

# Adult Social Services Overview and Scrutiny Panel

Date: **Monday 9 March 2009**

Time: **10.00am**

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

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

## **Membership**

Mr A Adams  
Mr C Armes  
Mr R Blower  
Mrs J Eells  
Mr D Harrison  
Mr C How  
Mrs J A Howe  
Mr C A Hull  
Mr J Joyce

Mrs S M Matthews  
Mr J H Perry-Warnes  
Mr A D Pond  
Mrs S A F Rice  
Mr N C Shaw  
Mr T Wainwright  
Mrs C Ward  
Mr A J Wright

## **Non Voting Cabinet Member**

Mr C Mowle

## **Non Voting Deputy Cabinet Member**

Mrs S C Gurney

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

Tim Shaw on 01603 222948  
or email [timothy.shaw@norfolk.gov.uk](mailto:timothy.shaw@norfolk.gov.uk)

## A g e n d a

Officer

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

- 2 **Minutes**

(Page )

To confirm the minutes of the meeting of the Review Panel held on 12 January 2009.

- 3 **Members to Declare any Interests**

Please indicate whether the interest is a personal one only or one which is prejudicial. A declaration of a personal interest should indicate the nature of the interest and the agenda item to which it relates. In the case of a personal interest, the member may speak and vote on the matter. Please note that if you are exempt from declaring a personal interest because it arises solely from your position on a body to which you were nominated by the County Council or a body exercising functions of a public nature (e.g. another local authority), you need only declare your interest if and when you intend to speak on a matter.

If a prejudicial interest is declared, the member should withdraw from the room whilst the matter is discussed unless members of the public are allowed to make representations, give evidence or answer questions about the matter, in which case you may attend the meeting for that purpose. You must immediately leave the room when you have finished or the meeting decides you have finished, if earlier. **These declarations apply to all those members present, whether the member is part of the meeting, attending to speak as a local member on an item or simply observing the meeting from the public seating area.**

- 4 **To receive any items of business which the Chairman decides should be considered as a matter of urgency**

**5 Public Question Time**

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

Please note that all questions must be received by 5pm on Wednesday, 4 March 2009. Please submit your question(s) to the person named on the front of this agenda. For guidance on submitting public questions, please use the link below:

[www.norfolk.gov.uk/cabinetquestions](http://www.norfolk.gov.uk/cabinetquestions)

**6 Local Member Issues/Member Questions**

Please note that all questions must be received by 5pm on Wednesday, 4 March 2009. Please submit your question(s) to the person named on the front of this agenda.

**7 Cabinet Member Feedback on Previous Review Panel Comments (Page )**

**Items for Scrutiny**

8	<b>Outcomes of the Visits by Members of the Quality Home Care Working Group</b>	Terry Cotton	<b>(Page )</b>
9	<b>Review of Community Meals</b>	James Bullion	<b>(Page )</b>
10	<b>Update Regarding Delayed Discharges</b>	Lorrayne Barrett	<b>(Page )</b>
11	<b>Scrutiny Items Progress Report</b>	Mike Gleeson	<b>(Page )</b>

**Overview Items**

12	<b>2008-9 Revenue and Capital Budget Monitoring Report</b>	Janice Dane	<b>(Page )</b>
13	<b>Payment Levels For Independent Sector In 2009/10</b>	Janice Dane	<b>(Page )</b>
14	<b>Adult Social Services Performance Report</b>	Colin Sewell	<b>(Page )</b>
15	<b>Service Planning Update</b>	Jeremy Bone	<b>(Page )</b>
16	<b>Norfolk Local Involvement Network</b>	Chris Walton	<b>(Page )</b>

**Group Meetings**

<b>Conservative</b>	<b>9.00am</b>	<b>Mezzanine Room 1</b>
<b>Labour</b>	<b>9.00am</b>	<b>Room 504</b>
<b>Liberal Democrats</b>	<b>9.15am</b>	<b>Room 532</b>

**Chris Walton**  
**Head of Democratic Services**

County Hall  
Martineau Lane  
Norwich  
NR1 2DH

Date Agenda Published: 27 February 2009



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**Adult Social Services Overview and Scrutiny Panel**

**Minutes of the Meeting held on 12 January 2009**

Present:

Mr A Adams	Mrs S M Matthews (Chairman)
Mr C Armes	Mr J H Perry-Warnes
Mr R Blower	Mr A D Pond
Mrs J Eells	Mr N C Shaw
Mr D Harrison	Mrs C Ward
Mrs J A Howe	Mr A J Wright

Substitute Members Present and Apologies:

Mrs S Hutson for Mr C How  
Mrs H Panting for Mr T Wainwright  
Mr M Scutter for Mr J Joyce

Also Present:

Mr C Mowle – Non-voting Cabinet Member  
Mrs S Gurney – Non-voting Deputy Cabinet Member

Officers/Others:

Harold Bodmer	-	Director of Adult Social Services
Janice Dane	-	Head of Finance, Adult Social Services
Colin Sewell	-	Performance Manager, Adult Social Services
Mike Gleeson	-	Head of Democratic Support, Adult Social Services
Sarah Ellis	-	Head of Occupational Therapy
Paul Bonham	-	Commercial Director, Norfolk County Council

**1 Apologies**

Apologies for absence were received from Mr C How, Mr C Hull, Mr J Joyce, Mrs S Rice and Mr T Wainwright.

**2 Minutes**

The Minutes of the previous meeting held on 17 November 2008 were received by the Adult Social Services Overview and Scrutiny Panel and signed by the Chairman.

### **3 Declarations of Interest**

There were no declarations of interest.

### **4 Items of Urgent Business**

There were no items of urgent business.

### **5 Public Question Time**

There were no public questions.

### **6 Local Member Issues/Member Questions**

There were no Local Member issues.

### **7 Cabinet Member Feedback on Previous Review Panel Comments**

**(a) Assessment and Care Management Review – Proposals for Social Services Adult Community Teams**

**(b) Joint Commissioning Strategy for People with Physical and Sensory Impairments 2008-2013**

**(c) Strategic Model of Care – Care Homes: Strategic Commissioning Proposals for Future Services**

**(d) Making Your Day: Locality Commissioning Plans for Day Opportunities for Older People and People with Physical Disabilities or Sensory Impairments in Norfolk.**

The annexed reports by the Cabinet Member were received and noted.

The reports gave feedback to the Overview and Scrutiny Panel on the above mentioned issues.

It was noted that Cabinet Member reports should include dates of previous Cabinet/Panel meetings, and any Panel comments, even for items that had appeared on Panel agendas several times already.

### **Items for Scrutiny**

### **8 Norfolk Community Equipment Service**

The annexed report by the Director of Adult Social Services was received.

The Overview and Scrutiny Panel received a presentation about the Norfolk Community Equipment Service which was run for Norfolk County Council by Norfolk County Services.

During the presentation and ensuing discussion the following key points were made:

Who is the Service Provided for?

- Severely disabled people, who may need complex and costly equipment.
- Less severely disabled people, who may need simpler equipment.

- People with dementia who would benefit from electronic memory aids – assistive technology.
- People with sight and hearing problems.

#### The Service Needs to ...

- Invest in new technology – products that give better outcomes, eg new types of hoist and assistive technology.
- Be professionally run in meeting Health and Safety legislation, infection control and product safety.
- Be environmentally sound, reusing equipment where necessary. NCS is willing to invest in new equipment, where necessary. NCS already has a source of second hand stair lifts.

#### Services Provided

- Management of the Community Equipment Services including:
  - Storage and management of stock.
  - Procurement of equipment, adaptations, goods and services.
  - Delivery and installation.
  - Collection, exchanges.
  - Cleaning/refurbishment.
  - Maintenance and repairs.

#### Current Developments

- Online catalogue.
- Improved management information.
- Further provision of services to Residential Homes.
- Continued development of assistive technology provision.
- Different ways of working –the Community Equipment Service is staffed to carry out simple assessments and install relatively simple adaptations (eg grab rails, toileting aids etc), and equipment that needs to be tailor made to individual's homes such as wheelchair ramps. On the other hand, District Councils provide grants for disabled people who need major adaptations to their homes, to enable them to live as independently as possible. District Council grants can cover adaptations such as complete new bathroom installations.
- NCS deliver items to service users' homes and to hospitals where stock is held to support hospital discharges.
- Delayed discharges from the Queen Elizabeth Hospital, King's Lynn, and the James Paget Hospital, Great Yarmouth, are not usually due to delays in the delivery of equipment supplied by NCS.
- NCS has a contract with the Norfolk and Norwich Hospital to supply equipment to aid hospital discharges.

#### The Future

- Continued service to the community.
- Provide a more efficient, faster and cost-effective delivery service.

- Improve customer satisfaction.
- Take on new business.
- Retail equipment service.
- Integration with health. It is hoped that at some stage there will be an opportunity to transfer the service provided by the NHS to NCS, so creating a joint equipment and adaptation service and joint store.
- Transforming Community Equipment Services.
- Local Government Review.

The Panel noted the report.

## **9 Proposals for Management of the Scrutiny Process**

The annexed report by the Director of Adult Social Services was received.

The Panel received a report that set out proposals for how the Scrutiny process could be managed in the future to ensure the scrutiny programme was robust, prioritised and met the objectives of the Panel. The report included a model for assessing each item against set criteria.

The Panel agreed to the process for managing new topics for scrutiny, as set out in the report. The Panel also agreed that a scoring system, adapted to meet the particular needs of the Panel, as well as meeting the general requirements set out in the report from the Cabinet Scrutiny Committee Working Group, could be added to the questionnaire.

## **10 Scrutiny Items Progress Report**

The annexed report by the Director of Adult Social Services was received.

The Panel received a report that summarised the scrutiny work programme and gave an update on progress.

The Panel noted dates for future Scrutiny meetings and that a further meeting of a Working Group to look into proposals for the quality monitoring of the Home Support Service would be held on 12 February 2009. It was planned to bring the report of the Working Group to the March 2009 meeting of the Panel.

In reply to questions, the Director said that he would be willing to present a report to the next meeting of the Panel that examined eligibility criteria within the context of the “putting people first” agenda for Adult Social Services. He said that there were no plans to make changes in eligibility criteria.

The Panel noted the report.

### **Overview Items**

## **11 2008/09 Revenue Capital Budget Monitoring**

The annexed report by the Director of Adult Social Services was received.

The Panel received a report that stated the forecast revenue outturn position for the financial year 2008/09 with a balance budget of zero, based on the information available at the end of November 2008, Period 8. At this stage of the financial year there was slippage predicted in the capital programme of £3.584m.

During discussion the following key points were noted:

- Whenever possible, tables included in budget monitoring reports should have a column to show any change in forecast from the previous period as in the table at paragraph 2.1
- The pressures on purchase of care were of particular concern for 2008/09 and could be attributed to demographic pressures.
- The department relied on demographic trend information that was supplied by the Norfolk Data Observatory.
- The County Council had contributed £200,000 to the Adult Social Services bad debt fund for 2008/09. As this sum had not changed from the previous financial year it did not appear in the Service and Financial Planning report. The amount held in the Bad Debt Fund was based on estimates of potential bad debts in relation to service user contributions towards the cost of their care and was reviewed regularly.
- Officers agreed to let Mrs Panting have information, outside of the meeting, to explain the numbers and percentage of people with learning difficulties that were assisted by the department.

## **12 Service and Financial Planning 2009-12**

The annexed report by the Director of Adult Social Services was received.

The Panel received an update report on proposals for service planning for 2009/10-2011/12. This included updated information on the provisional grant settlement, revenue budget proposals and capital funding bids.

During the course of discussion the following key points were noted:

- The pressures on the purchase of care and other care budgets continued to be a matter of concern. A number of demand management steps were being taken to control the care budget: over 50% of people using the Norfolk First Support Reablement and Assessment Service did not need long term care; extra home care hours had been contracted.
- There were risks arising from a reduction in the number of care packages that the department would be able to provide given the pressures coming from demographic growth and increased needs facing Norfolk. There were also risks around achieving all of the learning difficulties priority based budget savings.
- In reply to questions, the Cabinet Member said that he had no political agenda to raise the department's eligibility criteria and remained of the view that budgetary pressures were well known and risks were being properly managed.

The Panel noted the report.

### **13 Adult Social Services Performance Report**

The annexed report by the Director of Adult Social Services was received.

The Panel received a report that confirmed The Commission for Social Care (CSCI) performance assessment of Norfolk Adult Services for 2007/08 and examined performance progress against the key performance indicators for 2008/09.

It was noted that CSCI had awarded Norfolk Adult Services three stars for 2007/08. The officers were congratulated in achieving this significant result that contributed to the County Council's overall Comprehensive Performance Assessment (CPA).

In reply to questions, Officers said that the number of assessments and reviews of service users continued to increase but there had been delays in inputting this data into Carefirst. Officers said they were taking a number of steps to improve the process of recording performance: increasing the number of recorded Carefirst assessments and reviews was a management priority.

The Panel noted the report.

The meeting concluded at 11.40am

### **Chairman**



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## **Cabinet Member Feedback**

Report by the Cabinet Member for Adult Social Services

### **Summary**

This report gives feedback to Overview and Scrutiny Panel from Cabinet regarding the establishment of a number of pilot integrated health and social care teams during 2009

**Report** Delivering Joined-Up Health and Social Care Services

**Date Considered  
by Review Panel:**

**Review Panel  
Comments:**

**Date Considered  
by Cabinet:** 26 January 2009

**Cabinet  
Feedback:**

Cabinet previously gave its support to the development of integrated health and social care services at its September meeting.

The Cabinet noted the progress and agreed to the proposal to establish up to 6 pilot schemes in which a “virtual” team comprising GPs, Adult Social Care staff, and Community Health staff will be established

It agreed the selected pilot areas as follows:

- Kings Lynn
- Swaffham and Downham Market
- Mid Norfolk (Dereham, North Elmham, Watton & Mattishall)
- Norwich
- Fakenham, Wells and Holt
- Thetford.

**Action Required:** Review Panel are asked to note the feedback from Cabinet

**Officer Contact(s)** Harold Bodmer on: 01603 223175

**Background Document(s)** N/A

## **Cabinet Member Feedback**

Report by the Cabinet Member for Adult Social Services

### **Summary**

This report gives feedback to Overview and Scrutiny Panel from Cabinet regarding a request that existing contracts for adult substance misuse services be extended in line with the commissioning strategy intentions to allow for further investigation of changes needed to the system ahead of procurement taking place in 2012

**Report** Procuring the adult substance misuse treatment system for Norfolk

**Date Considered  
by Review Panel:**

**Review Panel  
Comments:**

**Date Considered  
by Cabinet:** 26 January 2009

**Cabinet  
Feedback:** The Cabinet agreed that existing contracts for adult substance misuse services be extended – in line with the commissioning strategy intentions – for three years only to October 2012. Procurement of all adult substance misuse services will be undertaken by October 2012, in accordance with Contract Standing Order Exception 3.1(h).

**Action Required:** Review Panel are asked to note the feedback from Cabinet

**Officer Contact(s)** Harold Bodmer on: 01603 223175

**Background Document(s)** N/A



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**Outcomes Of The Visits By Members Of The Quality In Home Care Working Group**

Report by the Director of Adult Social Services

**Summary**

During late November and early to Mid December 2008, Members of the Quality in Home Care Working Group visited Independent and In House Home Care Services. Each of the 7 Members visited 1 Independent Sector and 1 In House Provider.

Using a structured questionnaire to inform the visits, Members met the individual service user, members of their family, read the service users file in their home. They also met the main care worker allocated to that service user. At the Office of the Provider, Members had the opportunity to meet the Service Manager and review the file of the Service User and their Care Worker.

The questionnaire (at Appendix 1) was intended to assist in testing whether broad areas of quality are being implemented and whether the thread of quality is evidenced from different perspectives. This was particularly so, in relation to the experiences of service users and their informal carers.

**1 Background**

1.1 In financial year 2007/08 Norfolk County Council spent some £35.6 Million gross on domiciliary care. Just under 2.5 Million hours of care were delivered to over 6,000 service users.

1.2 Spend for different service user groups was as follows:

Older People	£25.8 Million
Physical Disability	£7.7 Million
Learning Disability	£1.4 Million
Mental Health	£0.7 Million

1.3 Clearly, with such large service provision to many vulnerable people, it is of critical importance that robust monitoring and evaluation procedures are in place to ensure that service users both receive a quality service in their own homes which promotes, wherever possible, their independence and protects them from the risk of abuse.

1.4 Although the Commission for Social Care Inspection (soon to be re-named the Quality Care Commission) is the regulatory body for domiciliary care providers, Local Authorities are expected to ensure the ongoing quality of service purchased on behalf of service users. In the future this will also need to include services individually procured through using direct payments or individual budgets.

**2 Aim of the visits**

2.1 The aim of the home care visits were to give Members of the Quality in Home Care Working Group the following opportunities:

- To visit service users in their own homes to ascertain their views on the quality

of home care services provided

- To meet with care workers to discuss particular issues relating to their role in ensuring the provision of a quality service
- To visit both in house and independent sector care agencies to see how the provision of care services is managed, in particular to assess how quality standards are set out and maintained

The findings of the Working Group are set out in this report.

### **3 Quality in the provision of domiciliary care services**

- 3.1 Quality is a much-used term in the provision of domiciliary care services. It can mean many things to many people. The focus for the County Council is on outcomes for service users and their informal carers. The County Council clearly has a duty to ensure high standards of care are provided to its most vulnerable residents.
- 3.2 For the County Council, in respect of quality of care provision, the outcomes are the following:
- The standards and experience of service users (and their informal carers), how it meets their needs, promotes their independence and what they expect from the service and their care workers.
  - The standards set by domiciliary care providers and how they are actively ensuring the provision of a quality service, through employing, training and retaining good staff and effective quality assurance systems.
- 3.3 Therefore, the visits in one sense were very timely to test out the quality of service provision from the service users perspective.
- 3.4 It should be noted that some visits were made to domiciliary care providers at a time of change in respect of new contracts for domiciliary care. A number of service users were concerned about not losing their particular care worker, because of the change of contract, and that the new providers might change the service. Some of the providers who lost block contracts will remain “spot” providers of domiciliary care for the County Council.
- 3.5 On February 2, over 1,200 service users had a change in their home care provider as a result of the recent re-tendering of home care contracts. It is proposed that once the new contracts have bedded in the next round of Members visits will be made to the new providers.
- 3.6 The assessment and re-ablement services provided by Norfolk First Support were not part of the visits.

### **4 Findings from the Members Visits**

- 4.1 There were a number of consistent findings from the visits.
- 4.2 Set out below in the table is each key issue raised, the number of issues relevant to each and the total number of service users. Fifteen visits were conducted in total - seven to the In House Service and eight to the Independent Sector. An officer alone undertook one visit, as the Member was unable to attend.
- 4.3 The findings related to, not only the provision of domiciliary care, but other key issues such as:
- Delays in hospital assessment
  - Financial matters particularly relating to billing for domiciliary care

- The use of Information Technology
- Support from informal carers in maintaining care packages and support for them in their own right
- The quality of paperwork in respect of service user and care worker files

Key Issue	No of Service Users		
	In House	Independent Sector	Total
People with very complex care needs are being well supported in their own homes by both In House and Independent Sector Providers. Historically these service users would have been in residential care	7	8	15
There is evidence of good quality provision in both In House and Independent Sector Providers	7	8	15
There is evidence of high calibre and very committed care workers in both In House and Independent providers	7	8	15
There is evidence of "close bonding" between the service user, their informal carers and the main care worker/s	7	8	15
The introduction of new and/or relief care workers and other changes are sometimes not well managed and badly communicated	3	6	9
There are examples of good and best practice in both Independent and In House Providers, such as quality of records in respect of: <ul style="list-style-type: none"> <li>• Staff training and development</li> <li>• Use of IT</li> <li>• Rotas being posted to service users</li> </ul>	7 0 0	5 5 4	12 5 4
There is evidence of good quality of record keeping across both In House and Independent Providers in respect of: <ul style="list-style-type: none"> <li>• Service users</li> <li>• Care workers</li> </ul>	7 2	8 6	15 8
Ongoing family support in the majority of service users visited underpinned services commissioned by the County Council. If this support fell through, there could be serious consequences for Adult Social Services in terms of demand for care. The need for supporting family and informal carers is of high importance. Therefore, the assessment of informal carers needs, needs to be addressed	7	8	15
The provision of respite care is highly valued by family and informal carers	2	3	5
The system for financial assessment and start of service is sometimes not good. Service Users have to start the service before they know what it might cost them. Concerns were raised about the system for ongoing billing, it was found be leave service users unclear about their payment.	0	3	3

There continue to be a number of service users who receive services from more than one agency or where 2 service users in their own home receive care from more than one agency. This may not be the most effective way of delivering care in terms of care worker continuity and cost. These should be subject to review.  *4 Service Users visited had services provided by more than one agency	4	4	4
Maintaining morale and managing the loss of staff in the In House Service as it is being made smaller (and re-focusing on short term re-ablement service)	7	0	7
Reliability and continuity of care workers is of critical importance for service users	7	8	15
Service users welcomed the interest of Councillors in terms of their home care service	7	8	15

## **5 Equality Impact Assessment**

- 5.1 Ensuring the provision of appropriate domiciliary care services to an increasingly diverse population within Norfolk continues to be a priority for monitoring and evaluation purposes.

## **6 Section 17 - Crime and Disorder Act**

- 6.1 There are no specific implications in respect of the Crime and Disorder Act.

## **7 Risk Implications/Assessment**

- 7.1 It is critical that robust monitoring and evaluation procedures are in place to ensure that service users both receive a quality service in their own homes and protects them from the risk of abuse.

## **8 Conclusion**

- 8.1 The visits have been successful in enabling Members to assess how quality standards are set and maintained. The new quality framework for assessing home care will build on the visits undertaken by Members.
- 8.2 The key outcomes from these visits relating to service quality will be addressed as part of the new quality framework for domiciliary care that has been implemented from February 2009, firstly targeting the block domiciliary care providers currently contracted by the County Council.
- 8.3 Other issues, for example, the financial assessment process and Service Users receiving care from more than one provider will be reviewed.
- 8.4 All of the service users visited welcomed the interest of Members in terms of their home care service.

## **9 Action Required**

- 9.1 The Working Group recommends the following for the Overview and Scrutiny Panel to consider:
- That the Panel is encouraged that the quality of home care provided is generally very good and that people with complex care needs are being well

supported in their own homes, by both public and private sector providers

- That the Panel acknowledge the calibre and commitment of care workers supporting service users and their informal carers
- That the Panel endorses the approach of focusing on the service user and their informal carers experience of receiving care being central to assessing the quality of home care support
- That the Panel receives regular reports on Quality in Home Care, which will include Norfolk First Support (the in house re-ablement service)
- That the Members Working Group should continue and meet at least twice yearly to continue to oversee the quality of home care in Norfolk. The Working Group should undertake annual visits to service users. That further Members visits should take place in September. These visits will focus on the new home care providers. Particular focus should be on the completeness of service user and care workers files, the quantity and quality of training offered to care workers and the level of record keeping in the service users home
- The Scrutiny Panel endorses the view of the Working Group that home care visits should be an element of induction for Members of the Adults Social Services Scrutiny Panel. Furthermore, that the issue of home care should feature, in an informal way, for all new Members
- That there should be a review of service users who receive services from more than one provider. This includes situations where 2 service users in their own home receive services from more than one agency. The Scrutiny Panel should receive the outcome of this Officer review at it's meeting in September
- That the planned development of Information Technology in respect of rostering of in house services, and billing for services be reviewed and reported back to the Scrutiny Panel

## Officer Contact

Name	Telephone Number	email Address
Terry Cotton Quality Assurance Officer Domiciliary Care	01603 222610	terry.cotton@norfolk.gov.uk



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**Member Working Group On  
Quality In Home Support**

**Questions For Visits**

**NB: These Are Examples Of Some Of The Questions You May Wish To Ask**

**Questions For Service Users**

**2 service users and their respective care workers**

**You might wish to ask the service user if you could see their care plan**

**If the service user agrees, you should consider the following:**

Is the plan legible and easy to read?

Is it up to date?

Does it clearly set out the service users needs and any specific needs in terms of diversity?

Does it set out how these needs will be met?

Does it contain a risk assessment?

Is there a time sheet?

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**The Agency**

How long have you been receiving a service?

Did you get good information about the agency before the service started?

Did some one from the agency come and talk to you about your needs and what could be provided to meet your needs?

Are the office staff friendly and helpful?

Do you know where your care plan is?

Do you read it?

Do you sign off the time sheet?

Do you know how to complain if something is not right?

## **Care Workers**

Do your Care Workers arrive on time? If not do you know who to contact.

Does the office ring you if your regular Care Worker has had to be changed or is running late?

Do your Care Workers stay the right length of time?

Do you have regular Care Workers?

Do you feel you are treated well and with respect?

## **Service Delivery**

Do your carers assist you with money or medication?

Do you think your carers are well trained?

## **Personal Aspirations And Wishes**

Are there things you would like your carers to do differently?

Are there other things you would like assistance with that you currently do not have?

What is the best thing about the service?

## **NB: These Are Examples Of Some Questions You May Wish To Ask**

### **Questions For Care Workers**

Meeting the care workers of 2 service users

#### **Care Workers Experience**

How long have you been working as a care worker?

What do you think about the future of home care? Where is it going?

What do you enjoy about the role?

Are there things that you do not like?

What service users do you work with?

#### **Training And Development**

What training have you had?

If you saw or were worried about possible abuse of one of your service users, do you know how to report it?

Do you know how to report complaints from service users?

What do you see your role/relationship in working with service users?

Do you have regular supervision, appraisals and team meetings?

#### **Service Provision**

Do you know how to update the care plan?

Do you assist with any medication with your service users?

Do you work with other professionals?

Do you use any equipment with your service users?

Do you know about whistle blowing?

Is there anything you would like to change?



## **Review of Community Meals**

Report by the Director of Adult Social Services

### **Summary**

This report considers the current status of the Adult Social Services Community Meals Service and the challenges faced in delivering flexible, responsive support within a changing care and business environment.

Adult Social Services provides care for people who are most in need of help and cannot provide it themselves, to live more healthy and independent lives. The department has a wider responsibility to promote and develop services that can maximise independence and wellbeing in the general population of older people.

Therefore the focus of this review has not only been on services which Adult Social Services commissions and provides, but also on universally available or mainstream meals services.

The report's findings show key issues including:

- Inequity
- Inconsistency
- Lack of choice
- The service is in decline due to lack of uptake

The report considers that people should have access to services that are of good standard and that are available to all. Adult Social Services recognises that choice and control over what, when and how people eat is now a key determinant in future services, particularly in the light of personalisation.

Likewise, services that promote independence, health and wellbeing are at the forefront of its thinking. A community meals service that offers excellent standards in nutrition will help safeguard against malnourishment and its associated physical and mental health impacts.

The report gives a range of options for changing and improving current services. The options have been informed by models adopted by other local authorities and include commissioned and direct access models of service.

Members are asked to accept the findings of the Review of Community Meals report and agree in principle to:

- Work towards a meals service that is universally available across the county
- Ensure that the service is flexible and equitable and offers a diverse choice of nutritious food
- Ensure that people are supported in appropriate ways to access food options that are healthy and enjoyable

Members are asked to receive a further report on the results of consultation around different options available to achieve these objectives

# 1 Background

- 1.1 In September 2008 a presentation on Community Meals was made to the Panel, which outlined key issues within the service. Members requested further data on the service in order to inform future decision making. This report and [appendices](#) have been produced as a result of the Panel's request.
- 1.2 This report summarises the full review report (included as [Annex A](#)).

## 2. Findings of the report and recommendations

### 2.1 Current position

- 2.2 At present Norfolk County Council provides a community meals service to 1072 people across approximately half the county with indicative net costs in excess of £278K per year.
- 2.3 Most of the food is produced by Norfolk County Services and is delivered by a variety of voluntary bodies including Age Concern and WRVS (Women's Royal Volunteer Services).
- 2.4 Meals are available from between two and seven day per week, depending on geographical location. The meals are delivered heated or frozen direct to the door.

## 3 Present issues

- 3.1
- Inequality - The scheme is not available within about half of parishes.
  - Inconsistency - The level and quality of service provided varies greatly, with rural communities worst off. The logistics of delivering hot food in such a rural county means that food is frequently kept warm for several hours prior to consumption. The nutritional quality of food is probably quite low and will not provide service users with the one third of their daily nutritional requirement.
  - Lack of choice - The scheme is largely unable to offer choice and struggles to provide for some special diets. It is unable to cater for clients with different religious and cultural needs.
  - Trend - The organisations involved with providing community meals report a reduction in the numbers of people using services year on year. This has resulted in raised unit costs, loss of volunteers through low morale and the closure of some delivery runs.

## 4 Options for change

- 4.1 One option is to commission a fairer and more comprehensive service using the financial resources presently available.
- 4.2 Another approach is to consider the use of commercial services including home delivery and frozen meals services. This sector has grown steadily and now offers choice and variety, as well as more bespoke daily hot delivery services. This option would involve people directly accessing their chosen service.
- 4.3 A third way would involve commissioning a service that gives people access to a commercial provider at a more affordable price. This option would offer choice and control to service users able to order and pay for food independently, whilst providing Norfolk County Council with the ability to focus their support on people who need more help

- 4.4 More effective support could be offered to those people dependent on the current service to safeguard against isolation (at present they may see someone for a few minutes a day).

## **5 Proposal**

- 5.5 Members are asked to accept the findings of the Review of Community Meals report and agree in principle to:

- Work towards a meals service that is universally available across the county
- Ensure that the service is flexible and equitable and offers a diverse choice of nutritious food
- Ensure that people are supported in appropriate ways to access food options that are healthy and enjoyable

- 5.6 Members are asked to receive a further report on the results of consultation around different options available to achieve these objectives

## **6 Resource Implications**

- 6.1 The resources required to take this proposal forward to the next phase are met within the community meals project.

- 6.2 There may be a requirement to tender, should a decision be reached to re-provide the service. This will require the input of the procurement team.

- 6.3 Other resources rest upon the decisions made and outcome of any consultation, as the options offer very different opportunities and have different resource implications attached. The appendix includes a benefits realisation appraisal of each option with information about the resources required.

## **7 Other Implications**

- 7.1 With the exception of option 2 all other options will require Norfolk County Council to cease its current contracts, including the largest with Norfolk County Services. It is likely that ending this contract will affect other areas of Adult Social Services, specifically the Residential Care Homes.

- 7.2 Whilst there is likely to be a revenue cost to some residential care homes, they are presently subject to their own strategic review so longer term costs are not currently quantifiable.

- 7.3 Also, due to the downward trend in use of the meals on wheels service, residential homes are seeing reduced benefits from the current arrangements.

## **8 Equality Impact Assessment (EqIA)**

- 8.1 An equality impact assessment has been produced using the aims and standard of services Adult Social Services wish to adopt for a new service. They are generalised and not as specific as the range of options detailed within the report.

- 8.2 An EqIA will be produced for the options on which we agree to consult.

## **9 Section 17 - Crime and Disorder Act**

- 9.1 The majority of people using this service are older members of the community, who can be vulnerable to certain kinds of crime, often perpetrated by confidence tricksters who pose as officials to gain access to their homes. Any proposal to change services will consider the issues and use Home Office guidelines to reduce any risk of this type of crime.

## 10 Risk Implications/Assessment

- 10.1 There are a number of risks associated with the current services both in terms of the vulnerable people unable to receive a service through lack of availability and the robustness of arrangements where schemes are active.
- 10.2 While Adult Social Services does provide alternative support to people living beyond a scheme, and who require support with meals, these needs are met by homecare services, often at increased cost.
- 10.3 There is evidence that some schemes are under pressure because they are either unable to manage to deliver services within the resources available, or because they are unable to recruit and retain volunteer drivers to deliver meals.
- 10.4 The combination of lack of availability, together with a current service in decline could result in greatly increased use of homecare and therefore greater cost.

## 11 Conclusion

- 11.1 Adult Social Services concludes that in order to provide a comprehensive and robust level of support to people living at home, its community meals service requires changes that ensure its sustainability.
- 11.2 To sustain the service Adult Social Services considers that it must be able to offer greater choice, flexibility and quality.
- 11.3 The review of community meals has highlighted key issues within the service.

## 12 Action Required

- 12.1
1. The Panel to accept the findings of the Review of Community Meals report and agree in principle to:
    - Work towards a meals service that is universally available across the county
    - Ensure that the service is flexible and equitable and offers a diverse choice of nutritious food
    - Ensure that people are supported in appropriate ways to access food options that are healthy and enjoyable
  2. The Panel to agree to receive a further report on the results of consultation around different options available to achieve these objectives.

## 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 Lesley Spicer, Tel: 01603 638129, Minicom: 01603 223242, and we will do our best to help.**

## Review of Community Meals Service 2009

Adult Social Services provides care for people who are most in need of help and cannot provide it themselves, to live more healthy and independent lives. The department has a wider responsibility to promote and develop services which can maximise independence and wellbeing in the general population of older people.

Therefore the focus of this review is not only on services that Adult Social Services commissions and provides, but also on universally available or mainstream meals services.

It is important that people should have choice and control over what, when and how they eat and that they should be supported to take an active role in preparing their food, thus maintaining their independence.

**Our aim is to ensure that older people have access to a range of nutritious food options that are both healthy and enjoyable.**

Norfolk County Council Adult Social Services is committed to putting individuals at the centre of an excellent and responsive meals service that will:

- Provide a way for people to obtain a daily meal that is healthy, nutritious and appetising at a price that is affordable to all.
- Be available across the county and offer the same quality of provision to all.
- Ensure that the individual needs of all people can be met, including those with specific nutritional and dietary needs and culturally diverse requirements.
- Be one of a number of support services provided to enable people to live at home. People assessed as needing help with preparing and consuming a meal would have access to further support in addition to the community meals service.

The review will:

- Map current services and existing gaps.
- Explore other models of service.
- Consult with stakeholder groups.
- Agree quality standards for services commissioned by Adult Social Services and develop measures for quality assuring.

- Promote equitable access to services across the County, to ensure 7-day a week supply of adequate diet.
- Engage relevant partners, including retailers, in achieving the aims.

### Mapping Current Services

During the mapping exercise the following was established;

- Geographical coverage – where schemes are currently active and the level of activity they undertake.
- Numbers of service users – how many people currently get a service across the county.
- Suppliers – who is involved in delivering the service.
- Costs – the resources currently committed in commissioning this service.

#### Geographical coverage:

The service is available within about half the county as illustrated in Appendix 1 to this report. This map identifies the level and frequency of service as either full delivery (365 days per year) or part delivery (less than 365 days).

#### Numbers of beneficiaries:

Area No.	Area Description	Number of people using services
	Western locality	258
	Northern Locality	334
	East	43
	South Norfolk	196
	Norwich City	241
<b>Total</b>		<b>1,072</b>

Fig 1 Number of beneficiaries

#### Costs:

The costs are:

Locality	Gross expenditure	Income	Net expenditure
North	103,580	76,230	27,350
East	90,750	48,600	42,150
South	127,270	111,760	15,510
West	370,820	214,860	155,960
Norwich	230,170	192,520	37,650
<b>Total</b>	<b>£922,590</b>	<b>£643,970</b>	<b>£278,620</b>

Fig 2. Expenditure and Income from Community Meals

There are a number of further considerations as to the cost of the services:

- Because of the complex way Community Meals has evolved there are a number of smaller contracts, which do not appear under the schemes budget report. Because of this it is reasonable to assume that costs could increase by 10% on top of the totals detailed above. Gross expenditure would be **£1,014,849K**, income would be **£708,367** and net cost would be **£306,482**.
- The use of Norfolk County Council homecare staff to deliver and heat meals is estimated to cost approximately **£17K** per year.
- There is an estimated **£44K** of lost income from non-homecare service users.

**The total cost of the service may at present exceed £1,075,849K gross or £367,482K net**

NCS currently utilise a number of kitchens within Norfolk County Council run residential care homes to provide community meals. This arrangement has a financial benefit to the care homes as NCS provide a rebate against the cost of catering services. There is likely to be a revenue cost to these homes if the community meals are no longer provided from their kitchens. This has been estimated at between £75,000 and £100,000 per year.

However, there are two considerations. Firstly our residential care homes are presently subject to their own strategic review so that the longer-term costs are not quantifiable. Secondly, the downward trend in uptake of the meals on wheels service already affects the level of rebate received by participating residential care homes.

### **Suppliers:**

There are a large number of suppliers currently contracted by NCC, the largest of which are Norfolk County Services (NCS), Women's Royal Volunteer Service (WRVS), Age Concern Norwich, Flagship and Age Concern Norfolk.

In addition there are a number of smaller contracts with home care agencies and day centres who often work together to produce and deliver food. Many of these agreements form part of the suppliers 'block' contract, or are negotiated at a very local level.

Fig. 3 illustrates the complex commissioning arrangements in place in one part of West Norfolk.

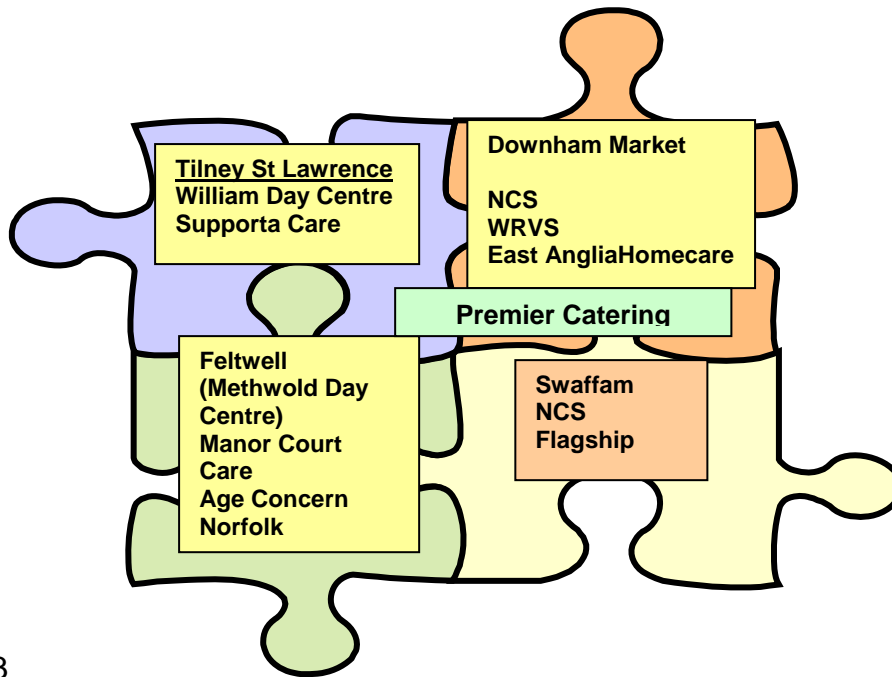


Figure 3

It should be noted that this area is not a typical pattern across the county. However, the effort to provide a full, comprehensive and robust service has resulted in a number of smaller contracts, which take a considerable amount of time and effort to manage.

### Trends in use:

There is a downward trend in numbers using the service.

This has been reported by NCS who have seen the number of meals they produce reduce by 8% in 2007/08, with a marked decline in areas like Great Yarmouth. Furthermore 'Care-Fayre' the NCS frozen Meals division is reporting a steep decline in frozen meal orders with a loss of 9,000 in 2007 and 13,000 in 2008.

Further reports on the reduction in numbers of service users has been made by WRVS scheme managers who state difficulties in keeping volunteers due to lack of interest, and by NCC scheme managers who have seen numbers dwindle dramatically.

Fig 4 illustrates this reduction in the Norwich Locality.

Norwich Meals Scheme:

Year	Hot meals	Frozen Meals	Total
2006	62,104	9,239	71,343
2007	54,882	7,362	62,244
2008	46,020	4,316	50,336

Fig 4 Meals delivered 2006-08 in the Inner Norwich area



The mapping exercise did not cover the reasons for this decline, though some data is available. Further anecdotal evidence points to several factors:

- Lack of referrals.
- The increased cost of meals, from £2.35 in 2007 to £3.12 in 2008.
- The perceived and actual decline in quality of food.
- The growing availability of shopping delivery services.

### **Trends in policy:**

At least one of Norfolk's neighbouring counties has moved away from commissioning its community meals service following a review. Clients are now directly accessing services.

### **Services and their relationship to Super Output Areas (SOAs):**

The mapping exercise considers levels of service activity against the background of social deprivation.

In Norfolk the following areas are within the highest 20% in England:

- Norwich.
- Kings Lynn.
- Great Yarmouth.
- Breckland (Thetford-Abbey Ward).
- North Norfolk (Cromer Town Ward).

For the purpose of this exercise the indicators used for the **Health Deprivation and disability domain** have been used. The indicators include:

- Years of potential life lost.
- Comparative Illness and Disability Ratio.
- Measures of emergency admissions to hospital, derived from Hospital Episode Statistics.
- Measure of adults under 60 suffering from mood or anxiety disorders, based on prescribing, Hospital Episode Statistics, suicides and health benefits data.

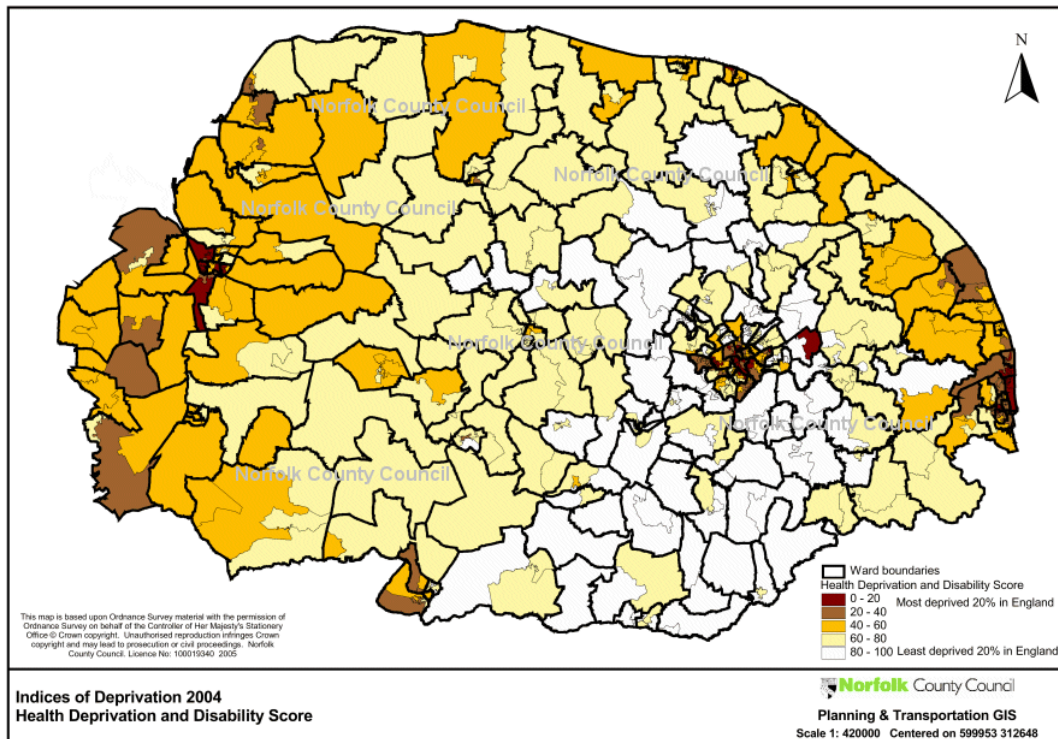


Fig 5 Super Output Areas relating to Health Deprivation in Norfolk

In figure 5 we can see the SOA's relation to health deprivation. Comparisons with Appendix 1, the County Overview map shows that most parishes appearing within the top 20% highest areas do have a community meals service.

### Access to services:

New clients are referred to the service referral from one of the following:

- Care Management Support Service (CMSS).
- Access Team.
- Hospital based Social Work Teams (including acute services, community hospital workers and older peoples outreach services).

There is some useful data regarding the outcome of referrals made over a specific period on 2005 (Update Report on Delivered Meals Review, 2005):

- Referrals generally relate to people 80 – 89 years (78%).
- General increase in frailty and illness were cited as the main reasons for people needing support with main meals preparations.
- It was considered that a large percentage (75% – 80%) would need meals on a permanent basis.

The report describes two profile groups:

- High Level Needs – Largely reliant on support to maintain independence.

- Lower Level Needs - requesting support to supplement self-management/ informal networks of support.

The report did not identify the break down of people falling into the two groups.

### **Current position:**

General feed back from the scheme manager is that all new service users access the service by way of an assessment. The assessment, together with a care plan is required prior to the service commencing. In some cases the scheme managers will access CareFirst for service user information.

There is, however no evidence of a single eligibility criteria in operation across Norfolk at present.

An example of the eligibility criteria used in Lincolnshire can be found in appendix 7.

Currently one locality is helping with this by looking at a section of service users, assessing their needs. This is against the high-level, low-level model used in the Update Report on Delivered Meals Review, Jo Townsend – 2005.

### **Summary of findings:**

**The service is used by a relatively small number of people (1,072)**

**The total cost of the service exceeds £1,076K gross or £367,482K net**

**This equates to an annual subsidy of about £340 per person**

**Meals on wheels delivered about two hundred thousand meals in 2008, 3,800 meals per week**

**Each service user receives on average 3.5 meals per week**

**Each meal is subsidised by about £1.80**

**The service is not available to people living in many rural areas**

**The service is available in most of the Super Output areas (SOA's) highlighted as most deprived**

**Complex commissioning results in a significant amount of management time**

**We do not yet have a clear idea about the eligibility of people currently using the meals service, and how any changes may impact upon them**

## **Next Steps:**

### Consultation

Some consultation work has been done, with a paper commissioned and delivered by Age Concern Norwich (April/ May 2008).

Discussions with local commissioners have been held to explore service requirements.

Older peoples groups representing people using services across the five localities have been contacted and meetings have been held to discuss services in three areas.

A meeting of suppliers has been held to look at the current service and explore ways forward in providing a more equitable and high quality service.

The aforementioned groups, together with family carer representatives will form a core *Stakeholder Group* that will bring together the widest possible representation of people involved with and benefiting from the current service.

### Eligibility

Adult Social Services provides care for people who are most in need of help and cannot provide it themselves, to live more healthy and independent lives. The department has a wider responsibility to promote and develop services which can maximise independence and wellbeing in the general population of older people.

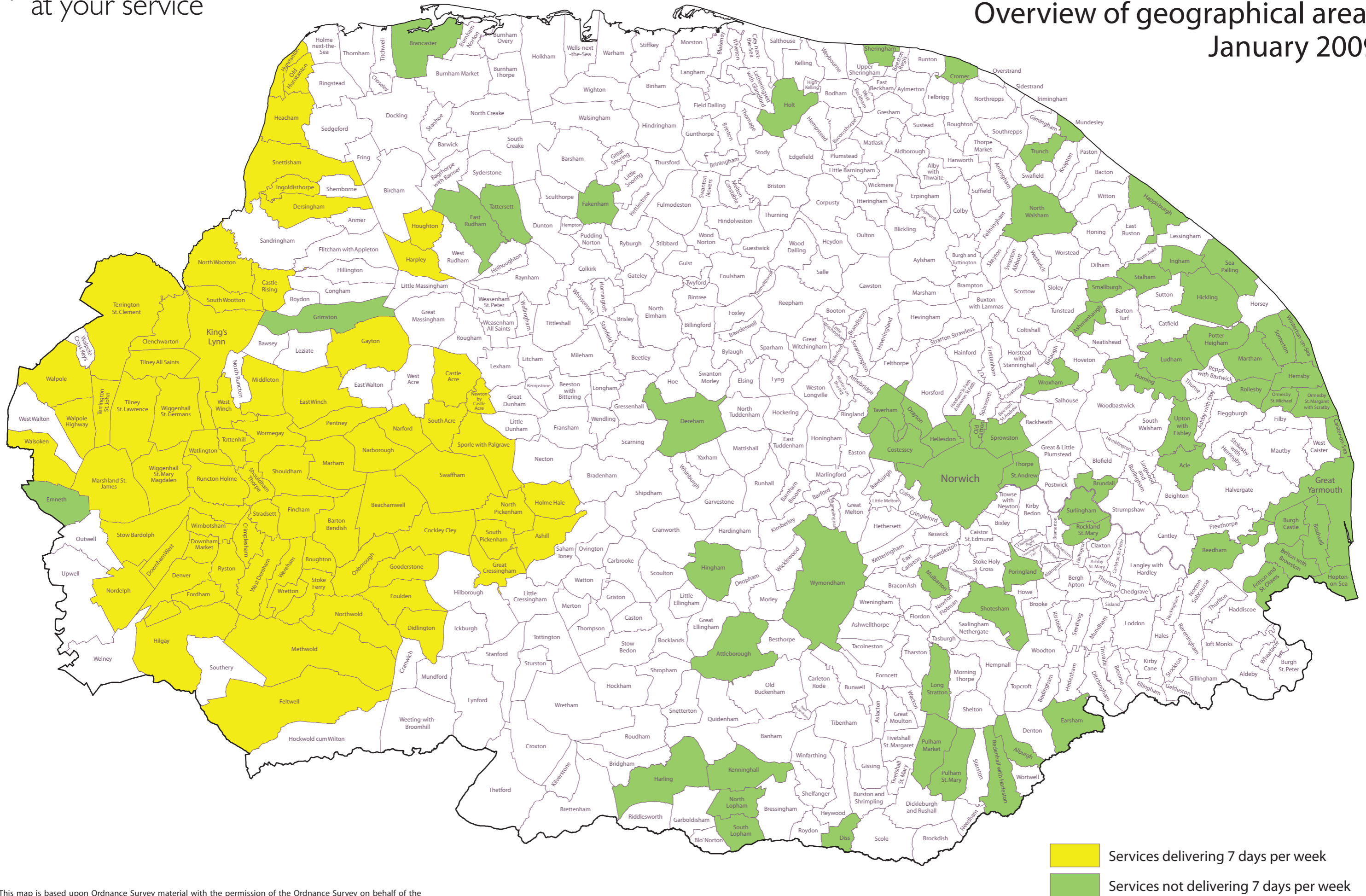
Therefore the focus of this review is not only on services which Adult Social Services commissions and provides, but also on universally available or mainstream meals services.



Whilst it is intended that the service should be universally accessible there will be people who, through meeting our eligibility criteria, will qualify for help in arranging their service.

### Options for delivery

Appendix 8 contains a detailed description of the options available to change and improve services.

Norfolk Community Meals  
Overview of geographical areas  
January 2009



 Services delivering 7 days per week  
 Services not delivering 7 days per week

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## Locality Description

### Norwich

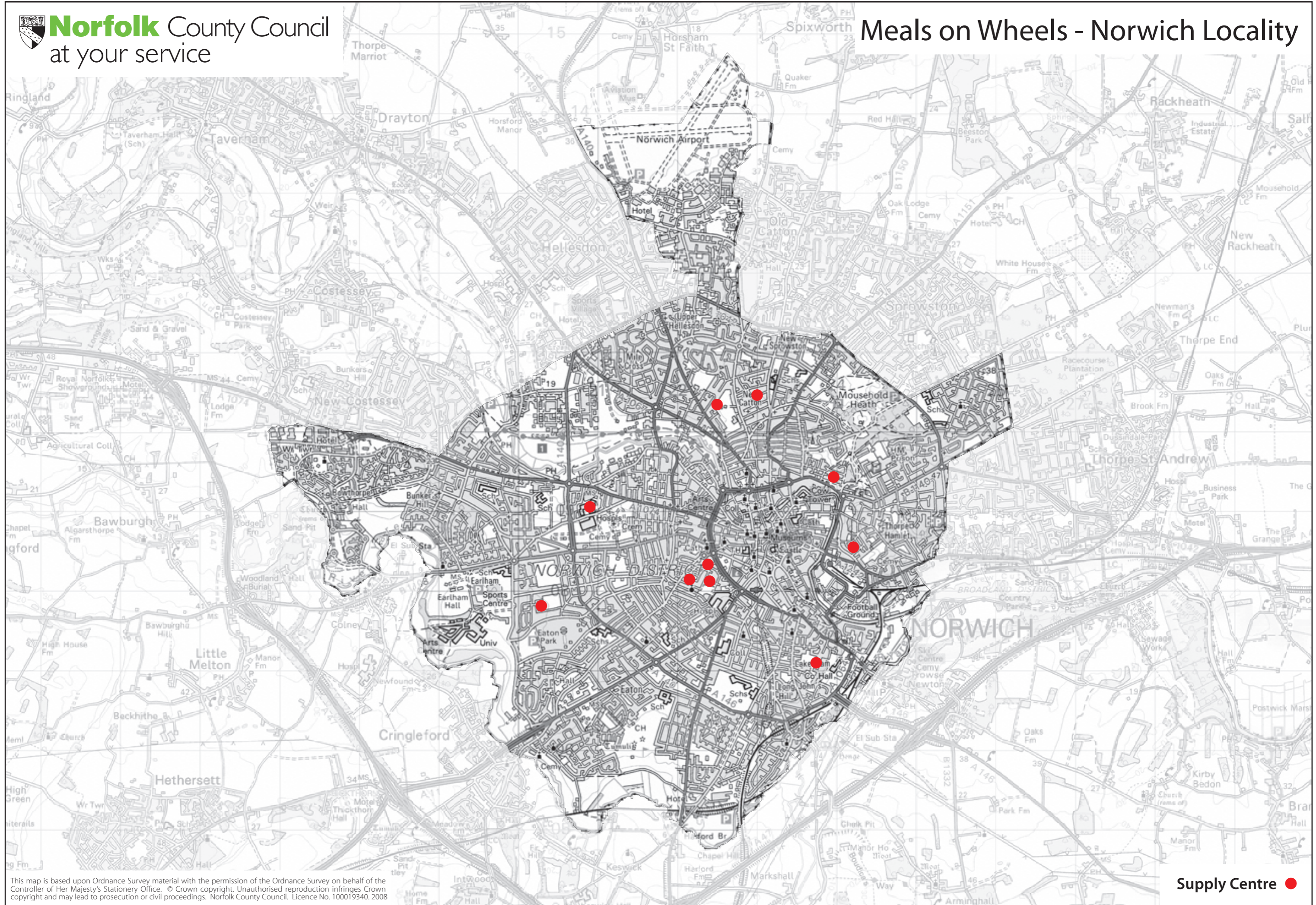
Operating from a central Norwich location, it provides hot and frozen food deliveries to 241 people living within the city outer ring road.

The scheme picks up hot meals from 10 NCS kitchens (see fig 9). Deliveries are made by 30 Age Concern volunteers using 16 dedicated vans (leased from NCS transport).

The scheme operates 5 days (Monday – Friday) with a frozen food delivery made on Friday for the weekend.

Meals delivered per year (approx)	50,336
Cost of service (net)	37,650
Average subsidy (meals divided by net cost)	.75p





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## Locality Description

### Northern

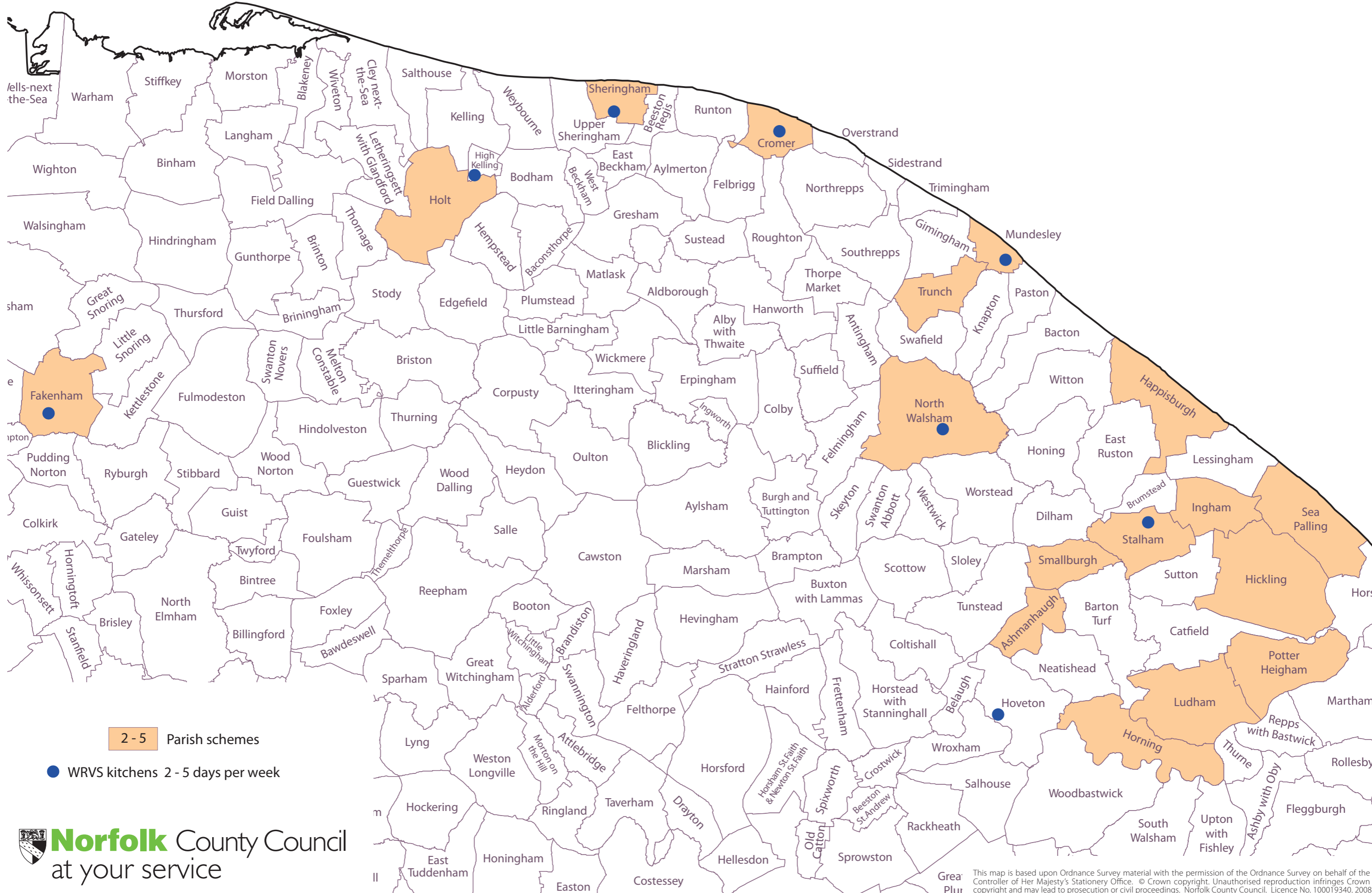
Operating from 16 kitchens across North Norfolk and Broadland , these 'schemes' provide hot food deliveries to 334 people.

The supplier is Norfolk County Services (kitchens) and WRVS (deliveries). These are supplemented with home care in order to extend the service in some areas to 4 -5 days per week or weekend services.

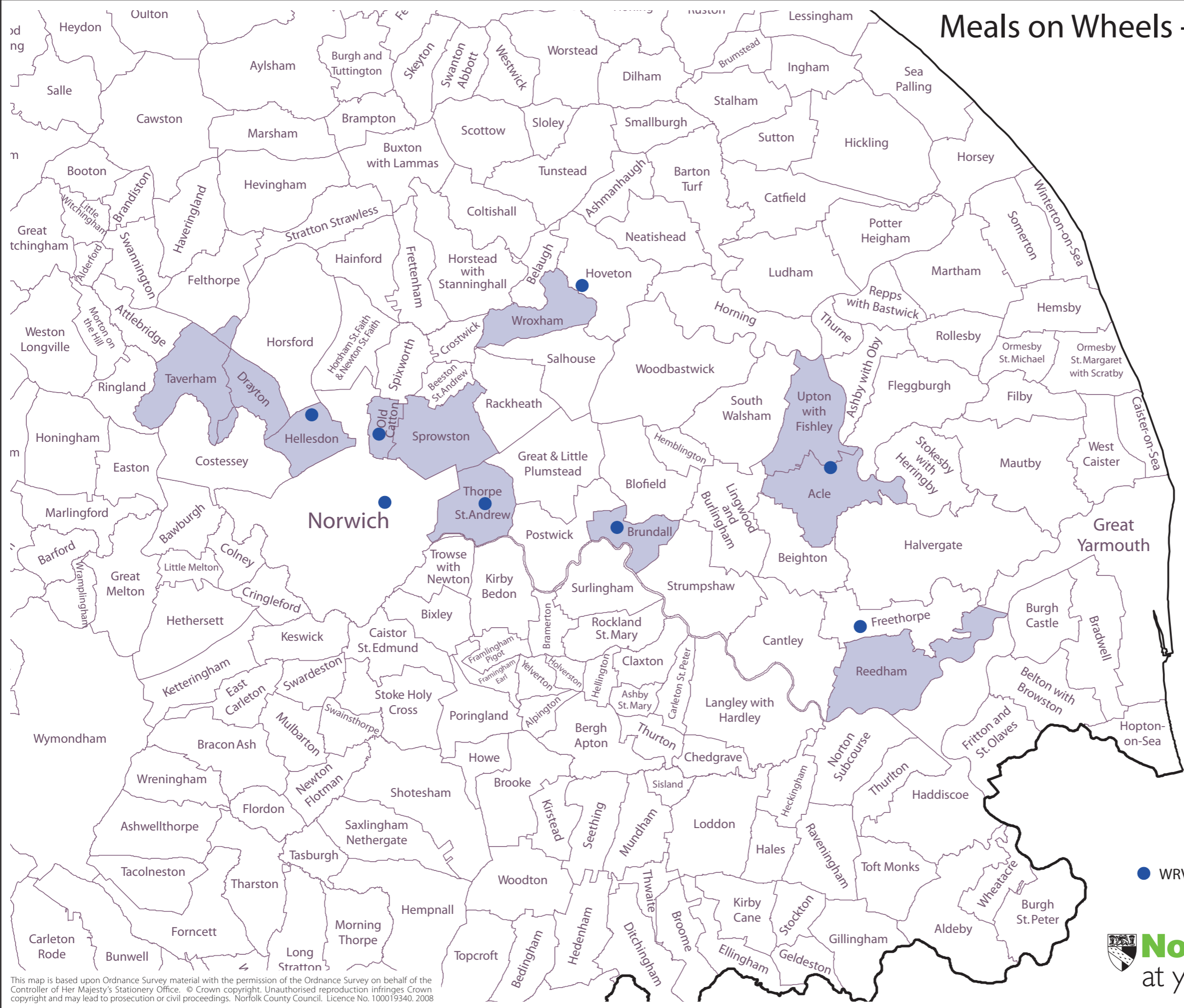
Most of the schemes operate a basic 2 days per week with additional meals delivered by homecare as previously stated.

Meals delivered per year (approx)	34,736
Cost of service (net)	27,350
Average subsidy (meals divided by net cost)	.79p

# Meals on Wheels - Northern Locality



# Meals on Wheels - Broadland Locality



2 - 5 Parish schemes

● WRVS kitchens 2 - 5 days per week



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## Locality Description

### East

Operating from 4 kitchens in the Great Yarmouth and Ormesby areas, Meals on Wheels East serves 43 people.

The supplier is Norfolk County Services (kitchens) and WRVS (deliveries).

Deliveries include hot meals and frozen provisions for days when the service cannot deliver.

With the exception of one scheme (The Lawns, a 7 day per week service supporting 5 people) all meals are delivered between 2 to 5 days per week with the majority of parishes receiving a 2 day per week service.

Meals delivered per year (approx)	11,264
Cost of service (net)	42,150
Average subsidy (meals divided by net cost)	3.74p





## Locality Description

### South

Operating from 12 kitchens in the area south of Norwich and including Dereham, Wymondam and Diss, Southern Meals serves 196 people.

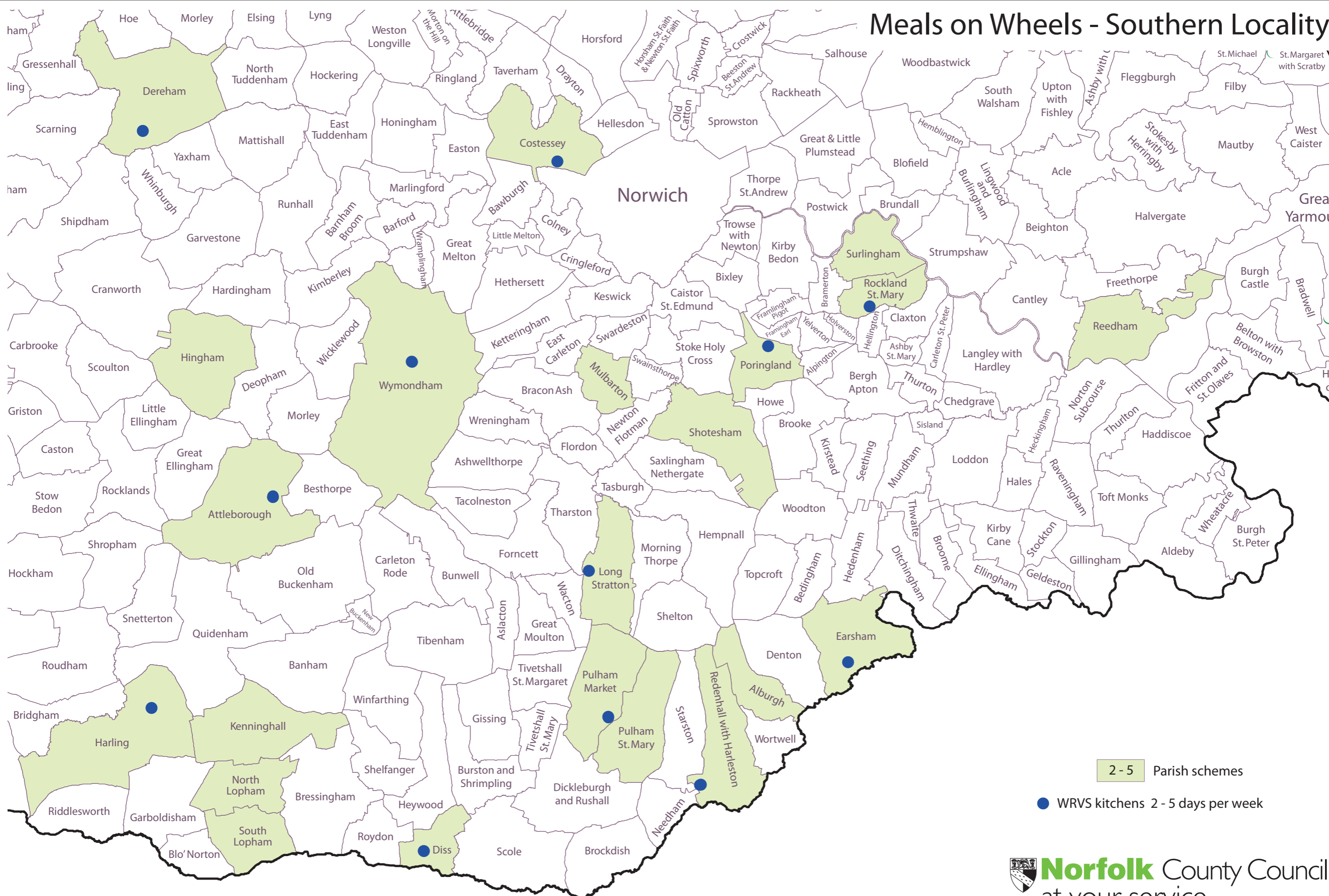
The supplier is Norfolk County Services (kitchens) and WRVS (deliveries).

Deliveries include hot meals with some frozen provision available.

Most schemes operate 2 days per week.

Meals delivered per year (approx)	20,384
Cost of service (net)	15,510
Average subsidy (meals divided by net cost)	1.31

# Meals on Wheels - Southern Locality



2 - 5 Parish schemes

● WRVS kitchens 2 - 5 days per week

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## Locality Description

### West

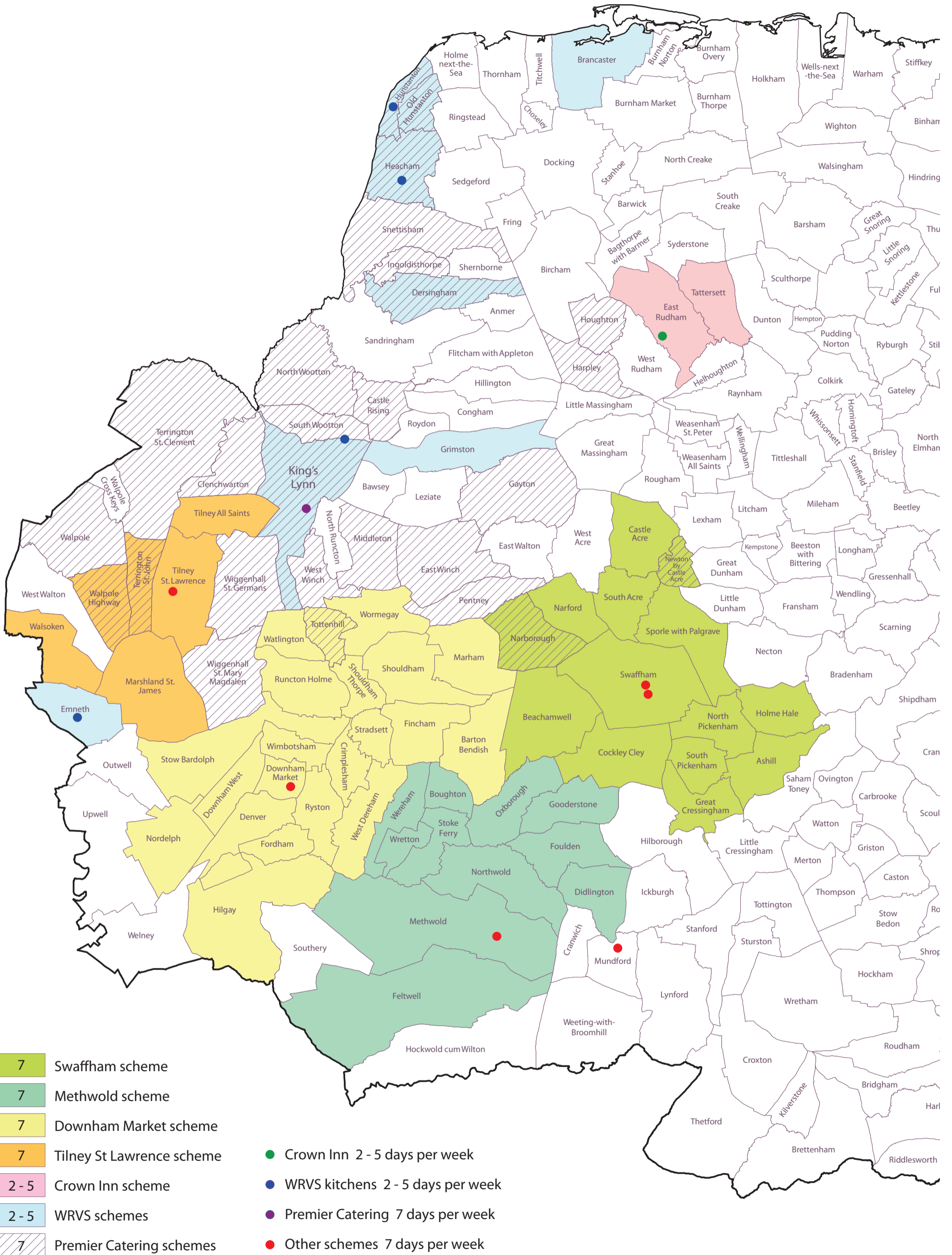
Western Meals operates from 12 kitchens across the locality and serves 258 people.

There is a mixture of suppliers with the majority of food provided by Norfolk County Services. WRVS, together with other contracted providers deliver the meals.

Most meals are delivered hot, with the majority of meals available 365 days per year.

Meals delivered per year (approx)	88,630
Cost of service (net)	266,864
Average subsidy (meals divided by net cost)	3.01p





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## Eligibility Criteria, Lincolnshire

## Criteria to access services commissioned by Social Services – Community Meals

Priority Group	Criteria	Needs
Critical	<ul style="list-style-type: none"> <li>• Life/health at critical risk and/or there is or will be an inability to carry out vital personal care or domestic routines</li> <li>• Person lives alone and does not have family or informal network that can assist with meal preparation/provision</li> </ul>	<ul style="list-style-type: none"> <li>• Unable to feed self</li> <li>• Unable to prepare meals</li> <li>• Unable to obtain food/essential shopping</li> <li>• Unable to leave the house to get a meal themselves</li> <li>• No alternative means of providing a meal</li> </ul>
Substantial	<ul style="list-style-type: none"> <li>• Unable to carry out the majority of personal care or domestic tasks</li> <li>• Serious self neglect i.e. weight loss</li> </ul>	<ul style="list-style-type: none"> <li>• Need help to prepare meals</li> <li>• Need assistance to obtain food/essential shopping</li> </ul>
Moderate	<ul style="list-style-type: none"> <li>• Inability to carry out several personal care or domestic tasks</li> <li>• Health/well-being deteriorated with some difficulty in daily living tasks</li> <li>• Unable to attend a luncheon club</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing difficulty with meals due to arthritis such that the diet is inadequate</li> <li>• Chronic breathing problems, repeated hospital admissions and reliant on neighbour for meals</li> <li>• Need help with food shopping or are having difficulty with obtaining food/essential shopping</li> </ul>

## Options appraisal

## Option 1

## Re- tender service in its entirety

With the current budget of over £1 million the service could be re-tendered using a standardised specification. The aim will be to address the current imbalance in provision of services.

At present there an imbalance in the way resources are shared amongst the 5 localities. Option 1 will deliver a fairer distribution of resources across Norfolk, based on population.

Cost/ risks	Benefit
<ul style="list-style-type: none"> <li>• Loss of income from Norfolk County Services rebate (see p. 3)</li> <li>• Reduced preventative support as fewer people will be served by the scheme (see eligibility criteria appendix 7)</li> <li>• Some substantive posts may be lost</li> </ul>	<ul style="list-style-type: none"> <li>• Equalisation of services across the county</li> <li>• Fair and equal access to services by users regardless of where they live</li> <li>• Consistent standard of service delivery</li> <li>• Fair allocation of resources across the 5 localities</li> <li>• More efficient service with a maximum of 5 contracts to manage and quality assess</li> </ul>

## Option 2

### Status Quo

Current budget continues to support a network of schemes covering about 50% of Norfolk, with no plans to develop the service further.

Schemes will continue to provide between 2 – 7 meals a week (depending on scheme and locality).

Schemes will continue to provide limited choice in food, limited access to special dietary need and no availability of culturally or faith sensitive foods (e.g. Halal, Kosher)

Cost/ risks	Benefit
<ul style="list-style-type: none"><li>• Many vulnerable people across Norfolk do not currently receive a community meals service as there are no schemes within their parish (appendix 1)</li><li>• Viability of current schemes is under threat and some suppliers are requesting significant uplift.</li><li>• Changes to catering arrangements in some schemes have resulted in the decline of some schemes and the threat of withdrawal of others</li><li>• Some voluntary bodies report difficulties with recruiting new volunteer drivers to deliver meals</li><li>• One independent sector supplier has ceased providing services recently as it says it can no longer break even</li><li>• The service does not meeting the needs of people from different ethnic or religious backgrounds, or people with some specific dietary needs.</li><li>• Current main providers feel that meals on wheels services are underinvested in, with one deciding to close its Norfolk office in 2008.</li><li>• Norwich scheme will need to move from its current home in a central location in Norwich to the outskirts of the city. It is anticipated by the scheme manager and Age Concern Norwich, who maintain the volunteer workforce that this may threaten the future of the service. Many volunteers have said they will not continue when this change happens.</li></ul>	<ul style="list-style-type: none"><li>• The well established, organised and resourced scheme in West Norfolk would continue (though the issues around uplift currently being discussed with one provider will raise costs).</li><li>• Norfolk County Council would continue to be able to influence the marketplace through its purchasing power</li><li>• No other Norfolk County Council resources (e.g. legal, procurement, HR) would be required.</li><li>• The remaining funds currently committed to employ a project manager would be used in other areas of NCC work</li></ul>

## Option 3

### Direct Access

This option would move Norfolk County Council away from directly purchasing services on behalf of service users and move towards a model where service users are signposted to a range of options they then access themselves.

This move towards direct access has been made in at least one Local Authority in the eastern region. It is in response to a steady decrease in access of meals services via the county council. People are simply starting to make their own arrangements.

Cost/ Risk	Benefit
<ul style="list-style-type: none"><li>• Termination of existing contracts including Norfolk County Services</li><li>• No ability to influence the market place through purchase power</li><li>• Some substantive posts will be lost</li><li>• How it may look -The change could be interpreted as Norfolk County Council reducing its services</li><li>• Potential increase in contracts relating to befriending and combating social isolation (counterbalanced by reduction of meals contracts)</li></ul>	<ul style="list-style-type: none"><li>• A greater degree of choice and control, tying in with personalisation</li><li>• Focused support to people requiring help to heat/ eat a meal</li><li>• Availability of resources to provide preventative work including volunteer befriending for people at risk of social isolation. Funding for innovative schemes promoting regular contact with people who live alone could benefit from increase investment (e.g. befriending, tele-club)</li><li>• Norfolk County Council would no longer be involved in commissioning meals services, managing schemes and collecting meal charges.</li><li>• Norfolk County Council would not need to manage meals contracts and monitor budgets at either a local office level or central level</li><li>• Training and support for assessors in issues of nutrition could be commissioned</li><li>• Information and support to choose the right service (e.g. tele-shopping, daily deliveries, frozen food ordering etc.) would be provided with good quality information available</li></ul>

## Option 4

### Phased approach – from commissioned services to direct access

This option aims to actively manage the change from our current meals service to one where people are supported to use more ordinary and mainstream methods of obtaining shopping and preparing food.

The first phase will involve commissioning a county wide service that provides the choice, flexibility and high quality of nutrition required. It will also address the issues of safety and social isolation, by investing in schemes to deliver befriending and tele-club style services. These services will be focused on people who live alone and/ or are most at risk of isolation.

The second phase would see Norfolk County Council move away from commissioning services and encouraging service users to access a range of choices independently. This will have cost benefits to Norfolk County Council who will no longer be involved in the purchase of services or ongoing maintenance of contracts.

Costs/ Risks	Benefits
<ul style="list-style-type: none"><li>• Termination of existing contracts including Norfolk County Services contract implications</li><li>• Diminishing ability to influence the market place through purchase power</li><li>• Some substantive posts will be lost</li><li>• How it may look -The change could be interpreted as Norfolk County Council reducing its services</li><li>• How it may look -The change could be interpreted as Norfolk County Council reducing its services</li></ul>	<ul style="list-style-type: none"><li>• An increased degree of choice and control, tying in with personalisation</li><li>• Reassurance of Norfolk County Councils ongoing commitment to support people at home with signposting/ support to people requiring help to heat/ eat a meal</li><li>• As with option 3, availability of resources to provide preventative work including volunteer befriending for people at risk of social isolation. Funding for innovative schemes promoting regular contact with people who live alone could benefit from increase investment (e.g. befriending, tele-club)</li><li>• Overall, Norfolk County Council would have fewer contracts to manage and no operational involvement as is currently the case</li><li>• All referrals via Norfolk County Council would be forwarded to the preferred provider</li><li>• Training and support for assessors in issues of nutrition could be commissioned</li></ul> <p>Information and support to choose the right service (e.g. tele-shopping, daily deliveries, frozen food ordering etc.) would be provided with good quality information available</p>

## **Update Regarding Delayed Discharges**

Report by the Director of Adult Social Services

### **Summary**

This report is an update for Overview Scrutiny Panel regarding delayed transfers of care from Hospitals in Norfolk. Members are asked to read a recent report and this update and are invited to ask any questions.

## **1 Background**

- 1.1 The issue of delayed discharges was first examined in detail by Members in January 2008 following press reports of significant bed shortages and ambulances queuing at the Norfolk and Norwich Hospital towards the end of 2007. At this point there were an average between 60 and 80 delays from the Norfolk and Norwich on any one day. This was not the case at the James Paget Hospital or the Queen Elizabeth Hospital although they experienced some delays on occasions.
- 1.2 The 3 acute trusts, NHS Norfolk and Adult Social Services set up a project to tackle delays by enabling timely transfers of care to community hospitals, social care and other facilities. By April 2008 when Members received an update on the subject the Norfolk and Norwich was close to the target of no more than thirty delays at any one point in time.
- 1.3 Members requested an update in early 2009. Health Overview and Scrutiny received a full update on 29 January 2009 when representatives from NHS Norfolk, the 3 trusts and Local Involvement Networks (LINKs) were present and received questions. It was pleasing to note the high praise for the work of the Adult Social Services Hospital teams by all health organisations.
- 1.4 Members are asked to read the full report written by Adult Social Services, the 3 acute trusts and NHS Norfolk for Health Overview and Scrutiny 29 January which provides a full update (see appendix A).
- 1.5 The situation at the time of writing this report remained as reported. The organisations continue to have delayed discharges as a top priority. The figures and causes are examined daily or sometimes more frequently, and appropriate actions are then taken. The system remains under constant pressure.

## **2 Resource Implications**

- 2.1 There are no additional resource implications. However, the pressures outlined in the report mean that departmental spend on staffing at the hospitals (acute and community) and on resources such as planning beds and various initiatives remain fully committed.

## **3 Other Implications**

- 3.1 All parties agree that whenever appropriate it is better for a person to be fully assessed and make plans for their future away from the acute hospital setting. We



continue to increase the use of the planning beds for this purpose. Therefore we are giving careful consideration to how we position our staff to provide these full assessments. The ideal model would see a partial shrinking of the acute teams and a gradual growth in multi-disciplinary teams servicing the planning beds and people in the Norfolk First Support scheme. This is an ongoing piece of work, which fits well with the Assessment and Care Management Review.

## **4 Equality Impact Assessment**

4.1 No additional implications

## **5 Section 17 - Crime and Disorder Act**

5.1 No implications

## **6 Risk Implications/Assessment**

6.1 This is a high profile area so maximum focus and investment of work is required at all times. The demand is constant and the risk of adverse publicity and attention is high if matters are allowed to slip or drift.

## **7 Action Required**

7.1 Adult Social Services performance is excellent in this area and acknowledged by all partners. Members are asked to note the report and invited to ask any questions.

## **Officer Contact**

<b>Name</b>	<b>Telephone Number</b>	<b>Email Address</b>
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## **Delayed Discharges from Norfolk and Norwich University Hospitals NHS Trust**

### **Progress Report – NHS Norfolk, Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH) and Norfolk Adult Social Services**

#### **1. Introduction and Background**

Following on from system capacity pressures experienced in the winter of 2007/08 NHS Norfolk, the NNUH and Adult Social Services commenced a number of projects and initiatives to increase capacity and improve process in individual organisations and at the interface. This included jointly commissioning Finnermore to undertake a review providing an independent assessment of the capacity in the system and the requirements both now and in the future for Acute hospital beds, intermediate care beds, in NHS community hospitals and in the Independent sector, social care placements and health and social care community based services. Concurrently the three partners embarked on a tackling delays project which reviewed the individual organisations processes and the interfaces between services. Local MPs also called an inquiry session which the three partners attended along with other stakeholders and from which a number of findings and recommendations were agreed.

The Norfolk Health Overview and Scrutiny Committee (HOSC) have been receiving reports on progress in tackling the capacity pressures in the Health and Social Care System in conjunction with receiving reports on the progress in implementing the review of intermediate care services agreed by the NHS Norfolk Board in July 2007.

The purpose of this report is to update HOSC on progress to date.

#### **2. Winter 2008/09**

The capacity pressures in the NNUH are influenced by the level and timing of demand. High numbers of medical admissions and increasing volumes of A&E attendances are the key demand pressures. The capacity pressures in the hospital can be exacerbated by delays in discharging patients and increased length of stay for those who have been admitted as emergencies. Towards the end of 2007 and in the early months of 2008 there were a number of days where the hospital pressures resulted in the hospital escalating to black alert. One of the identified contributors to the pressures at that time was the high level of discharge delays. The main focus of the projects undertaken in 2008 has been to improve the processes for managing discharges and to increase the capacity in the intermediate care sector.

### **3. Progress Update**

There is a fortnightly meeting of the three organisations plus ambulance, mental health and community services managers to review capacity, to consider predicted levels of demand and to resolve any issues that arise on the interface between services. The tackling delays project steering group meet monthly at Director level to ensure good progress is being made on the project plan. In each of the organisations there is an ongoing project approach to service improvement in this area. There is a weekly meeting at the N&N to monitor progress.

#### **3.1 NNUH**

The NNUH have focussed efforts on improving patient flow through the hospital and in particular discharging patients earlier in the day. This has included:

- Night before discharge preparation of medicines to take home / for transfer
- Increased diagnostic scanning
- Avoiding emergency admissions through short notice out-patient emergency clinics
- Earlier senior medical review of patients
- Strengthened operations centre management and the implementation of a “live” hospital bed status IT system.
- Strengthening medical and nursing staffing in A&E and the Medical Assessment Unit
- Increased nursing and therapy staffing support to the Medicine for the Elderly Wards (from January)

It should be noted that the NNUH was recently rated in the top 20% nationally in a Health Care Commission (HCC) patient survey where 88% of emergency patients rated the care they received as excellent or good. A further recent local survey confirmed that 95% of older people in A&E departments in Norfolk said they rated the care as excellent to good.

#### **3.2 NHS Norfolk – Commissioner**

NHS Norfolk has commissioned additional capacity for this winter. In January 2009, when compared to January 2008 there are 65 additional intermediate care beds of which 30 are provided in independent sector nursing homes and 35 in NHS community hospitals. (note. - 6 of these have been redesignated as social services planning beds). The community hospital beds includes 28 intermediate care beds in newly refurbished ward at Kelling Hospital. There are also 30 (wte) additional staff in community teams. In overall numbers this brings the Community Hospital Bed numbers to 306 with a further 113 “virtual” beds provided by community based teams. There has also been investment in OT and physio support into the independent nursing homes and discharge management to ensure that the maximum effective use can be made of those beds.

NHS Norfolk continues to co-ordinate the winter planning and the tackling delays projects.

#### **3.3 Norfolk Community Health Care (NCHC)**

NCHC have reduced the average length of stay in their community hospitals and have worked towards optimum occupancy levels. The additional 30 WTE commissioned to provide community support for admission avoidance and on

hospital discharge are now embedded in teams. There is an ongoing programme of service redesign to improve integration of teams and services based in the community. The introduction of a virtual ward concept as a way of measuring and monitoring team capacity and workload is being piloted and will be a useful tool in measuring, monitoring and accessing capacity.

NCHC are working with Adult Social Services to ensure support for patients and that seamless transfer of service is achieved.

### **3.4 Norfolk Adult Social Services**

Adult Social Services have successfully implemented systems which have reduced the numbers of patients waiting for assessment, placement and packages of care. Initiatives include:

- The Norfolk First programme has reduced time waiting at the NNUH and has focussed on reablement and the use of planning beds to improve the outcomes for patients. This includes the provision of 14 additional reablement beds at Ogden Court (6 of which are referred to above in the NHS Norfolk section as being redesignated and therefore a net of 8 additional between Health and Social Care)
- The establishment of a reablement home support service
- Purchasing of an additional 67 planning beds and the establishment of a planning team focussing on all transitional beds which has ensured flow.
- Premium payments provided for additional home care support capacity initially followed by a retendering exercise and the award of new contracts for home care support designed to ensure that it will attract increased levels of staff into that care environment.
- Continued focus on providing Hospital admission prevention services.
- Internal escalation plans reviewed and management intervention clearly defined.
- Staff working additional hours at NNUH and arrangements for staff in reaching from localities and use of additional agency staff where required.
- Launch of electronic referral system planned for February at NNUH which will lead to a single database for health and social care access.

## **4. Impact Assessment - 2008/09**

### **4.1 Pre December**

The system operated well up until the end of November and into the first four days of December with the daily report indicating an average of circa 15 delays identified for a community hospital / Intermediate Care bed and an average of 12 for discharge by social services. This level although still leaving room for improvement was close to the target set and agreed by all partners and was significantly lower than figures recorded over the past year.

## **4.2 Pre Christmas**

In the pre Christmas period there were significant pressures on the hospital. Medical admissions were above last year's levels and elective surgery continued at high levels in order to meet the 18 week pledge to patients to commence their treatment within 18 weeks of receipt of referral. The hospital was also affected by Norovirus which meant that patients were unable to be discharged and beds were unavailable for use for infection control reasons. In the pre Christmas period however the hospital continued to have the capacity to deal with elective and emergency patients and although declaring black alert on a couple of occasions the alert was for a short duration of time.

The numbers of delays in the first 23 days of December were higher than the agreed target and as a result A&E performance was challenged with a number of patients having to wait more than 4 hours in the department. The elective programme did continue in the period running up to Christmas as planned with only a handful of cancellations due to bed pressures.

## **4.3 Post Christmas**

The impact of Norovirus and the early onset of influenza in the weeks before Christmas resulted in increased demand, staff sickness and beds unavailable for admissions. As a result the levels of occupancy in the NNUH over the Christmas period were above that anticipated and higher than experienced in previous years. On the return from the Christmas break respiratory illness and the ongoing impact of the early onset of influenza resulted in high level of medical admissions and A&E attendances. Staff sickness in the hospital, in discharge teams and social services and the increased volume of patients requiring assessment and discharge resulted in additional pressure on beds. The increase in demand and the pressure on beds resulted in the hospital escalating to black alert for three periods in early January. Patients waiting for community hospital or intermediate care beds or for social services placements or packages of care increased above the target of 30 but were well below the levels experienced last year. (The like for like figures on the peak days from last year were 31/12/07 64, 2/1/08 70, 3/1/08 62 and for this year 31/12/08 21, 5/1/09 38 and 6/1/09 45 reducing to 27 by 13 January 2008).

## **5. Conclusion**

There has been considerable progress made on improving the overall process for discharges from the NNUH with all stakeholders committed to deliver that improvement. Up until the 4<sup>th</sup> December there was confirmation that real improvements had been delivered and that despite a very high elective programme the capacity in the system was coping with demands at the onset of winter.

The impact of Norovirus, the early onset of influenza and a continued high elective programme have placed pressures on the system over and above the level predicted and as a result the capacity has been stretched over the period.

Looking forward the peak appears to have been reached and demand is beginning to fall back to more normal levels for this time of year. The next two weeks (12<sup>th</sup> to 25<sup>th</sup>) will require all partners to maximise capacity and to operate at optimum levels to return to normality and to sustain the level of improvement delivered up until the first week in December.

We are confident that delayed discharges will reduce down to the target level of 30 in the next two to three weeks.

The Joint working between partners in commissioning additional beds, managing the flow of patients and monitoring trends and predicting pressures and in being clear about escalation and action required has delivered improvements in the use of capacity across the system.

Anna Bennett  
Director Planning, Procurement and Performance  
NHS Norfolk

James Bullion  
Ass Director  
Norfolk Adult Social Services

Chris Humphris  
Divisional Director – Medicine  
NNUH

# Report to the Adult Social Services Overview and Scrutiny Panel

March 2009

Item No 11

## Scrutiny Items Progress Report

Report by the Director of Adult Social Services

### Summary.

This report summarises the Scrutiny Work Programme, and updates the Panel on progress made

## 1 Scrutiny Work Programme

1.1 The Scrutiny Work Programme has been updated to show progress since the last Review Panel.

	Item	Requested by who / when	Current Status
1.	Impact of new eligibility criteria under Fair Access to Care Services	Cllr Whitaker Council Meeting 24 January 05	<b>Standing Item.</b> Report to ASSRP in October 05. Update presented in Sept 07. Member workshop to illustrate criteria and what it means in practice - Presented at May 2008 Review Panel. Further report to Panel planned for July 2009
2.	Proposals for the quality monitoring of the Home Support Service	Cabinet 2 April 07	All party Working Group established and Terms of Reference agreed. Meeting schedule established and information pack distributed to Members. A number of meetings held and working programme agreed, including presentations from CSCI, another authority and in house Head of Service - home care. Update included in Member Bulletin for March Review Panel. Further update included in May Bulletin. Reported to Panel in March 2009
3.	Modern Social Care	September 07 Review Panel	<b>Standing Item.</b> Post Go-Live report and system demonstration to Panel at July 2008 meeting. Further update planned for July 2009
4.	An Older People and Poverty Progress Report	September 07 Review Panel	Reported to Panel November 2008. Further report planned for July 2009
5.	The Community Meals Service	September 07 Review Panel	Consultation under way. Presentation to Panel in September. Further update to Panel in March 2009.

6.	Member Working Group on Social Enterprise	March 08 Review Panel	Terms of Reference broadened to cover all aspects of social enterprise not just Home Support. Revised Terms of Reference presented and discussed and agreed at May 2008 Panel. Member nominations for the group agreed and meeting programme put in place. Initial meeting held and minutes copied to Panel in January 2009. Programme of meetings planned.
7	Development of the Learning Difficulty Service	May 08 Review Panel	Proposed seminar March 2009.
8	Aids, Adaptations and Equipment Services	May 08 Review Panel	Presentation to Panel January 2009. Further updates planned for July 2009.
9	Progress of the Social Enterprise Company – Whole Food Planet	May 08 Review Panel	Reported to Panel November 2008. Further updates planned for July 2009.
10	Transfer of seconded staff to the Norfolk and Waveney Mental Health NHS Foundation Trust	July 08 Cabinet	Reported to Panel November 2008. Further update planned for July 2009.
11	Work with Carers	Scrutiny Meeting Sept 08	Report to Panel planned for July 2009
12	Hospital Discharge	Scrutiny Meeting Sept 08	Reported to Panel in March 2009

## 2 Scrutiny Meetings

2.1 Scrutiny meetings are planned for 2009:

- 13 May
- 3 June
- 29 July
- 30 September

All at 9.30 am in room 610

## 3 Scrutiny items completed

1	Translating Performance Monitoring into Performance Improvement. Report to ASSRP in May 06
2	Adult Social Services Debts Relating to Service User Contributions. Report to ASSRP in February 06. 'Exception' reports to be brought to Review Panel as and when the level of debt rises significantly.
3	Analysis of 2005-6 Revenue Overspends and Underspends in Adult Social Services. Report to ASSRP in July 06.
4	What it means to be a Beacon Authority for Learning Difficulty Services. Member seminar held May 06
5	Debt prevention and recovery. Member seminar held in June 06.
6	Fee levels for residential and nursing home care. Member seminar held in October 06.

7	Adult Social Services response to complaints. Report to ASSRP in January 07. Presentation on Customer Services Strategy to ASSRP in March 07.
8	Progress report on the projects included in POPPS. Report to ASSRP in March 07, Members Seminar in April 07. Update to ASSRP in Sept 07 bulletin
9	Presentation on Blue Badge System to Review Panel in March 2008.
10	The Hospital Discharge System. Report to Health Overview and Scrutiny Committee in April sent to Members of Review Panel at the end of March with an invitation to attend the committee if they wish in order to save duplication. The paper further circulated to Review Panel, May 2008.

#### **4 Section 17 – Crime and Disorder Act**

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

#### **5 Equality Impact Assessment**

5.1 This 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.

#### **6 Action Required**

6.1 The Review Panel is invited to:

- Comment on the scrutiny programme and note the progress made.
- Note the dates of future scrutiny meetings.

Officer Contact

Mike Gleeson Head of Democratic Support Tel: 01603 222292



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# Report to Adult Social Services Overview and Scrutiny Panel

9 March 2009

Item No 12

## 2008-9 Revenue and Capital Budget Monitoring Report

Report by the Director of Adult Social Services

### Summary

The forecast revenue outturn position for the financial year 2008-9 is an overspend of £0.521m, based on the information available at the end of January, period ten. At this stage of the financial year there is slippage predicted on the capital programme of £3.584m .

## 1 Introduction

1.1 This is the fourth budget monitoring report to Adult Social Services Overview and Scrutiny Panel for 2008-9.

## 2 Revenue Budget

2.1 The table below shows the forecast position by division of service:

Division of Service	Net Revenue Budget	Forecast Out-turn	Forecast +Over/- Underspend	Forecast +Over/- Underspend as % of budget	Change in forecast from period eight
	£m	£m	£m	%	£m
Finance, including Director	+3.027	+2.113	-0.914	-30.1	-0.041
Commissioning and Transformation	+9.655	+9.506	-0.149	-1.5	-0.065
Human Resources, Training and Organisational Development	+4.706	+4.162	-0.544	-11.6	-0.412
Locality Managed Community Care Services	+106.741	+109.165	+2.424	+2.3	+0.946
Service Development	+21.308	+20.542	-0.766	-3.6	-0.191
Mental Health, Drugs and Alcohol	+14.015	+13.816	-0.199	-1.4	-0.261
Supporting People	+0.550	+0.550	0	0	0
<b>Total, excluding Learning Difficulties</b>	<b>+160.002</b>	<b>+159.854</b>	<b>-0.148</b>	<b>0</b>	<b>-0.025</b>
Learning Difficulties (Adult Social Services) Provider Expenditure	+74.146	+74.815	+0.669	+0.9	+0.544

Division of Service	Net Revenue Budget	Forecast Out-turn	Forecast +Over/- Underspend	Forecast +Over/- Underspend as % of budget	Change in forecast from period eight
	£m	£m	£m	%	£m
Learning Difficulties (Adult Social Services) Provider Income	-74.119	-74.119	0	0	+0.001
NCC Commissioner Contribution	+49.027	+49.027	0	0	0
<b>ASSD Learning Difficulties Subtotal</b>	<b>+49.054</b>	<b>+49.723</b>	<b>+0.669</b>	<b>+1.36</b>	<b>+0.545</b>
<b>Total</b>	<b>+209.056</b>	<b>+209.577</b>	<b>+0.521</b>	<b>+0.25</b>	<b>+0.521</b>

2.2 Within each division of service, the main reasons for the variances between the budget and the forecast outturn are set out below.

**Finance, including Director      £-0.914m underspend (budget £+3.027m)**

2.3 The forecast outturn for Finance and the Director is analysed below:

Area	Budget	Forecast Out-turn	Forecast +Over/-Under spend	Forecast +Over/-Underspend as % of budget	Change in forecast from period eight	Analysis
	£m	£m	£m	£m	£m	
Modern Social Care costs	+0.868	+1.068	+0.200	+23.0	0	This includes the department's contribution to the project. The savings target of £0.266m for Modern Social Care in 2008-9 has been allocated to Community Care.
Other	+2.159	+1.045	-1.114	-51.6	-0.041	This is mainly due to a provision to offset pressures elsewhere within the department.
<b>Total Forecast Out-turn</b>	<b>+3.027</b>	<b>+2.113</b>	<b>-0.914</b>	<b>-30.2</b>	<b>-0.041</b>	

**Commissioning and Transformation £-0.149m underspend (budget £+9.655m)**

2.4 The forecast outturn is analysed below:

Area	Budget	Forecast Out-turn	Forecast +Over/-Under spend	Forecast +Over/-Underspend as % of budget	Change in forecast from period eight	Analysis
	£m	£m	£m	£m	£m	
Purchasing and Quality Assurance team	+0.934	+0.953	+0.019	+2.0	-0.003	Overspend on staff salaries.

Performance and Information team	+0.616	+0.493	-0.123	-20.0	-0.023	Savings due to staff vacancies.
Computing	+0.789	+0.750	-0.039	-4.9	+0.018	Savings due to leavers and vacancies.
Other, including Logistics - Building and Supplies, and Transport	+7.316	+7.310	-0.006	-0.1	-0.057	
<b>Total Forecast Out-turn</b>	<b>+9.655</b>	<b>+9.506</b>	<b>-0.149</b>	<b>-1.5</b>	<b>-0.065</b>	

**Human Resources, Training and Organisational Development £-0.544m underspend (budget £+4.706m)**

The forecast outturn is analysed below:

Area	Budget	Forecast Out-turn	Forecast +Over/-Under spend	Forecast +Over/-Underspend as % of budget	Change in forecast from period eight	Analysis
	£m	£m	£m	£m	£m	
Personnel	+1.545	+1.396	-0.149	-0.1	-0.118	Reduction in recruitment, advertising and relocation costs.
Training and Organisational Development	+3.161	+2.766	-0.395	-12.5	-0.294	Underspend due to vacancies and less expenditure on training than expected.

<b>Total Forecast Outturn</b>	<b>+4.706</b>	<b>+4.162</b>	<b>-0.544</b>	<b>-11.6</b>	<b>-0.412</b>	
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**Locality Managed Community Care Services £+2.424m overspend (budget £+106.741m)**

2.5 The forecast outturn position on Locality Managed Community Care Services is analysed in the following table:

<b>Area</b>	<b>Budget</b>	<b>Forecast Out-turn</b>	<b>Forecast +Over/-Under spend</b>	<b>Forecast +Over/-Underspend as % of budget</b>	<b>Change in forecast from period eight</b>	<b>Analysis</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	
Purchase of Care - Older People	+47.508	+48.217	+0.710	+1.49	+0.305	<p>Purchase of Care is the budget for the purchase of care from the independent sector, ie residential care, nursing care, domiciliary care, day care and supported living.</p> <p>There are pressures on this budget of £+1.360m but it is expected that a large proportion of this will be managed down as Norfolk First Support (the home support assessment and reablement service implemented in January 2008) has now been rolled out to all people needing home support. Over 40% of people using Norfolk First Support do not need long term care after the initial period.</p> <p>Within the forecast for Purchase of Care for Older</p>

Area	Budget  £m	Forecast Out-turn  £m	Forecast +Over/ -Under spend  £m	Forecast +Over/- Underspend as % of budget  £m	Change in forecast from period eight £m	Analysis
						<p>People and Physical Disabilities an allowance has been made for the recent home care block contract retendering exercise.</p> <p>Due to the budget settlement the department was able to put additional monies into the Purchase of Care budgets this year, but demographic growth and the increasing cost of packages mean increasing need and costs in this area.</p> <p>The number of older people in residential and nursing placements at September 2008 was 2,991 compared to 2,966 at September 2007.</p>
Purchase of Care - People with Physical Disabilities	+12.890	+13.041	+0.151	+1.2	+0.296	<p>There are still some expensive packages pushing up expenditure for this group of service users. This is caused by higher unit costs in this market, primarily as a result of demand exceeding supply. This is a national issue for this market and is not confined to Norfolk.</p> <p>The Department is working with Saffron Housing to develop a Housing With Care scheme for people with physical disabilities. The department is also investigating the possibility of other housing schemes in the west of the county.</p> <p>The Department is rolling out the use of the cost analysis model as a tool for negotiation. The cost</p>

Area	Budget  £m	Forecast Out-turn  £m	Forecast +Over/ -Under spend  £m	Forecast +Over/- Underspend as % of budget  £m	Change in forecast from period eight £m	Analysis
						analysis model has been drawn up in conjunction with the regional Centre of Excellence using regional information, to understand what drives the costs of different packages. It enables the contracts team to compare a provider's proposed charge for a care package against a fair rate.
In-House Home Care - Older people and people with Physical Disabilities	+12.433	+12.338	-0.095	-0.8	-0.051	<p>The department implemented the Support and Reablement model in January 2008, which includes the Assessment and Reablement service (Norfolk First Support) and savings being realised through the In House service (£-0.940m in 2008-9).</p> <p>Norfolk First Support has now been rolled out to all people needing home support. Over 40% of people who have used the Assessment and Reablement service (Norfolk First Support) since January do not need any ongoing service.</p>
Homes for Older People, Locality Managers, Housing With Care and Day Centres for Older People	+19.751	+20.689	+0.938	+4.7	+0.133	<p>The pressure on this budget is mainly due to the staffing costs for In-House Homes for Older People (£+0.931m overspend), including meeting CSCI (Commission for Social Care Inspection) requirements.</p> <p>The new agreement for agency staff is now in place and the anticipated savings from this and the sickness absence measures have been included in the forecast.</p>

Area	Budget	Forecast Out-turn	Forecast +Over/-Under spend	Forecast +Over/-Underspend as % of budget	Change in forecast from period eight	Analysis
	£m	£m	£m	£m	£m	
Hired Transport for Older People and people with Physical Disabilities	+1.324	+1.608	+0.285	+21.5	+0.019	Demand for these services continues to increase. There is a transport efficiency project in place looking at issues such as the efficient and effective use of vehicles and journeys made.
Meals Service	+0.092	+0.304	+0.212	+230.4	+0.021	The overspend is due to the delayed introduction of the efficiency project that is designed to make this service cost neutral. A project manager is in post and initial consultation has been undertaken via the voluntary sector with service users.  In period seven the budget and expenditure for the meals for day centres was reallocated from this budget to the day centres.
Care and Assessment	+9.016	+9.480	+0.464	+5.1	+0.230	The overspend is due to the inclusion of the savings target relating to Modern Social Care (£-0.266m). This is offset by the underspend below.
Other Locality Managed Community Care Services	+3.727	+3.488	-0.239	-6.4	-0.005	Savings on staffing costs.
<b>Total Forecast Out-Turn</b>	<b>+106.741</b>	<b>+109.165</b>	<b>+2.424</b>	<b>+2.3</b>	<b>+0.946</b>	



**Service Development £-0.766m underspend (budget £+21.308m)**

The forecast outturn is analysed below:

<b>Area</b>	<b>Budget</b>	<b>Forecast Out-turn</b>	<b>Forecast +Over/-Under spend</b>	<b>Forecast +Over/-Underspend as % of budget</b>	<b>Change in forecast from period eight</b>	<b>Analysis</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	
Service Development	+21.308	+20.542	-0.766	-3.6	-0.191	Forecast slippage on projects in the financial year.  This now includes the budget for Aids and Adaptations.

**Mental Health, Drugs and Alcohol £-0.199m underspend (budget £+14.015m)**

The forecast outturn is analysed below:

<b>Area</b>	<b>Budget</b>	<b>Forecast Out-turn</b>	<b>Forecast +Over/ Under spend</b>	<b>Forecast +Over/- Underspend as % of budget</b>	<b>Change in forecast from period eight</b>	<b>Analysis</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	
Purchase of Care - People with Mental Health problems and Drug and Alcohol.	+7.990	+8.048	+0.058	+0.7	+0.134	<p>The forecast for Purchase of Care packages was adjusted in period seven to reflect additional cases currently being paid by Health as continuing care that may become Adult Social Services funded during the financial year. As it is not known at this stage how many of these cases will eventually be Health or Adult Social Services funded it is very much an estimate.</p> <p>Due to the budget settlement the department has been able to put additional monies into the Purchase of Care budgets this year and this is reflected in the current forecast position.</p>
Other Mental Health and Drug and Alcohol services	+6.025	+5.768	-0.257	-4.3	-0.395	Mainly staff savings. The forecast includes the overhead payable to the Norfolk and Waveney Mental Health Foundation Trust following the transfer of the staff.
<b>Total Forecast Out-Turn</b>	<b>+14.015</b>	<b>+13.816</b>	<b>-0.199</b>	<b>-1.4</b>	<b>-0.261</b>	

## Learning Difficulties £+0.669m overspend (budget £+49.054m)

2.6 The forecast outturn position is analysed below:

Area	Budget £m	Forecast Out-turn £m	Forecast +Over/ -Under spend £m	Forecast +Over/- Underspend as % of budget £m	Change in forecast from period eight £m	Analysis
Purchase of Care	+51.904	+52.320	+0.416	+0.8	+0.396	The department has been able to put additional monies into the Purchase of Care budgets this year. However the closure of a residential unit and the resettlement of the people concerned has meant increased costs.
Care and Assessment	+1.411	+1.476	+0.065	+4.6	-0.012	
Hired transport	+1.935	+1.851	-0.084	-4.3	-0.002	
Homes for people with Learning Difficulties	+2.972	+3.241	+0.269	+9.1	-0.042	Mainly due to dual salary costs where long term sickness.  Additional expenditure has been, and is expected to be, incurred on adapting the bungalows at Magdalen House and Mildred Stone for people with Learning Difficulties.
Day Care	+7.063	+7.047	-0.016	-0.2	+0.011	
County Management	+0.940	+0.974	+0.034	+3.6	+0.022	Small overspend on salaries.
Community Support Team	+1.957	+2.261	+0.304	+15.5	+0.024	Increase in forecast spend on staff costs, agency staff.
In house home care	+0.346	+0.348	+0.002	+0.6	0	

Area	Budget	Forecast Out-turn	Forecast +Over/-Under spend	Forecast +Over/-Underspend as % of budget	Change in forecast from period eight	Analysis
	£m	£m	£m	£m	£m	
Other	+5.617	+5.916	+0.299	0	+0.148	Includes a proportion of NHS Norfolk savings target allocated to ASSD (£+0.150mj).
Savings Plan	0	-0.620	-0.620	0	0	The service has actions in hand to bring the forecast overspend down to a balanced position at the year-end. It is estimated that: £-0.050m can be saved by using vacant Supported Living places; £-0.050m can be made by reviewing expensive transport packages; £-0.100m of savings will be achieved through staff vacancies in the Community Teams; £-0.120m can be saved on Purchase of Care and further savings can be made by successful applications for Independent Living Funds.
<b>Forecast Out-turn for NCC LD provider</b>	<b>+74.145</b>	<b>+74.815</b>	<b>+0.669</b>	<b>+0.9</b>	<b>+0.544</b>	
ASSD/NCC Contribution to the Pooled Fund	+49.027	+49.027	0	0	0	Cabinet on 11 August 2008 agreed that £1.229m of additional funding from Finance General would be allocated to the Learning Difficulties Pooled Fund, to meet the Norfolk County Council share of the funding gap identified as part of the 2008-9 budget setting process.

<b>Area</b>	<b>Budget</b>	<b>Forecast Out-turn</b>	<b>Forecast +Over/ -Under spend</b>	<b>Forecast +Over/ -Underspend as % of budget</b>	<b>Change in forecast from period eight</b>	<b>Analysis</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	
Service Level Agreement income to ASSD from Pooled Fund, to provide services	-74.118	-74.119	0	0	0	
<b>Forecast ASSD LD out-turn</b>	<b>+49.054</b>	<b>+49.723</b>	<b>+0.669</b>	<b>+1.4</b>	<b>+0.544</b>	

## Supporting People £0m (budget £+16.858m)

- 2.7 Norfolk County Council receives two grants for Supporting People: in 2008-9 a Programme Grant of £16.337m to pay for the services and an Administration Grant of £0.522m to pay for the management of the programme. In addition, £3.346m of underspend on the Programme Grant from previous years was brought forward into 2008-9 to supplement the Programme Grant. This underspend is fully committed.

The Programme grant income budget is now matched to the expenditure budget in the department's accounting records.

## 3 Capital Programme

- 3.1 The capital programme is summarised in Appendix One. Details of the budget and the outturn are given for each scheme. Where there is slippage on a scheme the money will be carried forward to 2009-10.

Capital Programme	2008-9 Budget £m	2008-9 Forecast Outturn £m	2008-9 Slippage £m
Total	9.640	6.055	3.584

## 4 Bad Debt Fund

- 4.1 The Bad Debt Fund represents money set aside by Adult Social Services to pay for debts that, after lengthy investigation and, in many cases, legal action, are unlikely to be paid by the debtor. The level of the Fund is based on the overall level and nature of debts owed to the Department and the forecast position is set out below.

Bad Debt Fund	£m
Fund as at 31 March 2008	+0.720
Plus: 2008-9 budget contribution	+0.200
Sub-total	+0.920
Less: estimated net write-offs during the financial year	-0.920
Forecast Balance as at 31 March 2009	0

- 4.2 More detail on the debt position at the end of January can be found in Appendix Two.

## 5 Equality Impact Assessment

- 5.1 An Equality Impact Assessment was carried out at the Budget Planning Stage.
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This 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.

## **6 Section 17, Crime and Disorder Act, implications**

- 6.1 Adult Social Services works in part with those people who are at risk of drifting into crime, and supports victims and vulnerable people. The action taken to deliver a balanced budget does not affect the planned work carried out with these people.

## **7 Conclusion**

- 7.1 The Adult Social Services department is working hard to manage the budget position in 2008-9, given the inherent pressures on social services activity. The pressures on Purchase of Care and other care budgets continues to be an area of concern, as demographic indicators and the increasing cost of packages indicate increasing need and costs in this area.

## **8 Action Required**

- 8.1 Members are invited to note the contents of this report.

### **Officer Contacts**

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**If you need this report in large print, audio, Braille, alternative format or in a different language please contact Lesley Spicer, Tel: 01603 638129, Minicom: 01603 223242, and we will do our best to help.**

## Appendix One: Summary of Capital Programme

Scheme	2008-9 Budget  £	2008-9 Forecast Outturn  £	2008-9 Slippage (see Note One)  £	Reasons for Variance or Comments
Other Housing With Care Schemes (2007-8)	84,000	84,000	0	It is still to be determined what the remainder will be spent on: no scheme has been identified yet. £150k was spent on Huntingfield that includes Housing With Care.
Reprovision of Bishop Herbert House	5,837	5,837	0	The completed scheme was handed over on 28 February 2005. Scheme completed, including the work to the fire exit. There was an outstanding fee account at the end of the financial year.
Housing Grants to resettle clients from Little Plumstead Hospital	1,169,680	209,680	-960,000	The service users have been resettled. This is funds to be released to Wherry Housing (previously Anglia Housing): negotiations are still ongoing between the legal representatives for Health and Wherry Housing. This matter is being followed up with Wherry Housing.
Learning Difficulties Day Care – Phase Two (2004-5)	5,466	5,466	0	This money is earmarked for an employment scheme for service users.
Mental Health Supplementary Credit Approval 2005-06	40,000		-40,000	All grants had been paid except for £40k that was earmarked for the set up costs of an Integrated Mental Health Team bases in South Norfolk. Norfolk and Waveney Mental Health Care Trust is leading the search for premises for these bases but continues to incur difficulties in identifying suitable affordable premises.
Mental Health Supplementary Credit Approval 2006-7	252,111	50,000	-202,111	This funding will be used to support the redesign of residential and day services over the next couple of years. It is likely to be used to develop supported housing for people with mental health problems.
Mental Health Supplementary Credit Approval 2007-8	263,602	0	-263,602	This funding will be used to support the redesign of residential and day services over the next couple of years. It is likely to be used to develop supported housing for people with mental health problems.



<b>Scheme</b>	<b>2008-9 Budget £</b>	<b>2008-9 Forecast Outturn £</b>	<b>2008-9 Slippage (see Note One) £</b>	<b>Reasons for Variance or Comments</b>
Huntingfield Reprovision (2007-8)	1,850,000	1,850,000	0	This sum was earmarked for a possible future scheme for people with physically disabilities on the Huntingfield site. Construction works are now underway. The scheme was delayed due to the legal transfer of land.
Supported Living for People with Learning Difficulties (2006-7)	25,296	25,296	0	This money is earmarked for schemes in West Norfolk. The first scheme at Emneth was completed in June 2005. Further properties have been completed at Necton, Swaffham, West Winch and Kings Lynn. This project is near completion.
Disability Resource Centre, Great Yarmouth (2006-7)	33,272	33,272	0	Scheme completed and operational. Paid for in April 2006. The final account has been paid since the year-end.
Social Services Computer Projects (2003-4)	133,997	33,997	-100,000	The unspent monies have been carried forward. Work is in hand as part of the Modern Social Care project to identify further IT investment needs.
Information Management Grant (2007-8)	332,121		-332,121	This is a capital grant. Unspent monies in previous years were carried forward to 2007-8 and a further grant of £0.324m was received in 2007-8. Work is in hand as part of the Modern Social Care project to identify further IT investment needs.
Cranmer House, Fakenham Community Support Centre (2007-8)	4,330	4,330	0	The main contract was completed in January 2006 and the flooring works were completed in February 2006. At the year-end final fee accounts were outstanding.
Thermostatic Blending Valves at Homes for Older People (2007-8)	33,529	33,529	0	The programme of works within all areas accessible to residents has now been completed. The remaining amount is being used to fit thermostatic blending valves in sluice rooms and staff restrooms in line with the new hand washing hygiene legislation.

<b>Scheme</b>	<b>2008-9 Budget £</b>	<b>2008-9 Forecast Outturn £</b>	<b>2008-9 Slippage (see Note One) £</b>	<b>Reasons for Variance or Comments</b>
Department of Health - Extra Care Housing Fund (Learning Difficulties) (2006-7)	85,986	85,986	0	This is a five-year project to support adults with learning difficulties living independently in their own accommodation. At the end of 2007-8, year two of the project, 15 people were supported. A further seven packages are currently identified for 2008-9.
Ellacombe Home for Older People refurbishments (2007-8)	72,384	72,384	0	Creation of 14 bedded Older Peoples Unit following the end of the lease to Norfolk and Waveney Mental Health Partnership Trust. Work started on site on 8 January 2007. Additional funding was agreed by Cabinet in November 2006. There was slippage due to technical issues (eg asbestos) identified when minor enabling works started. The work has now been completed. Final payments to the contractor and fee accounts were outstanding at the year-end.
Home Ownership Pilot (Learning Difficulties) (2006-7 and 2007-8)	300,000	300,000	0	Funding from Department for Communities and Local Government to facilitate home ownership for people with learning difficulties. The partnership agreement with the Housing Association (Saffron) is being finalised and the funds will be released in 2008-9.
Clere House – Bathroom facilities (2007-8)	24,787	24,787	0	Part of the essential improvements for the in-house Homes for Older People. Needed to wait for completion of other capital works at the home before starting this scheme. This scheme has been completed.
Heathfield – Heating system (2007-8)	16,664	16,664	0	Part of the essential improvements for the in-house Homes for Older People. Work completed. This work was integrated with the dementia care works so that the disturbance was minimised. Final accounts outstanding.

<b>Scheme</b>	<b>2008-9 Budget £</b>	<b>2008-9 Forecast Outturn £</b>	<b>2008-9 Slippage (see Note One) £</b>	<b>Reasons for Variance or Comments</b>
High Haven – Windows (2007-8)	90,067	90,067	0	Part of the essential improvements for the in-house Homes for Older People. Delay due to granting of planning permission and need to programme works amongst other capital works at the home. Phase One is complete and the pre-start meeting with the approved contractor has been arranged for December. This is scheduled to be completed in 2008-9.
Linden court – Bathroom facilities (2007-8)	56,000	56,000	0	Part of the essential improvements for the in-house Homes for Older People. Delay was attributable to design stage, other works being undertaken and the lead in time for equipment and materials. Work completed in June 2008.
Munhaven – Heating system (2007-8)	166,315	166,315	0	Part of the essential improvements for the in-house Homes for Older People. This work was integrated with the dementia care works so that the disturbance was minimised. The work is completed.
Munhaven – Windows (2007-8)	93,677	93,677	0	Part of the essential improvements for the in-house Homes for Older People. This work was integrated with the dementia care works so that the disturbance was minimised. This is completed.
Rebecca Court – Windows (2007-8)	58,096	58,096	0	Part of the essential improvements for the in-house Homes for Older People. Phase One work completed, and the pre-start meeting with the approved contractor has been scheduled for December. Phase Two work is expected to be completed in February.

<b>Scheme</b>	<b>2008-9 Budget £</b>	<b>2008-9 Forecast Outturn £</b>	<b>2008-9 Slippage (see Note One) £</b>	<b>Reasons for Variance or Comments</b>
Rebecca Court – WC and bathroom facilities (2007-8)	48,500	48,500	0	Part of the essential improvements for the in-house Homes for Older People. Had to wait for completion of other capital works at the home before starting this scheme. Completed in June 2008.
Rebecca Court – Accessible external areas (2007-8)	24,739	24,739	0	Part of the essential improvements for the in-house Homes for Older People. Scheme completed. Final accounts outstanding.
Somerley – Heating system	100,000	100,000	0	Part of the essential improvements for the in-house Homes for Older People. A full re-boiling was necessary and we waited to do this until the summer, because of the residents. The existing old heating system prevents the draining down of individual areas. The scheme started in August 2008 and is almost complete.
St Nicholas House – WC and bathroom facilities (2007-8)	92,591	92,591	0	Part of the essential improvements for the in-house Homes for Older People. There was a delay due to linking with other works at the home, however this has been overcome and the project has now been completed.
Sydney House – Windows (2007-8)	143,000	143,000	0	Part of the essential improvements for the in-house Homes for Older People. Delay due to granting of planning permission and lead in time for fabrication of materials. Phase One work now completed and Phase Two is out for tender.

<b>Scheme</b>	<b>2008-9 Budget £</b>	<b>2008-9 Forecast Outturn £</b>	<b>2008-9 Slippage (see Note One) £</b>	<b>Reasons for Variance or Comments</b>
Sydney House – Lift (2007-8)	77,500	77,500	0	Part of the essential improvements for the in-house Homes for Older People. Trying to put in a platform lift but delays due to design stage, planning permission and need to programme works amongst other capital schemes at the home. The tender has been returned and a contractor has been chosen. This is expected to be finished in 2008-9.
Westfields – Lift (2007-8)	77,500	77,500	0	Part of the essential improvements for the in-house Homes for Older People. Trying to put in a platform lift but delays due to design stage, planning permission and need to programme works amongst other capital schemes at the home.
Westfields – Windows (2007-8)	81,000	81,000	0	Part of the essential improvements for the in-house Homes for Older People. Delays due to design stage, planning permission and need to programme works amongst other capital schemes at the home. Completed.
Westfields – Heating system (2007-8)	80,000	80,000	0	Part of the essential improvements for the in-house Homes for Older People. The work slipped because of the decision to delay the start of the works until the summer, as it is not possible to isolate different wings of the building. Started in June 2008 and is now completed.
Woodlands – Dementia Care Unit Extension (2007-8)	75,667	75,667	0	Part of the essential improvements for the in-house Homes for Older People. Delays due to design stage, planning permission and need to programme works amongst other capital schemes at the home. Tender has been returned and work is scheduled to take eight weeks.

<b>Scheme</b>	<b>2008-9 Budget £</b>	<b>2008-9 Forecast Outturn £</b>	<b>2008-9 Slippage (see Note One) £</b>	<b>Reasons for Variance or Comments</b>
Harker House – Bathroom facilities (2007-8)	17,523	17,523	0	Part of the essential improvements for the in-house Homes for Older People. Delays due to design stage, other works at home and lead in time for receipt of equipment and materials. Completed.
Rosemeadow – WC facilities (2007-8)	1,250	1,250	0	Part of the essential improvements for the in-house Homes for Older People. Work completed and waiting for final accounts.
Woodlands – Dementia unit bathroom facilities (2007-8)	14,363	14,363	0	Part of the essential improvements for the in-house Homes for Older People. Scheme completed in April 2008.
High Haven – Dementia unit bathroom facilities	14,363	14,363	0	Part of the essential improvements for the in-house Homes for Older People. Delays due to design stage, other works at home and lead in time for receipt of equipment and materials. Scheme completed in April 2008.
Sydney House – Shower facility (2007-8)	20,000	20,000	0	Part of the essential improvements for the in-house Homes for Older People. Delay due to need to programme works amongst other capital schemes at the home. Completed June 2008.
Munhaven – WC and bathroom facilities (2007-8)	56,000	56,000	0	Part of the essential improvements for the in-house Homes for Older People. Interlinked to other planned works at the home in order to minimise disruption to the home. Now completed.
Homes for Older People- Essential equipment (2007-8)	18,656	18,656	0	Part of the essential improvements for the in-house Homes for Older People. Initial urgent equipment is in place. This has been fully allocated.

<b>Scheme</b>	<b>2008-9 Budget £</b>	<b>2008-9 Forecast Outturn £</b>	<b>2008-9 Slippage (see Note One) £</b>	<b>Reasons for Variance or Comments</b>
Clere House – extension (2007-8)	10,348	10,348	0	Part of the essential improvements for the in-house Homes for Older People. Work is completed.
Harker House –Level Access, Front Entrance (2007-8)	5,000	5,000	0	Part of the essential improvements for the in-house Homes for Older People. Work is completed.
Magdalen House – WC and bathroom facilities (2007-8)	98,000	98,000	0	Part of the essential improvements for the in-house Homes for Older People. Started September 2008. Expected to be finished before the end of the financial year.
Westfields Shower Facility (2007-8)	6,109	6,109	0	Part of the essential improvements for the in-house Homes for Older People. Scheme completed.
Essential Improvements – In-house Homes for Older People (2007-8)	441,300	101,300	-340,000	This money will be used to help fund further essential improvements for Homes for Older People in 2008-9. Waiting for the outcome of the strategic planning.
Improving Care Home Environment for Older People (2007-8)	267,555	267,555	0	The Department of Health provided a one-off grant in 2007-8 to enhance the physical environment in care homes registered to provide nursing or personal care where the majority of places are for older people. This was part of the Government's dignity campaign that aims to place dignity and respect at the heart of caring for older people. The grant was intended to safeguard and promote the welfare of older people for whom an Authority has made arrangements to provide or secure the provision of residential accommodation. The money is for independent homes and in-house homes. Work is still being completed at some independent homes but all work has been completed in NCC owned homes.

<b>Scheme</b>	<b>2008-9 Budget £</b>	<b>2008-9 Forecast Outturn £</b>	<b>2008-9 Slippage (see Note One) £</b>	<b>Reasons for Variance or Comments</b>
Dementia Care Norwich and North Norfolk (2007-8)	94,185	94,185	0	This relates to the work at Heathfield, Mountfield and Munhaven. The work at Heathfield and Mountfield is completed. The scheme at Munhaven was interlinked into other planned works at the home in order to minimise disruption and has now been completed.
Local Public Service Agreement Award Grant 2007-8	0	0	0	This money is earmarked for an employment scheme for service users.
Southern Learning Difficulties Team office relocation at Attleborough	6,138	6,138	0	Move complete and waiting for final account.
Learning Difficulties Community Homes Resettlement	280,000		-280,000	Grant funding to be handed over to Registered Social Landlords to help fund the purchase and conversion of accommodation suited to the needs of the individuals undergoing resettlement from the Campus Closure.
Essential Improvements – In-house Homes for Older People (2008-9)	166,000	0	-166,000	Waiting outcome of strategic planning.
Failure of kitchen appliances	375,000	100,000	-275,000	Gas safety works re kitchen appliances.
Mental Health SCE 2008-9	278,000	0	-278,000	This funding will be used to support the redesign of residential and day services over the couple of years. It is likely to be used to develop supported housing for people with mental health problems.



<b>Scheme</b>	<b>2008-9 Budget £</b>	<b>2008-9 Forecast Outturn £</b>	<b>2008-9 Slippage (see Note One) £</b>	<b>Reasons for Variance or Comments</b>
Heathfield Bathroom Facilities (2008-9)	44,000	44,000	0	The design work is being completed and works are currently out to tender.
Somerley – Bathroom Facilities (2008-9)	44,000	44,000	0	Part of the essential improvements for the in-house Homes for Older People and works are currently out to tender.
Philadelphia House – Bathroom Facilities (2008-9)	44,000	44,000	0	Part of the essential improvements for the in-house Homes for Older People.
Springdale – Shower Facility (2008-9)	16,500	16,500	0	Part of the essential improvements for the in-house Homes for Older People and works are currently out to tender.
Rebecca Court – Bathroom facility (2008-9)	27,500	27,500	0	Part of the essential improvements for the in-house Homes for Older People and works are currently out to tender.
Westfields – Toilet and Bathroom facilities (2008-9)	88,000		-88,000	Part of the essential improvements for the in-house Homes for Older People.
St Edmunds – Shower facility (2008-9)	16,500	16,500	0	Part of the essential improvements for the in-house Homes for Older People and works are currently out to tender.
High Haven – FF Bathroom Facilities (2008-9)	27,500	27,500	0	Part of the essential improvements for the in-house Homes for Older People and works are currently out to tender.
High Haven – Garden Areas (2007-8)	15,000	15,000	0	Part of the essential improvements for the in-house Homes for Older People.

<b>Scheme</b>	<b>2008-9 Budget £</b>	<b>2008-9 Forecast Outturn £</b>	<b>2008-9 Slippage (see Note One) £</b>	<b>Reasons for Variance or Comments</b>
Balance of LPSA Reward Grant 2008-9, not allocated	136,153	136,153	0	
Linden Court – Lift 2008-9	82,500	0	-82,500	Part of the essential improvements for the in-house Homes for Older People.
Mildred Stone House – Lighting 2008-9	16,500	16,500	0	Part of the essential improvements for the in-house Homes for Older People and the feasibility study is being undertaken.
Sydney House – Lighting 2008-9	13,200	13,200	0	Part of the essential improvements for the in-house Homes for Older People and the feasibility study is being undertaken.
Beauchamp House WC & Bathroom facilities 2008-9	66,000	66,000	0	Part of the essential improvements for the in-house Homes for Older People.
Beauchamp House Dementia Unit 2008-9	30,000	30,000	0	Part of the essential improvements for the in-house Homes for Older People.
Ellacombe Windows 2008-9	22,000	22,000	0	Part of the essential improvements for the in-house Homes for Older People.
Magdalen House Windows 2008-9	77,000	0	-77,000	Part of the essential improvements for the in-house Homes for Older People and works are currently out to tender.
Sydney House Heating 2008-9	100,000	0	-100,000	Part of the essential improvements for the in-house Homes for Older People.
Woodlands Windows 2008-9	77,000	77,000	0	Part of the essential improvements for the in-house Homes for Older People. Awaiting planning permission.

<b>Scheme</b>	<b>2008-9 Budget £</b>	<b>2008-9 Forecast Outturn £</b>	<b>2008-9 Slippage (see Note One) £</b>	<b>Reasons for Variance or Comments</b>
Mountfield Windows 2008-9	8,000	8,000	0	Part of the essential improvements for the in-house Homes for Older People. Awaiting planning permission.
Harker House FF shower facility	16,500	16,500	0	Part of the essential improvements for the in-house Homes for Older People and works are currently out to tender.
Wholefood Planet 2008-9	105,000	105,000	0	Social Enterprise scheme to offer employment for people with Learning Difficulties.
Accommodation for LD 2008-9	100,000	100,000	0	
Adult Social Care IT infrastructure	259,311	259,311	0	A new grant received in October 2008.
Mountfield call system	40,000	40,000	0	Placing speech units into bedrooms.
<b>Total</b>	<b>9,639,668</b>	<b>6,055,334</b>	<b>-3,584,334</b>	

Note1: Where there is slippage on a scheme the money will be carried forward to 2008-9. The year in brackets is the financial year the project started.

**Appendix Two: Aged Debt Analysis as at 31 January 2009**

	<b>Adult Social Services Department service users at 31 January 2009</b>	<b>All other debts 31 January 2009</b>	<b>Total 31 January 2009</b>		<b>Adult Social Services Department Service Users at 30 November 2008</b>	<b>Total 30 November 2008</b>	
	<b>£</b>	<b>£</b>	<b>£</b>		<b>£</b>	<b>£</b>	
items referred to Head of Law	1,200,516	1,199,234	2,399,750	*1	888,064	1,847,614	
awaiting estate finalisation	1,065,224	0	1,065,224	*2	931,801	931,801	
secured debts	4,246,891	0	4,246,891	*3	4,405,454	4,405,454	
being paid by instalment	763,523	219,119	982,642		724,318	942,985	
items on hold/in dispute	514,465	1,469,547	1,984,012	*4	656,649	1,471,945	
items awaiting referral	29,779	8,556	38,336		27,032	29,491	
Items awaiting write-off	7,469	10,885	18,354		11,793	16,771	
Sub-total	7,827,867	2,907,341	10,735,209		7,645,111	9,646,061	
items outstanding							
under 30 days	1,886,249	5,372,205	7,258,454	*5	2,373,297	13,241,303	
31-60 days	631,028	1,329,790	1,960,818	*6	837,221	2,592,116	
61-90 days	402,884	810,155	1,213,040		458,048	1,066,382	
91-120 days	341,170	354,760	695,930		242,188	424,258	
121-150 days	177,037	108,895	285,932		217,680	452,933	
151-180	123,835	173,678	297,513		201,091	877,383	
over 180 days	56,031	308,293	364,323		100,307	763,361	
<b>Total debt outstanding</b>	<b>11,446,102</b>	<b>11,365,118</b>	<b>22,811,220</b>		<b>12,074,942</b>	<b>29,063,798</b>	

**Key:** \*1 Debts subject to recovery by legal action.

\*2 Debts subject to estate finalisation at death.

\*3 Debts secured by legal charge on property or other security. Adult Social Services service users have certain rights regarding paying for residential care. If they declare an interest in a property, they can elect to defer payment (all or part) until the

property is sold. If the service user defers payment, the debt is secured by a deferred payment agreement and it may be some time before the debt can be collected.

\*4 Debts disputed and referred back to service departments, includes debts owed by trading partners (e.g. NPS, May gurney) which may be contra'd

\*5 New debts raised during the current month and unpaid at month end.

\*6 Debts raised in the previous month and subject to normal recovery action.

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# Report to Adult Social Services Overview and Scrutiny Panel

9 March 2009

Item No 13

## Payment Levels for Independent Sector in 2009/10

Report by the Director of Adult Social Services

### Summary

This report outlines the proposals going to Cabinet on 6 April 2009 regarding the payment levels to independent sector providers of care services for adults for the 2009/10 financial years.

## 1 Executive Summary

1.1 Norfolk County Council buys from independent and voluntary sector providers residential, domiciliary and day care services. Each year, the fees paid to those providers are revised, to take account of inflation, and the changing priorities for Adult Social Care. The proposed changes are discussed at the Adult Social Services Overview and Scrutiny Panel and agreed by the County Council's Cabinet, in time for the new rates to be paid in early April each year.

1.2 The proposed changes for 2009/10 have been set within a financial framework for the Council that requires increased service efficiency, increased demand for services to support people at home, increased quality of care and the requirement to continue to transform the way services are provided and costed:

- Fees for home support services have been determined by a major re tendering exercise as part of the restructuring of Home Support services.
- It is proposed increases to day care services and Voluntary Sector agreements to be 2%, which is the inflation uplift Adult Social Services has received in the budget for 2009/10.
- For Residential and Nursing Home placements increases will be determined by the quality rating of the home.
- For care packages costing more than £1,000 per person per week, there will be no automatic increase. Any increases to these packages will need to be based on a review of the client's needs, and agreed changes to the service levels delivered. The use of the council's new cost analysis tool will assist with this.
- Support packages will be provided for struggling homes to help improve quality and manage impact of the economic situation.

## 2 Introduction

2.1 Adult Social Services buys in residential, nursing and home support services from the private and voluntary sectors. Every year, we discuss the proposed increases in the fees we pay to providers, to identify where the increased funding is most needed and where it would have the most beneficial effect. Overview and Scrutiny Panel are asked for their views before Cabinet are asked

to confirm agreement. The fee will be payable to our external providers from 6 April 2009, the date of Cabinet. Providers will be notified immediately after Cabinet and increases will be paid as soon as possible, backdated to 6 April.

- 2.2 The proposed fee increases are set out as four tables for 0-3 star homes in Appendix 1 to this note. These have been discussed with Norfolk Independent Care Homes (NICH), which represents the private sector here in Norfolk. A representative will be present at the Review Panel and the panel may wish to hear their views directly.

### **3 Overview**

- 3.1 The agenda for adult social care continues to evolve, with an increasing emphasis on enabling service users to live independently at home for as long as possible. A wider range of high quality services is expected, the White Papers from central government provide a policy framework within which local authorities develop and implement new services.
- 3.2 “Our Health, Our Care, Our Say: A New Direction for Community Services” identifies 7 outcomes for service users and patients: improved health; improved quality of life; making a positive contribution (to their communities); choice and control (over the services they choose); freedom from discrimination and harassment; economic well-being; and personal dignity and respect. “Strong and Prosperous Communities: The Local Government White Paper” also puts a greater emphasis on choice, on citizens influencing and controlling the services they receive, and on community leadership, amongst others. The recent Government circular to local authorities sets out further the direction of a “personalised” approach to social care and the development of individual budgets. Taken together, these major policy initiatives emphasise the increasing importance of a sustainable, high quality independent sector, able to work with us to develop new services, better suited to clients’ needs, and offering excellent value for money.
- 3.3 Against this backdrop, there are significant transformational projects underway in Adult Social Services, such as the development of a new model for home support and the review of assessment and care. A strong, sustainable independent sector is crucial to the authority moving towards becoming a commissioning authority. Demographic forecasts for 2009/10 suggest that there will be additional 90 people over 85 requiring care, as well as the increase in the numbers of people with learning difficulties and physical disabilities, and growing demand for mental health services. These projects have challenging financial targets to ensure the provision and purchase of services is as efficient as it can be.
- 3.4 The Council’s 2009/10 budgets provide additional funding for Adult Social Services to help to meet the forecast increased demand for services. However the budget also includes savings targets totalling £19m. An increase in the use of block contracts and the re tendering for domiciliary care are key factors in determining the proposed increases at this stage. The proposed increases are:
- During 2008 as part of the review of Home Support a major tendering exercise took place. This exercise expanded the capacity of Home Support and set the prices for block and spot purchases for 2009/10. We have one

price for spot purchased Home Support. Further retendering for the remaining block contracts will take place later in 2009.

- For Day Care Services and Service Agreements provided mainly by the Voluntary Sector it is proposed that we pass on the 2% inflation uplift which the department has received. We have a major review of how day services will be provided in the future as a result of the impact of individual budgets. We value the relationship we have with the Voluntary Sector and are in the process of appointing an officer to provide an overview of service agreements and enhance the compact between NCC and the Voluntary Sector.

For residential and nursing home packages we propose a new approach.

- Along with all local authorities we have been encouraged by CSCI to consider developing a purchasing strategy that reflects quality outcomes. In discussion with representatives of NIC it is proposed that for 2009/10 we should pilot increases being based on quality ratings as part of our policy to commission quality services. It is proposed that increases will be 0% for poor rated homes, £4 per week (average 1%) for adequate, £8 per week (average 2%) for good and £12 per week (average 3%) for excellent. It is felt that providers who invest and improve their services should be rewarded with high fee levels. This proposal will be part of further work during 2009/10 to provide incentives for quality services.
- The increases will be based on the published CSCI ratings as at 1 April and will be reviewed annually.
- For care packages costing more than £1,000 per person per week, there will be no automatic increase. As for the last three years, any increases to these packages will need to be based on a review of the client's needs, and agreed changes to the service levels delivered. This will be through increased use of the cost analysis tool.

3.5 Norfolk County Council has a number of clients who have third party top-ups paid for them, either by families and carers or by the County Council. The increases in these top-ups are governed by the Council's contracts, and increases to the top-up therefore needs to be agreed as part of the annual fee setting process. Our aim is to enable care homes to increase their top-ups by a reasonable amount, while keeping the increases to an affordable level. Our recommendation is that increases should not exceed £10 per week or 10% whichever is the lesser. This is in line with last years increase.

## **4 Support**

4.1 Norfolk Adult Social Services has established a Quality unit within the Procurement unit which monitor the quality of services on a day to day basis, complementing CSCI's role, and working with providers to ensure that when services are sub-standard, they reach acceptable standards as quickly as possible.

4.2 CSCI scores are now made public. In recognising quality and rewarding services there is a risk that this might increase the pressure on struggling homes.



As part of the overall fee increases the Quality Unit will have access to a fund to support struggling homes and assist them to improve quality. Guides on use of the fund will be discussed with NIC and will ensure, where appropriate, struggling homes have support from NCC.

## **5 Financial Implications**

- 5.1 The total financial impact of these proposals is £3.9m in 2009/10, £3.1m of which would be covered by the 2% inflationary uplift, the remaining £0.8m would be funded from budget transfer between in-house and Independent Sector domiciliary care.
- 5.2 At present, the proposed fees set out in Appendix 1 exclude any increase to the Registered Nursing Care Contribution (RNCC) paid by the NHS. This contribution is part of the single payment Norfolk County Council makes to nursing homes, to simplify the administration for providers. Increase to the contribution will increase the overall payment to providers. When we are notified of the increase (which may be in time for the Cabinet meeting), the rates at Appendix 1 will be adjusted accordingly.

## **6 Human Resource Implications**

- 6.1 There are no direct human resource implications for Norfolk County Council.

## **7 Equality Impact Assessment**

- 7.1 No direct impact. Service specifications include compliance with relevant legislation and good practice standards.

## **8 Section 17 - Crime and Disorder Act**

- 8.1 Good quality residential and nursing care and domiciliary care services enable people in all client groups to live more independent and fulfilling lives. They are better able to deal with the risks associated with crime and disorder than would be the case if those services were not available. Reasonable fee increases, which enable the sector to be sustained, make a significant contribution to ensuring those services are effective.

## **9 Risk Implications/Assessment**

- 9.1 The main risks associated with this fee increase are:
- Quality and supply of care services – we aim to ensure the fees paid by Norfolk County Council are competitive, and high enough to ensure a sustainable independent and voluntary sector, capable of providing good quality services in the longer term. Although the independent sector has argued for a higher settlement, the proposed increases are as much as we can afford at present, are in line with other authorities proposed increases and underlines the Council's commitment to the sector in the longer term.
  - Payment – each year, we pay fee increases to the independent sector, and the risk of providers not receiving the increase, or receiving it late, is therefore

assessed as low.

- Commissioning intentions – There is a risk that fee increases based on quality scores could add further pressure on struggling homes. This would be mitigated by ensuring support is available to those homes who require it.

## 10 Alternative Options

10.1 There are many combinations of fee increases that would be possible within the money available. The proposals here represent the best balance in the context of price pressures for providers, available resources of the county council and the service transformation programme.

## 11 Conclusion

11.1 The fee increases set out here represent the best possible settlement given the funding Norfolk County Council has available. The proposals also include a clear linkage between a tender process, which allows providers to submit their prices, and the council's requirement to ensure value for money set against quality standards.

## 12 Action Required

12.1 The Panel is invited to discuss and support the proposed fee increases.

### Officer Contact

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## Payment Levels for Single Rooms in Independent Sector Residential and Nursing Care Homes 2009/10

Rates if not a single room:

- £15 less for older people
- £20 less for service users under 65

0 star homes

<b>Residential Care Homes</b>		NCC rates wef 7/4/08	NCC rates wef 6/4/09	% increase <sup>1</sup>
1	Older people – basic dependency	299	299	0.0%
2	Older people – higher dependency	358	358	0.0%
3	Very highly dependant older people with mental health problems	417	417	0.0%
4	Mentally ill	325	325	0.0%
5	Suffering from drug or alcohol dependency	325	325	0.0%
6	Learning difficulties	367	367	0.0%
7	Physically disabled and disablement began under pension age	407	407	0.0%
8	Other (including physically disabled people over pension age)	299	299	0.0%
<b>Nursing Homes</b>				
9	Older people and other (including physically disabled over pension age)	479.80	479.80	0.0%
10	Very highly dependent older people with mental health problems	538.80	538.80	0.0%
11	Mentally ill	464.80	464.80	0.0%
12	Suffering from drug or alcohol dependency	464.80	464.80	0.0%
13	Learning difficulties	468.00	468.00	0.0%
14	Physically disabled and disablement began under pension age	513.80	513.80	0.0%

<sup>1</sup> Based on NCC contribution only.

## Payment Levels for Single Rooms in Independent Sector Residential and Nursing Care Homes 2009/10

Rates if not a single room:

- £15 less for older people
- £20 less for service users under 65

1 star homes

<b>Residential Care Homes</b>		NCC rates wef 7/4/08	NCC rates wef 6/4/09	% increase <sup>2</sup>
1	Older people – basic dependency	299	303	1.3%
2	Older people – higher dependency	358	362	1.1%
3	Very highly dependant older people with mental health problems	417	421	1.0%
4	Mentally ill	325	329	1.2%
5	Suffering from drug or alcohol dependency	325	329	1.2%
6	Learning difficulties	367	371	1.1%
7	Physically disabled and disablement began under pension age	407	411	1.0%
8	Other (including physically disabled people over pension age)	299	303	1.3%
<b>Nursing Homes</b>				
9	Older people and other (including physically disabled over pension age)	479.80	483.80	1.1%
10	Very highly dependent older people with mental health problems	538.80	542.80	0.9%
11	Mentally ill	464.80	468.80	1.1%
12	Suffering from drug or alcohol dependency	464.80	468.80	1.1%
13	Learning difficulties	468.00	472.00	1.1%
14	Physically disabled and disablement began under pension age	513.80	517.80	1.0%

<sup>2</sup> Based on NCC contribution only.

## Payment Levels for Single Rooms in Independent Sector Residential and Nursing Care Homes 2009/10

Rates if not a single room:

- £15 less for older people
- £20 less for service users under 65

2 star homes

<b>Residential Care Homes</b>		NCC rates wef 7/4/08	NCC rates wef 6/4/09	% increase <sup>3</sup>
1	Older people – basic dependency	299	307	2.7%
2	Older people – higher dependency	358	366	2.2%
3	Very highly dependant older people with mental health problems	417	425	1.9%
4	Mentally ill	325	333	2.5%
5	Suffering from drug or alcohol dependency	325	333	2.5%
6	Learning difficulties	367	375	2.2%
7	Physically disabled and disablement began under pension age	407	415	2.0%
8	Other (including physically disabled people over pension age)	299	307	2.7%
<b>Nursing Homes</b>				
9	Older people and other (including physically disabled over pension age)	479.80	487.80	2.1%
10	Very highly dependent older people with mental health problems	538.80	546.80	1.8%
11	Mentally ill	464.80	472.80	2.2%
12	Suffering from drug or alcohol dependency	464.80	472.80	2.2%
13	Learning difficulties	468.00	476.00	2.2%
14	Physically disabled and disablement began under pension age	513.80	521.80	2.0%

<sup>3</sup> Based on NCC contribution only.

## Payment Levels for Single Rooms in Independent Sector Residential and Nursing Care Homes 2009/10

Rates if not a single room:

- £15 less for older people
- £20 less for service users under 65

3 star homes

<b>Residential Care Homes</b>		NCC rates wef 7/4/08	NCC rates wef 6/4/09	% increase <sup>4</sup>
1	Older people – basic dependency	299	311	4.0%
2	Older people – higher dependency	358	370	3.4%
3	Very highly dependant older people with mental health problems	417	429	2.9%
4	Mentally ill	325	337	3.7%
5	Suffering from drug or alcohol dependency	325	337	3.7%
6	Learning difficulties	367	379	3.3%
7	Physically disabled and disablement began under pension age	407	419	2.9%
8	Other (including physically disabled people over pension age)	299	311	4.0%
<b>Nursing Homes</b>				
9	Older people and other (including physically disabled over pension age)	479.80	491.80	3.2%
10	Very highly dependent older people with mental health problems	538.80	550.80	2.8%
11	Mentally ill	464.80	476.80	3.3%
12	Suffering from drug or alcohol dependency	464.80	476.80	3.3%
13	Learning difficulties	468.00	480.00	3.3%
14	Physically disabled and disablement began under pension age	513.80	525.80	2.9%

<sup>4</sup> Based on NCC contribution only.

## **Adult Social Services Performance Report**

Report by the Director of Adult Social Services

### **Summary**

This report provides:

1. Changes to the performance assessment framework of the Commission for Social Care Inspection (CSCI).
2. Performance progress against the key performance indicators for 2008/09.

## **1 Performance Assessment Changes**

### **1.1 The driving forces of the change.**

The Commission for Social Care (CSCI) has published the new Performance Assessment Framework, which will be applied from this reporting year (2008/09).

The most significant policy drivers that have shaped the changes are:

- 'Putting People First' concordat – transformation of adult social care.
- 'Strong and Prosperous Communities' White Paper – local agencies and partnerships.
- 'Carers at the Heart of 21<sup>st</sup> Century Families and Communities' - central government vision of carers over the next ten years.
- 'Comprehensive Area Assessment' (CAA) – replacement of the Comprehensive Performance Assessment (CPA).

### **1.2 The shape of the judgement**

The CSCI performance judgement will still cover the previous outcome areas with the same gradings ('excellent', 'good', 'adequate' and 'poor') and although aggregated to an overall delivery of outcomes judgement, will no longer equate to a star rating. The 'Delivering Outcomes' domains of the assessment framework will still be:

- Improved health and emotional well-being
- Improved quality of life
- Making a positive contribution
- Increased choice & control
- Freedom from discrimination & harassment
- Economic well-being
- Maintaining personal dignity & respect

1.3 The aggregated outcome judgement will inform the Managing Performance element of the Comprehensive Area Assessment (CAA) organisational assessment as well as providing narrative for the CAA area assessment.

1.4 The other domains ('Leadership' and 'Commissioning and Use of Resources') will be ungraded but the narrative judgement will form part of the organisational assessment of the Council as a whole within the CAA.

#### 1.5 **The Self Assessment Survey**

The Self Assessment Survey (SAS) has been significantly changed to evidence the aforementioned judgements. The prescriptive and exhaustive SAS has been widened to allow us to self assess performance by accepting additional narrative to demonstrate the links between performance and the underpinning evidence.

#### 1.6 **The Timeframe**

The timetable for our performance assessment for 2008/09 has been confirmed:

<b>Timetable</b>	<b>Stage</b>
February	Routine Business Meeting (RBM)
April	CSCI brief CAA on Norfolk ASSD
May 14	SAS submission deadline
June-August	Annual Review Meeting (ARM)
July	Final SAS and NIS confirmed
September 3	Performance Notebook records accuracy sign off
September	Quality assurance check of process
September 17	Final Norfolk ASSD assessment to CAA
October	Publication of Norfolk ASSD's assessment

1.7 Adult Social Services Overview and Scrutiny Panel will be kept informed of the CSCI performance assessment.

## **2 Monitoring Performance 2008/09**

2.1 In order to ensure compliance with the business processes, as well as reinforcing a culture of data quality, the reporting is done in its purest sense. There are instances where more 'in depth' investigation would be possible thus increasing performance (e.g. D40 Reviews outturn would be improved when subsequent assessments could be captured as unscheduled reviews).



2.2 The key to the performance rating is as follows:

- ★ On or better than target
- Within 5% of target
- ▼ More than 5% away from target

2.3 Those indicators for 2008/09, that can currently be reported, are:

Indicator		Mid Year			End of Year		
PI	Details	Mid yr target	Mid yr Outturn	Mid yr band	End yr target	End yr estimate	End yr Band
C73	Residential admissions 18<64	1.18	1.14	★	1.4	1.4	★
D40	Reviews of service users	71.3%	66.0%	▼	85%	85%	★
LAA1	Alleged abuse referrals assessed in 24 hrs	93.0%	98.7%	★	93%	98%	★
E&D2	Ethnicity recording at service	97.5%	94.4%	●	97.5%	97.5%	★
NI130	Self directed support	228.9	248.9	★	241	250	★
NI131	Delayed transfers of care	8.0	9.59	▼	8.0	9.50	▼
NI135	Carers supported	14.5%	12.4%	●	14.5%	14%	●
NI136	Supported to live independently	4,134	4,028	●	4,134	4,100	●
NI141	Vulnerable achieving independent living	66%	62.2%	●	66%	64%	●
NI142	Vulnerable supported in independent living	98%	98%	★	98%	98%	★

The actions being taken in response to those PIs above are detailed in section 3.

### 3 Actions Being Taken for 2008/09

3.1 An action plan has been developed and is being monitored by the Performance Board. This plan includes actions for both front line and support services staff with timescales and lead officers identified.

3.2 In addition to the action plan a number of staff development actions are being taken to improve performance and support staff awareness and understanding. These include:

- Manager specific training days have been developed covering performance, processes and CareFirst (18 training days over January, February and March).
- Service specific training has been launched for staff to develop more focused expertise in using CareFirst.
- Factsheets on practice and recording have been published for staff to ensure they are complying with processes, practice recording and quality assurance.

3.3 The following provides a deeper commentary on those indicators identified as under performing (▼).

#### 3.4 **Reviews of service users – D40 ▼**

3.4.1 As reported to Panel in January 2009 we are able to establish that more service users have actually been reviewed, compared to those input into CareFirst.

3.4.2 Community Care and the Integrated Services (Mental Health and the Learning Difficulties Service) have action plans in place with monthly progress being monitored at the Performance Board. Good progress is being made.

3.4.3 The actions currently being undertaken include:

- Established a client-by-client list for the Learning Difficulties Service allows them to identify those requiring a review as well as overdue reviews.
- Caseload lists of people receiving services who have not been reviewed, and are not due to be reviewed, in year are being used by operational teams.
- A reporting tool for the Care Management Support Service has been developed to enable them to caseload manage scheduled review activities more effectively.

#### 3.5 **Delayed transfers of care – NI131 ▼**

3.5.1 This is being monitored daily and we are working closely with the hospitals to minimise delays. In April delays were 10.56 while in January this had been reduced to 9.59. Traditionally the winter months see an increase in delays masking the reduction being achieved. A contributor to this achievement is Norfolk First Support, which has been widened to all age groups and countywide.

## 4 **Resource Implications**

4.1 There are no implications.

## 5 **Equality Impact Assessment (EqIA)**

5.1 There are no implications.

## 6 **Section 17 - Crime and Disorder Act**

6.1 There are no crime and disorder measures within the performance framework. Whilst the performance targets do not have a direct impact on crime, ensuring that vulnerable adults are safe and well supported, helps to contribute to a safer community.

## 7 Risk Implications/Assessment

7.1 Any risks to achieving improvement in performance are identified within the risk register, which sets out what action is required to minimise the risk.

## 8 Conclusion

8.1 The new CSCI Performance Assessment Framework will mean a variety of changes to our approach of evidencing the positive outcomes to the people we serve and the wider community. Adult Social Services Overview and Scrutiny Panel will be kept informed of the process, evidence and performance.

8.2 An action plan is in place to address both the recording and practice performance issues identified.

## 9 Recommendation or Action Required

9.1 Members are asked to note and comment on the contents of this report.

## Officer Contacts

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## **Service Planning Update**

Report by the Director of Adult Social Services

### **Summary**

This paper outlines the proposed service planning framework for Adult Social Services for 2009-12, detailing the elements that will be monitored in the coming year.

## **1 Background**

1.1 In developing service plans for Adult Social Services 2009-12 we have:

- Reviewed the 2008-09 service plans
- Conducted a gap analysis to make sure our plans consider all of our 'drivers' (for example partners' priorities, the way we are inspected, legislation etc.)
- Identified key outcomes for Norfolk citizens and people who use our services
- Revised the main building blocks of our planning framework – our service objectives – to reflect the outcomes, account for priority areas within the Local Area Agreement, and fill any gaps
- Outlined a monitoring framework so that for each objective we can monitor progress against actions, performance targets and risks.

1.2 These will then be developed into a single over-arching plan for Adult Social Services, which in turn will be divided into its component service areas to provide specific service plans for Community Care, The Learning Difficulties Service, Supporting People, the Drug & Alcohol Action Team and Central Services.

1.3 The service plan/s covers the next 3 financial years. The plan will be kept 'live' through regular review and monitoring, including at Overview and Scrutiny Panel, with updates made accordingly. The plan/s will be formally reviewed annually to update the key actions and any changes to the objectives, performance indicators and risks.

## **2 Service Planning Framework 2009-12**

2.1 The service-planning framework is currently being developed. The most important elements of the framework are the service objectives. These explain how we are delivering the Corporate Objectives detailed in the County Council Plan.

2.2 The service planning framework is divided into 'Service delivery' objectives (i.e. what we do) and 'Organisation objectives' (i.e. how we do it, and how we deliver

the plan), and this is detailed in the tables below. The tables headings are:

- **CCP Obj** - The County Council Plan objective that the objective is helping to deliver
- **Proposed objective** - The proposed service or organisation objective
- **Example Actions** – The final service plans will contain many specific actions detailing how we are delivering our service objectives. For the purpose of this report, some of the main ones are highlighted against each of the objectives.
- **Performance indicators** - Those performance indicators that will help monitor progress against the objectives
- **Risks** - The departmental risks that have been identified against each objective

2.3 The following table details the proposed service delivery objectives

CCP Obj	Proposed Objective	Example Actions	Performance Indicators	Risks	
<b>Service delivery objectives / what we do</b>					
2.3.1	CP03	<p><b>Work with partners, including the Norfolk Safeguarding Adults Board and the Crime and Dis-order Reduction Partnership, to reduce incidents of abuse and ensure people are free from neglect.</b></p>	<ul style="list-style-type: none"> <li>• Raise the awareness of safeguarding issues and peoples' rights, published in regular and easy read formats, and available in other languages</li> <li>• Deliver a new safeguarding training package for formal carers</li> </ul>	<ul style="list-style-type: none"> <li>• LAA 6.12 Safeguards against poor treatment of vulnerable adults – Referrals Received for alleged abuse assessment within 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>• RM ASSD CMG Failure to strengthen safeguarding arrangements for the new context of self directed support</li> </ul>
2.3.2	CP05	<p><b>Support people to manage their own care and meet their individual needs through self directed support so that half of all service users access services this way by 2011</b></p>	<ul style="list-style-type: none"> <li>• Extend the use of self-directed support – so that at least 3800 use personal budgets, giving them full control over their own care</li> <li>• Training delivered to staff on how to use self directed support to promote inclusion, providing access to mainstream services and making services culturally appropriate</li> <li>• Work closely with the third sector to promote their understanding of self directed care</li> <li>• Implement a promotion strategy for existing users of services to take up self directed support</li> <li>• Work with the Norfolk Coalition of disabled people to provide training and support and develop 'brokers' for self directed support</li> </ul>	<ul style="list-style-type: none"> <li>• NI130 Social Care Clients receiving Self Directed Support</li> </ul>	<ul style="list-style-type: none"> <li>• RMCP ASSD Failure to meet increased demand for Adult Social Services against available budgets</li> </ul>

	CCP Obj	Proposed Objective	Example Actions	Performance Indicators	Risks
2.3.3	CP05	<b>Work with partners to ensure peoples' accommodation is appropriate to their needs and maximises their independence and security of tenure.</b>	<ul style="list-style-type: none"> <li>• Move all people from sheltered housing into Housing with Care Schemes</li> <li>• Move from purchasing individual beds to block bed contracts for the provision of residential care</li> <li>• Support the Black and Minority Ethnic Housing Project in South Norfolk</li> <li>• All long NHS campus accommodation for people with learning difficulties closed by April 2010</li> <li>• 43 more people with learning difficulties have secure tenancies by March 2010</li> </ul>	<ul style="list-style-type: none"> <li>• NI145 Adults with learning difficulties in settled accommodation</li> <li>• NI149 Mental Health service users in settled accommodation</li> <li>• NI138 Satisfaction of older people with their home and neighbourhood</li> <li>• NI141 Users of Supporting People who have moved on from supported accommodation in a planned way</li> </ul>	<ul style="list-style-type: none"> <li>• RM ASSD CST Inadequate external residential capacity for older people</li> <li>• RM ASSD CMG Quality of internal residential care</li> </ul>
2.3.4	CP05	<b>Provide and develop services and support that improve ser-vice users' and carers' employment opportunities and economic wellbeing, helping them to get and keep jobs.</b>	<ul style="list-style-type: none"> <li>• Support more people with learning difficulties into work, including developing a Support Into Employment Team of advisors, and setting up further social enterprises that employ people with learning difficulties</li> <li>• Establish a new Project Search site to support people with learning difficulties into training/work with the host organisation</li> </ul>	<ul style="list-style-type: none"> <li>• NI146 Adults with learning difficulties in employment</li> <li>• NI150 Mental Health service users in employment</li> <li>• NI 136 People supported to live independently through social services</li> </ul>	<ul style="list-style-type: none"> <li>• RM ASSD LD Failure to fully develop a range of choices for people</li> </ul>
2.3.5	CP05	<b>Ensure day opportunities promote community inclusion and focus on independence, skills development and prevention</b>	<ul style="list-style-type: none"> <li>• Through the Review of Day Opportunities, support people to live independently by providing access to a greater choice of community-focused opportunities as an alternative to traditional day care provision</li> <li>• Work with age concern and other partners to help develop new opportunities – for example Pabulum Cafés – for people with dementia</li> <li>• Implement a new staffing structure for in-hose support and enablement service</li> <li>• Develop a social business model for people with learning difficulties</li> </ul>	<ul style="list-style-type: none"> <li>• NI124 People with a long-term condition supported to be in control of their condition</li> </ul>	-

	CCP Obj	Proposed Objective	Example Actions	Performance Indicators	Risks
2.3.6	CP05	<b>Work with the Norfolk Drug and Alcohol Partnership (N-DAP) to reduce the harmful impacts of drug use and alcohol misuse</b>	<ul style="list-style-type: none"> <li>• Improve the access to treatment services to problematic drug users who have never received treatment</li> <li>• Expand specialist (Tier 2) treatments available in the west of Norfolk</li> <li>• Increase the availability of structured day programmes for people in treatment for drug use and alcohol misuse</li> <li>• Support Wayland and Norwich prisons to develop and deliver an Integrated Drug Treatment System for prisoners</li> </ul>	<ul style="list-style-type: none"> <li>• NI 38 Drug-related (Class A) offending rate</li> <li>• NI 39 Alcohol-harm related hospital admission rates</li> <li>• NI 40 Drug users in effective treatment</li> <li>• NI 41 Perceptions of drunk or rowdy behaviour as a problem</li> <li>• NI 42 Perceptions of drug use or drug dealing as a problem</li> </ul>	-
2.3.7	CP05	<b>Implement the changes to home care to develop a reablement service that improves the independence of vulnerable adults</b>	<ul style="list-style-type: none"> <li>• Review the provision of community meals across the county, to provide a wider range of meals to people who need them</li> <li>• Community meals services provide culturally appropriate meal options</li> <li>• Learning Difficulties Support and Enablement List of Approved Providers completed</li> </ul>	<ul style="list-style-type: none"> <li>• NI124 People with a long term condition supported to be independent and in control of their condition</li> <li>• NI125 Intermediate care services</li> <li>• NI136 People supported to live independently through social services</li> <li>• NI142 Number of vulnerable people who are supported to maintain independent living</li> <li>• C28 Intensive homecare</li> <li>• D54 Equipment delivery within 7 days</li> </ul>	<ul style="list-style-type: none"> <li>• RMCP ASSD CST Inability to secure sufficient home care capacity in the independent and third sector to enable the implementation of the new Model of Home Care</li> </ul>



2.3.8

CCP Obj	Proposed Objective	Example Actions	Performance Indicators	Risks
CP05	<p><b>Increase the range and number of services for carers to support them in their role and ensure their own wellbeing</b></p>	<ul style="list-style-type: none"> <li>• Promote the use of personal budgets by carers so that they can choose their own respite arrangements</li> <li>• Support the establishment of the Carer's Council, to represent carers in decision making, including the appointment of a supporting officer (Carer's Coordinator)</li> <li>• Begin the Mutual Caring pilot project, appointing a project worker, identifying families to take part and producing mutual caring plans</li> <li>• Develop the Carers Commissioning Strategy</li> <li>• Review respite care arrangements for people with Learning Difficulties currently using health service in-patient respite care</li> </ul>	<ul style="list-style-type: none"> <li>• NI135 Carer's services</li> </ul>	<ul style="list-style-type: none"> <li>• RM ASSD LD Failure to address increased anxiety among family carers and people with learning difficulties about changes to residential care</li> </ul>

2.3.9

CCP Obj	Proposed Objective	Example Actions	Performance Indicators	Risks
CP05	<p><b>Further develop and improve access to a range of preventa-tive services with our partners to improve adult health, well-being and independence</b></p>	<ul style="list-style-type: none"> <li>• Fund Teleshopping, Swifts and Nightowls services beyond the current national ring-fenced funding</li> <li>• Increase intergenerational work, bringing young and older people together to help those with dementia, continuing our work with the Local Government Information Unit to develop good practice in this area.</li> <li>• Develop Norfolk Home Shield, an interagency referral service for preventative services</li> <li>• Implement the Assessment and Care Management – Prevention project so that 150 people with learning difficulties, 150 carers and 65 staff are trained</li> <li>• Support the uptake of Health Books and Health Action Plans for people with learning difficulties, with GP surgeries and acute hospital staff trained in the use of Health Books</li> <li>• Train 200 parents and paid carers to improve the postural care for people with learning difficulties, to help them maintain mobility, flexibility and comfort for as long as possible</li> <li>• Develop the pilot Norfolk Asperger Service for people with Asperger Syndrome</li> </ul>	<ul style="list-style-type: none"> <li>• NI139 Perception of people over 65 who receive the information, assistance and support needed to live independently</li> <li>• NI119 Self reported measure of overall health and well-being</li> <li>• NI137 Healthy life expectancy at age 65</li> <li>• NI134 The number of emergency bed days per head of weighted population</li> <li>• C72 Admissions to permanent residential/nursing care (aged 65+)</li> <li>• C73 Admissions to permanent residential/nursing care (18-64)</li> </ul>	<ul style="list-style-type: none"> <li>• RMCP ASSD Failure to invest in early intervention and prevention</li> </ul>
CP08	<p><b>Make sure all services are inclusive and accessible to all communities, and ensure that all service users are free from discrimination and harassment</b></p>	<ul style="list-style-type: none"> <li>• Deliver training and support packages for gypsies and travellers to help them access self directed support</li> <li>• The equality impact assessment process is fully embedded within commissioning, planning, procurement and service delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Service user assessments with valid ethnicity recorded</li> <li>• Carer's assessments with valid ethnicity recorded</li> </ul>	<ul style="list-style-type: none"> <li>• RM ASSD CST Impact of Care First on reporting of performance</li> </ul>

2.3.10

	<b>CCP Obj</b>	<b>Proposed Objective</b>	<b>Example Actions</b>	<b>Performance Indicators</b>	<b>Risks</b>
2.3.11	CP02	<b>Provide safe, reliable, accessible and affordable transport (Shared objective with the Passenger Transport Group in Planning &amp; Transportation)</b>	<ul style="list-style-type: none"> <li>• Work with the Passenger Transport Group within P&amp;T as part of the day opportunities review, to analyse transport implications, and implement different transport where required</li> </ul>	-	-
2.3.12	CP06	<b>Increase participation in sport, physical activity and cultural activities to contribute to the wellbeing of Norfolk's residents (Shared objective with Cultural Services)</b>	<ul style="list-style-type: none"> <li>• Work with the Library Service and other parts of Cultural Services to help deliver a programme of activities for older people including developing the carer's café offer, the "Surf's Up" programme and participating in Gressenhall days aimed at older people to improve quality of life.</li> <li>• As part of the Day Opportunities Review, work with the Library Service to identify how we can improve the Library Service offer to older people.</li> </ul>	-	-

2.4 The following table details the proposed organisation objectives

CCP Obj	Proposed Objective	Actions and Milestones	Performance Indicators	Risks
<b>Organisation objectives / how we do it</b>				
2.4.1 CPOOA	<b>Plan and commission services based on a full and up to date understanding of the needs of Norfolk's people, and fully involve service users in the design and review of services.</b>	<ul style="list-style-type: none"> <li>• Identify those excluded from current services and take action to reduce these numbers</li> <li>• Implement Supporting People Service User Strategy, including the appointment of Service User Involvement Officers</li> <li>• Help complete the palliative care needs assessment as part of the Marie Curie Delivering Choice Programme</li> </ul>	-	
2.4.2 CPOOA	<b>To make sure all actual and potential service users can find all of the information they need about which services are available and how to access them easily</b>	<ul style="list-style-type: none"> <li>• Create a universal information system linking all community and partners' information in one area</li> <li>• Through the enhanced Access Service Increase the range of ways people and communities can access advice, guidance and preventative services to help them make the right choices about their own health and well-being</li> <li>• Develop a provider web site to help people see what services are available</li> <li>• Develop an online equipment catalogue so people can easily see what equipment and adaptations are available to them</li> </ul>	<ul style="list-style-type: none"> <li>• NI14 Reducing avoidable contact</li> <li>• LAA 7.8 Advice and advocacy</li> </ul>	

2.4.3

CCP Obj	Proposed Objective	Actions and Milestones	Performance Indicators	Risks
CPOOA	<b>Maximise the benefits of care management systems and other care management improvements to ensure all cases meet the required quality standards and timescales</b>	<ul style="list-style-type: none"> <li>Implement the new operating model for starting the care management process through the enhanced Access Service</li> </ul>	<ul style="list-style-type: none"> <li>NI135 Carers receiving a needs assessment or review and a specific carer's service or advice and information</li> <li>NI127 Self reported experience of social care users</li> <li>NI132 Timeliness of social care assessment</li> <li>NI133 Timeliness of social care packages</li> <li>D40 Service users reviewed in year</li> <li>PM Reviews completed within 7 days of due date</li> </ul>	<ul style="list-style-type: none"> <li>RM ASSD CST Impact of Care First on Reporting of Performance</li> <li>RM ASSD CST Failure to determine implementation approach for MSC</li> </ul>
2.4.4 CPOOA	<b>Deliver services in a way that promotes self-confidence and maintains the highest level of dignity and respect for service users</b>	<ul style="list-style-type: none"> <li>Work in partnership with NHS Norfolk and NHS Great Yarmouth in helping deliver the Marie Curie Delivering Choice Programme to allow more people to receive palliative care at home</li> </ul>	<ul style="list-style-type: none"> <li>NI128 Self reported measure of respect and dignity</li> </ul>	
CPOOA	<b>Deliver seamless, integrated care between adult social care services and health services</b>	<ul style="list-style-type: none"> <li>Establish 6 integrated care pilot projects, in which GPs, Adult Social Care staff, and Community Health staff will work as 'virtual teams', throughout the County</li> </ul>	<ul style="list-style-type: none"> <li>NI132 Timeliness of social care assessment</li> <li>NI133 Timeliness of social care packages</li> <li>NI131 Delayed transfers of care</li> </ul>	

	CCP Obj	Proposed Objective	Actions and Milestones	Performance Indicators	Risks
2.4.5	CPOOB	<b>Establish a model of joint commissioning and planning with partners to tackle health inequalities and support independent living</b>	<ul style="list-style-type: none"> <li>• Support the developing Adult Partnership Board to oversee the governance of joint commissioning arrangements between health and social care, Section 75 agreements and the pooling of any funds</li> <li>• Improve the commissioning process for interventions and treatments for drug use and alcohol misuse – focusing on better referral services between partners and providers, and more effective and equitable provision</li> </ul>	<ul style="list-style-type: none"> <li>• NI125 Intermediate care services</li> </ul>	<ul style="list-style-type: none"> <li>• RMCP ASSD Failure to reduce delayed transfers of care</li> </ul>
2.4.6	CPOOB	<b>Work in partnership with the provider sector to ensure the availability and quality of purchased care services</b>	<ul style="list-style-type: none"> <li>• Implement new annual contract monitoring system for all providers for Supporting People services to better support poorly performance providers and promote better outcomes for service users</li> <li>• Develop outcome based commissioning and contracting with Supporting People service providers</li> <li>• Implement revised Quality Assurance Framework and contract monitoring regime for Supporting People services</li> <li>• Work with the independent sector to adjust to the demands of personal budgets and the market shift that will result from their uptake</li> <li>• Develop a provider web site to help people see what services are available</li> <li>• Support providers to manage the transition to personal budgets to ensure the provider market remains stable and offers choice</li> </ul>	<ul style="list-style-type: none"> <li>• NI136 People supported to live independently through social services</li> <li>• NI7 Environment for a thriving third sector</li> </ul>	<ul style="list-style-type: none"> <li>• RM ASSD CST External contract Monitoring</li> </ul>

	CCP Obj	Proposed Objective	Actions and Milestones	Performance Indicators	Risks
2.4.7	CPOOB	<b>Sustainably manage expenditure and capacity to ensure we can meet demand for social services</b>	<ul style="list-style-type: none"> <li>• Implement Priority Based Planning approach budget allocation in the Learning Difficulties Service</li> <li>• Manage the transformation programme to deliver identified savings</li> <li>• Manage demand and resources by ensuring people meet the correct criteria for services and scrutinising the cost effectiveness of care packages</li> </ul>	-	<ul style="list-style-type: none"> <li>• RMCP ASSD Failure to meet increased demand for Adult Social Services against available budgets</li> </ul>
2.4.8	CPOOC	<b>Ensure Norfolk County Council is a good employer</b>	<ul style="list-style-type: none"> <li>• Improve Access to Work for managers and staff</li> <li>• Continue to implement a flu vaccination program for frontline staff</li> </ul>	<ul style="list-style-type: none"> <li>• Sickness absence</li> <li>• Number of staff with over 20 days sickness absence</li> <li>• Staff turnover</li> <li>• % Staff with a disability</li> <li>• % Staff from BME communities</li> </ul>	<ul style="list-style-type: none"> <li>• RM ASSD HR&amp;OD Staff Stress Exposure</li> <li>• RM ASSD HR&amp;OD Staff exposed to violence from clients</li> <li>• RM ASSD HR&amp;OD Staff working alone in dangerous areas/situations</li> </ul>
2.4.9	CPOOC	<b>Be a learning organisation so that we continuously improve service delivery</b>	<ul style="list-style-type: none"> <li>• Training delivered to staff on how to use self directed support to promote inclusion, providing access to mainstream services and making services culturally appropriate</li> <li>• Conduct staff personalisation workshops to raise awareness and understanding</li> </ul>	-	-

### **3 Next steps**

3.1 The service planning framework will continue to be developed, taking into account any comments from Overview & Scrutiny Panel. Once the objectives, actions, performance indicators and risks have been finalised, we will:

- Write the plan into the agreed consistent corporate format
- Publish the service plans as the basis for future team plans and appraisals, by the 31<sup>st</sup> March
- Report progress to Overview and Scrutiny Panel at quarterly intervals

### **4 Conclusion**

4.1 This is the second year of producing consistent service plans within the agreed corporate framework. The approach proposed will provide a framework for team planning and staff appraisals, and for regular reporting to this Overview & Scrutiny Panel.

### **5 Resource Implications**

5.1 This paper follows on from previous Financial and Service Planning reports to Overview and Scrutiny Panel, setting out in more detail how priorities translate into actions, and performance and risk management. In monitoring the service plans throughout the year we will integrate key elements of financial monitoring.

### **6 Equality Impact Assessment**

6.1 Paragraph/row 2.1.10 highlights the specific actions and monitoring details for the work we are doing to ensure services are inclusive and accessible to all communities. This is also a theme running throughout the other objectives, and in completing the plans a Single Impact Assessment, and where needed a full Equalities Impact Assessment, will be completed in line with corporate guidance.

### **7 Section 17 - Crime and Disorder Act**

7.1 Paragraph 2.1.1 looks at the work we are doing to safeguard people who use services and carers.

7.2 Paragraph 2.1.6 looks at the contribution the Drug & Alcohol Action Team are making to reducing drug and alcohol related offending.

### **8 Risk Implications/Assessment**

8.1 The tables in 2.1 and 2.2 fully consider the risk implications of the proposed objectives.

### **9 Alternative Options**

9.1 There are no alternative options to the proposed approach.



## 10 Action Required

10.1 Panel Members are asked to:

- Review and comment upon the proposed service objectives
- Review and comment upon the actions, performance indicators and risks proposed against each objective
- Agree to the proposed framework providing a basis for regular quarterly service plan monitoring to the panel.

### 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 Lesley Spicer, Tel: 01603 638129, Minicom: 01603 223242, and we will do our best to help.**

## **Norfolk Local Involvement Network Report of the Head of Democratic Services**

The Panel is asked to support a protocol for referrals to the Council's scrutiny structure from Norfolk Local Involvement Network.

### **1. Background**

- 1.1 Public Patient Involvement Forums (PPIF) legally ceased to exist from 31 March 2008. Some of the PPIF Members who had previously worked with Norfolk Health Overview and Scrutiny Committee (NHOSC) went on to serve on a Norfolk Local Involvement Network (LINK) Interim Core Group in the period between 1 April and 1 October 2008 and are now Members of the new LINK established in October 2008. This has ensured that the good working relationship established between NHOSC and PPIF has continued with the LINK.
- 1.2 LINK has established a good joint working relationship with NHOSC and they have worked together on several subjects in the past year. LINK is a way for the Council to be given the opportunity of hearing a patient perspective on health and social care issues.

### **2. Protocol for referrals to scrutiny from Norfolk LINK**

- 2.1 Under the Local Government and Public Involvement in Health Act 2007 LINK can refer a matter relating to health and social care services to the appropriate scrutiny committee of a local authority. In Norfolk County Council's case this could be to Adult Social Services Overview and Scrutiny Panel, NHOSC or Children's Services Overview and Scrutiny Panel depending on the subject.
- 2.2 A protocol has been drafted by your officers in conjunction with LINK for the referral process (Appendix A). This which will be presented to Children's Services/Adult Social Services Overview and Scrutiny Panels and the Norfolk Health Overview and Scrutiny Panels during the current cycle.

### **3. Resource Implications**

- 3.1 There are no resource implications arising from this report.

### **4. Equality Impact Assessment**

- 4.1 This report it is not making proposals that will have a direct impact on equality

of access or outcomes for diverse groups.

**5. Section 17 – Crime and Disorder Act**

There are no direct implications.

**6. Action Required**

The Overview and Scrutiny Panel is asked to support the protocol attached at Appendix A.



If you need this report in large print, audio, Braille, alternative format or in a different language please contact Chris Walton on 01603 222620 or Textphone 0844 8008011 and we will do our best to help.

**INVOLVING THE NORFOLK LINK IN THE COUNCIL'S DECISION MAKING PROCESSES**

1. Under the Local Government and Public Involvement in Health Act 2007 a local involvement network (LINK) can refer a matter relating to health and social care services to the appropriate scrutiny committee of a local authority. At Norfolk County Council this would be:
  - Adult Social Services Overview and Scrutiny Panel (adult social care issues)
  - Norfolk Health Overview and Scrutiny Committee (HOSC) (issues relating to health and social care services jointly funded by the NHS and the County Council)
  - Children's Services Overview and Scrutiny Panel (children's health issues)
2. The committee must—
  - a) acknowledge receipt of the referral within 20 working days; and
  - b) keep the referrer informed of the committee's actions in relation to the matter.
  - c) take into account any relevant information provided by the LINK.
  - d) decide whether or not the referral is within its terms of reference and can add value through scrutiny.
3. The LINK has a well established relationship with the HOSC, but we do not yet have a protocol for referring issues to the Committee or the other two Panels. The following protocols are intended to outline, in clear terms, the relationship between the County Council's scrutiny arrangements and the Norfolk LINK.
4. This protocol will be subject to approval by Adult Social Services Overview and Scrutiny Panel, the Children's Services Overview and Scrutiny Panel. And the Norfolk Health Overview and Scrutiny Committee and the Norfolk LINK Strategy Group.

**Protocol for Referrals to Scrutiny from Norfolk LINK**

5. Referrals to the County Council's Adult Social Services Overview and Scrutiny Panel, Health Overview and Scrutiny Committee and the Children's Services Overview and Scrutiny Panel should:
  - a) Only come from the Norfolk LINK Strategy Group
  - b) Be directed to the appropriate Scrutiny Support Officer/Manager
  - c) Be in writing but may be in electronic form.

- d) Raise matters of great concern to the LINK membership following unsuccessful attempts to achieve local resolution with the appropriate health and social care commissioners and providers.
  - e) Raise matters which the LINK membership wish to raise as good practice.
6. Where a LINK makes a referral for scrutiny, arrangements will be made for an appropriate Panel/Committee to consider potential scrutiny and could decide that:
- a) It does not wish to scrutinise the issue, or
  - b) It does wish to scrutinise it and does so at the meeting, or
  - c) It does wish to scrutinise the issue, and adds it to the forward work programme and agrees a date for the scrutiny.
7. If the Panel/Committee does agree that scrutiny is appropriate and the issue is within its terms of reference, it may wish to identify specific questions for the scrutiny to address.
8. The Chairman of the relevant Scrutiny Panel/Committee will provide a response to the Chairman of the LINK Strategy Group regarding the Panel/Committee's consideration of the referral.
9. In order to provide opportunities for regular exchange of information between the two organisations, informal meetings will be held between the appropriate scrutiny chairmen and the LINK Strategy Group Chairman on a regular basis. A key objective of these meetings will be to enable any issues arising to be discussed at an early stage (this will not prohibit the LINK from contacting the Council with urgent concerns, either by telephone or email).
10. There should be a clear separation of the roles of the two organisations;
- a) LINK's members will be encouraged to consider Scrutiny Panel/Committee's Forward Work Programmes and identify which items, if any, they wish to:
    - I. assist with the scoping, and
    - II. give views on how a policy or strategy is working, or what impact decisions are having.
    - III. Identify issues into which they would wish to have an input. This will normally be by providing a written representation for inclusion in the officer report presented to the Panel/Committee. The Scrutiny Panel/Committee may, if it feels it will be conducive to its work, appoint a member of the LINK to a working group which it has instigated to investigate a specific issue.
  - b) By invitation of the LINK Strategy Group, a Scrutiny Support Officer/Manager may attend a LINK Strategy Group meeting where an item on the Strategy Group agenda relates specifically to an issue on which scrutiny officer input is necessary and will help to inform debate.
  - c) The appropriate Scrutiny Support Officer/ Manager will receive a copy of the LINK Strategy Group's agenda papers and minutes for each meeting and these will be made available on the Council's website.

- d) Copies of the County Council's Health Overview and Scrutiny Committee, Adult Social Services Overview and Scrutiny Panel and the Children's Services Overview and Scrutiny Panel agendas will be made available to the LINK. Members or representatives of the LINK will be welcome to attend public sessions of these committees. Requests to address the committee should be made in advance to, and will be at the discretion of the Chairman.
- e) The LINK may wish to nominate an individual to be the liaison with each scrutiny committee/panel.

Chris Walton  
Head of Democratic Services  
Norfolk County Council  
February 2009