



Norfolk County Council

Adult Social Care Committee

Date: Monday, 03 September 2018

Time: 10:00

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

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

Membership

Mr B Borrett (Chairman)

Miss K Clipsham

Mr E Connolly

Mr D Harrison

Mrs S Gurney (Vice-Chair)

Mrs B Jones

Mr J Mooney

Mr G Peck

Mr M Sands

Mr T Smith

Mr H Thirtle

Mr B Watkins

Mrs S Young

**For further details and general enquiries about this Agenda
please contact the Committee Officer:**

Hollie Adams on 01603 223029
or email committees@norfolk.gov.uk

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A g e n d a

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

2. Minutes

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To confirm the minutes of the meeting held on the 2 July 2018

3. Declarations of Interest

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

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

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

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

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

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

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

5. Public QuestionTime

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm, Wednesday 29 August 2018**.

For guidance on submitting a public question, please visit www.norfolk.gov.uk/what-we-do-and-how-we-work/councillors-meetings-decisions-and-elections/committees-agendas-and-recent-decisions/ask-a-question-to-a-committee

6. Local Member Issues/ Member Questions

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm on Wednesday 29 August 2018**.

7. Executive Director's Update

Verbal Update by the Executive Director of Adult Social Services

8. Chairman's Update

Verbal update by Cllr Borrett

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

10. Adult Social Care Finance Monitoring Report Period 4 (July) 2018-19 Page 13

A report by the Executive Director of Adult Social Services

11. Strategic and Financial Planning 2019-20 to 2021-22 Page 32

A report by the Executive Director of Adult Social Services

12. Transport Page 44

A report by the Executive Director of Adult Social Services

13. Performance Management Page 55

A report by the Executive Director of Adult Social Services

14. Assistive Technology Page 72

A report by the Executive Director of Adult Social Services

Group Meetings

Conservative	9:00am Conservative Group Room, Ground Floor
Labour	9:00am Labour Group Room, Ground Floor
Liberal Democrats	9:00am Liberal Democrats Group Room, Ground Floor

Chris Walton
Head of Democratic Services

County Hall
Martineau Lane
Norwich
NR1 2DH

Date Agenda Published: 23 August 2018



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Adult Social Care Committee

**Minutes of the Meeting Held on Monday, 02 July 2018
at 10:00am in the Edwards Room, County Hall, Norwich**

Present:

Mr B Borrett (Chairman)

Michael Chenery of Horsbrugh

Miss K Clipsham

Mr D Harrison

Mr T Garrod

Mrs S Gurney (Vice-Chair)

Mrs B Jones

Mr G Middleton

Mr M Sands

Mr T Smith

Mr H Thirtle

Mrs S Young

1. Apologies

- 1.1 Apologies were received from Mr J Mooney, (Mr G Middleton substituting), Mr G Peck, (Michael Chenery of Horsbrugh substituting), Mr W Richmond, (Mr T Garrod substituting) and Mr B Watkins.

2. To confirm the minutes of the meeting held on 14 May 2018

- 2.1 The minutes were agreed as an accurate record and signed by the Chairman

3. Declarations of Interest

- 3.1 Mrs Jones declared a non-pecuniary interest as her husband worked for the mental health trust
- 3.2 Mr Garrod declared a non-pecuniary interest related to item 11 as Chairman of the Board of NANSA.

4. Urgent Business

- 4.1 There were no items of urgent business discussed.

5. Public Question Time

- 5.1 No public questions were received.

6. Local Member Questions / Issues

- 6.1 No local member questions were received.

7. Executive Director's Update

- 7.1 The Executive Director of Adult Social Services updated members on:
- The recent inadequate CQC (Care Quality Commission) judgement received by the Norfolk and Norwich University Hospital, which was in special measures; the

Executive Director discussed the importance of Social Care working positively with the hospital to bring about necessary improvements

- The Social Care green paper, which had now been deferred to Autumn 2018; the Committee's feedback would be included in the Council's response
- Norfolk Community Health and Care, who had recently received an excellent CQC rating; the Executive Director of Adult Social Services had taken on the role of STP (Sustainability Transformation Plan) Primary Care Lead for Norfolk
- the LGA (Local Government Association) peer review of Adult Social Care which was due to be carried out between the 18 and 21 September 2018; more information would be provided to the Committee at a later date
- A Multi Agency Discharge Event (MADE) on July 17 and 18, organised to bring together those in health and social care involved in the discharge system to consider patient flow and its impact on delayed transfers of care in Norfolk
- The success of Carers' week, which was discussed in the Carer's Champion update by Cllr Brociek-Coulton at item 7 of the agenda (attached at appendix A)

7.2.1 The Executive Director of Adult Social Services saw a role for key Members to be involved in the outcomes of the MADE event, such as the Vice-Chair as a representative of the Norfolk and Norwich Hospital, from a policy related perspective. Feedback would be given to the Committee following the event.

7.2.2 Detail was requested on the peer review; the Executive Director of Adult Social Services replied that the team would be led by a peer director, senior Councillor, commissioners and Officers. The scope of the review had been agreed with the LGA as how the system in Norfolk enabled people to live at home, what assisted them when in crisis, and what enabled them to return home.

8. Chairman's Update

8.1 The Chairman updated the Committee that page numbers of appendices were listed at the start of reports to help make them easier to navigate. Mrs Clipsham thanked the Chairman and requested that hyperlinks to information and appendices within reports were also added to help further; the clerk agreed to look into whether this could be done.

8.2 The Chairman had attended a Local Government Association health and social services Lead Members Group meeting in London.

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

9.1 The following updates were received from Members:

- M Chenery of Horsbrugh reminded Members about the Friends Against Scams Training for all Members on 5 July at 10-12 in the Edwards Room, County Hall
- The Vice-Chair had attended a Making It Real meeting on 17 May; funding for 6 Amazon Dots had been secured which members of Making It Real would trial and report back on. She was also arranging visit to centre 81 in Great Yarmouth
- Mrs B Jones provided an update as Member Champion of Physical Disability and Sensory Impairment; see Appendix B
- Mr M Sands updated Members on Bowthorpe Community Trust Workshops which provided opportunities for people with learning disabilities
- Mr D Harrison was attending a Local Government Association conference in Birmingham.
- Mrs S young had attended:

- A meeting of Age UK where the board of trustees discussed delayed care assessments and expansion of work of the Norfolk Deaf Association
- A meeting of the Older Persons Strategic Partnership Board
- Mr G Middleton:
 - Congratulated Norwich and Norfolk Community Health and Care, as a board observer, on their outstanding CQC judgement
 - Discussed the Carers Charter Group meeting at Magdalen Gates School and noted the exemplary work at primary and secondary schools across Norfolk
- Mr T Smith shared information from the Community Rail Norfolk Group; stations on the Wherry Line would be reviewed to look at their dementia friendliness.

10. Adult Social Care Finance Monitoring Report Period 2 (May) 2018-19

- 10.1.1 The Committee received the financial monitoring report based on information to the end of May 2018 setting out variations from budget, progress against planned savings and details of the use of the improved Better Care Fund (iBCF).
- 10.1.2 An error in the table on p27, paragraph 2.6.1 variance after period 2, was noted; the variances on p 36 were correct.
- 10.2.1 It was pointed out that mental health was 7% of the overall budget but 50% of the forecast overspend. The Senior Programme Accountant reported that changes from block to spot contracts had caused some double counting in the budget which would be resolved moving forward. Reconciliation work would be carried out to understand this further and be reporting in the next report
- 10.2.2 A Member queried why, when there was an overspend, Better Care Fund (BCF) underspend was in reserves. The Executive Director of Adult Social Services discussed that the final general underspend in 2017-18 allowed the Committee to make an addition to the Council's overall corporate position; some of this went towards supporting overspent Committees however the Committee had previously agreed to put all BCF overspend into a reserve to be spent over 2 years on services agreed with Norfolk's Clinical Commissioning groups.
- 10.2.3 Monitoring of finances was queried, noting the £27m of savings & £27.2m in reserves; the Senior Programme Accountant clarified that most of the reserves were earmarked for certain purposes, such as BCF, and not available to balance overspend. Business packages were authorised through Liquid Logic & regular finance meetings were held.
- 10.2.4 Detail on the future recruitment of 5 assistant practitioners was requested. The Executive Director of Adult Social Services confirmed a separate programme was in place to increase social workers in the mental health service.
- 10.2.5 The Executive Director of Adult Social Services clarified the reduction in under 85s entering social services was due in part to the strategy of intensive reablement and accommodation based reablement; reduction in numbers was anticipated as part of the Adult Social Care strategy.
- 10.2.6 The risk rating of delivering a saving was considered in terms of how Officers could address and mitigate the risk of non-delivery.
- 10.2.7 Officers were confident in forecasting £22m of planned savings. As a comparison with 2017-18, £14m forecast savings had been achieved then with £10m achieved as planned and the remaining £4m were achieved through alternative actions.

- 10.2.8 Mr Harrison raised a motion asking for a valuation of the effect of the cuts being made quickly to Adult Social Care, seconded by Mr Sands. With 4 votes for and 8 against the motion was lost
- 10.3 With 8 votes for and 4 abstentions, the Committee **AGREED**:
- a) The forecast outturn position at Period 2 for the 2018-19 Revenue Budget of a £1.990m overspend
 - b) The planned use of reserves of a net £0.405m above the level agreed when setting the budget
- 11. Norfolk Learning Disability Strategy 2018 - 2022; My Life, My Ambition, My Future**
- 11.1.1 The Committee received the report outlining Norfolk's new Learning Disability Strategy, "My Life, My Ambition, My Future", co-produced with people with learning disabilities & their families, carers, professionals and Councillors. It included work carried out with young people, parents & carers to support transition to adult social services.
- 11.2.1 Inclusion of the Autism Act and involvement of the autism community was queried; the Assistant Director Integrated Commissioning & Transformation (Learning Disabilities) confirmed that the Learning Disability Strategy also identified how to support people on the autism spectrum where they also had a learning disability, but there was also in development a dedicated Autism Strategy. Norfolk now had an Autism Partnership Board with Members on the autism spectrum, voted on by their peers.
- 11.2.2 The Executive Director of Adult Social Care confirmed there was a programme in place to support people into employment, training and other activities.
- 11.2.3 The anxiety and confusion which changes to benefits and related letters could cause was discussed; the Executive Director replied that links to departments were important, to discuss benefit rights and explain changes to benefits with individuals.
- 11.2.4 A Member discussed the importance of considering financial implications of changes to services brought about from the strategy.
- 11.2.5 The Assistant Director of Integrated Commissioning & Transformation (Learning Disabilities) clarified a focussed piece of work around development of the Strategy had been run by the Learning Disability Partnership Board, who also had oversight of strategy development.
- 11.2.6 The Assistant Director of Integrated Commissioning & Transformation (Learning Disabilities) confirmed the Strategy would be available online including a quick read version. A promotion plan would be developed, including a road show. The Executive Director discussed that voluntary groups would be key for promoting the ethos of creating a social movement and having high aspirations for individuals.
- 11.2.7 The Vice-Chair was concerned about the quality of application of easy-read principles to the strategy. The Director of Integrated Commissioning confirmed that hard copies would be provided, with easy read versions produced in greater number.
- 11.2.8 Past issues regarding exploitation of disabled workers were discussed; the Executive Director reported the new strategy had an emphasis on employment and education.
- 11.2.9 Providing information to LGBT (Lesbian, Gay, Bisexual and Trans) people with learning disabilities was discussed; the Assistant Director of Integrated Commissioning & Transformation (Learning Disabilities) was working with the charity Opening Doors on this matter. It was important to disseminate the Strategy to a range of services to

support people with learning disabilities to build relationships and have a family.

- 11.2.10 A commissioning plan would be developed covering parts of the Strategy relating to NCC, with performance measures, as commissioning work developed. The Director of Integrated Commissioning **agreed** to bring the commissioning plan showing achievement metrics to the next meeting
- 11.2.11 The Director of Integrated Commissioning clarified that residents had individual care and support programmes detailing future aspirations; if transport was a barrier to accessing training or education, this would be addressed.
- 11.2.12 The Chairman felt the document was key to guiding future strategies and helping people make choices for the future. He thanked officers for their ground-breaking piece of work.
- 11.3 The Committee unanimously **APPROVED** the adoption and implementation of Norfolk Learning Disability Strategy 2018 – 2022; My Life, My Ambition, My Future

12. Adult Social Care Annual Quality Report 2017/18

- 12.1.1 The Committee considered the report updating Members on implementation of the new quality framework adopted in January 2015, and the third annual quality report.
- 12.1.2 A correction was noted; key findings h) should refer to section 4.
- 12.2.1 The Head of Quality Assurance and Market Development confirmed that CQC (Care Quality Commission) assessments were available online. Norfolk County Council were considering publishing information from in-house risk assessments, which were more rigorous and up to date.
- 12.2.2 Information was requested on penalties for inadequate providers. The Head of Quality Assurance and Market Development clarified that the CQC put in place improvement plans at inadequate providers which the quality assurance team supported them to meet. Placements were stopped at inadequate care homes & the situation monitored.
- 12.2.3 The Vice-Chair cited a report in the Eastern Daily Press (EDP) about a Care Home in her constituency area; she would discuss this with the Head of Quality Assurance and Market Development outside of the meeting.
- 12.2.4 The Council's role in encouraging care cooperatives, to enable small providers to compete, was queried; providers who were struggling financially could discuss with the Quality Assurance & Market Development team. The home care framework had been structured to encourage providers to work together to wrap services around people.
- 12.2.5 The Head of Quality Assurance and Market Development **agreed** to send the name and location of Norfolk's 15 inadequate care homes to Members after the meeting; this information was available in the public domain.
- 12.2.6 Norfolk's care home quality of 73% was noted; Norfolk had a large market with over 100 providers making it difficult to maintain a consistent programme. Norfolk had almost as many providers as Essex who had double Norfolk's population. High staff turnover could cause quality deviations; turnover in residential care was 27.7% and higher in other sectors.
- 12.2.7 Concern was raised about the loss of 235 care-home beds. The Head of Quality Assurance and Market Development clarified this many beds had been created in new

provision but were mostly aimed at fee paying individuals; Officers would look at capacity to purchase beds to meet the needs of non-fee-paying individuals.


- 12.2.8 NorseCare had a lower turnover of staff and provided consistently good quality provision. The Executive Director of Adult Social Services felt this was because it was well led with a large emphasis on management.
- 12.2.9 Mr Harrison raised a motion seconded by Mrs Jones to add “with regular monitoring reporting back to committee/cabinet scrutiny”. With 4 votes for and 8 votes against, the motion was lost.
- 12.3 The Committee unanimously:
 - a) **CONSIDERED** the findings presented and **AGREED** to publish the Annual Quality Report
 - b) **AGREED** to resetting the (RIG) target from 80% rated as good or better to 85% rated as good or better and extending the programme to 31 March 2020 from 31 March 2019

13. NorseCare Contract Review

- 13.1.1 The Committee considered the report detailing renegotiation of the NorseCare contract and refresh of arrangements between NorseCare and the Council.
- 13.1.2 Officers were monitoring the market and supporting NorseCare to achieve market parity in relation to the adopted legacy costs.
- 13.2.1 Some Members queried whether NorseCare provided high quality provision because staff were employed at better than market rate and whether this approach across the market would increase quality; the Executive Director reiterated that the quality at NorseCare was due to good leadership and good management of staff.
- 13.2.2 The Director of Integrated Commissioning clarified that inflation costs shown in the report were partly related to staff pay. The highest pay increase was for staff on the lowest salaries of whom there were a higher number.
- 13.3 With 8 votes for and 4 against, the Committee:
 - a) **AGREED** the Contracting Principles between NorseCare and Norfolk County Council Outlined in Section 3 of this report
 - b) **DELEGATED** to the Executive Director the contract variation based on those principles
- 13.4 A discussion was held around whether other providers should be brought up to the standard of Norse. The Chairman agreed with the principle and would like to see market at a level where Norse was paying the same as other providers. Concerns were raised that some providers in special measures were “getting preferential treatment to keep them afloat”. The Chairman noted that supporting such providers ensured that people were not moved from their homes.

The meeting finished at 11.58

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

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Update from Julie Brociek-Coulton, Carers Champion

- Had a meeting with the Carers Charter group at Magdalen Gates School one of the Carers outstanding schools. Met with Young carers from three schools and saw the fantastic work they do.
- Went to the Forum of the Care for Carers' day. Saw the Carers Matter Norfolk team and spoke to people who are using some of their services.
- Was invited to the carers awards in Peterborough. This was outstanding recognising valuable carers who are unpaid. There were some really wonderful moments there and it was a shame that all of the carers who had been nominated couldn't have been recognised by winning. Such a hard job to choose when people are so dedicated to looking after a loved one. Thanks to Sue Hobbs for inviting me.
- Met with Sonia and James to look at how we do a conference just for carers. We are looking at next year now probably at the end of Carers week in June. We are looking for venues, a person to host the event and easy access for the carers coming.
- Am going on an Easy read course tomorrow to promote groups to have easy read as much as they can so that it can be better for people with learning disabilities to read letters etc.

Report of Member Champion for Physical Disability and Sensory impairment.

Since the last meeting of the Adult Social Care Committee I have carried out the activities listed below and am happy to answer questions about these activities.

- Attended Trustee meeting of the Norfolk and Norwich Association for the Blind.
- Attended Making it Real Board meeting.
- Attended a workshop to produce a leaflet about Personal Budgets.
- Worked with the Organisers of Norwich Pride to encourage and recruit volunteers to help -enabling people with disabilities to participate in the day.
- Working with Equal Lives to recruit volunteers to help with Disability Pride in the Autumn of 2017.

Adult Social Care Committee

Item No

Report title:	Adult Social Care Finance Monitoring Report Period 4 (July) 2018-19
Date of meeting:	3 September 2018
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic impact

This report provides Adult Social Care Committee (the Committee) with financial monitoring information, based on information to the end of July 2018. The report sets out variations from the budget, progress against planned savings and provides a summary of the use of the improved better care fund.

Executive summary

As at the end of July 2018 (Period 4), Adult Social Services is forecasting that it will achieve an overspend position of £1.990m at the end of the financial year, which is a 0.8% variance on the total net budget. This is after taking into account known financial risks and expected achievement of savings.

Expenditure Area	Budget 2018/19 £m	Forecast Outturn £m	Variance £m
Total Net Expenditure	252.747	254.737	1.990

The key points for Committee to consider about the financial position for Adult Social Care are:

- a) There is no underlying additional pressure affecting the 2018-19 budget. The outturn position for 2017-18 was a £3.696m underspend and commitments between setting the budget in January 2018 and the start of the financial year remained largely stable and therefore have not placed additional pressures on the budget from the outset
- b) As part of the 2017-18 financial position the Committee was able to set up a business risk reserve of £4.500m. This was in addition to the business risk reserve agreed by Policy and Resource Committee of £2.600m through the use of the Adult Social Services Grant announced in January 2018. At this stage it is not proposed that this funding is used, but could be used to enable invest to save proposals or support the budget if additional savings cannot be delivered in full or the financial risks (set out in Section 4) not included in the budget materialise
- c) Plans for the use of the additional one-off social care grant, known as the improved better care fund grant (iBCF) were agreed with health partners in July 2017. As the funding was announced following the budget setting process and plans were agreed part year, not all the grant was spent in year and a reserve was set up to enable the plans to still be implemented, but with spending in both 2018-19 and 2019-20. Interventions such as accommodation based reablement, trusted assessors, enhanced home support and social prescribing have been implemented and projects will be closely tracked to establish the benefits to the health and social care system and whether these are financially sustainable longer term. This year the iBCF is supporting the cost of care and national living wage increases faced by care providers, as well as protection of social care budgets

- d) This year, Adult Social Services needs to deliver £27m savings to deliver a balanced budget. The savings programme is not without risk and this paper provides detail of specific projects, where there could be variance to the budgeted savings able to be delivered by 31st March 2019. The forecast is based on delivery of £22.184m of the 2018-19 savings target (see Section 2.8). The service will aim to manage any variances through alternative measures. Due to the scale of the programme this year, one of purposes of the business risk reserve is to support shortfall due to slippage that cannot be mitigated during the year through alternative savings

Adult Social Services reserves at 1 April 2018 stood at £27.221m. The reserves at the beginning of the year included committed expenditure, which was carried forward in 2017/18. The reserves position is set out in Section 2.10 and Appendix D. In total the forecast includes the planned use of £7.112m of reserves in this financial year, of which £6.841m were already planned and agreed as part of the budget setting process. The variation is predominately due to the carry forward of some funding at year end for earmarked purposes.

The 2018-19 forecast outturn position for reserves is £20.108m. Provisions totalled £6.454m at 1 April 2018, mainly for the provision for bad debts.

Recommendations:

Members are asked to agree:

- a) **The forecast outturn position at Period 4 for the 2018-19 Revenue Budget of a £1.990m overspend**
- b) **The planned use of reserves of a net £0.271m above the level agreed when setting the budget**

Appendix A – Table setting out the monitoring position at Period 4 for key budgets for the service (Page 25)

Appendix B – Explanation of key variances for each budget (Page 26)

Appendix C – 2018-21 Savings Programme (Page 27)

Appendix D – Reserves and Provisions (Page 29)

Appendix E – Capital Programme 2018-19 (Page 31)

1. Introduction

1.1 The Adult Social Care Committee has a key role in overseeing the financial position of the department including reviewing the revenue budget, reserves and capital programme.

1.2 This monitoring report is based on the Period 4 (July 2018) forecast including assumptions about the implementation and achievement of savings before the end of the financial year.

2. Detailed Information

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

2017/18			2018/19		
Actual net spend 2017/18 £m	Over/ Underspend compared to budget £m	Expenditure Area	Budget 2018/19 £m	Forecast Outturn at 31 st March 2019 £m	Variance @ P4 £m
10.392	(0.471)	Business Development	10.964	10.828	(0.136)
69.600	0.123	Commissioned Services	58.952	59.037	0.085
5.492	(0.727)	Early Help & Prevention	5.796	5.899	0.103
168.243	12.971	Services to Users (net)	197.956	201.145	3.189
1.064	(7.497)	Management, Finance & HR	(20.922)	(22.172)	(1.250)
254.791	4.399	Total Net Expenditure	252.747	254.737	1.990

- 2.2 As at the end of Period 4 (July 2018) the forecast revenue outturn position for 2018-19 is £254.455m, which is an overspend of £1.990m.
- 2.3 The detailed position for each service area is shown at **Appendix A**, with further explanation of over and underspends at **Appendix B**.
- 2.4 The forecast position does not take into account all the potential budget risks and opportunities for the service during 2018-19. These are set out in more detail at Section 4 of this paper.
- 2.5 **Additional Social Care Funding**
- 2.5.1 The Chancellor's Budget in March 2017 announced £2bn additional non-recurrent funding for social care, of which Norfolk received £18.561m in 2017/18, followed by £11.901m in 2018/19 and £5.903m in 2019/20. The funding is paid as a direct grant to councils by the government and as a condition of the grant, councils are required to pool the funding into their Better Care Fund. This fund is governed by the Health and Wellbeing Board and monitored by NHS England and the Ministry of Housing, Communities and Local Government through national and local assurance and quarterly returns.
- 2.5.2 The guidance received from the government requires that the funding is used by local authorities to provide stability and extra capacity in the local care system. Specifically, the grant conditions require that the funding is used for the purposes of:
- a) Meeting social care needs
 - b) Reducing pressure on the NHS supporting people to be discharged from hospital when they are ready
 - c) Ensuring that the local social care provider market is stabilised
- 2.5.3 Plans for the use of the funding were reported to Committee in July 2017 and were subsequently agreed with Norfolk's Clinical Commissioning Groups.
- 2.5.4 Norfolk County Council (the Council), in setting this year's budget, reflected the delivery of these plans, including the carried forward of unspent grant from 2017-18 to 2018-19 and expected use of reserves in this financial year.
- 2.5.5 Actions were undertaken during 2017-18 to implement the agreed plans, which in addition to funding to protect social care and support price uplifts for the care market, has led to the

following projects. Detailed progress will be reported to Committee in October, including, where available, early indications of the impact of the investment.

- a) Increased social work capacity
- b) Implementation of social prescribing schemes
- c) Implementation of accommodation based reablement schemes, including beds in the East, West Norfolk and at Benjamin Court in Central Norfolk.
- d) Enhanced home support service covering both an acute referral pathway and community referral pathway (including flexible dementia respite service and carer support)
- e) Establishment of trusted assessment facilitators
- f) Developing discharge to assess pathways to reduce delayed transfer of care from hospital
- g) Step down accommodation for people discharged from hospital with mental health needs
- h) Additional out of hours capacity for mental health act assessment

2.5.6 Sustainability of the actions arising from this additional investment is key. Where investment in social care is evidenced to provide wider system benefits the expectation is that financial support will be sought from across health and social care to enable new ways of working to continue beyond the project timescales. Where benefits cannot be evidenced or wider financial support from the health sector is not available, it is expected that the interventions will need to be stopped at the end of the projects. The plans have therefore been careful to ensure that actions providing support to the market through funding cost of care and price increases is ongoing.

2.6 Services to Users

2.6.1 The table below provides more detail on services to users, which is the largest budget within Adult Social Services:

2017/18			2018/19		
Actual net spend 2017/18 £m	Over/ Underspend compared to budget £m	Expenditure Area	Budget 2018/19 £m	Forecast Outturn at 31 st March 2019 £m	Variance @ P4 £m
114.650	3.481	Older People	121.278	123.972	2.695
24.095	0.866	Physical Disabilities	25.055	27.422	2.367
100.865	1.663	Learning Disabilities	101.354	104.620	3.266
14.616	0.500	Mental Health	17.341	18.802	1.461
5.859	(0.813)	Hired Transport	6.105	5.977	(0.128)
10.181	(1.571)	Care & Assessment & Other staff costs	14.037	13.716	(0.321)
270.266	4.125	Total Expenditure	285.170	294.509	9.339
(84.002)	(9.148)	Service User, NHS and other local authority income	(85.653)	(91.803)	(6.150)
(4.566)	(2.550)	Other Income	(1.561)	(1.561)	0.000
181.698	(7.573)	Revised Net Expenditure	197.956	201.145	3.189

2.6.2 Key points:

- a) The number of placements within Purchase of Care continues to show small reductions across the service. However, the rate of reduction is insufficient to meet the savings applied for 2018/19. While work is ongoing to mitigate this, the service is currently showing an overspend
- b) Permanent admissions to residential care – those without a planned end date – have been consistently reducing for the last three years in both 18-64 and 65+ age groups. Rate of admissions reduced significantly from a rate of 724 admissions per 100k population in 2014/15 to 611.9 per 100k population in 2016/17. Reductions have slowed over the last two years, but continue to slightly fall. The current rate reported elsewhere on this agenda is 607.9 per 100k population. In particular, admissions are reducing for the over 85 age group. Admissions to enhanced residential care – supporting people with dementia - are increasing, whilst admissions to standard residential care are reducing. Although the trend for people aged 65+ has continued to reduce, there has been an increasing trend for people aged 18-64. Total numbers had reduced over the previous two years, but rose slightly during 2017/18, however the numbers are small and the 12 month rolling trend is suggesting a static position. However, those that do go into residential care tend to be people with higher levels of need that require longer lengths of stay and more expensive care packages
- c) The forecast expenditure for purchase of care, excluding care and assessment is £20.708m more than the 2017/18 outturn, this is mainly due to the higher cost of care. The forecast reflects some readjustment for savings that are at high risk of non-delivery.

2.7 Commissioned Services

2.7.1

2017/18			2018/19		
Actual net spend 2017/18 £m	Over/ Underspend compared to budget £m	Expenditure Area	Budget 2018/19 £m	Forecast Outturn at 31 st March 2019 £m	Variance @ P4 £m
4.193	(0.105)	Commissioning Team	3.174	3.050	(0.123)
12.444	(0.315)	Service Level Agreements	9.030	9.180	0.150
2.102	(0.294)	Integrated Community Equipment Service	0.145	0.135	(0.010)
33.266	0.672	NorseCare	33.134	33.571	0.438
5.817	0.000	Housing related support	2.564	2.177	(0.387)
13.077	0.220	Independence Matters	9.550	9.550	0.000
1.304	(0.087)	Other Commissioning	1.356	1.373	0.017
72.203	0.092	Total Expenditure	58.952	59.037	0.085

2.7.2 Key points:

NorseCare

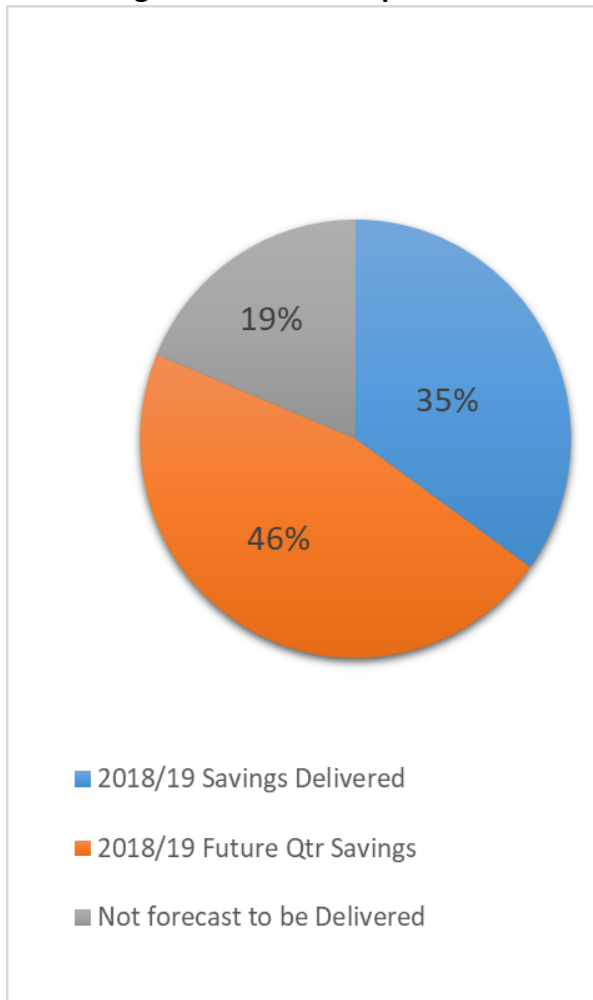
- a) Despite ongoing reductions in the real-terms contract costs there remains a variation between the approved budget and the contract price. This is predominately due to increased inflation above budget assumptions. Work is ongoing to reduce this gap

2.8 Savings Forecast

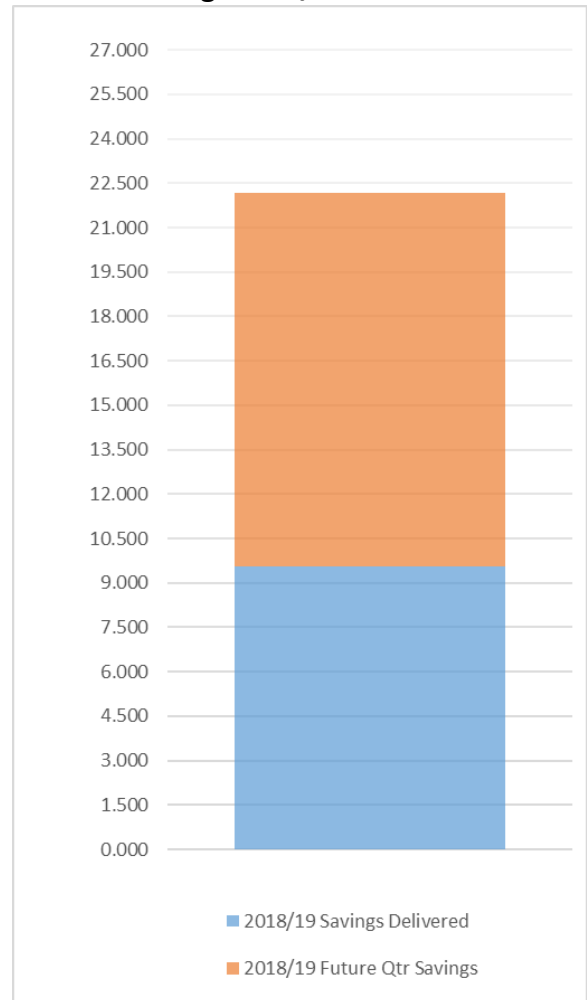
- 2.8.1 The department's budget for 2018/19 includes savings of £27.290m. The savings are predominately planned through the delivery programme for the Promoting Independence strategy.
- 2.8.2 The savings include £17m of demand management savings, which will be delivered through various projects to help prevent, reduce and delay the need for formal social care. Some £9.2m of the savings are related to the strategy for younger adults, and as reported elsewhere on this agenda £7.4m relates to projects aligned to people with learning disabilities. Some of these savings remain high risk, predominately because it requires significant changes to the social care offer, as well as helping people who currently receive services to, where appropriate, gain a higher level of independence. For some people it will enable them to live more independently and move from residential based care. Therefore, at Period 4 it is forecast that some savings will take longer to deliver and will not be achieved in full in this financial year. The programme of work will still work to deliver these in full.
- 2.8.3 After four months the forecast remains that £5.106m of savings will not be achieved by 31st March 2018. The budget position therefore reflects achievement of £22.184m in this financial year. **Appendix C** sets out the delivery status of the programme by workstream and project.

Savings	Saving 2018/19	Forecast	Variance	
	£m	£m	£m	%
Savings off target (explanation below)	-15.145	-10.039	5.106	-34%
Savings on target	-12.145	-12.145	0.000	0%
Total Savings	-27.290	-22.184	5.106	-19%

ASC Savings as a % of the requirement



ASC Savings 2018/19 – Period 4



2.8.4

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

Promoting Independence for younger adults (target £6.794m; forecast £4.076m; variance £2.718m). The department has a structured programme of work to focus on our service offer for people with a Learning Disability (LD), which is held to account by an LD Steering Group and LD Partnership Board. This underpins the work required to implement the LD Strategy. The variance in savings delivery is the direct result of the time it takes to support and promote a person’s independence when they have previously been receiving a different type or level of care services. Many of the people who access our services, may well have been in receipt of these services for a significant period. With people who are currently not receiving adult services, but may be supported by Children’s or Education services, we are working with our colleagues in Children’s services to develop a new Preparing for Adulthood service.

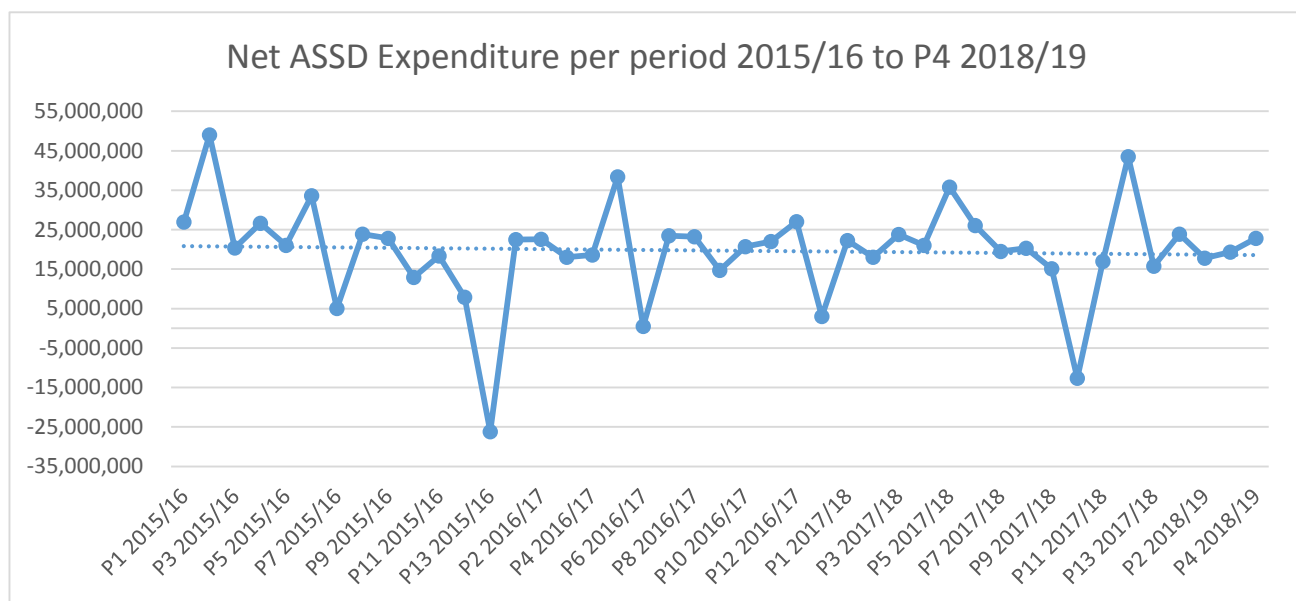
Promoting independence for older adults (target £4.665m; forecast £4.099m; variance £0.566m). The department is reformulating its social work offer, starting with its Community Care teams, by implementing a roll-out of the Living Well: 3 Conversations model of social work. The initial Community Innovation sites have seen promising results in terms of outcomes for people and delaying the need for formal care. The variance in savings delivery is the direct result of the time it takes to fully imbed this model and begin to realise the full benefits of the new ways of working.

Review of day services (target £2.500m; forecast £1.265m; variance £1.235m). As part of the LD strategy, the department will have a revised Day Services offer for people with a Learning Disability. The focus will be on community participation, targeted support (with a skills and employment focus) and locality hubs for those with complex needs. To begin this transformation five providers will begin pilots lasting for the next 12 months to

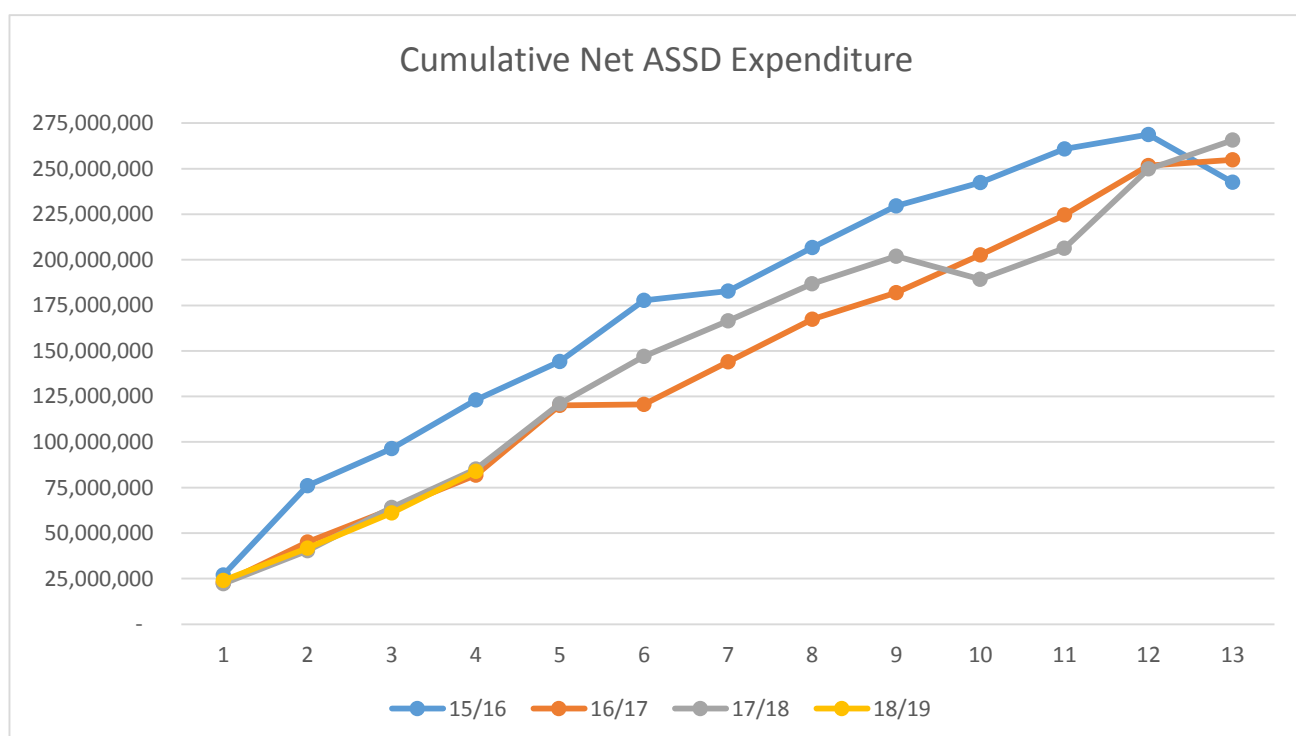
reshape the offer. The variance in savings delivery is the direct result of the time it takes to evolve these services and support and enable existing people accessing the services.

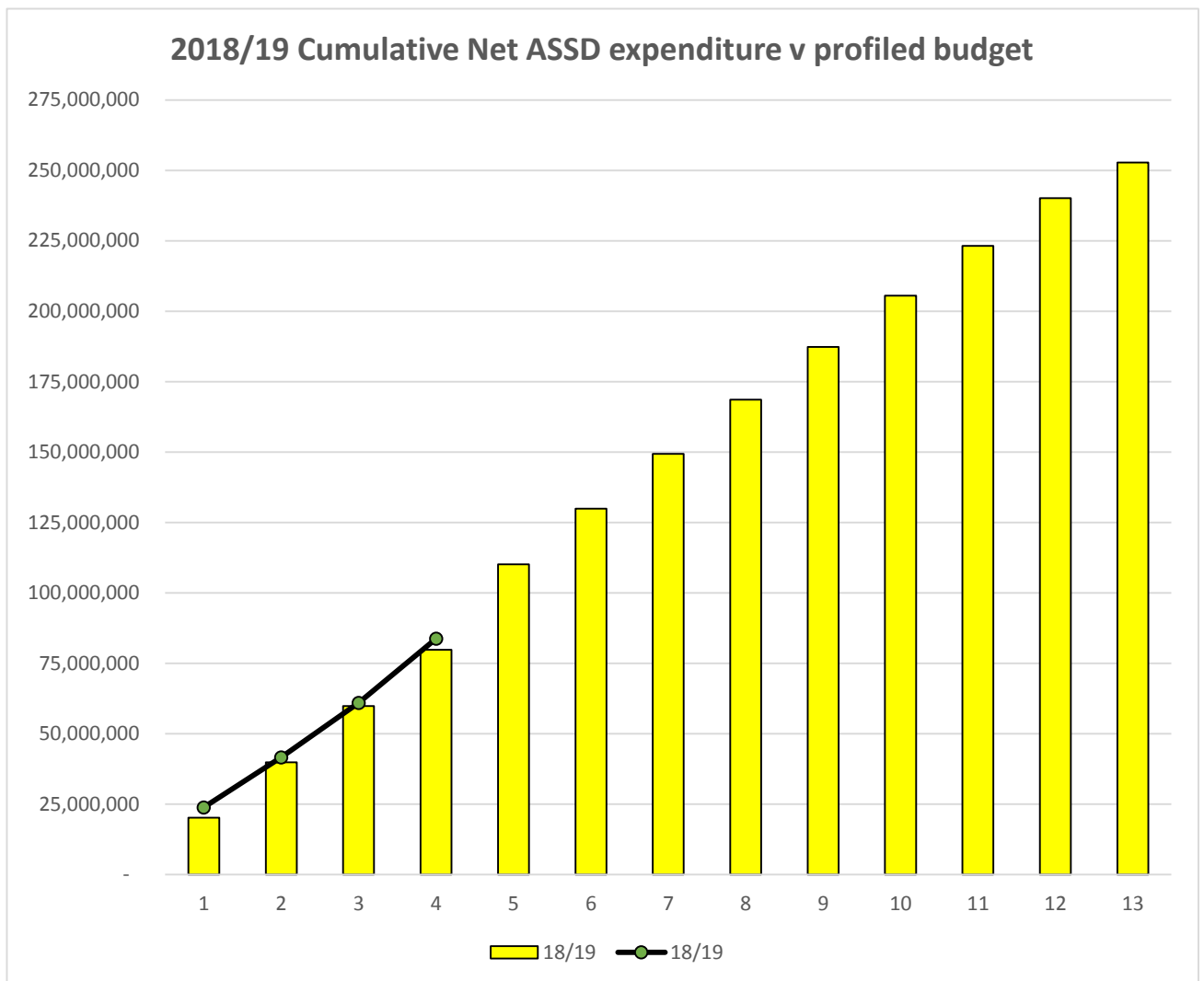
Promoting Independence - Housing with Care (target £0.500m; forecast £0.050m; variance £0.450m). The department is currently developing a robust business case and revenue model as part of the work of its newly formed Older People Housing Board. Through work between internal officers, consultants and external partners, such as the district and borough councils, we will look to develop a number of new units within Norfolk. This will provide older people in Norfolk a more independent alternative to residential care. The variance in savings delivery is again the direct result of the time it takes to develop and build these new units.

2.8.5. The department's net expenditure each period is prone to fluctuations, as evidenced by the below graphic, however, it continues to display a downward trajectory when compared to 2015/16.



Whilst early in the financial year our level of net spend is on a par with 2017/18 and 2016/17. When we initially compare spend to date to a straight line profiled budget, we are approximately in line with our forecast.





2.9 Finance and Performance monitoring and recovery actions

2.9.1 Monthly performance and finance data is reviewed by senior management team in order to highlight key areas of focus for monthly finance and performance board meetings. This is also a forum, which enables escalation by teams of blockages to progress and priority actions for the service. In addition, quarterly accountability meetings are held, enabling scrutiny of performance and financial issues at team level and are led by the Executive Director of Adult Social Services. Due to the current overspend position all teams responsible for purchase of care budgets have been asked to implement in-year recovery plans. This will focus on areas of variation, demand management and priority actions relevant to each team, which could improve the financial position during the year. These actions will be reviewed through the above monitoring process and through the Promoting Independence Programme Board.

2.10 Reserves

2.10.1 The department's reserves and provisions at 1 April 2018 were £33.675m. Reserves totalled £27.221m.

2.10.2 The reserves at the beginning of the year included committed expenditure, which was carried forward in 2017/18. At Period 4 the forecast includes the planned use of £7.112m of reserves in this financial year. This mainly relates to the improved Better Care Fund (iBCF) and planned projects that will delivered during the next two years.

2.10.3 The forecast reserve position at 31 March 2019 is £20.108m.

- 2.10.4 Provisions totalled £6.454m at 1 April 2018, mainly for the provision for bad debts. Recovery of specific debt this month has enabled some of the provision to be released, to support the service's revenue outturn position. The projected use of reserves and provisions is shown at **Appendix D**.
- 2.10.5 As set out in section 2.6 of this report, a planned reserve is approved to enable ring fenced additional social care funding to be carried forward. This will ensure that the plans agreed as part of the Better Care Fund can be used for the agreed purposes and invest to save projects can be managed across an agreed timeframe. Plans for the use of the additional social care funding were agreed at the end of July 2017.
- 2.10.6 The outturn position for Adult Social Services in 2017/18, combined with the £2.612m ASC Support Grant, enabled a business risk reserve to be set up totalling £7.112m. This was set up to enable opportunity for investment to support the savings target and to mitigate some of the expected budget risks facing the service in future years, including delivery of a significant savings and unfunded potential risks facing the service, as set out in Section 4. The current forecast for the service at Period 4 is for an overspend of £1.990m. Potential actions to reduce the overspend will be reviewed across the service. At this early stage in the financial year there is no formal recommendation to members for use of reserves and members are asked to note the current position.

2.11 **Capital Programme**

- 2.11.1 The new capital programme for 2018-19 agreed within the 2018-19 budget is £4.740m. This was made up of £2.334m for Capitalisation of Equipment and £2.406m for the Social Care and Finance Information system. Subsequent to this being agreed, there was slippage on the Social Care and Finance Information system which meant that the amount brought forward into 2018-19 increased.
- 2.11.2 The remaining elements relate to slippage from the 2017-18 programme which are expected to be completed in the current financial year. Funding was brought forward for these and do not create an additional pressure.
- 2.11.3 The department's total capital programme for 2018-19 £20.662m. The capital programme includes £3.876m for the social care and finance replacement system. The priority for use of capital is development of alternative housing models for young adults. The programme includes £7.480m relating to Department of Health capital grant for Better Care Fund (BCF) Disabled Facilities Grant (DFG), which is passported to District Councils within the BCF. Work continues with district councils as part of the BCF programme of work, to monitor progress, use and benefits from this funding. Details of the current capital programme are shown in **Appendix E**.

3. **Financial Implications**

- 3.1 The forecast outturn for Adult Social Services is set out within the paper and appendices.
- 3.2 As part of the 2018/19 budget planning process, the Committee proposed a robust budget plan for the service, which was agreed by County Council. The 2017-18 outturn position for the service was an underspend of £3.696m after setting up a business risk reserve of £4.5m. This is in addition to the adult social care grant received by the Council, earmarked for adult social care business risk, totalling £2.6m. Approximately £2.1m of that underspend is considered to be ongoing, which will help manage additional budget pressures this financial year.
- 3.3 The planned use of the one-off funding through the improved Better Care Fund was agreed with health partners last year and reflected a three-year position.

4. Issues, risks and innovation

- 4.1 This report provides financial performance information on a wide range of services monitored by the Adult Social Care Committee. Many of these services have a potential impact on residents or staff from one or more protected groups. The Council pays due regard to the need to eliminate unlawful discrimination, promote equality of opportunity and foster good relations.
- 4.2 This report outlines a number of risks that impact on the ability of Adult Social Services to deliver services within the budget available. Financial estimates of the level of unfunded risk at Period 4 are £3.2m, this is based on risk assessment, including potential impact, likelihood and mitigating factors. These risks include the following:
- a) Pressure on services from a needs led service where number of service users continues to increase. In particular the number of older people age 85+ is increasing at a greater rate compared to other age bands, with the same group becoming increasingly frail and suffering from multiple health conditions. A key part of transformation is about managing demand to reduce the impact of this risk through helping to meet people's needs in other ways where possible
 - b) The ability to deliver the forecast savings, particularly in relation to the demand led element of savings, which will also be affected by wider health and social care system changes
 - c) The cost of transition cases, those service users moving into adulthood, might vary due to additional cases that have not previously been identified, particularly where cases are out of county. Increased focus on transition will help mitigate this risk
 - d) The impact of pressures within the health system, through both increased levels of demand from acute hospitals and the impact of increased savings and current financial deficits in health provider and commissioning organisations. This risk is recognised within the service's risk register and the Council's involvement in the change agenda of the system and operational groups such as Accident and Emergency Delivery Boards and Local Delivery Groups will support the joint and proactive management of these risks
 - e) The Council has outstanding debt in relation to health organisations, which could lead to increased pressures if the debt is not recovered
 - f) Increasing waiting lists and delays in recording could result in additional packages and placements incurring costs that have not been included in the forecast
 - g) In any forecast there are assumptions made about the risk and future patterns of expenditure. These risks reduce and the patterns of expenditure become more defined as the financial year progresses and as a result of the reduced risk the forecast becomes more accurate
 - h) The ability to be able to commission appropriate home support packages due to market provision, resulting in additional costs through the need to purchase increased individual spot contracts rather than blocks
 - i) The continuing pressure from the provider market to review prices and risk of challenge. In addition, the Council has seen some care home closures in the first part of the year, which can lead to increased costs especially during transition
 - j) The impact of health and social care integration including Transforming Care Plans, which aims to move people with learning disabilities, who are currently inpatients within the health service, to community settings
 - k) Impact of legislation, particularly in relation to national living wage

5 Recommendations

5.1 Members are asked to agree:

- a) **The forecast outturn position at Period 4 for the 2018-19 Revenue Budget of a £1.990m overspend**

b) The planned use of reserves of a net £0.271m above the level agreed in setting the budget

6. Background

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

[Finance Outturn Report – Adult Social Care Committee July 2018](#) (p24)

[Norfolk County Council Revenue Budget and Capital Budget 2018-21 - County Council February 2018](#) (p49)

Officer Contact

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

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



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

Adult Social Care 2018-19: Budget Monitoring Period 4 (July 2018)

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

Summary	Budget	Forecast Outturn	Variance to Budget	
	£m	£m	£m	%
Services to users				
Purchase of Care				
Older People	121.278	123.972	2.695	2.22%
People with Physical Disabilities	25.055	27.422	2.367	9.45%
People with Learning Disabilities	101.354	104.620	3.266	3.22%
Mental Health, Drugs & Alcohol	17.341	18.802	1.461	8.43%
Total Purchase of Care	265.028	274.816	9.788	3.69%
Hired Transport	6.105	5.977	(0.128)	-2.10%
Staffing and support costs	14.037	13.716	(0.321)	-2.29%
Total Cost of Services to Users	285.170	294.509	9.339	3.27%
Service User Income	(85.653)	(91.803)	(6.150)	7.05%
Other Income	(1.561)	(1.561)	0.000	0.00%
Net Expenditure	197.956	201.145	3.189	1.61%
Commissioned Services				
Commissioning	3.174	3.050	(0.123)	-3.89%
Service Level Agreements	9.030	9.180	0.150	1.66%
ICES	0.145	0.135	(0.010)	-6.76%
NorseCare	33.134	33.571	0.438	1.32%
Housing Related Support	2.564	2.177	(0.387)	-15.08%
Independence Matters	9.550	9.550	0.000	0.00%
Other	1.356	1.373	0.017	1.25%
Commissioning Total	58.952	59.037	0.085	0.14%
Early Help & Prevention				
Norfolk Reablement First Support	1.577	1.570	(0.007)	-0.44%
Service Development	1.155	1.193	0.038	3.31%
Other	3.064	3.136	0.072	2.35%
Prevention Total	5.796	5.899	0.103	1.77%

Adult Social Care 2018-19 Budget Monitoring Forecast Outturn Period 4 Explanation of variances

1. Business Development, forecast underspend (£0.136m)

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

2. Commissioned Services forecast underspend (£0.085m)

The main variances are:

NorseCare, overspend of £0.438m. Despite ongoing reductions in the real-terms contract costs there remains a variation between the approved budget and the contract price. This is largely due to inflationary pressure higher than the Council's original budget assumptions.

Commissioning team, underspend of (£0.123m). The underspend is due to staff vacancies.

Housing Related Support, underspend of (£0.387m). The underspend comes from contract review.

3. Services to Users, forecast overspend £3.189m

The main variances are:

Purchase of Care (PoC) expenditure, overspend of £9.788m. The numbers of service users receiving Home Care services are reducing, however this does not offset the total increases in Nursing and Residential spend to enable all savings to be achieved.

Purchase of Care (PoC) income, over recovery of (£6.150m). This is due to additional income forecast above the original budget assumptions for charges from contributions towards care costs.

Staffing and Support, underspend of (£0.321m). The underspend comes from vacancies and delays in recruitment.

4. Early Help and Prevention, forecast overspend £0.103m

A pressure within Housing with Care Tenant Meals of £0.039m in Other Services, together with pressures in N-Able from equipment costs and the Care Arranging Service from staffing costs to cover project requirements.

5. Management, Finance and HR, forecast underspend (£1.250m)

The main variances are:

Management and Finance, underspend of (£1.277m). Recovery of secondment costs combines with additional deputyship income, release of bad debt provision and review of previously committed costs to deliver an underspend.

2018-21 Savings Programme - Forecast Period 4

Saving reference	Saving	2018-19	2019-20	2020-21	2018-19 forecast	2018-19 forecast variance (shortfall) / over delivery	RAG status
		£m	£m		£m	£m	
	-						
COM040 /ASC003	Service users to pay for transport out of personal budgets, reducing any subsidy paid by the Council	-0.700	-1.000		-0.700	0.000	Green
YA ASC006 /ASC011 /ASC015	Promoting Independence for Younger Adults - Customer Pathway - where the focus will be on connecting people with ways to maintain their wellbeing and independence thereby reducing the numbers of service users receiving care in a residential setting	-6.794	-5.307	-5.000	-4.076	-2.718	Amber
OP ASC006 /ASC011 /ASC015	Promoting Independence for Older Adults - Customer Pathway - where the focus will be on connecting people with ways to maintain their wellbeing and independence thereby reducing the numbers of service users receiving care in a residential setting	-4.665	-3.393	-5.000	-4.099	-0.566	Amber
ASC007	Promoting Independence - Reablement - net reduction - expand Reablement Service to deal with 100% of demand and develop service for working age adults	-0.500			-0.500	0.000	Green
ASC008	Promoting Independence - Housing with Care - develop non-residential community based care solutions	-0.500	-0.500		-0.050	-0.450	Red
ASC009	Promoting Independence - Integrated Community Equipment Service - expand service so through increased availability and access to equipment care costs will be reduced	-0.250			-0.250	0.000	Green
ASC013	Radical review of daycare services	-2.500			-1.265	-1.235	Red
ASC016-019	Building resilient lives: reshaping our work with people of all ages requiring housing related support to keep them independent	-3.400			-3.400	0.000	Green
ASC020	Remodel contracts for support to mental health recovery	-0.275			-0.275	0.000	Green

ASC029	Align charging policy to more closely reflect actual disability related expenditure incurred by service users	-0.230			-0.630	0.000	Green
ASC032	Review charging policy to align to actual disability related expenses	-0.400					Green
ASC033	Accommodation based reablement	-0.550			-0.550	0.000	Green
ASC034	Prevent carer breakdown by better targeted respite	-0.686			-0.549	-0.137	Amber
ASC035	Investment and development of Assistive Technology approaches		-0.300	-0.500	0.000	0.000	
ASC036	Maximising potential through digital solutions	-0.049	-0.951	-2.000	-0.049	0.000	Green
ASC037	Strengthened contract management function	-0.300	-0.300	-0.200	-0.300	0.000	Green
ASC038	Procurement of current capacity through NorseCare at market value		-0.600	-1.000	0.000	0.000	
ASC039	Capitalisation of equipment spend	-2.300			-2.300	0.000	Green
ASC040	Reduction in funding for invest to save	-0.191			-0.191	0.000	Green
ASC041	One-off underspends in 2017-18 to be used to part fund 2018-19 growth pressures on a one-off basis	-3.000	3.000		-3.000	0.000	Green

Adult Social Care net total	-27.290	-9.351	-13.700	-22.184	-5.106
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Adult Social Services - Reserves and Provisions

			2018/19 Period 4 (July)	
	Balance	Usage agreed by Feb County Council	Planned Usage	Balance
	01-Apr-18		2018/19	31-Mar- 19
	£m	£m	£m	£m
Doubtful Debts provision	6.454	0.000	-0.497	5.957
Total Adult Social Care Provisions	6.454	0.000	-0.497	5.957
Prevention Fund – General - As part of the 2012-13 budget planning Members set up a Prevention Fund of £2.5m to mitigate the risks in delivering the prevention savings in 2012-13 and 2013-14, particularly around Reablement, Service Level Agreements, and the need to build capacity in the independent sector. £0.067m remains of the funding, and is being used for prevention projects: Ageing Well and Making it Real. 2013-14 funding for Strong and Well was carried forward within this reserve as agreed by Members. £0.015m remains of the funding, all of which has been allocated to external projects and will be paid upon achievement of milestones.	0.082	0.000	-0.034	0.048
Repairs and renewals	0.043	0.000	0.000	0.043
Adult Social Care Workforce Grant – forecast to be used in full	0.269	0.000	-0.269	0.000
HR Recruitment Costs – earmarked at year end for specific need	0.020	0.000	-0.020	0.000
ICES Training post for 2 years – earmarked at year end for specific post	0.080	0.000	-0.040	0.040
Change Implementation - Commissioning Manager post – earmarked funding at year end for specific post	0.025	0.000	-0.025	0.000
Unspent Grants and Contributions - Mainly the Social Care Reform Grant which is being used to fund Transformation in Adult Social Care – projection based on transformation programme at Period 2	1.309	0.000	-0.811	0.498

Appendix D

Public Health grant to support the Social Prescribing project	0.400	-0.400	-0.400	0.000
Transformation	0.475	0.000	0.000	0.475
Supporting People (MEAM and Community Model)	0.251	0.000	0.000	0.251
Information Technology - Additional funds to be placed into reserve required for project in 2019/20	0.734	0.000	0.672	1.406
Adults Business Risk Reserve	7.112	0.000	0.000	7.112
Improved Better Care Fund - requirement to carry forward grant to 2019/20 for committed projects	15.670	-6.340	-6.070	9.600
Vulnerable People Resettlement Programme - £0.520m relates to the Controlling Migration Fund Domestic Abuse Support scheme and £0.029m required for repatriation support	0.433	-0.101	0.203	0.636
Mental Health Underspend to be used to recruit 5 Assistant Practitioners for mental health reviews – earmarked at year end for specific purpose	0.159	0.000	-0.159	0.000
Carry forward to be used for NIPE team increased cohort to 15 students – earmarked at year end for specific purpose	0.150	0.000	-0.150	0.000
AMPH Backfill Carry forward for use in 2018/19	0.009	0.000	-0.009	0.000
Total Adult Social Care Reserves	27.221	-6.841	-7.112	20.108
Total Reserves & Provisions	33.675	-6.841	-7.609	26.065

Adult Social Services Capital Programme 2018/19

Summary	2018/19		2019/20
Scheme Name	Current Capital Budget	Forecast outturn at Year end	Draft Capital Budget
	£m	£m	£m
Supported Living for people with Learning Difficulties	0.015	0.015	0.000
Adult Care - Unallocated Capital Grant	5.146	5.146	0.000
Strong and Well Partnership - Contribution to Capital Programme	0.047	0.047	0.000
Winterbourne Project	0.050	0.050	0.000
Care Act Implementation	0.871	0.871	0.000
Social Care and Finance Information System	3.876	1.969	0.000
Teaching Partnership IT Equipment	0.022	0.022	0.000
Netherwood Green	0.681	0.681	0.000
Miscellaneous capital projects (not greater than £5000)	0.010	0.010	0.000
Wifi Upgrade Integrated Sites	0.010	0.010	0.000
Oak Lodge Attleborough	0.120	0.120	0.000
Integrated Community Equipment (ICES)	2.334	2.097	2.380
TOTAL	13.182	11.038	2.380
<i>Better Care Fund Disabled Facilities Grant and Social Care Capital Grant – passported to District Councils</i>	<i>7.480</i>	<i>7.480</i>	<i>tbc</i>

The agreed Capital programme for 2018-19 was agreed at £4.740m. This was made up of £2.334m for Capitalisation of Equipment and £2.406m for the Social Care and Finance Information system. Subsequent to this being agreed, there was slippage on the Social Care and Finance Information system which meant that the amount brought forward into 2018-19 increased.

The remaining elements relate to slippage from the 2017-18 programme which are expected to be completed in the current financial year. Funding was brought forward for these and do not create an additional pressure.

Adult Social Care Committee

Item No.....

Report title:	Strategic and Financial Planning 2019-20 to 2021-22
Date of meeting:	3 September 2018
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic impact

This report provides Adult Social Care Committee with an update on the Council's overall budget planning position, including the forecast budget gap for 2019-20 to 2021-22, and sets out details of the strategic and financial planning framework for Service Committees, which has been agreed by Policy and Resources. It summarises the organisational response to financial pressures, and, in particular, explains how the Council's Strategy, Norfolk Futures, serves as the key mechanism to drive the Council's ambitions for Norfolk.

The report sets out how actions are being taken by Adult Social Care Committee to support the whole Council to set a balanced budget for 2019-20 and provides Members with an overview of the approach to developing savings for 2019-20 ahead of the detailed proposals being presented in October.

Executive summary

This report provides Adult Social Care Committee with the latest information about service budget planning for 2019-20 to 2021-22. The report details the link between the Council Strategy, Norfolk Futures, and the development of transformation and savings plans relevant to this Committee.

Policy and Resources Committee has agreed guidance to Service Committees on the actions required to support preparation of a balanced budget for 2019-20, and agreed the indicative level of savings to be found by each Committee. Details are set out in the report, and Members' views are sought on the Committee's approach to identifying savings for 2019-20.

Adult Social Care Committee is recommended to:

- 1) Note the Council's budget assumptions and the budget planning principles for 2019-20 which have been approved by Policy and Resources Committee (paragraph 3.3 and 3.4)**
- 2) Note the forecast budget gap of £94.696m (table 3), which reflects the changes from the 2018-22 Medium Term Financial Strategy, and the resulting indicative savings targets for the Committee over the period 2019-20 to 2020-21 (table 4)**
- 3) Consider and identify any further key areas of risk in relation to 2019-22 budget planning for the Committee's budgets, including any additional pressures and the robustness of existing planned savings as set out in section 5, noting that any changes may impact on the overall budget gap and will require additional offsetting savings to be found**
- 4) Agree the proposed approach and key themes to focus on in developing savings proposals for 2019-20 to 2021-22, including how the principles of the Council's Strategy, Norfolk Futures, will inform and shape budget planning activity set out in**

section 5, having regard to the existing savings for 2019-20 and beyond which were agreed as part of the 2018-19 budget round (table 1)

- 5) Commission officers to develop detailed savings proposals to be presented to the Committee for consideration at the October meeting in order to help close the forecast 2019-20 to 2021-22 budget gap**
- 6) Note the budget planning timetable (section 6)**

1. Introduction

- 1.1 The County Council agreed the 2018-19 Budget and Medium Term Financial Strategy (MTFS) to 2022 at its meeting 12 February 2018, at the same time as it agreed a new Strategy for the County Council, Norfolk Futures. At that point, the MTFS identified a budget gap of £94.696m for the period 2019-20 to 2021-22, and the Council's budget strategy included the aspiration to bring forward savings required for 2021-22 into the first two years 2019-20 and 2020-21. The Council has a robust and well-established framework for strategic and financial planning which updates the MTFS position through the year to provide Members with the latest available financial forecasts to inform wider budget setting work across the organisation.
 - 1.2 On 16 July 2018, Policy and Resources Committee received a report setting out how the 2019-20 budget planning process would be aligned with the Council's Strategy, Norfolk Futures. Policy and Resources Committee agreed:
 - a) That the principles of the Council's Strategy, Norfolk Futures, will inform and shape 2019-22 budget planning activity
 - b) Updated budget assumptions and key areas of risk in relation to 2019-22 budget planning
 - c) The forecast budget gap of £94.696m reflecting changes from the 2018-22 Medium Term Financial Strategy
 - d) The budget planning principles and guidance for 2019-20, commissioning Service Committees to begin developing their savings proposals with initial reporting in September
 - e) The indicative savings targets 2019-20 to 2020-21, noting the existing savings for 2019-20 and beyond which were agreed as part of the 2018-19 budget round
 - f) The budget planning timetable
 - 1.3 This report provides the Committee with details of the implications of these decisions made by Policy and Resources Committee and marks the beginning of the Committee's detailed budget planning activity for 2019-20 to 2021-22.
 - 1.4 **2018-19 budget position**

The latest details of the 2018-19 budget position are set out in the budget monitoring report elsewhere on the agenda. The budget planning assumptions for 2019-20 set out later in this report include an assumption that the 2018-19 Budget is fully delivered (i.e. that all savings are achieved as planned and there are no significant overspends).
- ## **2. County Council Strategy and Norfolk Futures**
- 2.1 The report to Policy and Resources Committee sets out how the Council's Vision and Strategy will inform the development of the 2019-20 Budget.
 - 2.2 Caring for our County, the vision for Norfolk, approved by Members in February 2018, outlines the Council's commitment to playing a leading role in:
 - a) Building communities we can be proud of

- b) Installing infrastructure first
- c) Building new homes to help young people get on the housing ladder
- d) Developing the skills of our people through training and apprenticeships
- e) Nurturing our growing digital economy
- f) Making the most of our heritage, culture and environment

- 2.3 The Council's Strategy for 2018-2021 – Norfolk Futures – will provide the mechanism to enable these ambitions for the County across all its activities.
- 2.4 Norfolk Futures will deliver these transformational commitments in a context where demand for our services is driven both by demographic and social trends, and where increasingly complex and more expensive forms of provision are becoming prevalent.
- 2.5 Norfolk Futures is guided by four core principles that will frame the transformation we will lead across all our work:
- a) Offering our help early to **prevent and reduce** demand for specialist services
 - b) **Joining up** work so that similar activities and services are easily accessible, **done once and done well**
 - c) Being **business-like** and making best use of **digital technology** to ensure value for money
 - d) Using evidence and data to **target our work** where it can make the most difference
- 2.6 Under the banner of Norfolk Futures we will deliver sustainable and affordable services for the people who need them most. The whole Council needs to change to keep up with increasing demands and ever better ways of working.
- 2.7 These principles frame the transformation that we must lead across all our services and activities. This is all underpinned by evidence and political support, to change how the Council works and how we work with the people of Norfolk.
- 2.8 The strategy for Adult Social Care has embedded the core principles set out within Norfolk Futures and firmly works towards the agreed vision for Norfolk.
- 2.9 We have a clear vision – to support people to be independent, resilient and well. To achieve our vision, we have a strategy – Promoting Independence – which is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. It is also a positive response towards managing what is a difficult financial climate for public services. It does not see a retreat to a statutory minimum but ensures that we manage demand and have a sustainable model for the future, at the core of which is quality social work which builds on the strengths of individuals.
- 2.10 Promoting Independence has these main elements:
- 2.10.1 **Prevention and early help** – empowering and enabling people to live independently for as long as possible through giving people good quality information and advice which supports their wellbeing and stops people becoming isolated and lonely. We will help people stay connected with others in their communities, tapping into help and support already around them – from friends, families, local voluntary and community groups. For our younger adults with disabilities, we want them to have access to work, housing and social activities which contribute to a good quality of life and wellbeing.
 - 2.10.2 **Staying independent for longer** – for people who are most likely to develop particular needs, we will try and intervene earlier. Certain events, such as bereavement or the early stages of an illness like dementia can be a trigger for a rapid decline in someone's

wellbeing, but with some early support we can stop things getting worse and avoid people losing their independence and becoming reliant on formal services.

2.10.3 **Living with complex needs** – for some people, there will be a need for longer term support. This might mean the security of knowing help is on tap for people with conditions like dementia, and that carers can have support. We will look at how we can minimise the effect of disability so people can retain independence and control after say a stroke or period of mental illness. For some people, moving into residential care or to housing where there are staff close by will be the right choice at the right time, but such decisions should be made with good information and not in a crisis.

2.11 The key focus areas will be:

- a) **Building capacity and living well**, the living well - 3 conversations approach and the recruitment and project activity that will provide the capacity to delivery this model and remove the backlogs
- b) **Learning disabilities** the range of projects focused on promoting independence and delivering savings for individuals with learning disabilities
- c) **Integrated short-term support**, the establishment of schemes to deliver against the Better Care Fund and High Impact Change Model alongside other projects that are targeting reductions in Delayed Transfers of Care and improvements to the interface between Health and Social Care
- d) **Technology enabled services**, the development of the Technology Enabled Care Strategy including the future role of assistive technology will ensure that decisions to commit future savings targets to these areas are based on robust evidence
- e) **Housing** – working with district councils, social landlords, developers and providers to deliver extra care housing that will support people to live as independently as possible in their local communities with the wellbeing benefits that this brings. An initial phase of work which began in May 2018 on the Norfolk Futures housing workstream, incorporating Extra Care Housing, is coming to an end. The aim of the work was to clearly understand and articulate the demand and need for older peoples housing and to produce a housing strategy and an ambitious invest to save business case for a development programme to meet this need. A position statement has been produced and circulated to developers and providers. Experience and processes from the initial phase on older people housing will then be used to drive the housing development programme for working age adults

2.12 The four core principles of Norfolk Futures are embedded in Promoting Independence:

- a) Offering our help early to **prevent and reduce** demand for specialist services – we have sustained our early help and prevention so that we engage with people sooner and because we see this as an invest to save for the future. Through social prescribing, community development workers, support for loneliness, better advice and information we are supporting people to keep their well-being and stay independent. Our reablement service is core to helping to prevent and reduce demand; we know that 80% of people who benefit from reablement need no further services from us, so investment in this service gives savings for the future
- b) **Joining up** work so that similar activities and services are easily accessible, **done once and done well** – our integration and collaboration with the NHS is designed to join up skills and care for people who use our services. We have a network of schemes across Norfolk for avoiding admission to hospitals through joint working with teams of professionals from the NHS, social care and the voluntary sector
- c) Being **business-like** and making best use of **digital technology** to ensure value for money. We already have an assistive technology service which supports people to stay independent, and we see an expansion of this service – and new innovations – as critical for helping to transform care for people in the future

- d) Using evidence and data to **target our work** where it can make the most difference – working with health partners to join up evidence and exploit benefits to wider health and social care system. For example, using public health data to target early help and prevention work within the community and primary care to reduce crisis events and admissions to hospital

2.13 By 2021 the strategy and underpinning Service Plans will have moved the Council towards a more sustainable future with affordable, effective services. This means that we will have radically changed the ways we do some things. We will know our citizens and manage their needs effectively using the best evidence to enable the most appropriate outcomes. We will be working jointly across the Council on our biggest challenges by default, and changing the way we work to reflect new technology and ways of working. This will enable us to work smarter, better and plan long term to be the Council the County needs.

2.14 These principles frame the transformation across all our services and activities and we currently have seven priorities to help us to deliver the strategy:

- a) Safe Children and Resilient Families
- b) Promoting independence for Vulnerable Adults
- c) Smarter Information and Advice
- d) Towards a Housing Strategy
- e) Digital Norfolk
- f) Local Service Strategy
- g) Commercialisation

2.15 Further information about the Norfolk Futures priorities relevant to this Committee, and how they will inform and support 2019-20 budget planning, are set out in section 5 of this report. Summary details of all the priorities are set out in the report to Policy and Resources Committee.

3. 2019-20 Budget Planning

3.1 The Medium Term Financial Strategy (MTFS) was agreed in February 2018 including £78.529m of savings and with a remaining gap of £94.696m. The MTFS provides the starting point for the Council's 2019-20 Budget planning activity. Full details of cost pressures assumed in the Council's MTFS are set out in the [2018-19 Budget Book](#).¹

3.2 Existing savings in the Council's MTFS are shown by Committee in the table below. These are the savings agreed as part of the 2018-19 (and earlier) budget process, and will need to be delivered in addition to any new savings proposed to close the remaining budget gap.

¹ <https://www.norfolk.gov.uk/-/media/norfolk/downloads/what-we-do-and-how-we-work/budget-and-council-tax/budget-book-2018-22.pdf?la=en>

Table 1: Planned net recurring savings 2018-19 to 2021-22

Committee	2018-19 Saving £m	2019-20 Saving £m	2020-21 Saving £m	2021-22 Saving £m	Total Saving £m
Adult Social Care	-27.290	-9.351	-13.700	-3.900	-54.241
Children's Services	-2.641	-4.342	-2.000	-2.000	-10.983
Environment, Development and Transport	-1.440	-0.310	-0.350	-1.850	-3.950
Communities	-1.803	-0.435	-2.786	-1.500	-6.524
Business and Property	-1.051	-2.075	-2.050	-1.150	-6.326
Digital Innovation and Efficiency	-0.726	-1.000	-0.700	0.000	-2.426
Policy and Resources ²	4.952	1.356	-0.387	0.000	5.921
Grand Total	-29.999	-16.157	-21.973	-10.400	-78.529

3.3 **Budget planning principles 2019-20**

Policy and Resources Committee have agreed the following key principles for budget planning in 2019-20:

- a) Budget planning will cover the three year period 2019-20 to 2021-22
- b) Budget proposals will target “shifting left” as a priority in terms of service provision (i.e. preventing and reducing demand for more intensive and higher cost services)
- c) Savings targets will be profiled as they arise over the three years of the Medium Term Financial Strategy (not brought forward)
- d) The 2019-20 Budget will seek opportunities to increase the level of the General Fund balance to ensure the medium term financial position is robust and the Council is better protected against future changes in funding
- e) The four Norfolk Futures principles as set out in paragraph 2.5 will underpin the development of budget proposals

3.4 **Budget assumptions 2019-20**

The Council's current forecast budget gap is based on a number of key assumptions, including:

- a) That Revenue Support Grant will entirely disappear in 2020-21. This equates to a pressure of around £39m, but significant uncertainty is attached to this and the level of savings required in year two could be materially lower should this loss of funding not take place
- b) Further substantial cost pressures including:
 - i. inflation, including the 2% pay increase for staff
 - ii. demographic changes and increased demand for our services
 - iii. legislative changes where national policies have added to our costs
- c) Planned savings of £49m to be delivered over the period 2019-20 to 2021-22
- d) That the 2018-19 budget can be successfully delivered (no overall overspend occurring and no savings emerging as undeliverable). The Council's forecast 2018-19 outturn position is discussed in the monitoring report elsewhere on the agenda
- e) Ongoing annual pressures will exist in waste budgets from 2019-20
- f) Pressures in Minimum Revenue Provision (MRP) budgets will be felt from 2020-21
- g) Budget planning is based on the following council tax increase assumptions (and also assumes there is no scope to increase the ASC precept in 2019-20 based on the current terms set out by Government)

² The net savings position for Policy and Resources Committee reflects the reversal of a number of significant one-off savings from 2017-18, such as the use of the Insurance Fund and the use of Capital Receipts totalling £11.299m. The gross savings to be delivered by Policy and Resources Committee budgets in 2018-19 are £6.347m.

Table 2: Council Tax assumptions (as per 2018-22 MTFS)

	2019-20	2020-21	2021-22
Assumed increase in general council tax	2.99%	1.99%	0.00%
Assumed increase in Adult Social Care precept	0.00%	0.00%	0.00%
Total assumed council tax increase	2.99%	1.99%	0.00%

- 3.5 The planned 2.99% increase in council tax is based on the current understanding of updated assumptions and flexibility offered by the Government in the 2018-19 local government finance settlement. Any reduction in this increase will require additional savings to be found. The assumed council tax increases are subject to Full Council's decisions on the levels of council tax, which will be made before the start of each financial year.
- 3.6 Assumptions around increases in the council tax base are prudent (0.5% annual growth), and as set out in the above table, no increase in council tax has been planned for 2021-22.
- 3.7 **Latest forecast budget gap 2019-20 to 2021-22**
The latest budget planning position, taking into account the changes agreed by Policy and Resources Committee, is shown in the table below. The latest budget assumptions would mean an unchanged overall gap of £94.696m, with **£22.089m required to close the gap in 2019-20**.

Table 3: Latest forecast budget gap 2019-20 to 2021-22

	2019-20	2020-21	2021-22	Total
	£m	£m	£m	£m
Original gap at MTFS 2018-19 to 2021-22	34.165	60.530	0.000	94.696
Reprofile savings requirement to 2021-22	-12.077	-12.077	24.153	0.000
Forecast gap as at 16 July 2018 P&R report	22.089	48.454	24.153	94.696

- 3.8 **Key budget risks 2019-20**
Uncertainties remain about a number of items **which have not currently been reflected in the budget planning assumptions**, but which could potentially result in an increase in the overall gap. As a result, additional pressures, which have not currently been provided for, may arise in 2019-20 relating to:
- Ongoing pressures arising within the Children's Services budget in 2018-19 may need to be recognised in 2019-20 relating mainly to the number and cost of Looked After Children, High Needs Block pressures, and also in respect of any delay or non-delivery of planned savings
 - Market and system pressures affecting Adult Social Services (cost of care)
 - Continued financial pressures within the health system creating increased social care demand
 - Increasing the level of the General Fund reserve
 - Adjustments to salary scales (circa £0.350m) required in 2019-20 in response to the two-year pay award
 - Changes in the forecast 2018-19 level of savings delivery to allow for any mitigation of undeliverable savings
- 3.9 The risks and assumptions relating to the 2019-20 Budget will continue to be monitored and updated as budget planning activity proceeds.

3.10 **Medium term forecast – 2020-21 and beyond**

The Council's has a reasonable degree of certainty about resources available for the period to 2019-20 as a result of the four year allocations of funding announced by the Government in 2016-17. There is however a much greater level of uncertainty in respect of planning for 2020-21 and beyond. This is in large part due to the absence of firm information about the Government's plans for Revenue Support Grant following the implementation of the proposed 75% retention of business rates. It is Government policy³ for Revenue Support Grant to be devolved as part of the implementation of a reformed business rates retention system and there is limited information about the implications of this for overall funding levels in subsequent years.

- 3.11 Taking account of this uncertainty, the County Council's planning is based on an assumption that Revenue Support Grant disappears entirely in 2020-21 as detailed in paragraph 3.4 above and equating to a pressure of £39m. In addition, the loss of New Homes Bonus and Rural Services Delivery Grant is also assumed (£2.742m and £3.195m respectively).
- 3.12 Alongside the more regular annual budget pressures (such as inflation and demographic growth) the assumptions about reductions in funding result in a **significant forecast gap of £48.454m arising in 2020-21**. In the event that these pressures do not materialise, or if they are subject to a different timescale, the level of savings required in 2020-21 could be materially different.
- 3.13 It is not yet clear when there will be certainty about funding levels for 2020-21. Some additional information is likely to emerge early in the 2019-20 financial year as part of the Comprehensive Spending Review and further development of the Fair Funding Review, but it is highly likely that local authorities will not receive any clarity about individual funding levels until the publication of the provisional Local Government Finance Settlement, which is likely to be in December 2019.
- 3.14 In relation to adult social services, the Government is publishing a new green paper on the future of adult social care. This has been delayed until Autumn 2018 and will now be published alongside a new plan for the NHS. This is expected to set out longer term plans for social care, which may influence the Spending Review in 2019.
- 3.15 The Executive Director of Finance and Commercial Services is required by section 114 of the Local Government Finance Act 1988 to report to Members if it appears that the expenditure the authority proposes to incur in a financial year is likely to exceed the resources available to it to meet that expenditure. The Executive Director therefore takes a view of the robustness of the Council's budget across the whole period covered by the Medium Term Financial Strategy.
- 3.16 In view of this duty, and the considerable uncertainty about funding levels after the end of the current settlement, **the Council will need to make substantial, sustainable savings**

³ The Secretary of State (then Greg Clark) stated in the announcement of the Local Government Finance Settlement 2016/17 that: "Ultimately, Revenue Support Grant will disappear altogether, as we move to 100% business rates retention." (<https://www.gov.uk/government/speeches/final-local-government-finance-settlement-2016-to-2017>). Most recently, the *Invitation to pilot 75% Business Rates Retention in 2019/20* confirmed that: "As part of the move towards a reformed business rates retention system in 2020/21, the government intends to devolve Revenue Support Grant (RSG) To ensure that piloting in 2019/20 closely reflects the government's proposals to date for a reformed business rates retention system, authorities selected as pilots in 2019/20 will be expected to forego Revenue Support Grant (RSG) and Rural Services Delivery Grant (RSDG)." (<https://www.gov.uk/government/publications/75-business-rates-retention-pilots-2019-to-2020-prospectus>).

in 2019-20 in order to establish a solid platform for the development of a robust budget in 2020-21.

4. Savings allocation

4.1 The following table sets out indicative savings required to close the identified gap by Committee which have been agreed by Policy and Resources Committee. The share of savings has been calculated based on current planned 2019-20 net budgets excluding schools, Public Health (in 2019-20 only), capital recharging, and government grants on the basis that these areas are not controllable and therefore should be outside the scope of savings. These savings are required in addition to existing current savings plans.

Table 4: Indicative savings by Committee

	2019-20 £m	2020-21 £m	2021-22 £m	Total £m	Proposed share of new savings %
Adult Social Care	-9.626	-19.527	-9.745	-38.898	41%
Children's Services	-5.726	-12.064	-6.037	-23.827	25%
Environment, Development and Transport	-2.820	-5.988	-2.962	-11.770	12%
Communities	-1.647	-6.262	-3.115	-11.025	12%
Digital Innovation and Efficiency	-0.369	-0.736	-0.373	-1.477	2%
Business and Property	-0.154	-0.180	-0.045	-0.379	0%
Policy and Resources ⁴	-1.747	-3.697	-1.875	-7.319	8%
Total	-22.089	-48.454	-24.153	-94.696	

4.2 Policy and Resources Committee have agreed a timetable for Service Committees to report detailed 2019-20 Budget proposals back to Policy and Resources in October.

5. Committee response

5.1 This report proposes an approach for the Committee to adopt in developing saving proposals for 2019-20, and explains how this will be aligned to the Norfolk Futures principles. It also details the key pressures and risks that the Committee will need to consider in developing budget proposals for 2019-20.

5.2 The 2018-21 budget plans incorporated known financial risks for 2019-20. Including inflation, the forecast impact of the national living wage on the price of care, demographic growth and pressure from loss of health funding towards social care. Should further risks materialise this will increase the budget shortfall and require additional budget savings.

5.3 In considering budget plans for 2019-22 the key areas for further financial risk include:

- a) In-year financial pressures, which require delivery of £27m of savings to deliver a balanced budget position. The forecast outturn position for the service at the end of July 2018 is a £1.990m overspend. This risk is mitigated on a one-off basis by the business risk reserve, but recurrent cost pressures will need to be managed within the forward plans for the service
- b) Risk of non-delivery of 2018-19 savings on a recurrent basis. At Period 4 the service is forecasting delivery of £22m of the £27m savings target. Savings that cannot be achieved in full or recurrently will place additional pressure on the

⁴ Including Finance General

budget in 2019-20 and budget plans will need to be adjusted to reflect revised forecasts

- c) Cost of care provision. The costs facing the market continue to be monitored and reviewed and will form part of the decision for the annual uplift of prices. Currently only inflationary and national living wage rises are incorporated within the budget planning projections. Current issues related to quality and market capacity can also drive future prices and would increase cost pressures for the service
- d) Financial pressures across the local health system could have a negative impact on the adult social care budget. At present there is no financial pressure built into the social care plans for the impact of health savings targets, which include reducing the costs currently incurred by health organisations, including funded nursing care (FNC) and continuing health care (CHC). Reviews that identify that the health needs of an individual are no longer at the level where FNC or CHC is required, places more of the cost for ongoing care needs either on the individual (if a self funder) or social care. This is frequently the case where care is being provided in a nursing or residential setting as the service provision often needs to continue. Further information is being sought to understand the impact and the shift in costs within the system

5.4 In considering opportunity for further savings and efficiencies towards the savings targets set out at 4.1, the service has continued to evaluate and challenge its service approach aligned to the priorities set out within Norfolk Futures. Sections 2.9 to 2.11 of this report set out the priority actions for Adult Social Care, which are framed within the service's strategy for promoting independence. The cost and demand model approach has enabled testing of the different scenarios for managing demand and support, and challenge from external organisations has tested where there is scope within current policies and plans. As well as identifying opportunities, it has also helped evidence where there is a high delivery risk for further savings. For example, following a review from Society of information technology managers (SOCITM), it is not proposed to extend savings from use of digital technology beyond the £7.5m already planned within the existing programme of work. Within the confines of the current planning timeframe it is considered that there are limited further opportunities for social work led demand management savings, beyond the £37m planned.

5.5 Therefore, the service is exploring further proposals across the following themes:

- a) **Promoting Independence.** The service is recognising the improved outcomes from reablement work, which helps **prevent and reduce demand** for specialist services. Proposals focusing on opportunities to extend both home based and accommodation based reablement will be considered
- b) **Smarter information and advice.** working alongside public health, primary care and partners to look at future opportunities though connecting people to community resources sooner through social prescribing
- c) **Housing.** opportunities enabling more people to gain access to housing that will better support people with care needs – helping to keep people independent for longer
- d) **Targeting our work through use of evidence and data.** Proposals will look at wider system opportunities for invest to save including actions to support the health system through investment in services. As well as continued review of income from services from improving welfare rights support for individuals so people can claim benefits and reviewing our charging policy in line with other councils
- e) The service continues to challenge all areas of spend and review of all budget areas and the approach will ensure savings proposals maximise on new opportunities for reducing budgets

- f) Whilst the focus continues to be on delivery of ongoing savings, the service will include one-off opportunities to reduce spend in the next financial year, exploring cashflow and reserves

6. Budget Timetable

- 6.1 The Council's overarching budget setting-timetable for 2019-20 was agreed by County Council in February as part of the 2018-19 Budget. The timetable is updated as further information becomes available (for example about the timing of Government announcements). The latest version of the timetable is set out in the table below.

Table 5: Budget setting timetable 2019-20 to 2021-22

Activity/Milestone	Time frame
County Council agree recommendations for 2018-22 including that further plans to meet the shortfall for 2019-20 to 2021-22 are brought back to Members during 2018-19	12 February 2018
Spring Statement 2018 announced	13 March 2018
Consider implications of service and financial guidance and context, and review / develop service planning options for 2019-22	February – June 2018
Member review of the latest financial position on the financial planning for 2019-22	July 2018
Development of savings proposals 2019-22	June – September 2018
Member review of service and budget planning position including savings proposals	Committees in October 2018
Consultation on new planning proposals and council tax 2019-22	Late October to December 2018 / January 2019
Chancellor's Autumn Budget 2018	TBC November / December 2018
Provisional Local Government Finance Settlement	December 2018
Service reporting to Members of service and financial planning and consultation feedback	January 2019
Committees agree revenue budget and capital programme recommendations to Policy and Resources Committee	Mid-January 2019
Confirmation of District Council tax base and Business Rate forecasts	31 January 2019
Final Local Government Finance Settlement	TBC February 2019
Policy and Resources Committee agree revenue budget and capital programme recommendations to County Council	28 January 2019
County Council agree Medium Term Financial Strategy 2019-20 to 2021-22, revenue budget, capital programme and level of council tax for 2019-20	11 February 2019

7. Financial implications

- 7.1 Potentially significant financial implications are discussed throughout this report. Any implications of the Autumn Budget and the three changes expected to be implemented in 2020-21 will be reflected as far as possible in the Council's 2019-20 budget planning, and these impacts will need to be refined as further information is made available by Government.
- 7.2 Specific financial risks in this area are also identified in the Corporate Risk Register, including the risk of failing to manage significant reductions in local and national income

streams (RM002) and the risk of failure to effectively plan how the Council will deliver services (RM006).

7.3 Risks relating to budget setting are also detailed in the Council's budget papers. There is a risk in relation to the Comprehensive Spending Review and the Fair Funding Review that a failure by the Government to provide adequate resources to fund local authorities could lead to a requirement for further service reductions, particularly where the Fair Funding Review results in a redistribution between authority types or geographical areas.

7.4 Additional financial risks for the service are detailed in section 5.3.

8. Issues, risks and innovation

8.1 Significant risks, assumptions, or implications have been set out throughout the report.

8.2 Equality issues were considered in the Equality Impact Assessment of 2018-19 budget proposals. Decisions about significant savings proposals with an impact on levels of service delivery will require public consultation. As in previous years, new 2019-22 saving proposals, and the Council's Budget, will be subject to equality and rural impact assessments later in the budget-setting process.

9. Background Papers

9.1 [Norfolk County Council Vision and Strategy](#)

[Norfolk County Council Revenue and Capital Budget 2018-22 \(Item 4, County Council 12 February 2018\)](#)

[Norfolk County Council Budget Book 2018-22](#)

[Strategic and Financial Planning 2019-20 to 2021-22 \(Item 10, Policy and Resources Committee, 16 July 2018\)](#)

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Adult Social Care Committee

Item No:

Report title:	Transport
Date of meeting:	3 September 2018
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic impact

The Council has responded to the financial challenges facing all local authorities through the development of a new strategy which sets out a direction for the Council to radically change its role and the way it delivers services. Adult Social Care is contributing to this vision through the Promoting Independence strategy where people are able to achieve their outcomes through the most independent means possible helping individuals and families to connect easily to the support of their communities and to stay at home longer, targeting the Council's resources where additional support is needed. The Care Act, the biggest legislative change for 60 years, shapes and informs this new approach by giving us clear and new responsibilities across the whole population of Norfolk to prevent, reduce and delay demand for social care.

Part of this includes changes to transport and savings in this area.

Executive summary

This is an update regarding the work being carried out in relation to delivering the savings from Adult Social Services transport. It needs to be read in conjunction with the reports to Adult Social Care Committee on 4 July 2016, 5 September 2016, 23 January 2017, 6 March 2017, 4 September 2017 and the updates in November 2016 and January 2018.

It recommends that Adults adopt a similar policy to Children's to ensure we treat everyone fairly and that that people take part in travel training when it is offered as there are people who we feel could benefit from travel training who are opting not to take part.

Local Authorities are responsible for preventing, reducing and delaying the need for statutory support. The implementation of the Care Act gives us a responsibility to the whole population of Norfolk, including carers, to provide good information about what is available. For those requiring social care our vision is for short term interventions that support people to gain skills and confidence to be able to undertake personal care and the activities of daily living and be active within their communities within individual capabilities. Adult Social Services has reframed its transport offer in line with the Care Act and the department's Promoting Independence strategy.

The department carried out actions in line with the budgets agreed by Council to deliver the transport savings however this did not result in the level of transport savings required in previous years. The department did appear to be managing demand in this area, as expenditure did not increase despite overall there being an increasing demand for services, and some savings were achieved. However, the cultural shift was taking time to embed and therefore at the Adult Social Care (ASC) Committee on 4 September 2017 the ASC Committee agreed to amend the transport savings to £0.700m in 2018-19 (from £3m) and £1m in 2019-20 (from £0.800m) and that the difference of £2.1m in savings would be met through the purchase of care budget from changes to patterns of care.

The year-end position for 2017-18 was a £-0.813m underspend on Transport. This is viewed as earlier than anticipated delivery on the 2018-19 savings and part of the 2019-20 savings. The current forecast for 2018-19 is that transport is on budget.

Recommendations:

Adult Social Care Committee Members are recommended to agree that:

- a) **All transport requirements for adult service users are referred to the TITAN travel training team and part of the assessment of transport needs includes the potential for the person to travel on public services or contract buses following travel independence training**
- b) **All service users are expected to undertake travel independence training to enable them to progress to using public transport unless they are assessed, by the County Council, as being unlikely to benefit from such training**
- c) **Any person assessed as being suitable for travel training is expected to willingly participate. The County Council will retain the right to withdraw specialist transport if people or their families choose not to take part in the travel training programme or assessment**

Appendix One - TITAN Case Studies (page 52)

1 The Care Act

1.1 Adult Social Services has a legal duty to provide transport to service users who are eligible for social care support in certain circumstances. The Care Act 2014 states:

“Local authorities should consider the adult’s ability to get around in the community safely and consider their ability to use such facilities as public transport, shops or recreational facilities when considering the impact on their wellbeing.”

1.2 Transport is a means of accessing other services or support. The overriding principle is that the decision to provide transport is based on a person’s individual circumstances including: needs; risks; outcomes; and promoting independence.

1.3 Norfolk County Council’s role should be to:

- a) help our customers to access services by the most suitable transport available
- b) help people live as independently as possible
- c) help people to develop new skills, and take risks that are positively managed, thereby building confidence
- d) promote the development and use of local services which result in a reduction in distances travelled and time spent travelling
- e) improve health and well-being through community and social inclusion
- f) ensure the efficient use of resources
- g) reduce the numbers of people using council funded transport to services where they are capable of travelling more independently
- h) provide guidance and support to individuals to look at their transport needs as part of their support plan

1.4 There is an expectation that service users will meet their own needs for transport to access and take advantage of services, or support to facilitate them.

2 Work to Date

2.1 In line with the budgets agreed by Council to deliver the transport savings the department has:

- a) reduced the funding allocated for transport in the Resource Allocation System (RAS) from 1 April 2014. The RAS calculates the indicative personal budget allocation. The reduction was implemented with immediate effect for new service users and from time of annual review for people who were already service users
- b) Started using a new policy from 1 April 2015:

- i. Making sure people are using their Motability vehicle or mobility allowance for their transport
- ii. Asking people to use public transport or community transport where we assess that they are able to do this
- iii. Asking people to use the service that is closest to them if this will meet their needs, for example, their local day centre. If they don't want to use the local service as they prefer to use a service that is further away, we will not pay for them to travel there
- iv. If we cannot find a service that meets people's needs in their local area we would not automatically pay for them to travel a long way to get the service elsewhere. Instead we would work with the person who needs the service and their carer/s to come up with a more creative solution that involves less travel
- c) The project team reviewed information and identified potential savings from transport packages for individuals that seem expensive and not good value for money. This information was shared with the locality teams to help inform their reviews/reassessments of people
- d) Ensured it is charging people who fund their own social care but where NCC provides the transport
- e) Adult Social Services has reframed its transport offer and arrangements in line with the Care Act and the department's Promoting Independence strategy, and to enable it to focus on statutory priorities. ASC Committee agreed on 6 March 2017 a Transport Policy and revised Guidance for social care staff. For new people eligible for adult social services this policy came into effect on 5 April 2017. For existing people getting adult social services funding, this policy is being introduced in a gradual manner as part of their annual review and reassessment

3 Current Work

3.1 Transport Offer

NCC needs to provide good information about transport to help prevent, reduce and delay the need for ongoing support. The department has put its transport offer to the resident population onto the NCC website. This helps to clarify and strengthen the Council's responsibility to the wider resident population.

3.1.1 The Transport offer includes information about: buses and trains; concessionary fares; senior bus pass or railcard; a disabled persons bus pass or railcard; shop mobility; taxi services; Norfolk Community Transport; Blue Badges; Motability Cars and Mobility allowances; Car Tax Exemption; when the NHS provides help with travel and transport costs.

3.1.2 It also describes to people what happens if they are deemed to have a need as outlined in the policy and their needs cannot be met by the above. The link to the Transport offer is: [new transport web page](#)

3.2 Lease cars

The project team identified 17 cars that NCC leases for adult service users. Some of the original lease periods have expired and the vehicles are effectively now on a rolling yearly lease. The lease cars are a relatively expensive transport option, especially when the people are probably eligible for a Motability vehicle or in some cases have one as well. The lease cars are old now and expensive to replace/maintain. The project asked locality teams to work with people to put alternative transport in place so that we can hand the lease cars back. There are potential savings of £0.100m pa if all 17 lease cars are returned. The savings are dependent on working with each person and alternative transport arrangements being in place. To date 11 lease cars have been returned.

3.3 **Travel Viewer**

IMT (Information Management and Technology) have developed the first version of a Transport application for use by Adult Social Services and Travel and Transport where you can see for each day centre where people are travelling from, whether they are travelling alone/with others and which day services other people charged to that budget code are going to. It is based on an application IMT developed for Children with Special Education Needs. The application looks useful, and provides a clearer picture of transport provision than analysing pages of reports. The application will be trialled with Business Support initially.

3.4 **Internal Audit**

BDO (Binder Dijker Otte) carried out an audit of Adult Social Services Transport on behalf of Norfolk Audit Services (Internal Audit) towards the end of 2017. The audit included looking at:

- a) the reporting of the budget position
- b) whether social care staff are complying with the Transport Policy and Guidance, agreed by ASC Committee in March 2017 when assessing the needs of service users
- c) contracts for adult social services transport services are procured and awarded in accordance with the Council's procurement procedures
- d) Adult Social Services contractors' performance is monitored against Key Performance Indicators (KPIs) set out in the contract
- e) Transport network reviews are robust and where potential savings are identified, actions are taken to ensure savings are realised

3.4.1 The audit opinion was that internal controls governing the Adult Social Service Transport are **Acceptable**. Two areas were identified for improvement in Adult Social Services:

- a) The use of demand forecasting in the budget setting process. The savings programme has considered interventions and the potential impact on reduction in costs. The 2018-19 proposed budget has been set based on this. Due to the need to radically change the approach to transport and the introduction of the revised transport policy in 2017, it has not been considered appropriate to project demand based on historical data and approaches. Once the savings have been delivered and the budget reflects the revised transport policy it will possible to include the transport budget within the normal demand forecasting that is applied to other purchase of care budgets
- b) Documentation of conversations with service users regarding transport needs on the Council's adult social services case management system, ie Liquidlogic

3.5 **Assessments, reassessments and reviews**

For existing people getting Adult Social Services funding, the reframed policy is being introduced in a gradual manner as part of their annual review and reassessment. Delivery of the bulk of the savings is dependent on social care staff doing a high enough volume of re-assessments/reviews and having the conversations with new and existing service users based on the Transport Policy and Guidance.

3.5.1 Signs of Wellbeing is Adult Social Services' approach to achieving a strengths based approach to assessment, review and support planning. Our social care staff have been provided with processes, tools and training to help them hold Signs of Wellbeing conversations with people.

3.5.2 In the context of transport, this means that practitioners should consider a person's own strengths, resources and networks to enable them to access activities that help them

achieve greater wellbeing and meet the eligible needs for care and support under the Care Act.

3.5.3 In practice, this might mean encouraging the person to use the mobility component of their benefits or their mobility vehicle, accessing voluntary or community transport schemes, or using public transport – for which we can provide ‘transport training’ if this is required. Our aim is to promote the person’s independence and help equip them to take an active part in the life of their own communities.

3.6 TITAN (Travel Independence Training Across the Nation) Travel Training

TITAN is a travel training programme, set up by Children’s Services, which was devised to assist students over 16 years old who have problems using public transport. It enables students to raise their levels of confidence and self-esteem, and gives them the opportunity and entitlement to be proficient in independent travel skills. Travel Training staff train ‘in-house’ trainers, provide ongoing support to schools/establishments and monitor progress at each establishment. Although this scheme had been used in the past by some Adult Social Services day services and providers, it seemed that Adults could use more of this training to enable people to use public transport rather than having transport provided.

3.6.1 TITAN can demonstrate significant transport savings in Children’s Services but was untested in adults. The department is working with TITAN for a fixed term initially so potential savings can be evaluated.

The TITAN team is working with some individual day services for people with Learning Difficulties to free up buses and allow these to be decommissioned. The TITAN team has identified service users at the day services it thinks will benefit from travel training, agreed with people that they will take part and has started working with them in.

The training will help build the person’s confidence in other aspects of their life such as: future job opportunities; accessing new hobbies; and social skills.

3.6.2 By July, the TITAN team had:

	Number of people
Total Assessed	380
Assessed as not suitable for travel training	258
Assessed as suitable for travel training	116
People who have opted not to undertake travel training	29
People being travel trained	45
People who have been travel trained and are independent, awaiting a social care review	16

Appendix One has some examples of the difference undertaking travel training has made to people.

3.6.3 Children’s found that people and their families can be reluctant to undertake travel training as they are concerned about the consequent reduction in provision of transport or funding. The Children’s department’s policy is:

- a) All transport requirements are referred to the TITAN travel training team and part of the assessment of transport needs includes the potential for the student to travel on public services or contract buses following travel independence training
- b) All service users are expected to undertake travel independence training to enable them to progress to using public transport unless they are assessed, by the County Council, as being unlikely to benefit from such training
- c) Any young person assessed as being suitable for travel training is expected to willingly participate. The County Council will withdraw specialist transport if students or families choose not to take part in the travel training programme or assessment

Although there may be some reluctance initially by people supported by Children's Services to take part in travel training, by the end of the training people and their families are convinced of the benefits.

- 3.6.4 In the Transport report to Adult Social Care Committee on 4 July 2016, when Adult Social Services were considering working with TITAN, the then Director recommended to the Committee that they agree that if people are assessed as being suitable for travel training (to safely use public transport) and they will not participate in the travel training, the department will not fund the transport for that person going forward. This was to ensure that people take part in travel training when it is offered. The Committee did not agree this at that time, wanting to wait until there were some results of TITAN working with adult service users.
- 3.6.5 As can be seen at 3.7.2, there are a significant proportion of people (25%) who although have been assessed as suitable for travel training are opting not to participate in it. Adult Social Services wish to adopt a similar policy to Children's to ensure that we treat everyone fairly and that people take part in travel training when it is offered as there are people who we feel could benefit from travel training who are opting not to take part. These people and potentially their families/carers will not benefit from the increased independence travel training brings and the department will not achieve all the savings it could make.
- 3.6.6 Changing current transport arrangements from taxis or existing transport arrangements to the use of public transport, is consistent with the guidance in the Care Act. Councils have legal duties under the Care Act to promote independence and to prevent, reduce and delay the need for care and support through formal services. However, in each case we will, as usual, need to consider the needs of the individual and take all 'reasonable steps' to agree the changes with the service users and their families or carers. This means having difficult and sometimes, complex conversations with the service user or their family and may often result not just in a Care Act Review but a Reassessment of Need.

4 Financial Implications

- 4.1 At the Adult Social Care (ASC) Committee on 4 September 2017 the Committee agreed to amend the transport savings to £0.700m in 2018-19 (from £3m) and £1m in 2019-20 (from £0.800m) and that the difference of £2.1m in savings would be met through the purchase of care budget from changes to patterns of care.
- 4.2 The year-end position for 2017-18 was a £-0.813m underspend on Transport. This is viewed as earlier than anticipated delivery on the 2018-19 savings and part of the 2019-20 savings. The current forecast for 2018-19 is that transport is on budget. The budget will continue to be closely monitored and the impact of actions such as TITAN travel training and the rolling out of the Transport Policy and Guidance evaluated.

5 Issues, risks and innovation.

- 5.1 The savings on Transport rests upon a general assumption and expectation that service users will meet their own needs for transport to access and take advantage of existing services or support, including public transport. Funded transport should only be provided if, in the opinion of the assessor, it is the only reasonable means of ensuring that the service user can be safely transported to an assessed and eligible service. The overriding principle is that the decision to provide transport is based on needs, risks and outcomes and on promoting independence.
- 5.2 Even if two people make alternative travel arrangements and no longer travel on an NCC funded minibus, there might still be four people travelling which means the minibus is still required and therefore no overall savings are achieved until more people have different transport. With travel training and reassessments/reviews it is necessary to look at people in groups, eg where they travel on the same bus to a day service.

6 Conclusion

- 6.1 The department carried out actions in line with the budgets agreed by Council to deliver the transport savings however this did not result in the level of transport savings required in previous years. The department did appear to be managing demand in this area, as expenditure did not increase despite overall there being an increasing demand for services, and some savings were achieved. However, the cultural shift is taking time to embed and therefore revised savings figures were agreed.
- 6.2 As part of achieving this cultural shift, promoting independence and delivering the savings the department is working with the TITAN Travel Training team to give service users the opportunity and entitlement to be proficient in independent travel skills. This is for a fixed term initially so potential savings can be evaluated.
- 6.3 Adult Social Services wish to adopt a similar policy to Children's to ensure that people take part in travel training when it is offered as there are people who we feel could benefit from travel training who are opting not to take part.

7 Recommendation

- 7.1 **Adult Social Care Committee Members are recommended to agree that:**
- a) **All transport requirements for adult service users are referred to the TITAN travel training team and part of the assessment of transport needs includes the potential for the person to travel on public services or contract buses following travel independence training**
 - b) **All service users are expected to undertake travel independence training to enable them to progress to using public transport unless they are assessed, by the County Council, as being unlikely to benefit from such training**
 - c) **Any person assessed as being suitable for travel training is expected to willingly participate. The County Council will retain the right to withdraw specialist transport if people or their families choose not to take part in the travel training programme or assessment**

Officer Contact

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

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

Appendix One: TITAN Case Studies

Examples of what the changes having travel training means for people and Adult Social Services are shown below.

Robert

Robert's social worker contacted TITAN, asking if they could offer support and possible travel training for Robert to get to Tesco in Thetford, where he has worked for nearly 20 years as a trolley collector. Robert has been relying on his parents taking him to and from work throughout this time.

Following a home visit, Richard, the Senior Travel Trainer for Adults, began working with Robert in March. It was not going to be possible for Robert to catch a bus in the morning due to him starting work before the bus service started but it was felt that TITAN support could still be given in getting Robert home from Tesco. This was a two-stage journey with a connection at Thetford Bus Interchange.

Robert completed five journeys with Richard, the last three being 'shadow' journeys and was assessed as being an Independent traveller on 13 April 18. Robert's confidence has grown throughout his training and both Robert and his parents are now delighted with this outcome.

There was an article about Robert in the EDP on 16 May 2018:

<http://www.edp24.co.uk/news/scheme-helps-people-with-learning-disabilities-in-norfolk-travel-1-5519674>

In the article Robert's father is quoted as saying: "This has been life-changing and so helpful for the family. I had a doctor's appointment last week which normally I would have had to rearrange as it clashed with picking Robert up from work."

Although Adult Social Services were not providing commissioned transport to Robert and therefore there are no immediate financial savings to the department, it has increased Robert's independence and helped his father as a carer, as well as possibly meaning that in the future the department does not have to provide transport for Robert.

Person A

A had commissioned transport provided but had started using the public bus service when the new hub in Sheringham opened. A member of staff was travelling on the same bus each day alongside some of the other customers from Cromer. Despite feeling confident in catching the bus with support, A said he would like to know that he could get on the bus alone and travel confidently on his own if the staff member wasn't on the bus.

The Senior Travel Trainer offered A some travel training, catching a bus without staff or other customers and at a stop closer to home. In only a couple of shadow journeys, the Senior Travel Trainer felt confident that A had demonstrated his ability to travel by himself so A made his first independent journey to Sheringham Hub the very next day. A also said to his mum that he no longer felt the need for her to always meet him off the bus each day as his confidence had grown so much.

Person B

B has been attending a day centre for several years and in the early days B was quite independent living in supported accommodation. Unfortunately, B experienced a series of personal and life setbacks which resulted in B having to move into residential care and daily support, continuing with going to the day centre.

Having visited B at the day centre and introduced the idea of becoming independent B agreed to a trial journey. This was discussed with the support team at the residential home and all was put in place for the travel trainer to take B on his first journey to the day centre using public transport.

The journey went very well and it was agreed to attempt the full round journey to the day centre and return to the residential home.

Subsequently the travel trainer met B at the bus stop, and B undertook all aspects of the journey observed from a distance by the travel trainer. B was confident, competent and relaxed about the whole journey. The travel trainer arranged for B to meet at the bus station that afternoon and undertake the return journey to the residential home. B did with ease and confidence despite there being a significant disturbance on the bus and the travel trainer could give B the news that he was now independent.

Supported travel to independence in seven weeks.

Person C

C was being taken by commissioned transport to Holt Hub and then travelling with support staff on to Sheringham Hub, where he transferred to when it opened in Autumn 2017.

When the travel trainer spoke to C, he said he would like to be able to travel straight to Sheringham Hub independently so following a home visit training began with C.

C knew the bus route, number and stops and demonstrated his ability to travel on the bus independently with a couple of shadow journeys with the travel trainer. However, the travel trainer was very concerned with C's road safety as despite actively looking correctly in both directions C didn't always register whether it was safe to cross the road or not. Also, part of the walk from C's house was on the road due to having no footpath and C wouldn't keep to the edge. After a few journeys, the travel trainer spoke to C and decided to stop travel training for the time being and suggested C resume after he had completed and passed the TITAN Red Test at the Hub. This would demonstrate his ability with road safety skills and the travel trainer felt that C would be more likely to be able to travel independently. C has begun working on the Red Route and hopes to pass so he can work with a Travel Trainer in the summer.

Person D

The first centre TITAN began work with was Sheringham Learning Hub, which has clear set outcomes and learning goals for their customers to achieve.

TITAN first met D as she was attending Sheringham learning Hub, and were delighted to hear D was successfully travelling to, and volunteering almost unsupported in a local charity shop. Staff had set up this placement up, and over time D had gained confidence so much so that the Hub were able to draw back the level of support required. Things such as phoning the Hub at lunchtime to 'touch base' were gradually phased out.

At the time D was travelling by public bus from her home to her volunteering placement, but still being a customer of the Hub on that day she was starting her day there, along with the other

customers. The manager of the Hub said that D had made so much progress that she no longer required the support of the Hub to get to her placement, and was working there unsupported all day. He thought it would be great if this particular day could be decommissioned according to the progression D had made, from a fully supported environment to an independent voluntary work placement.

The manager suggested that D completed some TITAN Travel Training to ensure she was competent at completing the journeys to and from her placement independently and safely. After a home visit in which residential staff were fully supportive, D began some Travel Training with the Senior Travel Trainer. They travelled by public bus to and from D's home in Cromer, to her placement in Sheringham.

The Senior Travel Trainer observed that D was a safe road user, knew what to do in an emergency and reported that she 'demonstrated very well her ability to travel independently using the public bus service, she coped well with using a very crowded bus'.

D was thrilled to be presented with her 'Independent Traveller' award the following week at the Hub.

The Travel Training D undertook with the TITAN team meant that her day's service at the Sheringham Learning Hub could be decommissioned as she was deemed independent enough to safely travel to her voluntary work placement unsupported.

Adult Social Care Committee

Item No.....

Report title:	Performance Management
Date of meeting:	3 September 2018
Responsible Director	James Bullion, Executive Director of Adult Social Services
Strategic impact Robust performance management is key to ensuring that the organisation works both efficiently and effectively to develop and deliver services that represent good value for money and which meet identified need.	

Executive summary

This report sets out the latest available performance position for Adult Social Services. The data has been drawn from the new LiquidLogic system. All front line teams continue to support a high number of people across all ages and with a range of needs, and points to sustained high volumes of activity.

Recommendations

The Committee is asked to:

- a) **Discuss and agree the overall performance position for adult social care as described in section 2 of this report**

Appendix 1 – Performance management report cards (page 61)

1. Introduction

- 1.1 This report sets out the latest available performance position for Adult Social Services. The data which is in this report has been drawn from the new LiquidLogic system and reflects performance up until the end of July 2018.
- 1.2 Members should note that because the report draws on more up to date data, final positions may change as work is completed and as social workers complete the reporting on the system.

2. Performance overview

- 2.1 Promoting Independence is the department's strategy for accelerating the delivery of improved outcomes for people who require adult social care within the ongoing challenging financial context. The Committee has previously (October 2017) agreed six key measures that align with to the intervention points of Promoting Independence. The measures are:
 - a) Reducing the 'conversion' of requests for support to formal assessment by connecting people effectively with good quality information and support
 - b) Ensuring an appropriate proportion of assessments go on to require ongoing social care involvement
 - c) Reablement cases where the person does not require additional social care

- d) Increasing the rate at which review backlogs are handled, and increasing the rate of reviews that lead to a reduction or cease in service
- e) Reducing permanent admissions into residential care for people aged 18-64
- f) Reducing permanent admissions into residential and nursing care for people aged 65 and over

Our strategy continues to be to:

- a) Strengthen and expand prevention – including through good advice, connecting people with help in their communities, strengths based social work – our Living Well approach
- b) Intervene to keep people independent – through short-term support, often in partnership with the NHS; through reablement to help people regain skills and confidence so they can continue living independently in the community
- c) Support people who need ongoing help – providing as much choice and control as possible, including for carers; developing more housing options for people to live independently but with additional support if needed; enabling a vibrant care market with a skilled workforce

The following section gives an update against each of the measures, and by extension an update on the key changes under Promoting Independence.

Please see **Appendix 1** for detailed information on Report Cards.

2.2 Cases that lead to assessments

- 2.2.1 Leading practice in social care suggests that a quarter of contacts to social care should translate into a formal care act assessment. This is because the majority of people who initially contact the Council will be able to be supported with advice, information and prevention. Since we reported, the number of contacts overall per month has decreased, as would be expected during summer. There has also been a trend in the last three months which has seen fewer of these contacts translating into a formal care act assessment, which is encouraging.
- 2.2.2 There is work led by other departments which makes a significant contribution towards connecting people with information, advice and other informal support. New in this period of reporting is the new Norfolk Community Directory which was launched May 2018 <https://communitydirectory.norfolk.gov.uk/> replacing the previous Norfolk Directory.
The Directory contains activities, services and groups to help all Norfolk residents live healthy, active and fulfilling lives. It draws on information from other areas – not duplicating or replacing – but making connections to other similar directories.
- 2.2.3 The new Directory will be a valuable resource for our social work teams, for Integrated Care coordinators, our development workers and for social prescribing teams and should considerably enhance the quality and breadth of information we are able to draw on for the people we work with. Work is underway to increase the content where there are known gaps – for example information for people who fund their own care.

2.2.4 During July and August, our new social prescribing service will be up and running, based around groups of GPs, covering all parts of the county. Social prescribing is in line with our strengths-based approach; it aims to help people take greater control of their health and wellbeing, connecting them to a range of informal support and activities. Common to schemes in all areas of Norfolk are Connectors who will work with individuals for a short period of time. Social prescribing is funded through the Improved Better Care Fund (iBCF) and through public health. The further increased investment in prevention is anticipated to be an invest to save, since it is expected to reduce demand on both adult social services and primary care.

2.3 **Assessments which go on to services**

2.3.1 Our new model of social work which looks at the strengths of an individual, should lead to fewer full Care Act assessments taking place, as we work to support people earlier and in different ways. However, where assessments do take place, good practice suggests that a greater proportion are likely to require formal services, since other sources of support will have been already sought.

2.3.2 The average since March has been that 43% of assessments result in no formal services; to meet our stretch target, we would need to see that figure come down to 15%. We need to understand more about this trend and will then look into the data which lies behind it. We believe it will take some time to make an impact and will be turned around as part of the new model of social work, sustained prevention activity, including reablement.

2.4 **Effectiveness of reablement**

2.4.1 Reablement continues to be a major factor in promoting people's independence and preventing people from needing intensive ongoing formal care. The total number of people benefitting from reablement increases year on year, and the outcomes for those people remain good.

2.4.2 Unlike in Care First, it is not possible in LiquidLogic to see those that have been passed to Norfolk First Support (reablement) with long term conditions that will always require a service, such as those with palliative care needs. These people do not have the potential to be reabled but the service sometimes has a duty to provide support and care if there are no other providers able to do this at that time. This means that since November 2017 the measure is now looking at all cases taken on by the reablement service, regardless of whether the person has the potential to be reabled, which will have an impact on the overall figure, ie make the percentage reabled lower than when the data was taken from Care First.

2.4.3 It nonetheless remains a good level of performance. We are still pursuing excluding the people who do not have the potential to be reabled from it to give an accurate figure.

2.4.4 Initial analysis from accommodation based reablement at Benjamin Court points to a strong 'invest to save' business case. Of the first 38 people to use the service, 23 went home with further support from Norfolk First Support; six with no services; one went home with support from their previous provider; three moved into housing with care and five returned to hospital. There are similarly positive outcomes for people accessing accommodation based reablement in the East locality.

2.5 **Holding lists**

2.5.1 The holding list has continued to fall, and is now at 1,836 at the end of July, from a high of 3109 a year ago.

2.5.2 Key to this reduction has been the Community Care Resilience Team (CCRT) introduced in December last year to address the current unallocated and overdue work in localities. In the first six months the team has completed 1,300 cases and as result of this, and the additional staffing capacity in our locality teams beginning to take effect, holding lists for localities have been reducing. There has been a recent increase which has been a combination of pressure from hospital due to the hot weather, the peak leave period and staff sickness.

2.5.3 As well as the additional resources from the county team, individual localities have adopted bespoke approaches to reducing the backlog of work. This includes, temporary staff focused on those waiting, weekend working and overtime. All cases that are held continue to be monitored and prioritised if circumstances change.

2.6 **Delayed transfers of Care**

2.6.1 Staying unnecessarily long in acute hospital can have a detrimental effect on people's health and their experience of care. If they are not able to leave hospital to continue their recovery, older people particularly risk losing their mobility and ability to manage daily living tasks, increasing their level of care needs and impacting on their independence and quality of life. The joint focus of health and social care is to avoid unnecessary admissions to hospital, and ensure a timely discharge when it is safe and in the best interests of the person needing care.

2.6.2 Despite the summer months, pressure has continued to be felt on NHS services and while delays attributed to Adult Social Care have come down steadily since October 2017, performance across the system still requires significant improvement. In June NCC was 27.3% above target for social care delays with 930 delayed days. This accounted for 43% of total delays in Norfolk. The main reason for social care delays was "Awaiting Residential Home Availability or Placement". Norfolk was ranked 88 out of 151 in June for total delays per population and 127 out of 151 for social care delays per population.

2.6.3 We have a set of improvement actions, which will form part of a formal winter plan including better liaison with care providers; clear processes for identifying care home vacancies and earlier involvement in discussions on wards.

2.6.4 New targets have been allocated by the Department of Health and Local Government Association with an expectation of achievement by the end of September and beyond.

2.6.5 For Norfolk (NHS and Adult Social Services) this target is 66.6 delayed days per day; for Adult Social services the target is 24.3 days, per day. In other words, to be within target on any one day, there can only be 24.3 delayed days across Norfolk attributed to Adult Social Services. (Equivalent to about 729 total delays attributable to adult social care in a month)

2.6.4 The Executive Director has written to all front line staff, acknowledging the stretch in the new target, but with a clear expectation that we will work towards achieving it.

2.6.5 In July 2018, Adult Social Services organised a two-day system-wide event to look at what more can be done by health and social care to ensure people ready to leave hospital can do so without unnecessary delay. Over 80 representatives from the Norfolk and Waveney system were joined by experts from the Local Government Association (LGA) in partnership with the Better Care Support Team, National Health Service England (NHSE) and National Health Service Improvement (NHSI). Key findings from the event were:

- a) A need to break away from 'linear' ways of working which are driven by processes and not people
- b) A need to work at all levels with a culture of 'home first' so that all professionals involved are working towards getting people home
- c) Better communications at all levels – between different professionals, with care providers and particularly residential and nursing homes, and with individuals and families

2.7 **Reviews that lead to reduced services**

2.7.1 This is the first time we have been able to report against this measure. People's needs change and, under the Care Act, a review of needs should be undertaken if there is a change in need, or if not, an annual review is required. As reported elsewhere, there is a backlog of work which includes reviews, and we are making progress against that backlog. We have set a highly stretching target for younger adults against this measure and the first tranche of data shows we are currently well below that target. Just over 11% of reviews are leading to reduced service, against our high aspiration of 43%. For older people, we are closer to target with 15.07% of reviews resulting in a step down of formal service, against a target of 21%.

2.8 **Rate of permanent admissions**

2.8.1 The rate of permanent admissions for younger adults continues to remain largely steady, although there are fluctuations month by month. Transformation of learning disability services is a priority for the department. Focus is on developing alternatives to permanent care which help people to 'step down' into more independent living.

2.8.2 Admissions for people over 65 are in line with our target and staying largely steady. To understand better events prior to people moving in permanently to residential care, we looked at 1,200 people's experience to see what patterns there were about the triggers and causes of admission to care.

2.9 **Key findings from this work show:**

- a) Over half of people (53%) didn't have any NCC funded home care prior to residential care which raises the question of how many people are coming to our services through less traditional routes, which could be described as crises pathways
- b) 44% of people had NCC funded home care immediately prior to residential care, whilst 3% had NCC funded housing with care/sheltered accommodation
- c) Of people who did have home care, the average duration was 11 hours
- d) The top three reasons for people requiring home care were personal care (including washing and dressing), eating and drinking (including the prep, encouraging to eat and feeding) and medication administration
- e) Reasons why people were admitted to residential care were recorded and more than one contributory reason could be recorded by each person. People were most likely to be admitted to residential care due to dementia or mental health issues. The second most frequent reason people were admitted to residential care was due to falls
- f) Average length of stay in Norfolk is 2 years and 9 months whereas in the north it is significantly higher at 2 years and 11 months

2.9.1 A piece of linked analysis has also shown that just over half of people who took up a temporary stay in residential setting stayed there permanently and did not return to their previous home. A further significant finding is that 80% of those stayed permanently in the same home.

2.9.2 Whilst this work cannot give us definitive answers, it does highlight lines of inquiry which we will follow up to ensure that our activities are targeted where they can make most difference. The areas we will look into further are:

- a) Support for people to return home after a stay in hospital, particularly whether there is more we could do to help people in short-term, temporary care re-gain skills or confidence – with support – to return to their home
- b) Preventive work around falls which are a significant factor in nearly a third of admissions to residential care. Elsewhere our statutory survey responses highlight that people fear falls more than anything when considering their safety
- c) Whilst personal care is, expectedly, the most cited reason for people needing home care, ‘food and drink’ and ‘medication’ are the second and third reasons respectively
- d) Differences in length of stay in residential and nursing care across Norfolk – the breakdown shows that the stay is longer than average for Norfolk in North Norfolk

3. Recommendations

3.1 The Committee is asked to:

- a) **Discuss and agree the overall performance position for adult social care as described in section 2 of this report**

Officer Contact

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

Officer name : **Tel No. :** **Email address :**

Debbie Bartlett 01603 223034 debbie.bartlett@norfolk.gov.uk



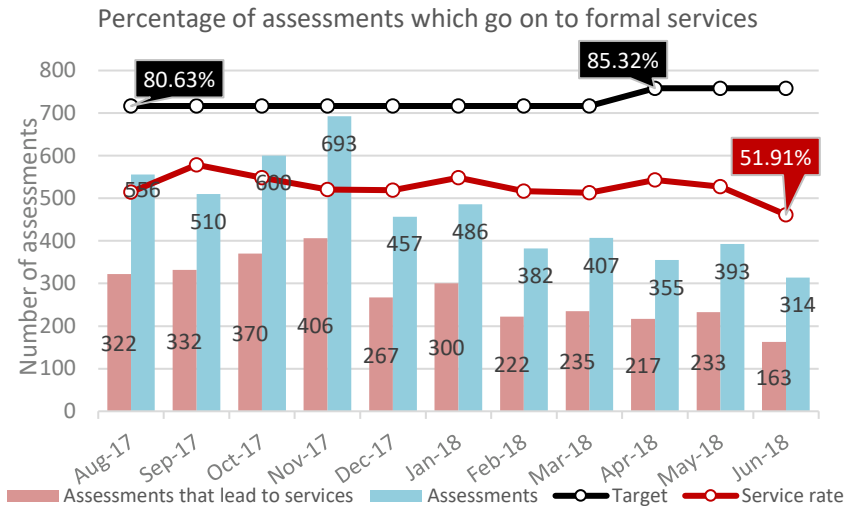
If you need this report in large print, audio, braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Percentage of assessments which go on to formal services

Why is this important?

This indicator measures the effectiveness of arrangements for supporting and re-abling people, and of the process for determining which people need a Care Act Assessment. People that go on to receive information and advice as a result of an assessment, or who receive 'no further action', probably should not have received an assessment in the first place.

Performance



What is the background to current performance?

- This indicator should improve as we embed and sustain strengths-based working, and, in particular, roll out Living Well 3 conversations approach
- This will lead to an earlier engagement with people to link them and connect them informal support.
- We expect the number of formal assessments to reduce but those which do take place will be more likely to lead to formal services.
- Further work with social care teams is needed to understand more about practice at the front line affecting this indicator
- A discharge to assess pathway is currently being developed within the service.
- The resilience team are now using the Living Well 3 Conversations approach, with a site about to launch at the NNUH.
- There is also work looking into exploring links with health coaching within the integrated services.

What will success look like?

- People that go on to receive information and advice as a result of an assessment, or who receive 'no further action', probably should not have received an assessment in the first place.
- The increase suggested here may feel counter-intuitive in that it might suggest additional service provision. In fact this increase is predicated on an overall reduction in assessments in line with the principles of the 'Three Conversations' model.

Action required

- Locality level data from the new information system for this indicator will give teams better information to help target and address this
- Continued focus at every point of contact with people on independence
- Joint working with health to promote self-care and build resilience in communities
- Planned roll out across all teams of the Living Well model

Responsible Officers

Lead: Craig Chalmers, Director of Community Social Work

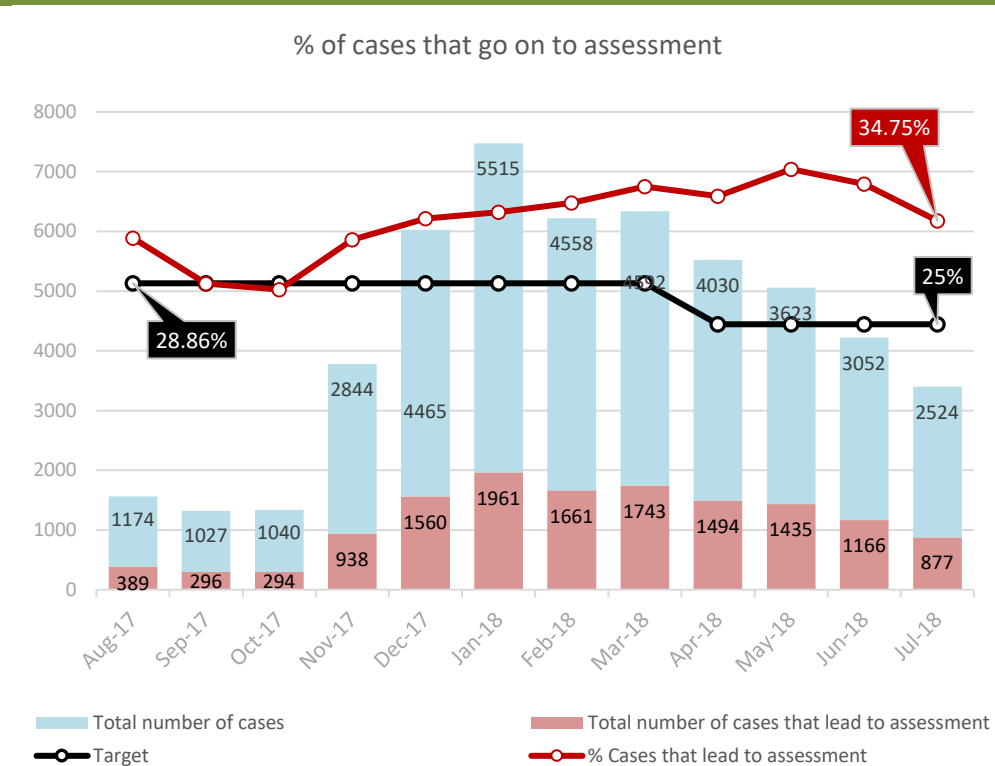
Data: Intelligence and Analytics Service

Percentage of requests that go on to assessment

Why is this important?

Leading practice in social care suggests that a quarter of contacts to social care should translate into a formal care act assessment. This highlights the need to expand and embed prevention and information strategies which connect people with support or advice so more people stay in control of their lives.

Performance



What is the background to current performance?

- The most recent trend points to an improvement against this measure, suggesting early intervention, prevention and strengths-based working are all directed towards supporting people to be independent, resilient and well.
- There are now a suite of prevention and early intervention approaches which should be contributing towards keeping people connected to their communities and self-help. These include:
- Early findings from Living Well: 'Three Conversations' approach to social work does show a benefit for people through connection to informal services
- Coverage of Living Well is expanding – in the East and in the West
- Social prescribing which is xxx is now up and running across all 7 district areas of Norfolk
- Norfolk Community Directory has been launched – with the aim of providing comprehensive information on community support for residents and for professionals.
- The challenge will be maintaining continued improvement against this target during more intensive months of activity.

What will success look like?

- Good performance will mean a reduction in the percentage of requests for support ending with an intention to carry out assessment. Performance is therefore driven by the extent to which other options – for example community-based support – have been explored; and by the amount of requests for support.

Action required

- Thorough and effective implementation of Living Well: 3 conversations, ensuring that the fundamental drivers of the approach are not diluted by the widespread roll-out
- Effective targeting of preventive work, through a risk-stratification model
- Management action at a team level, using locality level data to target improvement

Responsible Officers

Lead: Craig Chalmers, Director of Community Social Work

Data: Intelligence and Analytics Service

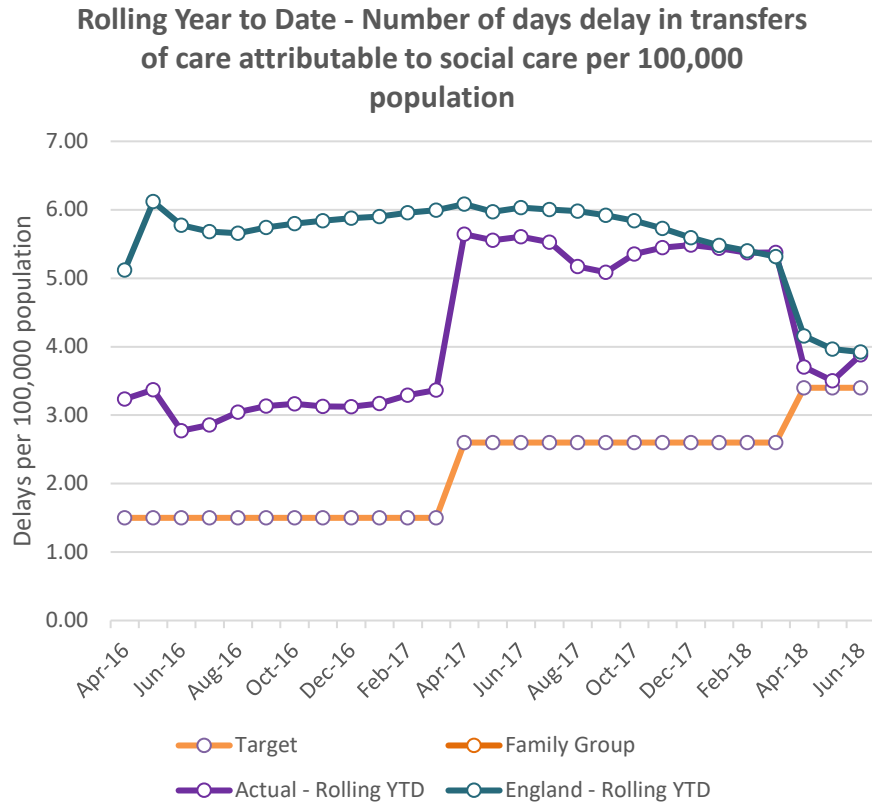
Delayed transfers of care

Why is this important?

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

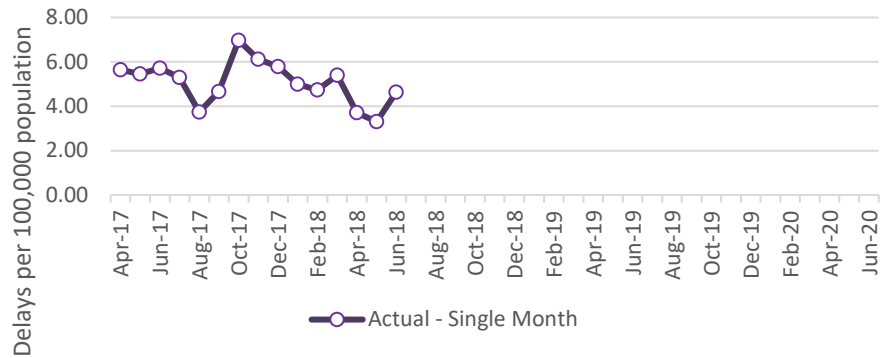
Performance

What explains current performance?



- Delays attributed to Adult Social Care have come down steadily since October 2017 – see graph bottom left.
- However, performance across the system still requires significant improvement
- New targets have been set by the Department of Health and Ministry of Housing and Local Government. For Adult Social Services this means that on any one day, there can be no more than 24.3 delayed days per day attributed to adults.
- In June NCC was 27.3% above target for social care delays with 930 delayed days. This accounted for 43% of total delays in Norfolk.
- The main reason for social care delays was “Awaiting Residential Home Availability or Placement”.
- Norfolk was ranked 88 out of 151 in June for total delays per population and 127 out of 151 for social care delays per population.
- We have a set of improvement actions, which will form part of a formal winter plan which includes better liaison with care providers; clear processes for identifying care home vacancies; earlier involvement in discussions on wards.

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



What will success look like?

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

Action required

- Engage with external support to strengthen and change our integrated assessment processes for discharging people from the acute and community hospitals

Lead: Craig Chalmers, Director of Community Social Work and Lorryne Barrett, Director of Community Health and Social Care. Data: Intelligence & Analytics

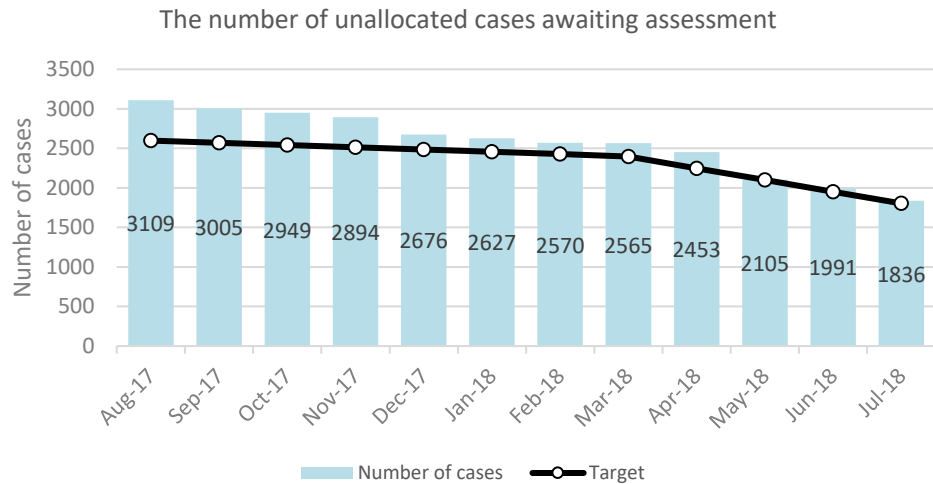
Holding List

Why is this important?

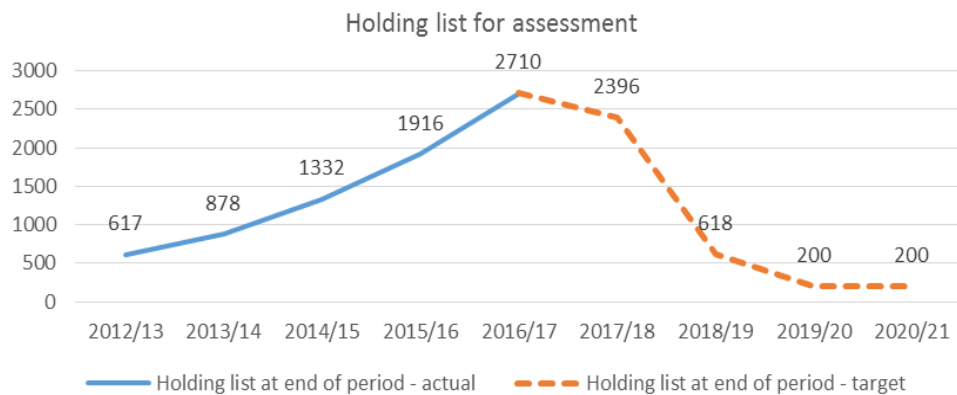
Carrying high backloads of work is having an impact of the pace of change we need to make. Delays in assessments can worsen the service users' condition, resulting in a greater need of care from the authority and potentially reducing their level independence. Monitoring of this will allow us to assess the impact of recruitment into newly created posts and allows us to monitor the performance of the 3 conversations model.

Performance

What is the background to current performance?



- Our 'holding' lists peaked over a year ago; since then they have been reducing
- The Community Care Resilience Team has been operating since December to support locality teams in bringing down the holding lists
- In a six month period (to June 21st 2018) the team's work spread across all localities. (see below)
- All workers are trained in strengths based practice, have an ethos in line with the Three Conversations and OT first, and have achieved their competencies to allocate low level equipment.
- In addition, all locality teams actively manage their holding lists, and have different approaches to bringing them down
- To sustain continued reduction and to keep the number on the holding list also requires changed ways of working.
- Early indications from Living Well innovation sites show that it is possible to minimise any holding list



Locality	Cases
South	372
North	312
West	252
Norwich	173
East	123
Total	1,252

Action required

- Good performance will mean a reduction in the number of unallocated cases awaiting assessment. Performance is therefore driven by the success of the recruitment process to increase capacity and the further introduction of sites using the 3 conversations model.

- Continue with the roll out of strengths-based working – 3 conversation model. To date two sites have been run, with a further 4 due in March. The teams in those sites have demonstrated that capacity can be created to tackle waiting lists.
- Ensure recruitment to additional or vacant posts is monitored and positions are filled. Any failure to recruit to posts, and to fill existing and future vacancies, will compromise the council’s ability to hit this target. Recruitment can be a challenge, so monitoring recruitment progress will be important.

Responsible Officers

Lead: Lorryne Barrett, Director of Adult Ops and Integration – NCC and NCHC

Data: Intelligence and Analytics Service

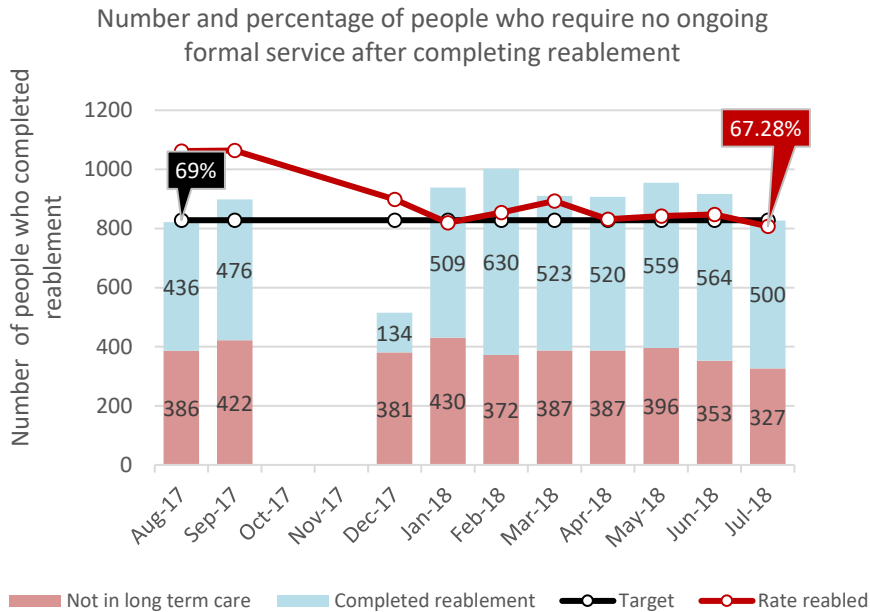
The effectiveness of Reablement Services - % of people who do not require long term care after completing reablement

Why is this important?

The Promoting Independence Strategy, as well as the Care Act 2014, requires that the council does all that it can to prevent or delay the need for formal or long-term care. Norfolk has provided reablement services for a number of years that help people get back on their feet after a crisis – to people leaving hospital or that have just experienced a change in their wellbeing that might require some kind of care. The success of this is important for two reasons. First, people that do not require long-term support as a result of reablement are more independent and tend to experience better outcomes. Secondly, avoiding long term care saves the council money.

Performance

What is the background to current performance?



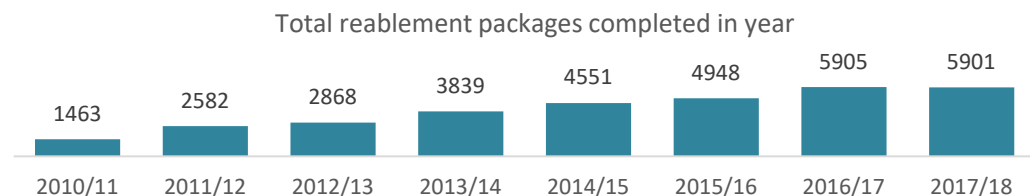
- Due to the migration from Care First to Liquid Logic there is a gap in the data available for October, November & December.
- Unlike in Care First, it is not possible in Liquid Logic to see those that have been passed to NFR with long term conditions that will always require a service, such as those with palliative care needs. These people do not have the potential be reabled but the service sometimes has a duty to provide support and care, if there are no other providers able to do this at that time. This means that since November 2017 the measure is now looking at all cases taken on by the reablement service, which will have an impact on the overall figure, ie the percentage reabled will appear lower than when the data was taken from Care First.
- A sister indicator to this one is the number of people who have been through reablement who remain at home after 91 days.
- This is currently proving difficult to extract from the new system; Norfolk performs strongly on this indicator – last year consistently at 93%
- There is a challenge for NFS in recruiting and retaining staff, as with many providers in the Health and Social Care system.
- A further recruitment drive is underway and the service is looking at what else it can do attract and retain staff.

What will success look like?

- The maximum proportion of people completing reablement not needing ongoing care.
- The business case for additional investment in Norfolk First Support calculated that to reable everyone with the potential for reablement, and therefore maximise outcomes and savings, approximately 6,000 people a year should receive reablement (based on previous years).
- The cost of reablement services to be significantly less than the likely cost of long term care.

Action required

- Continued monitoring of the impact of reablement against this indicator, and against the targets set out in the business case for additional investment in Norfolk First Support.



Responsible Officers

Lead: Janice Dane – Assistant Director Early Help and Prevention Data: Business Intelligence & Performance

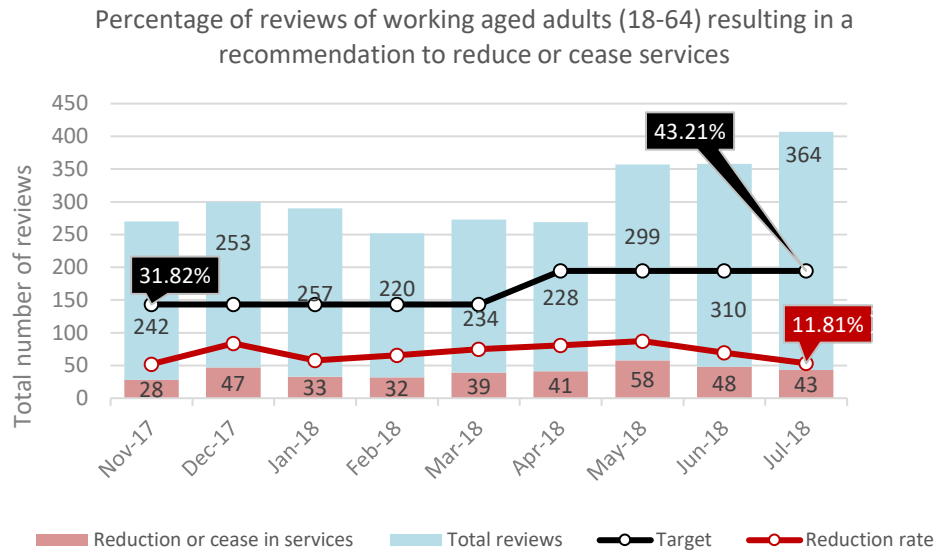
Percentage of reviews that lead to a recommendation to reduce or cease services

Why is this important?

People's needs change and, under the Care Act, a review of needs has to be undertaken if there is a change in need, or if not, an annual review is required. We are currently carrying a backlog of work, much of which is made up of reviews. We have two targets associated with this measure reflecting two key groups of people – people aged 18-64, and older people (65 plus)

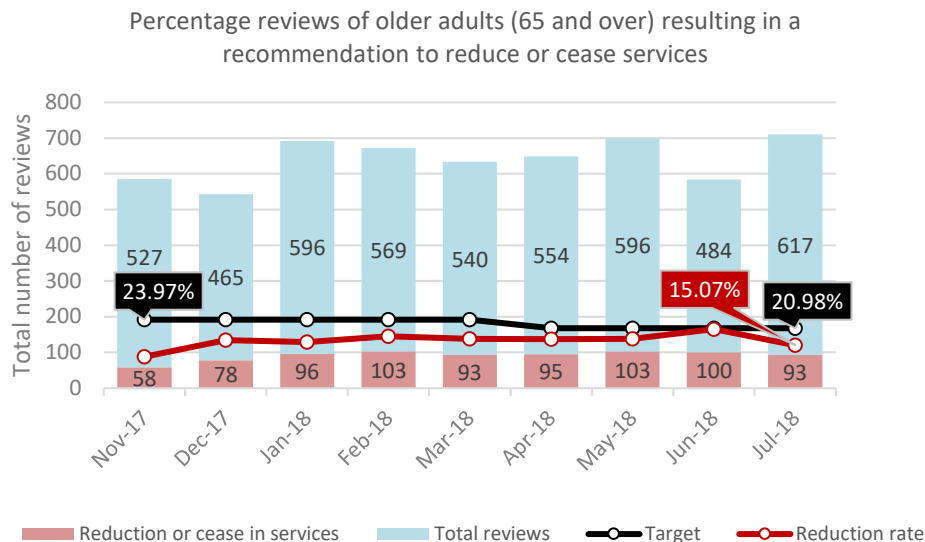
Performance

What is the background to current performance?



- It is important for the service to address what is a backlog of reviews – particularly for people with learning disabilities
- To do this, we engaged a specialist agency; however, they withdrew from the work because they were unable to recruit to the levels and skills of staff required to complete complex case reviews to the required quality
- To mitigate this, we have established a temporary Assistant Practitioner team to take on more review work. We are strengthening the oversight and supervision of the temporary Assistant Practitioner team so they can cover the more complex work

The work is complex and takes time to get right



What will success look like?

68 on required

- For older people, many of whom have entered service with long term and deteriorating health needs, there may be fewer opportunities for greater independence and reduced care packages. If long term care packages reduce in line with Promoting Independence and three Conversations principles, those remaining in long term care may have more complex needs – making the target more difficult to hit.
- For people aged 18-64, performance in this area has been relatively low – below that of reviews of people aged 65+ - and the proposed targets represent a significant change in practice and performance. This will be challenging.

- Further analysis of why reviews lead to changes in service configuration
- Additional capacity amongst practitioner teams to undertake targeted reviews of complex cases

Responsible Officers

Lead: Craig Chalmers, Director of Community Social Work

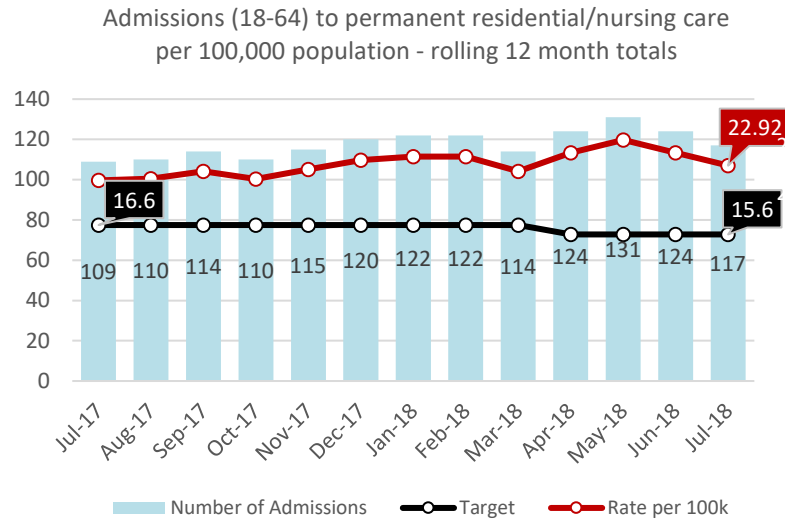
Data: Intelligence and Analytics Service

More people aged 18-64 live in their own homes

Why is this important?

People that live in their own homes, including those with some kind of community-based social care, tend to have better outcomes than people cared-for in residential and nursing settings. In addition, it is usually cheaper to support people at home - meaning that the council can afford to support more people in this way. This measure shows the balance of people receiving care in community- and residential settings, and indicates the effectiveness of measures to keep people in their own homes.

Performance



What is the background to current performance?

- Historic admissions to residential care for people aged 18-64 were very high in Norfolk at nearly three times the family group average.
- Improvements have seen year-on-year reductions but most recently, the rate has remained largely static
- Our priority focus has been to transform services for people with learning disabilities. This should see fewer people with learning disabilities in permanent residential and nursing care, because of wider choices of accommodation.
- In addition, we are shifting to an enablement approach which helps people build independent living skills – cooking, managing money, building friendships.
- These changes are in flight but may take some time to show impact on this indicator
- In parallel to this work, we have recognised the need to review the options that we have available for people with physical disabilities, and see what alternatives to residential care might be possible to develop

What will success look like?

- Admissions for levels at or below the family group benchmarking average (around 13 per 100,000 population)
- Subsequent reductions in overall placements
- Availability of quality alternatives to residential care for those that need intensive long term support
- A commissioner-led approach to accommodation created with housing partners

Action required

- September 2017 – new approach to strengths based social work first innovation site goes live
- Development of “enablement centres” model for service users aged 18-64 to be helped to develop skills for independent living
- Reviewing how we strengthen and change our integrated assessment processes for discharging people from the acute and community hospitals will impact on this indicator

Responsible Officers

Lead: Craig Chalmers, Director of Community Social Work

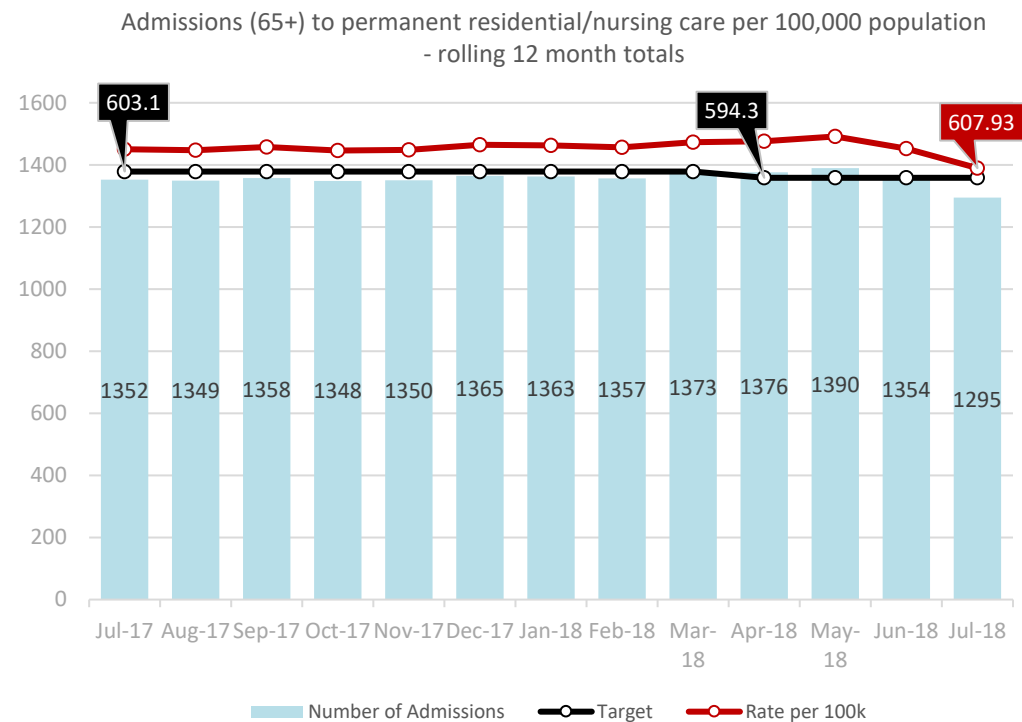
Data: Intelligence and Analytics Service

More people aged 65+ live in their own homes for as long as possible

Why is this important?

People that live in their own homes, including those with some kind of community-based social care, tend to have better outcomes than people cared-for in residential and nursing settings. In addition, it is usually cheaper to support people at home - meaning that the council can afford to support more people in this way. This measure shows the balance of people receiving care in community- and residential settings, and indicates the effectiveness of measures to keep people in their own homes.

Performance



What is the background to current performance?

- Historically admissions to residential care have been higher than Norfolk's family group average.
- Over the past 3 years the rate of admissions in Norfolk has although monthly reporting of performance shows there has been a slowing down of improvement since March 2016.
- In depth analysis of individual cases, carried out by the Information and analytics team has identified lines of inquiry which we will follow up to ensure that our prevention and reablement activities are targeted where they can make most difference. These are:
- Support for people to return home after a stay in hospital, particularly whether there is more we could do to help people in short-term, temporary care re-gain skills or confidence – with support – to return to their home.
- Preventive work around falls which are a significant factor in nearly a third of admissions to residential care.
- Whilst personal care is, expectedly, the most cited reason for people needing home care, 'food and drink' and 'medication' are the second and third reasons respectively.
- Differences in length of stay in residential and nursing care across Norfolk

What will success look like?

- Admissions to be sustained below the family group benchmarking average and in line with targets
- Subsequent sustained reductions in overall placements
- Sustainable reductions in service usage elsewhere in the social care system

Action required

- The Promoting Independence programme includes critical actions to improve this measure
- Close scrutiny at locality team level and use of strengths based approach to assessment
- Commissioning activity around accommodation to focus on effective interventions such as reablement, sustainable domiciliary care provision, crisis management and extra care accommodation options for those aged 65+ will assist people to continue live independently
- Supported care model for North and South localities now operational – offering 24 hour support for up to 7 days for people in crisis to avoid admissions to hospital/residential care
- Measures to support the effective discharge of people from hospital as part of the Improved Better Care Fund programme.

Responsible Officers

Lead: Lorraine Barrett, Director of Integrated Care, and Craig Chalmers, Director of Community Social Work

Data: Intelligence and Analytics Service

Adult Social Care Committee

Item No:

Report title:	Assistive Technology
Date of meeting:	3 September 2018
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic impact

In Norfolk County Council:

- a) We spend about £1 million a day on adult social care in Norfolk
- b) On any given day, we will be securing services for around 14,000 people
- c) Last year 20,205 people received short term and long-term adult social care packages
- d) Last year, almost 6,000 had reablement services helping them get back on their feet after a crisis

We are fundamentally re-thinking our approach to delivering public services. Many of our services were designed in a very different era and policy framework. Funding regimes now do not account fully for demographic change or socio-economic changes, instead the drive is for local government to become self-sufficient through council tax and increased revenue from locally raised business rates.

At the same time as funding has been reduced, our population continues to grow and the pattern of family life has changed. Medical and technological advances are huge – people live longer and have access to many more medical specialists than in the past. More profoundly disabled young people with increasingly complex needs are coming into adulthood every year. People move around more for jobs than in previous generations, so families cannot always be near to older relatives to help and care.

A growing 'older' population affects Norfolk more than most other places, it has, and will continue to have, a higher proportion of older people compared to the average for the Eastern Region and for Norfolk's 'family group' of similar councils.

Adult Social Services' vision is to support people to be independent, resilient and well. To help achieve the vision, the department has its Promoting Independence strategy which is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. Assistive Technology (AT) has a key role to play in supporting people to live independently for as long as possible and providing support to family carers to enable them to continue caring for as long as they are able and willing to do so.

Executive summary

This report provides an overview of the work to support the development of a new strategy and approach for assistive technology in Adult Social Services.

Norfolk's Assistive Technology team, which is part of Adult Social Services, currently assesses approximately 2,000 people a year and figures recently received from n-able (the Norse Company that purchase the equipment) show that there is a total of approximately 7,000 people currently receiving assistive technology in Norfolk. Most assessments undertaken by the Assistive Technology team result in the provision of equipment. Adult Social Services has produced an initial benefits model which will be tested and refined as steps are put in place to capture and track the financial and qualitative benefits arising from AT provision. Some improvements have been identified during the review to ensure that the benefits of AT are maximised to prevent,

reduce and delay the need for formal care and support and that consideration of assistive technology is fully integrated into practice across all areas of Adult Social Services.

Recommendations:

Adult Social Care Committee Members are asked to:

- a) **Note progress to date on the review and work in progress**
- b) **Agree to receive further updates on the development and implementation of the new strategy and model**

1. The Background and context

- 1.1 The Care Act (2014) gives local authorities a clear and new responsibility across the whole population to prevent, reduce and delay the need for care and support.
- 1.2 Operating under increased financial pressure, Norfolk County Council is committed to helping more people to be independent, resilient and well and has endorsed a strategy and programme of work, Promoting Independence, to achieve this.
- 1.3 Part of the Adult Social Services Promoting Independence programme is the roll-out of a new social work model '*Living Well/Three Conversations*'. Increasing the use of technology is seen as a key enabler of this. The Promoting Independence programme also includes an overarching Technology Enabled Care (TEC) Strategy which has three key components:
 - a) Digitally enabled workforce
 - b) Digitally enabled services
 - c) Digitally enabled citizens – assistive technology is one of the strands within this component
- 1.4 Adult Social Services' vision for Assistive Technology is that:
 - a) Technology plays a major role in supporting people to live independently for as long as possible, and in helping carers to continue caring for as long as they are able and willing to do so
 - b) Assistive Technology will be widely accessible, easy to use, and available for people when it can make most difference to maintaining independence
 - c) Our own staff are champions for Assistive Technology and use it widely to prevent people needing formal care services
 - d) Providers embrace technology to help people stay independent in all types of settings, and maximise the efficiencies it can bring
- 1.5 The Council's existing Assistive Technology service is provided by a county-wide Adult Social Services Assistive Technology Team, co-located with the Sensory Support Team at Magpie Road in Norwich. The team provides a specialist assessment function and prescribes a range of devices to meet individuals' identified outcomes. The team currently consists of a manager; a business support officer and seven home-based AT practitioners (6 FTE)
- 1.6 The service supports adults in their own home, including sheltered housing schemes, supported living and housing with care. Eligibility is either via a Care Act assessment or preventative assessment. The provision of AT following a preventative assessment enables Adult Social Services to target provision where it can prevent, reduce or delay the need for other services and maintain people's independence for as long as possible.
- 1.7 The provision of the service is non-means tested, ie people do not have to contribute to the cost of any AT equipment they have.

In 2016/17 there were approximately:

- a) 1,700 new people supported with equipment/devices
- b) 4,000 individual pieces of equipment/devices provided
- c) In 2017/18 the number of new people supported with equipment/devices was approximately 2,000. There are approximately 7,000 people currently receiving assistive technology in Norfolk

1.8 The equipment provided by the service can be broadly grouped as follows:

- a) **Telecare:** sensors and detectors linked to a rented community alarm, sending alerts to a monitoring centre
- b) **Stand-alone:** devices working in the immediate vicinity to prompt or alert person or carer
- c) **GPS location devices:** e.g. BUDDI and PEBBELL devices for locating people accessing their community
- d) **Home activity monitoring:** provided for short term assessment of activity within the home to inform care and support planning
- e) **Special orders:** the team remain flexible and responsive to look, and offer, identified solutions not on the current stock list
- f) **Mainstream technology:** Ring video door bell, wi-fi enabled sensors, Amazon Echo and Echo Dot, use of application software

1.9 Residents access the services through referrals made by SCCE (Social Care Centre for Expertise) or by locality based social care practitioners:

- a) All referrals are triaged. Where home assessment is needed, these are referred to the AT practitioners
- b) The service is also working in a number of new areas, including the Supported Care Service and the developing accommodation-based reablement service

1.10 **The AT service also covers:**

- a) Liaison with community alarm services
- b) The provision of advice and information to Children's Services, Continuing Health Care, and Residential Care providers
- c) Research, testing and trialling new equipment
- d) The delivery of AT training
- e) Attending and speaking at community/public events to raise awareness of assistive technology and the benefits

1.11 Assistive technology is currently committed to deliver £1.5m savings over the next three years distributed as follows:

Reference	2018/19	2019/20	2020/21	2021/22
	£	£	£	£
In Adult Social Services budget	None	0.300m	0.500m	0.700m

2. Update on Progress

2.1 As part of Adult Social Services' ongoing work to develop a new strategy for Assistive Technology (AT), some improvements have been identified to maximise the potential

offered by AT to prevent, reduce, delay and meet the need for care and support and to realise cost savings. These are:

- 2.1.2 **Ensuring that all those at risk of losing independence who may benefit from AT are being identified at the right time in the referral, assessment and review pathway:** further work is being undertaken to review and revise the referral, assessment and review pathway to ensure that a broader range of practitioners is able to refer to the Assistive Technology service and that full consideration is given to the potential of AT at the start of, and at key points along, the customer journey.
- 2.1.3 **Improving practitioners understanding of the impact AT can make in keeping a person independent or delaying/reducing the need for formal care and support:** referrals from teams and practitioners are patchy and inconsistent, with some practitioners referring regularly and others not at all resulting in an inequitable offer and missed opportunities to maintain independence and reduce the cost of packages of care. A key element of the work moving forwards is to develop a new training programme for all potential referrers that focuses on developing skills and knowledge to identify the potential of AT to support people across the whole customer pathway from early help through to support for people living with complex needs
- 2.1.4 **Improving the understanding of the benefits of AT by the public and partners:** service users and the public have limited knowledge and understanding of AT and its benefits or how mainstream technology can be utilised to support them to be independent and/or to carry on caring. The information on Norfolk County Council's (NCC) website at the moment does not enable people to find their own solutions easily. NCC has ambitions to maximise the use of mainstream technology and to promote technology as a means of helping people to live good, independent lives and find their own solutions rather than come to NCC for support.
- 2.1.5 **Increasing the capacity in the current AT team to meet current demand and any growth in the service, including further pilots/new projects:** the AT team currently has a small backlog of people awaiting assessment. Whilst the backlog has reduced slightly over the last three months, the service does not have capacity to absorb any increase in referrals and/or increasing requests for involvement in new projects and provide a timely response. As part of the Outline Business Case submitted to the Promoting Independence Programme Board meeting in May 2018, it was agreed that an additional three practitioners be recruited to the team and the process is now underway to recruit to these posts.
- 2.1.6 **Improving the current delivery model:** the current contract arrangements with n-able were put in place as part of the agreement around the transfer of the Assistive Technology practitioners back to Adult Social Services. The contract is currently under discussion with n-able – both Norse and Adult Social Services agree that the current contractual arrangement is not affordable or sustainable moving forwards, both at the current activity level and for a scaled up AT offer from Adult Social Services. The delivery model is inefficient in that there are multiple contact points for the customer with different agencies which result in unnecessary delays in the customer being able to benefit from AT. Two workshops have been held with n-able to examine the pathway in detail and identify changes and improvements to the processes, some of which have already been implemented. Discussions are continuing to inform the future delivery model.
- 2.1.7 **Obtaining reliable data from NCC systems to establish the usage and benefits of AT:** Although outcomes for individuals are recorded at the time of assessment, these are not currently reported on. Monthly KPIs (Key Performance Indicators) are received from n-able which report on the contract KPIs and we also receive a detailed report on the orders placed for each month down to service user level. We have recently worked with n-able to receive a transfer of data to enable further analysis and triangulation with NCC

data. A key priority is to establish robust methods for capturing and reporting on AT that provide evidence for demonstrating the effectiveness of AT in meeting both departmental and person-centred objectives and its impact on reducing spend. Work is currently taking place to write a detailed specification for a LAS (Liquidlogic Adults System) report and to develop a comprehensive performance dashboard.

3 Assistive Technology service development and pilots

- 3.1 The following are highlights of some of the key areas of work the service is taking forward as part of its service development and testing of future potential application through new pilots. Data gathered from the new developments and pilots will be evaluated to inform the full business case and development of the benefits model.
- 3.2 **The Herbert Protocol** – the Assistive Technology Team is working with Norfolk Constabulary and the Safeguarding Team on the re-launch of the Herbert Protocol in Norfolk for vulnerable people who go missing. For each person with dementia that is visited by Norfolk Constabulary following a missing person incident, Norfolk Constabulary will make a direct referral to the AT team for assessment and where appropriate provision of suitable equipment, which may include GPS location devices. This new approach will be trialled for a period of six months with a review at the three-month point.
 - 3.2.1 This pilot will test the benefits of an early referral and capturing a group of people we might not otherwise have ‘access’ to until the point of crisis.
- 3.3 **Reablement** – as part of the new in-house accommodation-based reablement service at Benjamin Court, an AT Practitioner has been appointed who is based on site. This provides an opportunity for AT to be considered at an early stage in someone’s reablement journey. It is anticipated that this will lead to increased take up at the right point in the pathway and have a positive impact on reducing the number of people who go on to need additional services.
 - 3.3.1 Work is also planned with the home-based reablement service to pilot a more proactive approach to the use of AT as part of a reablement package rather than as an ‘onward referral’ at the end of the reablement intervention.
 - 3.3.2 This will test the benefits of an Assistive Technology offer at a key point in the pathway and will test the premise that 100% of people on the reablement pathway are considered for AT and the benefits of this.
- 3.4 **Delayed Transfers of Care (DTtoC)** - The AT service is currently working with the Social Work Team at NNUH to look at how AT can support timely discharge from hospital and looks at ways of ensuring that any delays in accessing AT are minimised as far as possible.
 - 3.4.1 Two champions have been identified in the hospital social work team who will develop skills and knowledge about AT to provide an expert resource to colleagues in the team. This will include looking at whether the champions can be provided with a suite of AT equipment which can be provided at the time of discharge.
 - 3.4.2 This pilot will test whether small scale ‘simple’ equipment can be provided directly by the hospital social work team thereby facilitating discharge and reducing delays caused by onward referrals.
- 3.5 **Occupational Therapy (OT) pilot** – the AT service is undertaking a pilot to work with the existing Occupational Therapy/Assistant Practitioner service in Northern Locality so that OTs will be able to assess for AT and prescribe any relevant equipment. This would

complement the OTs' existing role, ensure that AT is considered early in the pathway and reduce onward referrals to other teams.

- 3.5.1 This pilot will test the benefits of other practitioners being able to assess and prescribe for AT, which potentially could add some additional capacity to the AT offer within existing resources and streamline the customer journey.
- 3.6 Further work is also planned to explore opportunities to maximise the use of AT working with providers of care and support, health partners and colleagues in Childrens' Services.

4. Financial Implications

- 4.1 At present there is a lack of a sound evidence base, both locally and nationally, on which to model the potential for savings achievable using assistive technology. In their recent report for Adult Social Services, Socitm cited savings from Hampshire, Glasgow and West Berks. Hampshire County Council are frequently cited as a 'leader' in terms of achieving significant savings using assistive technology, primarily telecare, to support older people to continue to live at home and prevent early or unnecessary admissions to residential care.
- 4.2 A visit was recently undertaken by officers from Adult Social Services, Information Management and Technology and the Chair of the Digital Innovation and Efficiency Committee to visit Hampshire County Council (Hants CC) to learn more about their approach, model and savings. A further telephone conference has taken place with Hants CC to examine in more detail the methods used for identifying and tracking the financial benefits of utilising assistive technology at scale and to help us understand fully the potential savings in Norfolk.
- 4.3 We will also examine in detail reported savings in other authorities to help test our assumptions and inform our model in Norfolk.
- 4.4 In the absence of a strong evidence base, Adult Social Services has produced an initial benefits model which will be tested and refined as steps are put in place to capture and track the financial benefits arising from AT provision. This will be done using several sources, including evaluation of pilots/new activity, data captured from the recent changes to the LAS (Liquidlogic Adults System) AT assessment and review forms and a new LAS Performance dashboard.

5. Issues, risks and innovation

- 5.1 Key issues are identified in Section 2 above. These will be addressed as part of the on-going development of the new strategy and approach and the full business case, which will be presented to the Promoting Independence Board.
- 5.2 Risks will be monitored through the project governance and reporting arrangements in Adult Social Services. The use of pilots gives us an opportunity to test thoroughly new ways of working and approaches, thereby minimising the risks.
- 5.3 We are also continuing to explore and learn from research and the experience and work of other authorities to inform our approach. In February 2018, Adult Social Services commissioned Socitm to undertake a high-level strategic review and challenge of the savings assumptions for NCC's digital transformation and the AT service. Socitm worked with us for a short period and provided us with some reference sites demonstrating good practice which we are now exploring. We are currently analysing the feedback from the recent trip to Hampshire to gather learning points and ensure these are considered in the development of Norfolk's model.

- 5.4 **Innovation Centre at County Hall:** as agreed at the March Digital Innovation and Efficiency Committee meeting, work has been progressing with the set-up and configuration of an Innovation Centre located in the County Hall Mezzanine which will allow IMT to work with services to demonstrate new technology in several familiar environments including:
- a) Office of the future
 - b) In the home
 - c) Meeting spaces
 - d) Canteen / coffee shop
- 5.4.1 We will show Technology, how it can be used out of the box and explore stories of how it is used elsewhere.
- 5.4.2 IMT has now secured the space, the internet has been installed ready for use and furniture and the initial Technology has been ordered.
- 5.4.3 IMT will be testing some of the initial technology such as Amazon Echo, Amazon show, Internet of things buttons, Logitech Harmony and LoRaWan in the next two to three weeks.
- 5.5 **Smart flat, Norwich:** Adult Social Services is working in partnership with Rotary House for the Deaf to open a new 'smart flat' this summer on King Street, Norwich. The flat will allow demonstration of various types of assistive technology, designed to support elderly and vulnerable adults to remain living independently at home and in their community. As well as technology to help with hearing impairment, it will include:
- a) telecare sensors linked to a community alarm monitoring centre
 - b) devices to provide localised and distant alerts to a person or their carer
 - c) GPS location devices
 - d) home activity monitory systems
 - e) other mainstream technology such as Wi-Fi sensors, Amazon Echo 'Alexa' devices and useful tablet based apps
- 5.5.1 The 'smart flat will' be available to view by appointment through the Assistive Technology Team or Deaf Connexions, who are based at Rotary House, and will provide both the opportunity for individual service users to try out the different technologies as well as provide a venue for events, training and drop-in sessions.
- 5.6 **Amazon Innovation Day:** early in March 2018, Amazon Web Services hosted an Innovation Day in Norwich with 40 attendees, including Members, officers, practitioners, service users and carers. Feedback from the day was positive and provided an opportunity to start to explore how mainstream technologies could support people to live independently for as long as possible.
- 5.6.1 The output of the day was a long list of potential uses or skills where Amazon Echo could be developed further which has now been distilled down to some key areas where we feel Amazon Echo could both support individuals' outcomes and Promoting Independence objectives. Amazon devices have also been trialled by some staff in IMT and some service users with sensory impairments. The use of Amazon devices has also been included in the design of the new supported living flats for people with learning disabilities at Netherwood Green. The development work with Amazon will be taken forward as part of the ongoing development of the assistive technology strategy and service.

6. Conclusion

- 6.1 Assistive technology (AT) has a key role to play in supporting people to live independently for as long as possible and providing support to family carers to enable them to continue caring for as long as they are able and willing to do so. A review is being carried out of Assistive Technology by Adult Social Services, which will lead to the development of a new strategy and approach.
- 6.2 Some improvements have been identified during the review that will ensure that the benefits of AT are maximised to prevent, reduce and delay the need for formal care and support and that consideration of assistive technology is fully integrated into practice across all areas of the Department.
- 6.3 The report highlights of some of the key areas of work the service is taking forward as part of its service development and testing of future potential application through new pilots, including:
- a) The Herbert Protocol
 - b) strengthening working with the reablement service
 - c) looking at how AT can support timely discharge from hospital
 - d) a pilot to work with the existing Occupational Therapy/Assistant Practitioner service
 - e) developing a new training programme for all potential referrers
 - f) development work with Amazon
 - g) examining in detail reported savings in other authorities to help test our assumptions and inform our model in Norfolk
- 6.4 Data gathered from the new developments and pilots will be evaluated to inform the Full Business Case and development of the benefits model.

7. Recommendations

- 7.1 **Adult Social Care Committee Members are asked to:**
- a) **Note progress to date on the review and work in progress**
 - b) **Agree to receive further updates on the development and implementation of the new strategy and model**

Officer Contact

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

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