Norfolk County Council
at your service

Community Services Overview and Scrutiny Panel

Date: **Tuesday 10 September 2013**

Time: **10am**

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

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

Membership

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

Non Voting Cabinet Member for Adult Social Services

Ms S Whitaker

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

Mrs M Wilkinson

Non Voting Cabinet Member for Public Protection

Mr D Roper

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

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

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A g e n d a

1   To Receive Apologies and Details of any Substitute Members Attending

2   Minutes

To confirm the minutes of the Community Services Overview and Scrutiny Panel held on 9 July 2013   **PAGE 5**

3   Members to Declare Any Interests

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

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

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

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

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

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

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

5   Public Question Time

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

Please note that all questions must be received by the

Committee Team (committees@norfolk.gov.uk or 01603 222948) by **5pm on Thursday, 5 September 2013**. For guidance on submitting public questions, please view the Council Constitution, Appendix 10.

6   Local Member Issues/Member Questions

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

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

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Group Meetings

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

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

Date Agenda Published: 2 September 2013

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Norfolk County Council
at your service

Community Services Overview and Scrutiny Panel

Minutes of the Meeting

Date: Tuesday 9 July 2013
Time: 10.00am
Venue: Edwards Room, County Hall, Norwich

Present:

Mrs J Brociek-Coulton	Mr J Mooney
Ms E Corlett	Mrs E Morgan
Mr D Crawford	Mr W Northam
Mr E Foss	Mr W Richmond
Mr A Grey	Mr M Smith
Mrs S Gurney (Chairman)	Mrs M Somerville
Mr B Hannah	Mrs A Thomas
Mr H Humphrey	

Substitute Present:

Mr T Garrod for Mr J Law

Also Present:

Ms S Whitaker, Non-Voting Cabinet Member for Adult Social Services
Mrs M Wilkinson, Non-Voting Cabinet Member for Communities

Officers/Others Present:

Harold Bodmer, Director of Community Services
Janice Dane, Finance Business Partner and Transformation Manager, Community Services (Adult Social Care)
James Bullion, Assistant Director of Community Services, Prevention (Adult Social Care)
Jennifer Holland, Assistant Director of Community Services, Head of Libraries and Information
Debbie Olley, Assistant Director of Community Services, Safeguarding (Adult Social Services)
John Perrott, Business Support Manager, Community Services (Adult Social Care)
Jill Blake, Business Support Manager, Community Services (Adult Social Care)
Ann Baker, Vice-Chairman of the Norfolk Strategic Board for Older People
Augustine Pereira, Norfolk and Suffolk NHS Foundation Trust
Tamsin Lodge, Member of the Public
Mick Sanders, Head of Integrated Commissioning – Norwich, Community Services (Adult Social Care)
Colin Sewell, Planning, Performance and Partnerships Manager (Communities)
Stephen Andreassen, Strategic Risk Manager, Resources (Finance)

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Clive Rennie, Assistant Director of Commissioning (NHS/NCC)
Richard Bearman, Leader of the Green Group at Norfolk County Council
Andrew Wiltshire, Conservative Political Assistant
Jonathan Dunning, UNISON
Jane Walsh, Project Manager Transformation (Re- modelling of Care) Community Services
Beverley Evans, Head of Adult Education, Community Services
Lucy Roger, Project Support Officer, Community Services (Adult Social Care)
B Ziolkowska, Norfolk and Suffolk NHS Foundation Trust
Steve Holland, (Programme Director Strategic Model of Care) Community Services

1   Apologies For Absence

Apologies for absence were received from Mr J Law, Mr D Roper (Non-Voting Cabinet Member for Public Protection) and Mrs C Walker.

2   Minutes

The minutes of the previous meeting held on 11 June 2013 were confirmed by the Panel and signed by the Chairman.

3   Declarations of Interest

Ms E Corlett said that she had an "Other Interest" in that she was employed by the Norfolk and Suffolk Foundation Trust for whom she was also a UNISON Steward. She said that in the circumstances she would be withdrawing from the meeting for the public question on mental health and for the report on mental health at item 14 on the agenda.

Ms J Brociek-Coulton said that she had an "Other Interest" in that she undertook occasional employment for a social care company called Blue Bird.

4   Items of Urgent Business

There were no items of urgent business.

5   Public Question Time

The following public question was received from Miss Tamsin Lodge:

"The Adult Education Service is supposed to be functioning as normal, with a full range of courses. Can the Council advice me as to why the IT provision has not been reinstated for the Autumn term?"

The following response was given:

"The Adult Education Service took the difficult decision to reduce the number of ICT courses it offered for the following reasons:

- Skills Funding Agency grant funding was reduced by some £700,000 in the year which meant the Service could no longer offer the breath of courses it had offered in the past.
- There had been a reduction in demand for formal classroom based ICT courses

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- There were already many other local organisations and national online organisations providing ICT training in Norfolk.
- The Service would need to invest in its ICT teaching infrastructure and software to compete with other providers and it was not in a position financially to do this."

Miss Tamsin Lodge asked the following supplementary question:

"There is a real need for basic IT training for those people who have no knowledge of using the internet. With this in mind surely it is worthwhile to provide this sort of training?"

The Chairman asked for the following response to be given by Mrs Beverley Evans, Head of the Adult Education Service:

"There are a number of providers of basic IT training including the Library Service; the Adult Education Service is exploring with Library Service and Job Centre Plus what more can be done to support people who need this sort of training in order to find suitable employment."

Having declared an "other interest" at the start of the meeting, Ms E Corlett left the meeting for the following public question.

Mrs Ann Baker, Vice-Chairman of the Norfolk Strategic Partnership Board for Older People asked the following public question:

"Reports in the Eastern Daily Press and Evening News of Friday 28 June 2013 stated that the President of the Royal College of Psychiatrists has called in the Care Quality Commission raising concerns about the substantial loss of jobs in the Norfolk and Suffolk NHS Foundation Trust being a real threat to patient safety. This confirms our own concerns increasingly being raised by families and unpaid carers about delays in treatment of patients and the hardships and anxiety they are facing. The President goes on to suggest that it may no longer, after the one year already agreed, be appropriate to place trainees in this Trust.

In the light of these reports, whilst we commend the report of the Norfolk and Suffolk Joint Committee on Radical Design of Mental Health Services which obviously involved a great deal of hard research and thought, what further urgent action would Norfolk County Council take to maintain a safe level of staffing at all levels from consultant down, before there are any repercussions?

The following answer was given:

"The Mental Health Clinical Services are commissioned from the Norfolk and Suffolk Foundation Trust by the Norfolk Clinical Commissioning Groups (CCGs). This arrangement includes a detailed specification of service requirements and a set of Care Quality and Safety key performance indicators which are closely and regularly monitored to ensure that standards of service are good. The CCGs work with the Trust to ensure any areas of concern are addressed. The County Council has a formal agreement with the Trust for the provision of Social Care Services and also sets out key performance requirements and monitors performance of Trust. Again, the Council works with the Trust on any improvement actions which are needed.

The Norfolk Health Overview and Scrutiny Committee (NHOSC) have considered the plans for the Trust's redesign and will consider a further report on this at its meeting in September 2013.

A key element of the proposals referred to is a change in the numbers of different types of roles in the organisation: the "skill mix". The impact of these changes will be considered through these routes."

Mrs Ann Baker then asked the following supplementary question:

"There are already concerns brought to us as a result of the changes so far, from both ends of the skills mix, from consultants to social care staff and unpaid carers. Can the County Council intervene more strongly and hopefully in good time because we fear that repercussions will occur?"

The Chairman asked for the following response to be given by Mr Clive Rennie, Assistant Director of Commissioning (NHS/NCC).

"The Norfolk and Suffolk NHS Foundation Trust (NSFT) and the Lead Commissioner, the North Norfolk Clinical Commissioning Group, are due to attend the next meeting of the Norfolk Health Overview and Scrutiny Committee on 5 September 2013 to present a timetable for their decision making processes and for the necessary consultation with that Committee.

The NSFT have assured the Norfolk and Suffolk Joint Health and Scrutiny Committee on the radical redesign of mental health services (the Joint Committee) that the transition to the new service model would be closely monitored to ensure quality and safety for patients. The NHOSC will need to consider financial sustainability of local NHS Services alongside quality and safety."

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Ms E Corlett returned to the meeting at this point in the proceedings.

6   Local Member Issues/Member Questions

There were no local Member issues or local Member questions.

7   Cabinet Member Feedback

The annexed report (7) by the Director of Community Services was received.

The Cabinet Member for Communities reported that Mr Steve Miller had taken up his post as Head of Museums and Archaeology for the Norfolk Museums and Archaeology Service.

The Cabinet Member for Adult Social Services said that the Cabinet had agreed (as an exception to contract standing orders) to extend the current domiciliary block contracts for a year, with the option of an additional six months, if required. She said that this would allow time for further consideration to be given to the provision of domiciliary care as a whole, and for the possibility of awarding an overall single new contract to be examined, thereby saving money.

8   Fuel Poverty in Norfolk – Scrutiny Task and Finish Group

The annexed report (8) by the Scrutiny Support Manager (Health) was received. The report asked the Panel to agree on terms of reference for a scrutiny task and finish group on "Fuel Poverty in Norfolk" in the context of heating people's homes.

It was noted that the terms of reference of the Working Group of Cabinet Scrutiny Committee that was currently examining rural isolation in Norfolk had been amended to exclude the areas of work that would be covered by the Fuel Poverty Scrutiny Task and Finish Group.

The Panel **RESOLVED** to**:**

(a) Approve the terms of reference for the Fuel Poverty Scrutiny Task and Finish Group that were attached at Appendix A to the report.

(b) Appoint the following Members to serve on the Task Finish Group:

    Ms J Brociek-Colton
    Ms E Corlett
    Mr D Crawford
    Mr E Foss
    Mrs S Gurney
    Mrs E Morgan

 (c) Add one other Member to be appointed following consultation with Mrs Gurney. *(Note: Mr I Mackie agreed to take on this role).*

(d) Agree one Member of the Group should attend the National Energy Action Conference 2013 at a cost £358.33 plus VAT plus accommodation and travelling expenses.

9   Scope of the Review of Adult Education

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

The Panel received a report that provided a brief overview of the Adult Education Service and outlined the key points that would be considered as part of the review of the Service.

In reply to questions, it was pointed out that the service was not planning to continue to deliver apprenticeship training for school teaching assistants and childcare staff because schools and childcare settings found it difficult to release staff for training within their core contracted hours, as now required by the rules governing apprenticeship programmes. It was noted that for teaching assistants and childcare staff who were no longer able to take up apprenticeships, the service would continue to provide suitable courses that lead to certificates and diplomas.

It was also pointed out that the forthcoming review of the Service would take into account the availability of public transport throughout Norfolk, and show in which areas

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of the county there was the greatest need for adult basic education courses.

In respect of the following matters, the Head of the Adult Education Service said that she would provide detailed written responses for the benefit of all Members after the meeting:

For Wensum Lodge:

- To explain what percentage of the Service's total courses were available at Wensum Lodge.
- To show courses offered at Wensum Lodge in a typical week to illustrate the range of courses available.
- To show which courses were unique to Wensum Lodge, for example, available at Wensum Lodge but not available elsewhere in Norfolk.

More generally:

- Of the 300 venues where Adult Education Courses were delivered across the county, where were they and how much was delivered at each venue.
- How did the Adult Education Service receive learner feedback and could examples be provided of what use was made of it.

The Panel agreed that the Cabinet Member for Communities would be the sponsor for the review of the Adult Education Service and that an interim report should be brought to a future meeting in September or October 2013. It was also noted that Mr Dearnley, the local member for Wensum Lodge, would need to be kept informed of developments.

10   Warm and Well – Interim Evaluation Report

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

The Panel received a report that examined how the "Warm and Well" intervention was provided in Norfolk and how it was targeted at those in need of help to keep their homes warm during the winter.

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

- A significant number of individuals (some 20%) targeted by the "Warm and Well" intervention might not of had a particular need for the Service.
- The intervention needed to be targeted more at vulnerable families and to have improved links with parish councils.
- It was noted that while "low cost loans" through the Norfolk Credit Union were advertised with a headline 2% monthly interest rate, the APR was actually very high at 27%, making this misleading. Such loans were difficult for many to pay off; access grants were more appropriate. Officers were asked to examine this matter further.

The Panel asked that when the conclusions and recommendations from the final evaluation report had been completed that they be referred to the Fuel Poverty Task Finish Group for its comments.

11   Supporting People Programme Review

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

The Panel received a report that categorised the progress of the Supporting People programme from its inception in 2003 to the current date.

Members supported the governance arrangements for the Supporting People programme and noted that it was lead by a Commissioning Body which included Community Services. It was also noted that older people's groups had been consulted on the approach that was being taken and that this approach made use of assistive technology.

It was further noted that the Supporting People approach was now well established in Norfolk and that the next meeting of the Governing Body would be held at the end of July 2013.

12   Community Services Performance and Risk Monitoring Report

The annexed report (12) by the Director of Community Services was received. The report provided an end of year summary of performance and risk management for Community Services for 2012/13.

It was noted that "the speed and severity of change" performance indicator was now at "green" rather than at "amber".

Members asked for the appendices to performance and risk management reports to be redesigned so that they did not in future have to be printed on A3 coloured paper and handed out at Panel meetings but could instead be read easily in an electronic format (at size A4).

Members also asked for a breakdown of the sickness absence figures for Adult Social Care so as to show different kinds of sickness and in particular to what extent sickness absence was due to injury at work.

The Panel noted the County Council's Library Service remained the most popular of all the county authorities in terms of books borrowed per head of population and for lending other items such as DVDs, console games and CDs.

The Panel noted the overall good progress that continued to be made by Community Services in meeting its performance and risk management targets.

13   Remodelling of Care (ROC): Independence Matters: Contractual Arrangements for a Jointly Owned Social Enterprise

The annexed report (13) by the Director of Community Services was received. The Panel received a report that outlined the main terms of a proposed contract for The

Social Enterprise, Independence Matters to be established, to be owned 49% by the Council and 51% held in trust for the employees.

For the benefit of new Members, Mr Bullion and Mr Holland from Community Services briefly outlined the background to the report, including the findings of the Remodelling of Care Working Group and the decision of the Cabinet in December 2012 to agree to establish a social enterprise for Personal Community Support Services. They explained that the Panel was being asked to consider the proposed contractual arrangements and not to consider whether to set up a social enterprise since that decision had already been made.

Mrs Gurney said that because there were significant staffing implications arising from the report she was prepared, as an exception to normal County Council policy, to exercise her discretion as Chairman of the Panel and to agree to a request from Mr Dunning (on behalf of UNISON) that he should be allowed to explain why UNISON was against the creation of a Social Enterprise for Personal and Community Support Services.

Mr Dunning said that the cost of increased employer pension contributions could be over £1M if this came out at the higher end of management's range of estimates. He said that UNISON HQ understood there to be continuing uncertainty as to whether the Social Enterprise could trade as a Teckal Company. Mr Dunning said that the legal opinion that the County Council had received on this matter was believed to be divided. Mr Dunning added that the alternative, advocated by UNISON, of an in-house model would deliver a more cost-effective and accountable service and receive wider support from staff. He suggested that this option could still be considered within the existing timetable for when a decision needed to be made on a way forward and a report brought back to the next meeting of the Panel.

In the ensuing discussion the following key points were made:

- The Social Enterprise would have a guaranteed contract for up to five years (comprising an initial three years with the option for the County Council to extend its contract for a further two years) prior to considering its contractual position.
- The existing staff would have the full transfer protection of the TUPE legislation.
- The TUPE transfer would result in about 530 full-time equivalent staff transferring to the Social Enterprise.
- It was noted that the Social Enterprise complied with the latest advice from the European Commission.
- The full procurement business case was available to Members on request.
- The legal advice was that the Social Enterprise could trade as a Teckal Company.
- Ms Corlett asked for an explanation of the legal advice from NP Law and to see the legal advice.
- The Social Enterprise would be able to gain access to social finance which was increasingly available in the market from social investors but not available to the County Council.
- Surpluses would go straight back into the Service.
- In the current economic climate, there might be a greater risk to the level of service which could be provided for the public if the Service remained in-house.
- There would be no cost implications for service users of moving to a Social

Enterprise.
- The Council would be able to exercise control through an Enterprise Development Board, the contract and the company articles of association. The Enterprise Development Board would include the Cabinet Member for Adult Social Services, plus one other County Councillor and, if they wished to take up the position, a UNISON representative. The Enterprise Development Board would be the most important mechanism whereby the County Council would be able to review the activities of the Social Enterprise and be able to safeguard the County Council's interests and review the price of contracts.
- It was noted that approximately 60 members of staff had responded to a UNISON survey from a total of 530 FTE staff.
- Mrs Morgan asked for Members to be able to see the written summary of staff responses during engagement sessions and the most important comments that came out of the staff engagement sessions.
- The Cabinet Member for Adult Social Services said that the decision to set up a Social Enterprise had already been taken by the previous Administration at the County Council. She considered it important for UNISON to be represented in the running of the Social Enterprise.

It was then **RESOLVED** to:

(a) support the proposed contractual relationship with the enterprise, noting the main terms and risks;

(b) support the premise that the additional costs arising from the pension deficit, and the transfer of shared services and redundancy costs were funded corporately by the Council;

(c) Support the Interim Enterprise Development Plan from the emerging Social Enterprise, Independence Maters.

(Each of the above resolutions was agreed by way of a separate vote, with three Members voting against on each occasion).

Having declared an "other interest" at the start of the meeting Ms E Corlett left the room before the Panel considered the next item.

14   Mental Health Services – Review of Report on Section 75 Agreement with Norfolk and Suffolk Foundation Trust

The annexed report (14) by the Director of Operations at the Norfolk and Suffolk Foundation Trust and the Director of Community Services was received.
The Panel received a report that described how the Norfolk and Suffolk Foundation Trust (NSFT) had addressed the responsibilities delegated to it by the Council under the Section 75 Agreement during the period January 2013 to date.

The Panel noted:

(a) The governance structure for the working of the Section 75 Agreement.

(b) The performance framework used to monitor how effectively the NSFT delivered the delegated Council functions and Key Performance Indicators.

(c)   Matters relating to staffing and workforce planning.

(d)   The provision of training to support the delivery of the delegated County Council functions.

(e)   The delivery of the Approved Mental Health Professional's service.

15   Forward Work Programme - Scrutiny

The annexed report (15) by the Director of Community Services was received. The Panel received a report concerning its scrutiny forward programme for 2013/14 which was agreed subject to the addition of a report on blue disabled parking badges (which was also to be considered by the Cabinet Scrutiny Committee) being considered by the Panel in September 20013.

16   Mr James Bullion

The Panel's thanks were placed on record to Mr James Bullion, Assistant Director of Community Services, Prevention, who was due to leave the County Council's employment before the next Panel meeting to take up an Assistant Director post with Essex County Council.

The meeting concluded at 12.20pm.

Chairman

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Cabinet Member Feedback

Report by the Cabinet Members for Community Services

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

Report of Cabinet Decisions taken since the last Overview & Scrutiny Panel meeting

Report	**Report on the proposed exemption to Contract Standing Orders for an extension to six block contracts for domiciliary care for adults**
Date Considered by Panel	
Date Considered by Cabinet	8 July 2013
Cabinet Feedback	**Cabinet resolved that**: a) The approach be endorsed b) The variation of Contract Standing Orders for an extension of 6 block contracts be agreed, to extend the contracts for 12 months with the option of a further 6 month contract. **Reason for decision**: That an exemption to standing orders was required to enable these six domiciliary care block contracts to be extended as detailed in the Cabinet report.
Action Required	
Report	**Remodelling of Care (ROC); Independence Matters; contractual arrangements for a jointly owned Social Enterprise**
Date Considered by Panel	
Date Considered by Cabinet	5 August 2013
Cabinet Feedback	**Cabinet resolved that**: a) The proposed contractual relationship with the enterprise be agreed, noting the main terms and risks within the Cabinet report.

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b) The premise that the additional costs arising from the pensions deficit, and the transfer of shared services and redundancy costs be funded corporately by the Council be agreed.

c) The Interim Enterprise Development Plan (attached to the Cabinet report) from the emerging Social Enterprise, Independence Matters, be agreed.

d) Following consideration of the report and the exempt information contained in Schedules Two and Three of the proposed contract (attached to the Cabinet report as a pink paper as Appendix C), that the Director of Community Services be given delegated authority in consultation with the Cabinet Member for Adult Social Services to award such a contract to Independence Matters CIC (Community Interest Company) Ltd.

Reason for decision:
The nature, scale and scope of the changes proposed in the Cabinet report require a Key Decision which only Cabinet could make within the Council's constitution.

Action Required

Report Date Considered by Panel	**Respite Provision (Exempt report)**
Date Considered by Cabinet	5 August 2013
Cabinet Feedback	**Cabinet resolved that**: the exempt recommendations be agreed.
	Reason for decision:

Action Required

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Blue Disabled Parking Badge

Report by the Director of Community Services

Summary

The Blue Badge Unit is undergoing major improvements in response to the Government's Blue Badge Improvement Service and Department of Transport recommendations and the introduction of a new badge processing service, provided by Northgate Ltd. This report provides a further update to the April 2013 Cabinet Scrutiny Committee report on progress to improve the Council's Blue Disabled Parking Badge scheme. It includes progress towards finalising improvements to the application processes in line with customer feedback, technical changes to the internet-based service, and increased payment methods. As a result of the changes the service has experienced some delays in responsiveness which has resulted in some increased customer dissatisfaction and as a response a Customer Service Monitoring Group is proposed.

Action required

The Overview and Scrutiny Panel are asked:

   a. To support the establishment of a new Blue Badge Customer Service Monitoring Group

   b. To note the progress towards full implementation of the Blue Badge ICT project

1   Background

1.1   The Cabinet Scrutiny Committee in April 2013 required that a further update and briefing was provided, to include:

   a. The length of time currently being taken to process applications
   b. The outcome of initiatives to widen the locations at which customers may apply for a Blue Badge

2   Current Position

2.1   The Blue Badge application process is currently taking up to six to eight weeks, depending on the complexity of the customer's disabilities and whether a full mobility assessment or reassessment is required. Less complex cases, where the automatic eligibility criteria are met or where the expiry date is close, are processed in a significantly shorter time. The normal service standard for blue badge application is six weeks. Blue badges are awarded for three years.

2.2   There have been several instances of customer dissatisfaction with the applications process for blue badges and concern about whether the service is as accessible as it could be. This arises from, until recently, an incomplete on-line process, and the need to continue a reliance on paper-based systems to main accessibility. In response to this, alongside the technical changes to the services, it is proposed to strengthen customer service arrangements.

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2.3 **Application Processes – current update**

2.3.1 Paper Forms:

    a. Paper applications remain high since the circulation of the electronic form to partner agencies

    b. The unit is receiving approximately 30 paper application forms each day. These require additional manual input into the local Blue Badge database (as opposed to on-line applications)

    c. The current additional cost to the Blue Badge service to cover this manual input equates to 1.5 fte Business Support Assistant at a cost of £29,010 per annum

    d. This ensures that applicants applying using this method receive the same level of service as all other forms of Blue Badge applications i.e. processing timescales

2.3.2 On-line Applications:

Applicants with access to a computer now have the option of completing the entire process on line.

2.3.3 They can:

    a. Apply on line using the electronic application form

    b. Receive update emails regarding the status of their application throughout the process

    c. Upload/scan the required documents

    d. Make payment on line using debit or credit card

2.3.4 Outcomes from this improvement include:

    a. Reduced postage costs to both the applicant and the Council

    b. Reduced cost of archiving paper documents

    c. Faster application processing time

    d. Instant application decision where automatic eligibility is met

    e. Extra security regarding payments (i.e. reduction in returned cheques)

    f. Reduction in staff processing time

    g. Reduction in avoidable contacts via the Customer Service Centre

3 Payment

3.1 Customers are now able to pay for their Blue Badges by cheque, postal order, and by debit and credit card on-line and over the telephone, via the Customer Service Centre.

4 ICT/Back Office Project

4.1 Work continues to align the Council's Blue Badge application system with Northgate.

4.2 Significant delays have been experienced as a result of Northgate's poor response to ICT queries and faults within their own system.

4.3 Northgate have now agreed to review the 'fixes' required and will explore the option of putting them forward with a 'fast-track' solution.

4.4 In the meantime, the lengthier manual inputting process that these delays have caused has impacted on the processing time of Blue Badges, which temporarily increased it to ten weeks.

4.5 Additional staffing has been provided to reduce the resulting backlogs and ensure that the delays in the ICT project did not continue to impact the customer further.

4.6 As part of the 'back office' project, the Blue Badge Unit (BBU) is receiving ongoing support and training to implement all the current changes to ICT systems and processes. The work has also focused on introducing improved reporting features which will enable the Unit to strengthen its forward planning, as well as current throughput. This should ensure that future periods of high volume can be planned and resourced for in a timely manner to avoid any customer impact.

5 New Blue Badge Customer Service Monitoring Group

5.1 In response to recent press interest and customer complaints, officers recommend the creation of a new Blue Badge Customer Service Monitoring group to oversee and steer developments in the service. It is proposed to include a Councillor, a representative from the Disabled Drivers Association, officers from both Community Services and Customer Services and Communications Department. The role for the group will be to regularly monitor service quality, including complaints and compliments, to oversee partnership developments and enforcement action. Terms of reference for this group are being created.

6 Registrars

6.1 Registrars have been asked to provide paper application forms as requested and to re-direct customers to libraries where 'Council at your library' is available and assistance can be provided.

7 Post Office

7.1 A request was originally made via Corporate Resources Overview and Scrutiny Panel to explore the possibility of the Post Office supporting the Blue Badge application process. We have been informed that no further progress has been made towards this at this stage.

8 Other Implications

8.1 If efforts to resolve the current ICT issues are unsuccessful and prevent the full integration of the Council and Northgate IT systems, alternatives will need to be considered. It is likely that ongoing additional staffing to manage the extra workload will need to be funded.

8.2 Consideration could also be given to exploring the option of contracting a fully managed service from Northgate. Northgate can provide an end-to-end service, providing telephony, application enquiries, over-the-phone assisted applications, scanning and the issue of badges; the only function remaining with the Council being the mobility assessment and decision-making on those not automatically eligible for a badge.

9 Equality Impact Assessment (EqIA)

9.1 Please refer to previous EqIA.

10 Section 17 – Crime and Disorder Act

10.1 Please refer to previous report.

11   Action Required

11.1   The Overview and Scrutiny Panel are asked:

    a.   To support the establishment of a new Blue Badge Customer Service Monitoring Group

    b.   To note the progress towards full implementation of the Blue Badge ICT project

Background Papers

    a.   Cabinet Scrutiny Committee Report April 2013
    b.   Cabinet Scrutiny Committee Report October 2012
    c.   Cabinet Scrutiny Committee Report June 2012

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All Party Working Group on Quality in Home Care (2010-12)
- Review of Identified Options

Report by the Director of Community Services

Summary

This report provides an update to panel members as previously requested following the work of the All Party Working Group on Quality in Home Care which were presented to Overview and Scrutiny Panel in July 2012 and subsequently taken to Cabinet in October 2012.

The Working Group undertook a series of visits to Home Care Agencies, including the County Council's Assessment and Re-ablement service, Norfolk First Support and a number of Housing with Care schemes. Members had the opportunity to meet service users, care workers and Office staff and reviewed documentation.

The Working Group also received reports on:
   a. The new standards for quality and safety established by the Care Quality Commission
   b. Norfolk's approach to Safeguarding Vulnerable Adults
   c. Home care capacity
   d. Terms and Conditions for Independent Sector home care workers
   e. Assessment Checklist and key questions used in quality monitoring

The Group also met with the Norfolk Coalition of Disabled People (now Equal Lives) and representatives of the Independent Home Care Providers and heard their key issues and challenges. As a result of this, Members also attended one of the Independent Home Care Providers Forums, which had representation from about 35 home care agencies working within Norfolk.

In October 2012, Cabinet received and accepted the recommendations of the working group:

a) that in respect of the re-tendering of six Home Care Contracts being undertaken that tenderers be asked to cost the impact of:

   1. Staff being paid mileage
   2. Staff being paid travel time
   3. Provision of uniforms free of charge
   4. Payment for CRB checks
   5. Payment for training

b) that tenderers be asked to cost the initial impact of implementing Electronic Call Monitoring, for consideration by the County Council as part of the evaluation process

c) that the Panel consider whether the Working Group should be reconvened in order to assess the quality of care being provided to people in receipt of a Direct Payment who are using Personal Assistants

These recommendations were accepted by Cabinet.

This report provides the panel with background information on the Working Group and an update on progress since the report to Cabinet.

Action required

The Panel is asked to:

   a. note that the re-tendering exercise incorporated the recommendations made to Cabinet

   b. note and comment on the review of home care that is currently being undertaken

   c. consider whether the Working Group should be reconvened in order to assess the quality of care being provided to people in receipt of a Direct Payment who are using Personal Assistants

   d. consider whether the Panel requires regular updates on the state of the domiciliary care sector and the progress being made on the current review and if so, the frequency of these updates

1   Background

1.1   The All Party Working Group on Quality in Home Care was re-convened in April 2010. The first working group produced an initial report to Overview and Scrutiny Panel in January 2010. The final report of the re-convened Working Group was taken to Panel in July 2012.

1.2   The Group was chaired by Councillor Diana Irving and had five other Members, Councillors Tom Garrod, John Perry-Warnes, Tony Wright, James Joyce and Stephen Little. The Group met bi-monthly and was an open ended group.

1.3   A small group of Officers, primarily from the Quality Assurance Team, provided regular reports to the Working Group and accompanied Members on visits.

1.4   The Group has met 15 times since April 2010.

1.5   It has undertaken the following activities to date :

   a. Reviewed the work of Norfolk First Support (the in house Assessment and Re-ablement Home Care Service)
   b. Reviewed the Assessment Checklist and key questions used in Quality Monitoring of Home Support Agencies and Housing with Care Schemes
   c. Reviewed the Terms and Conditions of Independent Sector Home Care Workers
   d. Met with a service user and Equal Lives (formerly Norfolk Coalition of Disabled People)
   e. Reviewed Contract Standards for home care being used by the County Council
   f. Considered and responded to Equal Lives' proposed Service User Charter
   g. Reviewed Safeguarding, including Management of Medication

1.6   It has received reports on home care capacity, Norfolk's protocol for safeguarding vulnerable adults, the Care Quality Commission's new standards for quality and safety, turnover rates for home care workers and travel, transport and uniform allowances for home care workers.

1.7   The Working Group also met with five representatives of the Independent Home Care Providers to hear their key issues and concerns and was also invited to attend the Independent Sector Home Care Providers Forum held in Gressenhall. There was very positive feedback from providers about how helpful the meetings had been.

2   Visits to Agencies

2.1   Norfolk County Council spends some £34 million annually on home care for older and disabled people. The services funded by Norfolk County Council support just over

6,000 people in their own homes every week, with just under 44,000 hours of care provided per week. The main 25 agencies (both block and spot providers) employ over 1,000 care staff.

2.2   The Working Group has undertaken visits to Norfolk First Support and to all block contract home care providers over a period of 14 months (13 providers). The visits to Norfolk First Support took place in June 2010. The fact that Norfolk First Support is re-abling 47% of service users is a testament to the effectiveness and quality of this service. This means that fewer long term care interventions are required with this group of service users.

2.3   During the visits to agencies, members of the Working Group met with 90 service users and their informal carers and interviewed 50 care workers.

3   Visits to Housing with Care Schemes

3.1   The Working Group also visited a number of housing with care schemes across the county during late 2011 and early 2012. These were:

   a. Dell Rose Court in Northfields, Norwich
   b. Saxon House in Loddon
   c. Grays Fair Court in New Costessey; and
   d. The Old Maltings in Swaffham

3.2   25 service users and their informal carers were visited in their own flats and some 15 care workers were interviewed by members of the Working Group.

4   The visits and focus on quality

4.1   The visits aimed to focus on the quality of care being provided to service users and, using an Assessment Checklist, reviewed service user and care worker documentation held in the agency branch office and housing with care schemes.

4.2   Service users were visited in their own homes. The agencies and housing with care schemes ensured that there was a spread of service users with differing levels of complexity and needs. Documentation held there was reviewed using the assessment checklist, ensuring it was accurate, up to date and comprehensive.

4.3   Service users were asked a number of questions, using a standard template, to obtain their views on how they actually experience the quality of the care being provided. This focused on issues such as timeliness of calls, communication with the branch office, continuity of care, respect, dignity and privacy. If the service user had other key people providing support such as a partner or relative they were also involved, where possible, in the discussion to listen to their views. The Working Group received consistent feedback from service users and their families that they really welcomed and valued Members undertaking the visits and for taking such an interest in reviewing the quality of home care being provided.

4.4   Care workers providing the actual care to those service users were also interviewed, normally at the agency's office and a set of standard questions were asked. These questions focused on training and supervision, professional boundaries, care practice, understanding of safeguarding vulnerable adults and "whistleblowing".

4.5   The findings of the visits were then fed back to the branch/housing with care scheme Manager.

4.6   Write ups of all the visits to the branch offices/housing with care schemes and service

users were made and any issues relating to good practice, or of concern, were discussed at the working group, and via officers, fed back to the agency/ies or housing with care schemes.

5 Issues arising from the visits

5.1 Complexity of care needs

5.1.1 What was striking for the Working Group was the very complex nature of people's care needs that were, in the overwhelming majority of cases, being extremely well managed by home care agencies. Set out in Appendix 1 are pen pictures of some of the service users being supported at home and details of the care tasks being undertaken by care workers in order to enable people to remain in their own homes. It is clear that the provision of home care is now keeping people at home who 10 years ago would have been in residential care.

5.1.2 There is clearly a myth still widely held that home care is about providing cleaning and cooking to fairly frail older people. This is not the case.

5.1.3 The Working Group was also aware that some service users had particularly challenging needs that sometimes required more specialist input working alongside the home care agency staff.

5.2 Continuity and timeliness

5.2.1 The most important issue which was consistently raised with Members by people using our service was knowing who was coming and having confidence that they would turn up. People wanted a small number of regular care workers looking after them and wanted them to turn up on time.

5.2.2 Furthermore, a number of informal carers were concerned that on occasions, care workers did not stay the actual amount of time that was recorded manually in the daily records. Not being notified when a care worker was running late was raised as a concern too.

5.2.3 Overall, the people met were happy with the quality of care being provided. There were many very positive comments made about the calibre of care workers.

5.3 Calibre of Care Workers

5.3.1 Overall Members found that care workers were very committed and dedicated people who really wanted to provide a quality service that enabled service users to remain in their own homes for as long as possible. There was only one incident where it was felt that the care worker lacked a level of respect to the service user and this was followed up with the agency concerned. A follow up visit was made to ensure the matter had been addressed and it had. The service user was very happy with his care.

5.4 Service User Documentation

5.4.1 Overall, documentation relating to the care of a service user (The Support Plan) was very comprehensive and up to date.

5.4.2 Members did come across a few issues with documentation not being filled out consistently.

5.4.3 Some documentation was found to be very task focussed, not considering how positive outcomes could be achieved for service users. This was highlighted at the visit and

addressed by the agency.

5.5   Care Worker Documentation

5.5.1   Overall, documentation relating to the employment, training and supervision of care workers was comprehensive and up to date. Members did come across one incident where references had not been followed up and in another case supervision and appraisals were overdue. These issues were taken up with the agencies/housing with care scheme concerned at the time. Care workers were generally very positive about the training they received.

5.6   Daily care records

5.6.1   Overall, these were good and easy to read. There was some inconsistency between agencies/housing with care schemes in terms of the details written down by care workers once the care call had been completed.

5.7   Social Care and Health Care

5.7.1   Members found that there was often confusion for service users and their relatives in terms of the different roles and responsibilities of the Health Service and Social Services. Access to health community facilities was not always easy, with physiotherapy often being mentioned.

5.8   Discharge from Acute Hospitals

5.8.1   A smooth discharge from hospital back into the community with good follow up and close liaison between the Health Service and Social Services was not always found to be consistent.

5.9   Safeguarding

5.9.1   A number of safeguarding issues were highlighted during the visits and these were followed up. All care workers interviewed were clear about safeguarding and "whistle blowing" if they saw bad care practice.

5.10   Services for black and other minority ethnic communities

5.10.1   Take up was still very small, but some work was being undertaken by agencies to ensure that services were appropriate for, and could meet, differing communities' needs.

5.11   Terms and Conditions of Employment

5.11.1   The only issues of concern coming from care workers primarily related to pay and other terms and conditions such as travel and uniform allowances. The Working Group received a number of detailed reports on pay, allowances and staff turnover in respect of the main agencies operating in Norfolk. There were real differences with some care workers paid between visits and for their uniforms whilst others were not. Whilst the County Council cannot determine what agencies pay to their staff Members felt that it could make recommendations. This could include staff being paid mileage between visits and for their travel time; provision of uniforms and payment for CRB checks. The Working Group made certain recommendations in respect of this issue.

5.11.2   Annual staff turnover rates in Norfolk agencies were running at about 19% which was less than the national average.

5.12 Support

5.12.1 There was recognition of the amount of support being offered by informal carers and, where that was not available, the lack of other support services that would enable people to get out of their own homes even if for just a car ride.

6 Meeting with Home Care Providers

6.1 The Working Group met with five representatives of the Independent Home Care Providers Group in May 2011. The aim of the meeting was to hear their key issues and challenges for the provision of quality home care. Concerns were raised about specific cost pressures such as fuel and allowances for travel time. All agencies wanted to ensure good and open communication with the Council as some felt that the recent changes in the structure of the department had hindered this somewhat. There was a real desire to work in partnership at a number of different levels.

6.2 Members also attended the Independent Home Care Providers Forum in June 2011 and a number of questions were asked of Members. It was agreed that once all the visits to agencies had been completed Members would return to the Forum in 2012 to give feedback on the outcomes of the visits. This feedback was given at the Home Care Providers Forum in September 2012.

7 Personal Assistants and Direct Payments

7.1 The Working Group's Terms of Reference were amended by the Overview and Scrutiny Panel in order for it to include reviewing the quality of service for people who had opted for a direct payment and employed a Personal Assistant to meet their identified support needs. The Department of Health has recently issued guidance on this matter.

7.2 The Working Group was of the view that, in terms of effectively reviewing the quality of care being provided by people employing Personal Assistants, it was still very early days in terms of numbers and experience and that this issue should be considered in 12 months time. The Working Group therefore made a recommendation in respect of this issue.

8 Service User Charter

8.1 Following a stakeholder workshop on 27 February 2012, chaired by the Cabinet Member for Community Services (Adult Care), the consultation on the development of a Charter took place and the outcome was the Harwood Care and Support Charter which was launched on 25 February 2013.

8.2 The Charter aims to set out how care providers should work to ensure service users are at the centre of their care. A Quality Standards Framework, to form further detail to the Charter, will provide clarity about the standards expected from the provision of care by providers in Norfolk and how these will be measured.

8.3 In light of the above developments, the function of the Quality Assurance Team in Community Services is being reviewed. At present it focuses its resources on those areas where it has been identified that improvements are required. These arise from safeguarding incidents, complaints, concerns and poor CQC reviews. The intention always is to work with and support the provider to make the necessary improvements and to then monitor sustainability. In addition there are planned monitoring visits carried out to agencies with priority given to block providers. Visits are undertaken using a workbook that has been developed and implemented across the Local

Authorities in the East of England.

9   Conclusions

9.1   Members believed that the Working Group had demonstrated a very good model of member scrutiny working closely with officers.

9.2   The Working Group had found the visits to service users, interviews with care workers and visits to branch offices invaluable in terms of achieving a much greater understanding of the challenges in ensuring the provision of good quality home care services to people with often very complex care needs.

9.3   Members noted the numbers of service users with both complex needs and challenging behaviours which the independent care providers were managing well.

9.4   The issues of timeliness, continuity of care, respect, dignity and protecting privacy in the provision of care were very important and relevant to service users.

9.5   Agencies needed to ensure that all documentation was up to date, comprehensive and accurate and also that all care staff received regular supervision and appraisals.

9.6   There was still work to be done between Health and Social Care to ensure that service users experienced "joined up" service delivery, specifically on discharge from hospital and ensuring consistent follow up in the community.

9.7   Independent home care providers might want to consider more ways of working jointly to ensure greater consistency regarding the terms and conditions of their care workers.

10   Current Position

10.1   The Department has been progressing its work on domiciliary care and incorporating the findings of the Working Group into this.

10.2   Terms and conditions of service for home care staff:

10.2.1   The working group found that care staff were highly valued by people using the services and that the quality and reliability of carers was a key area which determined people's satisfaction. The group found that there is a 19% turnover of staff in local home care services. Whilst this compares favourably with other areas, it was felt that improvement in the terms and conditions of care staff could enhance services. Although recognising that this cannot be prescribed by the Council, the working group recommended that it should consider whether, in respect of the re-tendering of six home care contracts which were planned, that tenderers be asked to cost the impact of staff being paid mileage and travel time, being provided with uniforms, CRB checks and paid training. The group recognised the potential cost implications.

10.2.2   Community Services has recently retendered contracts with a strong emphasis on the quality of the service alongside price. As the group noted, although the specific terms and conditions of staff were not made a specific requirement, all these issues were taken onto consideration as part of the evaluation process and providers' scores.

10.2.3   In addition the previous block areas were reviewed and subsequently reset to reflect geographical areas where it was more difficult to deliver care because of their rural nature. A higher rate has been awarded in these areas compared to less rural areas to recognise the increased cost of delivering services.

10.3   Electronic call monitoring

10.3.1   The Working Group was of the view that the implementation of Electronic Call Monitoring (ECM) could deal with concerns about the actual time spent with service users rather than using a paper based system.

10.3.2   ECM enables care workers to swipe a specific device against a chip on the file held in the service user's house which records the time of arrival and departure and the identity of the care worker. This is then monitored "real time" at the branch.

10.3.3   It can provide assurance of visits and can also produce savings in terms of the commissioner paying only for the actual time spent on visits. However, it requires IT systems of both providers and the Council to interface.

10.3.4   Although not a specific requirement within the tender, the ability and willingness of providers to implement Electronic Call Monitoring was taken into consideration as part of the evaluation process. Those providers that were successful all indicated that they would implement Electronic Call Monitoring.

10.3.5   Electronic Call Monitoring is now being actively scoped in considering future home care provision.

10.4   Quality of care being provided to people in receipt of a direct payment through a personal assistant

10.4.1   Finally, the working group considered that it was too early to review the quality of care provided to people using a direct payment to access a personal assistant. The group therefore recommended that Overview and Scrutiny Panel should consider in 12 months whether the working group should reconvene in order to consider this topic which was in the original scope of the review.

10.5   Wider issues in home care

10.5.1   Home care services provide a substantial element of social care in our communities, much of which is not widely understood but upon which many people rely. There are a number of issues which challenge home care services and our continued close work with the providers of home care is vital in managing these:

   a. the increasing complexity of people being supported in their own homes
   b. the increasing need for care workers to undertake more complex tasks, some of which would previously have sat with district nursing teams
   c. as a result of these the training and skills of a workforce that is paid at or just above the minimum wage
   d. the turnover of staff, a combination of terms and conditions of employment, the increasingly complex and demanding nature of the work and a lack of recognition of the "profession", very much the poor relation to nursing
   e. the demographics of the county which is affecting the availability of a workforce and as a consequence an increase in care staff for whom English is not their first language
   f. the difficulties in maintaining continuity of care which can be experienced during the transition when a contract for services transfers to a new provider following a procurement process
   g. the present media attention on zero hour contracts. The focus has been on staff only paid for the time they are with the service user and not when they are travelling. This is an issue that has been discussed with providers in Norfolk and has been addressed in different ways by the agencies. It was reflected in the way the recent block contract tenders were evaluated. For a lot of care staff who

do not wish to work what would be considered full time, zero hours contracts give them the flexibility to fit with their other needs. It is an area that will be considered as part of the work being undertaken around the future commissioning of support at home

11   Future developments in home care and integrated services

11.1   Since the report of the Member Working Group a review of home care has been initiated.

11.2   The project is based on the hypothesis that by re-designing the County Council's approach to help people live at home we can improve outcomes as well as efficiency. The scope of the project will consider a range of services which support people to live at home, of which home care is the major type of provision.

11.3   There is evidence that by focusing on outcomes for individuals and by working more innovatively with providers and communities, we can improve outcomes and make efficiencies.

11.4   Home care services are an essential element of enabling people to remain independent and in their own homes. This is what people say they want, but also avoids unnecessary demands on high intensity services such as residential care and hospital admission.

11.5   This will be part of our work on integrating health and care services, where we are working closely with Clinical Commissioning Groups through our integrated commissioning arrangements where national requirements are for us to establish integrated health and care services within the next five years.

11.6   Early engagement with home care provider representatives has indicated their appetite to work closely with the Council to explore strengthening the role they can play as part of a range of services in local communities. There is a willingness to innovate and health and care commissioners are keen to see the agencies as key resources in our local communities.

11.7   It is anticipated that over coming months a revised model of service will be developed and secured, which will take the learning from the Working Group and set it alongside some new thinking about how we can best enable people to be safe and well in their own homes.

12   Equality Impact Assessment (EqIA)

12.1   An EqIA tool has recently been developed between the County Council and Independent Sector home care providers. A number of workshops have also been held to assist home care providers to undertake equality impact assessments. These will be reviewed by officers as part of the quality monitoring process undertaken by Adult Social Care.

13   Resource Implications

13.1   There are no specific resource implications from the re-establishment of the Working Group beyond the time of members and of officers to support.

14   Risk Implications

14.1   There are no specific risk implications arising from this report.

15 Action required

15.1 The Panel is asked to

a. note that the re-tendering exercise incorporated the recommendations made to Cabinet

b. note and comment on the review of home care that is currently being undertaken

c. consider whether the Working Group should be reconvened in order to assess the quality of care being provided to people in receipt of a Direct Payment who are using Personal Assistants

d. consider whether the Panel requires regular updates on the state of the domiciliary care sector and the progress being made on the current review and if so, the frequency of these updates

Background Papers

Report to Cabinet October 2012

Report to Overview and Scrutiny Panel July 2012

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PEN PICTURES OF A NUMBER OF PEOPLE WHO USE
COMMISSIONED HOME SUPPORT SERVICES

Norfolk First Support (NFS) the in-house assessment and re-ablement service:

Mrs A, aged 87, was discharged from hospital following acute renal failure, cellulitis of both legs and gout. Mrs A initially had very reduced mobility and needed two nurses to transfer. Mrs A had a number of aids and adaptations in the home. At first NFS provided two Home Support Workers four times a day. After two weeks, Mrs A was able to transfer from her bed with minimum assistance and walk with her frame through to her lounge with a Home Support Worker walking behind her with a wheelchair. There is now one Home Support Worker per visit and equipment is no longer needed. Mrs A has reached her re-ablement potential and will require long term home support.

Mrs B is a 91 year old widow who was admitted to hospital April 2010 following a fall at home. This resulted in a fractured right femur and the need for hip screws. Prior to the fall Mrs B had not been in receipt of any services. Mrs B came out of hospital at the end of May and NFS provided daily visits to supervise strip washing, showering, dressing and assisting with personal care. This has now been reduced to a lunchtime visit only to assist with meal preparation to make the bed and supervise a weekly shower. Mrs B has reached her re-ablement potential and will require long term home support.

INDEPENDENT SECTOR LONG TERM HOME CARE

Mrs C, aged 90, had a major stroke 20 years ago and is no longer able to verbally communicate. She is fed via a Percutaneous Endoscopic Gastrostromy (PEG), through her stomach. Mrs C also has diabetes and is now bed bound.

Mrs C has two care workers provide personal care three times a day for 30 minutes each visit, seven days a week. She is hoisted to the commode and, when able, to a chair during the day. She is bed washed. Mrs C has a special air bed and mattress to prevent pressure sores and is now being supplied with a foot cradle also to prevent sores. The District Nursing Service calls twice a week to manage a sacral pressure sore on her bottom. The son and daughter-in-law administer medication to Mrs C.

Mr D, aged 77. He experienced a stroke four years ago. He is a permanent wheelchair user, has poor sight and hearing and is very socially isolated. Care workers provide care three times a day. In the morning, two care workers help him get ready for the day by hoisting him from the bed and helping him to wash, dress and access his wheelchair. Visits are made at lunchtime and the evening to assist Mr D's needs in respect of his catheter and incontinence care. He also has assistance with meal preparation.

Mrs E, aged 54, has Multiple Sclerosis. She has two care workers to provide personal care once a day, for an hour each visit, five days a week and one care worker to provide lunch for 45 minutes each visit five days a week. Being wheelchair bound, Mrs E requires hoisting to use the toilet and for getting up out of bed each morning into her wheelchair for the day. Her husband provides all the care at the weekend.

Mrs F, aged 82, lives alone and has Multiple Sclerosis. She needs a powered wheelchair to get around the house/community. Mrs F has a ceiling track hoist in her bedroom and receives care seven days per week, four calls per day. All calls are 'double-ups' i.e. two carers for hoisting between the bed and wheelchair and the wheelchair and the lavatory. Mrs F needs assistance in

managing her incontinence. She also has assistance with meal preparation.

Mrs G, aged 62, has Multiple Sclerosis and lives with her husband. She has two adult children with their own families, living in the area. There is a lot of positive family support and interaction in her life. Mrs G has been receiving a service since July 2009 when her needs exceeded what her husband could manage. The service is three calls a day, seven days a week, all double ups. The husband is the second carer during the evening call and weekends. Mrs G needs hoisting and assistance in managing her incontinence.

Mr H, aged 21, lives with his mother and brother and also stays with his father in another town. Mr H is paralysed and wheelchair bound due to being injured in a motor cycle accident. Mr H has two care workers to provide personal care, including managing his incontinence, during the day seven days a week with his family providing the care during the night. Being wheelchair bound Mr H requires hoisting to use the toilet and for getting up out of bed each morning into his wheelchair for the day. Mr H is visited three times a day.

Remodelling of Care (ROC): Establishing the Independence Matters Social Enterprise – Customer Engagement

Report by the Director of Community Services

Summary

This paper summarises how customers of the Council's Personal and Community Support Services have been consulted and engaged with on the transformation of the in-house service provider into a new social enterprise. It sets out some of the plans for future stakeholder involvement following approval of the contract.

Action required

Panel members are invited to note the content of this report, and discuss how they wish to receive further reports.

1   Background

1.1   On 6 November 2012, the Community Services Overview & Scrutiny Panel considered the interim report of the Remodelling of Care Scrutiny Working Group and the options appraisal for the future delivery of in-house Personal and Community Support Services (PCSS). Subsequently, on 3 December 2012, Cabinet authorised the Director of Community Services to establish a social enterprise, and on 5 August 2013 Cabinet gave authority for the Department to enter into a contract with the social enterprise, Independence Matters.

1.2   The establishment of the social enterprise and corresponding Council client-side arrangements is substantially underway aiming for launch in November this year.

1.3   At its meeting in March 2013, the Panel requested a timetable of future reports that correspond to the recommendations of the Working Group which presented its final report in January. This paper addresses the Working Group's recommendation for a report to "outline how changes are being communicated and how continuity of care during the transformation to a social enterprise will be monitored".

2   History of Customer Consultation & Engagement

2.1   The Council has engaged extensively - in five separate consultations between 2003 and 2012 - with people using day services and their carers as well as potential future customers.

2.2   Day services comprise Personal Assistant support, respite care, supported living, and the activities taking place at the Council's community hubs. Customers include people with learning and physical disabilities, mental health problems and older people, particularly those with dementia.

2.3   The results of these consultations and the main themes people told us were important to them are contained in Appendix B to this report: "Summary of Consultations and Stakeholder Engagement". The paper also includes feedback gathered during the assessment of the rollout of Personal Budgets supplemented by individual and group

meetings with customers and carers about their day services.

2.4 This feedback has been used as a critical input into the design and development of services.

2.5 PCSS has continued to seek and welcome customer and carer feedback and has engaged stakeholders in the following ways:

    a. December 2012 - newsletter telling people about the Cabinet's decision and what it will mean to them and their services

    b. June 2013 - newsletter providing an update on the establishment of the social enterprise

    c. Local community hub newsletters (usually bi-monthly)

    d. Drop-in sessions at libraries across Norfolk during December

    e. Setting up a dedicated customer contact mailbox at independencematters@norfolk.gov.uk

    f. Identifying the Person-Centred Planning Officer as the first point of customer contact and publishing his contact details widely

    g. Regular briefings for staff so that they are able to answer customer questions and address any concerns

    h. Attending customer forums, e.g. those at Sprowston and Ipswich Road, and providing regular briefings to groups such as the LD Partnership Board, Our Lives Group, Locality Groups and Local Hub Advisory Groups

3   Plans for Future Engagement

3.1 Governance arrangements for the social enterprise are shown in Appendix A to this report. At the top level, the enterprise Board will include two elected stakeholder representatives to steer and direct Independence Matters as a business.

3.2 Customers and carers will be offered the opportunity to directly influence the Board through Stakeholder Advisory Boards. Local Boards will be established to have a voice in the way services are run and developed at their community hub. Each Board will be able to elect a representative to sit on a strategic, county level Stakeholder Advisory Board which will advise the social enterprise Board on how Independence Matters is run and what its customers may want in future.

3.3 The model for each Stakeholder Advisory Group has been developed over three days of intensive workshops with staff and parent carers at Dereham, led by experienced consultants (paid for from a Government Social Enterprise Investment Fund grant). The model is being finalised and the terms of reference will become the template for all of Independence Matters' services whilst also taking account of local needs and aspirations.

3.4 A panel of customers and carers has been formed to give its views on the social enterprise's values, branding and marketing materials, and help choose a marketing agency to work with.

3.5 Independence Matters will be co-producing customer feedback tools to capture annual feedback and support with shaping services and developments. This is an exciting opportunity to develop a collaborative approach to working with commissioners to capture customer outcomes and to measure social values and impacts for the communities we serve.

3.6 Customers are being asked to help assess the quality of service provision. This is being piloted at Ipswich Road where people have been asked for their views on décor (the state and colours of walls), and adequacy of signage. Existing Customer Forums at most hubs have an interest in promoting health and wellbeing.

4 Support and Information Through Service Change

4.1 Stakeholders have been kept up-to-date with the major events in establishing Independence Matters. At a personal customer level, there has been very little news to convey. Nothing has changed for customers in respect of their commissioned care packages. These will continue to be monitored at regular reviews as at present.

4.2 Customers have told us that they would like us to consult less and just get on with the transformation rather than tell them what we intend to do!

4.3 The project to establish Independence Matters includes a communications and engagement workstream led by the Corporate Communications and Marketing Manager. This has created a communications strategy, communications plan and a programme of stakeholder updates and events through a variety of media to ensure people are informed and have the opportunity to influence the development of Independence Matters.

5 Other Implications

5.1 Officers have considered all the implications which members should be aware of. Apart from those listed in this report, there are no other implications to take into account.

6 Equality Impact Assessment (EqIA)

6.1 An assessment has been produced and recently updated for the Remodelling of Care project overall and a separate EqIA for establishing the social enterprise.

7 Communications

7.1 No communications requirements or implications.

8 Health and Safety Implications

8.1 None.

9 Section 17 – Crime and Disorder Act

9.1 No implications.

10 Action Required

10.1 Panel members are invited to note the content of this report, and discuss how they wish to receive further reports.

Background Papers

None

Officer Contact

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

Social Enterprise Organisational Model (Initial) v8

Quarterly Meetings

Enterprise Development Board

Membership
- The Cabinet Lead with responsibility for Adult Social Care
- An Elected Member
- Director of Community Services for the Council (Chair)
- A senior officer with responsibility for commissioning the Services
- A senior officer with responsibility for the financial matters regarding the funding of the Agreement
- Commissioner (Council development lead)
- Council Director (the person designated by the Council to serve on the Board of the Enterprise)
- The Managing Director of the Enterprise
- The Commercial Director of the Enterprise (Enterprise development lead)
- A Unison Representative

Terms of Reference
The purpose of the Enterprise Development Board throughout the Operating Period is to support the Parties to this Agreement in achieving the outcomes described in the Service Specification and the establishment of the Enterprise as a viable new service provider capable of competing and operating independently in the care market.

In particular, the Enterprise Development Board will:
- Consider the Fee for each part or full financial year during the Operating Period with the exception of the period commencing on the Transfer Date and ending 31 March 2014
- Consider the Minimum Sum to be paid to the Enterprise
- Consider and determine whether any payments made by way of the Fee or Minimum Sum contain any element of subsidy and, acting on legal advice, determine whether any such subsidy constitutes State Aid and if so whether the total amount of any such State Aid exceeds the de minimis level permitted by European Law
- Consider any variation to the Agreement not already agreed by the Chair in accordance with this Agreement
- Consider any sub contractors that the Enterprise may wish to use for the provision of any of the Services
- Consider any redundancies the costs of which fall to be underwritten by the Council in accordance with this Agreement
- Consider the business plans of the Enterprise (such approval not being unreasonably withheld) for each full or part financial year of the Operating Period with the exception of the period commencing on the Transfer Date and ending 31 March 2014
- Receive and evaluate performance reports regarding the extent to which and how the Enterprise is achieving the Service Specification and developing into a viable new service provider capable of competing and operating independently in the care market
- Consider the Enterprise using Enterprise Support Services in the place of Council Support Services within the first 12 months of the Operating Period
- Receive, evaluate and where necessary make recommendations to the Council and/or the Enterprise in relation to any Performance Notice or Remedial Action Plan

Quarterly Meetings (Initially monthly)

Social Enterprise Board
- Independent Non-executive Chair
- Non-executives x 2
- Managing Director
- Commercial/Finance Director
- Council Director
- Staff Representation (elected) x 2
- Stakeholder Representation x 2

Key Powers
- Ultimate responsibility for the organisation
- Determining Strategy
- Appointing/electing Board members and hiring/firing senior executives
- Approving Annual Report
- Holding senior executives to account on performance
- Holding senior executives to account on progress regarding strategic objectives
- Approving budget, audit and remuneration policies
- Final point of escalation

Appointments
Non-exec Board members are appointed for 3 years, and can be re-appointed once. Founder Board members are initially appointed for one year.

Comment
The Non-executive Directors will bring in expertise with regards to running a social enterprise on a semi-commercial retail footing, leadership and financial management skills as well as expertise in dementia and mental health arenas.

* Retaining the values of a social enterprise *

Staff Advisory Boards

Stakeholder Advisory Boards

Consists of: Representatives of important stakeholders in the service: customers

Key Powers:
- Advising management and Board on service developments
- Providing feedback on current service provision
- Sounding board for strategic development plans
- Electing a representative on the Board, who shall be a volunteer

Meeting – initially monthly, then quarterly
Appointments – by invitation / voted on
Comment – It should provide the Social Enterprise with the right input on how the service should be targeted, shaped and extended. It forms the connection between the organisation and the community it serves.

Monthly Meetings

Social Enterprise Senior Management Governance Team

- Increase Quality
- Increase Responsiveness
- Increase Efficiency

Performance Dashboard

Managing Director (new) — PA

Commercial Director (new) | West Regional Director | Central Regional Director | Eastern Regional Director | Quality and Compliance Director

Finance / Accountant Function | Customer Expert | Development Lead | BSM | Marketing / Comms / IT / Property Function | Service Managers | Service Managers Norfolk Industries | Service Managers Including Stepping Out | Trainers x2 | Ad Ed | HR Function

For consideration: Human Resources, Marketing and Comms, Procurement, Buildings, IT

Responsible for managing and monitoring:
- Finance Accounts / Cashflow – Finance Director
- Quality – CQC Compliance / Training – Quality and Compliance Director
- Performance Data – Regional Directors
- Transformation and New Business – Commerical Director
- HR Input

Performance Dashboard / Balanced Scorecard

Remodelling of Care

Summary of consultations and stakeholder engagement
2003 – 2012

Introduction

Over the last 8 years, Norfolk County Council has consulted extensively with people who use council provided day services and their family carers, as well as those people who might wish to use these services in the future. The remodelling of care project team recognise that it is critical that the people who use services now, and those who might use them in the future have control over how they are designed and run. What people said in these consultations has been used as the primary driver in designing plans for services in the future.

At present, the results of each separate consultation is written up in its own report, meaning we have a large volume of information contained in five separate documents. This volume and dispersal of information creates the risk that what people have told us in the past may not be fully referenced as remodelling of care moves to its implementation stage. In order to avoid this, this document summarises the main things people told us were important to them during all five consultations, as well as listing the main things that people feel day services should offer in the future. Details of all of the consultation reports used as sources for this document are attached as appendices.

In addition to the five completed consultations, this report also contains some feedback gathered during the current personal budget evaluation project. This project is offering all people using day services the opportunity to feedback on an individual basis after completing the transition to a personal budget. Each person has been given the opportunity to complete an evaluation questionnaire covering both their experience of the personal budget process and their wishes for day service provision in the future. Whilst collection and analysis of these questionnaires is not yet completed, it has been possible to include some more general feedback gathered during group work and 1:1 interviews in day services. Once this project is complete and the full data set has been analysed, this report will be amended to reflect this.

You can see the full reports on past consultations, as well as the plans for the future of day services by going to www.norfolk.gov.uk

Putting this report together

During all of the consultations, we heard lots of different opinions on the future of day services, it is clear that people do not always agree. In particular, there are differences in the expectations and experiences of people with learning disabilities, older people and those with physical disabilities.

There is however a great deal of agreement on some general points and it has been possible to identify some clear and overarching issues. This report does not attempt to separate the feedback given by different user groups but instead pulls out the common themes from the feedback from all groups.

These themes are listed below in order of how frequently they appear in the different consultation reports beginning with the most commonly identified issue. The rest of the report takes each theme in turn and offers more detail about each issue. Any issues specific to different user groups are included under the theme heading and highlighted as such.

The Big Themes

1. Increasing opportunities – **Access to a wider variety of flexible support models and an increased choice of activities.**

2. Supporting choice and control – **More help to access information, make choices and decisions and manage personal budgets**

3. Planning for change – **Comments on how best to communicate and implement plans for changing day services**

4. Improving buildings – **The need for suitable day service bases**

5. Friends and relationships – **The need to maintain contact with friends and to widen social networks**

6. Good support – **The need for a consistent, skilled staff team**

7. Stability, continuity and routine – **The importance of continuity and routine in the lives of people with complex needs**

8. Transport – **The need for flexible, affordable transport**

9. A break for carers – **The role of day services as daytime respite**

10. Future expectations – **The aspirations of young people**

11. Who runs services – **Comments on a future operating model**

12. Comments on the 'offer' for day services in the future

13. Appendices 1 - 5

Theme one - Increasing Opportunities

Whilst most people said that they like and value the support and activities they have now, almost everyone who took part in the consultations told us about new kinds of support they would like, or new activities they would like to try.

Some people talked about new opportunities they would like as an alternative to the service they have now. However most people said that they would like to keep the service they have now, but could think of extra things they would like.

When talking about how any extra support would be paid for, some people hoped that there would be enough money in their personal budget, others (most commonly older people) said that they would be happy to pay for extra support themselves.

When asked about their future aspiration and support needs, young people in transition identified more of the below models of support as opposed to more traditional models of building based day services.

The main things people identified were:

Flexible support **at different times, particularly during evenings and weekends, or for different hours during the day**

Occasional support **for one off activities, like Christmas shopping or a trip to the theatre**

Short term support **to develop new skills, like travel training or job coaching**

Medium term support **to achieve individual goals, like making friends or moving house**

A wider variety **of leisure and learning activities available on day service timetables**

Community access**, more opportunities to spend time away from the day service building and have support to do ordinary things in the community**

Overnight support **to enable people and their families to have respite in different ways, such as staff support at home or on holiday**

Theme two - Supporting choice and control

A common complaint by all groups was about not having enough support to make choices and decisions. This related to big things like deciding how to use a personal budget, as well as smaller things like thinking about starting a new activity or achieving a personal goal.

In particular, people with more complex needs, such as learning disabilities or dementia told us that they would like to have more control over their own lives, but that this is only achievable with lots of specialist help. People do not feel that the right kind of support is available now and complain of missing out on opportunities because of this.

The types of support people identified as important were:

Face to face advice and information: Someone to provide impartial information and to talk people through the different choices and opportunities available, in particular to personal budget holders.

Communication: More specialist support for people with limited verbal and written communication to understand the choices available to them and express their wishes for the future.

Person Centred Planning: The opportunity to work with a trained facilitator to set up a circle of support or use planning tools to think about the future. This was particularly requested by people with learning disabilities who had experienced this kind of support in the past.

Practical support: An independent 'personal budget management' service to help people who lack the capacity or the support networks to set up, manage and monitor direct payments and use them to organise support and activities.

Community building: Help to find and maintain access to activities and universal support services by building networks of informal support.

Large numbers of people expressed the view that day services are already skilled in providing this kind of support and should do more of this in the future. Some people said that advice, information and practical support with personal budgets should come from an independent organisation.

Theme three - Planning for change

Many people who use services and their carers are very worried about any changes to the services they use. Day services are highly valued by those who use them and whilst the need for improvement is recognised, many current users expressed a preference for keeping things as they are.

This is because of fears that change will mean a reduction in the volume or quality of support people are receiving. This anxiety increased markedly in response to the current proposals for budget cuts across community services.

Many people, particularly those using older people's services are concerned about the change to personal budgets and worry that this means they will have to organise or pay for their own care.

People said that if changes are being planned, we should:

Communicate clearly and regularly with people who use services and their families, with consistent messages and reassurance where there is misunderstanding about change.

Communicate with people in a way they understand. Use plain language and provide extra support and time for people with complex needs or dementia.

Avoid paper communications and formal presentations. People prefer informal drop in or Q&A events or to have support from familiar staff to understand proposals.

Make changes slowly and recognise the increased amount of time it takes for some people who use services to plan for and adjust to change.

Provide additional support for people with complex needs or dementia to plan change on an individual basis, including help to set up a circle of support or talk things through with a skilled advocate.

Tailor change to local needs and involve people with direct experience of local services at all stages of planning.

Theme four – Improving buildings

The issue of buildings is the most complex and contentious aspect of the remodelling of care project. Opinion on the future of day service buildings varies widely, not just between user groups or groups accessing particular buildings but from individual to individual.

Most people who use a building now said that they would wish to continue accessing one in the future for one or more of the following reasons:

- To be able to get out of the house and see people in a relaxed and familiar environment
- To have a safe secure place to spend time independently or with lower levels of supervision
- To have somewhere to 'retreat' to if being in the community becomes too stressful or expensive
- To have access to specialist facilities, like hoists or changing beds
- To have a place to keep shared equipment, like communication aids or sensory and physio equipment

Among older people there was a feeling that, whilst occasional community based activities are desirable for some, the ability to attend a building based service is a primary reason for accessing day services. People felt in particular that feeling a sense of ownership of their building was important.

For people with learning and physical disabilities, buildings are (in general) seen as a resource to be used occasionally, combined with access to activities in the community. However, the ability to access and spend time in a building is seen by many as a crucial part of their service.

For young people in transition, specialist buildings were not identified as an important part of people's aspirations for the future, though people did identify the need to have a place to meet friends.

Opinions were divided on the issues around modernising, relocating, sharing and dispersing buildings. In particular there are tensions between those who felt that shared buildings would offer more opportunities to socialise with different people and those who felt shared buildings would be less safe. Similarly, whilst some people thought that smaller, more local buildings would be a good solution, others felt that this would lead to losing touch with friends and decreased access to specialist facilities.

The only conclusion that can be drawn at this stage is that any change to day service buildings must be considered on a case-by-case basis, that the future of buildings should be planned in conjunction with local users and that any proposals should be consulted on carefully with all those likely to be affected.

Theme five – Friends and Relationships

The ability to spend time with friends and maintain existing relationships, as well as the chance to meet new people and build social networks is seen almost universally as a primary reason for accessing a day service. Many people across all user groups told us that if it were not for day services, they would feel at risk of social isolation and would find it difficult to meet and keep in touch with others.

In particular, people currently sharing a day service worry that any change to that service would entail losing touch with friends, as few feel able to maintain these friendships independently. This view is supported by evidence from long term day service users (particularly people with learning disabilities) who told us repeatedly of experiences where a move from one service to another led to a complete loss of contact with friends.

This issue is crucial in regard to the provision of both transport and day service buildings and is one of the key reasons why people worry about changes to the location of their services. People with learning and physical disabilities have historically had to travel long distances to access appropriate services and have thus built up friendship groups with people living in widely dispersed geographical areas.

Young people in transition report similar issues, with many complaining that they live at such distance from their friends and have so few opportunities to meet independently that the only place they see each other is at school.

Many people expressed concerns that the personalisation agenda is too focused on individual models of support and activities, and were concerned to make sure that sharing support with others continues to be an option.

On the flip side, many people described issues relating to the way people are currently grouped in day services. People reported that groupings are often based on shared support needs or activities, with little opportunity to choose a programme based on who they would like to spend time with. As a result, many people told us they were in groups with people they do not like.

A number of people asked if day services could expand the role already played by some in supporting the development of personal and sexual relationships. Finding a boyfriend/girlfriend/partner and having support and advice around developing relationships was something identified as a need by all user groups.

Finally, a number of people talked about segregation within day services, complaining that they only have the chance to get to know other disabled people and lack access to wider networks within the community.

Theme six – Good Support

People place a high value on having access to well trained, skilled staff. Most people who commented expressed high levels of satisfaction with the current staff teams and were keen to keep the same staff in the future day service.

People talked about the need for staff continuity and the value of having a stable staff team who can develop good relationships with individuals and their families. Some reported problems with inconsistent staff, particularly people receiving a 'community support' style one to one service. The use of agency staff as opposed to regular relief workers was also a common complaint.

It was a common feeling that having staff organised on your behalf was preferable to being an employer, though some people did talk about wanting more control over who supported them and expressed an interest in employing a PA for certain activities.

Theme seven – Stability, continuity and routine

This was an issue specific to people with more complex needs, particularly people with complex learning disabilities and limited communication. People talked about the fact that a stable and predictable routine can be the thing that enables individuals to understand their surroundings and that disruption of this routine can cause confusion and distress. It was felt moves to make services more vibrant environments and to support people in more creative and flexible ways may cause some problems for people in this position.

People with complex needs want access to the same opportunities as everyone else, but asked that special attention be paid to providing a stable environment and to careful planning of any changes to their service. Of particular importance were ensuring that people work with a stable staff team and that staff have particular skills around communication, both with the individual and with others in their life, through person centred approaches and the use of circles of support.

Theme eight – Transport

It was often stated that lack off access to suitable transport is a major barrier to people getting the lives they want. Many people stated that public transport would not be a viable option, either due to living in a rural location or to not having sufficient support to access it.

People who are able to would value travel training to increase access to public transport. Others felt that a more flexible minibus service, able to offer journeys at different times and to a wider variety of locations would allow them to plan a more personalised service.

Theme nine – A Break for Carers

People who live with family carers were clear that an important reason for attending day services is to allow the person and their carer to have a regular break from one another. In many cases, this is what enables people to continue living at home and receiving support from family members.

Many carers talked about the value of having regular, set hours of respite during the week to enable them to work or pursue their own interests. Older people talked about the value of peripheral services offered at the day centre, such as bathing and hot meals as these take the pressure off their carers, many of whom are elderly themselves.

There was significant interest in day services offering other forms of respite, such as supported holidays or support for people at home while a carer is out. Many people said that if they could have support from day service staff who they know and trust, then they would be keen to look at alternatives to more traditional, building based respite provision.

Theme ten – Future Expectations

The engagement work with young people in special educational needs schools showed that people entering Adult Care services in the future have clear aspirations to be fully included in their communities and supported to have the same kind of lifestyle as anyone else. Common plans included getting paid jobs, getting married and having children and living independently, with control over their life, responsibility for managing their own finances and opportunities to socialise and have fun.

Young people expressed the wish to have support before they leave school, to identify their aspirations and plan the tailored support needed for them to takes steps towards meeting those aspirations as they move into adult services.

None of the young people consulted identified attending a specialist, building based day service as an aspiration in their adult life.

Theme eleven – Who Provides Services

Most people consulted expressed no clear preference over who ultimately runs day services, though many expressed a wish to continue having support from existing staff teams. In general, people's opinion was that so long as services are of a high quality, it does not matter who runs them.

There was concern about exposing day services to the 'for profit' sector of the market and about what would happen to day services run by a non-government organisation if they were not able to achieve financial sustainability.

Comments on the proposed 'offer' from day services

In general, all of the people we asked agreed with the 'offer' for future day services in Norfolk. Some things were seen as more important than others; these have been highlighted in the list below.

- Support people to be active citizens

- **Provide a break for unpaid carers**

- **Support people to do ordinary things and learn new skills**

- Support people to do things together as a result of shared interests

- **Support people to have friends and relationships**

- Improve access to specialist facilities

- **Provide staff with skills to support communication and specialist needs**

- Support those who want to work to get a job

Additions to the future 'offer' from day services

Two additional elements of the day service offer were suggested, these were:

- Provide a familiar place to spend time away from home

- Enable people to develop a stable and positive routine

Conclusion

Having been directly involved in most of the user engagement during the course of this project, I have seen some excellent examples of consultation and co production over the last several years and would conclude that people who use services and their families have given some very useful, clear and consistent messages to guide the work of the project team. People value their day services highly and are understandably concerned about any changes to the support they receive. However, I have found that people do recognise the need for change and that provided the right approach is used, are very happy to engage in constructive and open discussion about the future of their services. Our task now is to continue listening to and acting upon the messages contained in this report and keep up the process of engagement and communication as we enter the final stages of remodelling of care.

Alys Duberley (Person Centred Planning Officer)
Remodeling of Care – Summary of User Engagement (12.01.12)

Appendix one

Review of day services for people with learning disabilities in Norfolk
(National Development Team 2003)

The National Development Team (now NDTi) are an independent organisation. Their review used consultation meetings with people using day services and family carers and survey questionnaires sent to family carers.

Family carers said:

- We are anxious about any changes to day services
- We would like our family members to be in a safe secure environment
- We see day services as an important way of having respite
- We would like any changes to be tailored to local needs and undertaken gradually
- We feel that day services should focus more on communication with people with complex needs and involve families better in planning
- We would like more information about what day services and activities are available

People using day services said:

- We are anxious about any changes to day services
- Some of us really like our activities, some of us are bored at the day centre
- Some of us have experienced controlling behaviour from staff
- We don't like being with people we don't get on with
- We think it is very important to keep seeing our friends
- We would like to go out more, especially to see friends and do ordinary activities, including in the evening and at the weekend

Appendix two

Making Your Day – consultation with older people and people with physical disabilities
(Norfolk County Council 2009)

A project team made up of county council staff, voluntary and advocacy organisations, people using services and their families wrote a plan for changing day services for older people and people with physical disabilities. The plan was about providing a wider choice of services, more support for people with dementia and more help for people wanting to stay independent. Information about local plans and a questionnaire was sent to everyone using the day services.

People said:

- We are worried about the change to personal budgets. Many of us do not want to manage our own support
- Those of us with dementia need support from skilled staff
- We would like support from day services to be available in the evening and at weekends
- We would like people with dementia to have the choice to be supported at home
- We would like more help to find out about preventative support and community activities in our local areas
- We would like to stay as independent as possible and where possible, to reconnect with our local community and informal support networks
- We need better transport options
- We want any changes to be slow and well planned
- We would like better, more local and more varied services for people with physical disabilities, particularly young people

Appendix three

Working Together for Change - consultation with people using learning disability day services
(Norfolk County Council 2010)

This consultation focused on people with learning disabilities and complex needs who find it difficult to give their views through group meetings and questionnaires. A team of facilitators and independent advocates used person centred planning approaches to work with a sample group of 150 people, alongside their families and circles of support.

People said:

- I would like a better choice of activities so I can have fun, learn skills and try new things
- I want more flexible support to do things I want at times that suit me, including evenings and weekends
- I want a base that meets my needs, a safe place where I can be myself and have access to specialist support. Some of our buildings are too old, noisy and busy
- I would like more skilled support, especially with communication so I can choose what I want
- I need routine and continuity, with staff I know and trust to support me
- Changes should be slow and well planned, I need time to adjust
- I like seeing people – friendships and relationships are important to me
- I don't like some of the people I'm grouped with now
- I want more opportunities to do paid or voluntary work, I want to be valued
- I want a better choice of transport to get where I want to go in a way that suits me
- I want the people in my life to talk to me and each other in a way I understand, I want more circle of support meetings so I can speak up for myself and plan for the future

Appendix four

Talking About The Future - User engagement on the 'big idea'
(Norfolk County Council 2011)

Norfolk County Council held 9 drop in events in day services and 10 open meetings in local libraries. These were to explain the model for day services and collect comments and suggestions.

People said:

We are confused about the plans, there is too much jargon and not enough detail

People who currently use day services and their families are worried about change; most said that given a choice, they would use the same service they have now

People who do not currently use day services thought that the plans looked better than what we have now

Most people do not mind who runs day services, so long as they are good quality. Concerns were expressed about day services being run for profit

People highlighted the importance of having well equipped, familiar buildings to spend time in, there were varying opinions on the issues of moving, changing or sharing buildings

Many people felt strongly that they do not wish to employ their own staff and would like to continue getting support in groups from familiar, skilled staff who are organised on their behalf

There was strong support for a more flexible staff team to support individual activities, particularly holidays

Many people highlighted the need for more support to plan and manage their personal budget and find out about opportunities

Everyone agreed that the best way to make changes is to do it slowly and be very clear about what will happen and when

Appendix five

Special Educational Needs School Consultation

The Centre for Empowering Practice and the Norfolk Coalition of Disabled People (NCODP) Youth Forum carried out a series of workshops with young people who attend Special Educational Needs (SEN) schools across Norfolk. The workshops focused on what young people understood by Independence, their aspirations for the future, barriers they faced and potential solutions to overcome the barriers. During the process we attended five SEN schools, and facilitated workshops, engaging in total 75 young people.

Young people said:

We want to try things out and practice skills, to gain confidence and have opportunities to make mistakes

We need places to socialise and meet with other young people, to make friends and have relationships. Many of us do not have access to any social activities with other young people except at school

We want support to access universal services, such as the cinema, clubs, restaurants and pubs

We need better public transport so that we can get around on our own. This includes being able to get on a bus, but also to travel with friends, for two wheelchair uses this is currently impossible on public transport

We want to manage our own money and be able to open our own bank accounts

We need opportunities to practice life skills such as cooking, shopping and cleaning to prepare for living independently

We need training for future employment, with a variety of work experiences so we can try jobs out

Remodelling of Care (ROC): Establishing the Independence Matters Social Enterprise – Staff Engagement and Support

Report by the Director of Community Services

Summary

This paper summarises how staff in the Council's Personal & Community Support Service (PCSS) have been engaged with on the establishment of the social enterprise – Independence Matters. It also sets out how staff will be involved in setting the direction of the enterprise and advising on service developments.

Action required

Panel members are invited to note the content of this report and discuss how they wish to receive further updates.

1   Background

1.1   On 6 November 2012, the Community Services Overview & Scrutiny Panel considered the interim report of the Remodelling of Care Scrutiny Working Group and the options appraisal for the future delivery of in-house Personal and Community Support Services (PCSS). Subsequently, on 3 December 2012, Cabinet authorised the Director of Community Services to establish a social enterprise, and on 5 August 2013 Cabinet gave authority for the Department to enter into a contract with the social enterprise, Independence Matters.

1.2   The establishment of the social enterprise and corresponding Council client-side arrangements are substantially underway, aiming for launch in November this year.

1.3   Independence Matters will be majority staff owned (with the Council as a minority owner) and staff will have a significant stake via the Staff Advisory Boards and roles on the Social Enterprise (Company) Board to influence its direction. It is essential, therefore, that staff feel appropriately informed and engaged. This report sets out how this has taken place to date and assesses the level of staff support for the social enterprise.

1.4   The Council will oversee the work of the company through a dedicated Enterprise Development Board (EDB) which will also ensure that services are provided in line with customer and commissioner requirements. The EDB will look at the quality of service provided by staff and compliance with Care Quality Commission (CQC) requirements for staff training and support.

2   History of Staff Engagement

2.1   Staff have been regularly engaged and updated on the transformation into a social enterprise from discussion of possible business models in early 2011 through to the present when we have:

   a.   An active communications work stream covering all aspects of the transition and providing information in different ways
   b.   An enterprise development programme involving staff in a variety of activities

and opportunities around the operating model and culture of Independence Matters

    c. Engagement opportunities to help develop specific aspects of the social enterprise, e.g. developing the organisation's values; and deciding which marketing agency to work with

    d. Proposed a Staff Advisory Group of elected staff who will influence the direction of the organisation

2.2   We have listened carefully to staff concerns and addressed these through FAQs, staff meetings, briefing meetings and updates in the form of emails, letters and newsletters.

2.3   We have arranged opportunities for staff at all levels to meet with leaders from other social enterprises to share their hopes, concerns and successes.

2.4   We have held over 20 events involving staff and/or managers over the past two years. Notably, all managers met in January and February 2011 to consider the future, and workshops were held with all staff during April and October 2011 to discuss the concept of alternative models for delivering their services including a social enterprise.

2.5   When more detailed proposals were available, roadshows were held with all staff in September 2012. Over 350 staff members attended. Whilst staff had questions, there was no groundswell of opposition against the proposal.

2.6   The member Scrutiny Working Group heard from staff and visited them in their work settings. Again, they reported that they had not picked up any opposition from staff.

2.7   Engagement to date is summarised in the table at Appendix A of this report.

2.8   Feedback from these events and the many SWOT analyses undertaken tells us that staff at all levels are positive about the opportunities, the ownership and freedom that the social enterprise model would bring to this group of services. They are, however, concerned on a personal level about their terms and conditions and pensions.

3   Assessing Staff Attitude to the Social Enterprise

3.1   A detailed business options analysis was undertaken during 2012 resulting in the Council's Overview & Scrutiny Panel and Cabinet agreeing that the case for change was compulsive (the Council had previously decided that its preference was to be a commissioning authority and not a direct service provider). They agreed with the outcome of the options analysis and full business case: that a social enterprise in the form of a Community Interest Company should be established.

3.2   To better understand staff attitude to the social enterprise and their concerns, we undertook a "staff conversation" using SurveyMonkey to which all staff were invited to respond (not just those with email access). This took place over three weeks in November and December 2012. We asked how they felt about the proposal, what they thought the benefits to them would be, and what information and support was needed.

3.3   Out of 570 staff, we received 122 responses (21% of staff). We asked:

    a. Whether staff were excited by the proposal to move to a social enterprise. 39% agreed and only 22% disagreed

    b. If they were not sure about what a social enterprise does. 41% agreed that they weren't sure

    c. Whether they needed more information on the personal implications for them.

73% agreed they wanted more information

3.4 We interpreted these results as overall support for the principle of moving to a social enterprise, but a clear need to continue to keep staff fully informed and address their fears. Results were reported to Cabinet in December 2012.

3.5 During part of this period, Unison undertook a survey of its members which was also reported to Cabinet. 60 staff responded, i.e. 11% of the total staff number. The Unison survey asked explicitly whether staff would rather work for NCC or a social enterprise. The results revealed some staff uncertainty about the proposals which is being addressed through a programme of briefings, events, website postings and feedback sessions to ensure staff are aware of progress in establishing Independence Matters, feel informed, and have their questions answered.

3.6 The Council has offered Unison a seat on the Enterprise Development Board so that it can help the Council oversee the changes and operation of the company.

3.7 There have also been opportunities for staff to be actively involved in the development of the enterprise. They have been invited to participate in workshops and work in panels on specific aspects such as the Independence Matters brand. The history of these engagements is summarised in Appendix A.

4 Staff Involvement in the Business

4.1 The establishment of Independence Matters is a joint approach between the Council and its staff to give them more independence and authority to spin-out and run services with a community interest focus, combined with support from the Council to help them succeed and manage any risks to customers. It is intended that Independence Matters will be owned 49% by the Council and 51% held in trust for the employees, with Council-held shares transferring to Independence Matters at the end of the contract period.

4.2 The Independence Matters Employee Benefit Trust ("EBT") will be a trust established to hold the employee shares during the incubation period (the first three/five years of the contract). The trustee will be a company provisionally called Independence Matters Employees' Trustees Limited ("the Trustee Company") which will be formed solely for the purpose of acting as trustee of the EBT. The administration of the EBT will be carried out by an agreed number of Trustee Directors comprising Independent Trustee Directors and Employee Trustee Directors.

4.3 The Trustee Company will be independent of Independence Matters. This means that although the company can request the Trustee Company to take certain actions, the Trustee Company must exercise its duty to act in the best interests of the employee shareholders. This applies to any action taken in relation to shares and any other assets held in the EBT, including the exercise of voting or other rights attaching to the shares. Trustee Directors will take into account factors such as ensuring long-term employment prospects and the future prosperity of the company. The role of an Independent Trustee Director is partly to ensure that the affairs of the Trust are properly conducted.

4.4 The degree of staff influence and the issues on which staff can vote are being discussed with legal advisers within and external to the Council and will be incorporated into the full terms of reference for the Enterprise (Company) Board.

4.5 The Enterprise (Company) Board itself will comprise:

- An independent non-executive director as chair
- 2 further non-executive directors
- The Independence Matters Managing Director
- The Independence Matters Commercial Director
- A Council Director
- 2 elected staff representatives
- 2 stakeholder representatives

4.6 The two staff representatives will be elected onto the Enterprise (Company) Board as Directors of the company by members of Staff Advisory Boards which will be established across the County at a local level, aligned to the services. Staff will be invited to join the Boards which will advise on future service developments, give feedback on current service provision, and provide a sounding board for strategic plans. A county level Staff Advisory Board comprising staff elected from the local Boards will directly advise the Enterprise (Company) Board.

4.7 The social enterprise organisational model and governance structure is included as Appendix B to this report.

4.8 Across the Council and Independence Matters, contract performance and development of the business will be managed by the Enterprise Development Board (EDB). Membership will include:

- The Cabinet Lead for Adult Social Care
- An elected Member
- The Director of Community Services
- A senior officer with responsibility for commissioning these services
- A senior officer with financial responsibility for the funding of the Contract
- A Commissioner
- A Council Director (designated by the Council to sit on the EDB)
- The Independence Matters Managing Director
- The Independence Matters Commercial Director
- A Unison representative

The terms of reference for the EDB are attached as Appendix C.

4.9 Board constitutions and how they will operate in detail is under development, with a panel of staff invited to workshops in October to create the Staff Advisory Board model.

5 Other Implications

5.1 Officers have considered all the implications which members should be aware of. Apart from those listed in the report (above), there are no other implications to take into account.

6 Equality Impact Assessment (EqIA)

6.1 An assessment has been produced and recently updated for the Remodelling of Care project overall and a separate EqIA for establishing the social enterprise.

7 Communications

7.1 No communications requirements or implications.

8   Health and Safety Implications

8.1   None.

9   Section 17 – Crime and Disorder Act

9.1   No implications.

10   Action Required

10.1   Panel members are invited to note the content of this report, and discuss how they wish to receive further updates.

Background Papers

None.

Officer Contact

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"INDEPENDENCE MATTERS" SOCIAL ENTERPRISE - HISTORY OF STAFF ENGAGEMENT

DATE	FORMAT	MESSAGE
Q4 2010	Consultations with customers/carers summarised in report	Highlighted common themes to all customer groups. Customers and carers responded that they were not too concerned about the 'name above the door' provided staff were effective and services of good quality. Continuity was seen as most important.
Jan 2011	Workshop at Gressenhall with presentations – for managers	Beginning of discussion about different delivery business models including Social Enterprises and public service Mutuals. Facilitated by Office for Public Management with Steve Holland/James Bullion/Sarah Stock/Member involvement.
Jan 2011	Workshop with Thurrock LD Social Enterprise	Opportunity for staff to meet and hear from Lifestyle Solutions, a Community Interest Company providing services for adults with Learning Disabilities.
Feb 2011	Workshop facilitated by Steve Holland and HoS	Attended by all Service Managers. Produced SWOT analysis, where we wanted to go, what we were worried about (personally and in respect of the services), how we wanted our services to look in the future, opportunities in each Locality going forward.
Mar/Apr 2011	Five Locality Options Workshops facilitated by HoS, Steve Holland and Person Centred Planning Officer	Attended by over 350 staff, setting out timeline, possible models for the future, options, SWOT analysis, key messages and personal budget implications
June 2011	Remodelling of Care – In House Services First Business Case Stakeholder Workshop	The Workshop was attended by 31 stakeholders representing the interests of staff, customers and carers, commissioners, the market and the tax payer. To ensure that the best decisions can be made about service changes we involved stakeholders in developing the Business Case and critical success factors that went before the Council's Cabinet for approval.

Sept 2011	Right to Run Conference in Liverpool	Head of Service and County Manager.
October 2011	Briefing meetings with presentations -	Presentations across county to all staff on the new structure for day services and how the organisation may look in future. Hosted by Sarah and with presentation from Steve Holland on the elements of the model. Communications gap then due to staff restructure, but always in the context of what the new delivery model would be – kept very live for people at staff meetings.
Jan-March 2012	Social Entrepreneurs Residential Course at Ipswich School for Social Entrepreneurs	Head of Service attended. Aimed at Local Government services and looking at alternative models of delivery. Lots of contacts and networking opportunities.
Feb 2012	Visit to Leading Lives in Suffolk	Managers visited similar services which had already started on a journey to become a Social Enterprise, to hear first hand experiences.
Aril 2012	Away days	Service Manager away days focusing on the vision for a new organisation, sharing potential delivery options.
April 2012	Staff workshops	Five workshops held across county to update staff and engage them in developing SWOTs. Led by Steve Holland.
June 2012	Briefing note from Asst Director – Prevention Services	Letter from Assistant Director to all staff on the achievements of 2011/12 and the service's aims for the next year. Also telling them about the future service delivery options and decision-making process (Overview & Scrutiny Panel in June 2012).
July 2012	Away days x 2	Team Leaders away days focusing on the vision for a new organisation, sharing potential delivery options.
July 2012	Workshop run by Stepping Out	Looked at expression of interest document as basic business case plus to put in bid for SEIF monies. Attended by County Managers.

September 2012	Roadshows	Staff roadshows on the social enterprise option with input from Stepping Out (MD Craig Dearden Phillips) and leaders of other social enterprises (Tony Carr, MD of Leading Lives and Sarah Sharlott, MD of Realise Futures). Hopes and fears collated, plus questions to be answered in FAQs.
Sept/Oct 2012	Staff visits to social enterprises in Suffolk	Staff visits to organisations at various stages of spinning out from Suffolk County Council.
October 2012	Newsletter and FAQs	Newsletter on the options for running PCSS's services and the results of the evaluation process (a social enterprise established by the Council scoring the most). Also the timeline for decision making. FAQs from the staff roadshows included.
November 2012	Letter from Head of Service	Update following Overview & Scrutiny Panel recommendation that future services will be delivered by a new social enterprise. Includes responses to Unison's "Gambling With Your Future" letter to members. Invites staff to give views by participating in an internal "staff conversation" online or on paper.
November / December 2012	SurveyMonkey	Staff "conversation" over three weeks between 26 November and 17 December. SurveyMonkey questionnaire asking staff for their views on the proposed social enterprise. Over 120 responses (out of 570 staff). 39% excited by prospect of moving into a social enterprise, 22% disagreed. Most wanted more information on how this may affect them personally.
November 2012	Paper questionnaire from Unison	Unison member survey over one week asking whether staff would rather stay in the Council (60 responses, 96% wanting to remain, 15% would be happy to transfer to an enterprise and 66% would look for alternative employment).
March 2013	Letter from Head of Service	Letter from Sarah Stock to all staff updating them on the transformation (what has happened and the major steps in the plan) and inviting them and their customers to think about the new organisation's values and participate in a Focus Group. Mailing included the outcome of the staff conversation.
April 2013	Branding Workshop	Focus Group of 50 staff establishing the new social enterprise's values and brand.

May 2013	SurveyMonkey	Staff vote on company name.
June 2013	Visit to John Lewis	Staff like this model, feel it is a trusted brand. HoS and staff spent a morning at John Lewis discussing their partnership model, branding, customer focus and training.
June 2013	eMail to all staff	Letter from Sarah Stock announcing the new company name – Independence Matters.
June 2013	Enterprise Development Programme Launch	Management and Organisational Development Programme for the new organisation incorporating culture, values, performance, behaviour, commercial skills. All levels of staff targeted. Various formats, very interactive.
June 2013	Letter and FAQs	Invitation to "Coffee and Cake Feasts" where the development of Independence Matters can be discussed. Externally facilitated by Stepping Out with guest speakers from other social enterprises.
June 2013	Marketing Agency Pitches	Three design agencies pitched to a panel of staff, customers and carers to design the new name, identity and branding, the panel chose the company they wanted to work with.
June 2013	Independence Matters Intranet site	Launched to keep staff up to date with events and to encourage feedback and comments.
July 2013	Sarah's Blog	Regular blog giving Sarah Stock's view of events.
July 2013	"Norfolk Manager" article	Update for managers.
July 2013	Independence Matters Intranet site	Publication of feedback from "Coffee & Cake Feasts".
July 2013	Visits to staff locations across County	Person Centred Planning Officer has met with groups of staff to discuss progress with the transformation and address questions and concerns.

Social Enterprise Organisational Model (Initial) v8

Quarterly Meetings

Enterprise Development Board

Membership
- The Cabinet Lead with responsibility for Adult Social Care
- An Elected Member
- Director of Community Services for the Council (Chair)
- A senior officer with responsibility for commissioning the Services
- A senior officer with responsibility for the financial matters regarding the funding of the Agreement
- Commissioner (Council development lead)
- Council Director (the person designated by the Council to serve on the Board of the Enterprise)
- The Managing Director of the Enterprise
- The Commercial Director of the Enterprise (Enterprise development lead)
- A Unison Representative

Terms of Reference
The purpose of the Enterprise Development Board throughout the Operating Period is to support the Parties to this Agreement in achieving the outcomes described in the Service Specification and the establishment of the Enterprise as a viable new service provider capable of competing and operating independently in the care market.

In particular, the Enterprise Development Board will:
- Consider the Fee for each part or full financial year during the Operating Period with the exception of the period commencing on the Transfer Date and ending 31 March 2014
- Consider the Minimum Sum to be paid to the Enterprise
- Consider and determine whether any payments made by way of the Fee or Minimum Sum contain any element of subsidy and, acting on legal advice, determine whether any such subsidy constitutes State Aid and if so whether the total amount of any such State Aid exceeds the de minimis level permitted by European Law
- Consider any variation to the Agreement not already agreed by the Chair in accordance with this Agreement
- Consider any sub contractors that the Enterprise may wish to use for the provision of any of the Services
- Consider any redundancies the costs of which fall to be underwritten by the Council in accordance with this Agreement
- Consider the business plans of the Enterprise (such approval not being unreasonably withheld) for each full or part financial year of the Operating Period with the exception of the period commencing on the Transfer Date and ending 31 March 2014
- Receive and evaluate performance reports regarding the extent to which and how the Enterprise is achieving the Service Specification and developing into a viable new service provider capable of competing and operating independently in the care market
- Consider the Enterprise using Enterprise Support Services in the place of Council Support Services within the first 12 months of the Operating Period
- Receive, evaluate and where necessary make recommendations to the Council and/or the Enterprise in relation to any Performance Notice or Remedial Action Plan

Quarterly Meetings (Initially monthly)

Social Enterprise Board
- Independent Non-executive Chair
- Non-executives x 2
- Managing Director
- Commercial/Finance Director
- Council Director
- Staff Representation (elected) x 2
- Stakeholder Representation x 2

Key Powers
- Ultimate responsibility for the organisation
- Determining Strategy
- Appointing/electing Board members and hiring/firing senior executives
- Approving Annual Report
- Holding senior executives to account on performance
- Holding senior executives to account on progress regarding strategic objectives
- Approving budget, audit and remuneration policies
- Final point of escalation

Appointments
Non-exec Board members are appointed for 3 years, and can be re-appointed once. Founder Board members are initially appointed for one year.

Comment
The Non-executive Directors will bring in expertise with regards to running a social enterprise on a semi-commercial retail footing, leadership and financial management skills as well as expertise in dementia and mental health arenas.

* Retaining the values of a social enterprise *

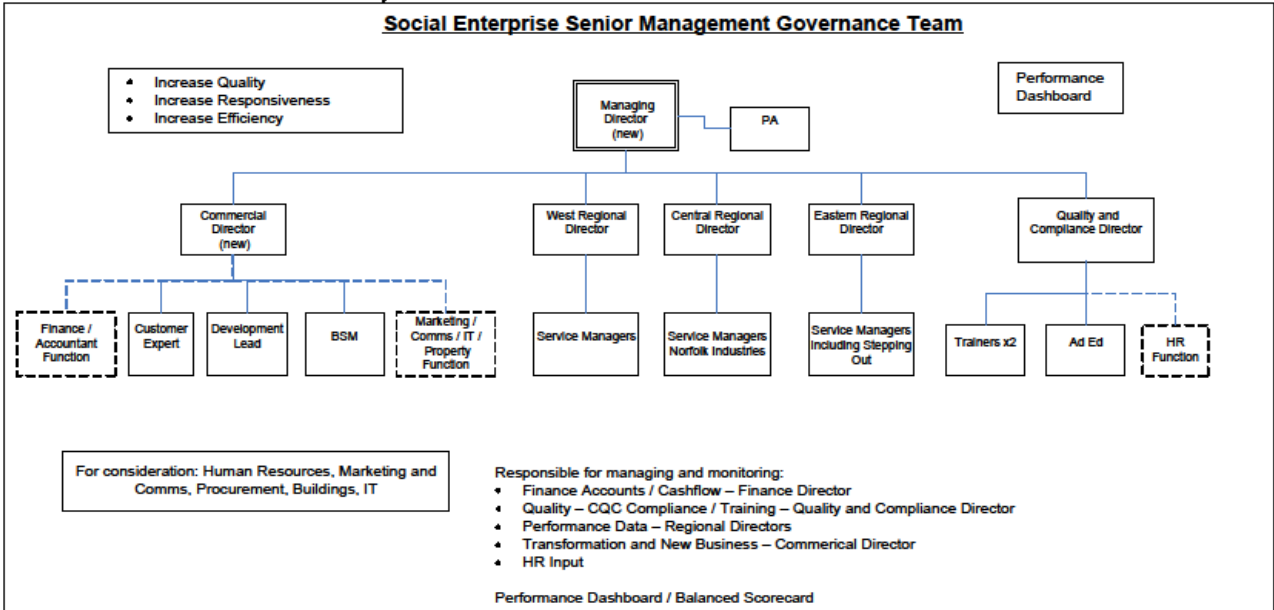**Staff Advisory Boards**

Stakeholder Advisory Boards

Consists of: Representatives of important stakeholders in the service: customers

Key Powers:
- Advising management and Board on service developments
- Providing feedback on current service provision
- Sounding board for strategic development plans
- Electing a representative on the Board, who shall be a volunteer

Meeting – initially monthly, then quarterly
Appointments – by invitation / voted on
Comment – It should provide the Social Enterprise with the right input on how the service should be targeted, shaped and extended. It forms the connection between the organisation and the community it serves.

Monthly Meetings

Social Enterprise Senior Management Governance Team

- Increase Quality
- Increase Responsiveness
- Increase Efficiency

Managing Director (new) — PA

Performance Dashboard

Commercial Director (new)

West Regional Director

Central Regional Director

Eastern Regional Director

Quality and Compliance Director

Finance / Accountant Function

Customer Expert

Development Lead

BSM

Marketing / Comms / IT / Property Function

Service Managers

Service Managers Norfolk Industries

Service Managers Including Stepping Out

Trainers x2

Ad Ed

HR Function

For consideration: Human Resources, Marketing and Comms, Procurement, Buildings, IT

Responsible for managing and monitoring:
- Finance Accounts / Cashflow – Finance Director
- Quality – CQC Compliance / Training – Quality and Compliance Director
- Performance Data – Regional Directors
- Transformation and New Business – Commerical Director
- HR Input

Performance Dashboard / Balanced Scorecard

ENTERPRISE DEVELOPMENT BOARD – TERMS OF REFERENCE

The purpose of the Enterprise Development Board throughout the Operating Period is to support the Parties to this Agreement in achieving the outcomes described in the Service Specification and the establishment of the Enterprise as a viable new service provider capable of competing and operating independently in the care market.

In particular, the Enterprise Development Board will:

- Consider the Fee for each part or full financial year during the Operating Period with the exception of the period commencing on the Transfer Date and ending 31 March 2014
- Consider the Minimum Sum to be paid to the Enterprise
- Consider and determine whether any payments made by way of the Fee or Minimum Sum contain any element of subsidy and, acting on legal advice, determine whether any such subsidy constitutes State Aid and if so whether the total amount of any such State Aid exceeds the de minimis level permitted by European law
- Consider any Variation to the Agreement not already agreed by the Chair in accordance with this Agreement
- Consider any sub contractors that the Enterprise may wish to use for the provision of any of the Services
- Consider any redundancies the costs of which fall to be underwritten by the Council in accordance with this Agreement
- Consider the business plans of the Enterprise (such approval not being unreasonably withheld) for each full or part financial year of the Operating Period with the exception of the period commencing on the Transfer Date and ending 31 March 2014
- Receive and evaluate performance reports regarding the extent to which and how the Enterprise is achieving the Service Specification and developing into a viable new service provider capable of competing and operating independently in the care market
- Consider the Enterprise using Enterprise Support Services in the place of Council Support Services within the first 12 months of the Operating Period
- Receive, evaluate and where necessary make recommendations to the Council and/or the Enterprise in relation to any Performance Notice or Remedial Action Plan

The Chair of the Enterprise Development Board may carry out any of the functions of the Enterprise Development Board in cases of urgency with the exception of agreeing any changes to the Fee or Minimum Sum.

Meetings

The Enterprise Development Board will meet quarterly and will be supported by the Enterprise Development Lead and the Council Development Lead who will be jointly responsible for such administrative support as is needed for the proper functioning of the Enterprise Development Board.

The Enterprise Development Board will consider for approval the business plan devised by the Enterprise for each financial year or part financial year (with the exception of the period commencing from the Transfer Date to 31 March 2014) of the Operating period at least 3 months prior to the commencement of the financial year in question.

Membership

The Cabinet Lead with responsibility for Adult Social Care
An Elected Member
Director of Community Services for the Council (Chair)
A senior officer with responsibility for commissioning the Services
A senior officer with responsibility for the financial matters regarding the funding of the Agreement
Commissioner (Council development lead)
Council Director (the person designated by the Council to serve on the Board of the Enterprise)
The Managing Director of the Enterprise
The Commercial Director of the Enterprise (Enterprise development lead)
A Unison Representative

Either Party may, with the prior approval of the Chair, bring other persons to meetings, and the Enterprise Development Board itself can co-opt other persons to support its work.

Voting

Each member of the Enterprise Development Board will have one vote with the exception of the Chair who will have two votes in the event of an equality of votes cast on any issue. Any member of the Enterprise Development Board may designate a deputy who will have the full powers of a member including voting rights. For the avoidance of doubt co-optees and other persons attending with the prior approval of the Chair will have no vote.

Quorum

Meetings will be considered quorate so long as there are at least eight members one of whom must be the Chair. For the avoidance of doubt the Chair may designate a deputy who will exercise all the powers of the Chair at any meetings.

The Enterprise Development Board may on its own initiative vary these Terms of Reference and Constitution at any time during the Operating Period for the more effective and efficient discharge of its functions as set out in this Agreement

Transport and the changing pattern of day care

Report by the Director of Community Services

Summary

This report was requested by the Remodelling of Care Scrutiny Working Group as one of the recommendations in its final paper of January 2013. As the model of day service provision changes there will be corresponding impact on transport, reducing distances travelled and therefore creating savings. This paper sets out what has been achieved to date. There has been no fundamental change to transport as the model of service provision has not significantly changed. There have, however, been incremental changes and associated cost savings achieved through the transport working group.

Action required

Panel members are invited to note the content of this report, and discuss how they wish to receive further reports once the day care model and location of services changes.

1 Background

1.1 The provision of transport to enable service users to access day care was included as a separate workstream within the Remodelling of Care transformation project. This project will, over time, change the pattern of day care across the County based on where customers want their services and the Department's property strategy for current buildings. The immediate focus of the project is maintaining current services whilst transforming the in-house provider into a new provider model – the Independence Matters social enterprise.

1.2 The transport workstream looked at various aspects of transport provision, including:

   a. How transport costs could be included as part of the personal budget assessment
   b. Introducing standard transport costs based on distance travelled
   c. Remodelling the transport provision according to the different choices service users made
   d. Generating overall transport savings of £1.2m over 2 years as day services were re-modelled

2 Current Position

2.1 Standard transport costs have been introduced based on 5-mile zones. This makes it easier for personal budgets and care plans to be determined, and for transport costs to be recharged.

2.2 All day care transport is being reviewed, re-planned and re-procured. This is an on-going programme, taking into account the changing numbers of service users. Currently an extra member of staff is being funded from the Transformation Programme budget to enable more of these reviews to take place this year.

2.3 Expenditure on transport in 2012/13 was £6.5m. This was £248k less than the previous year as a result of transport reviews.

2.4   A transport working group has been set up which meets quarterly and includes representatives from Norse, West Norfolk Community Transport, Independence Matters, and Assessment and Care Arranging. This is used as a forum to discuss changes to provision and any transport implications, particularly in relation to the set-up of the new social enterprise.

3   Ability to make further savings

3.1   So far £120k savings have been made this year through reviewing and re-procuring transport. Whilst further savings will be made throughout the year, it is clear that the full £1.2m will not be made. This is because the savings target was based on an assumption that 30% of services users attending in-house day services would use their personal budget for other activities and would not need to access transport.

3.2   The reality appears to be quite different. There has been no real change in the pattern of day care, with the vast majority of services users staying with the same service and continuing to require the same transport.

3.3   Without any real change in activity or eligibility there can only continue to be limited savings made each year. However once fundamental changes to day care provision really start to happen, then the transport can be changed to reflect any new requirements.

4   Other Implications

4.1   There are no further implications to those noted in this report.

5   Equality Impact Assessment (EqIA)

5.1   No equality issues – transport provision is just responding to an assessed need for day care. EqIAs have been completed for the overall Remodelling of Care project and for Establishing the Social Enterprise.

6   Health and Safety Implications:

6.1   None.

7   Section 17 – Crime and Disorder Act

7.1   There are no implications.

8   Action required

8.1   Panel members are invited to note the content of this report, and discuss how they wish to receive further reports once the day care model and location of services changes.

Background Papers

None.

Officer Contact

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

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IN TRAN communication for all

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

Report by the Director of Community Services

Summary

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

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

Full definitions for all of the measures contained within the revised dashboard are attached at Appendix A2 to this report.

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

Performance summary

Good progress continues to be made with transformation and efficiency across Community Services. There are some variations from the programme plan but actions are in hand to maintain progress. Our performance indicators show that library usage is going up, and museums are ahead of target. Adult Care Services show improvements in several areas including waiting times, residential care admissions, support to carers and responses to complaints and customer services enquiries. Whilst take-up of self directed support continues to go up it remains below target – though improvements are anticipated in future reports. Delayed transfers of care have increased, which is a concern, and we continue to monitor rising safeguarding referrals to ensure we manage all risks to service users.

Risk summary

The risk register and detailed updates on each risk are included in Appendix G and Appendix H respectively.

Finance Summary

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

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

budget for future years as appropriate.

Action required

Members are asked to note the changes to the performance measures that will be monitored in the Community Services dashboard for 2013-14 and to comment on the suitability of the revised dashboard as a whole.

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

1 Background

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

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

1.3 Full definitions for all of the measures contained within the revised dashboard are attached at Appendix A2 to this report.

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

1.5 The most significant performance changes, or areas of concern, are discussed in more detail within the main report. Please note that some additional commentary relating to technical changes to performance measures, blanks or performance improvements is included in a table underneath the dashboard in the Appendix.

1.6 Please see Appendix A for the current performance dashboard.

2 Community Services – Delivering Norfolk Forward

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

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

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

2.4 The key changes since the last dashboard are:

1. The introduction of two new projects following the previous 'Universal services and information' projects. These are 'Support for self funders' and 'Publication review'

2. The 'Integration' project has moved from Amber/Green to Green on the basis of the Draft Section 75 Agreement being provisionally agreed by Clinical Commissioning Group Chief Officers, and the delivery of the Assessment and Care Management Review and Integrated Reablement Service

3. The 'Modern social care phase two' project has moved from Amber to Amber/Red. This project will implement the financial modules for non-residential care in CareFirst and will further improve our information systems to allow care management and financial systems to work together. The change to Amber/Red reflects delays caused by unforeseen complexities in moving information to new systems and establishing new processes for matching records

2.5 The notable achievements made within the Adult Social Care transformation programme over the last quarter include:

a. Progress continues to be made in developing the Personal and Community Support Services Social Enterprise, now known as Independence Matters. This includes progress in agreeing contractual relationships with the social enterprise and the transfer of support services

b. People in day centres and Housing With Care schemes now have non-subsidised meals

2.6 Overall the Adult Social Care transformation programme will change significantly in the next year. Many original projects are ending, and new arrangements are likely to be needed to deliver 2014-17 savings. We will keep Panel briefed on all changes through these regular reports.

2.7 The overall assessment of the **Cultural Services transformation programme** is green.

There are not any further updates since the last report.

3   Community Services – Managing our resources

3.1   Managing the budget

3.1.1 The second part of this report summarises the forecast year end financial position for Community Services, as at the end of June (period three) – see sections eight and nine.

3.2   Organisational productivity

3.2.1 Staff sickness figure are now available for quarter 1 (to end of June). These measure the average numbers of days sickness per Full Time Equivalent (FTE) members of staff. The below table presents these figures alongside those for the same period last year:

	Quarter 1, 2013/14	Quarter 1, 2012/13
Adult social care	2.06 days/FTE	2.62 days/FTE
Cultural services	1.72 days/FTE	1.21 days/FTE

This clearly presents a mixed picture, with Adult Social Care services showing a marked reduction in sickness at this stage, and Cultural Services showing an increase. Sickness records show that much of the increase in Cultural Services is due to a relatively small number of staff having long term sick leave. We will continue to look at whether appropriate support is being offered to members of staff in these areas.

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

4   Community Services – Service performance

4.1   Universal Services

4.1.1 Norfolk's **libraries** continue to be a well used community resource. In total, the library service was "visited", either in person or through the internet, on 2.2 million occasions – over 25,000 more than during quarter 1 last year. Looking more closely at quarter 1 figures in the last two years, this increase is actually a result of around 50,000 fewer in-person visits, but over 75,000 more 'virtual' visits.

4.1.2 **Museums** have seen good performance in the first quarter with 101,172 visits, ahead of both the target and last year's quarter one total of 97,318 visitors.

4.2   Care Management

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

   a. The proportion of assessments for self funders has increased from 12.3% to 17.3%. This figure has been quite volatile from one period to the next, with some months higher than others. Nevertheless in the long term this indicator reflects a greater effort to support people who fund their own care in light of good practice and anticipated legislation

   b. The Self Directed Support composite measure is still Amber, though there have been significant improvements in several localities and we hope to be able to report an overall improvement in future reports

   c. Waiting time for Personal Budgets has dropped dramatically – from 86.0 days at the end of the last year to 35.4 days in Quarter 1. This reflects improved performance, but also some seasonal variations. We have shortened the assessment process as part of the Assessment and Care Management Review, and this has clearly helped. We also tend to experience shorter average waits earlier in the year because a lower number of very complex cases have built up

   d. Delayed transfers of care have gone up slightly, from 2.1 delayed transfers per 100,000 population aged 18+, to 2.4. Whilst this remains a low figure nationally (the national average is 3.3 days) this increase reflects issues with hospitals

running at full capacity, which in turn reflects a number of factors including some climatic extremes in the last year

    e. An improvement in the recording of carers' involvement in service users' casefiles (all audited assessments included this) but a slight reduction in case files that are informed by assessment findings (down from 98% to 88%)

4.3 Independence

4.3.1 In this section of the dashboard report, there is only new data for the indicators measuring permanent admissions to residential and nursing care. These show significant reductions, with admissions for people aged 18-64 per 100,000 population 18-64 going down from 52.5 to 28.2. Much of this reduction is because of significant improvements in the way mental health practitioners are recording residential care admissions. Previously all mental health admissions were recorded as 'permanent', but now the correct distinction is made between temporary and permanent admissions and the result has reduced accordingly. Admissions for those aged 65+ have also gone down from 822 per 100,000 population aged 65+ to 798.

4.3.2 These reductions come after several quarters of rising admissions. Admissions can go up for a number of reasons. The most obvious of these is rising needs, particularly in the growing 65+ age group. Nevertheless, there are also a number of performance issues that can drive up admissions including a lack of alternative provision (e.g. home care), a failure of preventative services or inappropriate care arranging. We are confident, particularly given improvement in recording in mental health services, that current levels represent the county's true need rather than any specific performance issues. Nevertheless, given the cost of residential care (over half of the purchase of care budget) we will continue to keep this under close watch.

4.4 Quality of commissioned services

4.4.1 The indicators are unchanged since the last report.

5 Community Services – Outcomes for Norfolk People

5.1 People's views on council services

5.1.1 Performance in the composite indicator for compliments and complaints has improved for quarter 1, with complaints being dealt with in a more timely manner and without requiring referral to the Ombudsman.

5.2 Accessing the Council including advice and signposting services/equalities

5.2.1 No new data is presented.

5.3 Services to protect people

5.3.1 **Adult Safeguarding Referrals** are at 917 for quarter 1, up significantly from 679 in the same period last year. At first glance, this appears to be an alarming increase. The rise, however, comes as part of a prolonged trend for more referrals that is being experienced country-wide. There are a range of explanations for this. Nationally, the recession is likely to have led to people being at greater risk of abuse. In addition, service users, carers and staff are much more aware of safeguarding issues as a result of a number of high profile cases and because of national and local campaigns. As a result, people are more likely to contact services with concerns, and in turn those services are more likely to treat cases as a safeguarding issue to ensure that risks to

individuals are minimised.

5.3.2 The council attaches the highest possible priority to cases where people are at risk of abuse and neglect, and all referrals with safeguarding concerns are dealt with immediately (on the same day). To improve arrangements we have improved our systems by changing the safeguarding process and putting extra resources into the Multi Agency Safeguarding Hub (MASH). This means all referrals are now triaged through the MASH to improve quality and consistency. This is vital to make sure that our resources are used well, and that we get a true picture of the level of risk of abuse and neglect within communities.

5.4 Independence

5.4.1 The only indicator that has changed since the last report is the percentage of audited case files where there is clear evidence of individuals making choices and taking control of their arrangements where they can and wish to. This has gone up from 54% to 68% and reflects the embedding of the personal budget process within social care assessments.

6 Community Services – service update

6.1 A number of significant developments have taken place, or are underway, during quarter one. Many of these have been reviewed by Panel through detailed reports in past months, so the following is a brief summary:

a. The completion of the social care Assessment and Care Management Review (ACMR) has seen 800 staff change their jobs, and the development of a new centre of excellence based at Vantage House which will work in an integrated fashion as part of the Customer Service Centre, as well as delivering £1.393m of savings per annum

b. The Integrated Reablement Service project has improved the customer journey and experience, ensuring a quicker response from the most appropriate person, with less duplication of response between health and social care and has at the same time delivered efficiency savings of £1m per annum

c. We have also seen the launch of an integrated reablement/community equipment service jointly commissioned with health services, provided by Nottingham Rehabilitation Services (NRS)

d. The Library and Information Service's 'Surfs Up!' training courses, that give people with little or no experience of using the internet the confidence to surf the web, have won the East of England Project Award

e. Completion of the Tour cycle event in June, overseen by the Arts and Events service

7 Risk management update

7.1 There have not been any significant changes in the Community Services Risk Register since the last panel report in July. Overall the thirteen risk scores remain unchanged, with one scored as high and twelve as medium, the same as in July. Prospects for reaching our target risk scores have improved slightly. One of the risks previously reported as Green – for 'Insufficient capacity in the care market' – has changed to 'Met'.

The summary risk register is in Appendix G

8   Revenue budget 2013-14

8.1   As at the end of June (period three) the forecast revenue outturn position for 2013-14 is a balanced budget. Adult Social Care, Community Safety and Cultural Services are forecasting balanced budgets.

8.2   There are financial pressures in Adult Social Care but these are offset by some underspends and also by the additional recurring income first received from the PCT for Continuing Health Care in March 2012. The department had put people forward to the PCT for Continuing Health Care assessments and Health cleared the outstanding assessments in March. The income represented a significant overachievement of the savings anticipated; the estimate was prudent and there was no trend data to use. Some of this income is recurring. The department is keeping under review how much of the income is recurrent and will revise the budget for future years as appropriate.

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

8.5   Commissioning includes the Supporting People budget.

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

Division of Service	Budget	Forecast Outturn At period three (June)	Forecast +Over/-Underspend	Forecast +Over/-Underspend as % of budget
	£m	£m	£m	%
Director, Finance and Transformation	+1.133	-6.609	-7.742	-877.2
Commissioning, including Supporting People	+60.131	+62.398	+2.267	+3.8

Division of Service	Budget	Forecast Outturn	Forecast +Over/-Underspend	Forecast +Over/-Underspend as % of budget
	£m	£m	£m	%
Business Development	+5.475	+5.162	-0.313	-5.7
HR, Training and Organisational Development	+1.791	+1.753	-0.038	-2.1
Safeguarding, including Community Safety	+230.510	+231.608	+1.098	+0.5
Prevention	+23.661	+25.607	+1.946	+8.2
Income (see Note 1)	-65.272	-62.490	+2.782	+4.3
Adult Social Care total	**+257.429**	**+257.429**	**0**	**0**
Library and Information Service	+11.452	+11.452	0	0
Museums and Archaeology Service	+3.526	+3.526	0	0
Record Office	+1.395	+1.395	0	0
Arts Service	+0.546	+0.546	0	0
Adult Education Service	+0.081	+0.0081	0	0
Norfolk Guidance Service	0	0	0	0
Active Norfolk	0	0	0	0
Cultural Services total	**+17.000**	**+17.000**	**0**	**0**
Total for Community Services	**+274.429**	**+274.429**	**0**	**0**

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

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

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

9   Capital Programme

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

9.2

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

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

10   Equality Impact Assessment (EqIA)

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

10.2   This report provides summary performance information on a wide range of activities monitored by the Community Services Overview and Scrutiny Panel. Many of these activities have a potential impact on residents or staff from one or more protected

groups. Where this is the case, an equality assessment has been undertaken as part of the project planning process to identify any issues relevant to service planning or commissioning. This enables the Council to pay due regard to the need to eliminate unlawful discrimination, promote equality of opportunity and foster good relations.

11   Section 17 – Crime and Disorder Act

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

12   Environmental Impact

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

13   Conclusion

13.1   Good progress continues to be made with transformation and efficiency across Community Services. There are some variations from the programme plan but actions are in hand to maintain progress. Our performance indicators show that library usage is going up, and museums are ahead of target. Adult Care Services show improvements in several areas including waiting times, residential care admissions, support to carers and responses to complaints and customer services enquiries. Whilst take-up of self directed support continues to go up it remains below target – though improvements are anticipated in future reports. Delayed transfers of care have increased, which is a concern, and we continue to monitor rising safeguarding referrals to ensure we manage all risks to service users.

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

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

14   Action Required

14.1   Members are asked to note the changes to the performance measures that will be monitored in the Community Services dashboard for 2013-14 and to comment on the suitability of the revised dashboard as a whole.

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

Background Papers

None

Officer Contact

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

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If you need this Agenda in large print, audio, Braille, alternative format or in a different language please contact Jill Blake 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.
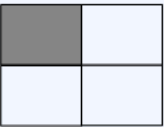
Headline performance in key areas as we deliver the Transformation Programme, meet budget reductions and deliver our service plan. Most recently available data used; DoT compares to last period, or same time last year

Managing Change

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

Managing our resources

Managing the budget	Value	DoT	Alert
Projected spend against total Adult Social Care revenue budget	£257.4m	-	Green
Projected spend against Cultural Services revenue budget	£17.0m	-	Green
Projected spend against total Purchase of Care budget	£206.5m	-	Amber
Forecast spend on residential care as a proportion of Purchase of Care spend	49%	↘✓	Green
Projected cashable efficiency savings	£5.0m	-	Green
Spend against profiled capital budget (for the current financial year)	0.0%	-	Green
Premises related costs per FTE per month (under development) (EOY)	-	-	-
Residential care unit costs per week (all specialisms)	£530.72	↘✓	Amber
Carbon dioxide emissions (kg) from property (under development)	-	-	-
Organisational productivity			
[Q]Staff performance (composite of sickness absence;appraisals;disciplinaries;health/safety incidents)		↘✗	Amber
[Q]Staff engagement (composite of resilience;employee advocacy;grievances;IIP accreditation)		↘✗	Amber
[Q]Staff resourcing (composite of recruitment activity;redeployment;redundancy;HR direct resolution; management of change and culture change)		-	Green
Average days sickness per FTE (adult social care)*	2.06	↘✓	Green
Average days sickness per FTE (cultural services)*	1.72	↘✗	Amber
[Q]Key risks from the Community Services Risk Register			
Failure to meet the needs of older people		→	Amber
Failure to meet the long term needs of older people		→	Amber
Failure to follow data protection procedures		→	Amber
Uncertainty around the shift towards investment in prevention services		→	Amber
If we do not meet budget savings targets		→	Amber
Loss of external funding or grants		→	Amber
Lack of capacity in ICT systems		→	Amber

Quality and performance of services

Universal services	Value	DoT	Alert
Library users (both physical and virtual)*	2.2m	↗✓	Amber
Museum visits*	101,172	↗✓	Green
People's needs addressed at point of contact*	55.2%	↑	Surveillance
Care Management			
% of all completed assessments which were for self funders*	17.3%	↑	Surveillance
Self Directed Support (composite of processes and systems, levels of users and cash payments)*		→	Amber
Waiting times for Personal Budgets (average days in year so far)*	35.4	↓	Surveillance
Delayed transfers of care attributed jointly or solely to social care (per 100,000 population 18+) (2C Part 2)*	2.4	↑	-
[Q]Carers supported following an assessment or review (Old NI 135)	49.5%	→	Green
[Q]% of audited case files where there is not evidence of appropriate involvement from others e.g. carers*	0%	↓	Surveillance
[Q]% of audited case files where planning is informed by assessment findings including mental capacity where applicable*	88%	↓	Surveillance
Independence			
Prevention services measure (under development)	-	-	-
Permanent admissions age 18-64 to residential and nursing care (per 100,000 population 18-64) (2A, Part 1)*	28.2	↘✓	Green
Permanent admissions age 65+ to residential and nursing care (per 100,000 population 65+) (2A, Part 2)*	795.7	↘✓	Green
% of older people (65+) still at home 91 days after discharge from hospital into reablement/rehabilitation services (2B/Part 1)	88.7%	→	Green
Quality of commissioned services			
[Q] % of CQC reviews of outcomes within care services found to be compliant	78.15%	↑	Surveillance
[Q] % of CQC reviews of outcomes within care services with major concerns	4.1%	↓	Surveillance

Outcomes for Norfolk people

People's view on Council services	Value	DoT	Alert
Compliments/complaints (all figures YTD)*	3.0	↘✓	Green
Accessing the Council including advice and signposting services			
Quality and effectiveness of customer access channels (composite measure)*	3.5	→	Green
Services to protect people			
All adult safeguarding referrals – year to date*	917	↑	Surveillance
Safeguarding measure (under development)	-	-	-
[Q]% audited case files where assessment adequately reflects all risk to individual, staff and public (surveillance measure)	28%	↓	Surveillance
Repeat victimisation of domestic violence cases managed by a MARAC (Old NI 032)	17%	↘✓	Green
Independence			
% of audited case files where there is clear evidence of individuals making choices and taking control of their arrangements where they can and wish to*	68%	↑	Surveillance
Settled accommodation for people with learning disabilities (1G)	72.1%	↘✗	Green
Supported employment for people with learning disabilities (1E)	6.9%	↘✓	Green

Key

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

Definition of Measures within the Community Services Dashboard

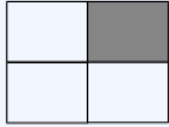|	Delivering Norfolk Forward					
Measure	**Description**	**Good is…**	**Frequency**	**Direction of travel period**	**Target 2013/14**	**Result 2012/13**
Overall assessment of transformation programme status	RAG rating drawn from Norfolk Forward Programme Highlight Reports	N/A	Monthly	Last month	Tbc	Social Care – Amber; Cultural Services - Green
Assessment by project, social care and cultural services	RAG rating drawn from Norfolk Forward Programme Highlight Reports	N/A	Monthly	Last month	Tbc	N/A
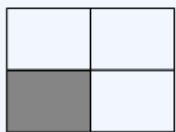
	Service Performance					
Measure	**Description**	**Good is…**	**Frequency**	**Direction of travel period**	**Target 2013/14**	**Result 2012/13**
Library users (both physical and virtual)	Total number of in-person physical visits to any library service point for what ever reason during opening hours plus virtual activity (Norfolk Library and Information Service web server statistics, online reservations and renewals, count of sessions on e-book and e-audio website and visits to social networking sites – Facebook, Twitter and blogs). Physical visits made outside opening hours are only included if the event is sponsored by the library service.	High	Monthly	Last year	Tbc	10,038,984
Museum visits	Actual number of in-person physical visits	High	Monthly	Last year	Tbc	357,577
People's needs addressed at point of contact	% of Community Care Assessments completed by Care Connect and not referred on to localities	High	Monthly	Last month	Tbc	52.6%
% of all completed assessments which were for self funders	The % of completed Community Care Assessments year to date which were for self funders	High	Monthly	Last month	Tbc	12.3%
Self Directed Support (composite of processes and systems, levels of users and cash payments)	Composite measure that combines results for the following measures and reports the result as a traffic light rating. A weighting is applied to individual results and these are recorded in brackets. 1.System and process are fit for purpose (judgement by traffic light alert – weighting 13.04%) 2.Hearts and minds of staff and users support the benefits of SDS (judgement by traffic light alert – weighting 13.04%)	N/A	Some elements updated monthly, some quarterly	Monthly	Tbc	Amber

	3.The market and the providers understand and support SDS (judgement by traffic light alert – weighting 8.7%) 4.Percentage of community based service users on SDS (weighting 21.74%) 5.Percentage of supported carers on SDS (weighting 21.74%) 6.Percentage of SDS users receiving cash payments (weighting 17.39%) 7.Percentage of service users in residential care receiving SDS (weighting 4.35%)					
Waiting times for Personal Budgets	Average number of days service users are waiting between an assessment form being started and a Personal Budget service starting	Low	Monthly	Monthly	Tbc	86.0
Delayed transfers of care attributed jointly or solely to social care (per 100,000 population 18+) (2C/Part 2)	The average number of people per 100,000 population aged 18+ delayed when medically fit to be discharged. The result is an average rate over the period and covers delays attributable jointly or solely to Social Care.	Low	Monthly	Last month	Tbc	2.1
Carers supported following an assessment or review	This is former National Indicator 135. The number of carers whose needs were assessed or reviewed by the council in a year who received a specific carer's service, or advice and information in the same year, as a percentage of people receiving a community based service in the year. Result reflects anticipated year end outturn.	High	Quarterly	Last quarter	Tbc	49.5%
% of audited case files where there is not evidence of appropriate involvement from others e.g. carers	Data is drawn from a quarterly Quality Assurance Systemic Audit of 100 social work case files to establish the quality of practice. The results are presented as a rolling average over the course of the previous 4 quarters.	Low	Quarterly	Last quarter	Tbc	6%
% of audited case files where planning is informed by assessment	Data is drawn from a quarterly Quality Assurance Systemic Audit of 100 social work case files to establish the quality of practice.	High	Quarterly	Last quarter	Tbc	98%

findings including mental capacity where applicable	The results are presented as a rolling average over the course of the previous 4 quarters.					
Prevention services measure	This measure is currently under development.	Tbc	Tbc	Tbc	Tbc	Tbc
Permanent admissions age 18-64 to residential and nursing care (per 100,000 population 18-64) (2A/Part 1)	This is ASCOF indicator 2A Part 1. The number of all adults aged 18-64 admitted permanently to residential or nursing care (per 100,000 population) - expressed as estimated year end result based on activity to date.	Low	Monthly	Last year	Tbc	52.5
Permanent admissions age 65+ to residential and nursing care (per 100,000 population 65+) (2A/Part 2)	This is ASCOF indicator 2A Part 2. The number of all adults aged 65 and over admitted permanently to residential or nursing care (per 100,000 population) - expressed as estimated year end result based on activity to date.	Low	Monthly	Last year	Tbc	822.7
% of older people (65+) still at home 91 days after discharge from hospital into reablement/ rehabilitation services (2B/Part 1)	This is ASCOF indicator 2B/Part 1. The proportion of older people aged 65 and over discharged from hospital to their own home or to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home (including a place in extra care housing or an adult placement scheme setting), who are at home or in extra care housing or an adult placement scheme setting 91 days after the date of their discharge from hospital. Those who are in hospital or in a registered care home (other than for a brief episode of respite care from which they are expected to return home) at the three month date and those who have died within the three months are not reported in the numerator.	High	Quarterly	Tbc	Tbc	88.7%
% of CQC reviews of outcomes within care services found to be compliant	% of outcomes of all CQC reviews published within the last year (for regulated care homes, domiciliary care agencies, Housing with Care schemes and Supported Living services) that	High	Quarterly	Last quarter	Tbc	78.15%

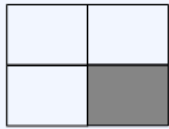|	show compliance with the Care Quality Commission's (CQC) 16 most essential standards of quality and safety.					
% of CQC reviews of outcomes within care services with major concerns	% of outcomes of all CQC reviews published within the last year (for regulated care homes, domiciliary care agencies, Housing with Care schemes and Supported Living services) that show major concerns.	Low	Quarterly	Last quarter	Tbc	4.1%

	Managing resources					
Measure	**Description**	**Good is…**	**Frequency**	**Direction of travel period**	**Target 2013/14**	**Result 2012/13**
Projected spend against total Adult Social Care revenue budget	Alerts currently calculated using the default corporate tolerances for performance measures: Green if on target; Amber if less than 5% variance from target; Red if variance is more than 5% away from target. Please note that these tolerances are being reviewed to ensure that they are sensitive enough to represent financial performance appropriately.	On target	Monthly	Last month	Tbc	£214.2m
Projected spend against total Cultural Services revenue budget	Alerts currently calculated using the default corporate tolerances for performance measures: Green if on target; Amber if less than 5% variance from target; Red if variance more than 5% of the net budget. Please note that these tolerances are being reviewed to ensure that they are sensitive enough to represent financial performance appropriately.	On target	Monthly	Last month	Tbc	£17.9m
Projected spend against total Purchase of Care (PoC) budget	Alerts calculated as follows: Green if on target; Amber if less than 5% variance from target; Red if variance more than 5% of the net PoC budget, or less than 5% but leading to an overspend of the overall Adult Social Care revenue budget by £2m or more.	On target	Monthly	Last month	Tbc	£127m
Forecast spend on residential care as a proportion of Purchase of Care spend	Shows the proportion of total purchase of care expenditure that is spent on care with nursing and residential care homes once service user contributions have been removed.	Low	Monthly	Last month	Tbc	54%
Projected cashable efficiency savings	Variance from original target (£).	High	Monthly	Last month	Tbc	£6.6m

Spend against profiled capital budget (for the current financial year)	Summary % variance from profiled capital budget (for the current financial year). Capital underspends are shown as Green between 0 and 10%; Amber for >10% and Red for >25%. Capital overspends to be shown as Green between 0 and 1%; Amber for >1% and Red for >5%.	On target	Monthly	Last month	Tbc	0.0%
Premises related costs per FTE per month	Premises related expenses relevant to Community Services divided by the Total sum of FTE numbers within Community Services per month	Tbc	Tbc	Tbc	Tbc	£275.06
Residential care unit costs per week (all specialisms)	Care Home Unit Costs are average gross weekly costs for all spot-contracts and "spot-blocks" in care homes and care homes with nursing. They include any third party contributions but exclude the Free Nursing Care element in care with nursing homes paid for by Health.	Low	Monthly	Last month	Tbc	£530.72
Carbon dioxide emissions (kg) from property	This measure is currently under development.	Tbc	Tbc	Tbc	Tbc	Tbc
Staff performance	Composite measure of sickness absence, appraisals, disciplinaries, health and safety incidents). Under development.	N/A	Quarterly	Last quarter	Tbc	Amber
Staff engagement	Composite measure of resilience, employee advocacy, grievances, IIP accreditation). Under development.	N/A	Quarterly	Last quarter	Tbc	Amber
Staff resourcing	Composite measure of recruitment activity, redeployment, redundancy, HR direct resolution, management of change and culture change). Under development.	N/A	Quarterly	Last quarter	Tbc	Green
Average days sickness per FTE predicted 11/12 result (Adult Social Care)	Sickness absence per employee FTE measured against internal target. Shows the predicted year end result.	Low	Monthly	Last month	Tbc	11.19
Average days sickness	Sickness absence per employee FTE measured	Low	Monthly	Last month	Tbc	6.62

per FTE predicted 11/12 result (Cultural Services)	against internal target. Shows the predicted year end result.					
Key risks from the Community Services Risk Register	The prospect of hitting targets for each 'key' risk on the Community Services risk register. 'Key' risks are: all on the community services risk register rated at 10+ and for which prospect of hitting target is also amber or red.	N/A	Quarterly	Last quarter	Tbc	N/A

	Outcomes for Norfolk People					
Measure	**Description**	**Good is…**	**Frequency**	**Direction of travel period**	**Target 2013/14**	**Result 2012/13**
Compliments/complaints (all figures year to date)	Displays a rating based on performance against a range of measures: compliments/complaints ratio; proportion of complaints upheld; speed of resolution (informal complaints only); proportion resolved before formal process; cost of complaints; % Ombudsman complaints upheld. Due to targets not currently being set against all measures, the current rating is based only on results for proportion resolved before formal process and % Ombudsman complaints upheld. All results currently adult social care only. Alert calculated as follows: Green if 1.5+; Amber if 1-1.5; Red if less than 1.	High	Monthly	Last month	Tbc	1.0
Quality and effectiveness of customer access channels	This is a composite measure supplied monthly by the central Customer Service and Communications Dept. The measure displays a rating based on performance against a range of measures: Customer care standards, Avoidable contact, First contact resolution – CSC, First contact resolution – Web, Website availability, CSC Service Level, CIC availability. This indicator is developing to determine a clear indication of departmental performance. Alert calculated as follows: Green if 3.5+; Amber if 2.5-3.5; Red if less than 2.5.	High	Monthly	Last month	Tbc	3.5
All adult safeguarding	Number of safeguarding adult protection	N/A	Monthly	Last year	Tbc	1488

referrals – year to date	concerns raised relating to adults and older people					
Safeguarding measure	This measure is currently under development.	Tbc	Tbc	Tbc	Tbc	Tbc
% audited case files where assessment adequately reflects all risk to individual, staff and public (surveillance measure)	Data drawn from a quarterly Quality Assurance Systemic Audit of 100 social work case files to establish the quality of practice. NB The introduction of a new operational Instruction for staff regarding Risk Assessment in 2012/13 means the assessment criteria for this indicator have been reviewed and some cases which would previously have been considered acceptable will now be assessed as non-compliant. 2012-13 figures for this indicator are therefore not directly comparable with 2011-12 figures.	High	Quarterly	Last quarter	Tbc	28%
Repeat victimisation of domestic violence cases managed by a MARAC.	This is former National Indicator number 032. Percentage of victims of domestic violence managed by a Multi-Agency Risk Assessment Conference (MARAC) who are subject to a repeat incident of domestic violence, where violence has occurred within 12 months of a case coming to the MARAC.	Low	Monthly	Last month	Tbc	17%
% of audited case files where there is clear evidence of individuals making choices and taking control of their arrangements where they can and wish to	Data drawn from a quarterly Quality Assurance Systemic Audit of 100 social work case files to establish the quality of practice.	High	Quarterly	Last quarter	Tbc	54%
Settled accommodation for people with learning disabilities (1G)	This is ASCOF indicator 1G. The percentage of adults with learning disabilities aged 18-64 known to Councils with Adult Social Services Responsibilities (CASSRs) in settled accommodation at the time of their latest assessment or review.	High	Monthly	Last month	Tbc	72.1%

Supported employment for people with learning disabilities (1E)	This is ASCOF indicator 1E. All adults aged 18-64 with learning disabilities that are known to Councils with Adult Social Services Responsibilities (CASSRs) helped into employment.	High	Monthly	Last month	Tbc	6.9%
Progress in delivery of Service Plan priorities	These measures aggregate ratings for all the relevant service plan actions falling under each priority heading. Individual RAG ratings are based on the following: Green if action successfully completed, or due to be successfully completed, on time; Amber if action underway but prospects for successful and timely completion uncertain or action has been completed partially successfully; Red if action unlikely to be completed successfully; or unlikely to be completed on time; or if action has been completed but unsuccessfully. A point score is allocated to each action according to its RAG rating and these are then averaged to produce the overall result by priority heading.	N/A	Quarterly	Last quarter	Tbc	N/A

Adult Social Care: Director, Finance and Transformation £-7.742m underspend (budget £+1.133m)

Area	Forecast Variance Total £m	Forecast Variance as % of Budget %	Reasons for variance
Director, Finance and Transformation	-7.742	-877.2	This forecast includes the drawdown of: £-1.000m from the Prevention 2012-13 reserve to mitigate the risks in delivering the prevention savings, particularly in service level agreements; and £-2.800m from the Adult Social Care Legal Liabilities reserve, to offset the purchase of care costs from funding aftercare under s117 of the Mental Health act. It also includes £-4.852m that will be allocated to the appropriate budgets when the s256 with NHS England has been agreed regarding 2013-14 additional health money for social care. These are partly offset by the underachievement of savings A16 and A20 being charged against this.
Total	**-7.742**	**-877.2**	

Adult Social Care: Commissioning, including Supporting People £+2.267m overspend (budget £+60.131m)			
Area	Forecast Variance Total £m	Forecast Variance as % of Budget %	Reasons for variance
Commissioning	+0.138	+0.4	Underspend forecast on staff costs due to vacancies.
Service Level Agreements	+1.400	+56.4	Forecast remaining savings on Service Level Agreements in 2011-14 still to be achieved. Work is ongoing to identify where these savings can be made.
Aids and Adaptations/Integrated Community Equipment Service	+1.578	+63.5	Forecast equipment spend is higher than budgeted. Work is ongoing to understand the reasons for this and whether there is scope for further negotiation around the health/social care split in funding agreed for 2013-14 as part of the Integrated Community Equipment Service, given health initiatives like pressure sores.
Supporting People	-0.849	-5.9	The Supporting People underspend represents an earlier achievement than originally budgeted for of the 12% expenditure reduction over the three financial years 2011-14. It also includes some savings on Mental Health contracts.
Total	**+2.267**	**+3.8**	

Adult Social Care: Business Development £-0.313m underspend (budget £+5.475m)			
Area	Forecast Variance Total £m	Forecast Variance as % of Budget %	Reasons for variance
Business Support	-0.474	-14.4	Underspend on staff salaries: some vacancies have been frozen whilst the restructure was carried out but have now started to recruit into these posts...
Other	+0.161	+7.4	Underspend on staff.
Total	**-0.313**	**-5.7**	

Adult Social Care: Human Resources, Training and Organisational Development £-0.038m underspend (budget £+1.791m)

Area	Forecast Variance Total £m	Forecast Variance as % of Budget %	Reasons for variance
Personnel	-0.027	-11.8	Forecast underspend on recruitment and advertising.
Learning and Development	-0.011	-0.7	Forecast underspend on training.
Total	**-0.038**	**-2.1**	

Adult Social Care: Safeguarding £+1.098m overspend (budget £+230.510m)

Area	Forecast Variance Total £m	Forecast Variance as % of Budget %	Reasons for variance
Purchase of Care expenditure - Older People	+2.963	+3.1	Purchase of Care is the budget for the purchase of care from the independent sector, including residential and nursing care, supported living, home care and day care. There are financial pressures in Purchase of Care and this is being closely monitored, as usual. The forecast overspend is mainly on residential care. If forecast Continuing Health Care income for older people is netted off against the Purchase of Care expenditure, the over spend is reduced to £+1.304m.
Purchase of Care expenditure - People with Physical Disabilities	+4.123	+21.7	The forecast overspend is on residential and domiciliary care. If forecast Continuing Health Care income for people with physical disabilities is

Area	Forecast Variance Total £m	Forecast Variance as % of Budget %	Reasons for variance
			netted off against the Purchase of Care expenditure, the over spend is reduced to £+3.697m.
Purchase of Care expenditure – Mental Health, Drugs and Alcohol	+2.051	+20.7	The forecast on Mental Health Purchase of Care anticipates only a partial achievement in 2013-14 of budgeted savings. The forecast overspend is on residential care. The department is forecasting using £-2.800m from the Adult Social Care Legal Liabilities reserve, to offset the purchase of care costs from funding aftercare under s117 of the Mental Health act. The Legal Liabilities Reserve was set up in part to cover the potential costs arising from the dismissal on Tuesday 15 February 2011 at the Court of Appeal of the appeal lodged by Hertfordshire County Council regarding the funding of aftercare under section 117 of the Mental Health Act. It is one off funding. At the moment this funding is being held under Director, Finance and Transformation above. If forecast Continuing Health Care income for people with mental health problems is netted off against the Purchase of Care expenditure, the over spend is reduced slightly to £+1.888m.
Purchase of Care expenditure – People with Learning Difficulties	-1.150	-1.4	Forecast underspend on day care. If forecast Continuing Health Care income for people with learning difficulties is netted off against the Purchase of Care expenditure, the underspend increases to £-3.456m.
Continuing Health Care Income	-6.456	-	Continuing Health Care (CHC) is where people have been assessed by Health as being eligible for Continuing Health Care funding. If someone is eligible for CHC, Health pay for the cost of a person's care. If a person's care is funded by Health, the person does not have to contribute towards the cost of this care, unlike social care.

Area	Forecast Variance Total £m	Forecast Variance as % of Budget %	Reasons for variance
			This is income from recharging Health for people that Health have assessed as being eligible for CHC but where Health have not taken over paying the contracts with providers yet. NCC continues to pay the providers in the interim period and recharges Health for the cost. There is no budget set for this as the department does not know in advance when Health will pick up paying providers direct and who will be assessed as eligible for CHC.
Community Safety	-0.109	-32.2	Forecast underspend in salaries due to reduction in posts.
Other	+0.074	+0.3	Mainly due to forecast underspends on staff costs.
Total	**+1.098** *1.496?*	**+0.5**	

Adult Social Care: Prevention £+1.946m overspend (budget £+23.661m)			
Area	**Forecast Variance Total** **£m**	**Forecast Variance as % of Budget** **%**	**Reasons for variance**
Housing With Care, Homes for Older People and People with Physical Disabilities	+0.208	+196.2	Forecast overspend mainly due to slippage on achieving savings through removal of subsidy of community meals provided in housing with care schemes.
Personal and Community Support Service (Day services, Learning Difficulties Homes and Learning Difficulties Personal Assistants)	+0.624	+4.9	Forecast overspend as: this currently includes the Premises savings target; andthere is a reduction in Supporting People funding of £0.336m. The Premises budget and savings will be moved from here, as the buildings are not being transferred to the new social enterprise (Independence Matters).
Norfolk First Support, Swifts and Night Owls	0	0	
Service Development	+0.895	+68.4	Savings target for Assistive Technology of £-0.748m is unlikely to be made; organisational change saving not being fully achieved.
Other	+0.219	+5.3	Underspend on staff expenditure.
Total	**+1.946**	**+8.2**	

Adult Social Care: Income £+2.782m overspend (budget £-65.272m)

Area	Forecast Variance Total £m	Forecast Variance as % of Budget %	Reasons for variance
Service user contributions to the cost of their care	+2.981	+4.2	Forecast less income from Older Peoples' contributions towards the cost of their care than budgeted for. The budgeted income from day care charging also shows a significant under recovery of budgeted income in line with 2012-13. NCC is now no longer charging for up to the first six weeks of reablement to facilitate integration with Health, plus there is less income from people funding their own care who are in Norse Care homes as Norse Care charge people who go direct to them. Budgeting income from service user contributions towards the cost of their care is difficult as peoples' contributions are based on their financial circumstances. The increase in income from service user contributions due to the growth in the number of older people budgeted for in 2011-12 and 2012-13 has not happened: £1.900m and £0.998m. Prior to 2011-12 there had been a trend of the department receiving more income than budgeted from service user contributions, largely because although the cost pressure from demographic growth was included in the budget plan there was no corresponding budgeted increase in income from service user contributions. In 2011-14 an increase in income from service users due to growth in the number of people was included in the budget plan. The risk around the budgeted income in 2013-14 (ie £1.108m) was highlighted as a risk in the Service and Budget Planning report presented to the Community Services Overview and Scrutiny Panel on 6 November. Continuing Health Care Assessments also impact on income from service user

Area	Forecast Variance Total	Forecast Variance as % of Budget	Reasons for variance
	£m	%	
			contributions as where somebody is entitled to Continuing Health Care and the cost of their care is paid by Health, the person no longer has to contribute towards the cost of their care.
Other, including Learning Difficulties Partnership Funding	-0.199	-3.5	Forecast underspend due to Continuing Health Income for respite beds.
Total	**+2.782**	**+4.3**	

Adult Social Care: Capital Programme

Scheme	2013-14 Budget £ m	2013-14 Forecast Outturn £ m	2013-14 Forecast Slippage (see Note One) £ m	Reasons for Variance or Comments
Projects	**+4.131**	**+4.131**	**0**	Including: ; contribution of £1.500m to the Peterhouse/Lydia Eve Court scheme in Great Yarmouth; Modern Social Care Phase Two; contributions to housing development schemes for people with learning difficulties and people with physical disabilities; dementia day care; office accommodation; and contribution to Norse Care for essential improvements/capital works in the previous in-house residential homes.
Reprovision of Bishop Herbert House	+0.006	+0.006	0	
Strong and Well Partnership	+0.500	+0.500	0	Plans not finalised.
Capital Monies that are earmarked but not committed for specific projects at the moment				
Social Services Computer Projects (2003-4)	+0.067	+0.067	0	Work continues as part of the Transformation Programme to identify further IT and project investment needs.
(Improving) Information Management Grant (2007-8)	+0.007	+0.007	0	
Adult Social Care IT Infrastructure (2008/09)	+0.094	+0.094	0	
Housing With Care – Other (2007-8)	+0.084	+0.084	0	To be used for future schemes as part of the Building Better Futures – Care Homes.

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

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

Note 1:   The term slippage is used where work has not been completed within the financial year or there are outstanding invoices to be paid.
Where there is slippage on a scheme the money will be carried forward to 2014-15. The year noted in the "Scheme" column is the year it started.

Appendix D: Cultural Services: Capital Programme

Capital Programme 2013-14 - Library and Information Service

Scheme	2013-14 Budget £m	2013-14 Forecast Outturn £m	2013-14 Forecast Slippage £m	Reason for variance or comments
Schemes in Progress				
Wymondham Library	0.100	0.100	0.000	Awaiting final land lease agreement
Mobile Vehicle Wash System	0.016	0.016	0.000	Final works currently underway
CERF* Dersingham Windows	0.001	0.001	0.000	NPS managed scheme – waiting for final invoices.
CERF* Caister	0.001	0.001	0.000	NPS managed scheme – waiting for final invoices.
Library Improvements 2012-13	0.258	0.258	0.000	2012-13 Library refurbishments due to be completed in full
Total Schemes in Progress	**0.376**	**0.376**	**0.000**	
2013-14 New Starts				
Hethersett Adaptations	0.060	0.060	0.000	Toilets and associated building works.
New Starts - Total	**0.060**	**0.060**	**0.000**	
Section106 Schemes [1]	0.191	0.191	0.000	Schemes are spent over several years
Total Capital Schemes	**0.627**	**0.627**	**0.000**	

Capital Programme 201-14 3 – Museums and Archaeology Service

Scheme	2013-14 Budget £m	2013-14 Forecast Outturn £m	2013-14 Forecast Slippage £m	Reason for variance or comments
Schemes in Progress				
Bridewell Museum Development	0.065	0.065	0.000	Project is complete with some final works currently being carried out.
Gressenhall Eco Building	0.139	0.139	0.000	Project is now in progress.
Seahenge	0.007	0.007	0.000	Project complete and the remaining funds are used for final timbers conservation work.
Gressenhall Biomass Boiler CERF	0.01	0.014	0.000	Works complete but waiting for hopper redesign.
Gressenhall FWH Wind & Solar CERF*	0.017	0.017	0.000	Delayed scheme due to planning permission. A third application has been submitted.
Museum Stock System	0.120	0.120	0.000	System review underway and due to be completed by March 2014.
CERF* Shirehall Replacement Lighting	0.008	0.008	0.000	NPS managed scheme.
CERF* Strangers Hall Replacement Lighting	0.007	0.007	0.000	NPS managed scheme.
CERF* Gressenhall Back Hall Lighting	0.004	0.004	0.000	Complete - waiting for final invoices.
Prior Years Corporate Minor Works	0.036	0.036	0.000	Works mainly complete but waiting for final invoices.
Schemes in Progress – Total	**0.417**	**0.417**	**0.000**	
Total Capital Programme	**0.417**	**0.417**	**0.000**	

- CERF is the Carbon Energy Reduction Fund

- Corporate Minor Works relate to health and safety and DDA essential works that are funded from the NCC capital programme and approved by submission to the Corporate Capital and Asset Management Group.
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Capital Programme 2013-14 – Norfolk Record Office

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

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*CERF is the Carbon Energy Reduction Fund

Capital Programme 2013-14 – Adult Education

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

Cultural Services: Reserves and Provisions

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

a. The Libraries Repairs & Replacement reserve is expected to reduce by £0.078m for internally funded projects. The School Library Service reserve has increased to £0.324m to safeguard income pending restructure caused by the ending of schools grant funding. Unspent Grants and Contributions Reserve reflects the expected usage of funds brought forward for multi-year projects in the year. The ICT Reserve provides for the ongoing replacement programme of ICT equipment used by the public in Libraries.

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

c. The Record Office Repairs & Replacement reserve is expected to reduce by £0.067m for Manorial and Horner Cataloguing projects and the Unspent Grants and Contributions reserve is expected to reduce by £0.009m for continuing externally funded projects in 2013-14.

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

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

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

Reserves and Provisions 2013-14	Balances at 1 April 2013	Forecast at 31 March 2014	Change
	£M	£M	£M
Norfolk Library and Information Service			
Libraries Renewals and Replacement Reserve	0.681	0.603	-0.078
ICT Reserve	0.588	0.588	0.000
School Library Service Replacements and Renewals	0.324	0.245	-0.079
Unspent Grants and Contributions	0.118	0.117	-0.001
Service Total	**1.711**	**1.553**	**-0.158**
Norfolk Museums and Archaeology Service			
Museums Income Reserve	0.079	0.079	0.000
Museums Repairs and Renewals Reserve	0.340	0.298	-0.042
Unspent Grants and Contributions	0.634	0.410	-0.224
Service Total	**1.053**	**0.787**	**-0.266**
Norfolk Record Office			
Residual Insurance and Lottery Bids	0.368	0.275	-0.093
Unspent Grants and Contributions	0.049	0.040	-0.009
Service Total	**0.417**	**0.315**	**-0.102**

Reserves and Provisions 2013-14	Balances at 1 April 2013	Forecast at 31 March 2014	Change
	£M	£M	£M
Adult Education Service			
ICT Reserve	0.000	0.000	0.000
Income Reserve	0.017	0.017	0.000
Unspent Grants and Contributions	0.089	0.089	0.000
Service Total	**0.106**	**0.106**	**0.000**
Norfolk Arts Service			
Unspent Grants and Contributions	0.039	0.000	-0.039
Repairs and Replacements Reserve	0.028	0.000	-0.028
Service Total	**0.067**	**0.000**	**-0.067**
Active Norfolk			
Unspent Grants and Contributions	0.321	0.120	-0.201
Service Total	**0.321**	**0.120**	**-0.201**
Cultural Services Totals	**3.675**	**2.881**	**-0.794**

Reserves and Provisions 2013-14	Balances at 1 April 2013	Forecast Position at 31 March 2014	Comments
	£m	£m	
Doubtful Debts Provision	1.055	0.951	This will decrease as bad debts are written off. A significant amount of this reserve is for specific debts.
Residential Review	3.594	2.023	Required in future years for the Building Better Futures programme, including the transformation of the homes transferred to Norse Care on 1 April 2011. £1.5m is earmarked for the future Peterhouse scheme.
IT Reserve	1.491	1.491	For the implementation of various IT projects and IT transformation costs, including MSC (Modern Social Care) Phase Two, Carefirst Upgrade and Portal.
Repairs and Renewals – in Homes and Housing With Care schemes	0.071	0.031	Dilapidation costs incurred due to the cessation of a number of lease agreements for offices.
Adult Social Care Legal Liabilities	3.594	0.794	Cabinet approved on 9 May 2011 the creation of the Adult Social Care Legal Liabilities reserve to cover the potential costs arising from the dismissal on Tuesday 15 February 2011 at the Court of Appeal of the appeal lodged by Hertfordshire County Council regarding the funding of aftercare under section 117 of the Mental Health Act. The department was able to absorb most of these pressures in 2012-13 but at this stage of the financial year is forecasting using £2.800m from this reserve in 201-314.
Living Well in the Community Fund (original Prevention Fund set up at the end of 2011-12)	0.830	0.048	On 4 April 2011 Cabinet agreed that the unspent Supporting People grant

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Reserves and Provisions 2013-14	Balances at 1 April 2013	Forecast Position at 31 March 2014	Comments
			should be used to create a Prevention Fund and carried forward to support prevention work. This is called the Living Well in the Community Fund and the funding was awarded in 2012-13. Payments are allocated when key milestones are met and therefore are being paid across financial years.
Prevention Fund 2012-13	3.594	2.022	As part of the 2012-13 budget planning Members set up a Prevention Fund of £2.5m. Cabinet agreed at the 2011-12 year end that the department could contribute £1m to this fund to mitigate the risks in delivering the prevention savings in 2012-13 and 2013-14, particularly around reablement and Service Level Agreements, and the need to build capacity in the independent sector. At this stage of the financial year the department is anticipating using £1.000m from this reserve.
Unspent grants and contributions	3.891	3.312	Mainly the Social Care Reform Grant which is being used to fund the Transformation in Adult Social CareThe grants are being used as needed.
Redundancy Provision	0.130	0.083	Will be used against costs of pay protection for supernumery staff.
Adult Social Services Total	**17.892**	**10.755**	

Adult Social Care Risk Register

Risk Register - Norfolk County Council (Summary)

Area	Risk Number	Risk Name	Risk Description	Current Risk Score	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner
Community Services Transformation	RM14079	Failure to meet the long term needs of older people	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local authorities may only have sufficient funding for Adult's and Children's care.	25	8	31/03/2030	**Amber**	Harold Bodmer

Area	Risk Number	Risk Name	Risk Description	Current Risk Score	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner
Community Services Transformation	RM0207	Failure to meet the needs of older people	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation.	12	8	31/03/2014	Amber	Harold Bodmer
Support & Development	RM13925	Lack of capacity in ICT systems	A lack of capacity in IT systems and services to support Community Services delivery, in addition to the poor network capacity out into the County, could lead to a breakdown in services to the public or an inability of staff to process forms and financial information in for example Care First. This could result in a loss of income, misdirected resources, poor performance against NI targets and negatively impact on our reputation.	12	8	01/04/2014	Amber	John Perrott
Prevention	RM13923	Uncertainty around the shift towards investment in prevention services	There is uncertainty around achieving a general shift towards investment in prevention services by health care and housing organisations by the end of 13/14, meaning that key strategic strategies for older and disabled people were not met in line with Living Longer, Living Well. This results in poorer outcomes for service users and higher expenditure.	12	8	01/12/2014	Amber	James Bullion

Area	Risk Number	Risk Name	Risk Description	Current Risk Score	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner
Transformation	RM13926	If we do not meet budget savings	If we do not meet our budget savings targets over the next three years it would lead to significant overspends in a number of areas. This would result in significant financial pressures across the Council and mean we do not achieve the expected improvements to our services.	15	10	01/04/2014	**Amber**	Janice Dane
Cultural Services	RM13935	Loss of external funding or grants	Loss of, or significant reduction in external funding or grants from whatever source or cause could lead to a reduced capacity to deliver or threaten cultural services business viability and in-year service planning. This could result in significant overspends, unplanned recourse to revenue or reserves and potentially high severance costs.	12	9	31/03/2014	**Amber**	Jennifer Holland
Transformation	RM13936	Inability to progress integrated service delivery	Inability to progress integrated service delivery between NCC and Health due to; different governance regimes, the lack of management capacity and the ongoing NHS changes. This could result in the programmes objectives not being fully met.	10	5	01/04/2014	**Green**	Harold Bodmer

Area	Risk Number	Risk Name	Risk Description	Current Risk Score	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner
Transformation	RM13929	The speed and severity of change	The speed and severity of the changes in work activities and job cuts across all areas of the department outlined necessary to achieve budget savings targets could significantly affect the wellbeing of staff. This results in increased sickness absence, poor morale and a reduction in productivity.	12	8	01/04/2014	Green	Kathy Bonney
Community Services Transformation	RM13911	Insufficient Capacity within the Care Market	If there is insufficient capacity within the care market to take on and provide services previously delivered by NCC. This could mean a lack of services for users, increased costs to NCC and result in legal challenges and negatively impact on our reputation	8	10	31/03/2014	Met	Harold Bodmer
Safeguarding	RM13931	A rise in hospital admissions	A significant rise in acute hospital admissions for whatever reason would lead to delays in the transfer of care. This would result in budget pressures, possible overspends and could negatively impact on our reputation.	8	6	01/04/2014	Green	Debbie Olley
Safeguarding	RM13932	If we fail with self-directed support processes	If we fail to put in place robust processes and change the culture towards self directed support it could lead to us failing to meet the targets required. This would result in service users not being able to exercise choice over their care, and may slow down the transformation of some services dependent on the availability of self directed support.	9	8	01/04/2014	Amber	Debbie Olley

Area	Risk Number	Risk Name	Risk Description	Current Risk Score	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner
Safeguarding	RM13924	The pace and change of legislation for "Ordinary Residence"	The pace and change of legislation, particularly around service users attaining "ordinary residence", could lead to an increased demand for services and so create significant budget overspends. This would result in worsening outcomes for service users, promote legal challenge and negatively impact on our reputation.	9	6	01/04/2014	**Amber**	Debbie Olley
Information Management	RM14085	Failure to follow data protection procedures	Failure to follow data protection procedures can lead to loss or inappropriate disclosure of personal information resulting in a breach of the Data Protection Act and failure to safeguard service users and vulnerable staff, monetary penalties, prosecution and civil claims.	12	4	31/03/2014	**Amber**	Harold Bodmer

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Forward Work Programme: Scrutiny

Report by the Director of Community Services

Summary

This report asks Members to review and develop the programme for scrutiny.

Action Required

The Overview and Scrutiny Panel is asked to consider the attached Outline Programme (Appendix A) and agree the scrutiny topics listed and reporting dates.

The Overview and Scrutiny Panel is invited to consider new topics for inclusion on the scrutiny programme in line with the criteria at para 1.2.

1   The Scrutiny Programme

1.1   The Outline Programme for Scrutiny (Appendix A) has been updated to show progress since the July 2013 Overview and Scrutiny Panel.

1.2   Members of the Overview and Scrutiny Panel can add new topics to the scrutiny programme in line with the criteria below: -

(i) High **profile** – as identified by:

    a. Members (through constituents, surgeries, etc)

    b. Public (through surveys, Citizen's Panel, etc)

    c. Media

    d. External inspection (Audit Commission, Ombudsman, Internal Audit, Inspection Bodies)

(ii) Impact – this might be significant because of:

    a. The scale of the issue

    b. The budget that it has

    c. The impact that it has on members of the public (this could be either a small issue that affects a large number of people or a big issue that affects a small number of people)

(iii) Quality – for instance, is it:

    a. Significantly under performing

    b. An example of good practice

    c. Overspending

(iv) It is a Corporate Priority

2   Section 17 – Crime and Disorder Act

2.2   The crime and disorder implications of the various scrutiny topics will be considered when the scrutiny takes place

3   Equality Impact Assessment

3.1   The scrutiny report is not directly relevant to equality, in that it is not making proposals that will have a direct impact on equality of access or outcomes for diverse groups.

4   Action Required

4.1   The Overview and Scrutiny Panel is asked to consider the attached Outline Programme (Appendix A) and agree the scrutiny topics listed and reporting dates.

4.2   The Overview and Scrutiny Panel is invited to consider new topics for inclusion on the scrutiny programme in line with the criteria at para 1.2.

Officer Contact

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

Jill Blake   01603 638129   **Jill.blake@norfolk.gov.uk**

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communication for all</td><td>If you need this report in large print, audio, Braille, alternative format or in a different language please contact Jill Blake on 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.</td></tr>
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Outline Programme for Scrutiny

Standing Item for Community Services O & S Panel: Update for September 2013

This is only an outline programme and will be amended as issues arise or priorities change

Scrutiny is normally a two-stage process:
- Stage 1 of the process is the scoping stage. Draft terms of reference and intended outcomes will be developed as part of this stage.
- The Overview and Scrutiny (O&S) Panel or a Member Group will carry out the detailed scrutiny but other approaches can be considered, as appropriate (e.g. 'select committee' style by whole O&S Panel).
- On the basis that the detailed scrutiny is carried out by a Member Group, Stage 2 is reporting back to the O&S Panel by the Group.

This Panel welcomes the strategic ambitions for Norfolk. These are:
- A vibrant, strong and sustainable economy
- Aspirational people with high levels of achievement and skills
- An inspirational place with a clear sense of identity

These ambitions inform the NCC Objectives from which scrutiny topics for this Panel will develop, as well as using the outlined criteria at para 1.2 above.

Changes to Programme from that previously submitted to the Panel in July 2013

Added – Summary report on PCSS staff & Union views; Blue Badge update; Adult Education report on the review; MH Trust redesign.

Deleted – Update on MH S75 agreement; Supporting People review; Warm & Well interim report; Adult Education terms of the review; PCSS contractual arrangements.

Community Services Overview & Scrutiny Panel

Action Required

Members are asked to suggest issues for the forward work programme that they would like to bring to the committee's attention. Members are also asked to consider the current forward work programme:-

    a. whether there are topics to be added or deleted, postponed or brought forward

    b. to agree the briefings, scrutiny topics and dates below.

Meeting dates	Briefings/Main scrutiny topic/ initial review of topics/follow ups	Administrative business
	2013	
Today's meeting- 10 September 2013	**Home care Working group-** review of identified options	(Requested at O&S Panel October 2012)
	Communication of changes and continuity of care during Transformation to a Social Enterprise	(Remodelling of Care (RoC) recommendation no 8)
	Community Transport-	(RoC recommendation no 13 &14)
	Blue Badge report- update	(Requested at O&S Panel July 2013)
	Summary report on staff and Union views – in relation to PCSS	(Requested at O&S Panel July 2013 as per RoC recommendation no 7)
8 October 2013	**Adult Education-** report on the review	(Requested at O&S Panel July 2013)
	Warm and Well- final report	(Requested at O&S Panel July 2013)
5 November 2013	**ICES Contract-** update on implementation	(RoC recommendation 16)

Note: These items are provisional only. The OSC reserves the right to reschedule this draft timetable.

Members Seminars

Provisional dates for update / briefing reports to the Committee 2012/13.

The impact of the budget cuts on the voluntary sector- To examine the impact on the voluntary sector of the current changes within Adult Social Services Prevention services, specifically looking at contracts valued greater than £5000 and to summarise the current position. (Ongoing monitoring and reporting requested at 6 monthly intervals) – Next update Dec 2013

Building a better future-Ongoing reporting regarding the project is required every 6 months along with an annual report – Next update Dec 2013

Key challenges for SDS-updates every 6 months (requested at O&S Panel meeting 4 September 2012)-Next update Dec 2013

Working groups of Community Services O&S panel.

Fuel Poverty Task and Finish Group	
Membership	Shelagh Gurney, Julie Brociek-Coulton, Emma Corlett, Denis Crawford, Ed Foss, Elizabeth Morgan, Ian Mackie.
Meeting held 9 Aug 2013	• Cllr Crawford nominated to attend the National Energy Action conference in Harrogate from 16-18 Sept. • Work programme from 6 Sept onwards agreed. • Group to report back to O&S Panel in January 2014.

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Working groups of Cabinet of interest to Community Services O&S Panel

Membership	