
- Great Yarmouth and Waveney CCG

To ensure good interfaces with other statutory partners, the five CCGs in Norfolk have a clustering arrangement, placing the executive, strategic and operational functions for adult safeguarding in a dedicated team, which is hosted by North Norfolk CCG.

Since their inception in 2013, CCGs have continued to strengthen their position in relation to Adult Safeguarding. The past year has seen an increase in scrutiny of commissioned services to ensure that the safeguarding adults agenda is central to the services they provide. This has been achieved through identification of key performance indicators within contracts and the use of a quarterly safeguarding adult dashboard to monitor performance.

Alongside the active monitoring of performance, there has been a significant investment by the CCGs in projects to increase the knowledge base and skills of staff, particularly in relation to the Mental Capacity Act and DoLS. Following on from a number of education events, a project is now underway to consider how the knowledge gained can be translated into improvements in care delivery, both in CCG-commissioned services and within General Practice.

The CCGs currently provide leadership and support to the HESAA and the NSAB Business Group, as well as ensuring appropriate representation at each of the LSAPs and a large bulk of the sub groups.

Moving forward, the CCG is looking to expand the scope and resources of its safeguarding adults team, to fully explore what further support can be provided to colleagues in primary care and also to better understand how the Health sector can play a stronger role in the MASH.

Norfolk Constabulary

Norfolk Constabulary is committed to delivering services to vulnerable adults in Norfolk and has invested in its resourcing capacity in this area over the past three years. The force provides an integrated service with other partners in the county Multi Agency Safeguarding Hub (MASH), where it commits resources to review and discuss referrals with partners. Norfolk Constabulary's role is not purely focused on the identification of criminal offences, but also identifying risk and safeguarding opportunities. This work is undertaken with colleagues in Adult Social Care and a range of health representatives to offer support to those adults who find themselves in need across the county. On average the MASH receive around 100 adult-related referrals per month.

Once a referral has been reviewed by the MASH, it may be allocated for further investigation by the Adult Abuse Investigation Unit (AAIU). Norfolk has been a national leader in the management of investigations relating to vulnerable adults for several years now, owing to the co-location of force investigators with colleagues from Adult Social Care. This co-location enables an improved level of partnership working and secures the best service for the individual concerned. The AAIU investigates all manner of offences, but primarily focuses on the abuse of vulnerable adults in relation to ill treatment, physical abuse, financial abuse and neglect.

Safeguarding adults is a key priority for Norfolk Constabulary, with strategic leadership from ACC Nick Dean, Head of Local Policing for the county, and Detective Superintendent Julie Wvondth, Head of Safeguarding and Harm Reduction. The latter is a permanent member of the NSAB and is currently the chair of the board's Business Group, where the strategic direction provided by the board is effectively put into action.

Attendance at the Local Safeguarding Adult Partnership meetings has proven a challenge for the Constabulary at times, but closer liaison with Operational Partnership Teams in localities has improved join up at this operational level. The force continues to support the board through financial contributions

each year, and the Head of Safeguarding also currently chairs the newly created Safeguarding Adult Review Group.

The force has prioritised threat, harm and risk, and considers the response to vulnerability a key focus for the coming year. Training provided by the College of Policing was rolled out to all staff last year, supported by an in-force produced podcast to raise awareness and to reinforce the key messages to frontline officers and staff. This training is being refreshed this year, and wider vulnerability training is currently being prepared. This will focus on the safeguarding of adults, domestic abuse, honour-related crime and force responses to mental health – all key aspects of vulnerability which the force is committed to work with partners locally to address. This training will be designed to enable staff to identify cases of concern at an earlier stage, so preventative measures can be worked on collectively with partners to reduce risk and ensure effective arrangements are put in place at the earliest opportunity.

Obviously, alongside working with partners to secure the most appropriate interventions for individuals, the force is committed to the enforcement of criminal offences and to taking positive action to prosecute offenders. The AAIU has secured a number of successful prosecutions this year, and the team manages on average 60 cases at any one time. A large number of these investigations relate to financial offences, where people in positions of trust have stolen from adults who relied on them for support. It is always rewarding to see positive outcomes on these crimes, and the team works hard to secure positive results wherever possible.

The past year has seen an increase in the profile of NSAB across the county, and Norfolk Constabulary is committed to continuing to support this agenda in the future.

Health Providers

Queen Elizabeth Hospital, King's Lynn

Safeguarding awareness is promoted and embedded in clinical practice throughout the Trust. The Safeguarding Adults Lead is responsible for delivering training, liaising with Social Services and others, and supporting and advising clinical staff on safeguarding matters. The Director of Nursing and Trust Chief Executive hold overall responsibility for safeguarding.

The Trust's Safeguarding Adults Lead has a leadership role as deputy chair for the Western Locality Safeguarding Adults Partnership (WLSAP). This is a wide-ranging group from all areas of the safeguarding sector, including professional and voluntary agencies. This LSAP is the first in Norfolk to have a Facebook page to promote safeguarding awareness.

The Trust has clear policies and referral procedures for safeguarding adults, domestic abuse, Prevent and female genital mutilation. The Safeguarding Adults Committee meets every two months, with the Director of Nursing or Deputy in attendance, to review serious cases and issues. There is a safeguarding webpage on the Trust intranet, with policies and guidance to help staff make a safeguarding referral to report suspected abuse.

Safeguarding training at level 2 has a high compliance, at 96% for clinical staff from all specialities. New hospital staff are trained during hospital induction and via the mandatory training programme thereafter, with a session covering adults and children's safeguarding. This includes the Trust volunteers. Safeguarding training is currently being reviewed in line with the new intercollegiate guidance, to include pre-reading material and scenario training. The safeguarding supervision sessions now incorporate both adult and children's clinical staff, to widen staff knowledge and experience.

Key frontline staff, including nursing, medical and allied health professionals, attend the mandatory Prevent session, which raises staff awareness about the possible risk of extremism and radicalisation.

There is a strong working relationship between the hospital-based Social Services staff and the Safeguarding Adults Lead, with sharing of information and joint working on problematic cases. Nursing staff complete a safeguarding assessment on every patient, and their training ensures they can recognise signs of harm and will report concerns.

There are safeguarding adults information leaflets available in the hospital for the general public, patients and visitors, and part of the Safeguarding Adults Lead role is to be available to meet patients or members of the public expressing concerns. Key areas such as the Accident & Emergency Department have literature available on domestic abuse support.

In 2015 there were 287 safeguarding alerts made within the Trust, an increase from 239 in 2014.

All safeguarding alerts, including low-risk concerns, are documented by the Safeguarding Adults Lead, who can discuss these with Social Services, the Safeguarding Practice Consultant and staff at the Norwich MASH to ensure a range of expertise and input is applied to any case.

Healthwatch Norfolk

Healthwatch Norfolk is the consumer champion for health and social care in the county. It is an independent organisation with statutory powers. The people who make decisions about health and social care in Norfolk have to listen to members of the public through Healthwatch Norfolk.

The organisation gathers views and experiences (good and bad) from those who use the health and social care services in the county. During its work it is mindful of its responsibility to contribute to the prevention of harm and reduce the risk of abuse or neglect to adults with care and support needs, through raising awareness and providing a clear framework for action when abuse is suspected. This applies to all Trustees, staff and volunteers of Healthwatch Norfolk.

The Chief Executive at Healthwatch Norfolk has overall responsibility within the organisation for safeguarding adults at risk, but the day-to-day responsibility is delegated to the Operations Manager. The latter represents Healthwatch Norfolk on NSAB. This contribution comprises a resource to share information and contribute to raising awareness. Healthwatch Norfolk does not contribute financially to NSAB.

All Trustees, staff and volunteers are provided with a copy of the Healthwatch Norfolk Safeguarding Adults Policy, and are required to confirm they have read and understood it. Those staff who regularly engage with members of the public have also attended formal training in safeguarding adults. In addition, as part of the induction training for all new volunteers, a Safeguarding Lead from one of the local healthcare provider organisations presents a dedicated training session to the volunteers about safeguarding adults.

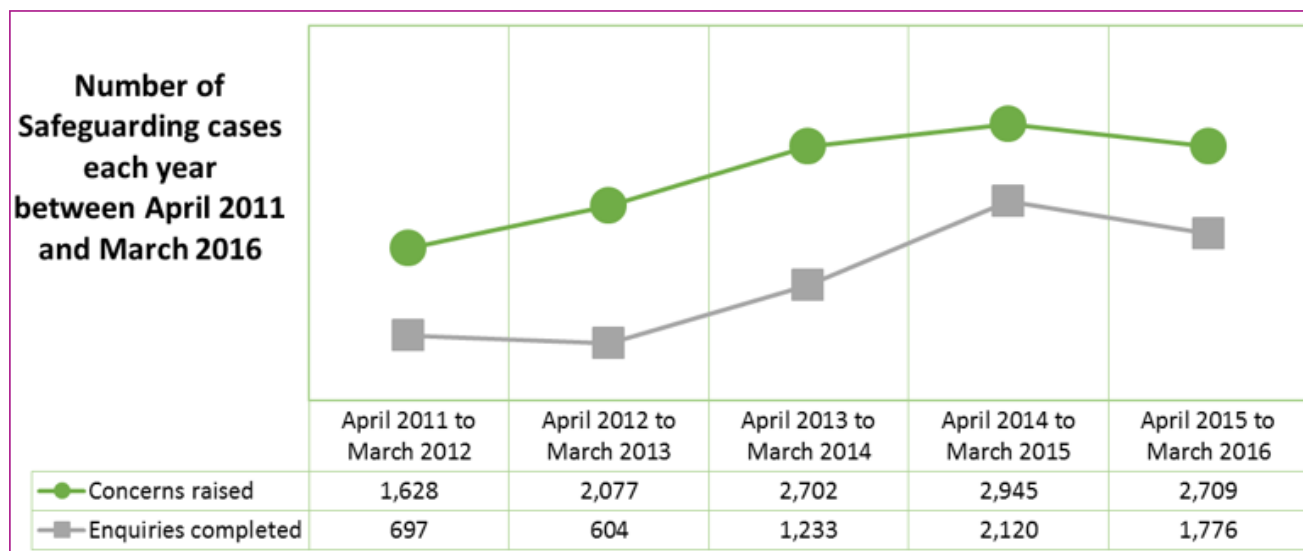
The Operations Manager is responsible for reporting immediately any concerns that may be considered a safeguarding issue to the Norfolk County Council Adult Safeguarding Team. Healthwatch Norfolk does not have a remit to investigate any such concerns, but it must report any information received that could lead to a formal investigation by the appropriate authority. In addition, the Operations Manager reports any such concerns immediately to the Care Quality Commission and provides a quarterly report to Healthwatch England. The number of such reports to the Norfolk County Council Adult Safeguarding Team is reviewed quarterly in-house, and the Healthwatch Norfolk Safeguarding Adults Policy is reviewed at least annually (and when any new legislation is published).

Events during Safeguarding Awareness week are published on Healthwatch Norfolk's website.

All feedback received by Healthwatch Norfolk, whether face-to-face contact/ email/telephone/letter or via our website, is carefully reviewed and any safeguarding concern is reported immediately. Support is offered where appropriate by the Operations Manager to the person who originally handled the feedback.

Healthwatch Norfolk will continue to raise awareness of the safeguarding adults agenda across the county and internally to its Trustees, staff and volunteers.

Safeguarding Adults – April 2015 to March 2016



The number of safeguarding concerns raised has increased by 66% over the last five years. Over the same period the number of safeguarding enquiries has increased threefold.

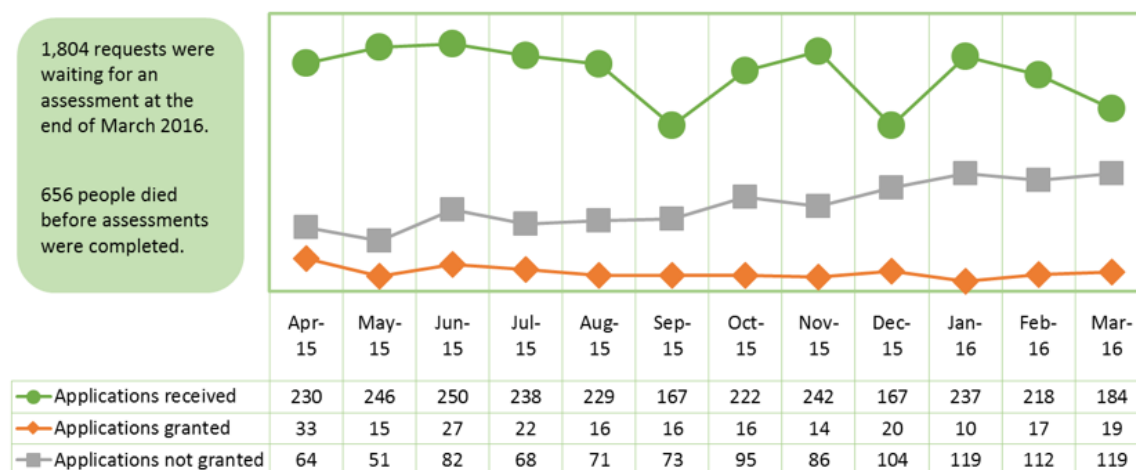
The Supreme Court ruling in March 2014 lowered the threshold for what constitutes deprivation of liberty, and has led to a significant increase in the number of applications for Deprivation of Liberty Safeguards (DoLS).

701 more applications were received in 2015-16 than in the previous year, which is a 36% increase. This has resulted in a backlog of applications waiting for assessment, where the outcome is not yet known.

Deprivation of Liberty Safeguards applications received between April 2015 and March 2016

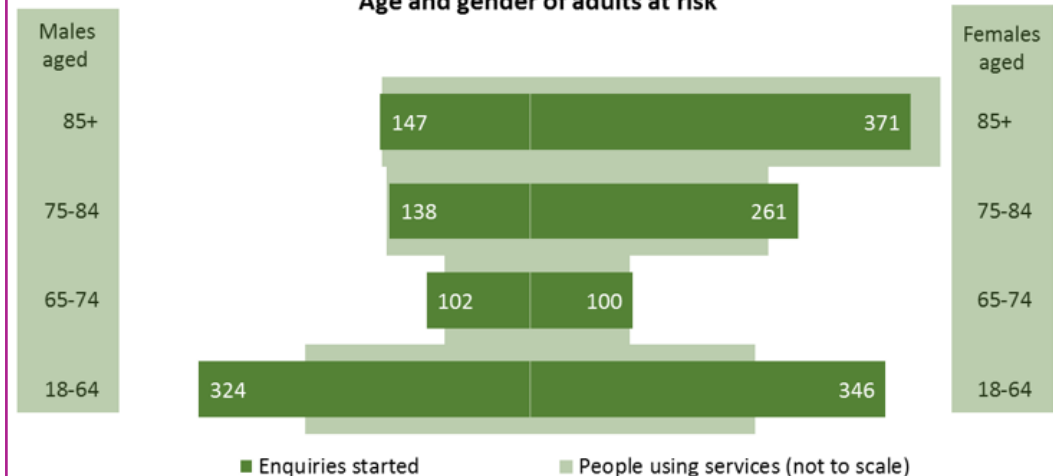
1,804 requests were waiting for an assessment at the end of March 2016.

656 people died before assessments were completed.



Safeguarding enquiries started between April 2015 and March 2016:

Age and gender of adults at risk

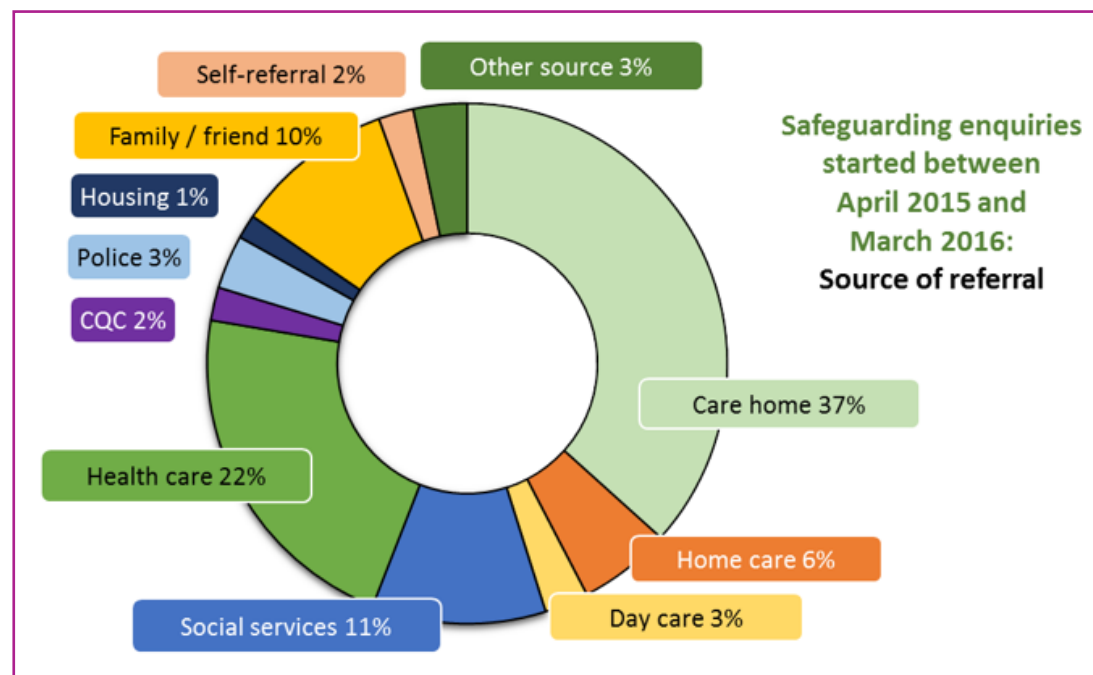


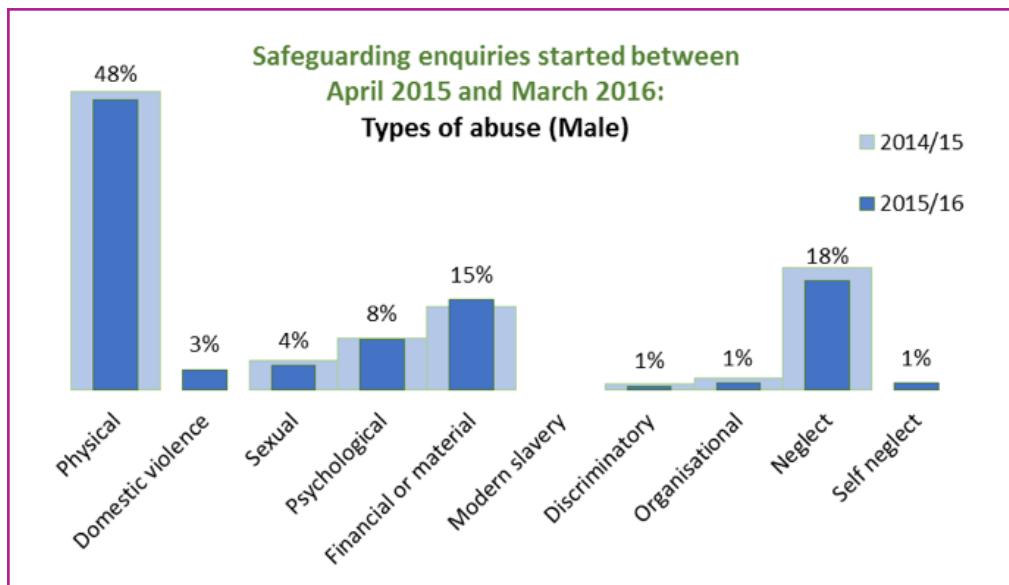
This shows the number of safeguarding enquiries started in 2015-16. It compares the shape of the age and gender breakdown of adults at risk (solid bars) with the age and gender make-up of adults who use Social Services in Norfolk (lighter area).

The two shapes broadly conform for over-65s but, as in previous years, there was a higher proportion of enquiries concerning working age adults (37%) compared with the number of people supported by Adult Social Services of that age group (29%).

Almost half (45%) of safeguarding enquiries were initiated by organisations who provide Social Services care and support.

This year 10% of safeguarding concerns were raised by a family member or friend, compared with 7% last year. This demonstrates increased public awareness of what could be a cause for concern and how to report it.



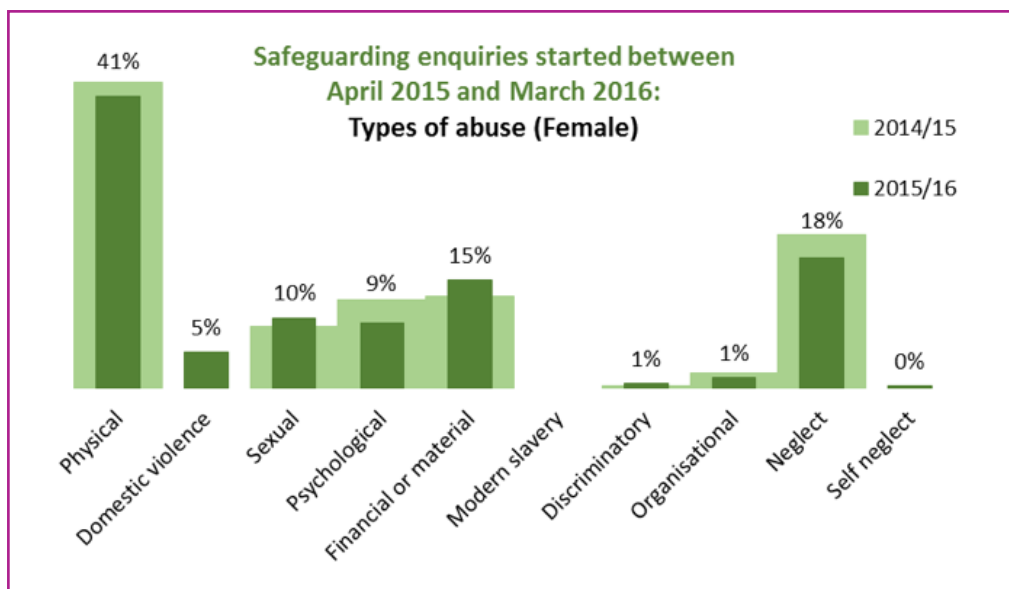


Figures were not available last year for domestic violence, modern slavery or self-neglect, so enquiries relating to those types of abuse would have been recorded under different categories.

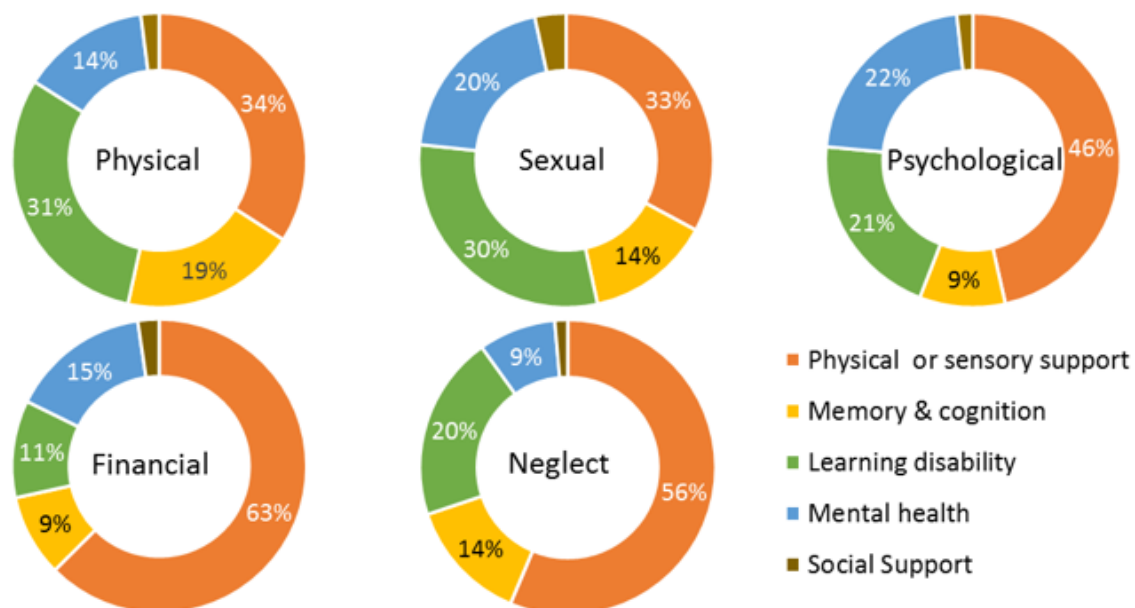
For categories where comparisons are available, a higher proportion of enquiries this year than last year concerned financial abuse. Conversely, a lower proportion of enquiries this year concerned neglect.

For female adults at risk, there was a higher proportion of enquiries this year than last year where sexual abuse was suspected. The apparent reduction in psychological abuse may be due to the addition of the domestic violence category.

Physical abuse was the most frequently reported type of abuse for both men and women.



**Safeguarding enquiries started between April 2015 and March 2016:
Primary support need of adult at risk for each type of abuse**



These rings show the principal care and support needs of adults at risk for each type of suspected abuse. No breakdowns are shown for domestic violence, modern slavery, discriminatory abuse, organisational abuse or self-neglect, as the number of enquiries in each category was very low.

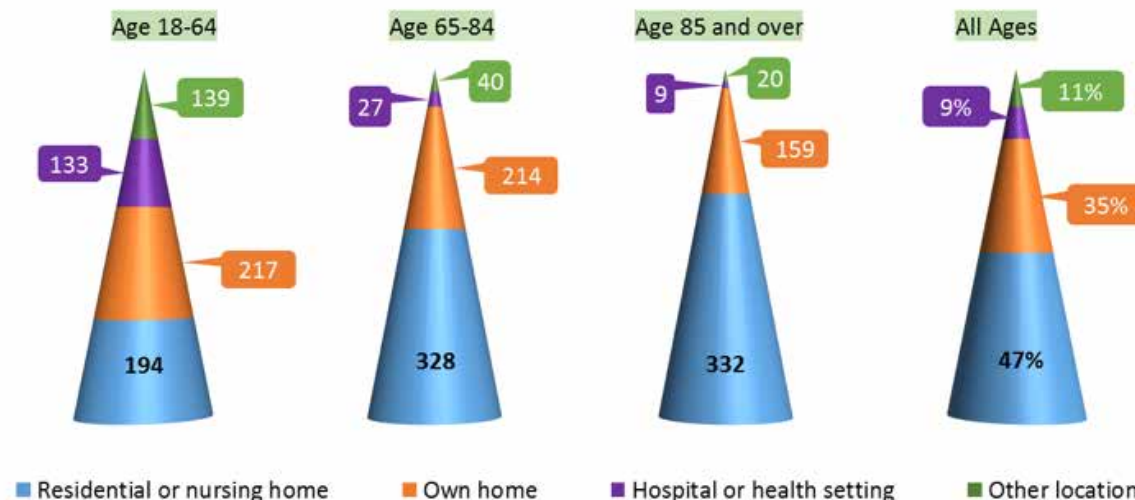
The biggest proportion of enquiries for each category of care and support needs related to physical abuse.

Adults at risk with a physical support need were more likely than people with other support needs to be involved in enquiries relating to financial abuse or neglect.

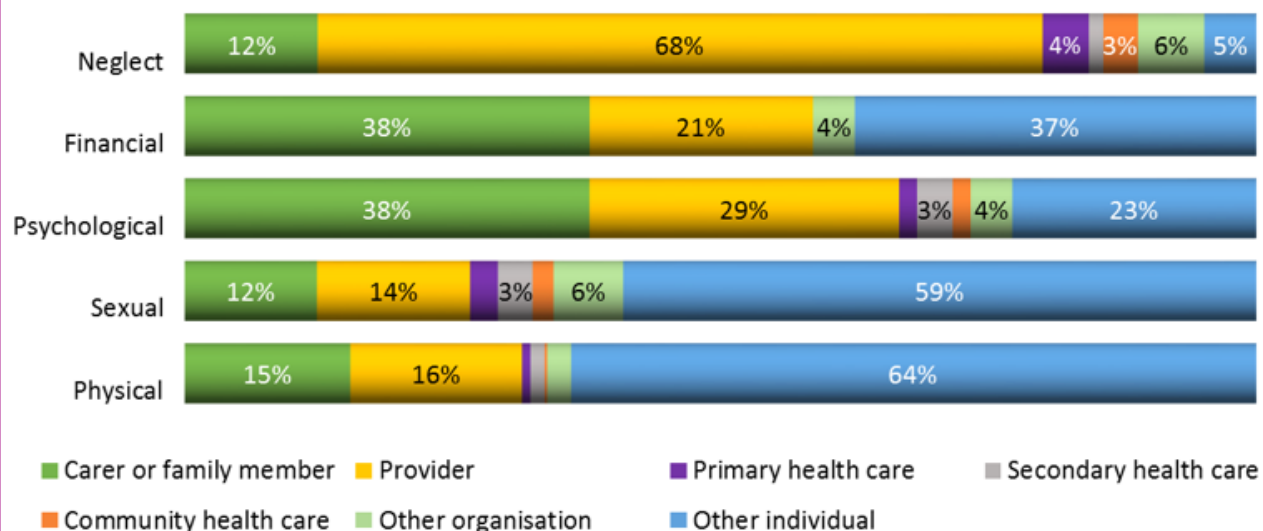
Almost half (47%) of safeguarding enquiries concerned suspected abuse in a residential or nursing home. The greatest percentage was of adults aged 85 and over (64%).

The highest proportion of suspected abuse in a hospital or health setting was adults of working age (79%).

**Safeguarding enquiries started between April 2015 and March 2016:
Location of abuse**



**Safeguarding enquiries started between April 2015 and March 2016:
Source of risk for each type of abuse**



For each type of abuse, this shows the relationship of the adult at risk to the person or organisation suspected of abuse.

Secondary healthcare organisations, such as hospitals, were most likely to be suspected of physical abuse, whereas primary and community healthcare organisations, like GPs or district nurses, were more likely to be suspected of neglect.

Nearly 80% of enquiries relating to physical abuse concerned an individual known to the adult at risk. A high proportion (60%) of these involved physical contact between residents in care homes.

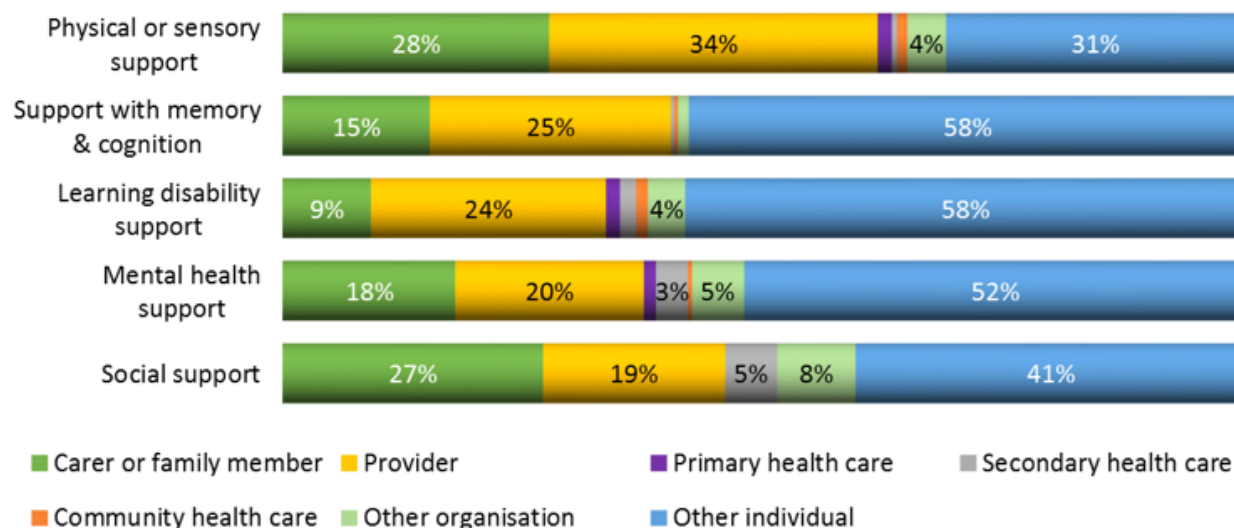
This shows the care and support needs of adults at risk by their relationship to the person or organisation suspected of abuse.

Social care providers comprised the highest source of risk for adults with physical or sensory support needs. For adults at risk with other support needs, the highest risk was from individuals other than informal carers or family members.

For all sources or risk except secondary healthcare, the highest proportion of enquiries concerned adults with a physical support need. Where the source of risk was secondary healthcare, the highest proportion was adults needing mental health support.

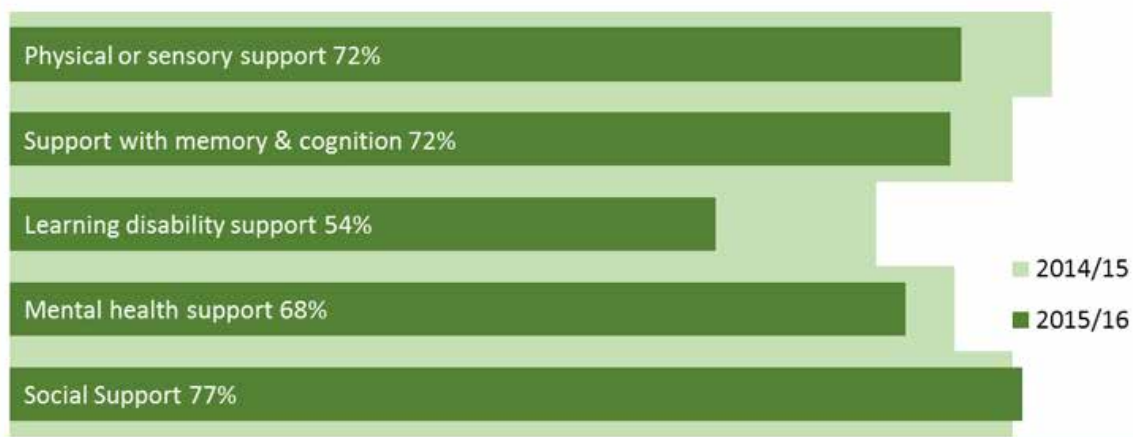
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**Safeguarding enquiries started between April 2015 and March 2016:
Source of risk for each primary support need**



Safeguarding concerns raised between April 2015 and March 2016 which led to enquiry:

Primary support need of adult at risk

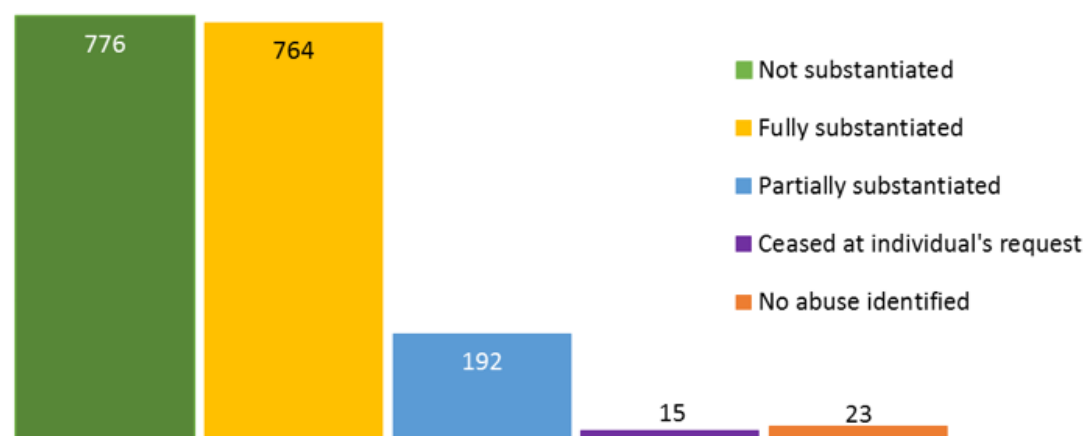


Two thirds of safeguarding concerns raised in 2015-16 met the threshold for a safeguarding enquiry, compared with nearly three quarters of concerns in 2014-15.

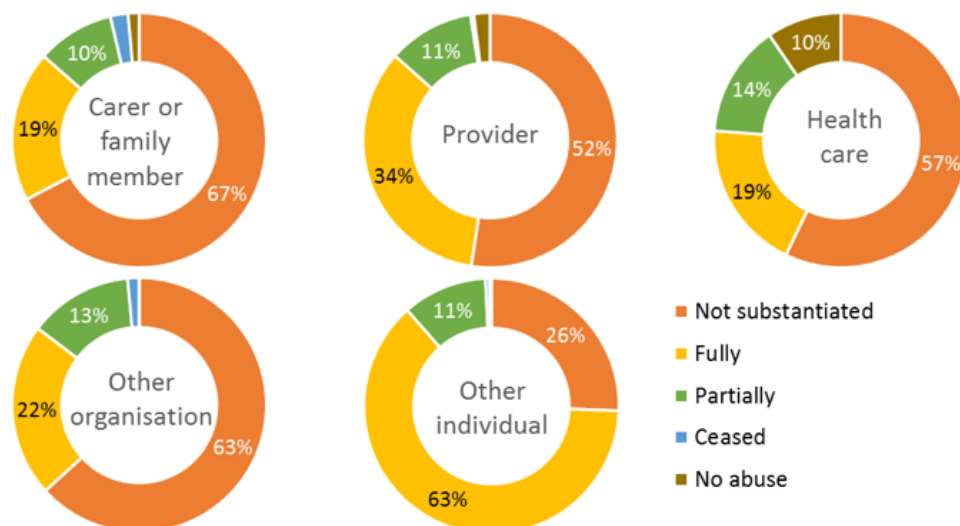
In comparison to last year, a smaller proportion of safeguarding concerns relating to adults with a learning disability support need proceeded to enquiry. Conversely, a greater proportion of concerns about adults with a social support need led to an enquiry.

More than half (54%) of the suspected abuse concerns which resulted in a safeguarding enquiry were found, on the balance of probability, to be substantiated, either fully or in part.

Safeguarding enquiries completed between April 2015 and March 2016: Outcome of enquiry



**Safeguarding enquiries completed between April 2015 and March 2016:
Outcome of enquiry for each source of risk**



These rings show the outcome of safeguarding enquiries for each type of source of risk.

The source of risk was an individual other than a carer or family member in 62% of safeguarding enquiries which were substantiated, either fully or in part. In most of these enquiries (70%) the abuse took place in a care home, so most likely to have involved other residents living in the same residential or nursing home.

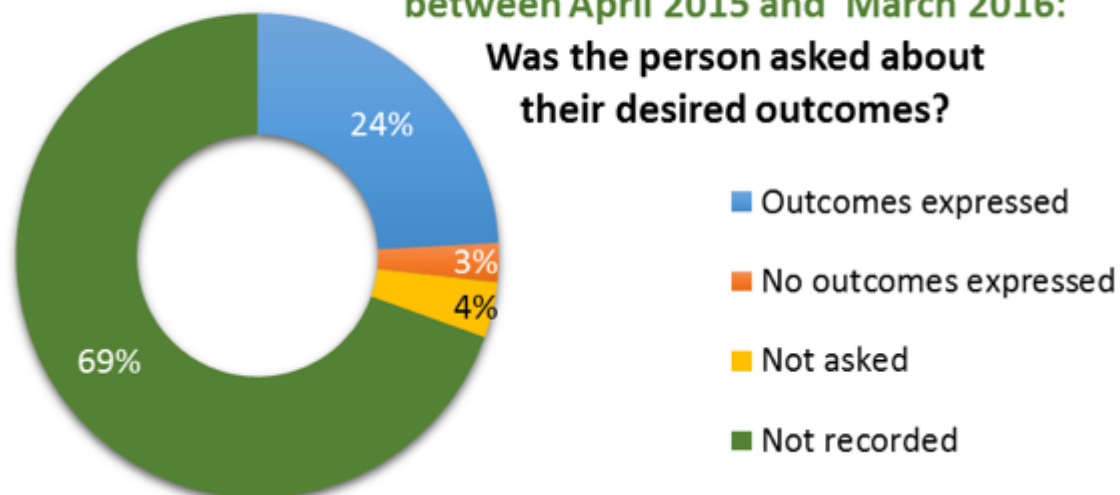
Of the other sources of risk, the highest proportion of substantiated enquiries concerned a social care provider.

Adults at risk are encouraged to express the outcomes they would like to achieve as the result of any safeguarding action.

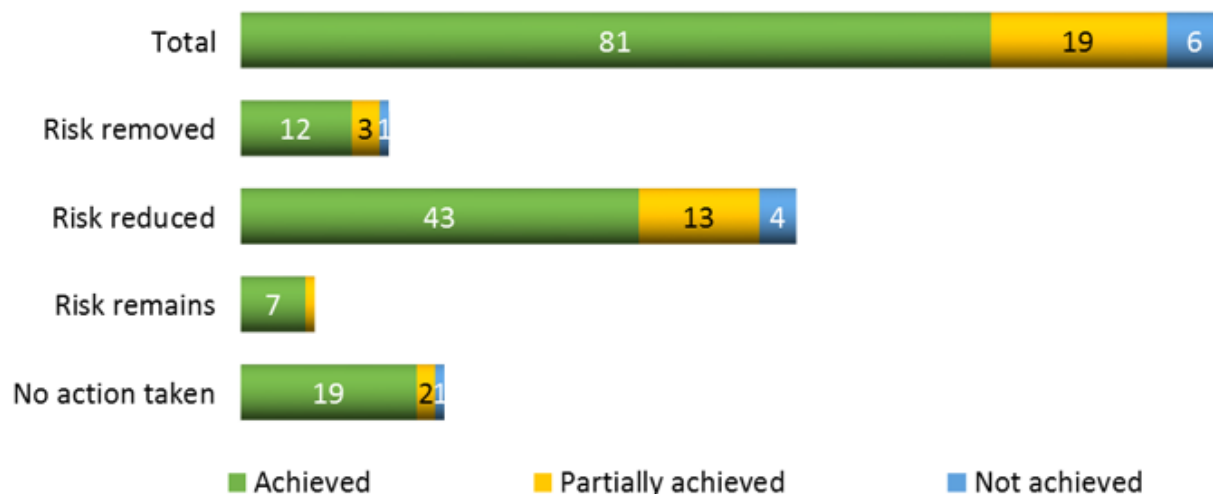
In 2015-16, 24% of safeguarding enquiries recorded that adults at risk expressed a desired outcome, but 73% were either not asked or the response was not recorded.

**Safeguarding enquiries completed
between April 2015 and March 2016:**

**Was the person asked about
their desired outcomes?**



**Safeguarding enquiries completed between April 2015 and March 2016:
If the person expressed a desired outcome, was it achieved?**



Of those enquiries where the adult at risk expressed a desired outcome, 94% were achieved in full or part.

The risk was removed or reduced in 71% of all completed enquiries.

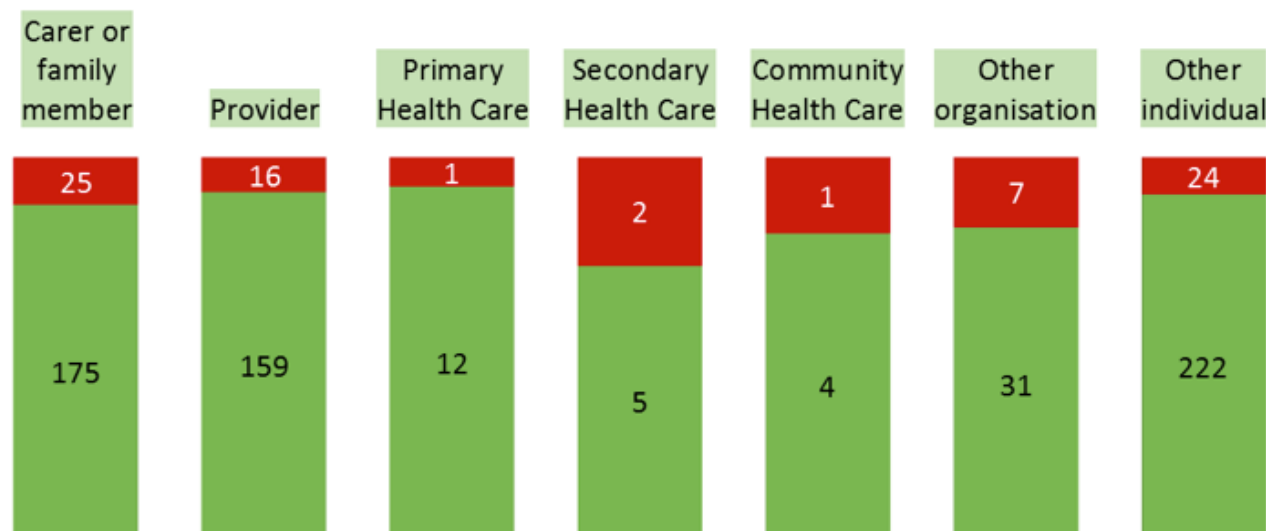
At the conclusion of a safeguarding enquiry, the adult at risk is given the opportunity to say whether they feel safe. This illustration shows responses for each source of risk.

This information was not available for 60% of completed enquiries, either because the adult at risk did not have capacity to comment, or the response was not recorded. Excluding those who lacked capacity to comment, no response was recorded in 45% of completed enquiries.

Of those adults at risk who were asked and responded, 89% said they now felt safe.

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**Safeguarding enquiries completed
between April 2015 and March 2016:
Source of risk - Does the person feel safe now?**



Appendix A

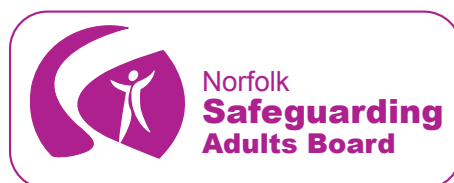
Useful links and contacts

NSAB Website	www.norfolksafeguardingadultsboard.info
SAB Policies and Procedures	www.norfolksafeguardingadultsboard.info/professionals/policy-procedures-and-legislative-guidance/
Customer Service Centre, Norfolk County Council	Tel: 0344 800 8020
Norfolk Constabulary	Tel: 101
Care provider guidance (good practice guide)	www.norfolksafeguardingadultsboard.info/professionals/good-practice-guide/

Appendix B

Additional information

Contact Details	Tel: 0344 800 8020 Email: nsabchair@norfolk.gov.uk
Original Document Name	Norfolk Safeguarding Adults Board Annual Report 2015-2016
Version Control	Version 1
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Availability	Hard copy on request or at www.norfolksafeguardingadultsboard.info



www.norfolksafeguardingadultsboard.info