Norfolk County Council
at your service

Community Services Overview and Scrutiny Panel

Date: **Tuesday 5 November 2013**

Time: **10 am**

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

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

Membership

Ms J Brociek-Coulton
Ms E Corlett
Mr D Crawford
Mr A Grey
Mrs S Gurney
Mr B Hannah
Mr H Humphrey
Mr J Law
Mr J Mooney
Mrs E Morgan
Mr W Northam
Mr W Richmond
Mr M Smith
Mrs M Somerville
Mrs A Thomas
Mr J Timewell
Mrs C Walker

Non Voting Cabinet Member for Adult Social Services

Ms S Whitaker

Non Voting Cabinet Member for Communities (Adult Education, Libraries, Museums, Customer Services)

Mrs M Wilkinson

Non Voting Cabinet Member for Public Protection

Mr D Roper

For further details and general enquiries about this Agenda please contact the Committee Officer:
Tim Shaw on 01603 222948 or email committees@norfolk.gov.uk

For Public Questions and Local Member Questions please contact:
Committees Team on committees@norfolk.gov.uk or telephone 01603 222948.

A g e n d a

1 To Receive Apologies and Details of any Substitute Members Attending

2 Minutes

To confirm the minutes of the Community Services Overview and Scrutiny Panel held on 8 October 2013 **PAGE 5**

3 Members to Declare Any Interests

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

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

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

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

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

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

4 To Receive any Items of Business which the Chairman Decides should be Considered as a Matter of Urgency

5 Public Question Time

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 or 01603 222948) by **5pm on Thursday, 31 October 2013**. For guidance on submitting public questions, please view the Council Constitution, Appendix 10.

6 Local Member Issues/Member Questions

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk or 01603 222948) by 5pm on Thursday 31 October 2013.

7	**Cabinet Member Feedback**		**PAGE 13**
8	**Mental Health Services: Report on Section 75 Agreement with Norfolk and Suffolk Foundation Trust and the proposal for 2014 onwards**	**Clive Rennie**	**PAGE 14**
9	**Community Services Integrated Performance & Finance Monitoring Report for 2013-14**	**Janice Dane/Colin Sewell**	**PAGE 45**
10	**Service and Budget Planning 2014-17**	**Janice Dane/Jeremy Bone**	**PAGE 83**
11	**Warm & Well Evaluation Report**	**Augustine Pereira**	**PAGE 102**
12	**All Party Member Working Group on Quality in Home Care**	**Roger Morgan**	**PAGE 156**
13	**Forward Work Programme: Scrutiny**	**Jill Perkins**	**PAGE 160**

Group Meetings

Conservative	**9:00 am**	**Colman Room**
UKIP	**9:00 am**	**Room 504**
Labour	**9:00 am**	**Room 513**
Liberal Democrats	**9:00 am**	**Room 530**

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

Date Agenda Published: 28 October 2013

IN TRAN
communication for all

If you need this Agenda in large print, audio, Braille, alternative format or in a different language please contact Tim Shaw on 0344 8008020 or 0344 8008011 (textphone) and we will do our best to help.

Norfolk County Council
at your service

Community Services Overview and Scrutiny Panel

Minutes of the Meeting

Date: Tuesday 8 October 2013
Time: 2.30pm
Venue: Edwards Room, County Hall, Norwich

Present:

Mrs J Brociek-Coulton
Ms E Corlett
Mr A Grey
Mrs S Gurney (Chairman)
Mr H Humphrey
Mr J Law
Mr J Mooney
Mrs E Morgan
Mr W Northam
Mr W Richmond
Mr M Smith
Mrs M Somerville
Mrs A Thomas
Mr J Timewell

Substitute Member Present:

Mr T Jermy for Mrs C Walker

Also Present:

Mr D Roper, Non-Voting Cabinet Member for Public Protection
Ms S Whitaker, Non-Voting Cabinet Member for Adult Social Services
Mrs M Wilkinson, Non-Voting Cabinet Member for Communities

Officers/Others Present:

Harold Bodmer, Director of Community Services
Janice Dane, Finance Business Partner and Transformation Manager, Community Services (Adult Social Care)
Jennifer Holland, Assistant Director of Community Services, Head of Libraries and Information
Beverley Evans, Head of Adult Education, Community Services
John Perrott, Business Support Manager, Community Services (Adult Social Care)
Maureen Orr, Scrutiny Support, Resources
Stephen Andreassen, Strategic Risk Manager, Resources
Tamsin Lodge, Member of the Public
Mandy Chilvers, Learner Relations and Operational Planning Manager, Community Services
Tom Garrod, County Councillor
Richard Bearman, County Councillor
James Joyce, County Councillor
Wendy Simmons, Business Support Co-ordinator, Community Services (Adult Social Care)

Colin Aldred, County Councillor
Jonathan Dunning, UNISON
Dawn Filtness, Senior Accountant (Community Services)

1 Apologies

Apologies for absence were received from Mr B Hannah and Mrs C Walker.

2 Minutes

The minutes of the previous meeting held on 10 September 2013 were confirmed by the Panel and signed by the Chairman.

3 Declarations of Interest

Ms J Brociek-Coulton declared an "Other Interest" in that she is a part-time carer.

Mrs M Wilkinson declared an "Other Interest" in that her husband was in receipt of support from Community Services.

4 Urgent Business

There were no items of urgent business.

5 Public Question Time

There were no public questions.

6 Local Member Issues/Member Questions

There were no local Member issues or local Member questions.

7 Election of Vice-Chairman

It was moved and duly seconded that Ms E Corlett be elected Vice-Chairman of the Panel for the remainder of the ensuing year.

It was also moved and duly seconded that Mr M Smith be elected Vice-Chairman of the Panel for the remainder of the ensuing year.

On being put to the vote there were 5 votes in favour of Ms Corlett and 9 votes in favour of Mr M Smith whereupon it was

Resolved-

That Mr M Smith be elected Vice-Chairman of the Panel for the remainder of the ensuing year.

8 Cabinet Member Feedback

The annexed report (8) by the Cabinet Member for Community Services was received.

The Cabinet Member for Adult Social Services provided the Panel with the following feedback:

- Sarah Stock had been appointed Managing Director for Social Enterprise Matters.
- In response to comments in the media, the Cabinet Member said that where there was a 15 minute visit by a social worker to a care customer the visit was undertaken with the sole intention of checking on that person's welfare.
- There had been a significant improvement in the position regarding the County Council's contract with Care UK for care services in the Braodland area since the matter had been reported to the Panel in September 2013. Where concerns remained about the implementation of the contract they were being addressed at reinstated fortnightly meetings between Care UK and the Department, and Care UK was continuing to be asked to provide daily monitoring figures on its performance.
- A meeting about the Blue Badge issuing process was held recently between the Department and Northgate. Another meeting was planned for early November 2013. A decision had still to be reached as to whether or not it would be desirable for Northgate to be responsible for the whole Blue Badge issuing process. Even if Northgate took on this enhanced role, the County Council would still retain responsibility for undertaking the initial assessment of applicants.

The Cabinet Member for Public Protection provided the following feedback:

- No public protection issues that were relevant to the work on the Panel had been considered at yesterday's meeting of the Cabinet.
- An exploratory meeting had been held with the Police Commissioner on how to achieve greater interaction between the County Council and the Police in the work of the Blue Light services.
- Negotiations between the Fire Brigades Union and the Government were continuing and the Fire & Rescue Overview & Scrutiny Panel was being kept informed of developments.
- An exploratory meeting had been held with Norman Lamb MP concerning health monies that would be transferred from the NHS to the Department, and the Panel would be kept informed of developments at future meetings.

The Cabinet Member for Communities provided the Panel with the following feedback:

- The Cabinet Member for Communities said that the Enterprising Libraries Programme, a partnership between Arts Council England, the British Library, and the Department for Communities and Local Government (DCLG), had funded 10 projects in England for Libraries to develop their role as community hubs to spark local economic growth and improve social mobility in communities across the country.
- Norfolk was one of the 10 Local Authorities to be awarded a grant and Norfolk's project would build on the existing business support infrastructure in the County, the extensive network of libraries in the County, the Business Library at the Norfolk & Norwich Millennium Library and a newly developed relationship with the British Library Business & IP Centre. It aimed to reach out to a wider community of people, thinking about developing business ideas through the provision of "business basic skills" – developing business literacy for

communities in Norfolk. The project would run from Autumn 2013 to March 2015.

- The Chairman of the Panel and the Cabinet Member for Communities congratulated the Library and Information Service on the success of this year's Reading Challenge and asked for this message to be passed on to the staff concerned. It was pointed out that many of the children who had completed the challenge had received medals at the end of the summer, given at special ceremonies, often attended by locally elected Members.

9 Changes to Adult Social Care Funding: Norfolk's Response to the Government's Consultation – "Caring for our Future – Reforming What and How People Pay for Their Care and Support"

The Panel annexed report (9) by the Director of Community Services was received.

The Panel received a report which provided a draft response by Norfolk County Council to the Department of Health's consultation document.

In the course of discussion, the following key points were made:

- The Director had been advised by the Head of Democratic Services that the views of the Panel should be sought before the Director "signed off" on the Council's response which had to be with the Department of Health by no later than 15 October 2013.
- Members said that they had some difficulty in understanding all of the technical issues mentioned in the consultation document and would have welcomed an opportunity for a Member workshop to have been held on this important matter.
- While Members recognised that there was now insufficient time to put together a workshop, they said they would like to be invited to attend such an event when the Government's intentions as to the future funding of adult social care became clearer.
- Members expressed some concern about the lack of clarity in the consultation document regarding resources and funding that would be made available to the County Council for implementing the changes.
- The potential additional funding pressures on the County Council as a result of the proposed changes to social care were considered to be very significant. For example, the consultation document spoke about placing new duties on the County Council to provide a universal information and advice service which required additional resources to implement. The introduction of the cap on care services would create an incentive for those who currently funded their own care to come forward for a Department assessment and support plan.
- The cap on care costs excluded general living (board and lodging) costs for individuals in residential or nursing care who would be required to pay for this.
- It was pointed out that social care users who had an eligible care need at the time they reached 18 years of age would not be required to contribute towards their social care costs at all which meant that changes were needed in the way in which the transition of young people from Children's Services to Adult Social Care was funded.
- Members spoke about wanting more clarity from the Government about how the proposed statutory requirement for Local Authorities to enable individuals to defer payments against the security of their homes (a policy which was already in place locally in Norfolk) would be applied nationally, and the effects that this Government policy could have on Local Authority cash flow, particularly as the

legal process of probate could often take between 9 months and 12 months to complete.
- Officers said they had no doubt that the Department had the skills to develop the infrastructure required to run the new proposed care system, if the Government provided it with sufficient funding.

Resolved-

(a) That the County Council's response to the consultation document should take account of the issues raised in the meeting and be shared with the Chairman and the Cabinet Member for Adult Social Services before being sent to the Department of Health.

(b) That a Member seminar about the proposed changes in adult social care funding should be held at County Hall when the Government's intentions became clearer.

10 Review of Adult Education

The annexed report (10) by the Director of Community Services was received.

The Panel received a report that put forward four options for the future delivery of the Adult Education Service.

In the course of discussion, and in response to Members' questions, the following key points were made:

- Officers explained that the Further Education Colleges had expressed some uncertainty about how, if they were to take on the Adult Education Service, they would be able to maintain a spread of adult education provision across the whole county, particularly in the area of Community and Family Learning.
- The approach suggested in the report (to merge the Adult Education Service with the Library and Information Service) had received the support of the Skills Funding Agency. The four Norfolk Further Education Colleges had been notified of the proposal.
- The crucial question for the County Council was whether it wanted to continue to be a provider of Adult Education courses or not. If not, then the final decision on the transfer of provision to another organisation would rest with the Skills Funding Agency and not the County Council, and there was no guarantee that the current level of funding within Norfolk would remain.
- Officers spoke about how the last of the two options set out in the report would enhance the Council's leadership role in delivering the Government initiative called "City Deal" to stimulate growth in the local economy.
- It was pointed out that the Thorpe Adult Education Centre was smaller than the other two main permanent Adult Education sites in the county at Attleborough and at Wensum Lodge and that the annual running costs for Wensum Lodge amounted to £490,000.
- The Panel asked for a breakdown of the total funding available to the Adult Education Service, and the maintenance costs provided from the Council's Building Maintenance Fund.
- The Panel asked for information about how the Council might work more closely with Further Education Colleges in providing adult education courses. Officers explained that the aim of this would be to secure improvements in the local economy through the City deal arrangements and would be secured in

consultation with the colleges.

- Members spoke about how any changes in the operation of the Adult Education Service had to result in improved outcomes across the whole county and not just in the central area. Members asked for more information on the innovations that the Service had introduced in the North Norfolk area. Officers explained that this was a new project to increase provision outside of the central area of the county. As it had just started there was nothing yet to report. If it proved to be successful, the approach would be adopted in other areas.
- The Cabinet Member for Communities said that the report demonstrated the positive impact that the Adult Education Service had across the whole of Norfolk, and the need for the service to continue to be provided by the County Council. She added that she wanted to see Wensum Lodge continue to be used as a valued community resource long into the future but not necessarily solely as a base for the Adult Education Service.
- A number of Members spoke about how they wanted to wait for the conclusions of the feasibility study into Wensum Lodge, and to hear how this building could be used to generate income for the Council (issues which were being considered by the Cabinet Member for Finance, Corporate and Personnel) before the Panel made any recommendations to the Cabinet on which of the four options set out in the report should be pursued. They also wanted to know about the personnel implications of each of the four options and in particular what (if any) costs might arise from TUPEE and any changes in pension arrangements, as well as for an explanation of the acronyms mentioned in Appendix 1.

By 9 votes to 2 votes and with 2 abstentions it was

Resolved-

(a) That the Panel note the information provided in the review report.
(b) That the Adult Education Service should continue to work together with the Library and Information Service on what they saw as a best way forward.
(c) To ask for a further report to be brought back to the Panel on the issues mentioned during the meeting, particularly concerning the outcome of the feasibility study into Wensum Lodge, the personnel implications of any options for change, and a more detailed evaluation of the option under which the Council's grants would be transferred to the Norfolk Further Education Colleges.

11 Forward Work Programme, Scrutiny

The annexed report (11) by the Director of Community Services was received.

The Panel received a report which contained the draft Scrutiny Forward Work Programme for the remainder of 2013.

It was noted that following a recent meeting of the Party Spokespersons, the issue of "Carers Conditions of Service" would now be included as an item in the next Member's briefing note, rather than as an item on the agenda for the Panel meeting on 5th November 2013. In addition, "discharges from acute hospitals" would now be covered by a wider report on "integration of health and social care", for the agenda of 5 November 2013. A report on "the terms of reference for the All Party Working Group

on quality and home support" would also form part of the agenda for 5 November 2013.

The meeting concluded at 4.50pm

Chairman

If you need this document in large print, audio, Braille, alternative format or in a different language please contact Tim Shaw on 0344 8008020 or 0344 8008011 (textphone) and we will do our best to help.

Report to the Community Services Overview and Scrutiny Panel
5 November 2013
Item No 7

Cabinet Member Feedback

Report by the Cabinet Members for Community Services

Cabinet Members will provide a verbal update to members of Overview and Scrutiny Panel regarding any Cabinet meetings which have taken place since the last meeting of this Panel.

Report of Cabinet Decisions taken since the last Overview & Scrutiny Panel meeting- None taken

Report Date Considered by Panel	
Date Considered by Cabinet	
Cabinet Feedback	**Cabinet resolved that**: **Reason for decision**:
Action Required	

IN TRAN
communication for all

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

Report to Community Services Overview and Scrutiny Panel
5 November 2013
Item No 8

Mental Health Services: Report on Section 75 agreement with Norfolk and Suffolk Foundation Trust and the proposal for 2014 onwards

Report by the Director of Community Services

Summary

The 2013/2014 Interim Section 75 arrangement for the provision of Adult Social Care services for mental health between Norfolk County Council and Norfolk and Suffolk NHS Foundation Trust (NSFT) runs until 31 March 2014. This paper outlines:

a. Governance structures between NSFT and NCC to progress the recommendations from the jointly commissioned review of the existing arrangement
b. Detailed progress on the recommendations established in the Bradshaw Report (Appendix A)
c. The mid-year performance on key performance indicators for mental health social care
d. The changing context for social care
e. The proposed next steps for securing social care mental health services

Action Required

The Panel are asked to consider the progress in terms of improvement actions and current performance and to endorse the proposed approach to:

a. Revise the model of social care in mental health
b. Undertake an options appraisal for the provision of adult social care services for mental health from 2014 onwards

1 Background

1.1 In 2008, NCC agreed to enter into an agreement under Section 75 of the National Health Service Act 2006 with the Norfolk and Waveney Mental Health Foundation Trust (now called the Norfolk and Suffolk Foundation Trust (NSFT)) for the delivery of social care and social work services to adults of working age in Norfolk. This agreement involved the transfer of employment of 103 County Council staff. This agreement expired on 31 March 2013.

1.2 Historically there had been some concerns expressed by both NCC and NSFT about issues arising out of the contract and both organisations agreed and jointly commissioned an independent review report on the existing Section 75 Agreement in October 2012 – the 'Bradshaw report' (Appendix A).

1.3 The recommendations of the review report outlined a number of areas where improvement could be made in the agreement and this, with an acknowledgement from both NCC and NSFT of the considerable benefits for people who require mental health services of delivery from integrated health and social care and a wish to improve the current arrangements, led to the agreement of a Section 75 Extension Agreement for working age adults (for one year - April 2013 to March 2014).

1.4 This Section 75 Extension Agreement included a number of variations to the original contract which gave the scope for further work to be undertaken over the year to improve the current arrangements, strengthen performance and improve outcomes for service users and carers.

1.5 The current arrangement expires on 31 March 2014 and a project plan is in place to oversee the necessary work identified in the S75 extension agreement variations, to improve the current arrangements with a view to agreeing a new S75 contract, which will be in place from 1 April 2014 for a further defined and agreed period of time.

2 Governance of the Section 75 Agreement

2.1 The governance of the Section 75 Agreement has been overseen by the Contract Review Group (MHCRG) which meets quarterly and is chaired by the Director of Community Services-NCC with support from senior officers. It is supported by a number of sub-groups:

a. The Section 75 Contract Monitoring Group which reviews performance relating to service quality, finance and key performance indicators and service developments
b. The Section 75 Extension Steering group: a temporary group to enable an effective response to the '20 variations' within the Extension Agreement, and the wider findings within the Bradshaw Report
c. An operational sub-group to ensure operational implement the agreed plans

3 Performance update against the recommendations of the Bradshaw report

3.1 Within the S75 extension agreement there are 20 variations to the original agreement which the partners agreed to implement as an outcome of the Bradshaw report. The list of the recommendations can be found in the background papers attached as appendix A. Short and medium term targets are identified to be met during 2013/14.

3.2 The progress against these variations and the work committed against them is outlined below.

3.2.1 The Access and Assessment Service (AAT) has been launched by NSFT and has been operational for 6 months. AAT's triage process allows for the initial assessment of Fair Access to Care Services (FACS) eligibility and if necessary a further face to face assessment follows. The experience of the NCC front door will be used to benefit the development of the AAT e.g. training/familiarisation sessions with possible future part co-location.

3.2.2 The key issues that remain are:

a. Challenges to the effectiveness of this service in delivering on the assessment of social care needs especially around the use of CareFirst by staff. The outcomes of this engagement are captured on a CPA assessment form so this information is available, but currently can only be analysed following manual retrieval
b. Confidence in the ability of care co-ordinators to have a sound understanding of FACS criteria/social care needs assessment
c. The managers' ability to effectively oversee this element of work through day to day management and supervision with an effective responsible budget officer sign off

3.2.3 The authority for Approved Mental Health Practitioners to authorise emergency placements for up to seven days has been achieved.

3.2.4 NSFT are leading on two work streams to improve:

a. residential care placement funding process and commissioned services: there is a 'residential team' focussing on reviewing clients in residential care and creating options, where applicable, to move to independent settings in the central area. This is now extending to West and East
b. Personal Budgets allocation process: a pilot will commence in Autumn 2013 to support the delivery of more effective Personal Budget delivery and the use of CareFirst. It is targeted that by January 2014 CareFirst training will have been delivered to all staff with the requirement that they will input new personal budgets onto CareFirst

3.2.5 A protocol for communication on notifying complaints and concerns between NCC and NSFT has been agreed

3.2.6 The appointment of a Senior Social Worker to advise NSFT in decision making and approval of funding has been made.

3.2.7 A training plan has been completed and there is ring fenced resource to support this. Training has already been delivered in some areas and providers lined up to deliver further packages.

3.2.8 An outstanding issue remaining is the level at which this training needs to be delivered, and therefore to how many staff and the cost.

3.2.9 A workgroup has successfully incorporated CCA and CPA assessment paperwork into a single document incorporating the required 16 essential criteria for FACS and this paperwork is undergoing ratification from both organisations currently with a planned agreement to sign this off by October 2013.

3.2.10 There remain additional issues to be addressed that are related to how this connects to the work of the wider work streams such as the functioning of the Access and Assessment Team, the process for Personal Budgets and to the support from IT systems plus training requirements and equity across age range and specialist services and across Norfolk & Suffolk.

3.2.11 The agreed vision is to cease the NCC Panel system to authorise residential placements. The establishment of internal NSFT panels and forums and dedicated teams to support them will enable a focussed over-sight of cases, risk elements and a better understanding of creative alternatives to permanent residential care. However, this is yet to be achieved and is dependent on NSFT forming alternative control mechanisms.

3.2.12 Work is complete on ensuring NSFT adherence to Norfolk County Council Safeguarding protocol. NSFT has also developed its own policies and procedures to ensure effective recording, management oversight and recorded outcomes.

3.2.13 The Social Work Strategy requirements have been picked up through Human Resources, Training, and Governance with collaboration with NCC to ensure consistency and sustainable progress.

3.2.14 NSFT have appointed a Head of Social Care (Band 8c) and have an identified a Non-Executive Director, who has specific lead responsibility for Social Care. These actions were achieved by September 2013.

3.2.15 Monthly reporting is taking place to the Section 75 Contract Monitoring Group. The Performance, Information and Intelligence sub-group meet with the NSFT Head of Social Care and both reporting and explanation of performance take place in this meeting.

3.2.16 Managing the case management IT systems remains a challenge. The current proposal to minimise dual information entries, to be further explored, is where information will only need sole entry but will then be 'messaged' across via an integration system. This messaging system is intended to be configured to allow for messaging in both directions and is seen as a potential medium term remedy for an ongoing core problem.

3.2.17 A longer term solution via the Trust's Lorenzo IT system is being explored as a part of the development of this system but this will not be in place until 2015 at the earliest.

3.3 In summary, progress has been made to address the variations in the new agreement. This has created changes in the way that the services are delivered and has secured benefits. However, both parties recognise that in spite of commitment to achieving these, the progress has been disappointing at this stage and the aspirations for improvement during the year of the interim agreement are not likely to be delivered.

4 Performance update

4.1 The performance of NSFT against the Interim Section 75 agreement is monitored on a monthly basis and the current findings are summarised below:

a. There has been a significant growth in social care assessments and reviews but the number of personal budgets has not matched this growth
b. Mental health has the lowest rate of self-directed support in Community Services despite the potential benefits and national requirements
c. Mental Health is the best performing in terms of cash payments made as a result of personal budgets
d. There remains significant disparity in terms of performance across different localities meaning unwarranted variation in service
e. The number of people of working age in residential care placements is significantly high when benchmarked against comparator average (20 permanent admissions per 100,000 compared with 5 as comparator average)
f. Against the national KPI for numbers of people in employment Norfolk is bottom
g. Against the national KPI for numbers of people in settled accommodation Norfolk is fifth from bottom
h. The number of Delayed Discharges which reported are disproportionately high in mental health and do not benefit from a robust reporting and management system
i. Latest Department of Health figures show Norfolk County Council to be failing in six areas out of 22 core performance indicators, of these areas four are directly linked to the poor performance of NSFT in terms of social care

4.2 In summary, the performance of the social care mental health service remains poor in key measures. In spite of the activity in year to create service improvements, significant impact

on performance has not been achieved.

5 Context – changing nature of social care since the original Section 75

5.1 Since the original Section 75 was agreed the nature of social care nationally has changed:

a. A strong focus on personalisation and personal budgets becoming the default route to access social care, with people supported in identifying services to meet their needs
b. the complexity of the care management role has changed with more people receiving services in the community not in hospital settings and the complexity of the packages of care required and the cases being managed
c. the implementation of the Mental Capacity Act has resulted in an increasingly complex set of responsibilities for social care and environment in which social care operates
d. the increased focus on adult safeguarding and the complex needs that are being managed within this process
e. Increase usage of information technology as a part of care planning and performance recording case management processes in an environment whereby health focused IT systems dominate

6 Current position:

6.1 At this stage six months into the year of interim arrangements and the improvement programme, the performance of the service remains weak. This is a cause for concern both in terms of quality of provision to service users and the correct discharge of the County Council's responsibilities through this arrangement.

6.2 The partners both recognise that this is not satisfactory and, on reviewing progress to date, have concluded that the measures which have been put in place are not adequate in assuring the necessary improvement will be made.

6.3 As noted above, the role of social care has changed substantially since this arrangement was put in place in 2008. At the time of forming this agreement there was an underpinning principle that to deliver integrated mental health services, social care and health staff could take on increasingly overlapping roles. During this time, the role of social care has changed substantially including an increasingly strong focus on personalisation and access to services through personal budgets, safeguarding and the requirements of the Mental Capacity Act. In particular, personalisation has had an impact which has been difficult to deliver satisfactorily through the existing arrangement.

6.4 Both partners recognise that integration in mental health services continues to be an imperative to ensure seamless, efficient services which are co-ordinated to meet the needs of individuals, but have concluded the model of achieving this needs to be revised.

7 Proposed next steps:

7.1 Having considered the options, the partners have agreed that continuing with the existing arrangement is not the right solution and that the arrangement for delivering integrated health and social care in mental health services needs to be revised.

7.2 Specifically, the specification for social care in mental health will be redrawn to reflect the

changed context and priorities of the Council and of social care nationally.

7.3 Having clarified what social care needs to deliver, there will then be a decision about how this is best delivered between the partners. Both are committed to an integrated service outcome, but the structure of the service and approach to delivery may need to be revised.

8 Resource Implications

8.1 The paper proposes no new resource implications, but these will be addressed in the proposed options appraisal.

9 Equality Impact Assessment (EqIA)

9.1 This paper includes no equality implications but an EQIA will be undertaken during the reshaping of social care and the options appraisal.

10 Section 17 - Crime and Disorder Act

10.1 There are clear Section 17, Crime and Disorder Act implications associated with mental health services. These services include drug and alcohol services, forensic mental health services, and mentally disordered offender's services. In addition, there are strong safeguarding children and vulnerable adults elements within the mental health services. The service is well placed to respond to the Section 17 implications, through the integrated health and social care teams and strong partner relationships.

10.2 People with mental health needs are vulnerable to be exploited financially etc and are often subject to hate crime in their communities because they are seen as different. The new information, advice and advocacy service will provide a more comprehensive and integrated service, with a greater focus on welfare rights.

10.3 Conversely, lack of support makes it more likely that people's mental state will lead to behaviour seen as antisocial by neighbours, landlords and criminal justice agencies. This can include antisocial behaviour arising from increased consumption of alcohol and drugs in an attempt to self medicate worsening mental states. Good support around a whole range of issues, such as provided by the floating support service, helps to safeguard people and enable them to be socially included and to get on with their neighbours.

11 Conclusion

11.1 Following a meeting, on 11 October, between the Director of Community Services and the Interim Chief Executive of NSFT plus senior officers from both organisations it was agreed that extensive efforts had been made to implement the recommendations of the Bradshaw Report. It was recognised that a number of these had been achieved but fundamental issues of performance remain a significant concern.

11.2 Both parties agree that integration of mental health social care and healthcare provision is essential and that the direction is in keeping with all national guidance but the current arrangement is not providing the necessary outcomes required to ensure a modernised mental health care system is provided within Norfolk. It was agreed that the model of social care in mental health should be reviewed and the means of delivery considered.

11.3 The revision of the model for social care and the options for delivery are to be subject to an appraisal process led by the Director of integrated Commissioning and the Director of

Operations (NSFT). It is anticipated that the outcome of the appraisal process will be completed by December 2013.

12 Action Required

12.1 The Panel are asked to consider the progress in terms of improvement actions and current performance and to endorse the proposed approach to:

a. Revise the model of social care in mental health

b. Undertake an options appraisal for the provision of adult social care services for mental health from 2014 onwards

Background Papers

1. Mental Health Services- Review of Report on Section 75 Agreement with Norfolk and Suffolk Foundation Trust, Overview and Scrutiny Panel July 2013
2. Bradshaw Report- attached as Appendix A

Officer Contact

If you have any questions about matters contained in this paper please contact:

Clive Rennie	01603 257021	clive.rennie@nhs.net
Catherine Underwood	01603 224378	catherine.underwood@nhs.net

IN TRAN
communication for all

If you need this report in large print, audio, Braille, alternative format or in a different language please contact Jill Perkins on Tel: 0344 800 8020, Textphone: 0344 800 8011, and we will do our best to help.

Appendix A

The 'Bradshaw Report'

Report of the Independent Review: Section 75 Partnership Agreement between Norfolk County Council and Norfolk and Suffolk NHS Foundation Trust.

1 Methodology

1.1 The Terms of Reference (TOR) were jointly produced by Norfolk County Council (NCC) and Norfolk and Suffolk Foundation Trust (NSFT). This report has a section devoted to findings in relation to each of the five TOR.

1.2 The review took evidence directly from the following people:

- Chief Executive– NSFT
- Director of Community Services – NCC
- Director of Operations Norfolk & Waveney – NSFT
- Assistant Director – Integrated Commissioning
- Service Managers and Deputy Service Managers - NSFT
- Head of Service Mental Health - NCC
- Social Care Professional Lead - NSFT
- Social Workers and Assistant Practitioners
- Care Co-ordinators from other Professions involved in social work assessments
- Business Support Mangers – NSFT
- Human Resources Managers – NSFT and NCC
- Finance Managers – NSFT and NCC
- Performance Management/Informatics Managers – NSFT and NCC
- Service User and Family Carer representatives (arrangements have been for meetings in January to gain their views)

1.3 A range of documents were supplied by the partners. The most significant national policy documents referred to are referenced at the end of the report.

2 Background

2.1 NCC and NSFT entered into an agreement under section 75 of the National Health Service Act, 2006 in April 2008, which involved the transfer to the Trust of 103 social care and administrative staff under TUPE arrangements. The 2008 agreement followed on from a previous section 75 agreement and expires on 31 March 2013. The total contract value is approximately £4.53 million. The partners decided to commission an independent review to inform decision making about future partnership arrangements.

3 Findings on Terms of Reference

(Each of the terms of reference is highlighted in blue)

3.1 TOR 1 - Social Care Pathways

3.1.1 How should mental health social care provision develop in Norfolk over the next five years in terms of the service user pathway? (As opposed to the partnerships or structures required to deliver). Taking into account the changing environment in mental health including the introduction of Payment by Results (PbR).

3.1.2 The key drivers for the social care pathway over the next five years are as follows:

a. The direction of policy, guidance and new legislation
b. The shape and further development of multi disciplinary team working
c. Implications for social care pathways of the NSFT proposed Service Strategy, 2012-2016
d. The impact of PbR on block contracting through a Section 75 partnership Agreement
e. Shifting the balance of care from care home placements to other community services
f. The impact of increased activity in community recovery based work on the volume of social care work, including the social care role in Wellbeing services
g. Changing access and assessment arrangements and the skill mix of practitioners undertaking social care tasks

3.1.3 **The direction of policy, guidance and proposed legislation**

3.1.3.1 Improving quality of care is at the heart of the Health and Social Care Act, 2012. One key means to achieve this is to ensure that care is integrated around the needs of service users and patients. In their report of June 2011 on Choice and Competition, the NHS Futures Forum said that "It is clear that the health service now needs to drive integration in a way that has simply never happened to date. In practice current contracting processes, funding streams and financial pressures can actually discourage integration." In a further report in January 2102 the NHS Futures Forum provides some very helpful guidance around overcoming the barriers and disincentives to integration saying that, "integration is not about structures, organisations or pathways: it is about better outcomes for patients. The entire health and social care system should embrace a definition of integration that truly puts people at the centre." This will be the challenge for the Trust and the Council in seeking to develop a new formal partnership agreement.

3.1.3.2 In February 2011 the government published "No Health Without Mental Health" which is a cross government, all-age strategy for mental health. The Mental Health Network and the Centre for Mental Health worked with the Department of Health and other stakeholders to publish an Implementation Framework in July 2012. The Implementation Framework explains the importance of orientating services around recovery, with provision of advice on housing, benefits and debt issues. NSFT is seeking to action some of these recommendations through the Implementing Recovery through Organisational Change (ImROC) programme. The Implementation Framework also recommends that social services authorities will need to "focus on early intervention, service integration, personalisation and recovery."

3.1.3.3 A report produced in May 2012 by Monitor, "Enablers and barriers to integrated

care and implications for Monitor" is a comprehensive review of integrated care. The report builds on the duty imposed on Monitor by the Health and Social Care Act to "enable NHS services to be integrated with the provision of health-related services or social care services" and is a helpful guide for all involved in planning and operating integrated care arrangements. Monitor's report lists the key barriers to effective integration as:

a. Quality of IT and communications systems
b. Absence of clearly agreed procedures between health and social care
c. Transfer of funds and tariff concerns
d. Risk aversion
e. Governance
f. Cultural differences

3.1.3.4 In July 2012 the government published the Draft Care and Support Bill which will give local authorities a duty to "promote co-operation and integration to improve the way organisations work together." In summary the draft Bill will:

a. modernise care and support law so that the system is built around people's needs and what they want to achieve in their lives
b. clarify entitlements to care and support to give people a better understanding of what is on offer, help them plan for the future and ensure they know where to go for help when they need it
c. support the broader needs of local communities as a whole, by giving them access to information and advice, and promoting prevention and earlier intervention to reduce dependency, rather than just meeting existing needs
d. simplify the care and support system and processes to provide the freedom and flexibility needed by local authorities and care professionals to innovate
e. consolidate existing legislation, replacing law in a dozen Acts which still date back to the 1940s with a single, clear statute, supported by new regulations and a single bank of statutory guidance

3.1.3.5 When the Bill becomes law it will have major implications for the way in which NSFT exercises delegated legal functions on behalf of NCC and will require a major training programme for Care Co-ordinators.

3.1.3.6 In summary current guidance and policy has a very heavy emphasis on health and social care working together to provide integrated services and discussions on the future of Section 75 arrangements have to take place against this clear policy backdrop.

3.1.4 The shape and further development of multi-disciplinary team working

3.1.4.1 NSFT have adopted a model where social care assessment and care management activities are carried out by Care Co-ordinators who may be Social Workers or other professionals: in the main Community Psychiatric Nurses (CPNs). This model has made the role of CPN in particular more generic. Group meetings with Social Workers and other professionals highlighted disquiet about this situation, with staff saying that it is leading to a loss of professional identity and giving people responsibilities for which they may feel inadequately qualified and trained. It has clearly been operationally helpful for NSFT to develop this genericism in order to process the volume of

statutory social care work and to promote social care responsibilities more widely within the Trust: there is more analysis of the resource issue involved in 3.2.8 below. Re-defining of social care pathways through re-negotiation of the Section 75 and the Trust's Proposed Service Strategy 2012-2016 gives an opportunity for considering whether to develop a model based around multi-disciplinary team (MDT) work as follows:

a. Allocation of cases appearing to have a high social care component to Social Workers
b. Better opportunities for using members of the MDT to assist with and advise the Care Co-ordinator on some areas of specialist work
c. Focussing more social care work on Social Workers could reduce the large volume of training in social care competencies that is currently required

3.1.4.2 The current Section 75 largely defines social care in terms of statutory responsibilities. In a recent paper "Delegated Statutory Social Care Responsibilities" there is a very clear explanation of NSFT's legal responsibilities for social care and the practical steps flowing from them: the partners should agree on a similar explanation for inclusion in any new Section 75 and ensure that it is widely understood by Care Co-ordinators to underpin the social care pathway.

3.1.5 **Implications for social care pathways of the NSFT Proposed Service Strategy, 2012-2016.**

3.1.5.1 The Service Strategy and the specific proposals for Norfolk and Waveney incorporate social care responsibilities into pathways as appropriate. The Norfolk and Waveney model defines pathways according to PbR clusters or equivalent pathways and packages of care. The Service Strategy emphasises the need to avoid duplication of effort and assessment; links with partner agencies in developing access and assessment arrangements (this issue is further discussed at 13 below) and emphasises that each service line will consist of a multi-disciplinary health and social care workforce specialised for their own service. There will be an increase in the number of AMHPs and the Trust sees these workers playing a lead role in ensuring that all care plans focus on crisis planning and prevention.

3.1.5.2 The Trust, as the provider, and the Council, as commissioner, need to ensure that there is a focus on monitoring the introduction of this major change through the Partnership Review Group and the Contract Monitoring Group.

3.1.6 **Development of personalisation and the possible synergies between Personal Budgets and Payment by Results (PbR)**

3.1.6.1 Norfolk is in the forefront of development of Personal Budgets for Mental Health and was one of the DOH pilot sites. A higher percentage of service users take a personal budget in cash payment (79% in October 2012) than the county average (40%) although there is lower than targeted take up amongst those eligible for a Personal Budget. Some of the slowing in take up over the last two years may be explained by the high level of complexity of processes to establish a Personal Budget, which are explored further at 3.2.4 below. In order to fully develop the recovery model inherent in NSFT's Proposed Service

Strategy and to respond effectively to service user needs for personalised community services, processes around Personal Budgets must be streamlined and well understood, as they will form a crucial part of the social care pathway for service users over the next five years.

3.1.6.2 Representatives from NSFT, Norfolk and Suffolk County Councils have been meeting to explore possible synergies between PbR clusters and Fair Access to Care Services eligibility (FACS). They have used the Mental Health Clustering Tool (MHCT) alongside FACS criteria to estimate the utility of PbR clusters as a predictive tool for FACS eligibility. Work in March 2012 indicated that 79.8% of clustered service users appear to be FACS eligible. This work is continuing but if brought to a successful conclusion could lead to streamlining of the pathway and administrative processes leading to a Personal Budget. There are two caveats that need to accompany this work:

a. Reviews of MHCT scores suggest that there may be a bias towards scoring higher than is necessary which would inflate the percentage of people who are FACS eligible with consequent cost pressures for NCC
b. There are widely differing levels of implementation and availability of budgets for Personalisation between Norfolk and Suffolk. Suffolk continues to have the vast majority of services purchased through a Mental Health Pooled Fund using block contracts and also has large block contracts for Supported Housing, this means there is a relatively small amount available for Personal Budgets. Norfolk has better developed Personal Budget processes and much more available funding and consequently greater financial exposure to any failures in the modelling described above

3.1.7 **The impact of PbR on block contracting through a Section 75 Partnership Agreement**

3.1.7.1 In preparation for the introduction of PbR, presently planned for 2013/14, NSFT has undertaken extensive modelling of the 21 care clusters and produced Care Package Summaries for each. Local commissioners feel there is currently ambivalence in DoH regarding introduction of PbR which is likely to lead to limited local tariff arrangements in 2013/14. The key benefits of PbR should be to:

a. Improve clarity for service users and carers about what they can expect from services and the outcomes they can achieve
b. Facilitate an understanding of clinical processes between commissioners and providers
c. Incentivise both commissioners and providers to deliver effective, efficient and equitable models of treatment and care

3.1.7.2 A review by the Mental Health Network indicated that PbR had been planned without adequate consideration of integrated mental health services and the links between health and social care responsibilities. The review also found that significant further work was required to ensure that PbR interfaces appropriately with personalisation and emerging personal health budgets. These findings were echoed by Monitor's report on 'Enablers and barriers to integration', which in referring to Care Co-ordination says that "there is limited scope to re-imburse these activities" in PbR.

3.1.7.3 Whilst in itself PbR will not directly interfere with social care contributions to care pathways, it will set up a dichotomy where mental health services will have two distinct and very different reward systems (block contract for social care functions and PbR for everything else). There has been some discussion of this issue in The Partnership Review Group and the Section 75 Monitoring Group but no conclusion has been reached. The current Section 75 Agreement gives NSFT absolute discretion to deploy Social Work staff as required by developing pathways and this freedom has been used to formulate the social care component of the Proposed Service Strategy 2012-2016. If a block contracting model is to be continued in any future Section 75 Agreement, NSFT will need to retain the discretion to deploy staff funded by NCC to undertake social care work as determined by emerging service user needs.

3.1.8 **Shifting the balance of care from care home placements to other community services.**

3.1.8.1 Norfolk has had historically high levels of placements in care homes and currently the total number of placements and block funded beds is 432 (the current comparative figure for Suffolk CC is 90 placements) There are a number of consequences flowing from this:

a. This is a high cost way of meeting need. Approximately 61% of the £14.73 million current spend on care purchasing and service agreements is used to support a relatively small number of service users
b. Service users are soon institutionalised in these settings making the application of recovery models very challenging
c. It can be difficult to engage home owners in projects aimed at moving residents on to other community services
d. It prevents service users from developing the life and coping skills which can be built upon in Supported Housing schemes

3.1.8.2 The Council has undertaken a number of projects aimed at reducing care home use and there is now a far more regular review process for residents and a panel process to gate keep all admissions. The difficulty faced by projects to reduce care home use is that there are insufficient places in Supported Housing schemes to move people on and to avoid new residential care admissions. There is an urgent need to address this imbalance of care which will require increased development of a range of housing with care options and double funding for a period whilst this new provision is developed.

3.1.8.3 The brief for this review has not extended into a rigorous examination of community services, but the views expressed by practitioners in group meetings point to the following areas as needing examination by commissioners:

a. Help at home with recovery through programmes of planned support, where providing this service through Personal Budgets was said by Care Co-ordinators to be ineffective
b. Availability of Supported Housing and other housing accommodation provision, where there are currently 113 places (the Suffolk comparator is 253 places). Based on the 2011 return to DoH Norfolk is second lowest in its local authority comparator group of 17 authorities (Suffolk is 5th in the same comparator group

c. Access to employment and specialist services to assist with gaining employment. Norfolk was bottom of its 17 authority comparator group based on the 2011 DoH return (Suffolk was 8th in this group. The commissioning strategy around employment services is to end block contracting and enable service users to access Personal Budgets for employment services. There may be problems with this approach and eligibility for service under FACS, the potential difficulty being that when service users have reached the point of readiness to access employment service they may have recovered to the extent that they are not FACS eligible

3.1.9 **The impact of increased activity in community recovery based work on the volume of social care work, including the social care role in Wellbeing services.**

3.1.9.1 The current Section 75 was written before the development of IAPT and Wellbeing services. There is also an increased emphasis within the Trust on the recovery model which is said to have increased the amount of social care work. The Trust has undertaken modelling of the volume of social care work and the resource implications of this are analysed at 3.2.8 below. There are implications for the social care pathway here as analysis by the Trust appears to show the identification of FACS eligible service users accessing Wellbeing services, who may previously not have been assessed for community care services. The current planned approach to this issue is to base Social Workers in the Wellbeing Service and to avoid referring service users who may be FACS eligible on to Adult Mental Health Teams. This pathway needs to be endorsed by NCC and given the potential resource implications a decision made about how the Wellbeing Service may be included in any future Section 75 Agreement.

3.1.10 **Changing access and assessment arrangements and the skill mix of practitioners undertaking social care tasks**

3.1.10.1 The Trust is intending to set up a dedicated Access and Assessment Service as part of the proposed Service Strategy 2012-16 and synergies with partner agency referral systems are referred to in the strategy papers.

3.1.10.2 Over the past decade there has been a complete re-shaping of delivery systems and care pathways for adult social care service users in almost all local authorities. Norfolk CC has been through this process of transforming service user pathways and staff skill mixes and is currently consulting on proposals to make further changes in 2013.

3.1.10.3 The overall effect of these changes has been as follows:

a. A high proportion of assessment, care management and review work is undertaken by telephone in the Norfolk Customer Service Centre or Care Connect. At present 70% of the 72,000 adult social care referrals to Norfolk CC are managed in this way; the remaining 30% which are more complex cases are passed to Community Teams
b. The majority of staff working in Care Connect are Assistant Practitioners (approximately 80% at present) and not qualified Social Workers. Most Social Workers in Care Connect also have a consultancy role

c. More complex work is undertaken by Locality Teams where there is a mix of qualified and unqualified staff. The proposals that Norfolk CC are currently consulting on will see a further increase in the proportion of unqualified staff
d. As a result of these pathway and skill mix changes there have been large efficiency savings

3.1.10.4 Mental health social care arrangements, including those in Norfolk, have been largely excluded from these change processes: the guiding principle has continued to be that service users require a face to face assessment process with a qualified Social Worker or other professional acting as Care Co-ordinator. The requirement to provide sufficient AMHP's is clearly a limiting factor in mental health that does not apply to other adult social care customer groups, as are legal responsibilities such as Section 117 aftercare. The Council and the Trust need to undertake a scoping exercise to establish the following:

a. How much social care work can potentially be transacted by telephone and what skill mix is required
b. What skill mix is required in Adult Community Teams and are there opportunities for the use of more Assistant Practitioners for less complex and routine work
c. What are the potential legal obstacles to this approach in respect of the need to employ sufficient AMHPs and discharge some other statutory functions

3.1.10.5 In the course of the review there have been discussions about modelling the possible changes to work patterns and skill mix described above and both the Trust and the Council are keen to explore the options. There is a need to get this work started as soon as possible as it needs to fit with the timescales for the Trust's proposed Service Strategy 2012-16. It is recommended that the Partners convene a working group to explore this issue and also to consider the resource mapping that the Trust has completed on the level of social work resource currently being deployed, (as described at 3.2.8 of this report).

3.2 TOR 2 - How well is the Partnership Agreement working and what are the significant resource and efficiency issues?

3.2.1 With reference to current and future service provision what aspects of the current Partnership Agreement are working well? Where is it not working so well? To include an assessment of the extent to which the Council's statutory obligations are being met through the existing Partnership Agreement. To achieve *a*n understanding of the workforce and other significant resource required to deliver the delegated statutory social care functions and analysis of where significant efficiencies can be introduced through pathway redesign and through redesign and integration of supporting policies, processes and systems.

3.2.2 The current Section 75 Agreement is largely an outcome based contract which specifies very few inputs (other than the contract price) and seeks to assess performance against KPIs which largely measure the volume of outputs and not their quality. There have been a number of problems with this performance management arrangement, with the Trust appearing to fail to meet a number of

key indicators. There is no formal delegation of NCC's mental health care purchasing budget, although there is a scheme (not referred to in the Section 75) which delegates spending of up to £10,000 per annum to Registered Budget Officers in the Trust. All care purchased using NCC budgets has to be entered onto CareFirst 6 and as most Care Co-ordinators do not have access to this system there have been some problems with data quality and understanding of the processes required to arrange care in a timely fashion. All of the difficulties outlined above appear to have led to a deterioration of relationships between the key staff from both organisations. Fortunately, there now appears to be growing understanding and ownership of the core reasons for these problems at a senior level and programmes of work have recently begun to address and resolve them.

3.2.3 **Trust performance against Key Performance Indicators (KPIs)**

3.2.3.1 Regular reports are produced on performance against key indicators and discussed at the Partnership Review Group and Contract Monitoring Group. The reports are produced by the Council using spreadsheet data supplied by the Trust and extracted from the three patient record systems that the Trust operates in Norfolk and CareFirst 6 for data relating to purchased care. This is highly resource intensive for the Council, with approximately 36 days annually dedicated just to the basic analysis without the management time also involved. There is a detailed variation to the Agreement (last updated on 28 February 2012) which lays out expectations and the means of measuring and monitoring each indicator. Norfolk CC has adopted a system where all adult services are measured against the same KPIs, including mental health. The 11 key indicators include Personal Budgets, Family Carer Assessments, timeliness of assessment, review activity and care home placements: mental health can only report on six of these KPIs as data is not available for some activities e.g. average waiting time for assessments. The reports show a decline in Trust performance against key indicators between years 2010/11 and 2011/12. In addition, recorded Trust activity levels have been falling which means that improvements in performance should be made easier as a smaller cohort of users is being measured**.** In 2012/13 performance has continued to be patchy with the November 2012 report showing three out of six indicators on red, one on amber and two on green.

3.2.3.2 There are problems with data quality, for example, there has been a misunderstanding about the way in which care home placements are recorded which has led to temporary placements being recorded as permanent. There is also a considerable problem with information about purchased services being recorded on CareFirst 6 which arises because data has to be input by administrative staff using a blue form completed by hand by Care Co-ordinators. The review has found that there are insufficient administrative staff trained to use CareFirst 6 and that there is very patchy knowledge of the blue form amongst Care Co-ordinators.

3.2.3.3 In response to these problems the Trust has very recently established an internal Section 75 Monitoring Group to tighten procedures and to collect information on some KPI's. The collection of KPI information by NSFT in October and November shows the following picture (Norfolk CC reported figures in brackets):

a. New Personal Budgets - October = 20 (8) November = 22 (5)
b. Carer's Self Directed Support - October = 10 (1) November = 9 (3)
c. Carer's Assessments - October = 31 (19) November = 50 (9)

3.2.3.4 The results from this manual count present a different picture of performance albeit for a very short period. The net result of the position described above is that after operating the current agreement for five years, NCC cannot be completely confident that the statutory duties it has delegated (most of which are captured by the KPIs) are being fully met.

3.2.3.5 There is further work underway between Informatics Managers from NCC and NSFT who are meeting monthly to seek to resolve data quality issues. A new specification for KPIs has been agreed and will be run live for December and NSFT is doing more work internally to agree KPI data before it goes to governance forums.

3.2.3.6 In addition to the work described above the following changes should be considered:

a. It would be better if the Trust took responsibility for reporting on KPIs. This idea is accepted in principle by NSFT and would be the standard approach to contract reporting
b. The Trust is seeking to produce a single patient record and needs to ensure that any new system can capture all essential social care data (Epex in Suffolk seems better designed from this perspective). Some key data that is not currently available, for example waiting times for assessment should be accessible through any new system
c. Recommendations below on recording of purchased care via CareFirst 6 should be actively monitored by Informatics staff
d. The Trust should identify a manager who can lead on issues around recording systems, KPIs , use of CareFirst 6 and Personal budget processes, which currently involves a number of managers from a range of backgrounds. The manager leading this work will need skills in change management, business systems analysis/engineering and have an understanding of the information that needs to be captured to meet delegated social care responsibilities

3.2.4 **Management of Care Purchasing Budgets including Personal Budgets.**

3.2.4.1 The budget for mental health care purchasing and service agreements with the third sector is £13.28 million, but the current commitment is running at £14.74 million. There is no delegation of this budget under the section 75 Agreement, but partial delegation to Registered Budget Holders in NSFT enables up to £10,000 per annum to be approved locally. All recording on purchased care has to go onto CareFirst 6. Any expenditure over £10,000 per annum is still directly controlled by NCC via an approval Panel. There are a number of issues arising from these arrangements, in particular recording on CareFirst 6, quality of assessments under the Community Care Act, Care Co-ordinator's experience of Panel meetings and some expenditure on Personal Budgets meeting service users wants rather than their needs.

3.2.4.2 **Recording on CareFirst 6** is required for all purchased care and there are substantial difficulties in actioning this. The majority of Care Co-ordinators do

not have access to CareFirst 6 and record on a paper form (the blue form) which should then be put into CareFirst 6 by an administrator. In practice there are not enough administrators skilled up to complete this task and this combined with patchy compliance by Care Co-ordinators results in delay and confusion. There are also processes currently not accessed by the Trust via CareFirst 6, for example, the production of an indicative amount for a Personal Budget, which is dealt with by exchange of faxes. As a result the administration of Personal Budgets has become a muddle and a source of immense frustration to Care Co-ordinators. A helpful seminar involving key staff from both partners was held very recently to plan changes to overcome the current difficulties: the agreed medium term aim from this seminar was to train Care Co-ordinators to make direct entry onto CareFirst 6. Improvements to this area are key to the long term working of a successful partnership and the partners will need to follow up the recent seminar with proposals to streamline processes around recording of care packages.

3.2.4.3 **Undertaking Community Care Act Assessments** under Section 47 of the Act is delegated to NSFT. There has been confusion over whether a CPA assessment can also constitute a valid assessment under the Community Care Act and the system for recording a community care assessment (using three different NSFT systems) has not helped. Interestingly the position in Suffolk is that the Council accepts that CPA can constitute a community care assessment, but this is against the backdrop of the Epex system which requires a tighter record of the social care elements of an assessment. The current position results in NCC not having confidence that community care assessments are fully compliant with legal requirements and this has resulted in assessments being criticised at Panel meetings.

3.2.4.4 Clearly it is not possible to have CPA and community care assessments running separately and the partners need to determine what changes need to be made to Trust electronic patient records to capture and prompt the essential work required as part of a community care assessment: the Suffolk experience may help with this. There is also a need to ensure that management supervisors and Registered Budget Officers have the necessary skills and knowledge of social care assessment to support and control the quality of community care assessments.

3.2.4.5 The partners need to resolve the current confusion over what constitutes a community care assessment. This will involve agreeing the way in which the Trust electronic patient record will describe and prompt the core tasks involved: the Suffolk experience with Epex may assist this. Additionally, line managers and registered budget officers need a good working knowledge of community care assessments and the supporting law and regulations.

3.2.4.6 **Panel meetings** consider all requests for funding over £10,000 per annum and are chaired by NCC with attendees from the Trust and PCT. Many Care Co-ordinators find the process intimidating and feel that their mental health expertise is not recognised. There is also a feeling amongst Care Co-ordinators that the Panel process is driven by the need to make savings and does not have sufficient focus on service user need. From the NCC perspective there are feelings about poor quality assessments as described above and there is a compelling need to try to reduce the volume of expensive care home placements. An internal NSFT paper recommends that NSFT stop

having a standing Panel member and instead send Registered Budget Officers (RBOs) rather than Care Co-ordinators to present cases to the Panel. Although this would be an additional time pressure for RBOs it would free up Care Co-ordinator time and provide an added impetus for increasing the skills of RBOs on social care matters. The alternative option for streamlining the process would be for the Panel to consider paper assessments and only call in Care Co-ordinators or RBOs where the assessment recommendation was inadequate and could not be adopted. Panels also generate work in connection with the regular review of cases, in some cases three monthly and the partners need to consider whether all of these reviews of packages over £10,000 need formal Panel meetings.

3.2.4.7 **Personal budgets in mental health** are well developed in Norfolk and a number of innovative arrangements were described by respondents to the Review. There is a perception in the Council that some Personal Budgets have been agreed locally which reflect service user "wants" rather than "needs" that can be evidenced back to the community care assessment and care plan. Care Co-ordinators also referred to payments that had been made that were not sufficiently needs based. It appears that these past mistakes have been acknowledged, but moving forward the Trust must ensure that Care Co-ordinators and in particular RBOs are confident in ensuring that Personal Budget allocation is clearly linked to both eligibility and needs arising from assessment and care planning.

3.2.5 **Delivery of the Approved Mental Health Professional (AMHP) Service**

3.2.5.1 There is a partial delegation of responsibility for the AMHP service in Norfolk. The day time service from 8.45 – 5.30 Monday to Thursday and 8.45 – 4.35 Friday is delegated to NSFT. AMHP services outside of these times are the responsibility of the Council and are delivered through the Emergency Duty Team**.** This is an unusual arrangement in comparison with other parts of the country where it is more common for one partner to take overall responsibility for delivering the service. Whilst there was no evidence presented to this review that it was unsafe, if the partners decide to continue to operate an integrated Section 75 service, they should explore future models for AMHP service delivery to include looking at the Trust having daily 24 hour responsibility. The Council has delegated all of its daytime responsibilities with the exception of those that it legally has to exercise, which are: approval and re-approval, withdrawal of approval, ensuring "sufficient" supply and ensuring adequate training for new and existing AMHPs.

3.2.5.2 The Trust currently has 65 AMHPs (47 of these are Trust employees) and operates a rota covering five localities with two AMHPs on duty in each locality every day. There is no agreed national definition of what constitutes "sufficient" AMHPs as required by legislation. After analysis of the current operation the Trust has concluded that the existing pool of AMHPs is not sufficient and needs to be increased by 15; this proposal is outlined in the Trust's proposed Service Strategy 2012-16, which will create designated posts of AMHP in Adult Community Teams.

3.2.5.3 AMHPs consulted as part of this review felt that some locality rotas were beginning to struggle with the volume of work; this was reported to be particularly the case in the West and sometimes in the East and City. Perhaps

of greater concern to AMHPs was the availability of services that were required following assessment in particular long waits for ambulance transport and lack of beds, which added to the stress of the role. AMHPs felt their independence was well respected and they have access to independent legal advice, although the quality of this was felt to be patchy and sometimes poor. AMHPs also referred to the lack of incentive to continue in the role which is particularly the case with workers under NCC protected terms and conditions, who are substantially worse off financially than AMHPs on Trust contracts at band 7. The quality of the mandatory refresher training was felt to be adequate.

3.2.5.4 Norfolk CC has to make decisions about an AMHPs continuing suitability to be approved. It was felt that information about poor performance is not routinely shared with the Council which does not enable this function to be adequately carried out. The Council has just produced a revised procedure on AMHP Selection, Training, Approval, Appointment and Re-Approval: this procedure should form a schedule to any new Section 75 Agreement.

3.2.5.5 The Trust intends to develop the AMHP service as described in the proposed Service Strategy 2012-16. There is an agreed Job Description for AMHPs and an agreed proposal to transfer AMHPs on NCC protected salaries to Agenda for Change Band 7 to end disincentives to their continuing to work as AMHPs. AMHPs on Trust terms and conditions will also have to commit to a minimum number of sessions (currently 30) per annum; additionally a proposal to reduce an AMHPs non AMHP workload in proportion to their rota commitments has been agreed.

3.2.6 **Policies and procedures including Adult Safeguarding arrangements.**

3.2.6.1 The current section 75 Agreement is silent on which policies and procedures should be followed in carrying out the statutory duties delegated by the Council, in fact the Agreement has a Schedule 13 Policies and Procedures which is marked “Not used”. This means that there is no reference in the agreement to responsibility for key functions such as Adult Safeguarding where the Trust has taken on overall responsibility; including inputting referral information onto CareFirst 6, leading on strategy discussions with the Police and at any strategy meeting if required. If a case is progressed beyond the strategy stage the Trust will carry out the assessment and hold the safeguarding conference. This process was understood by Care Co-ordinators interviewed as part of the review, but any new Section 75 agreement should formalise this arrangement. Similarly the parties should consider whether there are any other procedures that need to be clarified in future.

3.2.6.2 Schedule 14 of the current agreement which relates to complaints needs to be updated to take account of organisational changes in the management of complaints by the Council.

3.2.7 **Governance arrangements including lines of accountability and contract management.**

3.2.7.1 There are clear and functioning arrangements for monitoring the operation of the Agreement through a Partnership Review Group and a Contract Monitoring Group. Full sets of minutes are available for these and there are regular

planned meetings.

3.2.7.2 Where there is clarity about the meeting structure for governance of the Agreement, lines of accountability are less clear. There is commissioning input from the Assistant Director Integrated Commissioning, the Commissioning Manager for Community Services and the Head of Mental Health in NCC. There have been a number of issues with performance that have resulted in a perceived need by the Council to intervene at Team level in NSFT to advise or update on processes/procedures (particularly in relation to community care assessments and purchased care). NSFT have found this approach unhelpful as it compromises local line management and leaves senior management at NSFT "out of the loop." Any new section 75 Agreement needs to be clearer about lines of accountability and needs a vertical model for alerting the Trust to issues, which will enable senior management to take ownership of problems and lead on their resolution. The Council is involved in both commissioning this service and its contract management and the partners need to agree how and by whom these functions will be exercised.

3.2.7.3 The review has heard that changes are often required to reflect new guidance, legislation or internal procedures. A good example of this is the recent changes to the calculation of Personal; Budgets, which has required a last minute solution. There would be merit in the Partnership Review Group producing an annual plan to scope out the work that both partners wanted to action and agreeing what should go forward and how the work should be done. This more systematic approach would assist the partners in planning workflows and would prevent some of the ad hoc pieces of work that happen at present.

3.2.8 **Resource required to deliver statutory social care functions and budget reporting by NSFT.**

3.2.8.1 The total budget for the service is £4.53 million (including non-pay costs). In 2011/12 there was an underspend of £84,018 and the risk sharing arrangements in the current Section 75 mean that the Trust retains this sum. Although the Section 75 Agreement requires quarterly financial reports to be presented to the Partnership Review Group, this does not appear to happen and the partners have been content to have an annual outurn report.

3.2.8.2 The partners have been involved in a very complex piece of work arising from the pension transfers from the Local Government Pension Scheme (LGPS) that took place in 2008. This work follows a decision by the Government Actuaries that the NHS and local government schemes were not comparable schemes for TUPE purposes leading to a deficit of approximately £2 million, which is the subject of negotiation between the partners. The partners are planning to gain admitted body status to the LGPS for NSFT to avoid future difficulties.

3.2.8.3 In 2008, 103 staff (not fte) were TUPE transferred to the Trust from the Council. Figures recently produced by the Trust show that there are now 112.3 fte staff posts allocated to servicing the Section 75 contract and designated as follows:

a. Social Workers - 79.92 (£2,834,981)
b. Assistant Practitioners - 18.46 (£374.424)

c. Social Work Managers - 7.5 (£409,637)
d. Admin Support - 6.42 (£166,685)

3.2.8.4 After applying 22.5% for overheads, adding non-pay budgets such as travel and adjusting for Council training and premises contributions, the Trust calculates the cost of the designated posts delivering the Section 75 as £4,988,595 (£458,401 over the contract price of £4,530,194). Actual spend on the contract should be lower than £4.988,595 as the spreadsheet showing staff in post at June 2012 shows 25 vacancies in a cohort of 112.3 fte. It should be noted that the Trust also funds 11 fte Social Worker posts from mental health funds outside the Section 75 Agreement.

3.2.8.5 Senior Finance Managers from the Trust and the Council need to ensure that these figures accurately reflect the service being purchased under the Section 75 Agreement in particular around the overhead costs and the vacancy rate assumptions that should be applied.

3.2.8.6 The Trust has done some work on the resource required to deliver its delegated social care responsibilities and produced a paper which has been given to the Council. The paper applies a range of formulae to calculate the required number of staff (fte) and the cost. The paper applies standard assumptions about the numbers of customers who will be FACS eligible and the amount of time required to undertake specific tasks, for example 23.5 hours to commission a community care service after the assessment. By applying these formulae and standard assumptions the resource required is estimated as follows:

a. Year One – 647 fte staff (£26.8 million)
b. Year Two – 276 fte staff (£11.4 million)

3.2.8.7 The difference between the figures for years one and two is said to reflect the fact that there will be much less activity in year two. By way of comparison the Council currently employs 426 fte staff to deliver all adult social care assessment and care management at a cost of £16.5 million which is planned to reduce to 426 fte (£15.1 million) in 2013/14.

3.2.8.8 The Council feels that many of the working assumptions made in this report may be incorrect in particular:

a. The % of people who will be FACS eligible, in particular the working assumption that the Mental Health Clustering Tool will be an accurate predictor of FACS eligibility
b. The time allocated to undertake tasks
c. The assumption that cases will remain open to a named Care Co-ordinator as long as a council funded care package is in place
d. There are also issues about the process of separating out social care costs from the costs of fulfilling the Trust's responsibility to assess under CPA

3.2.8.9 These matters require resolution as soon as possible and it is recommended that a working group should be established to resolve this issue and also to consider the linked issue of staff skill mix referred to in 3.1.10 of this report.

3.2.9 **Potential for efficiencies.**

3.2.9.1 The potential for efficiency improvements is discussed at various points in this report. The key areas identified are as follows:

a. Adjusting social care pathways by undertaking a proportion of assessment work through telephone contact. This approach fits well with Trust proposals for Access and Assessment as outlined in the proposed Service Strategy 2012-2016
b. Changing the balance of qualified/unqualified staff undertaking social care tasks subject to requirements for qualified staff to undertake some statutory work
c. Reduce Trust staff inputs to Panel processes as described at 16 above
d. Establish a single electronic patient record in Norfolk which captures key social care information and ensures that core responsibilities for community care assessment are complied with
e. Improve and streamline recording of purchased care on CareFirst 6 through direct entry of information by Care Co-ordinators
f. Change arrangements for the production of management reports on KPIs to give this responsibility to NSFT and consider the extent of the data that needs to be collected

3.3 TOR 3 - Evaluation of possible delivery models for future service provision

3.3.1 Describe the options available to the Council and NSFT in terms of partnership or other delivery models for future service provision, taking into account where we are starting from and drawing on learning locally and nationally as appropriate.

3.3.2 The national policy drivers detailed earlier in this report support and, in some cases, place a duty upon the NHS and Councils to work together to deliver integrated services. Despite this policy guidance the current national picture shows a move away from integrated mental health services in some areas. The British Association of Social Workers (BASW) is currently undertaking a national survey to provide a clearer picture, but a limited survey by the College of Occupational Therapists, of members working in mental health trusts, identified several areas where social work staff have been withdrawn from joint working. This includes five boroughs in Greater Manchester, Wolverhampton, Derbyshire, East Sussex and Bristol. There are other authorities not mentioned in the Occupational Therapy survey where longstanding formal partnership arrangements are ending, as is the case in Northumbria. The reasons for moving away from integration include:

a. Lack of definition and ownership of the social care agenda
b. Relationship breakdown and cultural differences
c. A perception that the social care agenda is marginalised in NHS Trusts
d. Failure to meet social care Performance Management targets
e. The need to make savings means that some local authorities see an opportunity to bring Social Workers back under their direct control, so that they can be allocated other work with adults

3.3.3 In Suffolk a recent review has resulted in the continuation of the formal

partnership agreement, but unlike Norfolk social work staff in Suffolk are seconded by the Council and not directly employed by NSFT.

3.3.4 The possible delivery models are described in turn below with analysis of risks and benefits.

3.3.5 **Model 1. To achieve further integration by adding delegation of the NCC care purchasing budgets to the current integrated model.**

3.3.5.1 This was the original intention when the 2008 Agreement was being drawn up, but a decision was taken later on, not to include the care purchasing budget. The current mental health budget for care purchasing and for service agreements with the third sector is £13.28 million but the forecast spend for 2012/13 is £14.74 million. An arrangement operates whereby there is local delegation to NSFT staff for all purchases under £10,000 per annum. This arrangement is not mentioned in the current Section 75. There are a number of statutory duties that would have to remain with the Council were the budget to be transferred to NSFT, including:

a. Setting Fair Access to Care (FACS) eligibility criteria
b. Establishing a Resource Allocation System (RAS) for determining levels of Personal Budgets
c. Setting local charging criteria for domiciliary care within the context of national policy
d. Financially assessing service users for payments for their care
e. Collecting income from service users
f. Handling appeals and complaints about charging

3.3.5.2 In the light of the Council responsibilities above any delegation would be complex and would require a very high level of joint working to operate on a day to day basis. Additionally, there are a number of difficulties with the current operation of the care purchasing budget, particularly in relation to setting Personal Budgets. These budgets are also under considerable pressure and need to deliver savings which would mean that any transfer would require a robust risk sharing protocol.

3.3.5.3 However, transfer of this budget could be seen as a natural progression for the integrated service and the Trust and Council would be able to dispense with time consuming processes used to manage the current part delegation. If a satisfactory risk sharing protocol could be developed the arrangement could potentially benefit both partners and service users. It is fair to say that NCC do not see this as an option at present, believing that there is much work to be done to build mutual confidence and greater clarity about budget holder responsibilities with the current arrangement. However, if the partners continue to operate an integrated service this issue should be kept under active review.

3.3.6 **Model 2. To retain the current integrated model with NSFT as the employer of all social work staff and related administrative functions and look for opportunities to further integrate supporting systems and processes e.g. informatics, IT, panel processes, personal budgets in order to reduce duplication and bureaucracy and hence increase**

efficiency.

3.3.6.1 The current and possible future social care pathways are described earlier in this report and this shows that social care has become highly integrated into the work of community teams in NSFT. The current integrated model has a range of professionals delivering social care and there are undoubted benefits for service users in avoiding duplication and having a range of skills available for deployment using a multi-disciplinary team approach. Both groups of Social Workers that gave evidence to the review were positive about the integrated model and, whilst recognising a range of issues for improvement, thought that any moves away from this would be a retrograde step.

3.3.6.2 The weaknesses in the current integrated model have led some respondents to question whether it can be made to work effectively. These weaknesses (many of which relate to the operation of recording and purchased care arrangements) are highlighted earlier in this report and recommendations for efficiency improvements are detailed at 3.2.9 above. If the partners are to commit to a new agreement they will need to be clear as to whether, and how, these efficiencies can be delivered in addition to agreeing on the NCC funded resource that needs to be deployed to deliver delegated statutory social care responsibilities. Additionally, NCC will need to be assured that performance against any new KPIs will have the highest priority, which does not appear to have not been the case with the current agreement until very recently.

3.3.7 **Model 3. To end the current arrangement and TUPE staff back to NCC but second those staff to work within Community Teams under NSFT line management.**

3.3.7.1 Adoption of this model would effectively re-instate the position that applied before the 2008 TUPE transfer of Social Workers. This is the model operated by the Trust in its section 75 Agreement with Suffolk CC. Whilst this model might be theoretically possible there is no support from the Trust or the Council and there could be problems in both getting political support and meeting the necessary legal tests to demonstrate that a valid TUPE transfer could be made.

3.3.8 **Model 4. To end the current agreement and TUPE staff back to NCC, and operate a model where social care staff are co-located within NSFT mental health teams but line managed by NCC.**

3.3.8.1 This model would preserve some elements of integration as social care staff would remain co-located with other professionals in mental health teams. There would be a number of key issues to resolve to effect this change as follows:

a. **Determining which staff would TUPE** would involve all Social Workers and APs transferring to NCC. Where other staff were assessed as undertaking a large proportion of their time on social care they could also transfer to NCC. NSFT and NCC would have to analyse what proportion of each Care Co-ordinator's time was spent on statutory social care tasks and then agree whether that person was undertaking such a proportion of social care work to require transfer with the service. This could potentially mean that CPNs were

transferred to the employment of NCC. It could also mean that NCC emerged with a liability to TUPE a staff group costing more than the £4.53 million they currently pay the Trust for the contract. The converse risk could also apply if the value of the Social Workers and APs is less than £4.53 million and no CPNs were assessed as doing enough social care tasks to transfer: this could leave the Trust with some unfunded CPN workforce

b. New line management arrangements for social care staff would have to be developed by NCC and this would also involve determining responsibility for management of care purchasing budgets

c. Pension transfers to the Local Government Scheme would have to be effected at the same time as the current complex negotiation around the pension transfers that took place in 2008, as referred to in 3.2.8 above

d. **Administrative, office accommodation and other support costs** would have to be negotiated

e. **Assessment arrangements** would need to be re-modelled to avoid duplication where possible and to determine whether a joint approach using CPA could be continued or whether each partner would revert to their separate statutory responsibilities. NCC assessment work would most probably have to be recorded on CareFirst 6

3.3.8.2 Overall this model would require considerable resource input to effect the TUPE transfer and to establish new working arrangements. It has the potential to de-stabilise the workforce at a time when the Trust and the Council are both pursuing major programmes of change leading to reductions of staff numbers. The majority of respondents to the review from NCC and NSFT considered that this model would be their preferred option if the partners decided not to continue with their Section 75 Agreement.

3.3.9 **Model 5. To end the current agreement and TUPE staff back to NCC, locate the staff within NCC premises and manage them through a separate NCC mental health structure**

3.3.9.1 This model would probably only be considered if arrangements could not be agreed to co-locate NCC and NSFT staff as described in Model 4 above.

3.3.10 **Model 6. To end the current arrangement and for NCC to provide mental health service through a Social Work Practice or through partnership with another local authority.**

3.3.10.1 The rules for establishing social work practices have been relaxed since the initial piloting stage began just over a year ago. The seven current pilots (including one in Suffolk) are small scale and in areas of practice that are generally less challenging that mental health social work. Governance arrangements require that a separate company is established in which Social Workers constitute a majority of Board members. None of the respondents to the Review considered this to be a workable option at present.

3.3.10.2 As part of this review there have been discussions with key managers from Suffolk CC responsible for their Section 75 Agreement. Whilst there is great

enthusiasm for continuing to build links and share learning from the two systems, Suffolk are happy with their current secondment based model and feel that any move to a joint Norfolk and Suffolk mental health social work service would require an injection of management and development resource that is not currently available to them.

3.4 TOR 4 - Development of NSFT's Social Care Role

3.4.1 In so far as the review considers that the delivery model should be an integrated one, what arrangements should the Trust have in place to ensure recruitment, professional development of social workers and support for Social Workers and social work as a profession whilst ensuring an integrated model.

3.4.2 NSFT produced a draft Social Work Strategy in November 2012 which it is intending to consult on with stakeholders shortly. Prior to producing the draft strategy the Trust had established comprehensive job descriptions for AMHPs (Band 7) and Mental Health Social Workers (Band 6). Additionally, the Trust has produced an analysis of their AMHP provision and agreed a number of actions which are detailed at 3.2.5 above.

3.4.3 The draft strategy describes the multi-disciplinary team approach that will be adopted in the Trust and points to the particular expertise and perspective that Social Workers can contribute. The analysis of social care pathways earlier in this report highlighted issues raised by Care Co-ordinators about erosion of professional identity and the feeling that a generic role had emerged which most were uncomfortable with. There is a challenge in translating the draft strategy into a working multi-disciplinary model which can also play to the professional strength of Social Workers and other professionals. A key issue raised by Social Workers was the quality of their professional supervision which was felt to be poor. Social Workers felt the onus was on them to seek out an appropriate supervisor without a clear Trust policy: the draft strategy seeks to address this by making professional supervision a requirement and establishing compliance with the Social Work Reform Board's (SWRB) supervision framework.

3.4.4 The draft strategy has a section on recruitment and retention which covers Continuing Professional Development (CPD) in outline: there is scope to reach a shared understanding between the partners of how CPD should operate in the Trust drawing on expertise within the Council as required. There are similar issues about training where the Council retains a budget and provides much of the social care training including training on systems such as CareFirst 6, whilst the Trust provides a range of more generic mandatory training. Improved arrangements for professional supervision would help to identify social care training needs in the Trust. There is a commitment in the draft strategy to improve compliance with national guidance around newly qualified Social Workers, which was an area of weakness identified by respondents to the review and is a key element of maintaining successful recruitment and retention.

3.4.5 The current Section 75 has no definition of social work or the process of delivering social care responsibilities, preferring to rely on a long recital of delegated statutory powers. The Trust have made a good first attempt at defining social care responsibilities as a process in their recent paper on the

resource required to deliver social care functions. It would be helpful to include definitions of both social work and social care responsibilities, agreed by the partners, in any new Section 75 and also to include them in the Social Work Strategy.

3.4.6 In a specialist area such as mental health social work, there are issues about keeping the workforce refreshed in respect of the wider developments in social work both nationally and locally. Social Workers felt that there should be opportunities for short term secondments of staff between the Trust and the Council's Community Teams. There are plans to further develop the Social Work Forum that operates in the Trust, this group is currently made up of people with a social care lead role in some area of operation, but it may be that membership should be extended to all Social Workers in the Trust, as is the case in Suffolk. This approach enables the forum to be used for updating staff, launching new initiatives and achieving consistent practice. The Suffolk Forum has also been successful in helping to maintain Social Workers' professional identity.

3.4.7 The draft Social Work Strategy has welcome commitments to work to standards set by the SWRB and to publish an employer's annual health check. The draft strategy also identifies the Trust's Social Care Professional Lead as "the Principal Social Worker" in line with the SWRB recommendation of a strategic lead role in organisations employing Social Workers. There are also commitments to maintain a register of Social Workers, monitor their registration status with the Health and Care Professions Council and to encourage engagement with the College of Social Work.

3.4.8 Overall the draft social work strategy represents a framework that can drive development and improvement of professional social work in the Trust and it is recommended that it becomes a live operational document as soon as possible.

3.5 TOR 5 - Facilitating good governance of Mental Health Social Work

3.5.1 In so far as the review considers that the delivery model should be an integrated one, what arrangements should the Trust have in place to ensure good governance in relation to its social care delegated function. What arrangements should the council have in place to minimise bureaucracy and improve integration.

3.5.2 There has been some debate about representation of social work issues and governance at Board level in the Trust. Put simply, the Council believe there should be a Director with responsibility for social work and the Trust do not. Currently, operational responsibility for social work in the Trust rests with the two Operations Directors for Norfolk & Waveney and Suffolk, both of whom are Board members. The Board has a Director of Nursing and a Medical Director both of these posts are legally constituted at Board level and have patient safety/clinical governance briefs, rather than being operational responsibility. In its draft Social Work Strategy the Trust has identified their Social Care Professional Lead as Principal Social Worker in line with SWRB recommendations for a named individual to take a strategic lead and this is not a Board position. The situation might be resolved by allocating a brief on social

work governance to a suitably experienced Non Executive Board member.

3.5.3 The review did not identify any systematic, existing arrangements for quality audit of social work within the Trust; there is a section in the draft Social Work Strategy that outlines proposals to undertake the annual social work "health check" recommended by the SWRB and to report through an annual plan. This seems a good way to proceed, but the partners should also consider whether there are opportunities to use the Council's Quality Assurance Team to look at specific areas of practice. The Safeguarding Audit that took place two years ago is reported to have helped to refine and improve Trust procedures and should be built upon where appropriate.

3.5.4 Both the Council and the Trust have posts with a social care lead responsibility for mental health. The Council's Head of Service Mental Health has a range of responsibilities including managing the Care Purchasing Budget and also functions that cannot be legally delegated, including some elements of the AMHP service, Mental Capacity Act and Deprivation of Liberty functions and overall responsibility for Guardianship functions. The Trust's Social Care Professional Lead is responsible for strategy, policy and governance but is not operationally responsible. It is recognised that the Council has statutory mental health functions that must be exercised by an employee of the Council. However, the Council's Head of Service and the Trust's Professional Lead would have greater opportunities for maximising integration of work if an arrangement could be reached which enabled either part or full co-location.

3.5.5 The Trust is seeking to raise the profile of social work by introducing Social Care Lead roles into each Locality. The Social Care Leads provide advice on social work and social care to their Locality Management team and professional leadership to Locality Social Workers including professional development, research and social care policy issues both local and national. The development of these roles should improve the ownership of social care issues within the Trust. The Trust also has a fully functioning system of locality AMHP leads. There are relatively few senior operational managers with a social care background in Norfolk which contrasts with the Suffolk position. The Trust needs to use succession planning and its Talent Manager to ensure that management potential in its social care workforce is fully tapped.

3.5.6 Recommendations on streamlining of some Council processes are made in 3.2.9 above which lists possible efficiencies.

4 Key recommendations

4.1 The Trust should examine whether it can re-model multi-disciplinary team working to place increased emphasis on professional identities and skills and enable Care Co-ordinators to involve colleagues in specialist elements of their assessment work.

4.2 Any future Section 75 Agreement should include a practical definition of both social work and social care responsibilities including assessment and care management processes, as well as the current list of delegated legislation.

4.3 If a block contracting model continues to be applied in any future Section 75 Agreement, NSFT will need to have the discretion to determine where to locate

social care staff.

4.4 There is an urgent need to address the imbalance between the use of care home places and the availability of other community services which can aid recovery.

4.5 The partners need to decide how the Wellbeing service should form part of any future Section 75 Agreement.

4.6 The partners need to establish a working group as soon as possible to consider both the extent to which assessments can be carried out on the phone and the skill mix of qualified and unqualified staff required for assessment work. This group should also consider both the mapping that the Trust has completed to estimate the resource required to discharge delegated social care responsibilities, and the work undertaken by Trust finance staff to calculate the cost of the current 112.3 fte posts devoted to the Section 75.

4.7 The Trust should report to the Council on performance against KPIs in any new Section 75 Agreement.

4.8 Any new Trust electronic patient record should identify key elements of social care assessment and care management. The Suffolk experience may help with this.

4.9 The Trust should identify a manager who can lead on all issues around recording systems, KPIs, use of CareFirst 6 and Personal Budget processes.

4.10 Improvements to recording of purchased care on CareFirst 6 are key to the long term working of a successful partnership and the partners will need to follow up the recent seminar and implement proposals to streamline processes around recording of care packages..

4.11 The partners need to consider the proposals in 3.2.4 on streamlining Panel meetings and adopt one of them.

4.12 The Trust and the Council must ensure that Care Co-ordinators and, in particular, RBOs are confident in ensuring that Personal Budget allocation is clearly linked to both FACS eligibility and needs arising from assessment and care planning.

4.13 The partners should explore possible future models of delivery for the AMHP service if they decide to continue to operate an integrated service. This should include examination of the merits of the Trust taking on daily 24 hour responsibility for delivery of the service.

4.14 Information about poor performance by AMHPs should be routinely shared with the Council.

4.15 Any new Section 75 agreement should formalise existing custom and practice for Adult Safeguarding work.

4.16 Any new section 75 Agreement needs to be clearer about lines of accountability with a vertical model for alerting the Trust to issues, which will enable senior management to take ownership of problems. The Council is

involved in both commissioning this service and its contract management and the partners need to agree how and by whom these functions will be exercised.

4.17 The Partnership Review Group should produce an annual plan to scope work that both partners want to action in the following year, agreeing what should go forward and how it should be done.

4.18 The partners should consider the relative merits of the delivery models analysed in this report under TOR 3 with a view to retaining the maximum degree of integration that can be achieved in the light of resource and other constraints acting upon them.

4.19 Recommendations in the draft Social Work Strategy on professional social work supervision should be implemented as soon as possible.

4.20 There should be opportunities for short term secondments of social work staff between the Trust and the Council's Community Teams.

4.21 The draft Social Work Strategy represents a framework that can drive development and improvement of professional social work in the Trust and it is recommended that it becomes a live operational document as soon as possible.

4.22 The partners need to finalise discussions about representation of social work issues at NSFT Board level.

4.23 The Council's Head of Service and the Trust's Professional Lead would have greater opportunities for maximising integration of work if an arrangement could be reached which enabled either part or full co-location.

4.24 The Trust needs to use succession planning and its Talent Manager to ensure that management potential in its social care workforce is fully tapped.

5 References

a. Section 75 Agreement – 18 April 2008
b. Performance Monitoring Reports of Mental Health Provision as provided by NSFT – from 2010/11 to November 2012
c. Health and Social Care Act, 2012
d. NHS Futures Forum "Choice and Competition" Report – June 2011
e. NHS Future Forum Summary Report – January 2012
f. No Health Without Mental Health – February 2011
g. No Health Without Mental Health - Implementation Framework – July 2012
h. Enablers and barriers to integrated care and implications for Monitor – May 2012

Mike Bradshaw
Version 2 – 3rd January 2013

Community Services Integrated Performance and Finance Monitoring Report for 2013-14

Report by the Director of Community Services

Summary

This report provides the second performance, risk management and finance update for 2013-14 to Community Services Overview and Scrutiny Panel. An integrated Performance, Finance and Risk report is presented quarterly to this Panel. The report monitors progress against the Corporate Objectives set out in the County Council Plan that are covered by Community Services Overview and Scrutiny Panel.

The first section covers key performance and risk information and the second financial performance. The performance section is structured around the Community Services dashboard (Appendix A to this report).

The information included within this report is the most up to date available at the time of writing. Any significant changes to the performance information between publishing this paper and presenting to Panel will be updated verbally.

Performance summary

Good progress continues to be made with transformation and efficiency across Community Services. There are some variations from the programme plan but actions are in hand to maintain progress. Our performance indicators show that library usage is down on last year. Adult Care Services show improvements in permanent admissions for people aged 65+, delayed transfers of care attributable to social care and settled accommodation for people with learning disabilities. Provisional benchmarking for 2012/13 suggests that we are doing well compared to other areas on supporting carers, reablement and service user satisfaction. There have been increases in permanent admissions for people aged 18-64 and sickness absence levels across cultural services and performance in these areas will need to be watched in the future.

Finance Summary

As at the end of August (period five) the forecast revenue outturn position for 2013-14 is a balanced budget. Adult Social Care and Cultural Services are forecasting balanced budgets. There is a small underspend forecast for Community Safety.

There are financial pressures in Adult Social Care but these are offset by some underspends and the use of reserves. Some of the Purchase of Care overspends are due to Continuing Health Care expenditure on behalf of Health and this is offset by the recharge to Health - more detail is in Appendix B. The department has also made savings from where Health have assessed people as being eligible for Continuing Health Care in March 2012. Some of this income is recurring. The department is keeping under review how much of the income is recurrent and will revise the budget for future years as appropriate.

Action required

Members are invited to discuss the contents of this report, to note progress and consider whether any aspects should be identified for further scrutiny.

1 Background

1.1 This report presents the latest Community Services performance dashboard to Overview and Scrutiny Panel. The dashboard acts as an overview of departmental performance identifying progress against four themes, Delivering Norfolk Forward, Managing our Resources, Outcomes for Norfolk People and Service Performance. The dashboard is a consistent format across NCC including, where relevant, statutory requirements unique to each service. The dashboard also includes measures that enable the management team to focus upon service priorities, presenting an 'at a glance' approach to performance, focussing on local priorities for Norfolk.

1.2 Departmental dashboards form the basis for monthly departmental management discussion of key priorities. A cross section of information from the departmental dashboards is also escalated for strategic discussion at Chief Officer Group (COG). Dashboards are continuously developed to reflect emerging priorities.

1.3 The purpose of this report is to alert Members to areas of concern and highlight areas of improvement within the Community Services dashboard including an update on the latest financial position against the budget and risk management arrangements.

1.4 The most significant performance changes, or areas of concern, are discussed in more detail within the main report.

1.5 This report makes several references to provisional benchmarking information for 2012-13. Due to a national embargo on using this information publicly until the figures are fully finalised, we are not currently permitted to provide the Panel with a full benchmarking report. As soon as the embargo is lifted, we will provide the Panel with a full report of all the findings.

1.6 Please see Appendix A for the current performance dashboard.

2 Community Services – Managing Change

2.1 Adult Social Care continues to undergo major transformation to remodel services to deliver better outcomes whilst delivering savings.

2.2 Cultural Services continues to implement a wide range of efficiencies involving reduced and restructured staffing in libraries and museums, the relocation of collections and rationalisation of buildings.

2.3 The overall assessment of the **Adult Social Care transformation programme** is currently amber. This means that there is some variation from the programme plan but actions are in hand to maintain progress.

2.4 The key changes since the last dashboard are:

a. The addition of two projects previously not reported: these are 'Residential Care Direct Payments' and the 'Independent Living Fund'. The first project aims to make Norfolk a trailblazer nationally in delivering direct payments to people living in residential care so that they and their families can have more control over the care they receive. The Independent Living Fund Project is in place to make sure disabled people who currently receive support from the Independent Living Fund (ILF) to live an independent life experience a smooth transfer of care to the Council when the Fund closes on 31 March 2015
b. Three projects have improved to a green RAG rating, which means that work is

now considered to be fully on schedule. These projects are: Publication Review, Remodelling of Care – Social Enterprise and Remodelling of Care – Meals

2.5 The MSC phase two (non-residential) project status has improved from Amber/Red to Amber. This project is intended to make care management and financial systems even more coordinated by generating payments and billing invoices for non-residential services provided direct from Carefirst. The improvement is because the previously reported delays around moving data and processes to new systems have been overcome, and the project is now on course for completion by the end of November.

2.6 The overall assessment of the **Cultural Services transformation programme** is green. There are no further updates since the last report.

3 Community Services – Managing our resources

3.1 Managing the budget

3.1.1 The second part of this report summarises the current financial position for Community Services – see sections seven and eight.

3.2 Organisational productivity

3.2.1 Figures from the end of August continue to show a mixed picture for the average numbers of days sickness per Full Time Equivalent (FTE) members of staff. Sickness absence for Adult Social Care services remains lower than the same time last year while Cultural Services is still slightly higher. The table below presents these figures alongside those for the same period last year:

	August 2013	August 2012
Adult social care	3.9 days/FTE	4.1 days/FTE
Cultural services	2.7 days/FTE	2.0 days/FTE

3.2.2 Sickness records show that much of the increase in Cultural Services is due to a relatively small number of staff having long term sick leave. We will continue to look at whether appropriate support is being offered to members of staff in these areas.

3.2.3 Irrespective of the findings of any further investigations, it is unhelpful to draw too many conclusions from sickness records this early in the year due to seasonal influences, organisational changes and unexpected factors (for example sickness epidemics like the norovirus outbreak a few years ago). We will continue to brief Panel on trends throughout the year.

3.3 Key risks from the Community Services Risk Register

3.3.1 There are no changes to report since the last performance update.

4 Community Services – Service performance

4.1 Universal Services

4.1.1 Norfolk's **libraries** have so far this year been "visited" 3.6 million times, either in person or through the internet. This is a reduction of 4.5% since the same time last

year (3.8 million virtual or physical visits had been made in August 2012).

4.1.2 This reduction is due to a combination of:

a. reducing physical visits to libraries – these decreased by 5.1% from 1.98 million in August 2012 to 1.88 million in August 2013. This is in line with changing patterns of library use nationally that are seeing more people using library services online
b. some technical issues with the systems that collect information about library use. There have been problems with the systems that collect information about how many people are physically visiting libraries and renewing their books online, which mean that the figures are lower than they should be. There has also been some undercounting of library Twitter activity

4.1.3 Work is in hand to make sure any undercounting is corrected so we expect there to be an increase in library usage figures by the next report.

4.1.4 The quality of Norfolk's libraries has been recognised through the presentation of a Gold Award for Marketing Excellence by the Publicity and Public Relations Group of CILIP (Chartered Institute of Library and Information Professionals). The award recognised the 'Great Big Read Goes to the Movies' reading campaign, which aimed to get more people in the county borrowing, reading, enjoying and talking about books and film. During the promotion 68 special events were held and the target to increase adult fiction issues was exceeded by almost 36,000.

4.1.5 **Museum visits** in August are above target and are higher than visitor levels for the same time last year. The table below presents these figures alongside those for the same period last year:

	Museum visits	Target
August 2013	181,892	180,968
August 2012	178,554	183,210

4.2 Care Management

4.2.1 There have been changes to the indicators of care management performance. These are summarised as follows:

a. The proportion of assessments for self funders (people who fund their care and support themselves) has decreased from 17.3% to 8.5%. This figure has been quite volatile from one period to the next, with some months higher than others, though over the long term we would expect the proportion of self funders to increase. Nationally, experts are predicting significant growth in the number of self funders as public resources remain constrained and eligibility criteria for local authority support become tighter. The Support for Self Funders transformation project should encourage more self funders to come forward for assessment by improving information to increase awareness of support available
b. Waiting time for Personal Budgets has increased – from 35.4 days at the last report to 49.8 days, though it is still well below the average waiting time of 86.0 days at the end of 2012-13. Average waiting times tend to increase gradually through the year as more complex cases build up in the system

c. Delayed transfers of care have improved slightly, reducing from 2.4 delayed transfers per 100,000 population aged 18+, to 2.3. Provisional benchmarking data for 2012-13 shows that we have been doing better than national, regional and comparator group averages for this indicator
d. The proportion of carers supported following an assessment or review has dropped from 49.5% to 46.2%, but we are still currently exceeding our target. Provisional benchmarking data for 2012-13 shows that we have been supporting more carers than average when compared to national, regional and comparator group results

4.3 Independence

4.3.1 Wherever possible, we seek to support people with social care needs in their communities and avoid admitting them to residential care permanently so that they are more likely to remain independent. The latest figures show a decrease in the number of older adults (aged 65+) being permanently admitted but an increase in the number of younger adults (aged 18-64) being permanently admitted from 28.2 people per 100,000 population aged 18-64 to 32.5 people.

4.3.2 We are still currently on track to meet our annual targets for both age groups but provisional benchmarking shows that, even if we meet our targets, we would still need to keep reducing admission rates further to bring our results in line with other parts of the country. In 2012-13, Norfolk appears to have been permanently admitting more people than average for both age groups when compared to national, regional and comparator group results, with a particularly big difference for adults aged 18-64. We also appear to have a relatively high number of people in residential care overall compared to other areas, again particularly for those aged 18-64.

4.3.3 Community Services is investigating the level of permanent admissions and overall use of residential care to assess whether this is due to a genuinely high need for this type of service in Norfolk, inaccurate recording or because there is a lack of alternative provision (e.g. home care). Any conclusions from this work will be reported to Panel in due course.

4.3.4 When older people are discharged from hospital, we try to provide them with reablement services so they are able to stay at home and don't need to go back to hospital. The percentage of older people who are still at home 91 days after discharge from hospital into our reablement services has reduced slightly from 88.7% to 88.4% since the last report. However, we are still exceeding our target of 85% and provisional benchmarking data suggests that we are outperforming national, regional and comparator group averages.

4.4 Quality of commissioned services

4.4.1 The indicators are unchanged since the last report.

5 Community Services – Outcomes for Norfolk People

5.1 People's views on council services and accessing the Council including advice and signposting services/equalities

5.1.1 There are no changes to these performance indicators since the last report. However, provisional benchmarking results for the 2012/13 Adult Social Care Survey and Carers' Survey suggest that service users are generally very satisfied with the services we provide. We have to be careful when comparing survey results with other

geographical areas because the results are weighted to be more representative of each total local population. This means the results are not directly comparable but can serve as an approximate indicator of how well we are doing compared to other areas. Here are some headlines from the provisional benchmarking results:

a. The overall satisfaction of people who use services with their care and support is increasing and appears high relative to other parts of the country
b. The overall satisfaction of carers with social services appears to be in line with other parts of the country
c. The score we get for social care users' perceived quality of life is increasing and appears to be high relative to other parts of the country
d. The score we get for social care users' perceived level of control over their daily life is increasing and appears to be high relative to other parts of the country
e. The percentage of carers who feel they have been included in discussions about the person they care for appears to be high relative to other parts of the country
f. The percentage of service users who find it easy to find information about services appears to be low relative to other parts of the country and has decreased slightly since 2011/12

5.2 Services to protect people

5.3.1 **Adult Safeguarding Referrals** are now at 1,126, which is an increase from the same period last year. Over the past three years, the level of safeguarding referrals received has been continually rising, reflecting national patterns. This is probably due to increased awareness of safeguarding issues as a result of a number of high profile cases and because of national and local campaigns. While the number of referrals is increasing, the number of these cases that are serious enough to be investigated has reduced between 2010/11 and 2012/13 from 815 to 595. Provisional benchmarking data for 2012/13 suggests that Norfolk receives a low number of referrals that go on to be investigated compared to our comparator group average.

5.3.2 Our 2012/13 Adult Social Care Survey results show that the percentage of service users who feel safe, and that our services have helped them feel safe, have decreased since 2011/12. However, early benchmarking results suggest that we have better than average results for both of these survey questions compared to other parts of the country.

5.3.3 New data shows that repeat victimisation for domestic violence cases managed by the Multi Agency Risk Assessment Conference (MARAC) is reducing and staying well below the national average rate of 24%. This means that our MARAC process continues to be particularly effective at preventing further violence. However, there are significantly higher repeat levels in East and Central Norfolk (17% and 15% respectively) than in West Norfolk (8%) and the MARAC Steering Group are investigating what the cause of this variation is.

5.4 Independence

5.4.1 The percentage of people with learning disabilities that we are supporting in paid work has reduced slightly since the last report from 6.9% to 6.6% and this means that we are now falling just short of our 6.9% annual target. This reduction is caused by a reduction of just two people in paid work as the measure relates to a very small group of individuals.

6 Risk management update

6.1 There have not been any changes in the Community Services Risk Register since the last report in September.

7 Revenue budget 2013-14

7.1 As at the end of August (period five) the forecast revenue outturn position for 2013-14 is a balanced budget. Adult Social Care and Cultural Services are forecasting balanced budgets. There is a small underspend forecast for Community Safety.

7.2 There are financial pressures in Adult Social Care but these are offset by some underspends and the use of reserves. Some of the Purchase of Care overspends are due to Continuing Health Care expenditure on behalf of Health and this is offset by the recharge to Health - more detail is in Appendix B. The department has also made savings from where Health has assessed people as being eligible for Continuing Health Care in March 2012. Some of this income is recurring. The department is keeping under review how much of the income is recurrent and will revise the budget for future years as appropriate.

7.3 The table at 8.6 shows the forecast out-turn position by division of service at the end of period five (August) 2013-14. **Explanations for any significant variances from budget can be found in the tables in Appendix B.**

7.5 Commissioning includes the Supporting People budget.

7.6 Safeguarding includes all of the Purchase of Care expenditure budgets, the budgets used to buy packages of care from the independent sector for: Older People; People with Learning Difficulties; People with Physical Disabilities; People with Mental Health problems; and Drug and Alcohol. It also includes the Hired Transport budgets, Care and Assessment budgets and Continuing Health Care income budgets.

Division of Service	Budget £m	Forecast Outturn £m	Forecast +Over/-Underspend £m	Forecast +Over/-Underspend as % of budget %	Change in forecast +Over/-Underspend from previous report (period three) £m
Director, Finance and Transformation	+0.376	-6.904	-7.280	-1,936.2	+0.462
Commissioning, including Supporting People	+66.183	+67.915	+1.732	+2.6	-0.535
Business Development	+5.635	+5.704	+0.069	+1.2	+0.382
HR, Training and Organisational Development	+1.791	+1.653	-0.138	-7.7	-0.100
Safeguarding	+230.572	+232.071	+1.499	+0.7	+0.401
Prevention, including Community Safety	+24.609	+25.683	+1.074	+4.4	-0.872
Income (see Note 1)	-71.717	-68.674	+3.043	+4.2	+0.261
Adult Social Care total	**+257.449**	**+257.449**	**0**	**0**	**0**
Library and Information Service	+11.474	+11.474	0	0	0
Museums and Archaeology Service	+3.526	+3.526	0	0	0
Record Office	+1.395	+1.395	0	0	0

Arts Service	+0.546	+0.546	0	0	0
Adult Education Service	+0.081	+0.081	0	0	0
Norfolk Guidance Service	0	0	0	0	0
Active Norfolk	0	0	0	0	0
Cultural Services total	**+17.077**	**+17.077**	**0**	**0**	**0**
Total for Community Services	**+274.526**	**+274.526**	**0**	**0**	**0**

Note 1: In 2012-13 Income included the Learning Difficulties Reform grant which was a specific grant received by the department. In 2013-14 the Learning Difficulties grant is now part of NCC's formula funding and therefore is not received directly by the department. The money is still received by the department but as part of corporate funding.

7.7 Appendix B contains tables providing more detailed analysis of the reasons for any significant variances from budget.

7.8 Details of the Cultural Services Reserves and Provisions are in Appendix E. Details of the Adult Social Care Reserves and Provisions are in Appendix F. The Skills Funding Agency which part funds Adult Education announced in December 2012 that it was rebasing its funding which caused a reduction for the 2013-14 financial year of £0.275m. There is an expectation that the 2013-14 year funding will be further reduced.

8 Capital Programme

8.1 The capital programme for Adult Social Care is summarised in Appendix C. At this stage of the financial year no slippage is forecast on the capital programme. Where there is slippage on a capital scheme at the year-end, i.e. the work has not been completed within the financial year or there are outstanding invoices to be paid, the money will be carried forward to 2014-15.

8.2

Adult Social Care Capital programme	2013-14 capital budget £m	2013-14 Forecast capital outturn £m	Forecast Slippage £m	Reasons
Total	+10.510	+10.510	0	No slippage is forecast at this stage of the financial year.

8.3 The Cultural Services 2013-14 capital programme is shown in the Appendices D-D4 including any programme revisions. The capital programme for Cultural Services is monitored over the life of the scheme rather than a single year. This reflects the life of the projects and the associated funding.

9 Equality Impact Assessment (EqIA)

9.1 Community Services places diversity, equality and community cohesion at the heart of service development and service delivery. The department aims to ensure that activities and services are accessible to diverse groups in Norfolk and that all policies, practices and procedures undergo equality impact assessment. These assessments help services to focus on meeting the needs of customers in relation to age, disability, gender, race, religion and belief and sexual orientation.

9.2 This report provides summary performance information on a wide range of activities monitored by the Community Services Overview and Scrutiny Panel. Many of these activities have a potential impact on residents or staff from one or more protected groups. Where this is the case, an equality assessment has been undertaken as part

of the project planning process to identify any issues relevant to service planning or commissioning. This enables the Council to pay due regard to the need to eliminate unlawful discrimination, promote equality of opportunity and foster good relations.

10 Section 17 – Crime and Disorder Act

10.1 Community Services takes account of the need to address the issues of social exclusion, one of the key triggers for crime and disorder, in its activities. The department works hard to ensure that people are confident in their community and that its services are relevant and accessible to local people. This helps to encourage participation by people who are at risk of offending, engage offenders through a range of projects, assist schools in improving pupil attainment and deliver opportunities to increase the number of people who are in education, employment or training.

11 Environmental Impact

11.1 There are no environmental implications from issues arising in this report.

12 Conclusion

12.1 Good progress continues to be made with transformation and efficiency across Community Services. There are some variations from the programme plan but actions are in hand to maintain progress. Our performance indicators show that library usage is down on last year. Adult Care Services show improvements in permanent admissions for people aged 65+, delayed transfers of care attributable to social care and settled accommodation for people with learning disabilities. Provisional benchmarking for 2012/13 suggests that we are doing well compared to other areas on supporting carers, reablement and service user satisfaction. There have been increases in permanent admissions for people aged 18-64 and sickness absence levels across cultural services and performance in these areas will need to be watched in the future.

12.2 As at the end of August (period five) the forecast revenue outturn position for 2013-14 is a balanced budget. Adult Social Care and Cultural Services are forecasting balanced budgets. There is a small underspend forecast for Community Safety.

12.3 There are financial pressures in Adult Social Care but these are offset by some underspends and the use of reserves. Some of the Purchase of Care overspends are due to Continuing Health Care expenditure on behalf of Health and this is offset by the recharge to Health - more detail is in Appendix B.. The department has also made savings from where Health have assessed people as being eligible for Continuing Health Care in March 2012. Some of this income is recurring. The department is keeping under review how much of the income is recurrent and will revise the budget for future years as appropriate.

13 Action Required

13.1 Members are invited to discuss the contents of this report, to note progress and consider whether any aspects should be identified for further scrutiny.

Background Papers

None

Officer Contact

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

Janice Dane	01603 223438	janice.dane@norfolk.gov.uk
Colin Sewell	01603 223672	colin.sewell@norfolk.gov.uk

IN TRAN communication for all

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

Appendix A - Community Services performance dashboard

Headline performance in key areas as we deliver the Transformation Programme, meet budget reductions and deliver our service plan. Most recently available data used; DoT compares to last period, or same time last year

(Note – this is now presented over four pages. A review of the way dashboards are presented is underway across all Overview and Scrutiny Panels to improve the way performance is reported.)

Managing Change		
Overall assessment of Transformation programme status	**DoT**	**Alert**
Adult social care transformation*	➡	Amber
Cultural services transformation*	➡	Green
Assessment by project – social care		
Support for self funders*	➡	Green
Publication review*	↑	Green
Remodelling of care – Social Enterprise*	↑	Green
Remodelling of care – Meals*	↑	Green
Remodelling of care – Transport*	➡	Amber
Integration*	➡	Green
ICES (Integrated Community Equipment Service)*	➡	Green
MSC Phase Two (Non-Residential)*	➡	Amber
Online self service (The Portal)*	➡	Amber
Review of Service Level Agreements*	➡	Amber
Residential care direct payments*	-	Green
Independent Living Fund*	-	Green
Assessment by project – cultural services*		
Museums efficiencies*	➡	Green
Libraries efficiencies*	➡	Green
Record office efficiencies*	➡	Green

Managing our resources			
Managing the budget	**Value**	**DoT**	**Alert**
Projected spend against total Adult Social Care revenue budget*	£257.4m	-	Green
Projected spend against Cultural Services revenue budget*	£17.1m	-	Green
Projected spend against total Purchase of Care budget*	£139.7m	-	Amber
Forecast spend on residential care as a proportion of Purchase of Care spend	54%	-	-
Projected cashable efficiency savings	£5.0m	-	Green
Spend against profiled capital budget (for the current financial year)	0.0%	-	Green
Residential care unit costs per week (all specialisms)*	£539.79	-	-
Organisational productivity			
[Q]Staff performance (composite of sickness absence;appraisals;disciplinaries;health/safety incidents)*		➡	Amber
[Q]Staff engagement (composite of resilience;employee advocacy;grievances;IIP accreditation) *		➡	Amber
[Q]Staff resourcing (composite of recruitment activity;redeployment;redundancy;HR direct resolution; management of change and culture change)*		➡	Green
Average days sickness per FTE (adult social care)*	3.90	✔	-
Average days sickness per FTE (cultural services)*	2.73	✖	-
[Q]Key risks from the Community Services Risk Register			
Failure to meet the needs of older people*		➡	Amber
Failure to meet the long term needs of older people*		➡	Amber
Failure to follow data protection procedures*		➡	Amber
Uncertainty around the shift towards investment in prevention services *		➡	Amber
If we do not meet budget savings targets*		➡	Amber
Loss of external funding or grants*		➡	Amber
Lack of capacity in ICT systems*		➡	Amber

Quality and performance of services			
Universal services	**Value**	**DoT**	**Alert**
Library users (both physical and virtual)*	3.6m	↓	Surveillance
Museum visits*	181,892	↑	Green
People's needs addressed at point of contact	55.2%	↑	Surveillance
Care Management			
% of all completed assessments which were for self funders*	8.5%	↓	Surveillance
Self Directed Support (composite of processes and systems, levels of users and cash payments)*	N/A	→	Amber
Waiting times for Personal Budgets (average days in year so far)*	49.8	↑	Surveillance
Delayed transfers of care attributed jointly or solely to social care (per 100,000 population 18+) (2C Part 2)*	2.3	↓	-
[Q]Carers supported following an assessment or review (Old NI 135)*	46.2%	↓	Green
[Q]% of audited case files where there is not evidence of appropriate involvement from others e.g. carers	0%	↓	Surveillance
[Q]% of audited case files where planning is informed by assessment findings including mental capacity where applicable	88%	↓	Surveillance
Independence			
Permanent admissions age 18-64 to residential and nursing care (per 100,000 population 18-64) (2A, Part 1)*	32.5	↑	Green
Permanent admissions age 65+ to residential and nursing care (per 100,000 population 65+) (2A, Part 2)*	765.9	↓	Green
% of older people (65+) still at home 91 days after discharge from hospital into reablement/rehabilitation services (2B/Part 1)*	88.4%	↓	Green
Quality of commissioned services			
[Q] % of CQC reviews of outcomes within care services found to be compliant	78.15%	↑	Surveillance
[Q] % of CQC reviews of outcomes within care services with major concerns	4.1%	↓	Surveillance

Outcomes for Norfolk people			
People's view on Council services	**Value**	**DoT**	**Alert**
Compliments/complaints (all figures YTD)	3.0		Green
Accessing the Council including advice and signposting services			
Quality and effectiveness of customer access channels (composite measure)	3.5		Green
Services to protect people			
All adult safeguarding referrals – year to date*	1126		Surveillance
[Q]% audited case files where assessment adequately reflects all risk to individual, staff and public (surveillance measure)	28%		Surveillance
Repeat victimisation of domestic violence cases managed by a MARAC (Old NI 032)*	15%		Green
Independence			
% of audited case files where there is clear evidence of individuals making choices and taking control of their arrangements where they can and wish to	68%		Surveillance
Settled accommodation for people with learning disabilities (1G)*	72.9%		Green
Supported employment for people with learning disabilities (1E)*	6.6%		Amber

Performance		**DoT - Direction of travel i.e. better or worse than the previous month.**
Green	Performance is on target, no action required.	Performance has got worse.
Amber	Performance is slightly off-track.	Performance has improved.
Red	Performance is worse than the target, action required.	Performance has stayed the same.
⬆	Value on a surveillance measure has shown an increase – this does not automatically indicate worsening or improving performance	
⬇	Value on a surveillance measure has shown a decrease – this does not automatically indicate worsening or improving performance	
EOY	Value indicates end of year result from 11/12 – no new data available for 12/13 yet	
*	Indicates new data since last report	
Surveillance	Surveillance measures are indicators that we don't set a target for because: • Setting a target would be wrong – for example we want people to report adult safeguarding concerns, but it would be inappropriate to set a target for higher referrals • The indicator tells us about the context for our services, but does not measure our performance – for example the % of assessments for self funders – because we don't control how many self funders contact us • Where performance isn't entirely within our control – for example the compliance levels of our providers We continue to report these because they have a significant impact on demand for services or outcomes for Norfolk people and are important for Panel to note.	
Reporting period	Most recently available data used; DoT compares to last period, or same time last year. Unless prefixed by either a **[Q]** or **[A]** (representing Quarterly or Annually respectively) each measure is monitored monthly.	

Appendix B

Division of Service – Detailed Analysis of Variances

Adult Social Care: Director, Finance and Transformation £-7.280m underspend (budget £-0.376m)

Area	Forecast Variance Total £m	Forecast Variance as % of Budget %	Change from previous report (period three) £m	Reasons for movement from previous report
Director, Finance and Transformation	-7.742	-877.2		This forecast includes the drawdown of: £-1.000m from the Prevention 2012-13 reserve to mitigate the risks in delivering the prevention savings, particularly in service level agreements; and £-2.438m from the Adult Social Care Legal Liabilities reserve, to offset the purchase of care costs from funding aftercare under s117 of the Mental Health act. It also includes £-4.852m that will be allocated to the appropriate budgets when the s256 with NHS England has been agreed regarding 2013-14 additional health money for social care. These are partly offset by the underachievement of savings A16 and A20 being charged against this. The change from period three is due to a reduction in the forecast use of the Adult Social Care Legal Liabilities reserve.
Total	**-7.280**	**-1,936.2**	**+0.462**	

Adult Social Care: Commissioning, including Supporting People £+1.732m overspend (budget £+66.138m)

Area	Forecast Variance Total £m	Forecast Variance as % of Budget %	Change from previous report (period three) £m	Reasons for movement from previous report
Commissioning	-0.117	-9.1	-0.255	Underspend forecast on staff costs due to vacancies.
Service Level Agreements	+1.197	+17.0	-0.203	Forecast remaining savings on Service Level Agreements in 2011-14 still to be achieved. Work is ongoing to identify where these savings can be made.
Aids and Adaptations/Integrated Community Equipment Service	+1.578	+63.5	0	Forecast equipment spend is higher than budgeted. Work is ongoing to understand the reasons for this and whether there is scope for further negotiation around the health/social care split in funding agreed for 2013-14 as part of the Integrated Community Equipment Service, given health initiatives like pressure sores.
Supporting People	-0.748	-5.2	+0.101	The Supporting People underspend represents an earlier achievement than originally budgeted for of the 12% expenditure reduction over the three financial years 2011-14. It also includes some savings on Mental Health contracts. Change due to amendment in forecast for Older Peoples' Floating Support Service.
Other	-0.178	-0.4	-0.178	Learning Disability creditor not required as additional amount was above contract value.
Total	**+1.732**	**+2.6**	**-0.535**	

Adult Social Care: Business Development £+0.069m overspend (budget £+5.635m)

Area	Forecast Variance Total £m	Forecast Variance as % of Budget %	Change from previous report (period three) £m	Reasons for movement from previous report
Business Support	-0.365	-11.0	+0.109	Underspend on staff salaries: some vacancies have been frozen whilst the restructure was carried out but have now started to recruit into these posts, hence the change in forecast.
Other	+0.434	+18.7	+0.273	Overspend due to savings on premises not yet achieved. Change due to moving premises budget and saving on in house day centres to here as the buildings are not being transferred to the new social enterprise (Independence Matters).
Total	**+0.069**	**+1.2**	**+0.382**	

Adult Social Care: Human Resources, Training and Organisational Development £-0.138m underspend (budget £+1.791m)

Area	Forecast Variance Total £m	Forecast Variance as % of Budget %	Change from previous report (period three) £m	Reasons for movement from previous report
Personnel	-0.027	-11.8	0	Forecast underspend on recruitment and advertising.
Learning and Development	-0.111	-7.1	-0.100	Forecast underspend on training. Increase in underspend mainly due to Adult Education contribution being larger than originally forecast.
Total	**-0.138**	**-7.7**	**-0.100**	

Adult Social Care: Safeguarding £+1.499m overspend (budget £+230.572m)

Area	Forecast Variance Total £m	Forecast Variance as % of Budget %	Change from previous report (period three) £m	Reasons for movement from previous report
Purchase of Care expenditure - Older People	+3.213	+3.3	+0.250	Purchase of Care is the budget for the purchase of care from the independent sector, including residential and nursing care, supported living, home care and day care. There are financial pressures in Purchase of Care and this is being closely monitored, as usual. The forecast overspend is mainly on residential care. If forecast Continuing Health Care income for older people is netted off against the Purchase of Care expenditure, the over spend is reduced to £+1.554m.
Purchase of Care expenditure - People with Physical Disabilities	+4.189	+22.1	+0.066	The forecast overspend is on residential - and domiciliary care. If forecast Continuing Health Care income for people with physical disabilities is netted off against the Purchase of Care expenditure, the over spend is reduced to £+3.763m.
Purchase of Care expenditure – Mental Health, Drugs and Alcohol	+2.081	+19.6	+0.030	The forecast on Mental Health Purchase of Care anticipates only a partial achievement in 2013-14 of budgeted savings. The forecast overspend is on residential and nursing care. The department is forecasting using £-2.438m from the Adult Social Care Legal Liabilities reserve, to offset the purchase of care costs from funding aftercare under s117 of the Mental Health act. The Legal Liabilities Reserve was set up in part to cover the potential costs arising from the dismissal on Tuesday 15 February 2011 at the Court of Appeal of the appeal lodged

Area	Forecast Variance Total £m	Forecast Variance as % of Budget %	Change from previous report (period three) £m	Reasons for movement from previous report
				by Hertfordshire County Council regarding the funding of aftercare under section 117 of the Mental Health Act. It is one off funding. At the moment this funding is being held under Director, Finance and Transformation above. If forecast Continuing Health Care income for people with mental health problems is netted off against the Purchase of Care expenditure, the over spend is reduced slightly to £+1.918m.
Purchase of Care expenditure – People with Learning Difficulties	-1.150	-1.4	0	Forecast underspend on day care. If forecast Continuing Health Care income for people with learning difficulties is netted off against the Purchase of Care expenditure, the underspend increases to £-5.756m.
Continuing Health Care Income	-6.854	-	-0.398	Continuing Health Care (CHC) is where people have been assessed by Health as being eligible for Continuing Health Care funding. If someone is eligible for CHC, Health pay for the cost of a person's care. If a person's care is funded by Health, the person does not have to contribute towards the cost of this care, unlike social care. This is income from recharging Health for people that Health have assessed as being eligible for CHC but where Health have not taken over paying the contracts with providers yet. NCC continues to pay the providers in the interim period and recharges Health for the cost. There is no budget set for this as the department does not know in advance when Health will pick up paying providers direct and who will be assessed as eligible for CHC.

Area	Forecast Variance Total £m	Forecast Variance as % of Budget %	Change from previous report (period three) £m	Reasons for movement from previous report
Other	+0.020	+0.1	-0.054	Mainly due to forecast overspend on transport (£+0.350m) where budgeted savings are not expected to be achieved, largely offset underspends on staff costs in Care and Assessment.
Total	**+1.499**	**+0.7**	+0.401	

Adult Social Care: Prevention £+1.074m overspend (budget £+24.069m)

Area	Forecast Variance Total £m	Forecast Variance as % of Budget %	Change from previous report (period three) £m	Reasons for movement from previous report
Housing With Care, Homes for Older People and People with Physical Disabilities	+0.319	+303.8	+0.111	Forecast overspend mainly due to slippage on achieving savings through removal of subsidy of community meals provided in housing with care (HWC) schemes. Change due to revised forecast of spend on meals in HWC. Subsidy was removed from meals in HWC at the end of July.
Personal and Community Support Service (Day services, Learning Difficulties Homes and Learning Difficulties Personal Assistants)	+0.206	+1.6	-0.418	Forecast overspend as there is a reduction in Supporting People funding of £0.336m, partly offset by underspend on staff salaries. Change is due to the movement of the Premises budget and from here, as the buildings are not being transferred to the new social enterprise (Independence Matters).
Norfolk First Support, Swifts and Night Owls	-0.235	-4.3	-0.235	Underspend on salaries, due to managing vacancies.
Service Development	+0.778	+58.4	-0.117	Savings target for Assistive Technology of £-0.748m is unlikely to be made; organisational change saving not being fully achieved. Change mainly due to forecast profit share (£-0.071m) from Assisted Living for first time.
Community Safety	-0.148	-43.3	-0.039	Forecast underspend in salaries due to reduction in posts. This was previously shown under Safeguarding. Use of reserve.
Other	+0.154	+5.3	-0.065	Overspend on: salaries in Emergency Duty Team (overtime); and printing plus posting of Blue Badges.
Total	**+1.074**	**+4.4**	***-0.872***	

Adult Social Care: Income £+3.043m overspend (budget £-71.717m)

Area	Forecast Variance Total £m	Forecast Variance as % of Budget %	Change from previous report (period three) £m	Reasons for movement from previous report
Service user contributions to the cost of their care	+3.043	+4.3	+0.062	Forecast less income from Older Peoples' contributions towards the cost of their care than budgeted for. The budgeted income from day care charging also shows a significant under recovery of budgeted income in line with 2012-13. NCC is now no longer charging for up to the first six weeks of reablement to facilitate integration with Health, plus there is less income from people funding their own care who are in Norse Care homes as Norse Care charge people who go direct to them. Budgeting income from service user contributions towards the cost of their care is difficult as peoples' contributions are based on their financial circumstances. The increase in income from service user contributions due to the growth in the number of older people budgeted for in 2011-12 and 2012-13 has not happened: £1.900m and £0.998m. Prior to 2011-12 there had been a trend of the department receiving more income than budgeted from service user contributions, largely because although the cost pressure from demographic growth was included in the budget plan there was no corresponding budgeted increase in income from service user contributions. In 2011-14 an increase in income from service users due to growth in the number of people was included in the budget plan. The risk around the budgeted income in 2013-14 (ie £1.108m) was highlighted as a risk in the Service and Budget

Area	Forecast Variance Total £m	Forecast Variance as % of Budget %	Change from previous report (period three) £m	Reasons for movement from previous report
				Planning report presented to the Community Services Overview and Scrutiny Panel on 6 November 2012. Continuing Health Care Assessments also impact on income from service user contributions as where somebody is entitled to Continuing Health Care and the cost of their care is paid by Health, the person no longer has to contribute towards the cost of their care.
Other	0	0	+0.199	
Total	**+3.043**	**+4.2**	**+0.261**	

Appendix B

Adult Social Care: Capital Programme

Scheme	2013-14 Budget £ m	2013-14 Forecast Outturn £ m	2013-14 Forecast Slippage (see Note One) £ m	Reasons for Variance or Comments
Projects	**+4.131**	**+4.131**	**0**	Including: contribution of £1.500m to the Peterhouse/Lydia Eve Court scheme in Great Yarmouth; Modern Social Care Phase Two; contributions to housing development schemes for people with learning difficulties and people with physical disabilities; dementia day care; office accommodation; and contribution to Norse Care for essential improvements/capital works in the previous in-house residential homes.
Reprovision of Bishop Herbert House	+0.006	+0.006	0	
Strong and Well Partnership	+0.500	+0.500	0	Plans not finalised.
Capital Monies that are earmarked but not committed for specific projects at the moment				
Social Services Computer Projects (2003-4)	+0.067	+0.067	0	Work continues as part of the Transformation Programme to identify further IT and project investment needs.
(Improving) Information Management Grant (2007-8)	+0.007	+0.007	0	
Adult Social Care IT Infrastructure (2008/09)	+0.094	+0.094	0	

Scheme	2013-14 Budget £ m	2013-14 Forecast Outturn £ m	2013-14 Forecast Slippage (see Note One) £ m	Reasons for Variance or Comments
Housing With Care – Other (2007-8)	+0.084	+0.084	0	To be used for future schemes as part of the Building Better Futures – Care Homes.
Homes for Elderly People - Essential Improvements	+0.017	+0.017	0	Contingency funds set aside for schemes that will offer greatest benefit to residents in line with the strategic plan for all care Homes.
Failure of kitchen appliances	+0.093	+0.093	0	£0.020m potentially required for gas regulation work. Will be realigned to meet priorities.
Improvement East Grant	+0.060	+0.060	0	Likely to be spent on accommodation for Independence Matters, the new social enterprise.
LPSA Reward Grant	+0.028	+0.028	0	
Social Care Capital Grant 2012-13	+2.146	+2.146	0	Ring-fenced – awaiting decision around Bowthorpe Development.
Unallocated Capital Grant	+0.854	+0.854	0	Ring-fenced – awaiting decision around Bowthorpe Development.
Social Care Capital Grant	+1.947	+1.947	0	To be used for: investment in further housing development schemes to make revenue savings, including those for people with learning difficulties and physical disabilities; and for Housing With Care schemes for older people.
Supported living for people with Learning Difficulties	+0.017	+0.017	0	
Extra Care Housing Fund – Learning Difficulties	+0.003	+0.003	0	

Scheme	2013-14 Budget £ m	2013-14 Forecast Outturn £ m	2013-14 Forecast Slippage (see Note One) £ m	Reasons for Variance or Comments
Sub-Total – Capital Monies that are earmarked but not committed for specific projects at the moment	**+5.417**	**+5.417**	**0**	
LPSA Domestic Violence	+0.456	+0.456	0	The Reward Grant continues to be spent on schemes such as changes to refuges, improved court security and evidence kits.
Total	**+10.510**	**+10.510**	**0**	

Appendix D: Cultural Services: Capital Programme

Capital Programme 2013-14 - Library and Information Service

Scheme	2013-14 Budget £m	2013-14 Forecast Outturn £m	2013-14 Forecast Slippage £m	Reason for variance or comments
Schemes in Progress				
Wymondham Library	0.100	0.100	0.000	Awaiting final land lease agreement
Mobile Vehicle Wash System	0.016	0.016	0.000	Final works currently underway
CERF* Dersingham Windows	0.001	0.001	0.000	NPS managed scheme – waiting for final invoices.
CERF* Caister	0.001	0.001	0.000	NPS managed scheme – waiting for final invoices.
Library Improvements 2012-13	0.258	0.258	0.000	2012-13 Library refurbishments due to be completed in full
Total Schemes in Progress	**0.376**	**0.376**	**0.000**	
2013-14 New Starts				
Hethersett Adaptations	0.060	0.060	0.000	Toilets and associated building works.
New Starts - Total	**0.060**	**0.060**	**0.000**	
Section106 Schemes [1]	0.223	0.223	0.000	Schemes are spent over several years
Total Capital Schemes	**0.659**	**0.659**	**0.000**	

Appendix D2

Capital Programme 201-14 3 – Museums and Archaeology Service

Scheme	2013-14 Budget £m	2013-14 Forecast Outturn £m	2013-14 Forecast Slippage £m	Reason for variance or comments
Schemes in Progress				
Bridewell Museum Development	0.065	0.065	0.000	Project is complete with some final works currently being carried out.
Gressenhall Eco Building	0.139	0.139	0.000	Project is now in progress.
Seahenge	0.007	0.007	0.000	Project complete and the remaining funds are used for final timbers conservation work.
Gressenhall Biomass Boiler CERF	0.014	0.014	0.000	Works complete but waiting for hopper redesign.
Gressenhall FWH Wind & Solar CERF*	0.017	0.017	0.000	Delayed scheme due to planning permission. A third application has been submitted.
Museum Stock System	0.120	0.120	0.000	System review underway and due to be completed by March 2014.
CERF* Shirehall Replacement Lighting	0.008	0.008	0.000	NPS managed scheme.
CERF* Strangers Hall Replacement Lighting	0.007	0.007	0.000	NPS managed scheme.
CERF* Gressenhall Back Hall Lighting	0.004	0.004	0.000	Complete - waiting for final invoices.
Prior Years Corporate Minor Works	0.065	0.058	0.000	Works mainly complete but waiting for final invoices.
Schemes in Progress – Total	**0.446**	**0.439**	**0.000**	
Total Capital Programme	**0.446**	**0.439**	**0.000**	

- CERF is the Carbon Energy Reduction Fund

- Corporate Minor Works relate to health and safety and DDA essential works that are funded from the NCC capital programme and approved by submission to the Corporate Capital and Asset Management Group.
-

Appendix D3

Capital Programme 2013-14 – Norfolk Record Office

Scheme	2013-14 Budget £m	2013-14 Forecast Outturn £m	2013-14 Forecast Slippage £m	Reason for variance or comments
Schemes in Progress				
CCTV System Upgrade	0.001	0.001	0.000	Replacing original system including cameras and monitors. Waiting for final invoices.
Total Capital Programme	**0.001**	**0.001**	**0.000**	

.

*CERF is the Carbon Energy Reduction Fund

Appendix D4

Capital Programme 2013-14 – Adult Education

Scheme	2013-14 Budget £m	2013-14 Forecast Outturn £m	2013-14 Forecast Slippage £m	Reason for variance or comments
New Starts				
CERF* Adult Education Centre Attleborough – lighting, insulation and draught proofing	0.036	0.036	0.000	NPS managed scheme started April 2013.
CERF* Adult Education Centre Thorpe – lighting, insulation and draught proofing	0.006	0.006	0.000	NPS managed scheme to complete in April 2013.
Total Capital Programme	**0.042**	**0.042**	**0.000**	

Appendix E

Cultural Services: Reserves and Provisions

There have been some changes to reserves and provisions. The table summarising forecasts at end of August 2013 appears below.

a. The Libraries Repairs & Replacement reserve is expected to reduce by £0.078m for internally funded projects. The School Library Service reserve has reduced by £0.079m to reflect the restructure caused by the ending of schools grant funding. Unspent Grants and Contributions Reserve reflects the expected usage of funds brought forward for multi-year projects in the year. The ICT Reserve provides for the ongoing replacement programme of ICT equipment used by the public in Libraries

b. The Museums Service Repairs & Replacement reserve is expected to reduce by £0.042m for Gressenhall security and Elizabethan House refurbishment. £0.224m from the Unspent Grants & Contributions Reserve is expected to be transferred to revenue for continuing project expenditure in 2013-14

c. The Record Office Repairs & Replacement reserve is expected to reduce by £0.053m for Manorial and Horner Cataloguing projects and the Unspent Grants and Contributions reserve is expected to reduce by £0.041m for continuing externally funded projects in 2013-14

d. Adult Education reserves were reduced in 2012-13 for the return of the 2011-12 academic year unused grant to the Skills Funding Agency. The income reserve is currently lower than the target level of 5% of income agreed for the service. The Unspent Grants and Contributions Reserve are for projects continuing in 2013-14

e. The Arts Service expects to spend all reserves set aside for continuing projects in 2013-14 and to offset the 2013-14 arts grants saving of £0.049m

f. Active Norfolk has carried forward £0.321m of external funding in the Unspent Grants and Contributions reserve for projects continuing in 2013-14 and expects that this will reduce by £0.201m during the year

Reserves and Provisions 2013-14	Balances at 1 April 2013	Forecast at 31 March 2014	Change
	£M	£M	£M
Norfolk Library and Information Service			
Libraries Renewals and Replacement Reserve	0.681	0.603	-0.078
ICT Reserve	0.588	0.588	0.000
School Library Service Replacements and Renewals	0.324	0.245	-0.079
Unspent Grants and Contributions	0.118	0.117	-0.001
Service Total	**1.711**	**1.553**	**-0.158**
Norfolk Museums and Archaeology Service			
Museums Income Reserve	0.079	0.079	0.000
Museums Repairs and Renewals Reserve	0.340	0.277	-0.063
Unspent Grants and Contributions	0.634	0.250	-0.384
Service Total	**1.053**	**0.606**	**-0.447**
Norfolk Record Office			
Residual Insurance and Lottery Bids	0.368	0.315	-0.053
Unspent Grants and Contributions	0.049	0.008	-0.041
Service Total	**0.417**	**0.323**	**-0.094**

Reserves and Provisions 2013-14	Balances at 1 April 2013	Forecast at 31 March 2014	Change
	£M	£M	£M
Adult Education Service			
ICT Reserve	0.000	0.000	0.000
Income Reserve	0.017	0.017	0.000
Unspent Grants and Contributions	0.089	0.089	0.000
Service Total	**0.106**	**0.106**	**0.000**
Norfolk Arts Service			
Unspent Grants and Contributions	0.039	0.001	-0.038
Repairs and Replacements Reserve	0.028	0.000	-0.028
Service Total	**0.067**	**0.001**	**-0.066**
Active Norfolk			
Unspent Grants and Contributions	0.321	0.120	-0.201
Service Total	**0.321**	**0.120**	**-0.201**
Cultural Services Totals	**3.675**	**2.709**	**-0.966**

Appendix E

Adult Social Care: Reserves and Provisions

Reserves and Provisions 2013-14	Balances at 1 April 2013	Forecast Position at 31 March 2014	Comments
	£m	£m	
Doubtful Debts Provision	1.055	0.951	This will decrease as bad debts are written off. A significant amount of this reserve is for specific debts.
Residential Review	3.594	2.023	Required in future years for the Building Better Futures programme, including the transformation of the homes transferred to Norse Care on 1 April 2011. £1.5m is earmarked for the future Peterhouse scheme.
IT Reserve	1.491	1.491	For the implementation of various IT projects and IT transformation costs, including MSC (Modern Social Care) Phase Two, Carefirst Upgrade and Portal.
Repairs and Renewals – in Homes and Housing With Care schemes	0.071	0.031	Dilapidation costs incurred due to the cessation of a number of lease agreements for offices.
Adult Social Care Legal Liabilities	3.594	1.305	Cabinet approved on 9 May 2011 the creation of the Adult Social Care Legal Liabilities reserve to cover the potential costs arising from the dismissal on Tuesday 15 February 2011 at the Court of Appeal of the appeal lodged by Hertfordshire County Council regarding the funding of aftercare under section 117 of the Mental Health Act. The department was able to absorb most of these pressures in 2012-13 but at this stage of the financial year is forecasting using this reserve in 2013-14.
Living Well in the Community Fund (original Prevention Fund set up at the end of 2011-12)	0.830	0.048	On 4 April 2011 Cabinet agreed that the unspent Supporting People grant should be used to create a Prevention Fund and carried forward to support prevention work. This is called the Living Well in the Community Fund and the funding was awarded in 2012-13. Payments are allocated when key milestones are met and therefore are being paid across financial years.
Prevention Fund 2012-13	3.237	2.022	As part of the 2012-13 budget planning Members set up a Prevention Fund of £2.5m. Cabinet agreed at the 2011-12 year end that the department could contribute £1m to this fund to mitigate the risks in delivering the prevention savings in 2012-13 and 2013-14, particularly around reablement and Service Level Agreements, and the need to build capacity in the independent sector. At this stage of the financial year the department is anticipating using £1.000m from this reserve.
Unspent grants and contributions	3.891	3.222	Mainly the Social Care Reform Grant which is being used to fund the Transformation in Adult Social Care. The grants are being used as needed.
Redundancy Provision	0.130	0.083	Will be used against costs of pay protection for supernumery staff.
Adult Social Services Total	**17.892**	**11.176**	

Report to the Community Services Overview and Scrutiny Panel
5 November 2013
Item No 10

Service and Financial Planning 2014-17

Report by the Director of Community Services

Summary

This paper sets out the financial and planning context for the authority and gives an early indication of what this means for Community Services.

It highlights specific known impacts of new national policy initiatives which are likely to affect the way the Service carries out its business and plans its future priorities. It sets out proposals for changing service delivery currently being consulted on, along with identified efficiency savings which have been identified by Officers and Members in order to meet the funding gap.

On 2 September Cabinet agreed the projected funding gap for planning purposes of £189m over the three year period 2014-17. This is based on assumptions for additional cost pressures facing services and a reduction in Government funding taking into consideration the latest information from Department for Communities and Local Government (CLG).

Action Required

Members are asked to consider and comment on the following:

a. The revised service and financial planning context
b. The revised spending pressures and savings for the updated capital bids and announcements relevant to Community Services
c. Members are also invited to identify further ideas to achieve additional revenue budget savings and reduction in unsupported borrowing costs in relation to delivering the capital programme

1 Background

1.1 On 19 September the County Council launched the Putting People First consultation about future focus for Council spending. The context for the consultation is the Council's need to bridge a predicted funding gap over the next three years and a desire to focus council spending on areas that will support or lead to:

a. Excellence in education
b. Real jobs – leading to sustainable employment throughout Norfolk
c. Good infrastructure

1.2 A report to Cabinet on 2 September confirmed that the projected funding gap for planning purposes should be increased from £182m to £189m over the three year period 2014-17 based upon information from the Department of Communities and Local Government (CLG).

1.3 This paper updates Panel on the financial and planning assumptions agreed by Cabinet in September and detailed information on the way in which Community Services will seek to meet these.

2 Financial prospects

2.1 The context for the County Council's three-year planning was set out by Cabinet in its report in August 2013, when it also confirmed a vision for Norfolk called 'Putting People First' which aims to achieve a better, safer future, based on education, economic success and listening to local communities.

2.2 The financial strategy which underpins these elements is:

a. Faster and greater service innovation and transformation helping to squeeze further savings and efficiencies from improved processes. Investing to save where necessary to make this happen
b. Continuing to drive down costs across the board
c. Rationalising assets and property. Working closely with others to develop and implement new shared arrangements that save money and take account of the wider social and economic impact of any option for change
d. Utilising and releasing land where we can to build new homes (subject to sound business cases)
e. Investing in the economy – and by doing so, helping build skills and create real and sustainable jobs
f. Using new technology to help improve services and release savings and take account of changing customer expectations and practice
g. Collaboration with others across the public sector, especially colleagues in the NHS, to achieve the most effective use of public monies and better outcomes for Norfolk people

3 Revenue Budget

3.1 The current projection of the overall shortfall is £189m over the three years 2014-17. This is in line with the planning assumptions of additional cost pressures reported to Cabinet in August and the latest forecasts of Government funding reported to Cabinet in September.

Table showing provisional forecast of funding gap for 2014-17			
	Financial Year		
	2014-15	**2015-16**	**2016-17**
	£m	**£m**	**£m**
Pay award	2	2	2
Inflation	10	10	10.5
Legislation and other	6	4	7.5
Demand	11.5	11.5	11.5
Budget decisions	9	0	0
Funding Reduction	28	39	24.5
Forecast funding gap (August 2013)	**66.5**	**66.5**	**56**
Savings in consultation	**(64.7)**	**(41.1)**	**(34.2)**
Assumed use of Council Tax Freeze Grant	**(3.0)**	**(6.0)**	**6.0**
(Headroom) / Shortfall	**(1.2)**	**19.4**	**27.8**

3.2 Authorities have received more information about the additional £2bn monies due to be transferred to local government from health in 2015-16. A Joint Statement issued by the LGA and NHS England on 7 August sets out plans for a total funding pot of £3.8bn nationally to be pooled for health and social care services to promote closer joint working in local areas on a plan agreed between the NHS and local authorities. It is proposed that the pooled fund be called the 'Health and Social Care Integration Transformation Fund.' Work is ongoing to develop in more detail how the pooling arrangement will work and some of the funding will be performance related.

3.3 At this stage it is not clear whether there will be additional recurring Government funding for the extra costs associated with the Social Care Bill reforms, including the packages of care and the extra care and financial assessments for people who currently fund their own care, other than the funding announced in the recent Spending Review. The Council has asked for clarification of this in its response to the consultation on the implementation of the Bill. At this stage Adult Social Care and the Council has not factored any extra costs into its budget planning for 2016-17 and onwards.

3.4 The total savings outlined in the consultation total £140m and with use of the Council Tax Freeze Grant there is a £46m shortfall to meet the forecast funding gap for 2014-17. Further savings will be required to deliver a balanced budget for 2015-16 and 2016-17 and additional ideas are sought as part of the budget consultation process. Members of this Panel are also requested to provide both views on the current budget proposals and also additional ideas for further potential budget savings.

4 Capital Programme

4.1 To date there has been no detailed capital allocations for local government in relation to capital spending in 2015-16. However the Government has set out high level capital spending plans within its Investing in Britain's Future paper. In real terms the Government is expecting to increase capital expenditure nationally by 1.3% in 2015-16, however, this will predominately be focused on specific transport and infrastructure projects. In addition £2 billion will be used to create a new Single Local Growth Fund, which will be the responsibility of the Local Enterprise Partnership.

4.2

Table showing Capital Programme 2014-17			
	Financial Year		
	2014-15	**2015-16**	**2016-17**
	£m	**£m**	**£m**
Total Capital Programme	**115.779**	**41.832**	**TBC**
Funding of Programme			
Capital receipts	3.000	3.000	
Unsupported borrowing	20.651	17.127	
Specific internal funding	0.456	0.000	
External grants & contributions	91.672	21.705	
	115.779	**41.832**	
Interest on borrowing 2013-14 @ 4.75%	2.118		
Interest on borrowing 2014-15 @ 5%		1.033	

Interest on borrowing 2015-16 @ 5.5%			0.942
Minimum Revenue Provision	1.115	0.516	0.428
Revenue impact from previous years borrowing	**3.232**	**1.549**	**1.370**
Cumulative revenue impact		**4.781**	**6.151**

4.3 The use of borrowing has a direct revenue cost and the financial strategy has been to reduce the amount of borrowing undertaken by Norfolk County Council in recent years. As part of the overall budget review, Members views are also sought on further ways to reduce unsupported borrowing and therefore bring down the revenue implications of necessary capital spend.

4.4 Since 2011-12, Government support for capital funding has been via capital grant the majority of which is not ringfenced. So far, the following indicative future year capital grant announcements have been received.

	2014-15 £m
Highways	28.760
Education	Note 1 below
Community Services	2.292
Fire	1.413

Note 1: On 1 March 2013 a Basic Need capital grant of £32.271m was announced covering two financial years. There will be no further allocation of Basic Need grant for 2014-15. Pro rata the grant is equivalent to £16.13m for each of 2013-14 and 2014-15.

5 Service specific context

5.1 Community Services has developed these proposals within the context of some well understood factors that affect the way it plans services. These include:

a. Norfolk's ageing population, and high numbers of people with physical disabilities and learning disabilities, which drives growing demand for care services
b. Significantly changing social care legislation that is likely to affect how we assess people, charge people and commission services
c. Changes in the nature of the demand for universal cultural services, including an increase in demand for online information and services
d. Significant savings already made by the department – which is currently on target to achieve savings of £49.312 million for the three years 2011-14

5.2 Together the proposals form part of a strategy to deliver services that are focused on our core statutory responsibilities and the things that Norfolk people rely on most. This means delivering a smaller set of priorities within the department, including:

a. Making sure vulnerable people are safe
b. Keeping people independent and preventing admissions to hospital or residential care
c. Integrating health and social care services so that services are efficient, effective and easy to understand
d. Supporting carers

e. Working with providers of care services to ensure the quality and availability of services
f. Delivering high quality and accessible cultural services

6 Putting people first – proposed role and strategy for Norfolk County Council

6.1 The context for the County Council's three year planning was set out by the Leader in his speech August 2013. It confirmed an ambition for Norfolk to be a place where everyone can succeed and fulfil their potential. Three priority areas to help deliver this were identified:

Excellence in education – We will champion our children and young people's right to an excellent education, training and preparation for employment because we believe they have the talents and ability to compete with the best.

Real jobs – We will promote employment that offers security, opportunities and a good level of pay. We want real sustainable jobs available throughout Norfolk.

Good infrastructure – We will make Norfolk a place where businesses can succeed and grow. We will promote improvements to our transport and technology infrastructure to make Norfolk a great place to do business.

6.2 **The ways in which we will fulfil these priorities are:**

a. Standing up for the interests of people in Norfolk
b. Promoting prosperity by championing the best practices, ideas and innovation for local economic success
c. Working to increase life opportunities so that everyone can fulfil their potential
d. Listening to and learning from our communities so local solutions can improve the quality of life
e. Ensuring people get high quality services and clear information about them
f. Improving the effectiveness of the Council by being more open and getting a bigger input from your local representatives

6.3 **Timetable**

Activity/Milestone	Time frame
Consultation on specific planning proposals and council tax 2014-17	Late September to December 2013
Overview and Scrutiny Panels reporting – service and budget planning – review of progress against three year plan and planning options	November 2013
Chancellor's Autumn Statement and Provisional Finance Settlement	December 2013
Overview and Scrutiny Panels input on service and financial planning and consultation feedback	January 2014
Cabinet agree revenue budget and capital programme recommendations to County Council	27 January 2014
County Council agree County Council Plan, revenue budget, capital programme and level of Council Tax	17 February 2014

7 Specific proposals for this service

7.1 There are 26 proposals specific to Adult Social Care and 20 proposals specific to Cultural Services shown in Appendix A.

7.2 When developing potential options consideration was given to what services could be conducted by the third tier and voluntary services and the community as well as identifying services that we are not statutorily obliged to provide. Proposals have been assessed according to the impact and risk to the public. **The figures in brackets below refer to the proposed savings to be made over the three years 2014-17.**

7.3. Within the consultation there are two areas of service that the authority is proposing to cease in Community Services:

7.4.

a. **Stop ongoing revenue spend on the Strong and Well programme (£0.500m).** In 2013-2014 through its Strong and Well initiative NCC is investing £0.500m from its revenue budget and £0.500m from its capital budget in prevention support for older people. It was planned that this extra money would pay for community groups to visit vulnerable people aged over 75 to talk to them about what help they need to stay well and independent, and to put them in touch with services that might help. Although NCC has had some talks with community groups about how to use the Strong and Well fund, no final decisions have been made yet and nobody is yet receiving a service through this fund this financial year. If this proposal is agreed this planned increase in support for people with less severe social care needs will not be funded for the remaining four years 2014 - 2018
b. **Stop or scale back the availability of music and play sets from the library (£0.010m)**

7.5 The following proposals involve a reduction in service:

7.5.1

a. **Reduce training budget (£0.500m).** The training budget is used to provide training to people employed by external care providers as well as staff employed by Adult Social Care
b. **Reduce funding for wellbeing activities for people receiving support from Adult Social Care through a personal budget (£12m).** The proposal is to redefine what it is reasonable for people and communities to do and pay for themselves as part of ordinary life and what social care funding should be spent on. The proposal is that social care funding should be used to pay for personal care, respite day care and residential care but not for well being activities, which should be funded by individuals themselves or provided by the community. This will mean that some peoples' personal budget will be reduced. NCC would provide a list of the kinds of activities that they would fund and this would exclude support for accessing leisure and non-care activities. The Purchase of Care budget in 2013-14 is approximately £208m
c. Scale back housing-related services and focus on the most vulnerable people (£2.4m). The department is proposing to reduce the funding for housing support organisations to provide supported housing and other forms of housing support to around 17,000 people in Norfolk including: sheltered housing; hostels; refuges; supported housing; floating support for people who need housing related help and advice in their own homes; and home improvement agencies and handypersons services. The department will work with its partners, including

Children's Services, Public Health and district councils, to look at what is done across all the partner organisations for vulnerable people, including home care and prevention, and remodel this whilst ensuring that the Adult Social Care funding is focussed on its statutory function. It will also work with providers of services to deliver efficiencies. The budget is currently £14.5m

d. Reduce the number of Adult Care service users we provide transport for (£2.1m) The department proposes to revisit the eligibility of a person to have transport provided by the department or to use their personal budget allocation to buy transport, particularly if they have a motability vehicle or mobility allowance. As part of this the department would also review the provision of lease cars to service users. To implement this proposal the department will review the weightings of the questions in the Personal Budget Questionnaire. Adult Social Care currently spends over £7m each year on providing transport for people. The department is aware that some other local authorities do not provide transport if a person has a motability vehicle or mobility allowance. Other local authorities also signpost people who want to access transport to the community transport options, where a person for example directly pays a volunteer driver to transport them

e. **Reduce how often mobile libraries call at some places (£0.109m).** Review the mobile library service routes to identify opportunities for further rationalisation and the potential for any further income generation

f. **Reduce funding for the arts service, including arts grants (£0.110m).** The proposal is to review individual grants and a reduction in staffing

g. Close Norfolk Records Office on Saturday mornings (£0.012m). Closing the Norfolk Records Office on Saturday mornings will mean that a saving can be made from shutting the plant down all weekend

7.6 The following proposals involve different ways of delivering some of our services:

7.6.1

a. **Review block home care contracts (£0.400m).** Reviewing block home care contracts to ensure they are used to maximum effect and rationalising them if necessary

b. **Review of agreement with Mental Health Trust (£0.500m).** Review the agreement to deliver savings eg the skill mix of staff within the mental health teams

c. **Cut the costs of the contract with the provider delivering community health support to people with a learning disability (£0.960m).** Review the contract for Community Nursing Services and look to deliver changes and savings, eg reviewing the skill mix of teams, people using mainstream health services where possible

d. **Community Safety (£0.110m).** New team structure and reduction in the number of posts

e. **NHS Invest to save (£3m)**

f. **Further Savings from PCSS (Personal Community Support Service) (£0.500m).** PCSS have delivered annual savings of £1.75m. Once they are set up as a social enterprise company (Independence Matters) they will deliver further savings

g. **Review Care Arranging Service (£0.140m)**. Looking at savings and other delivery models for the Care Arranging Services, including outsourcing the service

h. **Reducing hospital admissions by increasing investment in care for people**

most at risk (£18m). This relates to the funding referred to in paragraph 3.2 and consists of: £3m in 2014-15 which is an estimate of the government funding Norfolk will receive to accelerate social care transformation, as included in the Spending review; and £15m in 2015-16 which is an estimate of the government Integration Funding the Council will receive. Adult Social Care will work with Health to target services at high risk groups to prevent hospital admissions and reduce social care and NHS expenditure.

There is a very high level of risk around this saving as the Integration Funding has to be part of a Pooled Fund with Health. The Clinical Commissioning Groups (CCGs) and NHS England have to agree on what the money can be spent on. At this point in time it is not clear what the funding will be used on. There may also be a further estimated £15m of funding that Adult Social Care could receive but this will be based on payment by results and therefore has not been included

i. **Change the type of social care support that people receive to help them live at home (£0.400m).** The authority would: look at how it supports people in local communities and ways of doing this more efficiently, reducing the pressure on residential care services; commission support at home with more of an outcome and reablement focus and set goals, eg greater mobility, rather than buy care based on the number of hours; review people who have a low number of hours of home care each week and look at meeting their needs in different ways; ensure people are accessing services that are available to everybody where appropriate; amalgamate existing services, eg floating support and home care, to help maintain peoples' independence
j. **Changing how we provide care for people with learning disabilities or physical disabilities (£6m).** This proposal is to develop more cost effective solutions for people receiving care who have Learning Difficulties or Physical Disabilities. Actions would include: renegotiating existing supported living contracts; investing more in and speeding up the existing housing development work using capital to make revenue savings by providing different housing support; working with people to reduce 24 hour a day, seven day a week care where it is not needed; ensuring all people who are potentially eligible for Continuing Health Care have been referred to Health for an assessment
k. **Work better with the NHS to deliver the Reablement and Swifts Services and look to share costs equitably (£3m).** Adult Social Care in Community Services spends approximately £6.3m each year on this service, and Health provide £1.3m of funding. Around half the people using this service have a health-related need. The reablement service (Norfolk First Response) provides intensive support in a person's own home for up to six weeks. Swifts or Norfolk Swift Response is a 24-hour service that provides help, support and reassurance if someone has an urgent, unplanned need at home but doesn't need the emergency services. The Council will look at: different integrated models for delivery of this service with the NHS; further avoiding/reducing the overlap/duplication of rehabilitation services provided by Health and reablement provided by Adult Social Care; whether partners will consider increasing the funding they contribute towards the cost of this service; and if needs be, reducing the service to only provide social care and not taking hospital referrals
l. **Develop community and commercial links - records office (£0.030m).** To generate sponsorship, contributions and other forms of income, eg enable digital access to other organisations
m. **Share library buildings with other organisations (£0.180m).** Work with communities, services and organisations to ensure libraries are hubs in local

communities.

7.7 We are also considering the following areas of efficiency in relation to the service:

7.7.1

a. **Electronic Monitoring of Home Care providers (£0.500m)**. Receive information electronically from home care providers about the services delivered into CareFirst (the social care record system through which payments to providers are made). This would link to the systems providers already have in place where possible
b. **Review of Norse Care agreement for the provision of residential care (£4.5m).** Reduce the costs of the Norse Care contract (approximately £33.5m pa) by reviewing the current arrangements including the redevelopment strategy
c. **Review of respite care (£0.300m)**
d. **Decommission offices, consolidate business support (£0.150m).** Further roll out remote and agile working across the service and look to expand the flexible use of other public sector offices
e. **Reduction in Business Support (£0.100m).** More self service and rationalisation of business support posts
f. **Reducing controllable spend in Community Services (£0.810m)** Eg travel
g. **Joint/integrated posts with Health – manager, occupational therapists, assistant grades (£0.350m).** Sharing of posts with the NHS to reduce costs
h. **Trading Assessment and Care Management support for people who fund their own care (£0.050m).** Look at developing a chargeable assessment and care management service for people who fund their own care
i. **Restructuring – Museums (£0.140m)**
j. **Restructuring Records Office (£0.070m)**
k. **Energy savings in Records Office (£0.020m)**
l. **Administrative efficiencies in Adult Education (£0.010m)**
m. **Administrative efficiencies (£0.104m).** Efficiency savings across Libraries, Museums and Records from equipment procurement and use, stationery and training
n. **Renegotiating Joint Museums funding (£0.050m).** Renegotiating funding with local authority partners
o. **Museums - Gift Aid and Cultural Exemptions (£0.554m).** Establish a fund raising foundation for admissions income to enable the service to secure Gift Aid donations and to bid for additional funding streams
p. **Museums - Income generation and external funding (£0.101m).** Develop new or enhanced income streams and external funding. Look to reduce the cost base where possible to increase the margin on existing sales
q. **Norfolk Record Office - Increased income generation (£0.060m)**
r. **Reduce spend on library books and other materials (£0.350m).** Using the efficiencies from the new contract to spend less on books
s. **Reduce the number of library managers (£0.050m).** Library managers would cover more libraries where geographical proximity makes this appropriate and feasible
t. **Reduce the number of library staff (£0.350m).** Develop and implement a policy to allow some libraries to be staffed by only one person
u. **Charge for some activities provided in libraries (£0.030m).** Eg hiring out rooms/space within libraries, seeking sponsorship for some free services, selling advertising space
v. **Send overdue item reminders electronically (£0.020m).** Stop sending paper

overdue notifications

8 Capital programme

8.1. The proposed capital programme is shown in Appendix B. As in previous years it is proposed that Government allocation of capital grant will be earmarked to the services for which the grant has been made.

8.2. In accordance with the Capital Strategy, departments have submitted bids for corporate capital funding or prudential borrowing to the Corporate Capital and Asset Management Group (CCAMG). These bids relate in the main to schemes or services for which Government support is not available but which are nevertheless considered to be a priority.

8.3. CCAMG has reviewed new bids and consider them appropriate for consideration by this Panel. Schemes, relevant to this Panel are shown in Appendix B. In addition long term bids considered in previous years or subsequently approved covering 2014-15 have been brought forward. As Government makes new announcements of capital grant for 2014-15, sources of funding for schemes will be re-assessed to ensure the most cost effective use of capital funding. Any changes to the submitted bids or the identification of alternative funding sources may reduce the need for prudential borrowing proposed. Cabinet will consider the bids on 27 January 2014, alongside revenue requirements and the level of funding that can be made available to fund the bids, and will recommend to Council which bids are included in the capital programme.

9. Resource Implications

9.1. **Finance:** Financial implications are covered throughout this report. At this stage it is not clear whether there will be additional recurring Government funding for the extra costs associated with the Social Care Bill reforms, including the packages of care and the extra care and financial assessments for people who currently fund their own care, other than the funding announced in the recent Spending Review. The Council has asked for clarification of this in its response to the consultation on the implementation of the Bill. At this stage Adult Social Care and the Council has not factored any extra costs into its budget planning for 2016-17 and onwards.

9.2. **Staff:** Some of the proposals in section seven will mean a reduction in the number of staff in the department. Staff implications will be reviewed as part of the overall assessment for individual proposals.

9.3. **Property**: Property implications will be reviewed as part of the overall assessment for individual proposals.

9.4. **IT:** IT implications will be reviewed as part of the overall assessment for individual proposals.

10. Other Implications

10.1. **Legal Implications:** Legal implications have been reviewed as part of the overall assessment for individual proposals prior to consultation. Continued assessment of legal implications in relation to all proposals will be on going throughout the process.

10.2. **Human Rights:** Human Rights implications are being assessed on an individual budget proposal basis as part of the Equality Impact Assessment process.

10.3. **Equality Impact Assessment (EqIA) :**

10.3.1 Under the Equality Act 2010, public bodies must in exercise of their public functions have due regard to:

a. Eliminating unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
b. Advancing equality of opportunity between people from different groups
c. Fostering good relationships between people from different groups

10.3.2 Protected characteristics are disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

10.3.3 It is up to public bodies how they go about implementing the duty, however they must be able to provide evidence upon request that due regard has genuinely been paid.

10.3.4 Individual Equality Impact Assessments are being undertaken for all of the Council's budget proposals that potentially have an impact on identified groups with protected characteristics. This process includes engagement with relevant groups, which will form a core part of the evidence used to prepare the assessments

10.3.5 At the time of writing this report, the consultation is still on-going. Findings will be brought to the Panel in January.

10.3.6 A full equality impact assessment report will be published alongside the Cabinet budget papers for 27 January. This is consistent with legislation and will allow Cabinet Members sufficient time to inspect each proposal's equality impact assessment (along with all the other relevant evidence), prior to the Cabinet meeting on 27 January 2014 to agree the recommendations to Full Council on 17 February 2014.

10.3.7 The Equality Impact Assessment process is being overseen by the Strategic Equality Group. This is a Member and officer group that provides leadership on equality for Norfolk County Council.

10.3.8 Where the Council identifies potential adverse impacts on protected groups, it must consider whether to go ahead with the proposal and whether any amendment can be made to promote equality and tackling disadvantage for the protected group affected.

10.4 **Health and Safety Implications**

10.4.1 Health and Safety implications will be reviewed as part of the overall assessment for individual proposals.

10.5 **Environmental Implications**

10.5.1 Environmental implications will be reviewed as part of the overall assessment for individual proposals.

10.8 **Any other implications:** Officers have considered all the implications which members should be aware of. Apart from those listed in the report (above), there are no other

implications to take into account.

11. Section 17 – Crime and Disorder Act

11.1 Issues in relation to the Crime and Disorder Act will be reviewed as part of the overall assessment for individual proposals.

12 Risk Implications/Assessment

12.1 The main risks and issues associated with these proposals have been highlighted in Section 7. However, given the scale of potential change associated with the budget proposals, there are a series of risks which are generic to all services, and against which each individual proposal is being evaluated. These are:

a. **Service performance**: the risk that the scale of change will impact on performance and on user satisfaction with services
b. **Staffing:** the risk that skills and knowledge may be lost as people leave or are made redundant, and that staff morale is adversely affected
c. **Capacity for change**: the proposals require significant transformation and change to services, and there is a risk that there will be insufficient capacity to re-design services and implement new ways of working
d. **Increasing demand**: there is a risk that where preventative services are being scaled back, there may – in future – be an increased risk in demand, as people's needs become more pressing

13 Action Required

13.1 Members are asked to consider and comment on the following:

a. The revised service and financial planning context
b. The revised spending pressures and savings forthe updated capital bids and announcements relevant to Community Services
c. Members are also invited to identify further ideas to achieve additional revenue budget savings and reduction in unsupported borrowing costs in relation to delivering the capital programme

Background Papers

Service and Financial Planning 2014-17 papers – Cabinet (5th August and 2nd September)

Officer Contact

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

Name	Telephone Number	Email address
Janice Dane	01603 223438	janice.dane@norfolk.gov.uk
Jeremy Bone	01603 224215	jeremy.bone@norfolk.gov.uk

IN TRAN communication for all

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

*** Ref** - the Public Budget Consultation reference

Proposed Budget Changes for 2014-17 – Community Services
Adult Social Care

		2014-15 £m	2015-16 £m	2016-17 £m
	ADDITIONAL COSTS			
	Economy			
	Basic Inflation - Pay (1% for 14-17)	0.476	0.481	0.486
	Basic Inflation - Prices (General 2%, School and social care passenger transport 4%)	4.797	4.898	5.002
	Increased cost packages: older people	0.785	0.785	0.785
	Increased cost packages: physical disabilities	0.119	0.119	0.119
	Demographics			
	Demographic growth: older people	2.830	2.830	2.830
	Demographic growth: Physical disabilities	0.021	0.021	0.021
	Transition of people with physical disabilities from Children's Services	0.168	0.168	0.168
	Demographic growth: mental health	0.015	0.015	0.015
	Increased number of people with Learning Difficulties	5.520	5.520	5.520
	Total Additional Costs	**14.731**	**14.837**	**14.946**
Ref*	**BUDGET SAVINGS**			
6	Electronic Monitoring of Home Care providers			0.500
6	Review block home care contracts	0.300	0.100	
6	Review of agreement with Mental Health Trust	0.500		
6	Review of Norse Care agreement for the provision of residential care	2.000	1.000	1.500
6	Review of respite care	0.300		
8	Reduction in Business Support	0.100		
8	Community Safety	0.110		
8	Decommission offices, consolidate business support		0.150	
9	Reducing controllable spend in Community Services	0.810		
9	Reduce training budget	0.500		
13	NHS: Invest to save	3.000		
14	Further Savings from PCSS (Personal Community Support Service)	0.250	0.250	
14	Review Care Arranging Service		0.140	
18	Reducing hospital admissions by	3.000	15.000	

		2014-15 £m	2015-16 £m	2016-17 £m
	increasing investment in care for people most at risk			
18	Joint senior manager posts with Health	0.200		
18	Integrated occupational therapist posts with Health		0.100	
18	Assistant grade posts working across both health and social care		0.050	
20	Trading Assessment and Care Management support for people who fund their own care			0.050
30	Change the type of social care support that people receive to help them live at home	0.200	0.200	
31	Reduce funding for wellbeing activities for people receiving support from Adult Social Care through a personal budget	6.000	3.000	3.000
32	Cut the costs of the contract with the provider delivering community health support to people with a learning disability	0.960		
33	Changing how we provide care for people with learning disabilities or physical disabilities	1.000	2.000	3.000
34	Work better with the NHS to deliver the Reablement and Swifts Services and look to share costs equitably.		3.000	
35	Scale back housing-related services and focus on the most vulnerable people	1.200	1.200	
36	Reduce the number of Adult Care service users we provide transport for	1.800	0.150	0.150
37	Stop ongoing (revenue) spend on the Strong and Well programme	0.500		
	Putting People First proposals sub total	**22.730**	**26.340**	**8.200**
	Other savings sub total	**0.000**	**0.000**	**0.000**
	Total Savings	**22.730**	**26.340**	**8.200**
	NET BUDGET CHANGE	**(7.999)**	**(11.503)**	**6.746**

Community Services Overview and Scrutiny Panel Item 10
Addendum to Service and Financial Planning Report 2014-17

In addition to the savings that are included in the report, there are further cross cutting savings proposals that are expected to have a partial impact on service budgets to this Panel. These are listed below:

		2014-15 £m	2015-16 £m	2016-17 £m
	Cross Cutting Budget Savings			
1	Mobile Data Management (MDM) project	0.030	0.000	0.000
2	Make use of newer and cheaper ICT systems and practices through reprocurement	1.055	2.510	0.000
4	Reducing costs of business travel	0.330	0.300	0.275
4	Consolidate staff and expertise in fleet management	0.200	0.100	0.000
4	Savings related to purchasing fuel	0.168	0.005	0.000
4	Lease car scheme savings	0.061	0.000	0.000
4	Further review of associated employment costs	0.000	0.440	0.860
4	Renegotiate the Norse contract for buying and leasing mini buses	0.226	0.000	0.000
8	Reduce costs of commercial and industrial waste produced by NCC premises	0.037	0.000	0.000
10	Cross cutting improvements to ways of working	1.500	0.000	0.000
15	Efficiency savings arising from utilising public health skills and resources to remove duplication	1.205	0.000	1.275
20	Securing funding, including European funding, for key care services	0.000	0.750	0.750
20	Improving public safety offer as part of existing services to LA maintained schools and academies	0.005	0.008	0.008
20	Sponsorship of public safety activity	0.005	0.005	0.005

The following additional proposals are deemed to be specific to Adult Social Care (Community Services):

		2014-15 £m	2015-16 £m	2016-17 £m
	Cross Cutting Budget Savings			
4	Renegotiate the Norse bulk discount	0.000	0.106	0.000
4	Renegotiate contracts with residential providers to include day service as part of the contract or at least transport to another day service	0.000	0.100	0.000
66	Charge people who fund their own social care the full cost of transport	0.140	0.000	0.000

Proposed Budget Changes for 2014-17 – Community Services
Cultural Services

		2014-15 £m	2015-16 £m	2016-17 £m
	ADDITIONAL COSTS			
	Inflation			
	Basic Inflation - Pay (1% for 14-17)	0.169	0.171	0.173
	Basic Inflation - Prices (General 2%, School and social care passenger transport 4%)	0.116	0.118	0.121
	NCC Policy			
	Reduce the scale and capacity of improvement and intervention services for schools - school library service income reduction	0.179		
	Norfolk Sports and Cultural Foundation	0.030		
	Total additional costs	**0.494**	**0.289**	**0.294**
Ref	**BUDGET SAVINGS**			
8	Restructuring - Museums	0.140		
8	Restructuring Records Office	0.070		
8	Energy savings in Records Office	0.020		
8	Administrative efficiencies in Adult Education	0.010		
9	Administrative efficiencies	0.104		
16	Renegotiating Joint Museums funding	0.050		
20	Museums - Gift Aid and Cultural Exemptions	0.200	0.354	
20	Museums - Income generation and external funding	0.101		
20	Norfolk Record Office - Increased income generation	0.030	0.020	0.010
20	Develop community and commercial links - records office	0.030		
38	Reduce spend on library books and other materials	0.350		
39	Reduce the number of library staff - managers	0.050		
39	Reduce the number of library staff	0.350		
40	Charge for some activities provided in libraries	0.030		
41	Share library buildings with other organisations	0.180		
42	Reduce how often mobile libraries call at some places	0.109		

		2014-15 £m	2015-16 £m	2016-17 £m
43	Reduce funding for the arts service, including arts grants	0.110		
44	Close Norfolk Records Office on Saturday mornings	0.012		
45	Stop or scale back the availability of music and play sets from the library	0.010		
46	Send overdue item reminders electronically	0.020		
	Putting People First proposals sub total	**1.976**	**0.374**	**0.010**
	Other savings sub total	**0.000**	**0.000**	**0.000**
	Total Savings	**1.976**	**0.374**	**0.010**
	NET BUDGET CHANGE	**(1.482)**	**(0.085)**	**0.284**

APPENDIX B

Capital bids and previously approved schemes to be funded from borrowing and unallocated capital receipts 2014-2017 (as at 1 October 2013)

Service	Scheme	2014-15	2015-16	2016-17	
		£m	£m	£m	
New bids considered by CCAMG September 2013 – subject to development and approval					
Resources	County Hall security and fire safety measures	1.490	1.000		1
Resources	Equality Act (DDA) Works – additional bid to cover potential requirements for County Hall car park access ramps and associated works	0.220	0.120	0.130	2
Resources	Corporate Minor Works (CMW) items not previously approved	0.050	0.050	0.650	3
Sub-total new items		**1.760**	**1.170**	**0.780**	
Items funded from borrowing approved as part of 2013-14 capital programme and expenditure re-profiled from earlier programmes					
Resources	Equality Act (DDA) Works	0.130	0.130		2
Resources	Corporate Minor Works (CMW)	0.600	0.600		3
Resources	Carbon and energy reduction fund	1.100			4
Resources	Better Broadband (excluding externally funded element)	3.011	11.197		5
Resources	Investment fund for Norfolk Energy Futures Ltd	3.600			6
Resources	County Hall strategic maintenance	3.500	8.200		7
ETD	Provisional funding for Major Transport Schemes (eg Poswick Interchange / NDR)	9.100			8
ETD	Drainage improvements	1.656			9
Resources	Asbestos Survey & Removal	0.620			9

Service	Scheme	2014-15	2015-16	2016-17	
		£m	£m	£m	
Community Services	Libraries Refurbishment	0.200			9
Fire and Rescue	Fire Training Building	0.100			9
Children's services	Schools construction	0.034			9
Sub-total existing		***23.651***	***20.127***		
Total		**25.411**	**21.297**	**0.780**	

Notes

1) County Hall security and fire safety measures: costs subject to confirmation.
2) DDA: Historically £0.13m per annum has proved sufficient in this fund, but there may be significant expenditure related to access at the County Hall site (c£0.3m) hence the increased bid for 2014-2016. Allocations are proposed on a rolling three year cycle but subject to annual approval.
3) CMW: Small increase over year's allocation of £0.6m to address items associated with the County Hall maintenance programme. Allocations are proposed on a rolling three year cycle but subject to annual approval.
4) CERF: 2014/15 is the final year of the existing CERF bid.
5) Better Broadband bid: endorsed by Cabinet in July 2011. The amounts included above represent the element of the bid to be funded by prudential borrowing. The borrowing costs will be funded by the Norfolk Infrastructure Fund and savings in the ICT Services budget when the council's data contract is re-let in 2014.
6) NEFL: an "investment fund" to be allocated to projects as opportunities arise.
7) County Hall strategic maintenance: as per Cabinet report 9 July 2012, but with the £8m due to be spent over the 22 years from April 2015 condensed into the third year of the project (2015/16).
8) NCC corporate funding for Norwich Northern Distributor Road and Postwick Hub as set out in Cabinet minutes 4 March 2013.
9) Expenditure re-profiled from earlier capital programmes.
10) Project funded by a revenue contribution from the service. This contribution was used to reduce the Authority's previous year's borrowing requirement and therefore the project will be funded through future borrowing.
11) Strong and Well partnership: Cabinet report 28 January 2013, allocated £0.5m capital per annum for 5 years for prevention services for vulnerable older people. Funding was identified for the first year, but not for subsequent years. In line with the revenue budget proposals, the programme from 2014-15 has been withdrawn.
12) Capital implications of the Airport Radar System as discussed by Cabinet on 3 September 2013 to be added when capital requirements are developed.

Report to Community Services Overview and Scrutiny Panel
5 November 2013
Item No 11

Warm and Well Evaluation Report

Report by the Director of Community Services

Summary
The Norfolk Warm and Well Programme was provided between January and April 2013 as a county-wide initiative to help keep vulnerable people warm during the winter. Results and feedback from those involved in the programme show that the scheme was delivered successfully, providing interventions to a wide range of individuals in need, with particular focus on those in the most deprived areas, and promoting information about other services.

However, a number of individuals targeted for the Warm and Well intervention may not have had a particular need for the service. People without heating or financial difficulties should not be receiving the service. The figures suggest more precise targeting is required in future so that money reaches those in real need of help.

Advanced planning is required for this type of time sensitive programme to avoid logistical problems during bad weather and allow for 'prevention rather than cure' of problems.

In summary, the warm and well programme has provided a useful method to deliver interventions to vulnerable individuals in order to help them keep warm and healthy during cold weather as well as provide information and signposting to other services which may be useful to them.

The following complete report contains the conclusions and recommendations based on the evaluation information gathered.

Action required
Panel members are asked to note the contents of this report.

Officer Contact

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

Officer Name:	Tel No:	email address:
Dr Augustine Pereira	01603 638470	augustine.pereira@norfolk.gov.uk

IN TRAN
communication for all

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

Norfolk County Council
at your service

Warm and Well Evaluation

Winter 2012/2013

PUBLIC HEALTH - NORFOLK COUNTY COUNCIL

Dr Richard Hayhoe, Dr Kadhim Alabady,
Dr Augustine Perreira

Table of Contents

Executive Summary

The Norfolk Warm and Well Programme was provided between January and April 2013 as a county-wide initiative to help keep vulnerable people warm during the winter. The rationale for this is provided by evidence of increased morbidity and mortality during severe weather. The 2012/2013 programme built on the successful elements of a similar scheme the previous year using funding provided by the Department of Health 'Warm Homes Healthy People' fund.

The programme is run by a partnership of organisations in Norfolk including local government, health and the voluntary sector which has been assembled to facilitate the identification of, and provision of intervention to, those in need of one or more of the component interventions.

The following principal aims were to provide people with cold weather information and advice, practical and financial support to keep their homes warm, and encourage community spirit so that more vulnerable members of society are supported by others.

Results and feedback from those involved in the programme show that the scheme was delivered successfully by the partnership, providing interventions to a wide range of individuals in need, with particular focus on those in the most deprived areas, and promoting information about other services. However, it was noted that some individuals were from less deprived areas, were not having difficulties keeping warm, and were not have problems with financing their heating. These people should not have received the intervention and care should be taken in future years to ensure than only those in need of the intervention are targeted.

Although there were some organisational issues which could have been avoided if the planning had started earlier, training of staff and delivery of the interventions was successful. The majority of individuals who responding to survey questionnaires reported that they had found the interventions useful, and there were greater proportions of individuals rating their health and the warmth of their homes highly post-intervention compared to pre-intervention.

In summary therefore, the warm and well programme has provided a useful method to deliver interventions to vulnerable individuals in order to help them keep warm and healthy during cold weather as well as provide information and signposting to other services which may be useful to them.

Key Findings and recommendations

The key findings of this evaluation are listed below together with recommendations for change, where appropriate, to address any shortcoming of the service in 2012/2013.

1. The warm and well programme was delivered successfully by coordinated action of the partner organisations. Feedback demonstrated that this partnership has functioned more effectively than in the previous year.
   Recommendation: Continue to build on the partnership working process in future instances of the programme.

2. The content of training sessions was good, and sessions were well received. However, computer format of the training limited the venues where this could be delivered and possibilities for cascading the information.
   Recommendation: Provide alternative media options, in particular, in printed form to maximise reach of training.

3. The scheduling of several training sessions was disrupted by severe weather conditions, reduced the number of people trained for the first part of the winter.
   Recommendation: Schedule training sessions as early as possible to help avoid disruption by severe winter weather, and maximise number of people that are delivering intervention before the most severe weather occurs.

4. Feedback from organisations delivering the interventions highlighted logistical, training, and delivery issues which could have been avoided or mitigated by advanced planning.
   Recommendation: Start planning early for future delivery of the scheme so that any problems can be addressed while the intervention will still be of benefit.

5. Many individuals living in rental housing under poor conditions expressed significant reluctance to allow entry into the house in case it jeopardised their tenancy.
   Recommendation: Investigate ways to overcome this barrier through reassurance of the occupier or liaison with the landlord.

6. The 80-90 years olds were the largest 10 year age group of individuals to receive a warm and well intervention. The next largest group was the 70-80 year olds, but all age groups (down to 16 years old) had some individuals receiving the intervention showing the intervention is effective at delivering and engaging all ages as intended.
   Recommendation: No change required.

7. King's Lynn and West Norfolk represent the area where the most warm and well interventions have been delivered. Furthermore analysis of the ward areas involved, show that the majority of interventions were provided in areas of high deprivation. However, some individuals receiving the interventions have been resident in each Norfolk district, thus demonstrating the effective reach of the programme, while particularly deprived areas have correctly received priority.

Recommendation: No specific change required, but monitoring of the areas most in need of intervention is required to ensure delivery to those most in need.

8. 26% of respondents of the post-intervention survey still had difficulties keeping their house warm, despite receiving the intervention, indicating that the interventions did not always solve the problem of lack of warmth during the winter.
   Recommendation: Investigate reasons for individuals still feeling cold post-intervention, so that these can be addressed by alternative or addition interventions in the future.

9. It was evident that in some situations a lot of heat was lost through inadequate property insulation, making the interventions provided insufficient to overcome this.
   Recommendation: Future prioritisation of home insulation provision and elimination of draughts.

10. Mosaic information classified 8% of those receiving intervention as 'young, well-educated city dwellers' and therefore not likely to be in particular need of the intervention. Similarly 26.5% reported a value of 7-10 when asked how they rated their warmth last winter on a scale of 1-10 (10 being extremely warm and comfortable). Furthermore, 21% reported that their homes were warm and they had no difficulties with either heating or finance. These people therefore do not appear to have been in need of intervention and have thus been wrongly provided with the service.
    Recommendation: Reassess delivery targeting methods to avoid wasting interventions on those without particular need.

11. Post-intervention survey results show that 82% of respondents made use of the intervention they were provided with. 39% stated it helped a lot and 43% stated it helped them a little. This is therefore a positive outcome for the service.
    Recommendation: No change required.

12. Data for some variables/outcomes included in evaluation was incomplete. Reporting of demographics (e.g. total number of clients, ethnicity, age, etc.,) involved significant missing data. Likewise, reliable and complete information regarding the type and numbers of interventions provided has not been returned by all delivery organisations.
    Recommendation: Future implementation of the Warm and Well programme should include clear and strictly monitored outcomes for the delivering organisations. A target of 90% data compliance should be set. The Warm and Well Board should retain the rights to the information. Payment by results may be a method which should be considered to achieve better information return and outcomes.

Aims

- **Targeting intensive help** to people of all ages who are in crisis and at risk from cold housing and fuel poverty, who are currently unable to get sufficient support from existing services.

- **Building capacity and resilience in agencies, communities and with individuals** so that appropriate support continues to reach those in need in the future, including continuing arrangements for a longer term Warm & Well fund.

- **Improving key public health outcomes for winter planning** to ensure that as many people as possible receive the flu vaccination, and that particular help is given to people with long term conditions.

- **Making it easier for partners, communities and agencies to find help** for vulnerable people by providing clear referral routes, good information and training for those involved.

- **Working together better and faster** The Warm & Well project in 2011/2012 showed that partners in Norfolk could deliver coordinated local action quickly, working to the strengths of voluntary and community groups and public sector bodies. The knowledge gained during this process will be used to provide a more efficient service in 2012/2013.

Introduction

Background:

Every winter in the UK, there are approximately 30 thousand 'excess deaths' linked to the cold weather, and epidemiological studies have demonstrated a strong correlation between outdoor temperature and mortality rate (IFS, 2011). Although the causal link between a low household temperature and mortality is not clearly defined, there is evidence that indoor temperature is important to maintaining health.

Current advice specifies that living room temperature should be between 18-21°C (64-70F), with bedrooms at 18°C (64F), and the rest of the house not below 16°C (61F). Below this point there is reduced resistance to respiratory and other infections and consequent increase in occurrences of colds, flu, bronchitis, etc.. Below 12^{o}C (54F) blood thickens, increasing blood pressure risk of heart attack or stroke. After more than 2 hours below 9^{o}C (48^{o}F) there is a risk of hypothermia as core body temperature falls.

For those living in more deprived circumstances the cold therefore poses a particular risk during winter months when appropriate household heating may be limited by finances. Indeed, there are currently approximately four million households in the UK which are in fuel poverty, defined as when a household must spend more than 10% of their income on energy bills. Thus there is a need to provide support to these individuals.

Norfolk Warm and Well Scheme:

Between January and April 2013 a Norfolk wide initiative has been in place to help keep vulnerable people warm and well during the winter. This built on the successful elements of a similar, but smaller scheme in the winter of 2011/12, providing greater focus on the key groups of vulnerable people.

Funding of £283,570 was provided by the Department of Health following a successful application to the Warm Homes Healthy People fund. This application involved a partnership of organisations in Norfolk including local government, health and the voluntary sector which together would identify and provide intervention to those requiring help. The aims of the scheme conform to the Cold Weather Plan drawn up by the Department of Health in conjunction with the Met Office and Health Protection Agency.

Thus the Norfolk scheme had the following principal aims:

- Giving people cold weather information and advice.
- Providing practical and financial support.
- Encouraging community spirit where neighbours help those in need.

The individual components contributing to these aims are highlighted below:

Resources for keeping warm

- 6,000 warm packs including advice leaflet, blanket, gloves, thermos mug, room thermometer, bed socks, woolly hat and hot water bottle
- Blankets for the homeless
- Low cost loans for heating oil through Norfolk Credit Union, to combat fuel poverty in rural areas
- Portable heater loan
- Loft clearance services, ready for increased insulation laying (loft lagging)
- Low level insulation, providing radiator foil, loft lagging, and draft excluders
- Boiler repair, or replacement where quick action is critical
- Emergency heating oil for people in a crisis
- Community alarms, including extreme temperature sensors

Intensive support for the most vulnerable

- Grants for up to individuals in a crisis through the Norfolk Community Foundation to provide intensive help to up to 500 individuals
- Telephone and home-visit support for up to 300 individuals with long-term conditions

Building community capacity and resilience

- Up to 20 training session will be provided for parish councils and community groups to help them identify, support and signpost vulnerable people
- Streamline getting the right help to the right people through referral process
- Continuation of the Warm and Well fund, providing resource to groups supporting the vulnerable into the future.
- Use of the Home Shield cross-referral agency for professionals was expanded to include telephone and web referrals from the public.

Promoting of awareness

- Raise awareness of the risk of winter to vulnerable groups and solutions to overcome them
- Promote flu vaccination to all vulnerable groups

Intervention Target groups:

As discussed, cold winter weather poses a particular risk to specific groups of people. Thes include the elderly and those with medical problems, as well those unable to keep warm due to poor living conditions and fuel poverty.

Thus the target groups identified are listed below:

- The elderly over 75 years old
- Frail individuals
- Those with pre-existing cardiovascular or respiratory illnesses and other chronic medical conditions
- The severely mentally ill
- Those with dementia
- Those with learning difficulties

- Those suffering from arthritis, limited mobility, or at heightened risk of falls
- Young children
- Those living in deprived circumstances
- Those living in homes with damp or mould
- Those living in fuel poverty, needing to spend >10% of their household income on heating
- Elderly people living on their own
- Homeless or people sleeping rough
- Other marginalised groups: Pregnant women in deprived areas, gypsy and traveller communities, and children of all ages in deprived circumstances

No individuals at risk are excluded from receiving support through this scheme.

Chapter 1: Budget

The budget allocated to cover all aspects of the Warm & Well Project scheme for winter 2012/13 was £283,570.

1.1 Budget Distribution

The distribution of the budget between different components of the Warm & Well scheme is summarised in **table 1** below. The largest single allocation of funds (£41k) was to cover the cost of Warm Pack provision. The smallest specific allocation (£1.5k) was to provide emergency heating oil.

Table 1: Budget distribution between different aspects of the project

Project Area	**Allocated Budget (£)**
Warm & Well Project	£283,570.00
Further Analysis Codes	
Warm Packs	£41,000.00
Emergency heating oil	£1,500.00
Low level insulation	£35,000.00
Boiler repairs	£35,000.00
Training	**£16,200.00**
Awareness raising	£12,150.00
Referrals	£12,150.00
Surviving Winter Fund	£20,000.00
Warm and Well Fund	£40,750.00
Home visits	£40,500.00
Evaluation	**£8,100.00**
Communications	£12,150.00
Consultancy	£8,100.00
Miscellaneous	£970.00 (the remainder)
Total	**£283,570.00**

Table 2 below shows further breakdown of the budget allocation, with details of how this has been distributed between the different districts and service providers involved in the scheme.

As can be seen from this table, the four voluntary sector organisations each received £10,125. Each of the seven district councils received £11,500 which was split between insulation provision, boiler repairs, and heating oil loans, as shown.

Norfolk Home Shield received a budget allocation of £12,150 for their role in providing the referral pathway for the programme. Norfolk community Foundation were the budget holders for the Surviving Winter Fund (£20,000) and the Warm and Well Fund (£40,750). The credit union was allocated a sum of £41,500 to provide loans to those in need of temporary assistance in paying fuel/heating bills during the winter.

A budget of £16,200 was allocated to training. Norfolk County Council were allocated £8,000 to the Planning, performance and partnerships service, £8,000 for evaluation, and £12,150 to the communications team for marketing and other aspects of communication support.

Table 2: Budget distribution between different districts and service providers

voluntary sector organisations				
West Norfolk VCA	£10,125			
Momentum	£10,125			
Voluntary Norfolk	£10,125			
Norfolk Rural Community Council	£10,125			
Total	**£40,500**			
District Councils	**low level insulation**	**boiler/heating repairs**	**access for emergency heating oil loans**	**Total**
Breckland	£5,000	£5,000	£1,500	£11,500
Broadland	£5,000	£5,000	£1,500	£11,500
Great Yarmouth	£5,000	£5,000	£1,500	£11,500
King's Lynn	£5,000	£5,000	£1,500	£11,500
North Norfolk	£5,000	£5,000	£1,500	£11,500
Norwich	£5,000	£5,000	£1,500	£11,500
South Norfolk	£5,000	£5,000	£1,500	£11,500
Total	**£35,000**	**£35,000**	**£10,500**	**£80,500**
	to provide the referral pathway			
Norfolk Home Shield	£12,150			
	Surviving Winter Fund	Warm and Well Fund		
Norfolk Community Foundation	£20,000	£40,750		
	loans for fuel/heating			
Norfolk Credit Union	£41,500			
Training	**£16,200**			
Norfolk Rural Community Council	£1,000			
Momentum	£257.28			
Voluntary Norfolk	***Late submission***			
West Norfolk Voluntary and Community Action	£432			
Additional funding				
PPP	£8,000			
Evaluation	£8,000			
Communications team for marketing and comms support	£12,150			

Chapter 2: Training

Warm & Well partners decided that a training pack was required to communicate the content and aims of the project and that it would be delivered by 'cascade' training. It was arranged that four Norfolk Infrastructure organisations working on the project would deliver training to their contacts and other relevant organisations. Each would deliver training over a number of sessions to areas around Norfolk. These organisations contributed training dates to the programme, arranged venues and then invoiced the Warm and Well project for costs of venue, refreshments and trainer time.

The organisations involved in training were:

- Norfolk Rural Community Council
- Momentum
- Voluntary Norfolk
- West Norfolk VCA

The 'cascade' commenced with Public Health developing the training pack and associated documentation, including the training register, training evaluation form and the programme for training sessions. These were delivered by Public Health at two sessions to train and enable the Infrastructure organisations to deliver this training, along with other invited contacts. One organisation, West Norfolk VCA insisted that all their partner agents delivering Warm and Well interventions must attend training before doing so.

This cascade method ensured training would be delivered around the county and would be free to access. Training took approximately 45-60 minutes and booking was essential. Trainees were entitled to claim 1 CPD point and certificate for attendance**.** To do so they had to attend a training session delivered by or accredited by Public Health, enter their details into the training registration form and complete a training evaluation form, including how they would apply this knowledge to their work. No CPD applications were received.

In total 18 training sessions were planned, some were cancelled due to poor weather/attendance, 12 sessions were delivered, 83 people trained at a cost of £1,686.78. It should be noted that this information is incomplete as one of the Infrastructure organisations did not return training documentation.

Content of the training

The training pack for the Warm & Well project 2012/13 was a development from that created for the first year of this project, winter 2011/12. Assistance was received from Dr Augustine Pereira, Public Health Consultant & Rik Martin, Norfolk Rural Community Council.

This year's training pack (attached) included slides, information & links on the following subjects:

The target groups

- The elderly i.e. over 75 years old & elderly people living on their own

- Those in poor health including those with pre-existing cardiovascular or respiratory illnesses, other chronic medical conditions, severe mental illness or dementia, learning difficulties and those with Arthritis, limited mobility or otherwise at risk of falls
- Pregnant women and young children living in deprived circumstances
- Those in Fuel poverty (needing to spend 10% or more of household income on heating home) and those living in homes with mould
- Homeless people or those sleeping rough
- Any individuals at risk.

The training objectives

The Warm & Well project is to give practical help and assistance to:

- Understand that health and wellbeing is affected by cold/damp housing
- Help recognise a cold home and to use own observations, & to interpret comments about the home
- Ask clients about their experiences and perceptions about their home
- Help identify needs and to refer them on for action
- Understand the interventions available for this year's Warm & Well project & the referral pathway to access this & other help
- Encourage annual 'flu vaccination
- Prevention and referral - something can be done

Temperature and its effect on health

- Advice about minimum temperatures & the effects of cold on the body and the possible health risks of low temperatures.
- Excess winter deaths including the definition**:** Winter deaths occurring December to March minus the average of non-winter deaths (August to November of the previous year and April to July of the current year).
- Local statistics for winter deaths in Norfolk & the most frequent causes

Fuel poverty, links & tips.

- The Government's adopted definition: "A fuel-poor household is one which needs to spend more than 10% of household income to achieve a satisfactory heating regime (21^{o}C in the living room and 18^{o}C in the other occupied rooms)"
- Some Energy saving tips from The Energy Trust
- Identification of those most at risk of fuel poverty and statistics for households in fuel poverty in areas of Norfolk

How to recognise a cold home

- external observations
- temperature
- visible signs of cold and damp
- heating

Making Every Contact Count (MECC)

- using each contact with a client to maximum benefit

Actions that the individual can take

- including sharing tips and advice about how to keep warm and prepared for winter weather, the NHS 111 scheme (just launched), and grants. schemes and benefits to help with costs & improvements

Keeping Warm links, tips & advice

Flu vaccinations

- who is eligible
- why this is important
- links and contacts for more information

The Warm & Well 'Menu' of Interventions, & additional grant information

- Home Visits
- Warm Packs
- Blankets for Homeless
- Loan heaters
- Emergency Heating Oil
- Low cost heating oil loan scheme
- Low Level Insulation
- Boiler Repair
- Grants available for individuals or groups

The Referral Pathway

- how it works
- who can use it
- what it is for
- alternative emergency contacts

Evaluation

- The importance of evaluating this project
- a request to complete evaluation forms
- details of the prize draw to encourage responses

Further information links & project contacts.

Within the training pack copious notes were included along with slides to help those delivering the training to talk about the subject and to have at hand information to address questions. Those delivering training were asked to provide attendees with copies of the slides and notes, evaluation forms, and to record attendees on the training register.

The trainer pack and training programme was circulated to all stakeholder partners and Public Health directorate. The pack was also posted on the Warm and Well web page of Norfolk County Council.

2.1 Training overview

Warm & Well Awareness Training 2013

Organisation	No of sessions delivered	No of People trained	Cost
Norfolk County Council Public Health	2	17	- (room cost inc in WNVCA & Vol Norfolk invoices below)
Momentum Norfolk	2	9	£257.28
Norfolk Rural Community Council	5	43	£1000
West Norfolk Voluntary and Community Action	4	19	£432.00 inc cost of training room for 1 x PH session
Voluntary Norfolk			***No records returned***
Total		**88**	

Representatives:

- Norfolk Rural Community Council (Rik Martin)
- Momentum (Tracy Dacks)
- Voluntary Norfolk (Andrew Morter)
- West Norfolk Voluntary and Community Action (Heather Farley, Karen Lee)

2.2 Training focus group

A focus group session was organised to gather information from those responsible for delivering training of the Warm and Well programme. All organisations involved in training were invited.

Representatives from the Norfolk Rural Community Council, Momentum Norfolk, and West Norfolk Voluntary and Community Action (WNVCA), attended the focus group.
The representative from Norfolk Rural Community Council explained that 6 training sessions had been delivered to approximately 50 people, volunteers primarily going to the elderly and unemployed in deprived rural communities.
The Momentum Norfolk member described helping to deliver training rolled out to members, volunteers and C&YP workers. There had been two training sessions. The target group included the British Red Cross, Homestart and voluntary organisations.
The representative from WNVCA recalled that they had had one training session provided by NCC Public Health and then they themselves had delivered training on a further 4 occasions: 3 in Kings Lynn and 1 in Swaffham.
The main points of discussion during the focus group session have been reported below, under a number of principle themes:

Content of training

There was agreement that the NCC-provided training material had provided a good source of appropriate information and was well received by those attending the training sessions.
There was a suggestion, with which the whole group agreed, that the slides could be provided in printed form in future, to make cascading information more effective and possible where computer facilities are unavailable. Perhaps a booklet would be useful, especially when delivering to smaller groups.
Most attendees seemed to grasp the concepts of the training presentation well. However, with some of the more diverse groups, the focus group members had some concern that certain training attendees may not have been ideally equipped with the skills to identify target problems and deliver the service. It was thought that these people could have benefited from an extended training session.
Some members of the group considered the content of information to be delivered could be quite worrying for some individuals. Where the information was delivered to groups it was thought this would be less of a problem, but being told in a personal one-to-one session about the dangers of the cold might be a problem. Therefore, part of the training could be tailored to reflect this, or alternative training given to people depending on whether they would be delivering to groups or individuals.

Attendance

Attendance at training sessions was hampered by the severe difficulties encountered in providing some training sessions due to snowfall. Attendance at sessions scheduled during the period of severe weather was very poor, and some sessions had to be cancelled and/or rescheduled.
Training thus needs to be provided before the risk of snow is too great.
In addition, if training was provided earlier this would also give more time for roll-out of training to others and thus potential improve recruitment.

There was some concern that not all those attending sessions would be delivering the service or cascading the training to others. However, the infrastructure organisations arranged the training sessions and appointments.
It was discussed that in addition to the formal training sessions, the information would have been cascaded regularly on an informal basis, and large numbers of people would have received the information via e-bulletins and mail-outs.

Venues
There was some confusion initially over whether trainers needed to find free venues or whether there was a budget for this.
Although trainers remarked that some of the venues used were very 'basic', they noted that the attendees did not seem to be worried by this, as the locations were often in their normal place of work.

Any other important points
There were a number of points made during the focus group session which were not specifically related to training. These points were more related to delivery of the intervention:
One comment was made regarding delivery to a group living in poor housing conditions: Only 7 out of 40 accepted a home-visit, with many of the others were scared to let anyone in their house in case it jeopardised their tenancy. This was therefore likely to significantly reduce delivery to those in need of the service.
The feedback process, although time-consuming, was considered to be straightforward, and there was a general impression that people were satisfied with the help they received.
It was highlighted how the voluntary sector has been undergoing job and budget cuts in the recent economic down-turn. Thus voluntary organisations should not be expected to participate in County Council programmes unless appropriate allowance is made for the time and costs involved.

Summary
In summary therefore, the focus group uncovered a number of key points. The most prominent of these was the need for early organisation and training delivery to minimise any impact of bad weather on this aspect of the programme. Otherwise, the content of the training was considered appropriate and provided good information, although other media options might be beneficial in the future, as well as tailoring the training depending on the intended means of delivery for the trainee group.

2.3 Training feedback survey

The training sessions provided also incorporated a survey of training attendees, with questions including reasons for participating in the training, whether the aims and objectives of training were achieved, and what attendees thought were the most useful types of intervention.

2.3.1 Delivering

Table 3 shows that numbers and percentages of people attending training sessions from the different delivery organisation. The majority of training session attendance was attributed to members of WNVCA. These accounted for 55%, the lowest attendance was attributed to Voluntary Norfolk who only had 1 attendee.

Table 3: Number and percentage of responses received from the warm and well training sessions for participants from delivering organisations, 2013

	Numbers	%
Downham Market	3	6.4
First Focus Fakenham	8	17.0
Holt	6	12.8
Swaffham Community Centre	3	6.4
Voluntary Norfolk	1	2.1
WNVCA	26	55.3
Total	**47**	**100.0**

Table 4 shows that the numbers and percentages of forms returned to the training delivery leaders. Public Health received 65% of forms back from those attending PH provided sessions, despite these forms being available late. WNVCA and Momentum Norfolk achieved 100% return. RCC only received 19% return, and no details were received from Voluntary Norfolk.

Table 4: Number and percentage of forms returned to the people/organisations who delivered the training, 2013

	Numbers	%
D Garrod (Public Health)	11* out of 17	23.4
Heather Farley, Karen Lee (WNVCA)	19 out of 19	40.4
Tracy Dacks (Momentum Norfolk)	9 out of 9	19.1
Rik Martin (RCC)	8 out of 43	17.0
Andrew Mortar (Voluntary Norfolk)	No details supplied	
Total	**47**	**100.0**

*Forms available late

Table 5 shows that the numbers and percentages of forms returned listed according to delivery organisation. No returns were provided by Voluntary Norfolk.

Table 5: Number and percentage of forms returned by participants who attended the training sessions by delivering organisation, 2013

	Numbers	%
BCKL&WN	4	8.5
British Red Cross	4	8.5
First Focus	4	8.5
WNVCA	3	6.4
Bridge for Heroes	2	4.3
CSV vocal	2	4.3
Family Action Swaffham	2	4.3
LIST/FALLS	2	4.3
NCC/NNDC	2	4.3
NCHC	2	4.3
SOS Safe Haven	2	4.3
West Norfolk Mind	2	4.3
WN Carers	2	4.3
BRC OPOS	1	2.1
Care and Repair	1	2.1
Copeman C. BRSA	1	2.1
Home Start Swaffham and District	1	2.1
HomeStart KL	1	2.1
KL&WNBC	1	2.1
Momentum Norfolk	1	2.1
NCC Road Safety	1	2.1
NCC Trading Standards	1	2.1
NNDC	1	2.1
WN Befrienders	1	2.1
WNDIS	1	2.1
WNMIND	1	2.1
Missing	1	2.1
Total	**47 out of 88***	**100.0**

* No returns from Voluntary Norfolk

2.3.2 Reasons for attending the training

Table 6 shows the main reason for attendance at the training sessions and **Table 7** shows some additional reasons.

Table 6: Number and percentage of responses/participants who attended the training sessions and reasons for attendance, 2013

	Number		%	
	No	Yes	No	Yes
It is part of my job and responsibility	21	26	44.7	55.3
I am a volunteer e.g. Parish Councillor, Age Concern	41	6	87.2	12.8
To improve my skills and knowledge	19	28	40.4	59.6
To share this training with others	16	31	34.0	66.0
It may be of some use in the future	22	25	46.8	53.2

Table 7: Number and percentage of responses/participants who attended the training sessions and other reasons for attendance, 2013

Other reasons	Number
Help homeless	1
Learn more about scheme	1
may be of use to clients	1

2.3.3 Training relevance and fulfilment of aims and objectives

Table 8 shows the breakdown of whether participants thought the training sessions fulfilled the aims and objectives. Over 90% responded in the affirmative, with the remaining being less sure, but none were negative.

Table 8: Number and percentage of responses/participants and whether training fulfilled the aims and objectives of training

	Numbers	%
Yes	43	91.5
Hopefully	1	2.1
Mostly, still missing some paperwork	1	2.1
partly	2	4.3
Total	**47**	**100.0**

Table 9 shows the rating that attendees at training sessions gave in evaluation of the relevance of training sessions. Nobody rated the relevance less than 3 on a scale of 1 to 5 (1 being irrelevant and 5 being most relevant), and 66% of those providing a rating, rated the relevance as 5.

Table 9: Number and percentage of responses/participants and how they evaluate the relevance of training session content

	Numbers	%
1 (irrelevant)	0	0.0
2	0	0.0
3	5	10.6
4	9	19.1
5 (most relevant)	27	57.4
Not given	6	12.8
Total	**47**	**100.0**

2.3.4 Rating of aspects of the Warm & Well project by training attendees

Table 10 gives the full breakdown of how useful each aspect of the training was evaluated to be by the attendees.

Table 10: Number and percentage of responses/participants and usefulness of the training related to Warm and Well

	1	2	3	4	5	Not given
Number						
Temperature & Health (Introduction)			7	12	26	2
Recognising a damp home	1		9	13	22	2
How to make every contact count – what you can do to support vulnerable people		1	8	12	25	1
'Menu' of Warm & Well interventions			4	18	24	1
Referral pathway & Evaluation		2	4	19	20	2
Further links		1	5	19	20	2
Percentage (%)						
Temperature & Health (Introduction)	0.0	0.0	14.9	25.5	55.3	4.3
Recognising a damp home	2.1	0.0	19.1	27.7	46.8	4.3
How to make every contact count – what you can do to support vulnerable people	0.0	2.1	17.0	25.5	53.2	2.1
'Menu' of Warm & Well interventions	0.0	0.0	8.5	38.3	51.1	2.1
Referral pathway & Evaluation	0.0	4.3	8.5	40.4	42.6	4.3
Further links	0.0	2.1	10.6	40.4	42.6	4.3

Note: (1 = Not useful, 5 = Very useful)

Table 11 is a record of some of the 'free-text' comments provided by training session attendees.

Table 11: Comments of responses/participants to related issues to Warm and Well training

	1
Boiler repairs should be available all winter	1
Could have been earlier, end of 2012?	1
Did training last year as did my volunteers so already had the information	1
Enjoyable and informative	1
Menu and further links most useful as already knew/was aware of the rest of the content of the training	1
Process could be made easier. Cannot see relevance of funding for organisations if it is part of our jobs and responsibility.	1
Scheme too late, should be started earlier to make a real difference.	1
Shame not to be able to do this in Oct/Nov before Winter sets in.	1
There is need for further clarification	1
Training pack very well thought out.	1
Useful and awareness raising	1
Useful, thank you	1
Very useful for signposting	1
Very useful, needs to be earlier in winter	1
Would have liked a longer lead-in time, a bit short notice	1
Would like to receive slideshow via email please	1
Not responded	**31**
Total	**47**

2.4 Training feedback summary

In summary, feedback from the training sessions demonstrated that training was appreciated and over 90% of trainees thought that the training had achieved the aims and objectives. Nobody rated the relevance less than 3 on a scale of 1 to 5 (1 being irrelevant and 5 being most relevant), and 66% of those providing a rating, rated the relevance as 5. A number of comments were received in the free-text comments box available to respondents. These included positive comments on the content and usefulness of the training, as well as requests for training to be provided earlier and be available in alternative formats for cascading within delivery organisations.

Chapter 3: Pre-intervention survey

3.1 Introduction

The aim of the 2013 pre-intervention survey was to assess the views of those in receipt of the Warm and Well intervention(s). Any differences in satisfaction between participating groups of people can be examined and quantified. The results can then be used to help improve/redefine Warm and Well intervention(s), reduce the impact of any inequalities and improve services for all.

This survey was intended to inform evaluation of the Warm and Well programme and be the first of a series of annual assessments, assuming the intervention is re-commissioned, which would thus allow longitudinal trends in data to be identified and analysed over a number of years.

In the planning stage of the Warm and Well programme it was agreed by the Warm and Well steering group that a pre-intervention Survey should be completed by all participants.

The pre-intervention survey was provided for the individual to complete at the first point of contact with the intervention provider. Surveys were collected by each organisation involved in service provision and then forwarded to NCC Public Health where the data was collated and analysed.

3.2 Survey Sample

The survey had a target of all respondents who had the Warm and well intervention, each being a Norfolk resident. The questionnaire was developed by the Public Health Intelligence team and reviewed and agreed by the Warm and Well steering group.

3.3 Survey methodology

The questionnaire included quantitative and qualitative questions to determine demographic information about the participants. Information gathered included age and gender, place of residence, what aspect of the Warm and Well intervention was received, health status, and views about the intervention (see Appendix 1 for a copy of the questionnaire). The questionnaires were completed either by the participant themselves or by the delivery agent in their presence if assistance was required.

All Warm and Well programme recipients were targeted for the survey. This was to achieve the most complete picture of people receiving any aspect of the intervention and make sure that all the specific groups of people identified to receive the intervention were included. Thus, no group of individuals or geographical location was excluded from the survey. Although it was accepted that the survey was less relevant to homeless people, it was agreed they should be encouraged to

complete any relevant details for entry into the prize draw. Homeless people could be encouraged to include contact via the delivery organisation if no other point of contact was available.

Section A: responses from the pre-intervention survey

The survey collected information on the age of the participants (**Table 12**). Approximately 50% of respondents reported their age as 70 years of more. This demonstrates successful targeting of older age groups (as specified in the service specification), while including younger individuals who may also benefit from the service.

The breakdown of all survey respondents by age band is given in **Table 12**. It can be seen that the largest group were those aged 80-89 years, who represented 19.9% of the total.

Table 12: Number and percentage of responses from the pre-intervention questionnaire by age band

Age band	Number	%
16-19	6	1.4
20-29	30	7.1
30-39	44	10.4
40-49	48	11.3
50-59	45	10.6
60-69	41	9.7
70-79	72	17.0
80-89	84	19.9
90-99	32	7.6
100 or more	2	0.5
Missing	19	4.5
Total	**423**	**100.0**

The data for each survey respondent was assigned to a ward, deprivation quintile, area committee area and locality within Norfolk on the basis of their postcode (see **Table 13**). 70 people have not provided postcodes or have provided incomplete postcodes. Consequently, data for these 70 individuals could not be assigned to a ward or deprivation quintile. It is likely that some of this missing data may be attributable to homeless recipients.

The data available shows that 44.2% of respondents were from King's Lynn and West Norfolk which is a deprived area and thus in particular local need for intervention. However, without delivery figures it is not possible to determine if this 44% is a true representation for the whole service. For example, it is possible that the organisations delivering the intervention in King's Lynn were more active than others in encouraging completion of the evaluation questionnaire.

Table 13: Number and percentage of responses from the pre-intervention questionnaire by district

District	Number	%
Breckland	14	3.3
Broadland	40	9.5
Great Yarmouth	16	3.8
King's Lynn and West Norfolk	187	44.2
North Norfolk	36	8.5
Norwich	53	12.5
South Norfolk	7	1.7
Missing	70	16.5
Total	**423**	**100.0**

Table 14 shows that 38% of survey respondents were from 9 of the 205 electoral wards in Norfolk. This could suggest inequality in distribution. Nevertheless, it can be seen that 7 out of 9 wards are located in the most deprived quintile IMD 2010, and 7 out of 9 located in King's Lynn and West Norfolk (KL&WN), so these are areas worthy of intervention. However, there may be other deprived areas where no intervention has been received despite a need existing there too.

Table 14: Number and percentage of responses from the pre-intervention questionnaire by ward

	Deprivation					
	IMD 2010 score	Deprivation quintile	Local rank	District	Number	%
Upwell and Delph	27.2	1	21	KL&WN	23	5.4
St Margarets with St Nicholas	41.4	1	4	KL&WN	22	5.2
Mile Cross	35.6	1	8	Norwich	21	5.0
Heacham	16.9	3	93	KL&WN	20	4.7
Aylsham	12.8	4	141	Broadland	17	4.0
Emneth with Outwell	20.0	2	53	KL&WN	17	4.0
Fairstead	35.0	1	9	KL&WN	16	3.8
Hunstanton	21.3	2	44	KL&WN	12	2.8
North Lynn	49.1	1	2	KL&WN	11	2.6
Missing					70	16.5
Total					**423**	**100.0**

Note: A ward with events less than 10 were not given in this table
Deprivation quintile: 1 = most deprived, 5 = least deprived.
KL&WN = King's Lynn and West Norfolk

Table 15 shows that 214 of the 423 respondents (50.6%) were from the most deprived and second most deprived quintile. This demonstrates that delivering organisations are following the aim to target people from deprived neighbourhoods.

Table 15: Number and percentage of responses from the pre-intervention questionnaire by wards

Deprivation quintile	Number	%
1 (most deprived)	115	27.2
2	99	23.4
3	75	17.7
4	47	11.1
5 (least deprived)	17	4.0
Missing	70	16.5
Total	**423**	**100.0**

MOSAIC is a geo-demographic segmentation system developed by Experian and marketed in over twenty countries worldwide. Each of the nearly one-quarter million block groups was classified into sixty segments on the basis of a wide range of demographic characteristics. The basic premise of geo-demographic segmentation is that people tend to gravitate towards communities with other people of similar backgrounds, interests, and means. MOSAIC is linked to the systems in other nations through the Global MOSAIC classification, which consists of fourteen market segments found in every modernised country. A number of geo-demographic segmentation tools are available, of which NHS Norfolk and Waveney currently hold a licence for the MOSAIC software, from which MOSAIC and Health MOSAIC classifications may be produced.

Table 16 shows the social backgrounds for those respondents to pre-intervention survey according to MOSIAC. This highlights how 219 (51.8%) are 'residents of isolated rural communities', likely to be in particular need of this intervention. However, 8% of respondents were identified as 'Young, well-educated city dwellers', who are not a target group, and are expected to be much less in need of the Warm and Well intervention than valid target individuals.

Table 16: Number and percentage of responses from the pre-intervention questionnaire by MOSAIC social group

MOSAIC	Number	%
A Residents of isolated rural communities	219	51.8
B Residents of small and mid-sized towns with strong local roots	100	23.6
G Young, well-educated city dwellers	34	8.0
Missing	70	16.5

Total	**423**	**100.0**

The proportion of the survey respondents who live alone 218 (51.5%) was slightly higher than the proportion who live with others 194 (45.9%), see **Table 17**. Of those 194 respondents who are living with others only 160 responded to mention the number of people they live with. It can be seen in **Table 18** that 91 (56.9%) live with one person, 35 (21.9%) live with two, 18 (11.3%) live with three, 10 (6.3%) live with four, 5 (3.1%) live with five, 1 (0.6%) live with seven.

Table 17: Numbers and percentages of respondents reporting whether they live alone or with others

Living status live on your own	Number	%
No	194	45.9
Yes	218	51.5
Missing	11	2.6
Total	**423**	**100.0**

Table 18: Number of people the cohabiting people reported living with, and the percentage of the group this corresponds to

Number of people	Number	%
1	91	56.9
2	35	21.9
3	18	11.3
4	10	6.3
5	5	3.1
7	1	0.6
Total	**160**	**100.0**

Section B: Delivering organisations

Unfortunately, a large percentage of survey respondents 173 (40.9%) did not report the name of the delivering organisation so the complete picture is not clear.

However, the data do highlight that approximately 39% of the survey respondents had the intervention delivered by WNVCA (165) **table 19**.

Table 19: Number and percentage of participants (who responded to the pre-intervention questionnaire) by delivering organisation

Delivering organisations	Number	%
Age UK	26	6.1
Age UK Norfolk	2	0.5
Family Action Swaffham	5	1.2
Hevingham Laurel Club	6	1.4
NCC Carefirst	2	0.5
NCC Wardens	13	3.1
*Norfolk Home Shield	19	4.5
Norfolk RCC	2	0.5
Norwich City Council	5	1.2
Project Safe Haven	5	1.2
WNVCA	165	39.0
Missing	173	40.9
Total	**423**	**100.0**

* Norfolk Home Shields primary role was cross-referral to the delivery agent so their delivery statistics recorded here is low level direct delivery (leaflets etc.).

Section C: Type of intervention

Table 20 shows the number of participants receiving the different types of intervention as their first reported intervention. From the data it is evident that the warm packs were the most common first type of intervention that respondents received. These accounted for 48.7% of first interventions reported. The second most common type of first intervention was a 'visit' which together with 'home visit' and 'other visit' accounted for 37.1% of first interventions reported.

Table 20: Number and percentage of participants (who responded to the pre-intervention questionnaire) by first type of intervention received

	Number	%
Blankets	15	3.5
Home visit	51	12.1
Loan heaters	2	0.5
Other	1	0.2
Other Visit	9	2.1
Referral	11	2.6
Unclear	1	0.2
Visit	97	22.9
Warm Pack	206	48.7
Warm pack x 2	6	1.4
Warm pack x 3	1	0.2
(blank)	23	5.4
Total	**423**	**100.0**

Table 21 shows the number of participants receiving the different types of intervention as their second reported intervention. 124 people reported receiving a second type of intervention. The most common was the warm pack, which accounted for 75.8% of second interventions reported.

Table 21: Number and percentage of participants (who responded to the pre-intervention questionnaire) by second type of intervention received

	Number	%
Advice on provider	1	0.8
Blanket	1	0.8
Blankets	7	5.6
Emergency heating oil	1	0.8
Information/advice	9	7.3
Loan heaters	1	0.8
Other	7	5.6
Unclear	1	0.8
Warm Pack	94	75.8
2 x warm packs	2	1.6
Total	**124**	**100.0**

Table 22 shows the number of participants receiving the different types of intervention as their third reported intervention. 35 people reported receiving a third type of intervention. No warm

packs were reported at this stage, with the most common intervention now being information/advice, which accounted for 34.3% of second interventions reported, followed by receipt of blankets (accounting for 23.5%).

Table 22: Number and percentage of participants (who responded to the pre-intervention questionnaire) by third type of intervention received

	Number	%
Blankets	8	23.5
Heating oil loan	1	2.9
Information/advice	12	35.3
Loan heaters	1	2.9
Loft clearance	1	2.9
Other	10	29.4
Unclear	1	2.9
Total	**34**	**100.0**

Table 23 shows the number of participants receiving the different types of intervention as their third reported intervention. 11 people reported receiving a fourth type of intervention. The figures for the different type of intervention are too low at this stage to derive particularly meaningful trends, but information/advice was reportedly received by 36.4% of those in receipt of a fourth intervention.

Table 23: Number and percentage of participants (who responded to the pre-intervention questionnaire) by fourth type of intervention received

	Number	%
Boiler repair/replace	1	9.1
Grants	1	9.1
Information/advice	4	36.4
Other	4	36.4
Unclear	1	9.1
Total	**11**	**100.0**

Table 24 gives the total number of different types of interventions received by participants. A person could receive more than one intervention. 592 interventions were delivered to 423 people, and average of 1.4 interventions per person.

Table 24: Number and percentage of participants (who responded to the pre-intervention questionnaire) by type of intervention received (a person could have received more than one intervention

	Number	%
Blankets	31	5.2
Home visit	51	8.6
Loan heaters	4	0.7
Other	22	3.7
Other Visit	9	1.5
Referral	11	1.9
Unclear	4	0.7
Visit	97	16.4
Warm Pack	300	50.7
Warm pack x 2	8	1.4
Warm pack x 3	1	0.2
(blank)	23	3.9
Advice on provider	1	0.2
Emergency heating oil	1	0.2
Information/advice	25	4.2
Boiler repair/replace	1	0.2
Grants	1	0.2
Heating oil loan	1	0.2
Loft clearance	1	0.2
Total	**592**	

Section E: Other results

Table 25 provides important information on whether the individuals receiving the intervention during the winter of 2012/2013, received help under the warm and well scheme the previous winter (2011/2012).

The majority (69.7%) of people who answered this question did not receive any warm and well assistance during the previous winter period.

Table 25: Number and Percentage of people who received the Warm and Well intervention during the winter of 2011/2012

	Number	%
Did not receive intervention during Winter 2011/2012	295	69.7
Received intervention during Winter 2011/2012	98	23.2
Missing	30	7.1
Total	**423**	**100**

It is important to consider which types of intervention were received previously. Since there are several aspects of the scheme people may be accessing different services in different years. In addition, although some people may have retained some contents of the warm packs, or blankets so they are not necessarily required the next year, in other cases these items may need replacing due to 'wear and tear'.

The majority of people who received a warm and well intervention in 2011/2012 in addition to 2012/2013 reported this help as being a state allowance.

Table 26: Type of intervention received by the 98 individuals who received warm and well help in 2011/2012 as well as winter 2012/13

	Number	%
Blankets	4	4.1
Warm Packs	16	16.3
Uptake of Warm & Well training sessions by your staff and volunteers	3	3.1
Use of Norfolk Home shield	1	1.0
State allowance	63	64.3
NCC money	2	2.0
Others	9	9.2
Total	**98**	**100.0**

Table 27 displays information of how survey respondents rated on a scale of 0 to 10 how warm they were during the previous winter period (2011/2012), where 0 is extremely cold and 10 is extremely warm and comfortable. The results show that 49.4% of respondents rated their warmth at 5 or below and were therefore likely to be in need of assistance. However, this does mean that a similar number of people rated their warmth above 5 on the scale. Indeed 26.5% reported a

value greater than 7 and therefore would not be expected to require any help through provision of a warm and well intervention.

Table 27: Survey respondents rating of how warm they were during winter 2011/2012

	Number	%
0-1	29	6.9
1.1-2	16	3.8
2.1-3	32	7.6
3.1-4	48	11.3
4.1-5	84	19.9
5 or below	**209**	**49.4**
5.1-6	41	9.7
6.1-7	50	11.8
7.1-10	112	26.5
Homeless	1	0.2
In hostel	1	0.2
Missing	9	2.1
Total	**423**	**100**

Information collected on health status was self-reported rather than measured by a clinical assessment. In response to the question 'how is your health today' on a scale of 0 to 10, where 0 is worst health imaginable and 10 is best health imaginable, approximately half of respondents 220 (52%) reported having poor health below a score of 5, whilst 89 (21%) reported having excellent health (7-10). This data is shown in **Table 28**.

However, it should be noted that since these are self-reported measures they are susceptible to bias and problems with validity. For example individuals may exaggerate their health status in order to make their situation seem worse in the hope of receiving increased levels of care in the future. The opposite is also possible. Some people may be more inclined to under-report the severity of their health problems for a number of reasons, e.g. denial of poor health, not wanting to be a burden on services, or due to a fatalistic mentality.

It is therefore difficult to conclude with certainly whether the 89 (21%) of respondents who reported being in excellent health should be involved in the intervention. It is quite possible that these individuals may not be in particular need of the intervention if their reported good health is a true reflection of their condition. However, if their response has been exaggerated then they may have a greater need than is reflected by the survey results. It is important that this is considered in future during the selection process. In addition, the scheme should be considered to play a role in prevention of poor health and thus may be justifiably provided to individuals without current health problems, but who would be at risk of developing health problems if they were unable to keep warm during the winter.

Table 28: How the survey respondents rate their health

	Number	%
0-1	18	4.3
1.1-2	34	8.0
2.1-3	38	9.0
3.1-4	54	12.8
4.1-5	76	18.0
5 or below	**220**	**52.0**
5.1-6	49	11.6
6.1-7	57	13.5
7.1-10	**89**	**21.0**
Missing	8	1.9
Total	**423**	**100.0**

Around one third of the survey respondents 126 (29.8%) never felt that their homes were warm enough, and 117 (27.7%) said their homes were warm enough sometimes.

Around 40.2% (170 people) of survey respondents felt that their homes were warm enough. Of these 170 people stating that they were warm enough, 80 respondents (47.1%) reported that they nevertheless had difficulties with heating or finance, whilst 90 (52.9%) stated that they had no difficulties with heating or finance (**Table 29** and **Figure 1**).

Since the primary aim of the warm and well intervention was to consider groups of people who are vulnerable to the cold as a result of their age, illness or disability, it would not be expected that the intervention need be delivered to those without difficulties in heating or the finance associated with keeping their home warm during the winter. Thus it appears that 21.3% of the respondents didn't have a particular need for the service and should not have received the intervention. The delivering organisations therefore need to consider the selection of the target groups more carefully in any future schemes in order to avoid wasting Warm and Well funds where there is not definite need.

Table 29: Respondents report on whether their homes are warm enough

	Number	%
No	126	29.8
Sometimes	117	27.7
Yes	170	40.2
- Yes but difficulties with heating or finance	80	18.9
- Yes but no difficulties with heating or finance	90	21.3
Missing	10	2.4
Grand Total	**423**	**100.0**

Figure 1: Respondents report on whether their homes are warm enough

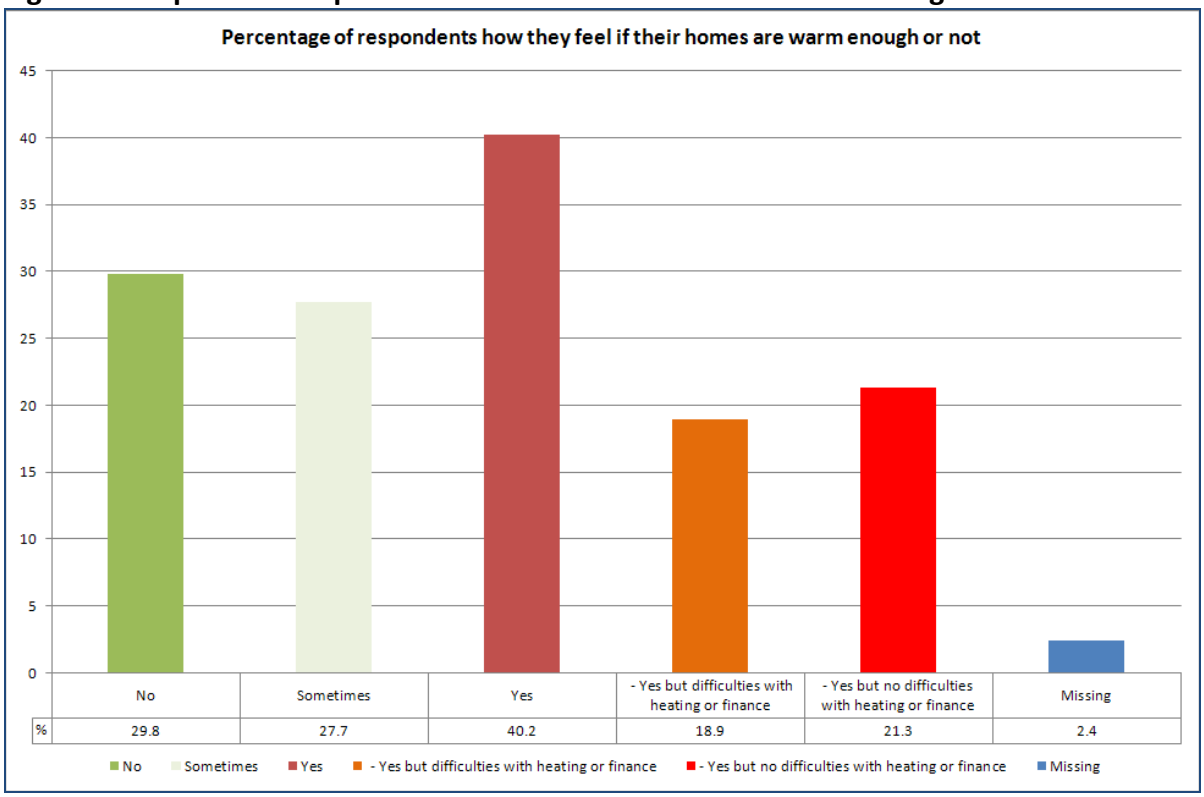


Table 30: Free-text comment examples from survey respondents

Survey comment examples
Good to hear about this service
I use my thermometer
Insulation this year which helped
Stop wasting money like this and send to the paths and roads, much more useful. You forget we went through the war and 2 of the coldest winters on record. We aren't as daft as you seem to think.
Thank you so much for the warm pack it was greatly appreciated, but it would have been more help to have had our paths cleared.
Very useful pack of items
We appreciated last years useful pack

Chapter 4: Post-intervention survey

During the spring period of 2013, post-intervention questionnaires were distributed to individuals who had participated in the original pre-intervention survey and agreed to be contacted for follow-up. The post-intervention survey thus provides us, not only with information concerning delivery of the intervention during the winter of 2012/2013, but it also provides us with valuable information to evaluate the impact of the warm and well intervention by enabling comparison between pre- and post- intervention data.

4.1 Results

The types of intervention that survey respondents have reported receiving are shown in **Table 31**. This information shows that the most frequently reported intervention received was a warm pack with a total of 64.5% of respondents receiving a warm pack: 25.2% received only a warm pack, while 39.3% received a warm pack as well as another type of intervention.

Table 31: Types of intervention reported received by post-intervention respondents

	Number	%
Home visit	15	5.7
Home visit and other intervention	40	15.3
Warm pack alone	66	25.2
Warm pack and other intervention	103	39.3
Information advice	18	6.9
Information advice and other intervention	6	2.3
Others	7	2.7
Not provided	7	2.7
Grand Total	**262**	**100.0**

NS: Others are Blankets (2), Boiler repair (1), Emergency oil (1), Grants or funding (1), low level insulation (2)

In **Table 32** below, the additional types of intervention reported to have been received by respondents of the post-intervention questionnaire are shown for those individuals that received a warm pack. This data highlights how the most frequent additional type of intervention reported to have been received by individuals receiving a warm pack was additional 'information/advice, other'. This is a positive result as it demonstrates how warm pack provision seems to be encouraging access to further services.

Table 32: Additional types of intervention reported received by post-intervention respondents who had received a warm pack

	Number	% of warm pack interventions	% of all interventions
Warm pack	66	39.1	25.2
Warm pack, blanket, loft clearance	1	0.6	0.4
Warm pack, blankets	6	3.6	2.3
Warm pack, blankets, other	1	0.6	0.4
Warm pack, boiler rep.	1	0.6	0.4
Warm pack, home visit, insulation	1	0.6	0.4
Warm pack, information/advice	17	10.1	6.5
Warm pack, information/advice, other	76	45.0	29.0
Total (all warm pack and others)	**169**		**64.5**
Total (all interventions)	**262**		

Table 33 shows the additional types of intervention reported to have been received by respondents of the post-intervention questionnaire that received a home visit. This data highlights that although the most frequent additional type of intervention reported to have been received following a home visit was the warm pack, there was also significant numbers taking advantage of other services.

Table 33: Additional types of intervention reported received by post-intervention respondents who had received a home visit

	Number	% of only home visits	% of all intervention
Home visit	15	27.3	10.4
Home visit, heating oil loan	1	1.8	0.7
Home visit, Information/advice	3	5.5	2.1
Home visit, Loan heater	1	1.8	0.7
Home visit, other	2	3.6	1.4
Home visit, warm pack	18	32.7	12.5
Home visit, warm pack, blanket	2	3.6	1.4
Home visit, warm pack, blankets, boiler rep	1	1.8	0.7
Home visit, warm pack, blankets, information, advice	2	3.6	1.4
Home visit, warm pack, blankets, information/advice, grants or funding	1	1.8	0.7
Home visit, warm pack, boiler replacement, low level insulation, information/advice, grants or funding, other	1	1.8	0.7
Home visit, warm pack, heating oil loan, information/advice	1	1.8	0.7
Home visit, warm pack, information/advice	4	7.3	2.8
Home visit, warm pack, loan heater	1	1.8	0.7
Home visit, warm pack, loan heater, other	1	1.8	0.7
Home visit, warm pack, other	1	1.8	0.7
Total (all home visit and other interventions)	**55**		
Total (all interventions)	**262**		

According to post-intervention respondents the majority (42.7%) of interventions were delivered at a centre, 27.5% were delivered to the respondents at home, and 14.9% receiving the intervention in a group setting. This data is shown in **Table 34**.

Table 34: The settings/places where post-intervention respondents reported that they received the intervention

	Number	%
At a centre	112	42.7
At a centre, by telephone	1	0.4
At a group	39	14.9
At home	72	27.5
At home by telephone	1	0.4
By telephone	4	1.5
In writing	2	0.8
Not provided	15	5.7
Other	11	4.2
Missing	5	1.9
Total	**262**	**100.0**

Encouragingly, the data in **Table 35** shows that 82% of the post-intervention respondents reported using their intervention either a little or a lot, with only 5.3% stating that they did not use the intervention.

Table 35: Usage of the intervention according to respondents of the post-intervention questionnaire

	Number	%
No not at all	14	5.3
Yes a little	75	28.6
Yes a lot	140	53.4
Data not provided	10	3.8
Missing	23	8.8
Grand Total	**262**	

Further positive results shown in **Table 36** demonstrate that 38.9% rated the intervention as helping them a lot, and a further 42.7% stating it helped them a little. Only 3.1% stated that the intervention did not help them at all. However, it should be noted that there is some ambiguity in this question, in terms of how the respondent interpreted the meaning and way in which the intervention 'helped'. Nevertheless, this seems to be a positive result with very low numbers of negative opinions.

Table 36: How much the intervention 'helped' according to respondents of the post-intervention questionnaire

	Number	%
Not at all	8	3.1
A little	112	42.7
A lot	102	38.9
Data not provided	14	5.3
Missing	26	9.9
Grand Total	**262**	

Table 37 presents the data of the responses received for the question of whether an intervention recipient's whole house felt warm this winter. Although 33.2% responded that their whole house was warm, the response from 30.5% was 'sometimes', and 32.8% stated that their whole house was not warm. This seems a somewhat disappointing result, but is very difficult to interpret since some people may not have attempted to warm their whole house if, for example, some rooms were not being used. If however the rooms they were using frequently were not a safe temperature then this is obviously a reason for concern.

Table 37: Post-intervention responses to whether their whole house felt warm this winter after receiving the intervention

	Number	%
Yes	87	33.2
Sometimes	80	30.5
No	86	32.8
Missing or unclear	9	3.4
Total	**262**	**100.0**

Although 40.5% of people receiving the intervention reported in the post-intervention questionnaire that they had no difficulty heating their home this winter, there were still 26.0% with difficulties, and 25.6% sometimes with difficulties (see **Table 38**). The reasons for this should be investigated to determine where improvements can be made in the future.

Table 38: Post-intervention responses to whether respondents had difficulty heating their homes this winter after receiving the intervention

	Number	%
Yes	68	26.0
Sometimes	67	25.6
No	106	40.5
Missing or not clear	21	8.0
Total	**262**	**100**

On a scale of 0 to 10, where 0 was extremely cold and 10 was extremely warm and comfortable, 40.1% of post-intervention respondents rated their warmth during winter 2012/2013 as above 6 (see **Table 39**). This compares to 38.3% for the previous winter, and therefore suggests the warm and well intervention has had a small positive effect on those receiving it in 2012/2013.

Table 39: Survey respondents rating of how warm they were during winter 2012/2013

	Number	%
0-1	6	2.3
1.1-2	10	3.8
2.1-3	52	19.8
3.1-4	27	10.3
4.1-5	33	12.6
5 or below	**128**	48.9
5.1-6	27	10.3
6.1-7	23	8.8
7.1-10	**82**	31.3
Missing	2	0.8
Total	**262**	**100.0**

Disappointingly a lower proportion of the post-intervention respondents rated their health highly than the proportions recorded by pre-intervention respondents. For example, 34.5% of pre-intervention respondents reported their health as above 6, while only 31.6% of post-intervention respondents rated their health at this level (see **Table 40**). It should be noted, however, that since this evidence is self-reported it is likely to be subject to some bias (e.g. some respondents may have downplayed their health to get more attention in future).

Table 40: How the respondents rate their health post-intervention

	Number	%
0-1	4	1.5
1.1-2	5	1.9
2.1-3	37	14.1
3.1-4	48	18.3
4.1-5	49	18.7
5 or below	**143**	**54.6**
5.1-6	33	12.6
6.1-7	31	11.8
7.1-10	**52**	19.8
Missing	3	1.1
Total	**262**	**100.0**

Respondents were given the opportunity to make comments in free-text boxes. Many people did not complete these boxes, but some examples of the comments received for 'how it helped' and 'anything else' are shown below. Most comments were positive and many people simply commented that the intervention had helped them to keep warm during the winter, with a number of comments about specific items of the warm packs being useful. The main negative comments concerned the fact that some respondents thought the intervention would have been more useful had it been provided earlier in the winter, before the particularly cold weather began.

Table 41: Examples of comments from survey respondents.

How it helped
I used all the items in the box to stay warm
Stops us getting cold
Had useful info
Thermometer made me aware of temperature, hat and gloves useful
Handy, but a bit late
All useful
We appreciated last years useful pack
Anything else
Boxes could've arrived earlier
Information about best energy supplier to choose
Extra help to pay for heating bills
Affordable gas and electric
Get the pack before it's really cold
More of the same
Boiler replacement

Chapter 5: Delivery focus group

5.1 Focus group results

A focus group session was organised to gather information from organisations responsible for delivery of the Warm and Well programme. Although not all organisations attended, there was some useful discussion.

Representatives from the Broadland District Council, North Norfolk District Council, Home Shield, and Age UK, attended the focus group. In this way, there were representative with different focuses, from being primarily involved in the referral process, to being involved in hands-on delivery of the warm packs or other interventions.

For example, the Home Shield representative explained that they had received referrals from a number of different routes, both online and paper copies. They had sent out pre-evaluation questionnaires with prepaid return envelopes, and troubleshooted any isssues encountered. Other members of the focus group were more directly involved in distribution and delivery of interventions.

The main points of discussion have been reported below, under a number of principle themes:

Content of programme

There was agreement that the programme had value in raising awareness with people going on to get additional help. People shared information and became more aware of the options available to them.

Providers were disappointed by the quality of the packs this year and thought there was a preference for quantity of items over quality. It should be noted, however, that partners had requested purchase of as many warm packs as possible for the funds available. Quantity versus quality specification will need to be discussed and agreed in future, so that a satisfactory compromise is achieved.

Although the warm pack may have been very useful for some, this only served to temporarily help ease acute problems. Chronic problems e.g. poor housing issues required more forward planning and there was a need for better communication all year round.

There were some reports of situations where people were spending a lot on heating, but their house was still cold therefore the need for better insulation provision is critical.

The low cost loans available through the Norfolk credit union were advertised with a headline 2% interest rate. However, this was monthly and thus the APR is very high at 27% making this misleading. It was thought that such loans would be difficult for many to pay off and that means assessed grants may be more appropriate.

The partnership working arrangement had been successful, more so that the previous year and being built on continuously.

It was suggested that Warm and Well might be better delivered as part of more mainstream services and that there could be a lead coordinator for each area.

Targeting the right people

The people in most need are often the hardest to reach and don't belong to social clubs/ lunch groups where they could be targeted most easily. Alongside this issue, there was some concern that the £50 remuneration for each referral was too great and may be encouraging some of those involved in delivery to choose easy targets to increase the number of referral forms they could return. Indeed some of the referral forms returned to Home Shield had missing information and were received a number of weeks after the intervention had been delivered, drawing into question their validity.

There was a general impression that most people targeted were from older age groups, and it was thought that more needed to be done to help younger families living in deprivation with little or no heating.

Feedback via flyers included within warm packs was minimal suggesting that availability of other services was not obvious enough.

Planning earlier

A major area for improvement was advanced planning. The organisation, training and roll-out had all been a rush and the service had suffered as a result.

It was thought that an area for improvement might be better tailoring to specific districts, so that local aspects were considered with more importance.

Emergency oil distribution problems had occurred with decanting and storage health and safety issues with suppliers/distributors. A campaign earlier in the year to try to prevent emergency situations would be useful. This was a problem which has also occurred in winter 2011/12 and should be learnt from in the future.

Prize draw

A prize draw was offered to help increase the number of responses to the pre and post evaluation surveys. The winners were drawn using a random number computer programme. Each received a voucher for the value of £100 to be spent at a store of their choice.

Prize 1: pre intervention form winner (84 year old male, received Warm Pack, Not mentioned referred by whom, live in North Norfolk (Residents of isolated rural communities), second least deprived quintile.

Prize 2: post intervention form winner (46 year old male, received Warm Pack, referred by Purfleet, live in King's Lynn and West Norfolk (Residents of isolated rural communities), middle deprivation quintile.

Summary

In summary therefore, the general opinion of the focus group was that Warm and Well programme in 2012/2013 was a worthwhile intervention to run. The partnership working process had been successful and improvements had been made since the previous year. However, there were a number of issues remaining which warrant consideration for the future delivery of the scheme. Primary amongst these is the need for early planning of the programme so that organisation, training and delivery run as smoothly as possible. In addition more thought needs to go into the targeting of those most in need, and interventions that help to make a longer term impact should be considered a priority.

Appendices

Appendix 1: Warm & Well Training Evaluation 2012/2013

Please complete the following questions and return your form to the Warm & Well trainer

Your reasons for participating

1. What were your reasons for taking part in the training today? Please circle as many as apply.

a. It is part of my job and responsibility
b. I am a volunteer e.g. Parish Councillor, Age Concern
c. To improve my skills and knowledge
d. To share this training with others
e. It may be of some use in the future
f. Other, please specify……...

Training objectives

2. Do you think today's training fulfilled its aims and objectives?
……

Relevance of the training

3. Please rank how useful you found the training today? *1 = Not useful, 5 = Very useful*

……

4. Which elements of the training do you think were the most useful to you and your role in the Warm & Well project? *1 = Not useful, 5 = Very useful*

	1	2	3	4	5
Temperature & Health (Introduction)	☐	☐	☐	☐	☐
Recognising a damp home	☐	☐	☐	☐	☐
How to make every contact count – *what you can do to support vulnerable people*	☐	☐	☐	☐	☐
'Menu' of Warm & Well interventions	☐	☐	☐	☐	☐
The Home Shield referral pathway & Evaluation	☐	☐	☐	☐	☐
Further links and contacts	☐	☐	☐	☐	☐

5. Do you have any other comments you wish to make?

Appendix 2: Warm & Well Training Pack 2012/2013[1]

[1] The Warm and Well training pack is available locally at Public Health Department, Norfolk County Council.

Appendix 3: Pre-intervention questionnaire

We would like your feedback on how our Warm & Well work has helped you this year. This will help us to make available the best resources to further support you to stay warm and healthy next winter.

To do this, we would like you to answer a few questions.

If you would be willing to take part in this evaluation and another in Spring 2013, please answer the questions TODAY before you start to use the item. You can return the form to the person who visited you and provided your Warm & Well item or, use one of our **pre-paid envelopes**.

Please note, we will not pass on your contact details to anybody. We are collecting your name so that we can measure any difference this support has made to you.

We are offering you the chance to take part in a free prize draw to win a £100 voucher to use at a retailer of your choice, if you complete these questions. Only those forms received by 5th April 2013 will be entered into the draw and the winner will be notified accordingly

Recipient name_____ Age_____

Recipient address_____

Recipient postcode _____Telephone number_____

Please tick which item/s you received today: ☐ Visit: home / other ☐ Warm pack ☐ Blankets ☐ Heating oil loan ☐ Emergency heating oil ☐ Loan heaters ☐ Boiler repair/replacement ☐ Low level insulation ☐ Loft clearance ☐ Group/individual grants ☐ Information/advice ☐ Other

a) Do you live on your own? YES / NO If no, how many people live with you?____
How many children aged 0 - 16years? ___

b) Did you receive any other help today? If so, please can you describe it?

_____

c) Did you receive any help to stay warm last year? If so, please can you describe it?_____

Please turn over

For Office Use Only
Organisation delivered / sent by:_____Form Completed by: _____Warm&Well No. _____

Warm&Well Evaluation Lead: C. North, Public Health, Norfolk County Council, County Hall, Martineau Lane, Norwich, NR1 2DH

Warm and Well in Norfolk

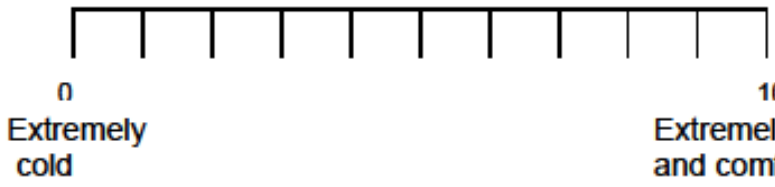
1. Is your whole house warm in winter? YES / NO / SOMETIMES

2. Do you have difficulty heating your home to a comfortable level?

YES / NO / SOMETIMES

3. Do you have difficulty paying your energy bills? YES / NO / SOMETIMES

4. How warm were you last winter? Please indicate with a mark on the scale below.



5. How is your health today? Please indicate with a mark on the scale below.

6. If you have any other comments, please let us know_____

_____

Thank-you for your help

For Office Use Only
Organisation delivered / sent by:_____Form Completed by: _____Warm&Well No. _____

Warm&Well Evaluation Lead: C. North, Public Health, Norfolk County Council, County Hall, Martineau Lane, Norwich, NR1 2DH

Appendix 4: Post-intervention questionnaire

You kindly completed a questionnaire for us when you received help from Warm and Well in Norfolk. We would like you to complete this questionnaire now that you have been using the item/s for a few weeks. This will help us to make available the best resources to support Norfolk residents to stay warm and healthy next winter.

If you would be willing to take part in this evaluation please answer the questions below and return the form in the **pre-paid envelope provided**.

Completing this form will give you a chance to take part in another free prize draw to win a £100 voucher to use at a retailer of your choice. Only those forms received by 6th May 2013 will be entered into the draw and the winner will be notified accordingly.

Your name_____ Age_____

Please tick the item/s you received: ☐ Home Visit ☐ Warm pack ☐ Blanket/s
☐ Heating oil loan ☐ Loan heater ☐ Emergency heating oil ☐ Boiler repair/replacement
☐ Low level insulation ☐ Loft clearance ☐ Information/advice ☐ Grants or funding ☐ Other

a) Did you receive your help: ☐ At home ☐ At a Group ☐ At a Centre ☐ Other

b) Which organisation did you receive your support from? Name of group and/or contact _____

c) Have you used the item/s?
☐ Yes, a lot ☐ Yes, a little ☐ No, not at all

d) Did it help you?
☐ Yes, a lot ☐ Yes, a little ☐ No, not at all

e) How did it help you? Please describe in detail _____
_____

f) Is there anything else that would have helped to keep you warm and well this winter? This may help us to plan for next winter. Please describe in detail.

_____

_____

_____

Please turn over

For Office Use Only
Organisation delivered / sent by:_____Form Completed by: _____Warm&Well No. _____

Warm&Well Evaluation Lead: C. North, Public Health, Norfolk County Council, County Hall, Martineau Lane, Norwich, NR1 2DH

1. Was your whole house warm this winter?
   Yes / No / Sometimes / Not Applicable

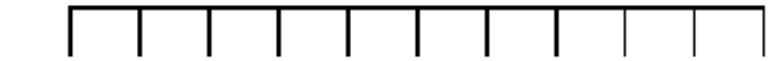
2. Did you have difficulty heating your home to a comfortable level this winter? Yes / No / Sometimes / Not Applicable

3. Did you have difficulty paying your energy bills this winter?
   Yes / No / Sometimes/ Not Applicable

4. How warm were you during this winter? Please indicate with a mark on the scale below.

0 Extremely cold — 10 Extremely warm and comfortable

5. How is your health today? Please indicate with a mark on the scale below.



0 Worst health you can imagine — 10 Best health you can imagine

6. If you have any other comments or suggestions, please let us know_____
   _____
   _____

Thank-you for your help

For Office Use Only
Organisation delivered / sent by:_____Form Completed by: _____Warm&Well No. _____

Warm&Well Evaluation Lead: C. North, Public Health, Norfolk County Council, County Hall, Martineau Lane, Norwich, NR1 2DH

Acknowledgements

Thanks to all those who provided information for this report and in particular those that attended focus group sessions and provided feedback. Thanks also to Elaine Brown (NCC) for collation of questionnaire data and minute writing for focus groups, and Deborah Garrod (NCC) for information regarding training processes and comments on the draft report. Christine North (NCC) should also be acknowledged as leading the original pre-intervention planning of the evaluation and questionnaire design.

Author information

The main data analysis in this document was conducted by Kadhim Alabady. Focus groups sessions were facilitated by Richard Hayhoe and Kadhim Alabady who jointly drafted the written report. Augustine Pereira, as lead PH consultant responsible for the project, commented on and approved the report.

Dr Kadhim Alabady, Principal Epidemiologist, NHS Norfolk and Waveney, County Hall, Martineau Lane, Norwich, Norfolk, NR1 2DH

- Telephone: 01603 638362.
- Email: Kadhim.alabady@norfolk.gov.uk

Dr Richard Hayhoe, Senior Research Associate in Public Health, Norwich Medical School, University of East Anglia, NR4 7TJ. *[Working as part of the NCC and UEA Collaborative Public Health Project Team, which also includes Dr Ailsa Welch at UEA, and Dr Shamsher Diu and Sarah Barnes at NCC.]*

- Telephone: 01603 593852
- Email: r.hayhoe@uea.ac.uk

Dr Augustine Pereira, Public Health Consultant, NHS Norfolk and Waveney, County Hall, Martineau Lane, Norwich, Norfolk, NR1 2DH

- Telephone: 01603 638470
- Email: augustine.pereira@norfolk.gov.uk

All Party Working Group on Quality in Home Care

Report by the Director of Community Services

Summary

This report asks the Overview and Scrutiny Panel to consider the terms of reference for the All Party Working Group on Quality in Home Care.

Action required/Recommendation

The Overview and Scrutiny Panel is asked to:

1) Approve or amend the draft terms of reference – attached as Appendix A

2) Nominate members to the Working Group.

1 Background

1.1 At its meeting on 10 September 2013, Community Services Overview and Scrutiny Panel received a report on the work previously undertaken by the All Party Working Group on Quality in Home Care. The link below will take you to the report on the County Council's website (10/09/13 agenda item 9):- http://www.norfolk.gov.uk/Council and democracy/Your Council/Committees/DisplayResultsSecCommittee=Community Services Overview and Scrutiny Panel

1.2 The report provided an update to Panel members as previously requested following the work of the All Party Working Group on Quality in Home Care which were presented to Overview and Scrutiny Panel in July 2012 and subsequently taken to Cabinet in October 2012.

1.3 The Working Group undertook a series of visits to Home Care Agencies, including the County Council's Assessment and Re-ablement service, Norfolk First Support and a number of Housing with Care schemes. Members had the opportunity to meet service users, care workers and Office staff and reviewed documentation.

1.4 The Working Group also received reports on:

a. The new standards for quality and safety established by the Care Quality Commission
b. Norfolk's approach to Safeguarding Vulnerable Adults
c. Home care capacity
d. Terms and Conditions for Independent Sector home care workers
e. Assessment Checklist and key questions used in quality monitoring.

1.5 The Group also met with the Norfolk Coalition of Disabled People (now Equal Lives) and representatives of the Independent Home Care Providers and heard their key issues and challenges. As a result of this, Members also attended one of the Independent Home Care Providers Forums, which had representation from about 35 home care agencies working within Norfolk.

1.6 In October 2012, Cabinet received and accepted the recommendations of the working group:

a) that in respect of the re-tendering of 6 Home Care Contracts being undertaken that

tenderers be asked to cost the impact of:

1. Staff being paid mileage
2. Staff being paid travel time
3. Provision of uniforms free of charge
4. Payment for CRB checks
5. Payment for training.

b) that tenderers be asked to cost the initial impact of implementing Electronic Call Monitoring, for consideration by the County Council as part of the evaluation process.

c) that the Panel consider whether the Working Group should be reconvened in order to assess the quality of care being provided to people in receipt of a Direct Payment who are using Personal Assistants.

1.7 These recommendations were accepted by Cabinet.

1.8 The report provided the panel with background information on the Working Group and an update on progress since the report to Cabinet.

2 Terms of Reference

2.1 Draft terms of reference for the All Party Working Group on Quality in Home Care are attached as Appendix A. Party Spokespersons and Scrutiny Leads helped to shape these terms of reference during discussions at their meeting last month.

2.2 At the September Overview and Scrutiny Panel Members asked for details of the terms of service of care workers. This was provided in a Briefing Note and Members may wish to consider whether or not the findings should be included in the work of the Working Group.

2.3 The draft terms of reference are presented to the Overview and Scrutiny Panel for approval or amendment.

3 Resource Implications

3.1 There are no specific resource implications from the re-establishment of the Working Group beyond the time of members and of officers to support.

3.2 It is proposed that the Working Group will be a Cross Party Working Group with a membership of seven members and will meet bi-monthly for a period of one year.

3.3 It is proposed that the Working Group will consult as appropriate with users of the services, home support staff and managers, care management staff and representatives of older people's and disability groups in Norfolk.

3.4 It is proposed that the Working Group will present an interim report to Community Services Overview and Scrutiny Panel after six months and a final report in one year's time.

3.5 The Working Group will be supported by Community Services (i.e. officers from the Quality Assurance team and administrative support).

4 Section 17-Crime and Disorder Act

4.1 The Working Group will consider any crime and disorder implications that arise from its recommendations.

5 Equality Impact Assessment (EqIA)

5.1 The Working Group will consider the impact that its recommendations might have on equality of access or outcomes for diverse groups.

6 Other Implications

6.1 Officers have considered all the implications which Members should be aware of. Apart from those listed above, there are no other implications to take into account.

7 Action Required

7.1 The Overview and Scrutiny Panel is asked to :

a) Approve or amend the draft terms of reference – attached as Appendix A

b) Nominate members to the Working Group.

Background Papers

Report to Cabinet October 2012
Report to Overview and Scrutiny Panel July 2012

Officer Contact

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

Officer Name: Roger Morgan Tel No: 01603 223988

email address: roger.morgan@norfolk.gov.uk

IN TRAN
communication for all

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

Appendix A

Community Services Overview and Scrutiny Panel

All Party Member Working Group on Quality in Home Support

Terms of Reference

1. Purpose

1.1 To examine the quality of Norfolk County Council's commissioned home support services, including housing with care

1.2 To assess the quality of care being provided to people in receipt of Direct Payments who are using Personal Assistants.

1.3 To make recommendations about changes and improvements, if necessary.

2. Membership

2.1 The Working Group will be a Cross Party Working Group with a membership of seven members.

3. Methodology

3.1 The Working Group will consult as appropriate with users of the services, home support staff and managers, care management staff and representatives of older people's and disability groups in Norfolk.

4. Frequency of meetings

4.1 The Working Group will meet bi-monthly for a period of one year.

5. Support

5.1 The Working Group will be supported by Community Services (i.e. a member of the Quality Assurance team and administrative support).

6. Reporting arrangements

6.1 The Working Group will present an interim report to Community Services Overview and Scrutiny Panel after six months and a final report in one year's time.

Report to the Community Services Overview and Scrutiny Panel
5 November 2013
Item No 13

Forward Work Programme: Scrutiny

Report by the Director of Community Services

Summary

This report asks Members to review and develop the programme for scrutiny.

Action Required

The Overview and Scrutiny Panel is asked to consider the attached Outline Programme (Appendix A) and agree the scrutiny topics listed and reporting dates.

The Overview and Scrutiny Panel is invited to consider new topics for inclusion on the scrutiny programme in line with the criteria at para 1.2.

1 The Scrutiny Programme

1.1 The Outline Programme for Scrutiny (Appendix A) has been updated to show progress since the September 2013 Overview and Scrutiny Panel.

1.2 Members of the Overview and Scrutiny Panel can add new topics to the scrutiny programme in line with the criteria below: -

(i) High **profile** – as identified by:

a. Members (through constituents, surgeries, etc)
b. Public (through surveys, Citizen's Panel, etc)
c. Media
d. External inspection (Audit Commission, Ombudsman, Internal Audit, Inspection Bodies)

(ii) Impact – this might be significant because of:

a. The scale of the issue
b. The budget that it has
c. The impact that it has on members of the public (this could be either a small issue that affects a large number of people or a big issue that affects a small number of people)

(iii) Quality – for instance, is it:

a. Significantly under performing
b. An example of good practice
c. Overspending

(iv) It is a Corporate Priority

2 Section 17 – Crime and Disorder Act

2.2 The crime and disorder implications of the various scrutiny topics will be considered when the scrutiny takes place

3 Equality Impact Assessment

3.1 The scrutiny report is not directly relevant to equality, in that it is not making proposals that will have a direct impact on equality of access or outcomes for diverse groups.

4 Action Required

4.1 The Overview and Scrutiny Panel is asked to consider the attached Outline Programme (Appendix A) and agree the scrutiny topics listed and reporting dates.

4.2 The Overview and Scrutiny Panel is invited to consider new topics for inclusion on the scrutiny programme in line with the criteria at para 1.2.

Officer Contact

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

Jill Perkins 01603 638129 Jill.perkins@norfolk.gov.uk

IN TRAN communication for all

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

Appendix A

Outline Programme for Scrutiny

Standing Item for Community Services O & S Panel: Update for November 2013

This is only an outline programme and will be amended as issues arise or priorities change

Scrutiny is normally a two-stage process:

- Stage 1 of the process is the scoping stage. Draft terms of reference and intended outcomes will be developed as part of this stage.
- The Overview and Scrutiny (O&S) Panel or a Member Group will carry out the detailed scrutiny but other approaches can be considered, as appropriate (e.g. 'select committee' style by whole O&S Panel).
- On the basis that the detailed scrutiny is carried out by a Member Group, Stage 2 is reporting back to the O&S Panel by the Group.

This Panel welcomes the strategic ambitions for Norfolk. These are:

- A vibrant, strong and sustainable economy
- Aspirational people with high levels of achievement and skills
- An inspirational place with a clear sense of identity

These ambitions inform the NCC Objectives from which scrutiny topics for this Panel will develop, as well as using the outlined criteria at para 1.2 above.

Changes to Programme from that previously submitted to the Panel in October 2013

Added – None

Deleted – Development of Social Enterprise;

Community Services Overview & Scrutiny Panel

Action Required
Members are asked to suggest issues for the forward work programme that they would like to bring to the committee's attention. Members are also asked to consider the current forward work programme:-

a. whether there are topics to be added or deleted, postponed or brought forward
b. to agree the briefings, scrutiny topics and dates below.

Meeting dates	Briefings/Main scrutiny topic/ initial review of topics/follow ups	Administrative business
	2013	
Today's meeting-5 November 2013	**Terms of Reference for all Party Working group in Home Care**- with accompanying report **Warm and Well** - final report	(Requested at O&S Panel September 2013) (Requested at O&S Panel July 2013)
	2014	
7 January 2014	**Blue Badges** – update **Fuel Poverty Working Group** – final report **Discharges from acute hospitals-** **ICES Contract-** update on implementation	(Requested at O&S Panel July 2013) (Requested at O&S Panel January 2013) (Requested at O&S Panel September 2013) (RoC recommendation 16)
Briefing notes	**Development of the social enterprise-** update on staff and customer engagement, use of buildings, transport **Community Transport**	(Requested at O&S Panel September 2013) (RoC recommendation no 13 &14)
4 March 2014	**Impact of budget cuts on voluntary sector-** regular update	

Note: These items are provisional only. The OSC reserves the right to reschedule this draft timetable.

Members Seminars

Provisional dates for update / briefing reports to the Committee 2013/14.

The impact of the budget cuts on the voluntary sector- To examine the impact on the voluntary sector of the current changes within Adult Social Services Prevention services, specifically looking at contracts valued greater than £5000 and to summarise the current position. (Ongoing monitoring and reporting requested at 6 monthly intervals) – Next update due approx.. March 2013

Building a better future-Ongoing reporting regarding the project is required every 6 months along with an annual report – Next update due approx. March 2014

Key challenges for SDS-updates every 6 months (requested at O&S Panel meeting 4 September 2012)-Next update due approx. March 2014

Living Well in the Community Fund – final report on the fund – next update due March 2014

Working groups of Community Services O&S panel.

Fuel Poverty Task and Finish Group	
Membership	Shelagh Gurney, Julie Brociek-Coulton, Emma Corlett, Denis Crawford, Elizabeth Morgan, Ian Mackie, Matthew Smith (plus Dr Sam Revill- Healthwatch Norfolk co-opted member)
Meetings held 9 Aug , 6 &26 Sept, 14 October	Evidence received from landlords (private & social housing), builders, district councils & voluntary sector organisations. Next meeting on 31 Oct with district councils and County Council managers. Due to report back to Panel on 7 Jan 2014.
Home Care Working Group	
	Spokespersons to select members for this group

Working groups of Cabinet of interest to Community Services O&S Panel

Membership	