



# Community Services Overview and Scrutiny Panel

Date: **Tuesday 4 March 2014**

Time: **10 am**

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

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

## **Membership**

Ms J Brociek-Coulton  
Mr B Bremner  
Ms E Corlett  
Mr D Crawford  
Mr A Grey  
Mrs S Gurney  
Mr B Hannah  
Mr H Humphrey  
Mr J Law

Mr J Mooney  
Mrs E Morgan  
Mr W Northam  
Mr W Richmond  
Mr E Seward  
Mr M Smith  
Mrs M Somerville  
Mrs A Thomas

## **Non Voting Cabinet Member for Adult Social Services**

Ms S Whitaker

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

Mrs M Wilkinson

## **Non Voting Cabinet Member for Public Protection**

Mr D Roper

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

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

**For Public Questions and Local Member Questions please contact:**  
Committees Team on [committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk) or telephone 01603 222948.

# Agenda

## 1 To Receive Apologies and Details of any Substitute Members Attending

## 2 Minutes

To confirm the minutes of the Community Services Overview and Scrutiny Panel held on 7 January 2014

PAGE 5

## 3 Members to Declare Any Interests

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

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

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

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

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

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

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

## 5 Public Question Time

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

Please note that all questions must be received by the Committee Team ([committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk) or 01603

222948) by **5pm on Thursday, 27 February 2014**. For guidance on submitting public questions, please view the Council Constitution, Appendix 10.

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

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

Please note that all questions must be received by the Committee Team ([committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk) or 01603 222948) by **5pm on Thursday 27 February 2014**.

<b>7</b>	<b>Cabinet Member Feedback</b>		<b>PAGE 17</b>
<b>8</b>	<b>Adult Education Service Performance Academic Year August 2012 to July 2013</b>	<b>Jennifer Holland/Harold Bodmer</b>	<b>PAGE 18</b>
<b>9</b>	<b>Review of the Adult Education Service</b>	<b>Jennifer Holland/Harold Bodmer</b>	<b>PAGE 37</b>
<b>10</b>	<b>'Making it Real' – Enabling Personalisation in Norfolk</b>	<b>Catherine Underwood/John Everson</b>	<b>PAGE 47</b>
<b>11</b>	<b>Living Well in the Community Fund</b>	<b>Catherine Underwood/Sera Hall</b>	<b>PAGE 71</b>
<b>12</b>	<b>Community Services Performance Monitoring Report for 2013-14</b>	<b>Colin Sewell</b>	<b>PAGE 77</b>
<b>13</b>	<b>Community Services Finance Monitoring Report for 2013-14</b>	<b>Mike Forrester</b>	<b>PAGE 145</b>
<b>14</b>	<b>Section 75 Agreement for a Joint Integrated Management Structure between Norfolk County Council and Norfolk Community Health and Care Trust</b>	<b>Debbie Olley</b>	<b>PAGE 156</b>
<b>15</b>	<b>Forward Work Programme: Scrutiny</b>	<b>Jill Perkins</b>	<b>PAGE 164</b>

### Group Meetings

<b>Conservative</b>	<b>9:00 am</b>	<b>Colman Room</b>
<b>UKIP</b>	<b>9:00 am</b>	<b>Room 504</b>
<b>Labour</b>	<b>9:00 am</b>	<b>Room 513</b>
<b>Liberal Democrats</b>	<b>9:00 am</b>	<b>Room 530</b>

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

Date Agenda Published: 24 February 2014



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

## **Community Services Overview and Scrutiny Panel**

### **Minutes of the Meeting**

**Date: Tuesday 7 January 2014**

**Time: 10 am**

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

#### **Present:**

Mr B Bremner  
Ms E Corlett  
Mr D Crawford  
Mrs S Gurney (Chairman)  
Mr B Hannah  
Mr H Humphrey

Mr J Mooney  
Mr W Richmond  
Mr E Seward  
Mr M Smith  
Mrs M Somerville

#### **Substitute Members Present:**

Mr A Dearnley for Mrs E Morgan  
Mr T Garrod for Mr W Northam  
Mr R Smith for Mrs A Thomas  
Mr J Ward for Mr J Law

#### **Also Present:**

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

#### **Officers/Others Present:**

Harold Bodmer, Director of Community Services  
Janice Dane, Interim Assistant Director Prevention and Transformation, Community Services (Adult Social Care)  
Jeremy Bone, Senior Planning Performance and Partnerships Officer, Resources  
Ann Baker, Vice-Chairman of the Norfolk Strategic Board for Older People  
Jill Perkins, Business Support Manager, Community Services (Adult Social Care)  
Jennifer Holland, Assistant Director of Community Services, Head of Libraries and Information  
Richard Pendlebury, ICES Business manager, Community Services (Adult Social Care)  
Peter Timmins, Interim Head of Finance  
Debbie Olley, Assistant Director of Community Services, Safeguarding (Adult Social Care)  
Mike Forrester Community Services, Interim Finance Business Partner, Community Services (Adult Social Care)

Lorna Bright, Community Services  
Karen O'Hara Community Services  
Catherine Underwood, Director of Integrated Commissioning, Community Services  
John Perrott, Business Support Manager, Community Services (Adult Social Care)  
Maureen Orr, Scrutiny Support, Resources  
Stephen Andreassen, Strategic Risk Manager, Resources  
Anne Gibson Chief Executive (Acting)  
Colin Sewell, Planning, Performance and Partnerships Manager, Resources  
Jo Maule, Resources  
Richard Bearman, County Councillor  
Dr Marie Strong, County Councillor

## **1 Apologies**

Apologies for absence were received from Ms J.Brociek-Coulton, Mr A Grey, Mr J Law, Mrs E Morgan, Mr W Northam, Mrs A Thomas and Mr J Law.

## **2 Minutes**

The minutes of the previous meeting held on 5 November 2013 were confirmed by the Panel and signed by the Chairman.

## **3 Declarations of Interest**

Mr E Seward declared an "Other Interest" in that his daughter was employer by an organisation entitled "About with Friends" at Cromer.

## **4 Urgent Business**

There were no items of urgent business.

## **5 Public Question Time**

Mr James Kearns asked:

"Norfolk County Council has invested over £1m into the BUILD Charity over the last 12 years to actively encourage and develop community based social, leisure and learning activities for adults with disabilities.

Given this recommended action, what is the change from the current position, how will this make the required NCC savings, and will this new guidance be easily available to assist people who use the services, and those that provide them, to establish whether an activity is regarded as "well-being" or not?"

With the approval of the Chairman the following answer was presented by the Director of Community Services:

"Please note that these are budget proposals only at this stage. The final decision on the budget will be made by the full County Council on 17th February. If the proposal is accepted the change from the current position in the personal budget calculation will give less weighting to questions on 'being part of your community' in the personal budget questionnaire. This will result in reduced personal budgets for a number of people with a

consequent saving to the purchase of care budget. Details of the proposal following public consultation can be found on page 44 of the agenda papers for this meeting.

We will reissue the current guidance on personal budgets and this will be available to people who use services and those who provide services.”

Mr James Kearns then asked the following supplementary question:

“What guidance will be made available to those members of the public who require a varied support plan to meet their needs?”

With the approval of the Chairman, the following answer was provided by the Director of Community Services:

“If the budget proposals for adult social services are accepted by the full Council then the guidance on personal budgets will be reissued to all those who receive a support plan and applied consistently across the Department.”

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

There were no local Member issues or local Member questions.

## **7 Cabinet Member Feedback**

The annexed report (7) by the Cabinet Member for Community Services was received.

The Cabinet Member for Public Protection thanked all the staff and volunteers who had dealt with flooding caused by recent storm and tidal surges over the Christmas period, in many cases working all hours of the day to ensure that communities received help. He also said that a local agreement had been reached with the Fire Brigades Union regarding dealing with emergencies during the current period of industrial action, and that this had been invoked on two occasions where lives were in danger. The Cabinet Member continued that there had been several periods of industrial action since the last meeting. As on previous occasions cover of approximately 50% had been maintained. The Cabinet Member added that he had attended the first meeting of the new Rehabilitation Board which had been organised by the Police and Crime Commissioner.

The Cabinet Member for Adult Social Care thanked all the County Council’s emergency staff who had worked over the Christmas period, during which 115 calls for help had been received and all but twelve of the calls had involved adult social services. She said that the three acute hospitals in Norfolk were very busy and that adult social services were moving towards seven day a week working in order to carry out assessments where necessary to help to prevent bed blocking. The Cabinet Member said that she had recently attended a Norfolk Independent Care conference which had been very successful and that in February the first Norfolk Independent Care awards would be held, which had been partly sponsored by the County Council. She added that she had recently attended the “topping out” ceremony for a new care home in Gorleston. In addition, she said that a planning application had been submitted for new housing with care homes in Bowthorpe.

In reply to a Member question, it was pointed out that officers were continuing to work behind the scenes to strengthen attempts to secure European funding for key core services from 2015/16 onwards and that details about what could be done would be shared with

Panel Members when the position became clearer.

The Cabinet Member for Communities reported on the continued success of the Norfolk and Norwich Millennium Library which remained for the 7<sup>th</sup> year running the UK's most popular and most visited library in the United Kingdom. In addition she said that libraries elsewhere in Norfolk had reported higher issue figures than other county council library services. The Cabinet Member announced that the Customer Service Centre had undergone a quality of service assessment and had been awarded the Cabinet Office Centre of Excellence for Customer Service Standards, which was a commendable achievement. Finally she reported that attendance at Norfolk's museums had increased by 7%.

The Chairman placed on record the Panel's thanks to all those staff and volunteers who had dealt with emergencies that had occurred over the Christmas period.

## **8 Community Services Finance Monitoring Report for 2013/14**

The annexed report (8) by the Director of Community Services was received.

The Panel received a report that showed that at the end of October 2013 (period seven) the overall Departmental forecast revenue outturn position for 2013-14 was a balanced budget for Adult Social Care, Community Safety and Cultural Services.

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

- There had been a significant change between period seven and period eight forecast spend for 2013-14: the Department was now contributing £1.3m one off funding to the reserve as part of the contingency planning for the residual waste treatment contract.
- It was pointed out that funds held within the sub-budget heading for Director, Finance and Transformation are being used to balance the Department's overall budget. The funding allocated to this heading was subject to periodic fluctuations because it held short term reserves, including Additional NHS Funding for Adult Social Care, before they were allocated elsewhere in the budget.
- The learning difficulties reform grant mentioned at paragraph 2.7 was specific to Adult Social Services.
- The forecast spend in respect of the budget heading for aids and adaptations/ Integrated Community Equipment Service was showing signs of improvement. Steps were being taken to put in additional controls around authorisation and to make savings. Recycling of equipment was good and a key part of the contract, with targets and incentives for the supplier to reuse equipment.
- It was noted that the Skills Funding Agency could adjust its allocation to the Adult Education Service in a year where targets were not met, as occurred in 2012-13. While the service could never be sure there would not be reductions in funding, it was not expected that there would be further in year reductions in 2013/14 as recruitment to courses had been good in the autumn term and it was expected the current year performance would be on target.

### **Resolved-**

That the report be noted.

## 9 Putting People First – Service and Budget Planning 2014/17

The annexed report (9) by the Director of Community Services (which was part of the main and supplementary agendas) was received.

The Panel received a report that set out the latest information on the Government's Local Government Finance Settlement and specific information on the financial and planning context for Community Services for the next three years. The report also set out any changes to the budget planning proposals for Community Services and the proposed cash limit revenue budget for the service based on all current proposals and identified pressures and the proposed capital programme.

It was pointed out in the meeting that assumptions had been made in relation to the financial settlement, but until a final grant and the outcome of the planning enquiry into the residual waste treatment contract were received, two planning scenarios had been made. If planning permission for the site was denied then the County Council would be faced with additional costs.

The Cabinet Members for Adult Social Care, and Cultural Services presented the findings from the Norfolk: Putting People First budget consultation and the outcome of the Equality Impact Assessments.

The Cabinet Member for Adult Social Care confirmed that if planning permission regarding the Waste Incinerator was granted and some leeway could be found within the budget there were areas in the Putting People First consultation such as refocusing personal budgets which the Cabinet might like to reconsider.

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

- It was proposed that the smallest reductions in Council expenditure would involve personal services for adults and children.
- It was also proposed that the eligibility criteria for adult social services would remain unchanged.
- During the previous round of budget reductions the Purchase of Care budget, from which personal budgets are paid, had been protected and slightly more money was spent on this budget heading due to funding of demographic growth. This could, however, no longer remain the case because of the level of funding reduction that the Department was being asked to identify. The Department had taken legal advice on what was proposed and this had confirmed the County Council could reduce funding for non-core social care activities.
- The Director of Community Services said that he had written to all service users alerting them to the specific budgetary proposals for Community Services as part of the Consultation.
- It was important that the needs of carers as well as of service users should continue to be addressed.
- In order to achieve the proposed reduction in transport for Adult Social Services there would need to be more careful checks made on if a person had a disability vehicle or required a mobility component in their DLA.
- There was considered to be a substantial risk as to whether all the savings for the Department were achievable.
- The Member Champion for Mental Health said that she was concerned about how the reduction in personal budgets would impact on those with mental health needs,

some of the most vulnerable people in society, and in particular on plans for the integration of mental health services that was essential in order to achieve seamless, efficient services that best met the needs of these individuals.

- Members expressed some concern about the impact that budget reductions would have on the Strong and Well initiative that was due to be delivered through voluntary and community sector organisations across the county in the coming years.
- Members of the Panel and the Cabinet Member for Adult Social Care spoke about how it was important that the budget savings that Adult Social Services had to identify were not viewed by the NHS as “cost shunting” between the two organisations.
- It was pointed out that Additional NHS Health funding for Adult Social Care and the Better Care funding would continue to be used to promote further effective integration of community health and social care. It was said that this money needed to continue to be focused on the key challenges for both Adult Social Services and for the NHS of preventing hospital admissions (and re-admissions) and for facilitating hospital discharge, and preventing substantial long-term social care packages and care home placements and for the Department to maintain and improve what it did for individuals at a time of severe financial pressures.
- The budgetary pressures that arose from demographic changes while remaining substantial were considered by the Director of Community Services to be less than had previously been predicted and had been reduced according to the proposed budget plan. Members said that where money was available for demographic growth it needed to be directed at those individuals in the most need rather than allocated on purely age related grounds.
- It was considered important for the Department to strengthen its attempts to obtain new sources of funding (such as European funding) for key core services and for Members to be kept up to date on any proposals for joint working with Suffolk County Council, and for further integration with the NHS, such as for the integration of senior management posts.
- It was suggested that Children’s Services should be encouraged to make greater use of the services that were provided by Cultural Services, including holding meetings in libraries and other cultural services establishments.
- It was pointed out that the budget proposals involved no increase in Council Tax. It was suggested by some Members that the Council should consider raising Council Tax by up to 2 % (a maximum amount before invoking a local referendum) which officers said would raise £6m pa; while other Members pointed out that this option had already been rejected by the Council.
- Members considered the potential additional funding pressures on the County Council as a result of the changes to social care mentioned in the new Care Act to be very significant but the impact of these changes were not yet clear as Government guidance on the interpretation of the Act was still awaited.
- It was pointed out that where the Norfolk MPs had responded as part of the consultation exercise none of the Norfolk MPs had made specific reference to services run by the Department.
- Thanks were placed on record to those Officers within Planning, Performance and Partnerships who had assisted with the public consultation exercise.
- It was noted that this part of the Panel meeting was still part of the consultation process, and that draft unconfirmed minutes would form part of the Cabinet report on the consultation that would be presented to the Cabinet on 27 January 2014.

**Resolved-**

That the Panel note-

The provisional finance settlement for 2014-15 and the latest planning position for Norfolk County Council.

The updated information on spending pressures and savings for Community Services and the cash limited budget for 2014-15 in context with the feedback from the Consultation.

The proposed list of new and amended capital schemes and the proposed capital Programme for Community Services.

## **10 Fuel Poverty in Norfolk**

The annexed report (10) by the Chairman of the Fuel Poverty Panel was received.

The Chairman presented the report of the Fuel Poverty Panel and asked the Overview and Scrutiny Panel to support the recommendations for action.

The Panel supported the recommendations contained in the report and noted that responses to correspondence on this matter had so far been received from four of the six large energy companies. The energy companies that had not yet responded would be sent a reminder letter. Two of the 14 recommendations in the fuel poverty report needed to be considered by Norfolk County Council.

It was expected that the recommendations contained in the report could be implemented without any additional resources.

The Chairman placed on record her thanks to Maureen Orr for her work in supporting the task and finish group.

### **Resolved-**

That the report be forwarded to all those to whom the recommendations were directed, asking them to respond in time for 4 March 2014 meeting on:-

- a. whether or not they accept the recommendations made to them
- b. how they planned to implement, or have implemented, each of the recommendations that they accept
- C. their explanation for any rejected recommendations.

## **11 The New Compact For Social Care In Norfolk**

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

The Panel received a report about the changing policy and practice environment which was coming to social care. The report proposed that the Council, in its leadership role, needed to engage key stakeholders in understanding and responding to these changes. To that end, the report proposed 'the new compact for social care in Norfolk'.

The Panel noted that the aim of the report was to capture the key national policy and practice changes which were emerging for social care.

Given the changing environment for social care it was considered essential that the Council was able to give clear commitments about its role and to engage others in collaborating to provide what was needed for good care in Norfolk. The document was not meant to hold the detail of changes. It was a high level framework which needed to include in more detail the work that was being done with the prevention agenda and that the Department would respond to comments about the framework.

## **Resolved**

That the Panel:

1. Endorse the proposal for the Council to set out a revised framework for social care, including its work in prevention services.
2. Support the proposed content of the 'new compact for social care in Norfolk'
3. Endorse the proposal to communicate and engage with stakeholders and to respond to consultation about the framework.

## **12 Implementation of An Integrated Community Equipment Service (ICES) For Norfolk**

The annexed report (12) by the Director of Community Services was received.

This report provided a progress review on the new Integrated Community Equipment Service: a major service transformation undertaken by the Community Services Integrated Commissioning Team that brought together the former separate health and social care community equipment services. The report explained how the programme had created a service which could manage both health and social care equipment in the community so as to provide an integrated service. The service was also more cost effective than previous arrangements.

The Panel noted that challenges remained in managing the use of equipment within the reduced budget set for the service and in resolving related prescribing accountability issues, largely in the NHS. It was noted that while there were difficulties in the early days which had resulted in complaints this was no longer the case.

The Director was asked to let Members of the Panel have details as to the turnover of staff within the ICES. (See appendix for details).

## **Resolved**

That Panel note the contents of the report and ask that the Director provide Panel Members with details as to the turnover of staff within the ICES.

## **13 Blue Badge Disabled Parking- An Update Report**

The annexed report (13) by the Director of Community Services was received.

The Panel received a report that provided a further update following the report to Community Services Overview and Scrutiny Panel in September 2013 on progress towards finalising improvements to the application process and towards eradicating delays in the process for customers.

The Panel noted that the Blue Badge Unit had undergone significant improvement work in response to the Government's Blue Badge Improvement Service and Department of Transport recommendations.

## **Resolved**

That the Panel:-

note the significant improvements that have been achieved as a result of the improvement works and ask for a further report to be brought before the Committee that is to be responsible for Community Services in six months time;

note progress towards identifying outsourcing opportunities;

note the new powers provided to Councils in terms of enforcement

#### **14 Delayed Discharge from Hospital In Norfolk-Joint Scrutiny Task and Finish Group**

The annexed report (14) by the Director of Community Services was received.

The Panel considered draft terms of reference for a joint scrutiny task and finish group of Members from this Panel and of Norfolk Health Overview and Scrutiny Committee (NHOSC) on 'Delayed discharge from hospital in Norfolk' which it was noted would include discharge from NHS mental health beds.

It was pointed out by Members that the final report of the Group might not be completed before the Panel was replaced by a successor Committee.

#### **Resolved**

That the Panel:

- 1) Agree to a joint task and finish group with NHOSC members
- 2) Approve the draft terms of reference (as set out at Appendix A to the report)
- 3) Appoint Mr Hannah, Mr Humphrey, Mrs Gurney and Mrs Somerville to serve on the task and finish group.

#### **15 Forward Work Programme: Scrutiny**

The annexed report (15) by the Director of Community Services was received.

The Panel approved the Scrutiny Forward Work Programme for the period until April 2014 as it was set out in the report and asked for an update report on Blue Badge Disabled Parking to be brought before the Panel's successor body in six months time.

The meeting concluded at 1. 20 pm

**Chairman**



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

## APPENDIX

The Director of Community Services was asked at the Community Services O&S Panel meeting on 7 January 2013 to let Members have details as to the turnover of staff within the Integrated Community Equipment Service (ICES).(Minute 12 of the meeting refers).

The following answer was given after the meeting:

Leavers -

Administrative Staff - 3 (2 offered contracts by Norse)

Driver Technicians - 6 (1 offered contract by Norse, 1 offered contract by NCH&C)

Warehouse - 3 (2 retired due to Ill Health)



## **Cabinet Member Feedback**

Report by the Cabinet Members for Community Services

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

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

**Report**                      **The Future Model for Mental Health Social Care and Arrangements for Delivery of Mental Health Social Care Services for Adults of 18-65 Years from April 2014 (exempt report)**

**Date Considered by Panel**

**Date Considered by Cabinet**

27 January 2014

**Cabinet Feedback**

**Cabinet resolved that:**

1. The principles of the Mental Health Social Care Model attached at appendix A of the Exempt Cabinet report be approved
2. The social care mental health service for adults of working age should return to the direct management of the County Council
3. Authority be delegated to the Director of Community Services and the Cabinet Member for Adult Social Services to extend the existing agreement under section 75 of the Health Act 2006 for up to six months to allow for transition.

**Reason for decision:**

### **Action Required**



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

## Adult Education Service Performance Academic Year August 2012 to July 2013

A report by the Director of Community Services

### Summary

This paper reports on the performance of the adult education service for the academic year August 2012 to July 2013.

The performance data in the report reflects the central government agencies' published data for the service which is made available each year in the January following the end of the academic year.

This annual review of performance is the means by which council Members fulfil their role in relation to the governance of the service. Members' undertaking of this governance role is assessed by Ofsted, the central Government body for education standards.

The service contributes to the three council priorities – Excellence in Education, Real Jobs and Reducing Health Inequalities.

The service improved its reach and breadth of offer, increasing learners starts in 2012-13 compared with the previous academic year.

In 2012-13, the headline success rates for classroom-based qualifications remained good and at the level of the national benchmark. Adult success was just above the national picture, while the 16-18s rate was 6% below.

The service's data analyses the success rates achieved by learners with different protected characteristics. The data for 2012-13 shows that there are no significant differences in the success of different groups of learners. This suggests that the service has been successful in minimising achievement gaps.

In an on line survey, over 90% of learners rated the teaching quality as good or very good.

The service will continue to work with stakeholders, partners and partner providers to develop a curriculum that is highly flexible and responsive to the needs of learners, employers and the local and national community. This will include continuing to develop its relationship with the Council's Economic Development team so as to ensure that the service's programmes respond to the skills gaps that have been identified in Norfolk, in line with the goals and the skills strategy of the New Anglia Local Enterprise Partnership and the City Deal.

### Action Required:

Panel members are asked to comment on the performance of the Adult Education Service in the 2012-13 academic year.

## 1 Introduction

- 1.1 This paper reports on the performance of the adult education service for the academic year August 2012 to July 2013.

- 1.2 The performance data in the report reflects the central government agencies' published data for the service which is made available each year in the January following the end of the academic year.
- 1.3 This annual review of performance is the means by which council Members fulfil their role in relation to the governance of the service. Members' undertaking of this governance role is assessed by Ofsted, the central Government body for education standards.

## **2 Background**

- 2.1 The Service is funded by grants that are made to the County Council from two central government agencies - the Skills Funding Agency for adult learners; and the Education Funding Agency for 16-18 year old learners. In addition, the service collects tuition fees from some adult learners.
- 2.2 As with all education providers, the service is subject to inspection by Ofsted every four to six years. The service's most recent Ofsted report found the service to be overall 'Good', with a number of 'Outstanding' features.
- 2.3 In between these inspections, the funding agencies and Ofsted expect the service to improve its performance through self assessment that includes external moderation. The annual self assessment completed in January 2014 assessed the service as having maintained a 'Good' rating.

## **3 Service's Contribution to the Council's vision and priorities**

- 3.1 Through the provision of skills training and community learning, the service makes a significant contribution to the council's vision
- "for everyone in Norfolk to succeed and fulfil their potential .... (and) ... achieve a better, safer future based on education, economic success and listening to local communities"*
- 3.2 In particular, the service contributes to the following priority areas:
- a. Excellence in education: through
    - i. The Step Learning Programme for 16-18 year olds who are not in Employment, Education or Training (NEET) the service champions the right of young people to an excellent education, training and preparation for employment. Ofsted rated this programme as Outstanding
    - ii. Good achievement rates for learners on all other programmes
  - b. Real jobs:
    - i. the service promotes employment through its Apprenticeship programmes and the wide range of employability skills that it offers to learners
    - ii. A significant proportion (37%) of the service's adult learners on qualification programmes are unemployed when they start their learning programmes
  - c. Reducing health inequalities:
    - i. There is extensive evidence that participation in Community Learning delivers health benefits in addition to improving social and economic

- 3.3 The service's mission, vision and values (Appendix 1) demonstrate its ambition to become an overall outstanding provider of education and training that effectively meets the needs of learners, employers and the local and national community.

## **4 A curriculum that meets the needs of learners, employers and the local and national community**

- 4.1 The service plans and delivers a broad curriculum in skills training and community learning that meets the needs of learners, employers and the local and national community. Most is delivered directly by council staff. Some is subcontracted to private training providers in order to broaden the range of courses. For example, the service does not itself deliver training in construction skills but is able to support learners to acquire these skills through subcontracting. Appendix 2 shows the breadth of subjects offered under each funding stream.
- 4.2 The funding and number of learners supported in the 2012-13 academic year (August 2012 to July 2013) is detailed in Appendix 3, with the 2011-12 figures for comparison. The service improved its reach and breadth of offer, increasing learners' starts in 2012-13 compared with the previous academic year.
- 4.3 The service does its best to deliver courses in community venues across the county in response to need. Community workers engage with local organisations to identify suitable courses. In 2012/13, delivery took place in some 300 venues. Appendix 4 shows the spread of venues across the county and Appendix 5 describes some examples of the type of tailored provision offered in response to local need.

## **5 Outcomes for Learners**

- 5.1 The main performance measure on which the service is judged by the funding agencies and Ofsted is the success rates of learners. Success rates measure the percentage of learners who achieve their qualification or their learning objective against the number of learners who started a programme of learning. The service's success rates are detailed in Appendix 6.
- 5.2 In 2012-13, the headline success rates for classroom-based qualifications remained good and at the level of the national benchmark. Adult success was just above the national picture, while the 16-18s rate was 6% below. The service recognises that it engages the most disadvantaged young people, with complex needs and very low starting points on its programmes, but has high expectations of all of its learners and will, therefore, work to improve the success rates for this group of learners.
- 5.3 Success rates on the majority of community learning programmes have improved significantly in comparison with the previous academic year. Success rates are outstanding in Personal and Community Development Learning and Family Learning programmes. There has been a drop in success in Neighbourhood Learning in Deprived Communities programmes. The service recognises that it engages vulnerable adults with a high level of need onto these programmes and it is challenging to keep learners on programme so that they achieve their initial objectives. The service has high expectations of all of its learners and will, therefore, work to improve the success rates for this group of learners.
- 5.4 The service's data analyses the success rates achieved by learners with different

protected characteristics. The data for 2012-13 shows that there are no significant differences in the success of different groups of learners. This suggests that the service has been successful in minimising achievement gaps.

- 5.5 The exception to this overall positive picture is in classroom-based qualifications, where the success of white British learners was higher than that of Black and Minority Ethnic (BAME) learners. This data is, however, based on a small cohort of BAME learners. The service has noted that learners for whom English is not their first language have a lower level of success than other learners. The service is putting in place actions that aim to improve the success rates of BAME learners on classroom-based qualifications.

## **6 Learner Feedback**

- 6.1 The service collects feedback from learners on the quality of their experience in a number of ways, which is used to improve and develop provision and respond to community and employer needs.
- 6.2 Following the Ofsted inspection in January 2012, when learner involvement work was praised, the council was asked by the National Learning and Skills Improvement Service (LSIS) to contribute to their Excellence Gateway. This is a website with examples of excellent practice that other organisations can pick up on and use to build their own capacity to improve. The website, with a series of case studies that relate to the service's good practice in learner involvement identified by LSIS, is available at the following link (all of the examples in this link relate to Norfolk County Council's Adult Education Service):
- <http://www.excellencegateway.org.uk/node/27060>
- 6.3 Learner feedback is secured and used to improve the service in a number of ways including:
- a. Feedback 'trees' – six foot boards displayed in reception areas and a set of colourful post it notes asking learners to comment on the question "How is your course so far?"
  - b. Attending exhibitions of learners work and engaging with them
  - c. Engaging with members of the public at large events such as the Norfolk Show
  - d. Ad hoc Learner Forums
  - e. A Student Council for young learners
  - f. Online surveys
  - g. Case Studies
  - h. Verbal feed back
  - i. Suggestion boxes where courses are being held
  - j. Skills Funding Agency Annual Learner and Employer Surveys
  - k. Every learner is asked to complete a Course Evaluation Questionnaire.
  - l. Learners are surveyed using *Survey Monkey*'
- 6.4 The service aims to make the process for the collection of learner feedback more rigorous and systematic in future so as to link feedback more rigorously to subject areas and the continuous improvement plan. In order to achieve this, the service plans to introduce a new style online evaluation questionnaire, which will be piloted in the 2013-14 academic year.
- 6.5 The examples of feedback from learners in the 2012-13 academic year in Appendix 7

provide a flavour of how learners view the service. In addition to internal feedback, each year the Skills Funding Agency carries out a survey of learners. The table at Appendix 8 provides comparative data between the service's scores in 2011-12 and 2012-13. The benchmark data relates to 2011-12 as at the time of writing the report the 2012-13 benchmark data is not yet available.

- 6.6 The service's 2012-13 overall learner satisfaction score was 8.6 out of a maximum of 10, the same as in 2011-12. There was an increase in the number of respondents from 395 in 2011-12 to 557 in 2012-13.
- 6.7 The service carried out an online (email) survey of teaching quality with learners sent, using a 5 point scale, where 5 was the highest rating. The outcome from 338 responses was as follows:

Points	% of learners
5	68.6
4	22.2
3	7.4
2	1.2
1	0.6

- 6.8 This feedback from learners about the quality of their teaching and learning is very positive.
- 6.9 In the Skills Funding Agency FE Choices Learner Satisfaction Survey 2012-13, in response to the question: "How good or bad is the teaching/training on your course/programme?" the service scored 9 out of a maximum score of 10. This corroborates the service's self assessment of the quality of teaching and learning for 2012-13.

## **7 Safeguarding children, young people and vulnerable adults**

- 7.1 Safeguarding in the service was judged by Ofsted in January 2012 as Outstanding and the 2012-13 self assessment judged that this standard has been maintained.
- 7.2 The service's policy and practices are robust and understood by all staff at every level of the organisation. The service's policy and process has been adopted by NCC Cultural Services as a model of good practice and rolled out across the directorate. The safer recruitment and safeguarding process has been validated by the NSCB 'Safer' team.
- 7.3 There is a clear line of responsibility and support. Learners and visitors are advised of Safeguarding through a new Learner Handbook which is explicit about their, and our, responsibilities. The service needs to introduce formal consultation of learners about safeguarding arrangements and practices so as to measure the impact of processes and policies.
- 7.4 The service's Safeguarding Lead is active in the Norfolk County Council Safeguarding Implementation Group and this, along with collaboration with a wide range of other external agencies, plays a significant part in ensuring that safeguards are put in place quickly for the more complex needs of some young learners and vulnerable adults and to ensure effective inter-agency working.

7.5 A regular meeting of staff at all levels monitors process and system through the service steering group. Patterns of concern are monitored and Children's Services are advised. The steering group monitors training and updates staff when refresher training is required.

## **8 Equality and Diversity**

8.1 The service is compliant with Equality legislation and has reviewed the service and updated its Single Equality Policy. The service is rigorous in ensuring that learners have an experience that is free from discrimination. There have been no reported incidents in this academic year.

8.2 The service has been extremely effective in widening participation and works with a wide range of partners in order to reach the hardest to reach learners.

8.3 With regard to participation:

- a. 33% of learners were male and 67% female. While the service's male/female participation compares favourably with the latest data available for similar local authority providers, the service remains committed to increasing male participation both on its directly delivered and commissioned programmes
- b. 15.75% of learners were Black and Minority Ethnic (BAME) (4% of Norfolk's population identify themselves as BAME). The service is, therefore, highly effective in engaging with individuals who are BAME
- c. 1,858 learners declared that they had a learning difficulty and/or disability. The service's work with individuals with learning difficulties has been recognised nationally as innovative and groundbreaking. In the 2012-13 academic year the service came second in a national competition for the way it supports these learners into employment
- d. The service's Support into Employment team also supports these learners in the workplace and into employment. The service provides free lipreading and Braille courses across Norfolk, through prioritising its community learning funding for learners who need this type of provision
- e. The age distribution of learners demonstrates that the service is meeting the needs of learners across all age groups from 16-18 year olds through to learners aged 65+

## **9 Support for learners**

9.1 Learners benefit from a high level of care, support and motivation from a range of specialist staff in the service. These include: learner support workers, neighbourhood and community development workers who provide one to one support to learners, learning support assistants and other specialist staff across curriculum and administration teams. The Support into Employment team supports individuals with learning difficulties to seek and access employment. A wide range of support is provided including dyslexia assessments, out of hours support and signing for deaf learners.

9.2 All of the learners on the bespoke programmes for learners with learning difficulties and/or disabilities, Job Centre Plus and Step Programme courses received additional support. In addition, one to one support was provided for 139 learners on other qualification programmes.

9.3 To support learners who are visually impaired or hard of hearing so as to enable

them to access employment and contribute fully within the community, the service uses its grants effectively to provide free access to Braille and lipreading courses across the county.

9.4 In the Skills Funding Agency FE Choices Learner Satisfaction Survey 2012-13, in response to the question: "How good or bad is the support you get on this course/programme?" the service scored 9 out of maximum score of 10.

9.5 Some examples of learners' feedback are at Appendix 7.

## **10 Looking Forward**

10.1 In line with the service's mission, vision and values (see Appendix 1) the service plans to work on the areas identified in this report, focusing rigorously on these areas in 2013-14 through its continuous monitoring and self assessment process.

10.2 The service aims to further develop its role as a provider that engages with individuals who need employability skills and first rung learning by developing a programme of traineeships.

10.3 The service will continue to work with stakeholders, partners and partner providers to develop a curriculum that is highly flexible and responsive to the needs of learners, employers and the local and national community. This will include continuing to develop its relationship with the council's Economic Development team so as to ensure that the service's programmes respond to the skills gaps that have been identified in Norfolk, in line with the goals and the skills strategy of the New Anglia Local Enterprise Partnership and the City Deal. This response will be through a combination of directly delivered programmes and commissioned provision where the service does not have the expertise to respond to identified need.

10.4 The service's Community Learning strategy will continue to focus on income generation and the effective use of public funding to inspire hard-to-reach and disadvantaged groups to take up learning opportunities in line with the objectives set out in the Department of Business, Innovation and Skills (BIS) policy document New Challenges, New Chances.

## **11 Resource Implications**

11.1 There are no resource implications as a consequence of this report.

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

12.1 Adult Education plans place diversity, equality and community cohesion at the heart of its learning provision. The Service aims to ensure that activities included in its delivery are accessible to diverse groups in Norfolk and that all policies, practices and procedures undergo equality impact assessment. These assessments help the service focus on meeting the needs of customers in relation to age, disability, gender, race, religion & belief and sexual orientation.

## **13 Any other implications**

13.1 Officers have considered all the implications which members should be aware of and there are no other implications to take into account.

## 14 Section 17 – Crime and Disorder Act

- 14.1 Through the engagement of a wide range of people in structured mindful activity the adult education service contributes to the prevention of crime and disorder.
- 14.2 Officers have considered all the implications which members should be aware of. Apart from those listed in the report (above), there are no other implications to take into account.

## 15 Action Required

- 15.1 Panel members are asked to comment on the performance of the Adult Education Service in the 2012-13 academic year.

### Background Papers

### Officer Contacts

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

#### Harold Bodmer

Director of Community Services      01603 223175      [harold.bodmer@norfolk.gov.uk](mailto:harold.bodmer@norfolk.gov.uk)

#### Jennifer Holland

Assistant Director of Community Services (Cultural Services) and Head of Libraries and Information      01603 222272      [jennifer.holland@norfolk.gov.uk](mailto:jennifer.holland@norfolk.gov.uk)



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

## The service's mission, vision and values

The service's mission is:

*Helping to drive economic development and build strong communities throughout Norfolk.*

Its vision includes:

- Creating skills training opportunities (through direct delivery and commissioning) that enable people to realise their economic and social potential, embracing the goals and skills strategy of the New Anglia Local Enterprise Partnership (NALEP)
- Inspiring people to experience and enjoy learning for work and pleasure
- Nurturing people whose initial experience of education has been poor, from entry level rising to advanced level, offering solid progression routes within and outside the service
- Transforming people's lives through education and personal development
- Developing staff to drive service improvement

Its values include:

- Aspiring to improve the quality of teaching and learning in all areas to be outstanding
- Inspiring and supporting every learner to achieve challenging learning goals
- Providing strong, reflective leadership and management that fosters a culture of achievement through high expectations
- Seeking to increase its influence by working in partnership with creative and trustworthy partners in urban and rural locations in all/most market towns and in many other parts of the county
- Inviting challenge and ideas for improvement from within and outside the service
- Encouraging innovation and commercial awareness
- Operating efficiently, sustainably and with minimum impact on the environment

Every learner can expect

- Precise assessment that guides learners into the right programme
- Continuous formative assessment that fosters achievement throughout a learner's course
- Financial and pastoral support where needed
- Information and advice about progression into work or further study
- Dedicated inspirational staff at hand to support individual learning needs

## A broad curriculum across several funding streams

- Classroom-based qualification programmes for adult learners, with a particular emphasis on supporting people into and progressing them within employment.

Provision included:

- Access to Journalism
  - Accountancy, secretarial, customer service, retail and business administration
  - Basic English, Maths and English for Speakers of Other Languages (ESOL)
  - British Sign Language
  - Children and Young People's Workforce
  - Construction trade related qualifications in bricklaying, site carpentry, building craft occupations, maintenance operations, painting and decorating and plastering (commissioned)
  - Creative Arts
  - Employability and Independent Living Skills programmes for learners with learning difficulties and disabilities
  - Fitness and Personal Training
  - GCSEs in English, Maths and Science
  - Prince's Trust Programme for young people who are not in employment, education or training (NEET) (commissioned)
  - Sports coaching qualifications in partnership with Active Norfolk and commissioned to other training providers
  - Support for individuals who are unemployed in partnership with Jobcentre Plus, delivering job search and internet skills, as skills in reception, ICT and administration
  - Supporting Teaching and Learning
- Classroom-based qualification programmes for young people aged 16-18, with an emphasis on young people who are NEET (not in employment, education or training).
- Provision included:
- The Step Learning Programme. This programme targets the most disadvantaged young people in Norfolk, who have become disengaged from a conventional approach to teaching and learning and who have a high level of complex needs. Learners study qualifications from a choice of 14 vocational areas, as well as Personal Social Development (PSD) or Employability and Functional Skills in English, Maths and ICT. This programme is co-delivered in partnership with partner providers who enable the range of provision to be extended to vocational areas such as construction and engineering
  - The Art Foundation Diploma, which provides entry to HE
  - Construction trade related qualifications in bricklaying, site carpentry, building craft occupations, maintenance operations, painting and decorating and plastering (commissioned)
  - Sports coaching qualifications (commissioned)
  - Prince's Trust programme for young people who are not in employment, education or training) NEET (commissioned)

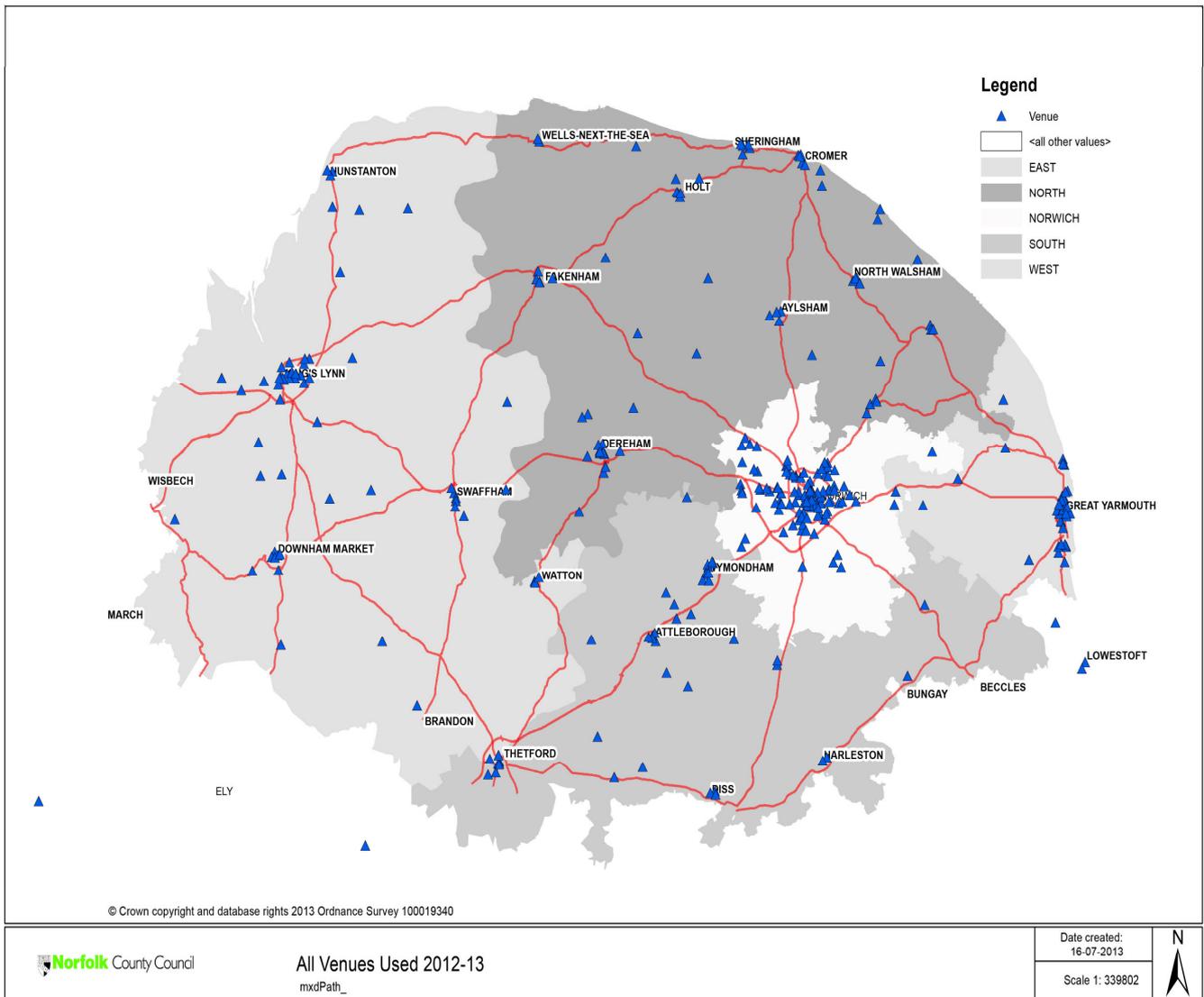
- Apprenticeships for 16-18 year olds and adults. Provision included:
  - Accountancy
  - Business Administration
  - Children and Young People's Workforce
  - Customer Service
  - ICT
  - Supporting Teaching and Learning
  
- Community learning programmes for adult learners. These programmes included:
  - Personal Development Learning in a wide range of subjects, including: British sign language, creative arts, health, fitness and leisure, modern foreign languages and other specialist subjects
  - Sports participation and coaching programmes in partnership with Active Norfolk
  - Community Development Learning that focuses on widening participation and which is developed through links with community groups and the voluntary and faith sectors across Norfolk
  - Neighbourhood Learning in Deprived Communities, which focuses on individuals who need a high level of one-to-one support because they are vulnerable and disengaged from society and have very low self esteem or confidence
  - Family Learning, which encourages parents and other adult family members to gain parenting skills and to be actively involved in children's learning. This programme also develops employability skills and literacy, numeracy and language

The following table outlines funding and learner starts in the 2011-12 and 2012-13 academic years:

Funding Stream	Type of programme	Academic Year 2011-12 Learner starts	Academic Year 2012-13 Learner starts	Academic Year 2011-12 Funding £	Academic Year 2012-13 Funding £
Adult Skills Budget	Classroom-based qualifications for adult learners	5,478	6087	3,497,797	3,553,999
Adult Skills Budget	Adult Apprenticeships	221	198		
16-18 Apprenticeships	16-18 Apprenticeships	4*	6*	24,486	26,018
16-18 Classroom Qualifications	Classroom-based qualifications for 16-18 year old learners	901	932	1,096,864	1,100,656
Adult Community Learning	Personal Development Learning for adult learners	7,768	9,045	1,652,196	1,658,073
Adult Community Learning	Community Development Learning for adult learners	1,731	1,242		
Adult Community Learning	Neighbourhood Learning in Deprived Communities for adult learners	183	389		
Adult Community Learning	Family Learning for adult learners	2,524	2,783		
	<b>Total of all learner starts</b>	<b>18,810</b>	<b>20,682</b>	<b>6,271,343</b>	<b>6,338,746</b>

\* In addition to these new learners, the funding was also used to continue paying for learners who started the previous academic year

Map of the venues used by Adult Education in the 2012-13 academic year



## Tailored courses that meet local need

At the Memorial Hall in **Dereham**, 'The Café' is a collaborative venture that the service has developed with CSV (Community Service Volunteers) and Dereham Town Council to provide training and supported work experience for adults with learning disabilities. The service delivers a Future Factor course with hospitality and catering as the primary outcome but also teaches transferable employability skills. The learners have the opportunity to practise their skills in the Café where they are also supported by CSV Vocal Project volunteers. This real-life workplace experience is an invaluable and very rare opportunity for most learners with learning difficulties who have in the past only been able to practise in role-play situations. The service's Support into Employment Team liaises closely with the course and CSV and offers job-seeking skills and job coaching for learners when they are ready to progress to paid employment.

The Step Learning Programme engages with young people aged 16-18 who are not in employment, education or training (NEET). These learners are usually disengaged from a conventional approach to teaching and learning and come to the service with challenging behaviour and a high level of need. This programme is delivered in **Norwich** at The Garage, Chapelfield North and at The Aspire Centre in **Great Yarmouth**. The service works closely with local high schools and other agencies including the NCC Children in Need Team and Youth Offending Team. The service currently has learners from all over **Norwich, Long Stratton and south of the city** and a number of learners who travel from the **Dereham and North Walsham** areas. In Great Yarmouth the majority of the learners are from the town, **Gorleston** and surrounding areas. The programme also has a very successful and popular partnership with Nexus Engineering based in **Gorleston**, who deliver vocational engineering skills and qualifications to our learners.

The service has close links with Children's Centres across the county. For example, the service has learners currently studying their Level 3 Diploma who work at the Children's Centre in **Mundesley** and the service has just successfully completed a Level 1 course at the Children's Centre in **Dereham**, which was set up at their request. As a result of this success, they have changed one of their rooms to be a training centre and this is now being used to deliver courses in other subject areas. The service is currently running a Level 2 in Cromer, which attracts learners from the surrounding area, for example, the service has learners on this course from Sandcastles Pre-school in Walcott. The service has also completed a programme of Level 3 Apprenticeships with members of staff at the **Sheringham** Community Primary and Nursery school.

The service is delivering a course at **Downham Market** Children's Centre in which parents choose a book to read with their child. They then design and make puppets, games and toys of their choice which relate to the book they have chosen to read. Parents have the opportunity to gain a nationally recognised accreditation, which encourages progression to further qualifications. At Southery Primary School in **Downham Market** the service is offering a 'learning through play' course which focuses on the importance of play and includes developing emergent literacy skills, sharing books, music, rhythm and rhyme, puppets and games. This course encourages progression to functional skills courses in English.

The service delivers qualifications for teaching assistants across the county. For example, in **Thetford** the service have a Level 3 Diploma in Supporting Teaching and Learning at the Guildhall with school placements including, Norwich Road Academy, Radleigh Infant School, St Andrews, North Lopham and Weeting Primary. A Level 2 Certificate in Supporting Teaching and Learning is being delivered at the high school in **Wymondham** where school placements include Chapel Road School and Wicklewood Primary School and the service are delivering a

Level 2 Support Work in School (SWiS) course at the Atrium in **North Walsham** where placements include Bure Valley School.

The service works in partnership with Job Centre Plus (JCP) to offer Job Search (Internet Skills) as part of the Department of Work and Pensions' Digitalisation Programme and Office Skills such as reception, ICT and general administration. Most recently the partnership has been predominantly with JCP Regional Managers who operate within **Cromer, Norwich and Great Yarmouth** areas, with a new partnership this year with JCP in **Thetford**.

At **RAF Marham**, the 'Dads R US' programme worked with Service families separated by deployments abroad. This course was specifically for dads and their children. The activities had a focus on improving the communication within the family on return from deployment. The activities included celebrating Australia day, making special gifts for Mums, designing and exploring textures of clay and carrying out science activities together.

A pre-ESOL (English for Speakers of Other Languages) programme, in partnership with GYROS - an organisation in **Great Yarmouth** that supports newcomers and migrant communities in Great Yarmouth has been developed. This programme was targeted at migrant workers with little or no English, to create a set of engaging courses that embed customer care skills and English speaking, listening and writing, together with some work experience. Volunteer placements for learners have been sourced starting in January 2014. Organisations have been approached and signed up and progression opportunities have been identified for the learners.

The service has developed a project to provide creative writing opportunities to rural communities in **North Norfolk**. Working with the mobile library, an Adult Education tutor is travelling with the mobile librarian one day a week to promote creative writing techniques to parents, grandparents and isolated adults in rural communities to create a book of short children's stories and poems. It is planned to offer the stories for sale in libraries.

Through a partnership with Active Norfolk, the service is delivering a range of Get into Sports courses across Norfolk. In addition to a wide range of sporting activities for 2,000 learners in **Norwich**, in the rest of the county 600 learners enjoyed programmes including: Archery, Clay pigeon shooting, Badminton, Golf and Yoga in **King's Lynn**; Archery and Badminton in **Great Yarmouth**, Nordic walking and Badminton in **Thetford** and Archery and Rugby in **Wymondham**.

The service commissioned a range of construction trade-related qualifications in Norfolk for both 16-18 year olds and adult learners. These include qualifications in bricklaying, site carpentry, building craft occupations, maintenance operations, painting and decorating and plastering.

**Qualification Success Rates:**

Ofsted Theme	Key Performance Indicator	10-11 Out-turn	11-12 Out-turn	12-13 Out-turn	12-13 National Benchmark	12-13 Variance
Learners achieve and make progress relative to their starting points and goals	Classroom Based Qualifications (all ages)	73.5%	83.4%	82% (5622)	82%*	0
	16-18 Classroom Based Learning	79.5%	80.6%	75% (932)	81%*	-6%
	19+ Classroom Based Learning	72.0%	83.9%	83% (4690)	82%*	+1%
	Apprenticeships	75%	66%	70% (204)	74%	-4%

**Community Learning Success Rates:**

Ofsted Theme	Type of Programme	11-12 Out-turn	12-13 Out-turn (no. of learner starts in brackets)	Variance
Learners achieve and make progress relative to their starting points and goals	Community Learning (all programmes)	84%	87% (13,459)	+3%
	Personal Development Learning	82%	90% (9,045)	+8%
	Community Development Learning	73%	97% (1,242)	+24%
	Neighbourhood Learning in Deprived Communities	93%	85% (389)	-8%
	Wider Family Learning	88%	90% (1682)	+2%
	Family Learning Literature and Numeracy	85%	96% (1101)	+11%

## Examples of Learner Feedback

### Example 1

An unemployed learner who joined a course not knowing what he wanted to do with his life said:

*"I now know that I don't want to work in an office, I enjoy more practical work. I am now clearer on my own strength and the weakness. Adult Education allows you to use my own initiative and lets me learn in the style that suits me best".*

This learner has now finished his courses with Adult Education, but because of his hard work and enthusiasm he has been offered a three year apprenticeship in site carpentry and has been able to fund his tools. The service asked him what he thought about this apprenticeship and he said

*"I'm over the moon".*

### Example 2

A young learner, who has cerebral palsy, and who found school difficult and left with no qualifications, joined the service's Step Learning Programme and decided to participate in our sports programme based locally in Holt. He became inspired and was selected to play in the Norwich City Disability Team. He is now a full time apprentice, working with other people who have disabilities and helping them to realise their potential. He is also helping support the administration side of things. He said that he loves his job.

*"Not everyone gets to work at their dream place. I have grown up supporting Norwich City. I would never have had the confidence to apply for a position like this before I started the Sport programme with Adult Education".*

### Other comments

*"The programme was different because it treated me with respect. For the first time I realised that I could learn and do things I wanted to do."*

*"The class was very the well taught. It was challenging but enjoyable and the tutor was very knowledgeable" (GCSE Maths)*

*"Very good. Lessons ere clear and well planned and further reading options advised well" (GCSE Science)*

*"I am really enjoying the course. Fantastic tutor, knowledgeable, organised no question too silly. Very helpful. I am learning a lot and course is relevant to my job" (ICT)*

*"The tutor is great and the class is very friendly and relaxed, good venue too" (Accountancy)*

*"I enjoy the course & my tutor is informative and very creative & inspiring" (Silversmithing)*

*"I was bullied at school so I never went. But after my first day on the programme I felt welcome, happy, respected and trusted" (Step Learning Programme)*

*“Without my support worker I would not have been able to get past the first big assignment, or complete the course. She was that important in helping me” (Digital Photography)*

### Skills Funding Agency FE Choices Learner Satisfaction Survey 2012-13

Survey of All Ages and All levels (Based on 557 respondents)	2011-12 Score out of 10	2012-13 Score out of 10	Change between service in 11-12 and 12-13	2011-12 middle score of ALL organisations
<b>Overall Learner Satisfaction:</b>	8.6	<b>8.6</b>	0.0	8.5
Question 1: How good or bad was the information you were given when you were choosing your course/programme?	7.7	<b>8.2</b>	0.5	8.2
Question 2: How good or bad was the help staff gave you in the first few the weeks?	8.8	<b>8.7</b>	-0.1	8.6
Question 3: How good or bad is the teaching/training on your course/programme?	9.1	<b>9.0</b>	-0.1	8.6
Question 4: How good or bad is the respect staff show to you?	9.4	<b>9.3</b>	-0.1	8.9
Question 5: How good or bad is the advice you have been given about what you can do after this course/programme?	7.5	<b>8.0</b>	0.5	8.0
Question 6: How good or bad is the support you get on this course/programme?	9	<b>9.0</b>	0.0	8.7
Question 7: How good or bad is the provider at listening to the views of learners?	8.6	<b>8.3</b>	-0.3	8.4
Question 8: How good or bad is the provider at acting on the views of learners?	8.4	<b>8.1</b>	-0.3	8.2
Question 9: Overall, how good or bad do you think the provider is?	8.5	<b>8.7</b>	0.2	8.6

## **Review of the Adult Education Service**

Report by the Director of Community Services

### **Summary**

When the review of the Adult Education Service was discussed at the meeting of the Community Services Overview and Scrutiny Panel on 8 October 2013, Members requested further information, including more information about one of the four options that were presented in the Panel paper. This was the option to transfer the adult education service to the four Norfolk Further Education colleges - City College Norwich, the College of West Anglia and Great Yarmouth College which are general Further Education Colleges and Easton and Otley College which is a specialist agricultural college with some general provision.

Information was also requested about future plans for Wensum Lodge.

This report :

- evaluates the option of transferring the service's funding to the FE colleges
- notes the impact of the service's funding on the council's City Deal
- confirms the proposal that there will be provision for adult learning in Wensum Lodge in the future

### **Action Required**

Members are asked to:

- a. Comment on the additional information which the Panel requested at its meeting in October 2013;
- b. Revisit the conclusion of the review of the service, set out in the 8 October 2013 Panel paper, that there are more strengths and opportunities associated with options that involve the service remaining within the council regardless of where it is based;
- c. Note the intention to continue to have provision for adult learning in Wensum Lodge in the future.

## **1 Background**

- 1.1 In 2012, Cabinet Members asked officers to approach the four Norfolk Further Education colleges to explore whether they would want to have the council's adult education service transferred to them. The rationale for this approach was that the colleges are specifically set up to provide an education and training service. Also, there was an expectation that such a move would allow the available funding to be used more efficiently - more funding would be available to be spent on the direct delivery of training if the council did not have to plan, promote and manage a discrete programme of training.

- 1.2 The Skills Funding Agency, as the main government agency that funds the council and manages the funding contracts with colleges to provide education and training, was fully involved in the discussions with the colleges.
- 1.3 The agency's formal approval at the highest level would be needed if such a transfer were to happen. The agency informed officers that their formal procedure when a provider withdraws from training delivery is for the funding to be returned to the agency centrally for redistribution to providers across the country.
- 1.4 The agency could give no guarantee that any funding surrendered by the council would be returned in full to the Norfolk providers as other training providers in the country might have a stronger case to receive additional funding. The agency was not prepared to give a decision on whether the funding would remain in Norfolk, even in principle, without seeing specific proposals about how much of its funding the council wanted to transfer to each college.

## 2 Funding

- 2.1 Several discussions with the four college principals and/or their representatives took place, led by the Director of Community Services. The scope of the discussions included all aspects of the council's provision. The council receives almost £6m in total from two government funding agencies as shown in the table below. The purpose of the grants is tightly prescribed so, for example, funding for adult skills cannot be used for community learning, or vice versa. The four colleges also receive grants from these funding agencies in most of the same funding streams although the vast majority of funding that comes into Norfolk for Community Learning is the £1.7m received by the council.

Funding Agency	Funding stream/ grant	Purpose	Income (£000s)
Skills Funding Agency	Adult Skills	Vocational qualification-based courses for adults including Apprenticeships, traineeships and basic English and Maths	3,500
Skills Funding Agency	Community Learning	Non-qualification based courses for leisure and courses for disadvantaged and disengaged adults, family learning	1,700
Skills Funding Agency	16-18 Apprenticeships	Apprenticeship programmes for young people	0.3
Education Funding Agency	Other 16-18	Non apprenticeship courses for young people including traineeships,	714

		the Step Programme for NEETs and the Art Foundation Programme	
Total			5,914

### 3 Staff and learning provision implications

- 3.1 By April 2013, the colleges had agreed in principle that they would want to take receipt of the council's provision subject to further detailed work, most particularly around the transfer of staff. They agreed that this would involve a transfer of the council's funding allocation from the two funding agencies (subject to the agencies' agreement) and the transfer of the council's staff where the Transfer of Undertakings Protection of Employment (TUPE) legislation was applicable.
- 3.2 It is important to note that in undertaking these discussions the council was a provider of services, talking to other providers. No decision could be made without the agreement of the two funding bodies who in effect commission these services or without the agreement of the Governing Bodies of each college.
- 3.3 In the discussions it was agreed that a very small number of apprenticeship learners could transfer to the colleges fairly swiftly but that any transfer of the whole of the funding would need to happen progressively over a period of at least a whole academic year.
- 3.4 There were a number of areas under discussion which were still to be resolved. These were as follows:
- 3.4.1 The colleges made it clear that they would not formally bid to undertake the work in a procurement exercise if the council invited them to apply for it under a competitive tendering exercise. Neither they nor the Skills Funding Agency believed that it would be an efficient arrangement if the council retained responsibility for the funding but delivered it under subcontracting arrangements with the colleges.
- 3.4.2 The colleges had not decided which parts of the council's large and complex programme of learning would transfer to which college. All four colleges are located in or close to the main Norfolk conurbations of Norwich, King's Lynn and Great Yarmouth. All four colleges expressed concern that they might not be able to support the delivery of training in all of the many existing locations.
- 3.4.3 The colleges observed that they might find it particularly challenging to deliver the council's Community Learning programme in its current form in local communities across the county. They suggested that the council explored alternative models for this delivery which might or might not involve the colleges. This needed to be explored in greater depth as council Members had indicated that for the future, they wanted to see an even more diverse pattern of delivery into more parts of the county than under existing arrangements.
- 3.4.4 A significant part of the council's learning programme in Norwich is delivered in Wensum Lodge, where the facilities include a pottery and kilns, a silver smithing

workshop and large ‘messy’ rooms providing good natural light for painting, drawing and sculpture. Both qualifications-based courses and Community Learning courses arranged in these facilities had 16,000 learners enrolled in the last academic year. Norwich City College had indicated that it would not be able to replicate these facilities to serve the size of the current learner population, nor, following enquiries, could they be replicated in the Norwich University of the Arts. Initial soundings of the cost of replicating these arrangements elsewhere suggests that the cost could be prohibitive. For example, the cost of new kilns in an alternative building was estimated to be in the region of £25,000.

- 3.4.5 The colleges agreed in principle that the Transfer of Undertakings Protection of Employment (TUPE) legislation would apply. This legislation requires that when work being undertaken by a group of staff transfers to another organisation, the staff also have the right to transfer to the new organisation. It was noted that many of the council’s staff have county-wide responsibilities and their work was likely to need to be split in order to be transferred to more than one of the colleges, making the TUPE transfer complex to arrange. A number of possible transfer models were discussed initially, but discussions halted before detailed work on this could be completed, so it is not possible at this stage to detail the impact on council and college staff and associated costs. However, the council agreed that it would incur the redundancy costs for those staff that did not transfer. The council has estimated that the cost of redundancy for the total permanent staff would be over £1m. Redundancy costs for sessional tutors would be in addition to this, and have not yet been accurately assessed.

## **4 Use of resources**

- 4.1 It was noted that the breadth of the council’s programme delivery is made possible because some of the programmes that are resource intensive e.g. the Step Learning programme for 16-18 year olds, are cross-subsidised by other programmes that are less expensive to deliver. It was not clear how this flexibility could be retained under the transfer.

## **5 Range of provision**

- 5.1 It was noted that there are some key differences between the council’s service and that of the colleges. For example:
- 5.1.1 FE college learners are mainly (though not exclusively) young people from age 16. The council also has a significant programme for younger learners who are disengaged from mainstream provision but it has very many more adult learners and it is the major provider of learning for adults in the county. Many of the council’s learners – younger and older alike - have said that they would not attend a college and found the council’s adult learning environment improved their experience of learning. This is anecdotal and for other learners the reverse is probably true which suggests that the council’s and the colleges’ learning environments complement rather than compete with each other.
- 5.1.2 The council’s service delivers in more than 300 urban and rural locations across Norfolk whereas the colleges are site-based in Norwich, Great Yarmouth and

King's Lynn, as described above.

- 5.1.3 Much of the council's service is more sharply focused on basic level courses for people whose first experience of education was poor and who are furthest from the labour market.
- 5.1.4 The council's service is unique in Norfolk in delivering a large programme of Community Learning throughout the county worth £1.7m.

## **6 The impact of adult education funding on the City Deal**

- 6.1 The council's involvement with the successful bid by the New Anglia Local Enterprise Partnership (LEP) to secure City Deal status provides a platform for the council's strategic leadership role in skills development in the county in which the adult education service's funding will play a central role.
- 6.2 City Deal is a government initiative that aims to give localities new powers in return for the responsibility to stimulate and support economic growth locally. The council, through its membership of the LEP, can now take a key role in leading skills planning in Norfolk in line with council objectives, ensuring that training provision better meets both the current and future needs of local employers, and thereby drives economic growth. The four colleges will also contribute. The Greater Norwich City Deal also focuses on providing business support and development, and improved infrastructure to meet the needs of an expanding economy initially focused on the opportunities presented in the Norwich Research Park.
- 6.3 City Deal status will enable the council to work collaboratively to deliver skills that meet the county's economic needs. The council's ability to influence the skills agenda through the LEP would be significantly reduced if it transferred the government funding it currently receives for skills development (delivered by Adult Education) to the colleges. This view was confirmed in discussions with the Skills Funding Agency (SFA).
- 6.4 The SFA has been very clear through the course of the negotiations process for the City Deal that the county council's leadership role depends on it continuing to be a "contract holder". If NCC ceases to be a contract holder by giving up the adult education contract this would have a significant impact on the authority's ability to engage meaningfully with the SFA and thus shape the skills agenda in the County.
- 6.5 A similar issue will emerge in relation to the LEP's EU funding allocation. The SFA has identified £28m investment for the New Anglia LEP over the next seven years. This fund is pre matched therefore is ready to be applied to projects developed across Norfolk and Suffolk. The agreement secured as a result of the City Deal is that the SFA will work with both Norfolk and Suffolk to "co-develop" the specification which will set out how this fund will be used. This represents a step change in our relationship with the SFA. If we are no longer a contract holder this would diminish our ability to influence and shape the opportunities to bid for projects in Norfolk. Suffolk County Council will continue to be a contract holder.

## **7 Evaluation of the option to transfer all adult education provision to the colleges**

- 7.1 An evaluation of the option to move provision to the colleges was summarised in the Panel paper of 8 October 2013 in the form of a SWOT analysis, i.e. listing the Strengths, Weaknesses, Opportunities and Threats. That summary is attached at appendix 1.
- 7.2 The pros and cons of this option are outlined below:
- 7.3 **Pros:**
- 7.3.1 As described above, this option could secure more efficient use of public funds by freeing up more funding for front-line learning activity. Each of the organisations that receive grants from central government agencies to deliver training and learning to young people and adults - the four further education colleges in Norfolk, numerous private training providers, as well as the council - use part of their grant to employ its own staff to plan, promote and manage this activity including monitoring the quality of teaching. This is in addition to the cost of the salaries of front line teaching staff and on the cost of venues where provision is held. By transferring the council's grants to the FE colleges, it would be possible to organise the planning and management of the training activity more efficiently, thus releasing more of the grant for teaching.
- 7.3.2 Some of the courses offered by the council are in the same subject areas as the colleges which arguably places the organisations in competition with each other to attract the same people. This is not efficient and a transfer to the colleges would eliminate the competition.
- 7.3.3 The colleges offer opportunities for learners to progress into higher education and generally have better premises and specialist training equipment than the council's service which could be made available to the council's learners, certainly in the four locations where the colleges have premises – Norwich, Easton, Great Yarmouth and King's Lynn.
- 7.3.4 If the service were transferred to the colleges it could present an opportunity for the Wensum Lodge site to be used by the council to generate income. It was not clear in the discussions with the colleges, however, that they would be able to deliver the current programme from their own or alternative sites, at least not in the first instance.
- 7.4 **Cons:**
- 7.4.1 At the time of writing, the council's service compares very well with the colleges in terms of the quality of provision, as judged by Ofsted. In some significant areas it has been assessed to be better. On this basis, therefore, there is a risk that provision could be transferred to a college where the quality of teaching and learning is not as strong with a detrimental impact on the experience of individual learners and on the quality of skills training in the county overall. Having said this, Ofsted is constantly 'raising the bar' in terms of what they expect from all providers and comparisons between providers change as new inspections are conducted

under higher standards.

- 7.4.2 Many learners on courses run by the council, especially young learners who, on joining a course, are not in employment, education or training (NEET), have chosen the council's provision because they believe that the college environment would not suit them. They have said that they find the large scale college environment intimidating. As described above, the reverse is probably also true which suggests that there might be a place for both types of learning environment to suit people's different learning styles.
- 7.4.3 The public in Norfolk value the council's service and its long standing delivery in Wensum Lodge, as evidenced by the 2,500 signatures on two formal petitions made to the council to retain the service when there was media speculation about change earlier in the year.
- 7.4.4 The colleges have also said that they may not be able to retain the wide range of local venues for course delivery suggesting that the breadth of delivery in locations across the county could contract from the current position, which itself gives rise to concern from Members that it is Norwich-centric. This is a particular issue for the provision of Community Learning and so the council would need to consider alternative arrangements for this.
- 7.4.5 As described above, the transfer of staff to the colleges is likely to be complex and where transfers could not be agreed, the council would incur redundancy costs.
- 7.4.6 The delivery of provision in its current form, to more vulnerable people, those needing first level qualifications and people on Community Learning courses, could be at risk as the colleges are not confident that they could support its breadth and diversity. As the colleges have said that they are not certain about continuing to deliver the diverse range of training currently on offer, additional alternative arrangements would be needed to ensure the maintenance of the current levels of training for the most vulnerable groups.
- 7.4.7 There would be a reduction in income to the council when the Adult Education service's payment for support services ceased. At present Adult Education contributes around £257k per annum to central services. The majority of this is £200k to central services (such as HR, ICT and Finance Shared Services) and £50k to the Customer Service Centre.
- 7.4.8 Transferring these funds to the colleges would leave the council without its main means to bring strategic influence on the provision of skills training in the county. This is more significant now that the New Anglia LEP has secured City Deal status for Norfolk and Suffolk. The impact of not being a contract holder may also diminish the County Council's ability to shape the specification for the EU investment fund as mentioned in 6.4.

## **8 Wensum Lodge**

- 8.1 Wensum Lodge has been a learning centre since the 1960s. With 23 teaching rooms, it is (apart from the FE colleges) the biggest dedicated teaching centre for adults in Norfolk. These rooms are used for three or four sessions each week day

and some on Saturdays. This site accounts for part of the Norwich provision as there are also about 50 other school and external venues in use in Norwich. The site is also the base for most of the service's staff and has 85 work stations, some of which are teacher 'hot desks'.

8.2 Discussions are in progress with the City Council to explore the role of Wensum Lodge in the South City regeneration area.

8.3 Meanwhile, the Leader of the County Council has confirmed that there will be provision for adult learning in Wensum Lodge in the future.

## **9 Conclusion**

9.1 The discussion about Adult Education inevitably becomes linked to a discussion about the future of Wensum Lodge. The officer recommendation to the Panel is that there are significant benefits to be gained by the council continuing to receive Skills and Education Funding Agency Funding and remaining a direct provider of Adult Education in Norfolk. In particular the ability to influence and shape the skills agenda for Norfolk is key.

9.2 The service should liaise closely with the Economic Development Service and with the colleges via joint working arrangements to ensure that all the learning providers focus funding on developing skills that support the economic development of Norfolk.

9.3 This is the case whether or not the service continues to operate from Wensum Lodge or from a different location as a base in the future.

## **10 Resource Implications**

10.1 There are no resource implications if the service remains part of the council.

10.2 There would be likely to be some redundancy costs if the service's funding allocations were transferred to the FE colleges related to those staff for whom TUPE arrangements could not be secured. The extent of this cost would only become clear following more detailed discussions with the colleges. There is no budget provision for such additional costs.

10.3 The provisional budget for 2014/15 contains £1.4m allocated to non-teaching operational staff (including management, caretakers, crèche, pastoral care, reception and administration). This covers 54.14 full time equivalent staff, graded from C to M.

10.4 Whilst the service remains part of the council as now, the council can use its funding to influence the provision of skills in the county in line with the skills strategy of the New Anglia Local Enterprise Partnership and the City Deal.

10.5 There would be a reduction in income to the council when the Adult Education service's payment for support services ceased. At present Adult Education contributes around £257k per annum to central services. The majority of this is £200k to central services (such as HR, ICT and Finance Shared Services) and

£50k to the Customer Service Centre. Central services would therefore need to find equivalent savings to avoid an additional cost being borne by the Council.

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

- 11.1 Subject to Members' views, impact assessments would be carried out prior to any changes being implemented. The recommended proposal has the potential to improve access to services in rural parts of the county.

## **12 Any other implications**

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

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

- 13.1 Through the engagement of a wide range of people in structured mindful activity the adult education service contributes to the prevention of crime and disorder.

## **14 Action Required**

- 14.1 Members are asked to:
- a. Comment on the additional information which the Panel requested at its meeting in October 2013
  - b. Revisit the conclusion of the review of the service, set out in the 8 October 2013 Panel paper, that there are more strengths and opportunities associated with the service remaining within the council, regardless of where it is based.
  - c. Note the intention to continue to have provision for adult learning in Wensum Lodge in the future

## **15 Background Papers**

[Review of Adult Education - Item 10, Overview & Scrutiny panel 8 October 2013.](#)

## **16 Officer Contact**

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

Harold Bodmer      01603 223175      [harold.bodmer@norfolk.gov.uk](mailto:harold.bodmer@norfolk.gov.uk)

Jennifer Holland      01603 222272      [jennifer.holland@norfolk.gov.uk](mailto:jennifer.holland@norfolk.gov.uk)



If you need this report in large print, audio, Braille, alternative format or in a different language please contact Jill Perkins on 0344 800 8014 or 0344 800 8011 (textphone) and we will do our best to help.

## Summary Evaluation

### Option 1

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• Potential to increase funding to the front line delivery by reducing overheads costs from five to four providers</li> </ul>	<ul style="list-style-type: none"> <li>• Poorer quality of provision in some areas</li> <li>• Would be difficult to continue to secure range of provision in local venues</li> <li>• Public concern at removal of service in its current form</li> <li>• NEET and adult learners might be resistant to college environment</li> <li>• Potentially complex TUPE</li> <li>• Additional costs of redundancy</li> <li>• Uncertainty about future Community learning provision</li> <li>• reduced income to NCC for reduction in support services</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Current premises e.g. Wensum Lodge available to NCC for disposal and/or income generation</li> </ul>	<ul style="list-style-type: none"> <li>• Authority loses control over the delivery of general skills training and learning to vulnerable groups</li> <li>• Learning for vulnerable groups could diminish</li> <li>• Would inhibit the potential for the council to lead economic growth agenda under the City Deal</li> </ul>

## **‘Making it Real’ – Enabling Personalisation in Norfolk**

Report by the Director of Community Services

### **Summary**

Social care has been significantly transformed over the past decade, with the advent of personalisation.

Norfolk County Council and Equal Lives (formerly Norfolk Coalition Of Disabled People) have taken the next step in helping transform adult social care through personalisation and community based support by making a joint commitment to the national Making it Real (MiR) programme.

MiR is a national programme delivered by Think Local Act Personal (a national partnership of leading organisations across health and social care) that aims to support organisations delivering social care to develop and deliver personalised services for people with support needs. The challenge is to make personalisation ‘real’. Norfolk County Council has been the first local authority to our knowledge to be a joint signatory with a user-led organisation, Equal Lives.

The MiR programme in Norfolk has included the co-production of four local priorities with users of services and their carers that will demonstrate, when achieved, that there is greater choice, control and personalisation of services in Norfolk:

- a. People will have individual care and support to live their lives as they wish
- b. People will have access to a pool of people who can give advice about how to employ them and the opportunity to get advice from peers
- c. People will have easy to understand information and the support they need in order to remain as independent as possible
- d. People will have opportunities to train, study, work or engage in activities that match their interests, skill and abilities

Appendix 1 provides the Norfolk Making it Real action plan. This paper provides the detail of how these priorities have been developed, the process for creating an action plan to achieve these priorities and the mechanisms to help implement, monitor and evaluate the progress of the work.

### **Action required**

The Overview and Scrutiny panel is asked to:

- a. Review and comment on the development and implementation of ‘Making it Real’ in Norfolk
- b. Endorse the Norfolk Making it Real action plan
- c. Recommend any further updates or actions the Panel may wish to see in the future

## **1 Background**

1.1 Social care has undergone a significant transformation over recent years, with personalisation at the heart of these changes. A personalised service is one that gives people choice and control over how their social care needs are met so they can live full and independent lives.

1.2 Think Local Act Personal (TLAP) is the sector wide commitment to transform adult social care through personalisation and community based support. Making it Real

(MiR) is a national programme delivered by TLAP that is the next phase of this ambition that aims to support organisations like Norfolk County Council (NCC) and Equal Lives to develop and improve personalised services for people with support needs.

- 1.3 The MiR process helps organisations look at how they work and make changes so that people have truly personalised services and more choice and control over their lives.
- 1.4 The national Making it Real team worked with people using services and carers to understand what people expect to see and experience. The national group came up with a set of indicative markers (called 'I statements'), that show if a service is personalised, which are designed to inform local developments. The focus for signatories to the MiR process is to test whether their services are really making a difference to people's lives.
- 1.5 Nationally there are 600 organisations, including 72 local authorities, who have signed up to the National MiR programme to ensure that people have more choice and control over how their social care needs are met, enabling them to live fulfilling and independent lives. Norfolk County Council is to our knowledge the first local authority to become a joint signatory with a user-led organisation. This approach builds on our spirit of co-production and history of joint working.
- 1.6 It also provides recognition of the commitment to the personalisation agenda of those organisations involved in delivering MiR locally by allowing them to use the Think Local Act Personal logo, once their action plans are published on the MiR website. (Further information is available at [www.thinklocalactpersonal.org.uk](http://www.thinklocalactpersonal.org.uk))
- 1.7 NCC and Equal Lives have a strong and productive history of partnership working. This began informally during 1998 when designing the original Direct Payments scheme for Norfolk. In 2010 NCC and Equal Lives agreed to form a unique strategic partnership with the purpose of working together to enable the initial transformation required to achieve the goals of personalisation. The partnership has been instrumental in the development of genuine co-production in service developments and commissioning, whilst empowering people who use services and carers to take part and effect real changes to the services they receive both at local and strategic levels within NCC and Equal Lives.
- 1.8 To take the next step in transforming adult social care through personalisation and community based support, as championed by TLAP, NCC and Equal Lives have now signed up in a joint partnership to deliver Making it Real in Norfolk. Each partner provides their skills, knowledge, expertise and influence across Norfolk to deliver against its chosen priorities. As part of this arrangement, a temporary part time Project Manager, accountable to a Making it Real Reference Group, has been appointed from Equal Lives to support the development and implementation of Making it Real in the first year.

## **2 Making it Real in Norfolk**

- 2.1 To shape, develop and monitor Norfolk's MiR delivery and outcomes, a MiR Reference Group has been drawn together that meets on a quarterly basis. This includes representatives from community groups, user led organisations and strategic partnerships, including:
  - a. The Older Persons Strategic Partnership
  - b. Equal Lives
  - c. Norfolk Carers Council

- d. Opening Doors
- e. Norfolk County Council
- f. Mental Health Service Users
- g. People from BAME communities

Additional representatives are co-opted when specific areas of development require additional expertise.

## 2.2 Development of Norfolk's MiR Priorities

2.2.1 Norfolk's MiR programme initially had to identify what the priorities of people who use services and their carers were in terms of having personalised services and what these services would look like once they were in place. The MiR Reference Group designed and carried out a survey of 600 people in Norfolk to identify this, which was then analysed and the feedback taken to community, voluntary and charitable organisations from around Norfolk, as well as people who use services and carers.

2.2.2 These groups identified four priorities (see Fig 1 below) for Norfolk that will enable individuals choice and control in how they support their lives and a number of key examples of what the services would look like if they were successfully delivering against these priorities:

**Fig 1** Norfolk's MiR Priorities

Priority	What services will look like
<p><b>People have individual care and support to live their lives as they wish</b></p>	<p>Eligibility for support is equitable            People are able to employ personal assistants            People choose to work in the care sector            People are supported to choose how their care needs are met            The rules about using a personal budget are clear            The assessment process is holistic            Choices are respected            The Harwood charter is in place</p>
<p><b>People have access to a pool of people, advice about how to employ them and the opportunity to get advice from peers</b></p>	<p>There is a Personal Assistant Register in place            Information is widely available            People are supported about employment issues            People can rate the care they receive            People can talk to others with the same experience</p>
<p><b>People have easy to understand information and support they need in order to remain as independent as possible</b></p>	<p>Information is accessible            The way information is shared takes into account people's preferences            A strategy for peer support is co-produced and delivered            More people are available locally for informal support            People get the right information at the start of their journey</p>

<p><b>People have opportunities to train, study, work or engage in activities that match their interests, skill and abilities</b></p>	<p>Volunteer opportunities are made available  Training and support is available to help people become volunteers or peer mentors  People have access to skills advisors  People are supported to put in place personal development plans  People are able to find out about local activities</p>
---	---

### 2.3 **Norfolk’s Making it Real Action Plan**

- 2.3.1 A key requirement of the participants in Making it Real is to develop and publish an action plan which sets out what they will undertake to achieve their personalisation priorities.
- 2.3.2 A comprehensive Action Plan for Norfolk was signed off by the MiR Reference Group on 9 September 2013, and subsequently by Community Services and Equal Lives Senior Management Teams. It has been published on the National Making it Real Programme website. The full Norfolk Making it Real Action Plan can be seen in Appendix 1.

## 3 **Making it Real in Norfolk – The Next Steps**

- 3.1 To ensure that the agreed Action Plan delivers against the MiR priorities and that we can track the progress of the work on delivering services that are personalised the following processes are in place:
  - a. Lead managers of the work streams identified in the Action Plan have responsibility for that action and will work with the MiR Reference Group to report on progress
  - b. Members of the Reference Group will continue to engage with communities to ensure that
    - i. Developments and progress are reported to communities
    - ii. The work of the MiR Reference Group continues to reflect the voice of people who use services and their carers
    - iii. Feedback from communities about the impact of delivering against the MiR priorities is generated and used as evidence of success
    - iv. The wider views of all of Norfolk’s diverse communities are gathered
    - v. Further opportunities for delivering more personalised services are identified and fed back into the process

### 3.2 **Evaluating the Making it Real Impact.**

- 3.2.1 The driver for this programme is to ensure that people have more choice and control over how their social care needs are met so they can live full and independent lives. Therefore getting a clear understanding if we are delivering against the Norfolk MiR priorities is essential.
- 3.2.2 To achieve this, an evaluation and monitoring plan will be developed by the MiR Reference Group, supported by NCC and Equal Lives that will help to demonstrate progress and impact. This will include a survey of community, voluntary and charitable organisations from around Norfolk, as well as people who use services and carers to measure the change that is being made.

### **3.3 Future Opportunities for Making it Real in Norfolk**

- 3.3.1 To ensure the longer sustainability of the MiR ambitions around personalisation the Reference Group will develop a longer term framework for its delivery. This will include the MiR Reference Group shaping and delivering plans around the following:
- a. The MiR Reference Group moving to operate as an independent self-managing group after June 2014
  - b. Evaluating the impact of the 'Year 1' MiR Action Plan and developing proposals for 'Year 2'
  - c. Providing a representative user and carer voice in future commissioning and operational developments
  - d. Develop links to a 'core forum' to be set up in Equal Lives to ensure that its services and activities are co-produced with its members and people using Equal Lives services

## **4 Other Implications**

- 4.1 None

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

- 5.1 All of the Norfolk County Council workstreams that will deliver the MiR priorities (detailed in the Action Plan – Appendix 1) will have an associated EqIA.

## **6 Health and Safety Implications**

- 6.1 Not applicable

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

- 7.1 There are no direct implications of this report for the S17 Crime and Disorder Act.

## **8 Action Required**

- 8.1 The Overview and Scrutiny panel is asked to:
- a. Review and comment on the development and implementation of 'Making it Real' in Norfolk
  - b. Endorse the Norfolk Making it Real action plan
  - c. Recommend any further updates or actions the panel may wish to see in the future

## **Background Papers**

Appendix 1 - Making it Real Norfolk Action Plan (attached)

### **Officer Contact**

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

Name:	Telephone Number	Email
Catherine Underwood	01603 224378	<a href="mailto:catherine.underwood@nhs.net">catherine.underwood@nhs.net</a>
Director of Integrated Commissioning		
John Everson	01263 738119	<a href="mailto:j.everson@nhs.net">j.everson@nhs.net</a>
Head of Integrated Commissioning - North		



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

## What is Making it Real?

Making it Real (MiR) is a national programme delivered by Think Local Act Personal that aims to support organisations like Norfolk County Council to improve personalised services for people with support needs. A personalised service is one that gives people choice and control over how their social care needs are met so they can live full and independent lives.

The MiR process helps organisations look at how they work and make changes so that people have truly personalised services and more choice and control over their lives.

The national Making it Real team worked with people using services and carers to understand what people expect to see and experience. The national group came up with a set of 'Markers' (called 'I' statements) that show if a service is personalised.

## How is Making it Real being delivered in Norfolk

Norfolk County Council and Equal Lives have set up a partnership to deliver Making it Real in Norfolk. A reference group has been brought together and this group includes people with links to community groups, user led organisations and strategic partnerships such as the Older Persons Strategic Partnership and Opening Doors.

The reference group designed and carried out a survey of 600 people to find out their views on how personalised the services they used were. The survey was analysed and the feedback was taken to a workshop attended by community, voluntary and charitable organisations from around Norfolk.

People were given the opportunity to look at the survey results and discuss their own views on how personalised services were. Votes were taken and the group identified four priorities for Norfolk. Alongside the four priorities, the workshop also set out how services would look once the priority areas have been addressed so that the reference group and those officers working to deliver MiR have a set of clear outcomes to achieve.

Priority	What success will look like	Priority	What services will look like
<p><b>Priority 1. People have individual care and support to live their lives as they wish</b></p>	<p>Eligibility for support is equitable            People are able to employ personal assistants            People choose to work in the care sector            People are supported to choose how their care needs are met            The rules about using a personal budget are clear            The assessment process is holistic            Choices are respected            The Harwood charter is in place</p>	<p><b>Priority 2. People have easy to understand information and support they need in order to remain an independent as possible</b></p>	<p>Information is accessible            The way information is shared takes in to account people’s preferences            A strategy for peer support is co-produced and delivered            More people are available locally for informal support            People get the right information at the start of their journey</p>
<p><b>Priority 3. People have access to a pool of people, advice about how to employ them and the opportunity to get advice from peers</b></p>	<p>There is a Personal Assistant Register in place            Information is widely available            People are supported about employment issues            People can rate the care they receive            People can talk to others with the same experience</p>	<p><b>Priority 4. People have opportunities to train, study, work or engage in activities that match their interests, skill and abilities</b></p>	<p>Volunteer opportunities are made available            Training and support is available to help people become volunteers or peer mentors            People have access to skills advisors            People are supported to put in place personal development plans            People are able to find out about local activities</p>

**Priority 1 - People have individual care and support to live their lives as they wish**

No.	What will success look like	Steps to be taken to make it happen 2013-14	Who will be involved	When	Outcome achieved
1a	Eligibility for support is equal for people of all ages, as is the option to use personal assistants across all groups of people where this is the individual's choice	<ol style="list-style-type: none"> <li>1. Equal Lives to set up Personal Assistant Register</li> <li>2. Council to set up one first point of contact service for everyone, Social Care Centre of Expertise [SCCE]</li> <li>3. To co-produce "This is what good looks like" training tool for SCCE staff</li> <li>4. To check the quality of the support plans to find out if people have been offered direct service or personally managed budget</li> </ol>	<ol style="list-style-type: none"> <li>1. Feedback from people who employ their own staff and people seeking work as a PA</li> <li>2. &amp; 3. Making it Real group and people who contact council for support</li> <li>4. Making it Real group</li> </ol>	<ol style="list-style-type: none"> <li>1. Dec 2013</li> <li>2. &amp; 3. May 2014</li> <li>4. May 2014</li> </ol>	
1b	More people are attracted to the job of care worker or personal assistant because the potential for variety, flexibility, and the worthwhile and interesting	<ol style="list-style-type: none"> <li>1. Equal Lives to offer co-designed training to personal assistants and to anyone signing up to PA register</li> <li>2. Norfolk Adult Social Care Workforce Development Partnership – to assess all</li> </ol>	<ol style="list-style-type: none"> <li>1. Feedback from people employing personal assistants</li> <li>2. - 4 Community engagement through</li> </ol>	<ol style="list-style-type: none"> <li>1. Nov 2013</li> <li>2. Oct 2013</li> <li>3. Dec 2013</li> <li>4. May 2014</li> </ol>	

	nature of the work is promoted consistently and positively	<p>training against Making it Real priorities</p> <p>3. Council's Adult Education service to promote care sector work to NEET and other learners</p> <p>4. Council to promote importance of training and training opportunities to providers through its Provider forums</p>	Making it Real Group		
1c	<p>Many more people receive direct assistance from an appropriate person to help them plan their own care/support arrangements (particularly when they have never done this before). This applies to people eligible for services as well as those funding their own care.</p>	<p>1. Council to set up new commissioning arrangement of support for people with their personal budget</p> <p>2. Equal Lives to co-design service evaluation with people using new information advice and support services</p> <p>3. New project to look at how people funding their own care are being supported through assessment process. To include people who are eligible for social care but who have low or moderate needs that are not covered by the council</p> <p>4. Council to commission Independent Support Planning Service to support people in their own homes to plan their care arrangements</p> <p>5. Council's Social Care Development Workers to support social care staff to</p>	<p>1. Service specifications co-produced</p> <p>2. Co-production of monitoring and evaluation with people using service</p> <p>3. Co-produced with people using services</p> <p>4. Feedback from people using service</p> <p>5. Feedback from people using service</p>	<p>1. Oct 2013</p> <p>2. Feb 2014</p> <p>3. Mar 2014</p> <p>4. May 2014</p> <p>5. May 2014</p>	

		work with people to provide more personalised choices			
1d	There is no longer any confusion about what personal budgets can be used to purchase. All staff, providers and recipients understand the policy, which is consistent and transparent and recognises that people can best plan the nature of their own support where restrictions are minimised and flexibility promoted	<ol style="list-style-type: none"> <li>1. Comprehensive operational instructions produced for staff working with personal budget holders to ensure rules and regulations are clear and in place</li> <li>2. Equal Lives to co-produce support plan information advice to show how person can meet outcomes; keep safe and be within budget</li> <li>3. Equal Lives to gather lived experiences from people using personal budgets</li> <li>4. Council to put processes in place to respond to issues presented by people using personal budgets and to act upon these</li> </ol>	<ol style="list-style-type: none"> <li>1. Making it Real group</li> <li>2. Feedback from people using service</li> <li>3. Lived experiences of people using personal budgets</li> <li>4. Feedback from people using personal budgets</li> </ol>	<ol style="list-style-type: none"> <li>1. Dec 2013</li> <li>2. Feb 2014</li> <li>3. Nov 2013</li> <li>4. Jan 2014</li> </ol>	
1e	The assessment process is more holistic and joined up, taking account of e.g. health, housing, care, social, and transport needs. It is more personalised not just fitting people and their	<ol style="list-style-type: none"> <li>1. To co-produce “This is what good looks like” with people who use services as a training tool for social care staff</li> <li>2. Community Commissioning board to plan multi agency approach to Quality Assurance to avoid duplication and have more holistic assessments [CCG;</li> </ol>	<ol style="list-style-type: none"> <li>1. People who use services</li> <li>2. &amp; 3. Community engagement via MiR Reference group</li> <li>4. Feedback from people who use services</li> </ol>	<ol style="list-style-type: none"> <li>1. Mar 2014</li> <li>2. Mar 2014</li> <li>3. Dec 2013</li> <li>4. May 2014</li> </ol>	

	needs into boxes and there are reviews at regular intervals	HealthWatch; Social Care; NCH&C] 3. Making it Real Reference group to feedback on new scheduling function to book in reviews at beginning of year 4. Council's Development Workers to work with health services to make assessment process is more holistic and joined up			
1f	People feel their choices are respected, that they have sufficient time to, and are supported appropriately to, make decisions	1. Equal Lives to co-produce evaluation of its support planning service 2. Our Voice to mystery shop first point of contact service 3. Council's Development Workers and Equal Lives to set up pilot to trial pooled budgets	1. Feedback from people who use services 2. Our Voice to mystery shop 3. Co-produced with people who use services	1. Mar 2014 2. Dec 2013 3. May 2014	
1g	The Harwood Care and Support Charter is properly implemented, monitored and regularly reviewed ensuring people using services are involved in these processes	1. To set up Charter Reference Group to: <ul style="list-style-type: none"> <li>co-produce evaluation/monitoring of Harwood Care and Support Charter</li> <li>promote participation in the Charter</li> <li>educate statutory agencies, public, community and voluntary sector</li> </ul>	1. 3. & 4. Charter Reference group 2. Making it Real Group	1. May 2014 2. May 2014 3. May 2014 4. May 2014	

		<p>2. Homecare service specification will be in place to make it mandatory for providers to sign up to Charter</p> <p>3. The Council will review the Charter annually to:</p> <ul style="list-style-type: none"><li>• Monitor providers to identify and resolve any issues with the Charter and its use</li><li>• Publicise and promote providers who have made best use of Charter to highlight good practice</li></ul> <p>4. The Council will make Charter sign-up mandatory in each social care contract it re-commissions</p>			
--	--	---	--	--	--

**Priority 2 - People have access to a pool of people, advice about how to employ them and the opportunity to get advice from peers**

No.	What will success look like	Steps to be taken to make it happen 2013-14	Who will be involved	When	Outcome achieved
2a	There is a Register of personal assistants and support workers that is easily accessible to people wishing to employ a PA or work as a PA	<ol style="list-style-type: none"> <li>1. Council has commissioned a PA register to be delivered by Equal Lives. Equal Lives to co-design website and accompanying leaflets</li> <li>2. To promote PA register as widely as possible, including the Council's citizen portal</li> <li>3. Council to promote PA register through social care staff</li> <li>4. Equal Lives to co-design evaluation to ensure that PA register is easily accessible</li> </ol>	<ol style="list-style-type: none"> <li>1. People who use personal budgets</li> <li>2. Making it Real group; people who use personal budgets; personal assistants</li> <li>3. &amp; 4. People who use personal budgets and people seeking work as personal assistant</li> </ol>	<ol style="list-style-type: none"> <li>1. Sept 2013</li> <li>2. Dec 2013</li> <li>3. Dec 2013</li> <li>4. Mar 2014</li> </ol>	
2b	Information about who to contact for advice, (particularly when newly needing support) is widely available and consistently communicated, e.g. radio, TV, libraries, outside public building etc.	<ol style="list-style-type: none"> <li>1. Council to put in place Information, Advice and Advocacy services and a specific service for personal budget holders</li> <li>2. Council to re-develop its website to give better information service in co-production with Self-service project group</li> </ol>	<ol style="list-style-type: none"> <li>1. Feedback from people who use services</li> <li>2. Self-service project group and Making it Real group</li> <li>3. Co-produced with people using Equal</li> </ol>	<ol style="list-style-type: none"> <li>1. Sept 2013</li> <li>2. Dec 2013</li> <li>3. May 2014</li> <li>4. May</li> </ol>	

		<ul style="list-style-type: none"> <li>3. Equal Lives to re-develop its website in co-production with people using services to give better information service in co-production</li> <li>4. Council's Development Workers to ensure social care information in Norfolk Directory is continually updated</li> </ul>	<ul style="list-style-type: none"> <li>Lives services</li> <li>4. Feedback from people who use services</li> </ul>	2014	
2c	Everyone who employs, or is thinking of employing, personal assistants knows who to talk with and has easy access to well informed, accurate advice and support related to employment issues	<ul style="list-style-type: none"> <li>1. Council to commission an employment support service that will help people employ a personal assistant through a select list of preferred providers</li> </ul>	<ul style="list-style-type: none"> <li>1. People who use personal budgets to feedback</li> </ul>	1. Oct 2013	
2d	There is a 'Trip Advisor' type service where people who use care organisations and organisations offering support/advice, can say what they think of the service. People looking to use services can take these views into account when deciding who to use	<ul style="list-style-type: none"> <li>1. Harwood Care &amp; Support Charter to be promoted to ensure people who use care organisations and organisations offering support/advice can say what they think of the service</li> <li>2. Council to find ways to promote Social Care Institute for Excellence's "Find me good care" and Care Quality Commission's "Sharing your experience" as a Trip Advisor service"</li> <li>3. Adult Social Care section to be added to the Norfolk Directory of services so</li> </ul>	<ul style="list-style-type: none"> <li>1. Making it Real Group</li> <li>2. Feedback from people who use services</li> <li>3. Making it Real Group and feedback from people who use services</li> </ul>	<ul style="list-style-type: none"> <li>1. May 2014</li> <li>2. May 2014</li> <li>3. May 2014</li> </ul>	

		people can find out what's available and Council's Development Workers to ensure social care information in Norfolk Directory is continually updated			
2e	Local people willing to offer the benefit of their experience to others are identified and helped to be put in touch with other local people who would welcome their assistance and knowledge	<ol style="list-style-type: none"> <li>1. Equal Lives to promote peer support for disabled people through its Open sessions; website; and training</li> <li>2. Peer support initiatives to be granted through the Council's Living Well funding</li> <li>3. Council to look at options to further develop successful peer-support projects</li> </ol>	<ol style="list-style-type: none"> <li>1. 2. &amp; 3. Community engagement and feedback</li> </ol>	<ol style="list-style-type: none"> <li>1. May 2014</li> <li>2. May 2014</li> <li>3. May 2014</li> </ol>	

**Priority 3 - People have easy to understand information on support they need in order to remain as independent as possible**

No.	What will success look like	Steps to be taken to make it happen 2013-14	Who will be involved	When	Outcome achieved
3a	<p>Information is consistently much more accessible, including web content/pages.</p> <p>Information is available in Easy Read and accessible formats across all organisations.</p> <p>People who use services are involved consistently in co-designing and co-reviewing this information to make sure it's accessible in a meaningful way</p>	<ol style="list-style-type: none"> <li>1. To evaluate the Council's redesign website for accessibility</li> <li>2. Adult Social Care section to be added to the Norfolk Directory of services so people can find out what's available and Council's Development Workers to ensure social care information in Norfolk Directory is continually updated</li> <li>3. Norfolk County Council to promote easy read across whole council</li> <li>4. Council to provide a list of commissioning intentions for 2014-15. Making it Real Reference group to prioritise services to ensure people who use services are involved in co-production</li> <li>5. Establish a Making it Real Board to put co-production at the heart of Making it Real</li> <li>6. Council to build a co-produced on-line</li> </ol>	<ol style="list-style-type: none"> <li>1. Self-service project group</li> <li>2. &amp; 3. Community engagement by Making it Real group</li> <li>4. Making it Real group</li> <li>5. Making it Real group</li> <li>6. Self-service project group</li> </ol>	<ol style="list-style-type: none"> <li>1. Dec 2013</li> <li>2. &amp; 3. May 2014</li> <li>4. May 2014</li> <li>5. May 2014</li> <li>6. May 2014</li> </ol>	

		service to take the person through self-service of adult social care.			
3b	The way information, including preventive information, is made available takes account of the variety of different ways people prefer to receive, or are likely to notice, information. This includes use of existing networks and organizations as well as social media e.g. Streetlife, Facebook	<ol style="list-style-type: none"> <li>1. Council to re-develop its website to give better information service in co-production with Self-service project group</li> <li>2. Adult Social Care section to be added to the Norfolk Directory of services so people can find out what's available and Council's Development Workers to ensure social care information in Norfolk Directory is continually updated</li> <li>3. Equal Lives to develop information systems, including website, to promote the use of social media to provide information including community discussion facility</li> </ol>	<ol style="list-style-type: none"> <li>1. Self-service project group and Making it Real group</li> <li>2. Making it Real Group and feedback from people</li> <li>3. Partner and community engagement</li> </ol>	<ol style="list-style-type: none"> <li>1. May 2014</li> <li>2. May 2014</li> <li>3. May 2014</li> </ol>	
3c	A strategy is co-produced which plans for increasing the availability of peer support across the county enabling local people to have more face to face support/links in their local	<ol style="list-style-type: none"> <li>1. Council to co-produce a review of the use of volunteers across Norfolk</li> <li>2. Council to develop an understanding of the work-streams which would influence peer support</li> <li>3. Council's Development Workers to work</li> </ol>	<ol style="list-style-type: none"> <li>1. 2. 3. &amp; 6. Community feedback through Making it Real group.</li> <li>4. People who use personal budgets and</li> </ol>	1. - 6. May 2014	

	<p>community if they wish. Included with this, or separately, there is a co-produced plan to increase the availability of more inter-generational support</p>	<p>with local people to have more face to face support/links in their local community</p> <ol style="list-style-type: none"> <li>4. Equal Lives to build peer support built in to the information, advice and support service for people with a personal budget</li> <li>5. Equal Lives to offer peer support through Norfolk open sessions</li> <li>6. Council's Living Well funding to offer peer support opportunities and to involve people on co-produced activities</li> </ol>	<p>who are members of Equal Lives to co-produce.</p> <ol style="list-style-type: none"> <li>5. Equal Lives peer support steering group</li> </ol>		
3d	<p>There are more people in place to develop opportunities and informal support in local communities. This includes people like community organisers or village agents</p>	<ol style="list-style-type: none"> <li>1. Council to ensure more people in place to develop opportunities and informal support in local communities through the Living Well and Ageing Well funding</li> <li>2. Council's Social Care Development workers to support people to develop opportunities and to develop links with organisations who provide opportunities</li> </ol>	<ol style="list-style-type: none"> <li>1. &amp; 2. Feedback from people who use services</li> </ol>	<ol style="list-style-type: none"> <li>1. May 2014</li> <li>2. May 2014</li> </ol>	
3e	<p>At the first point of contact with social or health care people receive good enough information which allows them to take a next step. Where</p>	<ol style="list-style-type: none"> <li>1. Equal Lives Information Advice and Support service in place to direct people to existing services and give information/advice</li> <li>2. To mystery shop first point of contact</li> <li>3. Adult Social Care section to be included</li> </ol>	<ol style="list-style-type: none"> <li>1. Co-produce evaluation with people using Equal Lives services</li> <li>2. Our Voice mystery shoppers</li> </ol>	<ol style="list-style-type: none"> <li>1. Mar 2014</li> <li>2. Dec 2013</li> <li>3. Dec</li> </ol>	

	<p>information or signposting is insufficient people are instead offered more support and should be able to support as appropriate and/or signpost to local support groups, advice, volunteer organisations etc (local knowledge)</p>	<p>in Norfolk Directory of services so people can find out what's available</p> <p>4. Norfolk Community Health and Care and the Council to explore option of integrated services</p> <p>5. Council's Development Workers to support people to develop opportunities and to develop links with organisations who provide opportunities</p>	<p>3. 5. Feedback from people who use services and Making it Real group</p>	<p>2013</p> <p>4. 5. May 2014</p>	
--	---	---	---	-----------------------------------	--

**Priority 4. People have opportunities to train, study, work or engage in activities that match their interests, skills and abilities\*.**

No.	What will success look like	Steps to be taken to make it happen 2013-14	Who will be involved	When	Outcome achieved
4a	There is access to more volunteer opportunities for people of all ages, including people who use services or people not able to work	<ol style="list-style-type: none"> <li>1. Council to co-produce a volunteer strategy</li> <li>2. Council's Development workers to support people to develop volunteer opportunities</li> <li>3. Council's Living Well funded projects to give more people volunteering opportunities, including Equal Lives project</li> </ol>	<ol style="list-style-type: none"> <li>1. The Council's Local Hub Advisory groups and Making it Real Reference Group</li> <li>2. &amp; 3. Feedback from people who use services</li> </ol>	<ol style="list-style-type: none"> <li>1. May 2014</li> <li>2. May 2104</li> <li>3. May 2014</li> </ol>	
4b	Sufficient training and support is available for people to become volunteers, mentors, peer supporters/advocates – matching skills/interests to appropriate roles	<ol style="list-style-type: none"> <li>1. Council to support voluntary/community organisations to develop their workforce – paid staff, volunteers and trustees – through Norfolk Workforce Forward Grants and Living Well projects</li> <li>2. Council's Development Workers to link people who receive social care with training and support</li> <li>3. Norfolk Library and Information Service to develop new Job Seekers service so</li> </ol>	<ol style="list-style-type: none"> <li>1. Community/voluntary organisations + feedback from people who use services</li> <li>2. - 4. Feedback from people who use services</li> <li>5. Co-production with and feedback from volunteers</li> </ol>	<ol style="list-style-type: none"> <li>1. May 2014</li> <li>2. May 2014</li> <li>3. May 2014</li> <li>4. Jun 2014</li> <li>5. Dec 2013</li> </ol>	

		<p>that people can access basic IT skills; job applications skills such as writing a CV; emailing</p> <p>4. Norfolk Library service to apply for grant to set up business support to help people to develop entrepreneurial skills</p> <p>5. Equal Lives to develop co-produced training and support for people to become volunteers, mentors, peer supporters for Equal Lives</p>			
4c	<p>People have access to skilled advisors who know about disability issues, access to work etc. and opportunities are in place for people interested in this area who wish to offer peer support and gain experience</p>	<p>1. Equal Lives to co-produce and evaluate the Council's recently commissioned Information, Advice and Advocacy service</p> <p>2. Equal Lives to set up Access to Work mentoring scheme. Council's Development Workers to support and promote scheme</p> <p>3. Equal Lives to set up Peer mentoring scheme</p> <p>4. Equal Lives to offer peer support through open sessions about the county</p>	<p>1. Feedback from people using services</p> <p>2. 3. &amp; 4. Feedback from Volunteers, Mentors and Peer Supporters</p>	<p>1. Mar 2014</p> <p>2. Dec 2013</p> <p>3. Mar 2014</p> <p>4. May 2014</p>	
4d	<p>Basic IT skills training is available, easily accessible and affordable for people</p>	<p>1. Big Lottery funded Surfs Up scheme to provide people over 60 with basic IT skills training (Norfolk Library and</p>	<p>1. &amp; 2. Feedback from people using services</p>	<p>1. Mar 2014</p> <p>2. May</p>	

	of all ages who wish it so they feel confident using the internet at home or in libraries	Information Service) 2. Norfolk Library and Information Service to develop new Job Seekers service so that people can access basic IT skills; job applications skills such as writing a CV; emailing		2014	
4e	Work has been undertaken with schools, colleges and employers so that more people who wish to can access training and employment are supported	1. Council's Adult Education service to promote care sector work to NEET and other learners	1. Feedback from people accessing training	1. May 2014	
4f	People with the right skills are in place to help those who wish to do so, to devise plans for their own personal development	1. Council's Development Workers are in place to support people who receive social care support to devise personal development plans	1. Feedback from people using services	1. May 2014	
4g	People who wish to know where to go and who to talk with to find out about local activities and how to access these	1. Norfolk Library and Information Service to promote its services 2. Equal Lives to re-design its website to include 'your area' section so people can find out what is available in their area 3. Adult Social Care section to be added to the Norfolk Directory of services so people can find out what's available and	1. Feedback from people seeking information 2. Co-produced with Equal Lives members 3. Feedback from people seeking information	1. Dec 2013 2. Oct 2013 3. May 2014	

		Council's Development Workers to ensure social care information in Norfolk Directory is continually updated			
--	--	---	--	--	--

Note: Older people at the MiR workshop which decided these priorities pointed out that training, studying and working are less relevant to most people in very old age; however 'engaging in activities which match their interests' is relevant to people, with the energy to participate, whatever their age.

\* There is a clause written into contracts for people with a learning disability living in residential care to have opportunities to train, study, work or engage in activities that match their interests, skills and abilities.

**Action Dates:**

Date agreed by Equal Lives and Norfolk County Council:

Start date for action plan:

Review date for action plan:

## **Living Well in the Community Fund**

Report by the Director of Community Services

### **Summary**

The Living Well in the Community Fund (LWICF) was established to provide one-off grant funding to support community-based prevention initiatives. With a value of £1.56m, allocations were made over four funding rounds ending in March 2012. Funding was allocated to 61 projects which provided the best proposals against the grant criteria, each with clear outcomes which will enhance community capacity to support the independence and engagement of local people.

This final report on the Fund describes the current position of the grant awarded projects and their impact and what we have learnt from the grant-giving process and project monitoring. This has informed our understanding of what works locally and how this might be applied in future.

### **Action required**

Members are requested to comment on the update on the Living Well in the Community Fund.

## **1 Background**

- 1.1 This paper describes the progress to date of the Living Well in the Community Fund, a grant fund to support new prevention activities in Norfolk.
- 1.2 The Living Well in the Community Fund was established with a budget of £1.564 million available for one-off grants to organisations, community or voluntary groups who wished to run projects which would contribute to the County Council's objectives for prevention such as:
  - a. supporting independence
  - b. keeping people safe and well and living in their own homes
  - c. preventing hospital admission
  - d. tackling social isolation and promoting community connections
  - e. supporting family carers
  - f. promoting and supporting physical and mental health and with particular focus upon helping more vulnerable members of communities
  - g. building the capacity of organisations
  - h. supporting employment and volunteering opportunities for those people involved in delivering projects
- 1.3 In order to encourage a range of applicants, grants were available to organisations for small projects up to £5,000 (Community grants) or larger projects up to £50,000 (Main grants).

- 1.4 The Living Well in the Community Fund operated from February 2012 to March 2013 giving grants through four rounds of applications. This provided several opportunities for bids to be made.
- 1.5 A steering group oversaw the development and operation of the fund. A panel made decisions on grant awards and oversaw the governance of the programme. The Panel consisted of:
  - a. Elected County Council members
  - b. Senior managers from Norfolk County Council
  - c. A prevention and co-production subject matter expert
  - d. Member of the Probation Board
  - e. Representative from another grant-giving body

## 2 Current Position

- 2.1 The Living Well in the Community Fund is now closed to applications.
- 2.2 The Living Well in the Community Fund Panel awarded grants for 61 projects in total (22 Community Grants and 39 Main Grants) at a total value of £1,560,351. There was a spread of projects across different sectors of the community and across different parts of Norfolk with some projects being delivered countywide and some in particular areas.
- 2.3 **Appendix 1** is a link to the June 2013 Overview and Scrutiny Panel report containing brief details of the number and spread of applications and projects awarded a grant.
- 2.4 All projects had to specify timescales for delivery within two years of their grant award. Around 25% of the projects from the earlier rounds have been completed but the majority continue to be delivered.
- 2.5 Organisations are required to report back to the County Council on the outcomes from their project in terms of the impact on the people taking part and on their local communities and to capture any evidence of an impact on public services.
- 2.6 In total an estimated 13,800 people are planned to benefit from the 61 funded projects.

## 3 Outcomes to date

- 3.1 Each of the 61 funded projects identified three target outcomes to deliver through their project which were concerned with impacts on individuals and their communities. There are 180 unique outcomes in total, covering a wide range of people and changes in their lives and communities. Examples are
  - **Mundesley Youth and Community Health Paths and Outdoor Gym** – purchased and installed gym equipment and run sessions for people > 50 years old. Local people are referred to the facility by their GPs and report an improvement in their health & wellbeing and the understanding of the positive benefits of physical exercise
  - **Matrix Sexual Assault Project** – Developed protocols and pathways to support sex workers experiencing physical assault. Have provided information and advice to individuals and the number of sexual assaults on sex workers in

Norwich has reduced

- **Great Yarmouth & Waveney Mind (Community Roots)** - A whole community horticulture wellbeing project; participants with mental health issues are provided with access to gardens/allotments alongside therapeutic gardening session. Participants report experiencing less social isolation
- **First Focus Fakenham** – Offer a programme of health, advice, social, cultural and educational activities for people living in three outlying villages. Participants, including those with long term conditions, are now able to access social, learning and wellbeing activities
- **Bridgham Church Community room and Good Neighbour scheme** – Project to support up to 30 isolated older people by provisioning of community area and outreach support to those vulnerable and isolated. People report more social connections with some helping to run their own activities in the church
- **CSV (West Norfolk)** – Community volunteers providing additional support to young people with learning difficulties in their post school lives. Participants supported to become volunteers and explore leisure and employment opportunities
- **Women and Orphans Development Trust (WORD)** – Providing training and advice to parents from BME/Asylum seeking communities. Advice given in addition to providing opportunities to come together for mutual support in bringing up their children safely in a new culture. This project has secured funding to continue beyond LWICF

3.2 While many of the projects are on-going or still in their first phase of development some clear outcomes, as outlined above, are evident. The LWICF was tasked with a wide range of objectives but evidence of increased activity within particular communities and better outcomes for individuals can already be seen.

3.3 Continued monitoring and dialogue with participants and organisations will provide learning and evidence on how sustainable and successful the fund is in the longer term.

## 4 Learning from the Living Well in the Community Fund

### 4.1 Prevention:

4.1.1 The Living Well in the Community Fund aimed to support projects focused upon prevention. Prevention was defined as action intended to prevent or delay loss of independence, to improve quality of life and to promote social inclusion. All the successful applications to the fund were clearly able to demonstrate that their projects had a prevention focus. An example of the difference made by a completed project includes how the grant for mat handling equipment awarded to the Neatishead NVH Bowls Club meant that 26 “elderly and physically restricted club members are now able to meet and play bowls independently of [the two] able bodied members”.

### 4.2 Innovation:

4.2.1 There was a strong focus on the grant supporting organisations to develop innovation and good practice. The aim was to encourage and support new ways to address an issue and to test examples that other organisations could learn from. Rather than commissioning specific services, a call for bids into a grant fund was intended to

stimulate and develop innovation.

4.2.2 Overall there appeared some difficulties in generating and identifying innovative proposals. A substantial number of bids to the Fund were for projects that the panel felt was 'business as usual' and as a consequence they were turned down. This may reflect the broader funding challenge that many schemes face.

4.2.3 There has been successful innovation in projects where the proposals have built on established success i.e. the innovation is taking an existing project a step further, rather than starting from scratch. Most providers who are supporting vulnerable people with their existing services and receiving good feedback for this work, will naturally seek to extend or innovate from something they believe already works and has been proven to attract and retain those who might benefit from it. The start-up period for an entirely new project requiring the recruitment of new staff can be problematic and in at least two of the projects funded staff recruitment took longer than expected.

4.2.4 An important experience from the LWICF may be that extending and diversifying existing schemes may, in many cases, be a surer way to support innovation, than entirely new enterprises.

#### 4.3 **Co-production:**

4.3.1 The Fund had a strong focus on the principles of co-production where people who were likely to be beneficiaries of the project are fully involved in its design, delivery and evaluation. Linking back to the issue of innovation, this ensures that the proposal really makes sense to those who are expected to benefit. One of the risks of innovation is that a good idea in principle does not translate into an offer which is welcomed in practice. Co-production helps to insure against this. In addition, it is an important principle in terms of empowering recipients to steer what works for them. When co-production works well, recipients can really benefit from driving a project themselves.

4.3.2 Many unsuccessful applications did not demonstrate strong co-production. A good example of a fully co-produced, funded project was that run by residents of the Access Community Trust (formerly St Johns Trust) Hostel in Thetford. Residents designed and delivered their own project to produce and sell items from recycled materials. They learnt new skills and built their own confidence and motivation through the project.

#### 4.4 **Sustainability:**

4.4.1 As the funding is one-off, all applicants to the Fund needed to indicate how they would sustain the benefits of their work. The panel awarding grants were keen to ensure that those planning projects were clear what would happen after the grant was spent. Approximately 50% of completed projects have sustained outcomes thus far.

4.4.2 To support sustainability, all funded projects were linked into their local Integrated Commissioning Team for advice and access to a network of other local providers. All applicants, successful or otherwise, were provided with details of other funding sources including the Council's Workforce Forward Grants Programme aimed at improving skills and knowledge of staff and volunteers.

4.4.3 For many projects, sustaining the benefits will prove challenging in the current financial climate if they are seeking to extend their activity beyond their project end

date. In some instances the grant allowed the testing of a model from which a further business case could be put to seek funding. In other cases, the projects could become self-sustaining through their members. Sustaining projects where resources were used to fund equipment or a community facility were, in the main, more successful than those requiring on-going revenue support.

4.4.4 Projects concerned with creating and sustaining volunteer activity and facilities may prove to be successful in the longer term: Great Yarmouth Community Trust, which offers an internet café with volunteer support to mainly older people to help to use the café, computers or their own new laptop, is an example of a potential enduring project.

#### 4.5 **The grant giving process:**

4.5.1 We have valuable learning from the grant giving process.

4.5.2 Overall, the Living Well in the Community Fund enabled the Council to fund a substantial number of new or extended projects around the county.

4.5.3 Communicating the opportunity to apply to the Living Well in the Community Fund was extremely successful and stimulated 241 applications from 164 organisations. 89% of applicants rated communications from the Fund as Good or Excellent. 37% of applicants were successful with at least one application and many used the feedback we provided to re-submit successfully.

4.5.4 There was no limit to the number of applications an organisation could submit (or resubmit to a later funding round). We specifically offered advice and support to unsuccessful bidders and they were able to resubmit if they wished. Given the interest in the fund, the majority of bidders did not receive a grant so there was disappointment. 52% of applicants who remained unsuccessful felt the feedback we gave them was not helpful enough.

4.5.5 Some applicants suggested that instead of multiple funding rounds it would have been better to have a quicker, simpler initial Outline Proposal stage. This would have saved them time and effort at this early stage. This would have enabled the panel to shortlist promising and innovative project ideas that were aligned with known local priorities. This may also have offered the opportunity to support the development of projects in areas where there were fewer bids.

4.5.6 Shortlisted applicants might usefully be offered, or linked into, advice and support to develop their idea into a project. Having help with project planning, co-production, local networking and partnerships for sustainability would maximise the chance of a projects success and sustain outcomes and benefits into the future.

4.5.7 The learning gained through the Living Well in the Community Fund will inform any future grant giving in addition to providing valuable information about how community activities and benefits can be stimulated.

## 5 **Conclusion**

5.1 The Living Well in the Community fund has enabled us to support a wide range of projects which have been generated from our local communities and which target the strengthening of prevention and community engagement. By March 2015, over 13,000 people are expected to have benefited from these opportunities.

- 5.2 Despite endeavouring to address sustainability from the outset, the sustainability of every funded project is unlikely to be secured and is likely to be difficult in the current funding environment. However short term benefits have been secured and the experience and opportunities for people and groups to participate in the process may have longer term advantages. The fund was managed in a way which sought to support projects in developing their bids and this was a positive approach. Given the challenges of innovation and sustainability, this could be strengthened further still in future grant giving to support projects.

## **6 Equality Impact Assessment**

- 6.1 The Living Well in the Community Fund allocation has been through a bidding process with assessment of bids against clear criteria. Some projects specifically address protected groups.

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

- 7.1 Whilst not specifically targeted at crime and disorder, the fund has provided support to a wide range of community initiatives which can be anticipated to improve community cohesion and the support of more vulnerable people in their communities.

## **8 Action Required**

- 8.1 Members are requested to comment on the update on the Living Well in the Community Fund.

## **Background Papers**

Appendix 1 – [Living Well in the Community Fund report to O&S Panel June 2013](#)

### **Officer Contact**

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

Catherine Underwood      01603 224378      [catherine.underwood@nhs.net](mailto:catherine.underwood@nhs.net)

Sera Hall      01603 223062      [sera.hall@nhs.net](mailto:sera.hall@nhs.net)



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

## **Community Services Performance Monitoring Report for 2013-14**

Report by the Director of Community Services

### **Summary**

This report provides the third performance update for 2013-14 to Community Services Overview and Scrutiny Panel. A performance report is presented quarterly to this Panel to monitor progress against the Corporate Objectives set out in the County Council Plan that are covered by Community Services Overview and Scrutiny Panel.

The report is structured around the Community Services dashboard (Appendix A to this report) and any information included is the most up to date available at the time of writing. Any significant changes to the performance information between publishing this paper and presenting to Panel will be updated verbally.

Also included in this report is a benchmarking summary (Appendix B to this report), which compares Norfolk's performance in 2012/13 to other similar councils and to national and regional averages and the latest version of the Community Services Risk Register (Appendix C to this report).

The latest performance information indicates that performance overall across Community Services is good with no red alerts currently reported. Good progress continues to be made with transformation and efficiency across Community Services. There are some small variations from the programme plan but actions are in hand to maintain progress. Community Services is on track to deliver its planned efficiency savings and a balanced budget overall. Sickness absence levels overall are lower than they were last year. Cultural services are performing well with increased visitor levels to libraries and museums compared to last year. There have been improvements to Adult Social Care services, including increased compliance levels across care services reviewed by CQC, an increase in the percentage of people with learning disabilities in paid work and an increase in the percentage of carers supported following an assessment or review. While overall performance in Community Services is very good and most measures are on track to meet targets, there are signs of weakening performance for some measures, which should be monitored. These are: waiting times for personal budgets, delayed transfers of care, permanent admissions to residential care and repeat victimisation of domestic violence cases managed by a MARAC (Multi Agency Risk Assessment Conference).

### **Action required**

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

## **1 Background**

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

glance' approach to performance, focussing on local priorities for Norfolk.

- 1.2 Departmental dashboards form the basis for monthly departmental management discussion of key priorities. A cross section of information from the departmental dashboards is also escalated for strategic discussion at Chief Officer Group (COG). Dashboards are continuously developed to reflect emerging priorities.
- 1.3 Please see Appendix A for the current performance dashboard. The purpose of this report is to alert Members to areas of concern and highlight areas of improvement within the Community Services dashboard.
- 1.4 The most significant performance changes, or areas of concern, are discussed in more detail within the main report.
- 1.5 This report also includes a benchmarking summary (Appendix B to this report), which compares Norfolk's performance in 2012/13 to other similar councils and to national and regional averages. This information has only just become available for publication due to a national embargo being lifted. Section 2 of this report summarises the main points of interest from the benchmarking report.

## **2 Benchmarking Community Services' performance in 2012/13**

- 2.1 Appendix B to this report provides a summary of how Norfolk County Council's community services performed in 2012/13 compared to services provided by other similar councils.
- 2.2 Every year social services departments must submit a range of returns relating to referrals, assessments and packages of care (RAP), adult social care related activity (ASC-CAR), the Adult Social Care Survey (plus the Carers' Survey every other year) and expenditure (PSS-EX1). The results of these returns are collected together by the National Adult Social Care Intelligence Service (NASCIS) and made available online.
- 2.3 Most of the information in the benchmarking summary has been taken from the NASCIS website. Some additional information has been taken from the CIPFA Public Library Statistics.
- 2.4 It should be noted that all the data included in the benchmarking summary can be subject to change as the Department of Health can retrospectively republish data if issues or amendments are identified.
- 2.5 The main points of interest to be drawn from the benchmarking summary for 2012/13 are as follows:
- 2.6 We are turning over high volumes of work in Norfolk – the number of enquiries, referrals and assessments we are dealing with has increased since 2011/12 and is above average. The most significant growth in demand is for younger adults aged 18-64.
- 2.7 Compared to what we would expect for our population size, fewer people who are assessed in Norfolk go on to receive services compared to the average for similar councils.
- 2.8 Compared to our comparators, we are spending slightly more on social care as a percentage of the Council's total spend.

- 2.9 There is above average and increasing satisfaction with services and we get high scores for people's perceived quality of life and control over their daily life.
- 2.10 There has been a rapid catch up for Self Directed Support (SDS) and the number of people in Norfolk receiving SDS is now in line with national, regional and family group averages.
- 2.11 We have a higher than average level of people in residential care and are permanently admitting a higher rate of new people into them than average.
- 2.12 There are some performance issues for Mental Health – especially employment, people living independently, numbers in residential care, permanent admissions and unit costs of residential/nursing care.
- 2.13 Carers' satisfaction and quality of life scores are broadly in line with averages elsewhere. The percentage of carers receiving services (as opposed to just being provided with information) has been high compared to other areas but is now decreasing and moving more in line with other areas.
- 2.14 We have a relatively low number of safeguarding referrals that are serious enough to be investigated and this is decreasing while the family average is increasing.
- 2.15 The overall rate of delayed transfers of care in Norfolk is above average but those attributable to social care are the lowest in our family group. In both cases the rate of delays is increasing.
- 2.16 More service users than average feel safe and indicate that services have helped them feel safe and secure though this has dropped slightly since last year due to reduced confidence from the 65 +age group.
- 2.17 A bigger proportion of Norfolk's alleged safeguarding victims are age 65+ compared to family group and East of England averages and a bigger proportion of our alleged perpetrators are staff providing social care.
- 2.18 Where it is relevant to specific areas of performance being covered in the main performance report that follows, further benchmarking information has been included.

### **3 Community Services – Managing Change**

- 3.1 The Community Services transformation programme continues to be managed well and the overall assessment of status remains at amber for adult social care related projects and green for cultural services related projects.
- 3.2 There has been quite a lot of change to the list of projects that are currently being delivered since the last report in November.
- 3.3 Five projects have been completed and therefore removed from the dashboard:
  1. Support for self funders
  2. Review of Service Level Agreements
  3. Remodelling of care – meals
  4. Remodelling of Care - Independence Matters/ PCSS
  5. ICES (Integrated Community Equipment Service)

- 3.4 Two further projects have been put on hold temporarily:
- a. The Portal project has been put on hold due to the implications of the Council's new DNA (Digital Norfolk Ambition) project. This will include changes to the Council's website providing a new Citizen Portal for use by all departments. This will provide a streamlined method for customers and users of all Council services to access them online. In light of this, the current self service developments for community services have been on hold until we have a clear timetable of ICT developments
  - b. The Independent Living Fund (ILF) project has been put on hold as a result of national developments. This project was initiated to make arrangements for transferring people from ILF provision to local authority provision by 1 April 2015, following a Government decision to close the Fund and let councils meet the eligible care and support needs of ILF fund recipients. In November the Court of Appeal quashed the Government's decision to close the ILF and the Government suspended all activities to close the ILF fund. A decision has been taken to put work on this project on hold until we know whether the Government will make alternative arrangements for the future of the ILF fund or abandon making changes altogether
- 3.5 There will be further significant change in the transformation programme over the next few months with the setting up of new projects required to deliver the 2014-17 savings.
- 3.6 Further transformation work will also be required to deliver the requirements of the 2012 Care and Support Bill reforms, which propose, among other changes, to introduce a cap on an individual's financial contributions towards the cost of care. Changes will be implemented between April 2015 and 2016 and will have a wide impact on strategic and operational practices. In response to these changes Adult Social Care has set up a project team and a project (Changes in Social Care Funding) is in its early stages of planning.
- 3.7 Other key changes to note since the last dashboard report are:
- There has been a drop in the rating of the Publication Review project from green to amber. This is due to staff changes, which have caused a delay in delivery. Some elements of the project have already been delivered, however, including a Publication Toolkit which includes an improved process for commissioning new publications with a more consistent approach to style and presentation.
- 3.8 The Modern Social Care (MSC) phase two (non-residential) project status has shown further improvement and moved from an amber rating to green. This project was the implementation of the finance modules in CareFirst and the key objective was to make care management and financial systems even more coordinated by generating payments and billing invoices for non-residential services provided direct from Carefirst. The new process went live in November and payments and billing have now been made successfully from Carefirst. Apart from powering the finance runs, CareFirst now has more accurate service agreement information as part of the social care record and there are efficiencies. Opportunities also now exist for improved management information reporting from CareFirst.

## **4 Community Services – Managing our resources**

### **4.1 Managing the budget**

- 4.1.1 The latest projections suggest that both Adult Social Care and Cultural Services will report a balanced budget at the end of 2013/14. A separate report on the agenda

covers the budget monitoring in detail.

- 4.1.2 Community Services are on track to make planned efficiency savings of £1.94m in 2013/14 (£1.142m for Adult Social Care; £0.798m for Cultural Services).
- 4.1.3 The report shows an apparent increase of £18.59 in residential care unit costs per week since the last performance report in November. This is due to a change in the way we are capturing our data. If we applied the new calculation method to the previous unit cost result it would have been £553.82 rather than the £539.79 that was reported in November, meaning that the increase since the last report would actually be £4.56 per week.
- 4.1.4 Page 28 of the benchmarking summary at Appendix B provides more detail about how our residential and nursing care unit costs compare with other councils and how they have changed over time. The results show that unit costs for adults with learning disabilities or physical disabilities are decreasing and are low compared to national and family group averages. Unit costs for adults with mental illness are staying level over time but are higher than national and family group averages.

## 4.2 Organisational productivity

- 4.2.1 The predicted outcome for sickness absence across Community Services looks positive overall and sickness absence figures have continued to stay low compared to last year.
- 4.2.2 At December 2013, Adult Social Care were reporting 6.97 average days sickness per Full Time Equivalent (FTE) year to date in 2013/14. We are currently predicting that Adult Social care will hit its target of 11.19 days/FTE this year. The reduction in absence levels may be as a result of delays in absence returns being received due as well as the TUPE transfer of Independence Matters having reduced the absence levels slightly. While we continue to make reductions in sickness absence a priority, this sharp reduction in days lost can only be verified once quarter four data has been collated.
- 4.2.3 Cultural Services were reporting at December 2013, 4.89 average sickness days per FTE. This is above the level of sickness absence at the same time last year and we are currently predicting that Cultural Services will not hit their target of 5.38 days per FTE this year due to some complex long term sickness issues. The table below compares current figures with those for the same period last year:

	<b>Actual 2012/13</b>	<b>Target 2013/14</b>	<b>December 2013</b>	<b>December 2012</b>
Adult social care	11.19 days/FTE	11.19 days/FTE	<b>6.97 days/FTE</b>	7.7 days/FTE
Cultural services	6.62 days/FTE	5.38 days/FTE	<b>4.89 days/FTE</b>	4.6 days/FTE

4.2.4 Long term sickness absence in Adult Social Care accounted for 73% of the overall absence in Community Services and for 67% of overall absence in Cultural Services in 2013/14. These figures are impacted by some on-going management of complex individual health and performance issues which have recently reached conclusion and should be reflected in the end of year overall figures.

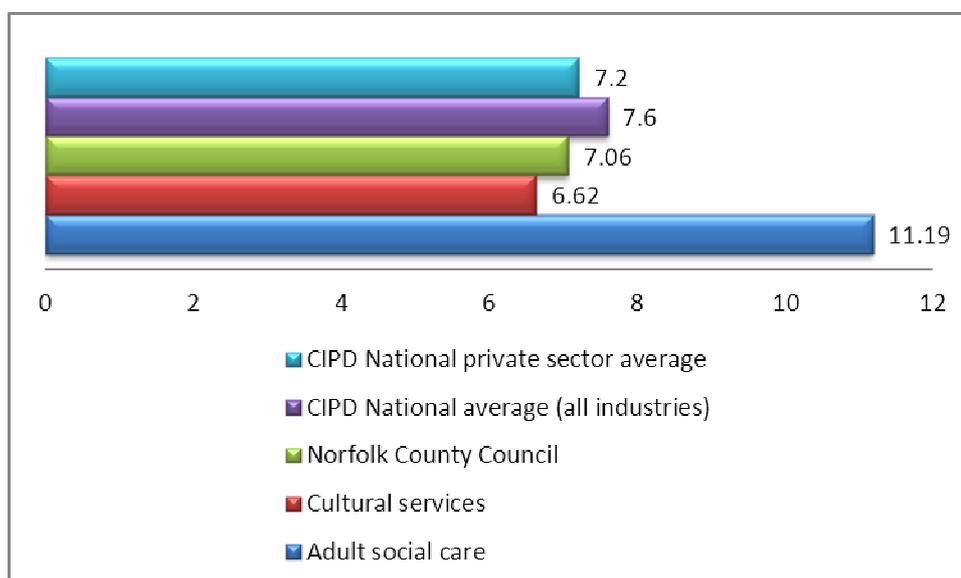
4.2.5 The table below provides further detail about the sickness absence that occurred in Community Services up until December 2013 and how this breaks down by team.

Service	Avg Sick per Fte Q1 12/13	Avg Sick per Fte Q2 12/13	Avg Sick per Fte Q3 12/13	Avg Sick per Fte Q4 12/13	Avg Sick per Fte 12/13	Avg Sick per Fte Q1 13/14	Avg Sick per Fte Q2 13/14	Avg Sick per Fte Q3 13/14
<b>Community Services – Adult Social Care Services</b>								
Business Support & Development	2.16	2.12	2.43	1.42	<b>8.14</b>	1.69	3.07	1.80
Commissioning & Service Transformation	4.83	4.61	3.93	3.16	<b>15.95</b>	1.83	0.56	0.07
Community Services Prevention	2.97	3.49	3.97	3.43	<b>13.28</b>	2.59	3.24	1.76
Community Services Safeguarding	2.57	2.65	2.28	2.83	<b>10.47</b>	2.35	2.20	2.20
Director Community Services	0.00	0.00	0.00	0.00	<b>0.00</b>	0.00	0.00	0.00
Directorate Support	22.00	5.00	0.00	0.00	<b>32.50</b>	0.00	0.00	0.00
Drug Action Team Management	0.60	0.22	1.29	0.10	<b>1.99</b>	N/A	N/A	N/A
Homesupport / NFS	1.73	1.57	1.56	1.66	<b>6.51</b>	1.38	1.79	1.37
Norfolk Industries	2.90	3.00	9.00	8.69	<b>22.80</b>	8.13	0.07	0.43
<b>Community Services - Adult Total</b>	<b>2.68</b>	<b>2.86</b>	<b>3.02</b>	<b>2.82</b>	<b>11.19</b>	<b>2.23</b>	<b>2.55</b>	<b>2.19</b>

Service	Avrg Sick per Fte Q1 12/13	Avrg Sick per Fte Q2 12/13	Avrg Sick per Fte Q3 12/13	Avrg Sick per Fte Q4 12/13	Avrg Sick per Fte 12/13	Avrg Sick per Fte Q1 13/14	Avrg Sick per Fte Q2 13/14	Avrg Sick per Fte Q3 13/14
<b>Community Services – Cultural Services</b>								
Active Norfolk	0.00	0.00				0.00	0.00	
Adult Education	2.05	2.10	3.16	2.84	<b>10.17</b>	3.77	3.58	3.77
Arts	0.00	0.50	0.00	0.00	<b>0.50</b>	0.08	1.69	0.00
NGS (Guidance)	1.41	2.52	7.22	2.48	<b>13.65</b>	2.46	0.00	
NLIS (Libraries)	0.76	0.96	1.34	1.69	<b>4.72</b>	1.20	0.92	0.49
NMAS (Museums)	1.09	1.14	2.12	1.22	<b>5.65</b>	1.06	1.47	1.10
NRO	2.51	3.24	3.00	4.88	<b>12.93</b>	1.88	0.09	0.29
<b>Community Services - Cultural Total</b>	<b>1.21</b>	<b>1.38</b>	<b>2.08</b>	<b>1.96</b>	<b>6.62</b>	<b>1.75</b>	<b>1.56</b>	<b>1.58</b>

4.2.6 For the Council as a whole, there is a predicted outcome of around 7.10 days per FTE, which is above target and slightly above the outcome for 2012/13.

4.2.7 The chart below shows how Community Services' sickness absence in 2012/13 compared to other available comparators:



Source - CIPD (Chartered Institute of Personnel and Development)

4.2.8 Corporate Resources are currently carrying out a sickness absence review on existing support mechanisms to see if there is anything else that should be done to support the organisation to continually drive down absence levels. The first step is to look at what is being done now and to find out which are the most effective mechanisms in supporting managers to actively manage absence levels. The review is expected to report at the end of March 2014 and any relevant findings will be brought to Panel.

### 4.3 Key risks from the Community Services Risk Register

- 4.3.1 Since the last report in November one risk has been removed from the dashboard as a result of its performance rating improving from amber to green. We now have improved prospects of hitting our targets related to the risk 'Failure to manage the needs of older people' so this is not currently considered a key risk.
- 4.3.2 The risk is concerned with the Council's ability to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk during the 2013/14 financial year. To mitigate this risk the Council has been trying to invest in adult social care services, particularly in prevention and reablement services, integrate services with Health and develop residential and social care facilities. Recent developments that have resulted in the improvement of the risk's prospects include:
- a. NHS Norfolk and Great Yarmouth funding of £1.3m for reablement in 2013-14 which is being used to help fund the Norfolk First Support, Night Owls and Swifts services
  - b. Successful completion of the transformation projects relating to Support for Self Funders, the Integrated Community Equipment Service and the remodelling of Meals on Wheels and Day Services
  - c. The recent retender of some of the homecare contracts, which is trying to address issues with delivering services in rural areas
  - d. Savings delivered through the Assessment and Care Management Review and the re-procurement of transport

## 5 Community Services – Service performance

### 5.1 Universal Services

- 5.1.1 Since the last report there has been an improvement in the number of people using Norfolk's **libraries**.
- 5.1.2 In November, the number of physical and virtual users of libraries was reported as being lower than it was for the same period last year. It was suspected that this was largely due to some technical issues with the systems that collect information about library use leading to undercounting.
- 5.1.3 This undercounting has now been corrected and the latest figures show that Norfolk's libraries have so far been "visited" 6.78 million times this year, either in person or through the internet. This is a slight increase of 0.3% since the same time last year when 6.76 million virtual or physical visits had been made.
- 5.1.4 Page 34 of the benchmarking summary at Appendix B shows that in 2012/13 Norfolk's libraries continued to issue a higher number of items to library users per 1,000 population than was average for shire councils although the number of issues decreased overall compared to the previous year. At the same time, Norfolk's net expenditure on libraries per 1,000 population was lower than the shire counties' average.
- 5.1.5 **Museum visits** in December are also higher than visitor levels for the same time last year and are exceeding target. The table below presents these figures alongside those for the same period last year:

	Museum visits	Target
2013 - December	291,549	276,353
2012 - December	281,293	278,897

- 5.1.6 Community Services seeks to deal with people's needs as quickly as possible and we monitor how many enquiries can be dealt with without a full assessment being needed. This helps us identify how efficiently our front door services are diverting non-complex work from social work teams in localities and also tells us something about the level of needs of people making enquiries.
- 5.1.7 Since the last dashboard report there have been some changes to the way that social care information is recorded on the Carefirst system. This means that we are now having to use different information to calculate the percentage of **people's needs that we are addressing at point of contact**. As a result, the figures presented in this report are not directly comparable with previous figures and no direction of travel is provided.
- 5.1.8 Page 7 of the benchmarking summary at Appendix B does show, however, that more people were dealt with at point of contact in 2012/13 in Norfolk than was average for councils regionally, nationally and in our family group.

## 5.2 Care Management

- 5.2.1 There have been changes to the indicators of care management performance. These are summarised as follows:
- The average number of days that people are having to wait for a personal budget is continuing to increase and has gone from 49.8 at the last report in November to 61.7. Generally we would aim for the average waiting time to be less than 80 days so this still remains under target. Average waiting times tend to increase gradually through the year as more complex cases build up in the system. The increase could also be due to increasing pressure on staff due to workforce reductions. A bank of internal staff is being used to work through backlogs in all social care localities and hopefully this will help to address any backlogs
  - Following a slight improvement in the last report, the rate of delayed transfers attributed jointly or solely to social care has now increased again from 2.3 per 100,000 population aged 18+ in November to 2.5. This compares to a final rate of 1.9 per 100,000 population at the end of 2012/13. While the rate of delayed discharges that are attributable to social care in Norfolk remains low compared to other councils, as demonstrated on page 32 of the benchmarking summary at Appendix B, a number of streams of work are underway to make sure that good performance in this area is maintained. For example, targeted work has been carried out over the last two months to correct inaccurate reporting related to delayed transfers of care for people with mental illness. Some delayed transfers relating to Suffolk County Council had been incorrectly recorded as delays in Norfolk. These issues have now been addressed and improved processes have been agreed for the future. A Members' working group is also being set up to look at the issue of delayed transfers of care in Norfolk and how this is being managed
  - There has been a slight increase in the proportion of social care case files audited that do not provide evidence of appropriate involvement from others (e.g. carers) from 0% at the last report to 3.5%. These figures are based on a rolling average of the audit results over the last twelve months. At the same

time, there has been an improvement in the average proportion of case files audited over the last twelve months that show sufficient consideration of mental capacity issues in support planning. Results from the case file audits are routinely fed back to social care management and instructions and training are provided for social care staff where appropriate to make any required improvements to assessment and support planning practice

### 5.3 Independence

- 5.3.1 Wherever possible, we seek to support people with social care needs in their communities and avoid admitting them to residential care permanently so that they are more likely to remain independent. The latest figures show that the rate of **permanent admissions** for all adults is slowly increasing. It is now projected that 40 younger adults (aged 18-64) per 100,000 population aged 18-64 will be permanently admitted this year compared to a projection of 32.5 at the last report. The projection for permanent admissions of older people aged 65+ has also increased since the last report from 765.9 people per 100,000 population aged 65+ to 769.5. Despite this, the year end results are still currently estimated to come in lower than last year for both age groups (end of year results in 2012/13 were 51.7 for adults 18-64 and 778.7 for adults 65+) and we are predicted to meet our agreed performance targets for both.
- 5.3.2 Pages 23-27 of the benchmarking summary at Appendix B provide detailed information about how the levels of admissions to and overall use of residential and nursing care in Norfolk compares to other parts of the country. Overall, Norfolk is admitting more people to residential and nursing care compared to our family group, particularly younger adults with mental illness or substance misuse issues.
- 5.3.3 This has left us with a higher rate of people living in residential or nursing care overall compared to other parts of the country. 4,565 people were in residential or nursing care on 31 March 2013 – this was the highest figure in our family group and the family group average was 2,736. Other benchmarking information provided by the Towards Excellence in Social Care programme (TEASC) suggests that the number of people receiving community based services in Norfolk is low compared to other areas and also that the level of older people age 65+ receiving homecare is below average and falling. This could be having an impact on the numbers of people using residential and nursing care services.
- 5.3.4 When older people are discharged from hospital, we try to provide them with reablement services so they are able to stay at home and don't need to go back to hospital. The percentage of older people who are still at home 91 days after discharge from hospital into our reablement services has been reducing over the last few months and has decreased from 88.4% to 88.29% since the last report. However, we are still exceeding our target of 85% and benchmarking results for 2012/13 show that we are outperforming national, regional and comparator group averages (see page 29 of the benchmarking summary at Appendix B).

## **5.4 Quality of commissioned services**

5.4.1 Since the last report there have been improved results on both measures that relate to the compliance of care services, as judged by the Care Quality Commission (CQC). In November, 78.15% of outcomes within care services were found to be compliant and this has now increased to 83.4%. The proportion of outcome reviews resulting in major concerns has dropped from 4.1% to 1.1% over the same period. It should be noted that there is a slight difference between the overall results directly available from the CQC website and those which we put together through looking at individual service results.

## **6 Community Services – Outcomes for Norfolk People**

### **6.1 People’s views on council services and accessing the Council including advice and signposting services/equalities**

6.1.1 Since the last report there has been an improved score for the quality and effectiveness of the Community Services’ customer access channels. The improved score is due to more performance information being available about the percentage of people’s needs that we are addressing at point of contact.

6.1.2 The finalised benchmarking results for 2012/13 set out in Appendix B confirm that service users are generally very satisfied with the services we provide. We have to be careful when comparing survey results with other geographical areas because the results are weighted to be more representative of each total local population. This means the results are not directly comparable but can serve as an approximate indicator of how well we are doing compared to other areas. Here are some headlines from the benchmarking results:

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

### **6.2 Services to protect people**

6.2.1 Adult Safeguarding Referrals are now at 1,992, which is an increase from the same period last year.

6.2.2 In 2012/13 Norfolk had 2,045 safeguarding referrals and 595 of these led to a safeguarding investigation or assessment. This represents an increase in referrals over time (there were 1,405 in 2010/11), but a decrease in those serious enough to require investigation or assessment (815 in 2010/11).

- 6.2.3 Page 38 onwards of the benchmarking summary at Appendix B shows that the rate of safeguarding referrals serious enough to require investigation or assessment is low in Norfolk at 85 per 100,000 population, compared to an average of 241 for the Council's family group, 260 for England and 285 for the East of England. It also shows that per 100,000 population, Norfolk only had five repeat referrals (where someone is the subject of two or more separate safeguarding referrals during the same reporting period) in 2012/13 compared to a family group average of 41.
- 6.2.4 In 2012/13, 67.9% of service users surveyed in Norfolk felt safe and this was above family group, national and regional averages. The percentage of people in Norfolk who say our services have helped them feel safe and secure is also above average at 81.4%, though this has dropped since the previous year.
- 6.2.5 The benchmarking data at Appendix B draws out some other interesting features of safeguarding referrals in Norfolk compared with other councils:
- a. A greater proportion of the alleged victims in Norfolk are aged 65+
  - b. A lower proportion of the alleged victims in Norfolk are people with mental illness
  - c. A greater proportion of the alleged perpetrators in Norfolk were social care staff (this means anyone employed to provide social care, including carers in residential homes or home care providers, not just social care staff)
- 6.2.6 Norfolk is due to undergo a voluntary peer review of its safeguarding procedures and activities in the next financial year with the support of the Local Government Association. This work will help to provide further information to support the improvement of our approach to adult safeguarding.
- 6.2.7 Since the last report there has been a reduction in the proportion of audited social care case files that show adequate assessment of all risk to individuals, staff and public from 28% to 22.25%. This quarter there has been an increase in the number of cases where risks have been identified. Despite this the number of cases that did not adequately record risks has significantly increased (16%). The majority of the cases having a partly adequate assessment were missing consideration of fire risk.
- 6.2.8 Since the last report there has been a slight increase in repeat domestic violence cases from 15% in November to 16%. Despite this, repeat incidents remain well below the national rate. Investigation into this has shown the Multi Agency Safeguarding Hub (MASH) process and initial response coupled with our Multi Agency Risk Assessment Conference (MARAC) process is particularly effective at preventing further violence.
- 6.2.9 There are some significant variations in repeat levels in different parts of the County with repeat levels in West Norfolk at 12%, East 17% and Central Norfolk 19%. The explanation for this is not clear. There has been a small increase in repeats across each of the areas, however repeats remain below that recorded within the most similar forces group (20%).

### **6.3 Independence**

- 6.3.1 Figures from December 2013 show that the percentage of people with learning disabilities that we are supporting in paid work has increased slightly since November from 6.6% to 6.7%. This puts the figure just below the 6.9% annual target. In real terms the measure relates to a very small group of individuals so any change in performance is likely to be due to a change of employment status for just a few people.

- 6.3.2 Benchmarking results from NASCIS for 2012/13 are now available and show that the Council is supporting slightly more people with learning disabilities in paid work than is average for our family group or for councils in the East of England and is in line with the national average.
- 6.3.3 The benchmarking results also provide information about how many people using mental health services in Norfolk are in paid employment. The graph shows that Norfolk has fallen short of average figures for the family group, the East of England and England for the last three years. The latest results for 2013/14 show some improved figures for this performance measure. In September the proportion of people using mental health services who were in employment was at the increased level of 6.1% (against an end of year target of 7%).

## **7 Risk management update**

- 7.1 Section 4.3 of this report provides a summary of the changes to the key risks that appear on the Community Services Risk Register.
- 7.2 The most recent version of the Community Services Risk Register is provided at Appendix C.

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

- 8.1 Community Services places diversity, equality and community cohesion at the heart of service development and service delivery. The department aims to ensure that activities and services are accessible to diverse groups in Norfolk and that all policies, practices and procedures undergo equality impact assessment. These assessments help services to focus on meeting the needs of customers in relation to age, disability, gender, race, religion and belief and sexual orientation.
- 8.2 This report provides summary performance information on a wide range of activities monitored by the Community Services Overview and Scrutiny Panel. Many of these activities have a potential impact on residents or staff from one or more protected groups. Where this is the case, an equality assessment has been undertaken as part of the project planning process to identify any issues relevant to service planning or commissioning. This enables the Council to pay due regard to the need to eliminate unlawful discrimination, promote equality of opportunity and foster good relations.

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

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

## **10 Environmental Impact**

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

## **11 Conclusion**

11.1 Performance overall across Community Services is good with no red alerts currently reported. Good progress continues to be made with transformation and efficiency across Community Services. There are some small variations from the programme plan but actions are in hand to maintain progress. Community Services is on track to deliver its planned efficiency savings and a balanced budget overall. However, there is a projected overspend of £2.52m in the Purchase of Care budget due to service user income being lower than expected. Sickness absence levels overall are lower than they were last year. Cultural services are performing well with increased visitor levels to libraries and museums compared to last year. There have been improvements to Adult Social Care services, including increased compliance levels across care services reviewed by CQC, an increase in the percentage of people with learning disabilities in paid work and an increase in the percentage of carers supported following an assessment or review. While overall performance in Community Services is very good and most measures are on track to meet targets, there are signs of weakening performance for some measures, which should be monitored. These are: waiting times for personal budgets, delayed transfers of care, permanent admissions to residential care and repeat victimisation of domestic violence cases managed by a MARAC (Multi Agency Risk Assessment Conference).

## 12 Action Required

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

## Background Papers

None

## Officer Contact

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

Colin Sewell

01603 223672

[colin.sewell@norfolk.gov.uk](mailto:colin.sewell@norfolk.gov.uk)



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

## Appendix A - Community Services performance dashboard

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

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

Managing Change		
Overall assessment of Transformation programme status	DoT	Alert
Adult social care transformation*	➡	Amber
Cultural services transformation*	➡	Green
<b>Assessment by project – social care</b>		
Publication review*	✖	Amber
Remodelling of care – Social Enterprise*	➡	Green
Remodelling of care – Transport*	➡	Amber
Integration*	➡	Green
MSC Phase Two (Non-Residential)*	✔	Green
Online self service (The Portal)* (Project currently paused)	-	-
Residential care direct payments*	➡	Green
Independent Living Fund* (Project currently paused)	-	-
<b>Assessment by project – cultural services*</b>		
Museums efficiencies*	➡	Green
Libraries efficiencies*	➡	Green
Record office efficiencies*	➡	Green

## Managing our resources

Managing the budget	Value	DoT	Alert
Projected spend against total Adult Social Care revenue budget*	£256.25m	➡	Green
Projected spend against Cultural Services revenue budget*	£16.98	➡	Green
Projected spend against total Purchase of Care budget*	£139.74m	➡	Amber
Forecast spend on residential care as a proportion of Purchase of Care spend*	57%	➡	-
Projected cashable efficiency savings*	£1.940	-	Green
Spend against profiled capital budget (for the current financial year)*	-0.18%	⬇	Green
Residential care unit costs per week (all specialisms)*	£558.38	✖	-
Business travel reduction (under development)	-	-	-
<b>Organisational productivity</b>			
[Q]Staff performance (composite of sickness absence;appraisals;disciplinary;health/safety incidents)*		➡	Amber
[Q]Staff engagement (composite of resilience;employee advocacy;grievances;IIP accreditation) *		➡	Amber
[Q]Staff resourcing (composite of recruitment activity;redeployment;redundancy;HR direct resolution; management of change and culture change)*		➡	Green
Average days sickness per FTE (adult social care)*	6.97	✔	Green
Average days sickness per FTE (cultural services)*	4.89	✖	Green
<b>[Q]Key risks from the Community Services Risk Register</b>			
Failure to meet the long term needs of older people*		➡	Amber
Failure to follow data protection procedures*		➡	Amber
Uncertainty around the shift towards investment in prevention services *		➡	Amber
If we do not meet budget savings targets*		➡	Amber
Loss of external funding or grants*		➡	Amber
Lack of capacity in ICT systems*		➡	Amber

Quality and performance of services			
Universal services	Value	DoT	Alert
Library users (both physical and virtual)*	6.8m	↑	Surveillance
Museum visits*	291,549	↕	Green
People's needs addressed at point of contact*	31.4%	-	Surveillance
Care Management			
% of all completed assessments which were for self funders*	9.6%	↓	Surveillance
Self Directed Support (composite of processes and systems, levels of users and cash payments)*	N/A	➡	Amber
Waiting times for Personal Budgets (average days in year so far)*	61.7	↑	Surveillance
Delayed transfers of care attributed jointly or solely to social care (per 100,000 population 18+) (2C Part 2)*	2.5	➡	-
[Q]Carers supported following an assessment or review (Old NI 135)*	47.17%	↕	Green
[Q]% of audited case files where there is not evidence of appropriate involvement from others e.g. carers*	3.5%	↑	Surveillance
[Q]% of audited case files where planning is informed by assessment findings including mental capacity where applicable*	91%	↑	Surveillance
Independence			
Permanent admissions age 18-64 to residential and nursing care (per 100,000 population 18-64) (2A, Part 1)*	40	✖	Green
Permanent admissions age 65+ to residential and nursing care (per 100,000 population 65+) (2A, Part 2)*	769.5	✖	Green
% of older people (65+) still at home 91 days after discharge from hospital into reablement/rehabilitation services (2B/Part 1)*	88.29%	✖	Green
Quality of commissioned services			
[Q] % of CQC reviews of outcomes within care services found to be compliant*	83.4%	↑	Surveillance
[Q] % of CQC reviews of outcomes within care services with major concerns*	1.1%	↓	Surveillance

## Outcomes for Norfolk people

<b>People's view on Council services</b>	<b>Value</b>	<b>D o T</b>	<b>Alert</b>
Compliments/complaints (all figures YTD)*	3.0	➡	Green
<b>Accessing the Council including advice and signposting services</b>			
Quality and effectiveness of customer access channels (composite measure)*	4	✔	Green
<b>Services to protect people</b>			
All adult safeguarding referrals – year to date*	1992	⬆	Surveillance
[Q]% audited case files where assessment adequately reflects all risk to individual, staff and public (surveillance measure)*	22.25%	⬇	Surveillance
Repeat victimisation of domestic violence cases managed by a MARAC (Old NI 032)*	16%	✖	Green
<b>Independence</b>			
% of audited case files where there is clear evidence of individuals making choices and taking control of their arrangements where they can and wish to*	68.25%	➡	Surveillance
Settled accommodation for people with learning disabilities (1G)*	73.13%	✔	Green
Supported employment for people with learning disabilities (1E)*	6.7%	✖	Amber

Performance		DoT - Direction of travel i.e. better or worse than the previous month.
Green	Performance is on target, no action required.	 Performance has got worse.
Amber	Performance is slightly off-track.	 Performance has improved.
Red	Performance is worse than the target, action required.	 Performance has stayed the same.
↑	Value on a surveillance measure has shown an increase – this does not automatically indicate worsening or improving performance	
↓	Value on a surveillance measure has shown a decrease – this does not automatically indicate worsening or improving performance	
EOY	Value indicates end of year result from 11/12 – no new data available for 12/13 yet	
*	Indicates new data since last report	
Surveillance	<p>Surveillance measures are indicators that we don't set a target for because:</p> <ul style="list-style-type: none"> <li>• Setting a target would be wrong – for example we want people to report adult safeguarding concerns, but it would be inappropriate to set a target for higher referrals</li> <li>• The indicator tells us about the context for our services, but does not measure our performance – for example the % of assessments for self funders – because we don't control how many self funders contact us</li> <li>• Where performance isn't entirely within our control – for example the compliance levels of our providers</li> </ul> <p>We continue to report these because they have a significant impact on demand for services or outcomes for Norfolk people and are important for Panel to note.</p>	
Reporting period	<p>Most recently available data used; DoT compares to last period, or same time last year.</p> <p>Unless prefixed by either a <b>[Q]</b> or <b>[A]</b> (representing Quarterly or Annually respectively) each measure is monitored monthly.</p>	



# Benchmarking

## Norfolk Community Services

### 2012/13

**Planning, Performance and  
Partnerships Team**

Room 506  
County Hall  
Martineau Lane  
Norwich  
NR1 2DH

[pppservice@norfolk.gov.uk](mailto:pppservice@norfolk.gov.uk)

**Source acknowledgements**

National Adult Social Care Intelligence Service  
CIPFA Public Library Statistics

# Contents

---

<b>1. Introduction</b>	<b>4</b>
Who is this report for?	4
What is benchmarking?	4
What is this report measuring?	5
Which councils are being compared?	5
How to use the report	6
<b>2. The Norfolk Picture – 2012/13</b>	<b>7</b>
<b>3. Outcome 1 – Enhancing quality of life for people with care and support needs</b>	<b>12</b>
<b>4. Outcome 2 – Delaying and reducing the need for care and support</b>	<b>23</b>
<b>5. Outcome 3 – Ensuring that people have a positive experience of care and support</b>	<b>35</b>
<b>6. Outcome 4 – Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm</b>	<b>38</b>
<b>7. Annexe 1 – Community Services Norfolk 2012/13 – our place in the family group (diagram)</b>	<b>44</b>

# 1. Introduction

## Who is this report for?

This report presents benchmarking information for Norfolk Community Services for the year 2012/13 and is designed to help managers and elected members compare the performance of Norfolk Community Services with other councils that have social care responsibilities and identify areas for improvement. It is not designed for use by the public.

All data included in this report can be subject to change as the Department of Health can retrospectively republish data of councils if issues or amendments are identified.

## What is benchmarking?

'Benchmarking' is a widely used term, within all sectors, describing when an organisation compares what it does against others. Organisations can benchmark their business processes, performance, finance, quality, etc. to understand strengths and weaknesses and respond accordingly. Essentially, 'benchmarking' provides a snapshot of how a 'business' is performing in relation to a particular standard.

We use benchmarking in a variety of ways in order to inform how we are doing and help us determine what our priorities are. It enables us to position ourselves amongst others, letting us know where our issues are as well as informing the target setting process.

Benchmarking is not an exact science and should be treated with some caution. It is important that the information is used properly and within context. Where possible, this report has tried to overlay performance

against population. But there are some warnings to consider when using benchmarking information. Broadly these include:

- In 2012/13 not all councils were able to provide a full set of data for the social care indicator values and estimates have not been made for those with missing data. Therefore England and regional totals are based on councils that have provided the complete data.
- The disparity between the councils (even amongst our 'family group') can sometimes impact on the results (e.g. size, demography, structure, budget etc).

This does not negate the benefits of benchmarking but understanding what it is telling you is vital.... resist simplistic interpretations by sourcing some contextual understanding.

## What is this report measuring?

This report presents benchmarking information for Norfolk Community Services for the year 2012/13.

Most of the data presented relates directly to the year 2012/13. Where the latest reportable data relates to another financial year, details are always provided with the data on the relevant page of the report.

Every social services department must submit a range of returns each year relating to referrals, assessments and packages of care (RAP), adult social care related activity (ASC-CAR), the Adult Social Care Survey (plus the Carers' Survey every other year) and expenditure (PSS-EX1). The results of these returns are collected together by the National Adult Social Care Intelligence Service (NASCIS) and made available to the Council online.

Most of the data in this report has been taken from the NASCIS tool. Some other data has been taken from CIPFA Public Library Statistics.

All of the information in this report is divided into the four sections of the Adult Social Care Outcomes Framework and has been specially selected to try and demonstrate how well Norfolk is doing at delivering the priorities agreed for us nationally.

The text of specific outcome measures set nationally has been included under each relevant outcome section to provide more information about what the desired outcome of our activities should be.

## Which councils are being compared?

Our results are mostly compared to Norfolk's 'family group' – a collection of 15 other councils that the Care Quality Commission considers to have similar characteristics to Norfolk and are therefore a valid comparison for performance.

These are: Cornwall, Cumbria, Derbyshire, Devon, Gloucestershire, Leicestershire, Lincolnshire, North Yorkshire, Northumberland, Nottinghamshire, Shropshire, Somerset, Staffordshire, Warwickshire and Worcestershire.

East of England and England results are also included in many cases to provide further benchmarks for our activity.

Where financial information is being compared with other councils the comparator group is based on Area Cost Adjustment (ACA) factors. The ACA factors are derived from the relative cost of providing services within a council's geographic area. For comparison of expenditure data, Norfolk was placed into one of four ACA groupings with 49 other councils with similar ACA factors in 2007/08.

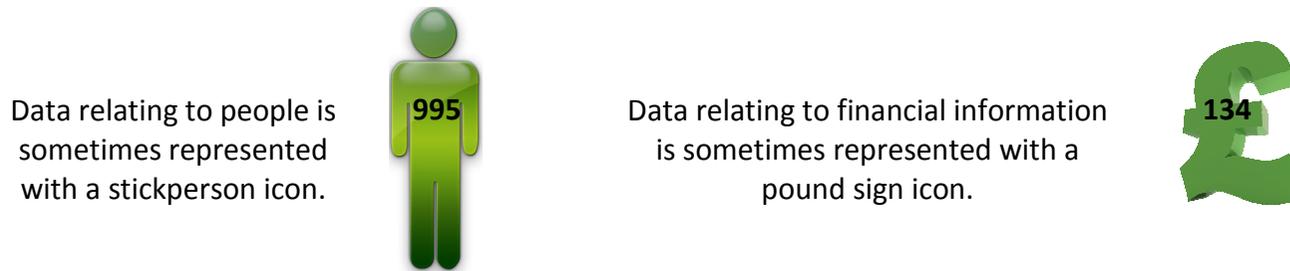
Where libraries are being benchmarked, the comparator group is English Shire Counties.

Where other comparator groups are being used, details are provided with the data on the relevant page of the report.

## How to use the report

In this report, information is presented in several different ways. In many cases, traditional bar charts or pie charts are used.

In some other cases, pictographs (or picture icons) are used to provide a visual demonstration of how Norfolk figures compare to other councils. The size of these pictographs is adjusted to provide an **approximate** reflection of the figures represented. The method used for sizing pictographs is not consistent through the report so icons on different pages may appear to be different sizes even though they represent the same figure. The figure represented is always provided inside or next to the icon.



A dotted line is sometimes used to show where the England  .....  or East of England  .....  result sits in comparison with the pictograph. These show how big an England or East of England pictograph would be if they were also shown in the report.

A table is sometimes provided alongside current data to show changing results over time. The white box show the year the data relates to. The green box relates to historic Norfolk data and the grey box to historic family group data.

11/12	642	611
10/11	995	642

A key is provided on each page but in most cases the following colours indicate the following things:

England result	
Norfolk result	
East of England result	
Family Group result	



Other symbols used in this report :

An information icon is used to mark important information about data.



A clipboard icon is used to mark interesting facts or provide further context to help us understand the data.

# The Norfolk Picture - 2012/13

The following pages provide background information about the overall numbers of people seeking help from Norfolk social care services in 2012/13, including:

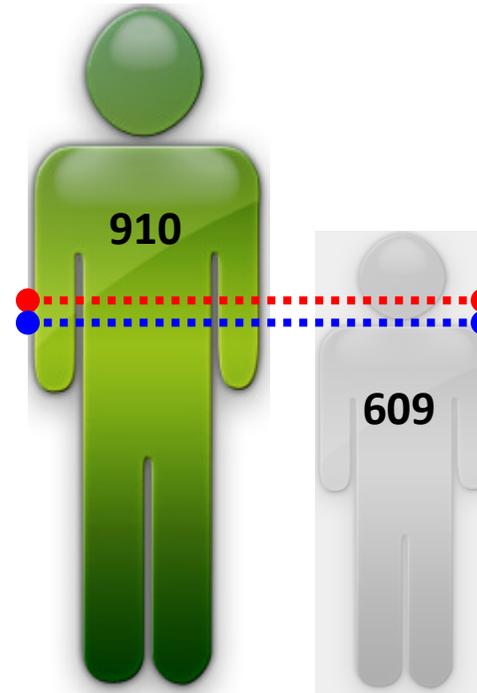
- How many new social care referrals and enquiries Norfolk had to deal with in 2012/13
- How many people went on to be assessed
- How many people received services as a result of their assessment
- How many carers of people with social care needs were assessed and how many received services as a result of their assessment
- How Norfolk's total spend on adult social care compares to other local authorities

Family group results for all the above are also provided to give a flavour of how Norfolk's experience in 2012/13 compared to other similar councils.



Norfolk was contacted by 63,510 new clients in 2012/13 - the highest total in our family group and more than double the average.

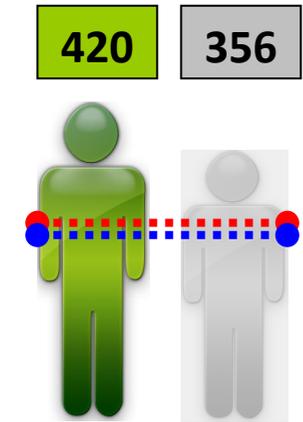
## All contacts by new clients



11/12	765	611
10/11	1010	638

## Enquiries and referrals (Per 10,000 population)

### New clients dealt with at point of contact



430	350	11/12
480	342	10/11



'Dealt with at point of contact' means - information and/or advice only given, with no further action beyond registration or a 'basic service' (one-off service with an initial, but no ongoing resource commitment)

Icon size reflects figure represented Data source: RAP R2,R3



Family Group average



Norfolk

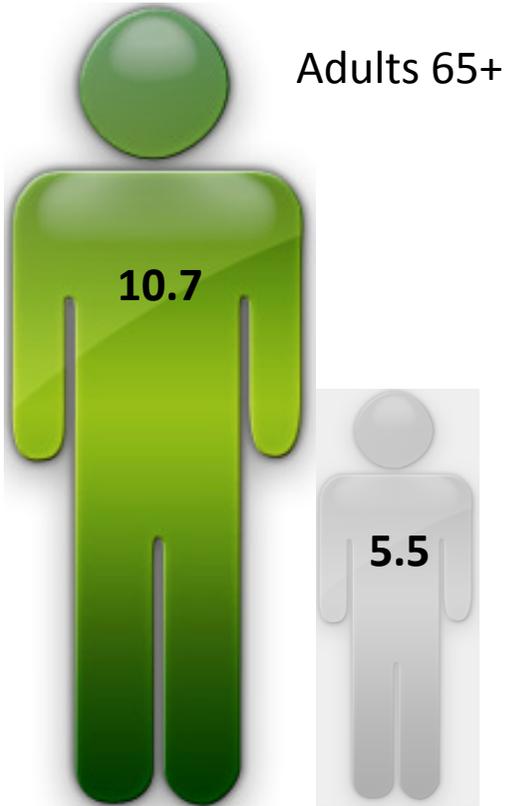


England

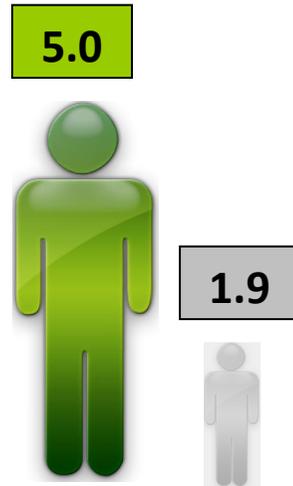


East England

# People assessed for the first time (thousands)



Adults 18-64

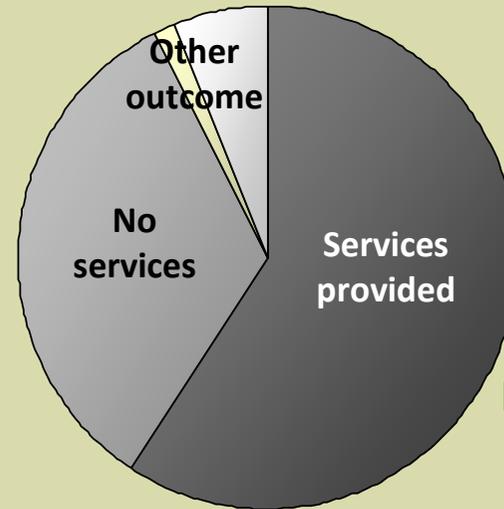
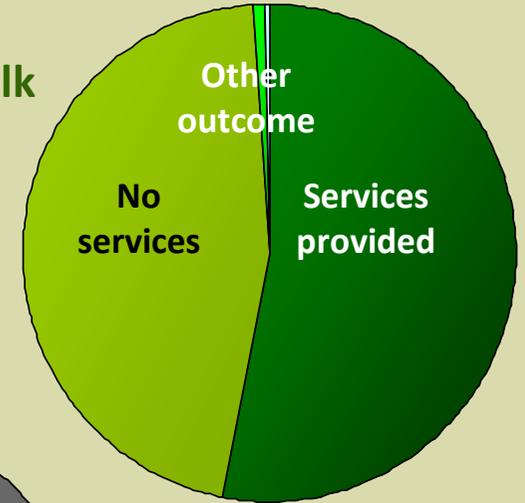


11/12	10.3	5.0
10/11	11.3	6.0

3.8	1.5	11/12
4.4	1.9	10/11

## Outcome of assessments

Norfolk



In 2012/13 Norfolk assessed 15,750 people for the first time – the highest total in our family group and more than double the average. Even if figures are adjusted to show results per 10,000 population, Norfolk is still assessing more people than the average for the family group in all age categories.



Icon size reflects figure represented Data source: RAP A6  
Lincolnshire and Cornwall data unavailable for 10/11 and 11/12 therefore have been removed from all family group averages for assessment data



Family Group



Norfolk  
103

# % of total council spend on Adult Social Care

(excl. school funds)

Norfolk

Family group average



47.5%



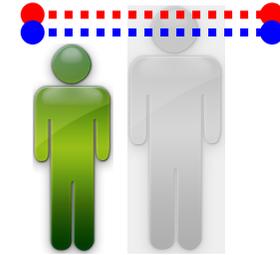
44.5%

Please note that the comparator group for this indicator is made up of 27 shire counties.



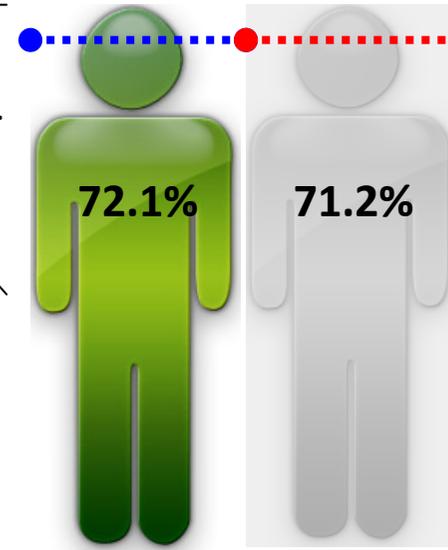
In 2012/13 Norfolk was spending a greater proportion of its total authority spend on adult social care than was average for the family group and for the country as a whole (26.4%).

275 325



275	353	11/12
310	406	10/11

Of which...



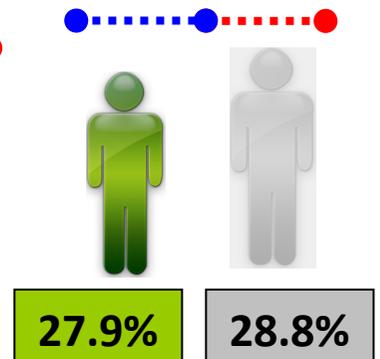
11/12	72.3	71.6
10/11	73.1	70.8

# People receiving services

(Per 10,000 population)

Adults 65+

Adults 18-64



11/12	27.7	28.4
10/11	27.0	29.2



Icon size reflects figure represented

Some figures may not add up because of rounding

Data source: RAP P1, CLG RO3 return and CLG RS – RO1

Lincolnshire and Cornwall data unavailable for 10/11 and 11/12 therefore removed from all family group averages for people receiving services



Family Group



Norfolk



England



East England

## Primary needs of people receiving services



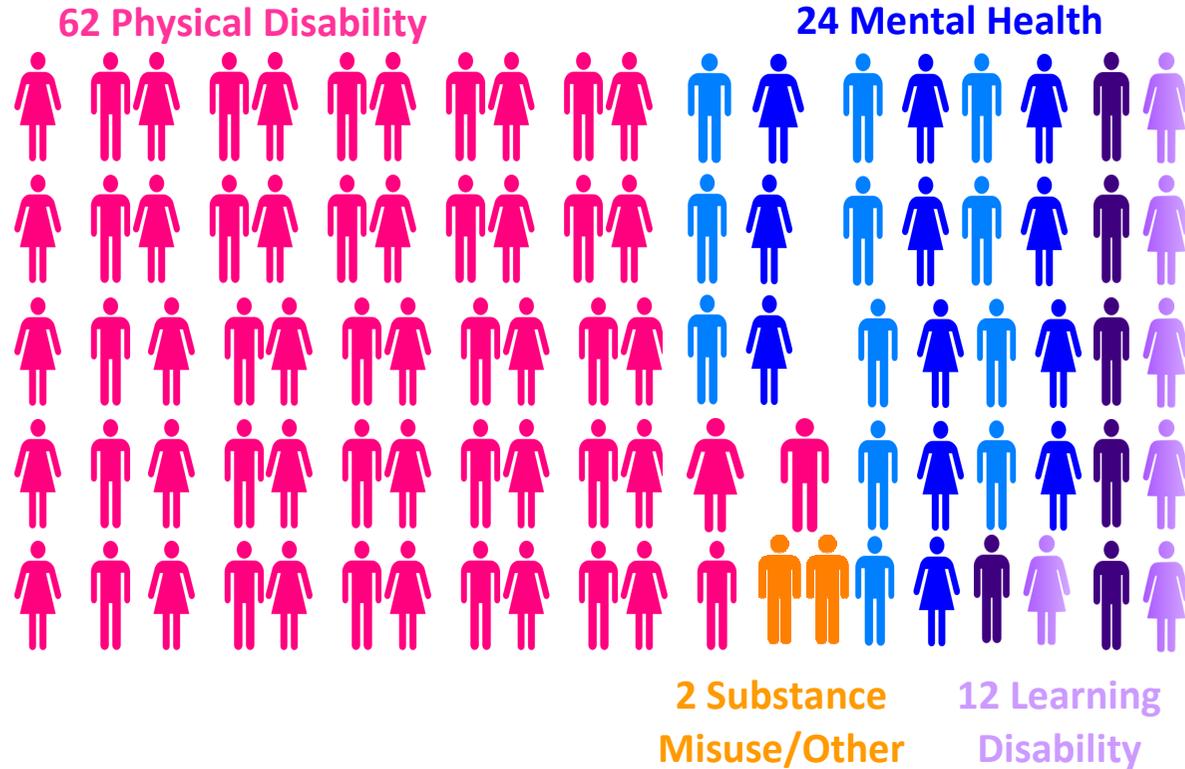
The amount of people receiving services has reduced from just over 21,000 in 2010/11 to just over 19,000 in 2012/13.

The table below shows what the make up of the service user population in Norfolk, and in other comparator areas, was like in 2010/11.

This shows a comparative increase in people receiving services who have mental health issues as their primary need and a comparative reduction since 2010/11 in the number of people receiving services who have physical disability as their primary need.

	Physical Disability	Mental Health	Learning Disability	Substance /other
<b>Norfolk</b>	67	21	10	2
<b>Family group</b>	69	20	9	2
<b>East England</b>	66	22	10	2
<b>England</b>	68	20	9	3

If Norfolk's service users in 2012/13 were 100 people...



The table below shows how this compares to the picture in other areas.

	Physical Dis.	Mental Health	Learning Dis.	Substance /other
<b>Family group</b>	66	22	10	2
<b>East England</b>	65	22	11	2
<b>England</b>	67	20	11	2

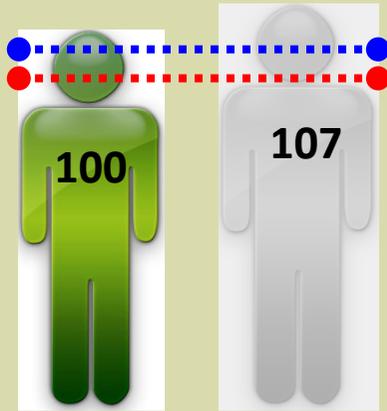


Data source: RAP P1

Lincolnshire and Cornwall data unavailable for 10/11 and 11/12 therefore have been removed from all family group averages for people receiving services

## Carers' assessments and reviews

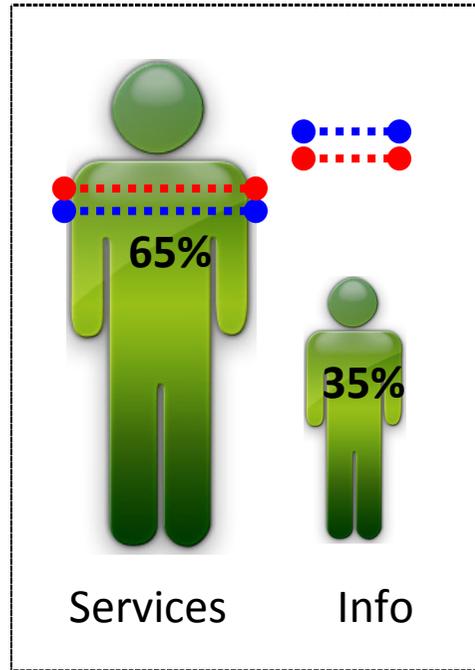
(per 10,000 population aged 18+)



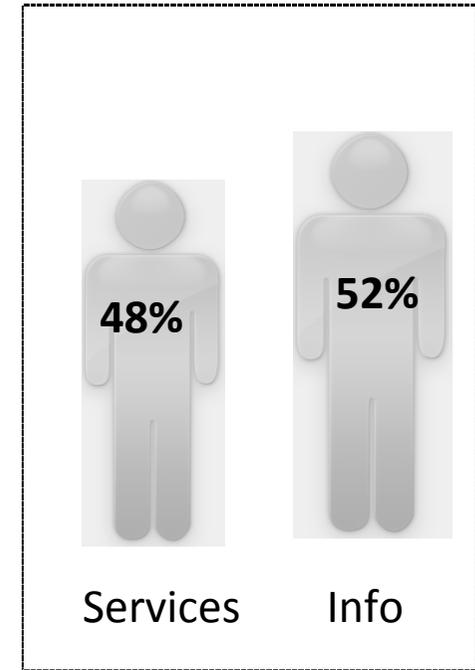
11/12	100	106
10/11	95	108

## Carers receiving services or information

(%)



11/12	70	30
10/11	75	25



11/12	48	52
10/11	45	55



- 7,050 carers' assessments or reviews were carried out in 2012/13. This was above the family average of 5,536 but compares less favourably when adjusted according to local population size.
- Of the 7,050 carers assessed in Norfolk, 4,570 received a service and 2,480 information only
- The balance of carers in Norfolk receiving services versus information has shifted since 2010 and is now moving more in line with other areas.



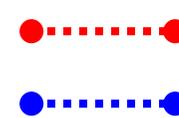
Icon size reflects figure represented  
 Data source: RAP C1, C2. Shropshire data unavailable for 12/13 therefore removed from all family group averages for carers' indicators. Please note that NASCIS has rounded these values to the nearest five.



Family group



Norfolk



England

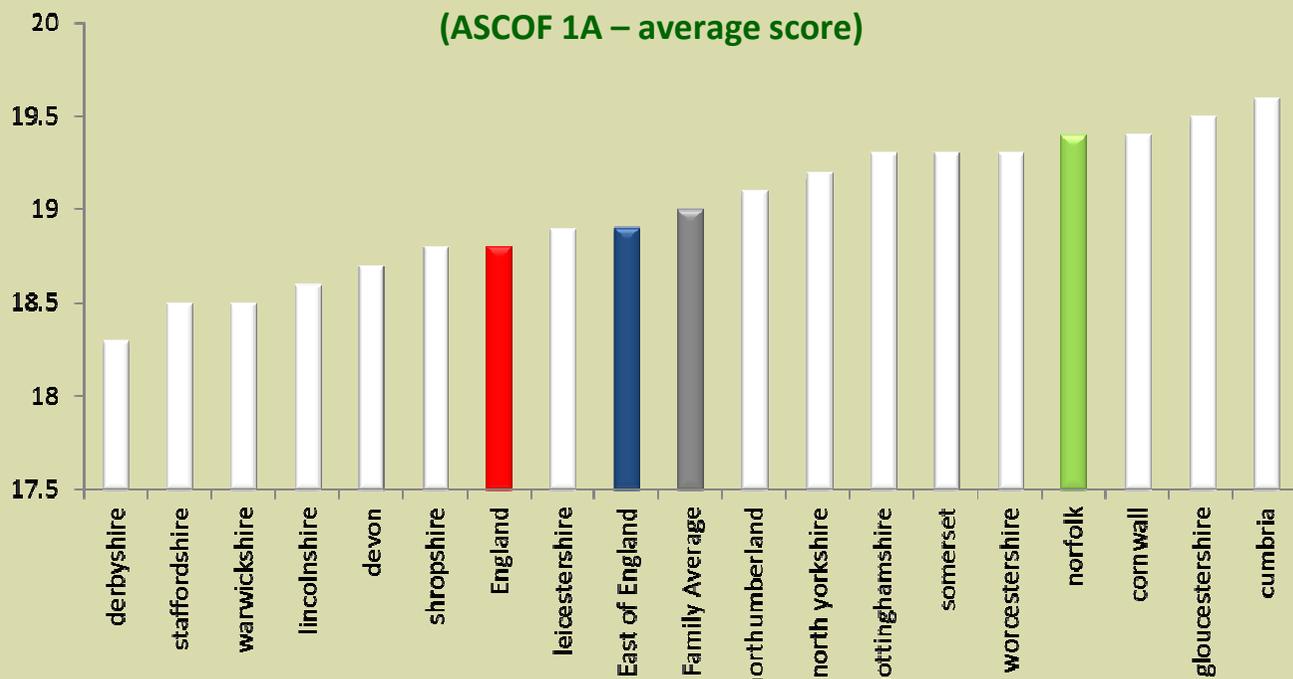


East England

# Outcome 1 – Enhancing quality of life for people with care and support needs

## Social care-related quality of life

(ASCOF 1A – average score)



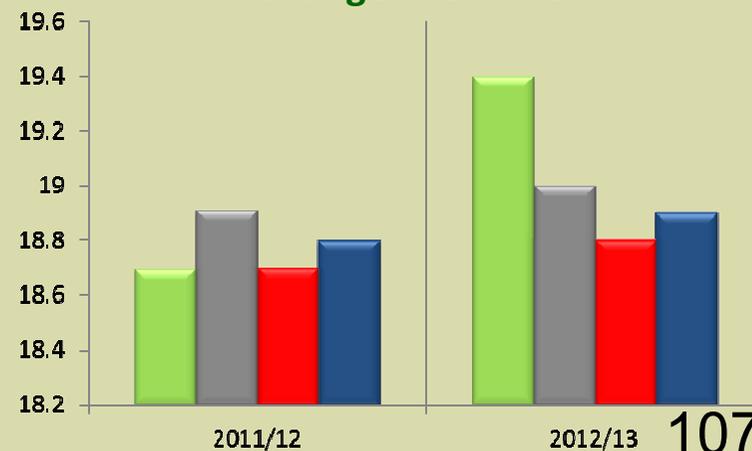
**Desired outcome:**  
 “People manage their own support as much as they wish...”

Data source: NASCIS ASCOF data set from annual Adult Social Care Survey



- Norfolk result
- East of England result
- England result
- Family Group average

## Change over time

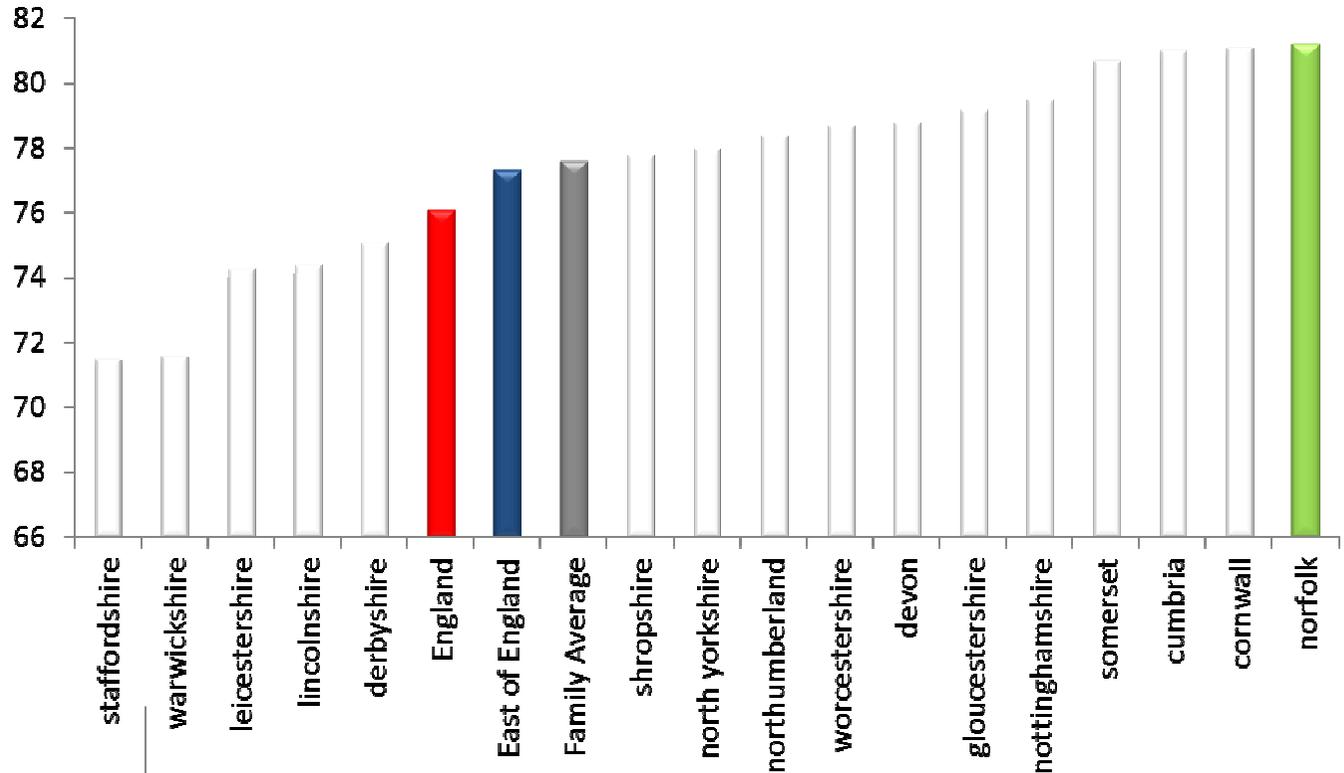


# People using services who have control over their daily life

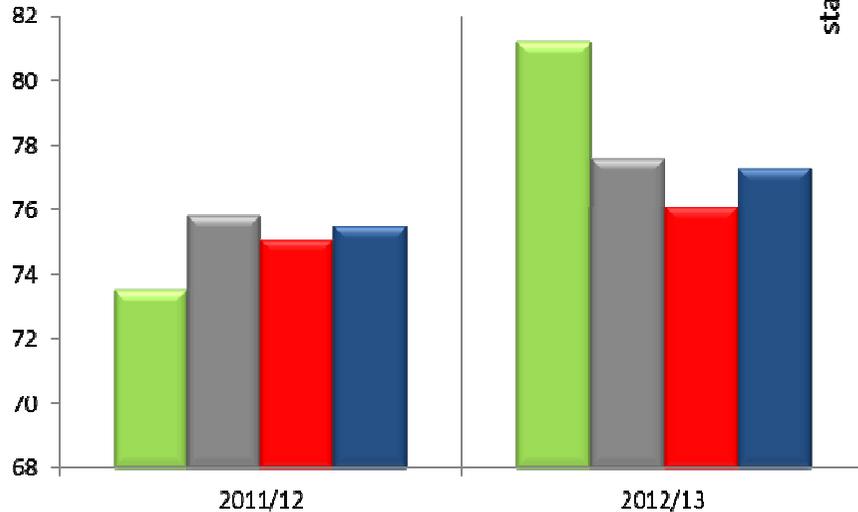
(ASCOF 1B – average score)



The results presented here have been weighted to make the survey results more representative of each total local population. This means that caution must be taken when comparing Norfolk's performance with the results from other areas (and with the family group average) since variations in population characteristics mean our results are not directly comparable with anything but our own historic performance.



## Change over time



Data source: NASCIS ASCOF data set from annual Adult Social Care Survey



Norfolk result



East of England result



England result

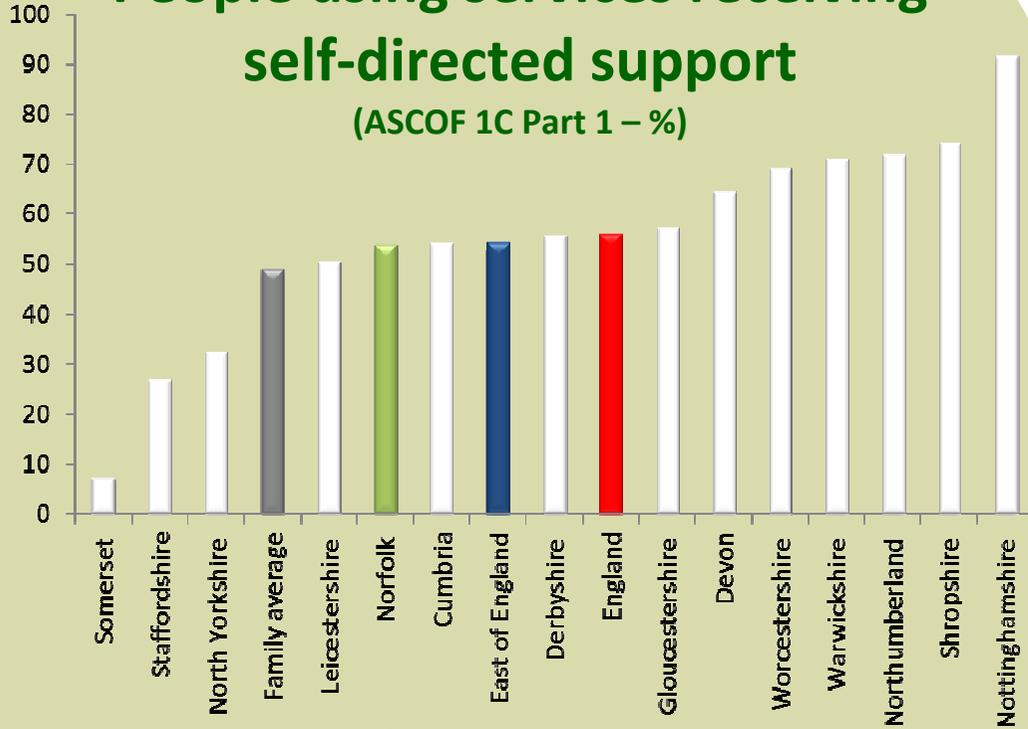


Family Group average

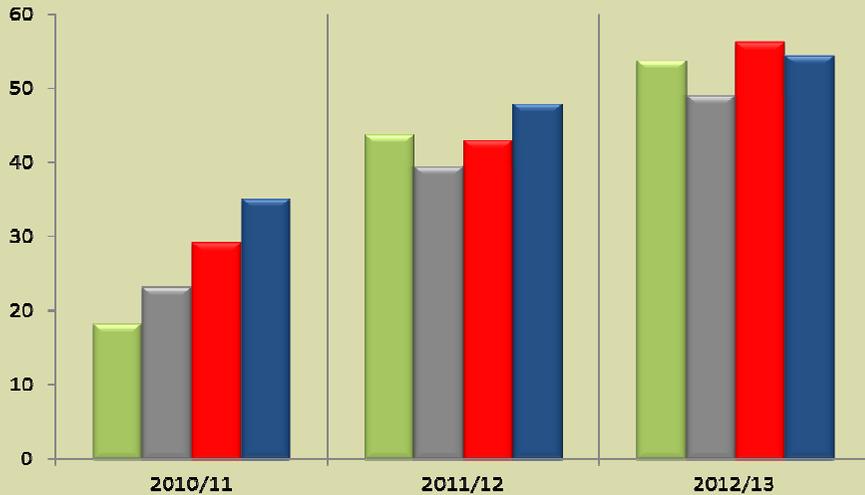


# People using services receiving self-directed support

(ASCOF 1C Part 1 – %)



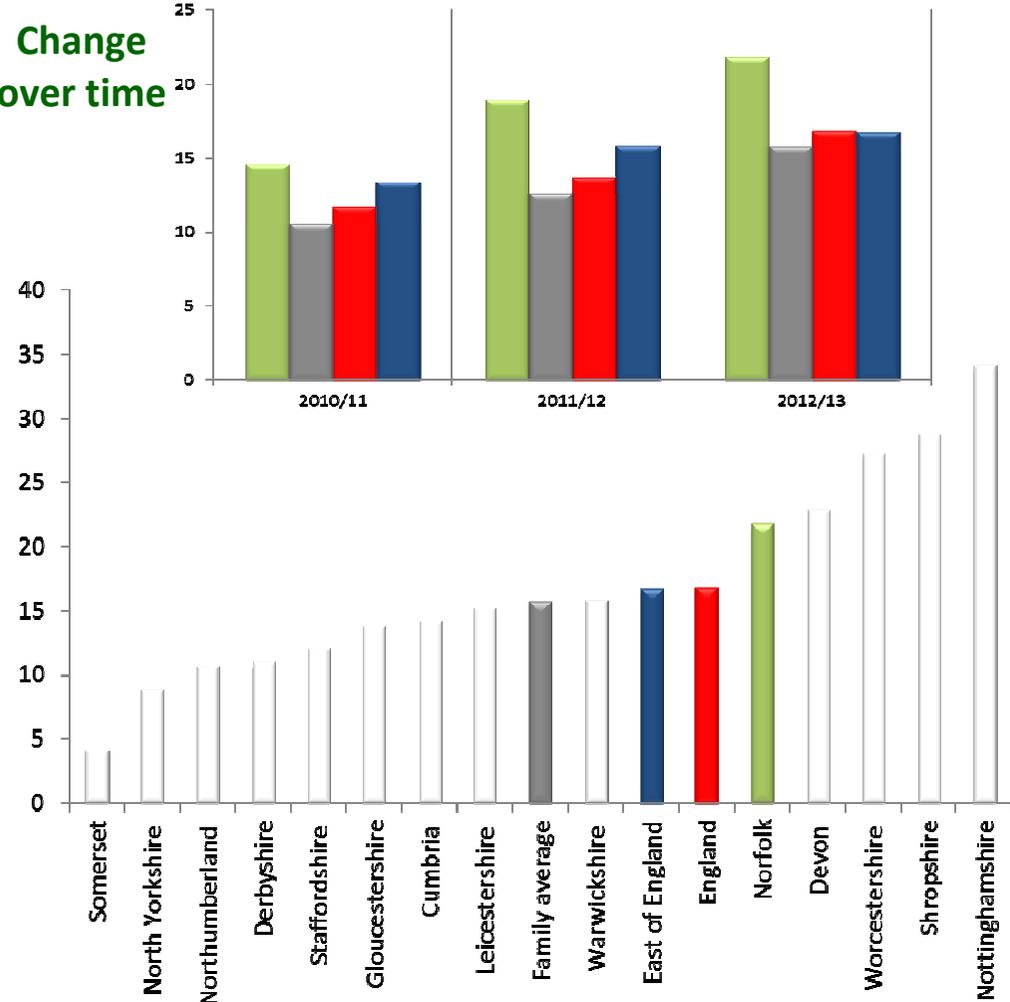
## Change over time



# People using services receiving cash payments

(ASCOF 1C Part 2 – %)

## Change over time

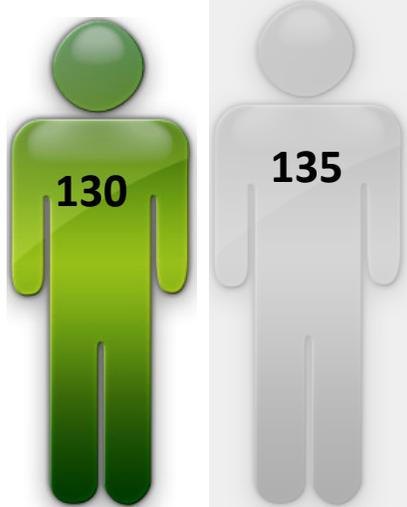


- Norfolk result (Green bar)
- England result (Red bar)
- East of England result (Blue bar)
- Family Group average (Grey bar)

Data source: NASCIS ASCOF data set from annual Adult Social Care Survey  
 Cornwall and Lincolnshire not available in all years therefore removed from all family group averages for this indicator. 10/11 for 1C/1 result based on family

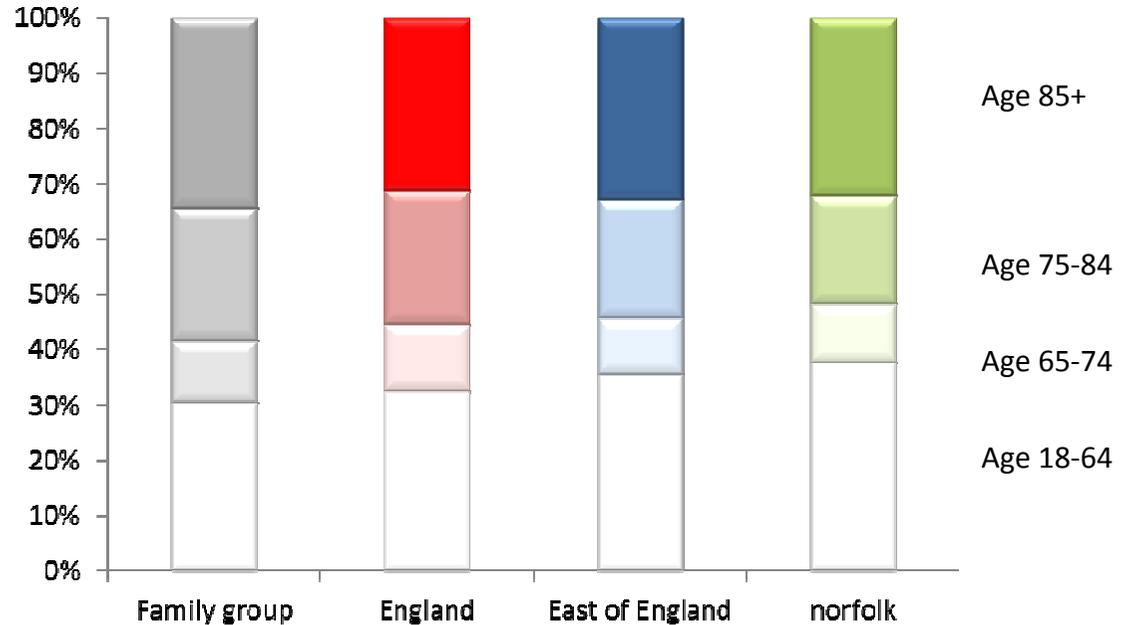
# Service users using self-directed support

(Direct Payment or Personal Budget - per 10,000 population)



Of which...

11/12	105	122
10/11	50	79

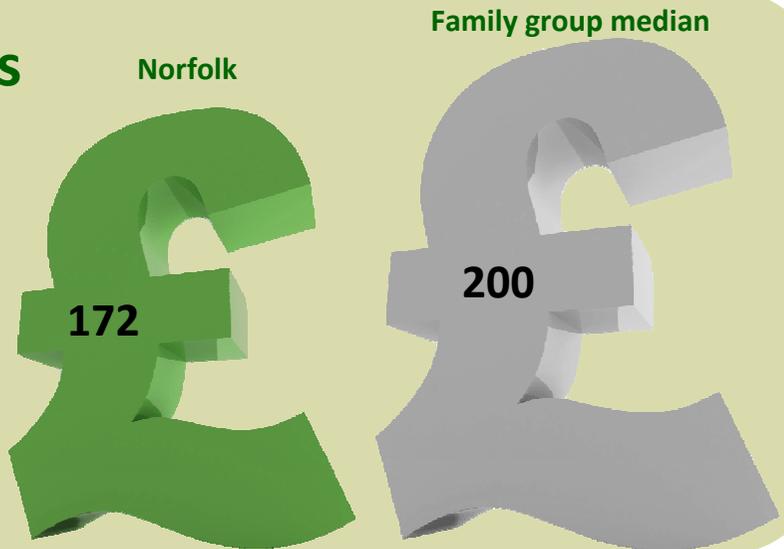


- 9,055 service users were using Self Directed Support in 2012/13 through either a Direct Payment or Personal Budget (only 3,365 in 2010/11). This now exceeds the family group average of 6,650 but compares less favourably when adjusted to reflect local population.
- In 2012/13 1,070 carers were also receiving Self Directed Support or Direct Payments compared to a family group average of 885. This is a marked increase from 475 carers in 2010/11 (compared to a family group average of 611).

## Direct payments unit costs

(£ per person per week)

The comparator group for this indicator is made up of 27 shire counties. Norfolk's unit cost has increased from £134 in 2010/11. The family group median has increased from £183.50.



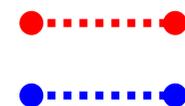
Icon size reflects figure represented Data source: RAP SD1, PSSEX 1  
 All values presented here rounded by NASCIS to the nearest 5.  
 Lincolnshire and Cornwall data incomplete for 10/11 and 11/12 therefore have been removed from all family group averages for Self Directed Support



Family group



Norfolk



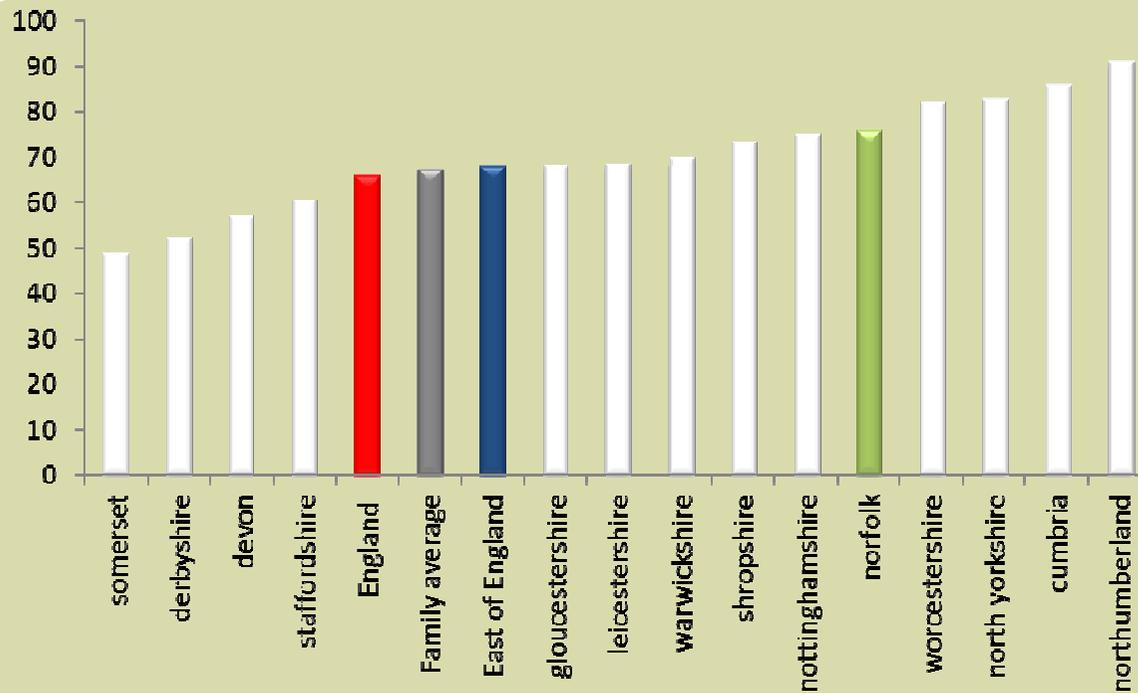
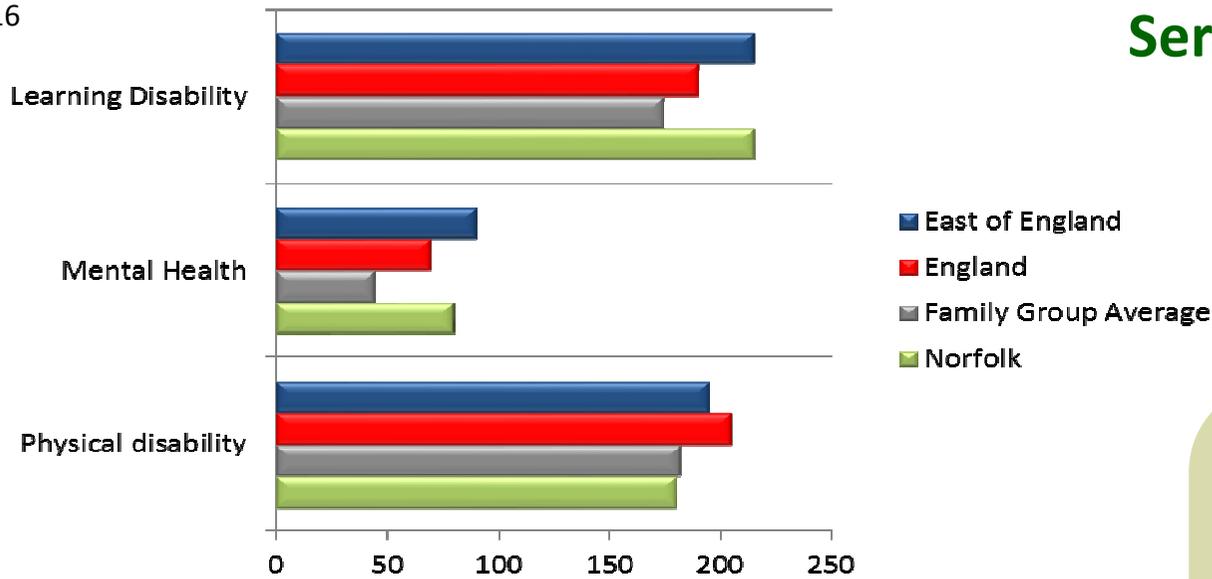
England



East of England

110

# Service users receiving Self Directed Support – by primary need (per 100,000 population)



## Proportion of service users receiving a review (Former PAF D40 - %)



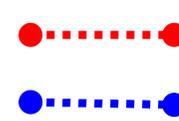
Data source: RAP SD1, RAP A1, RAP P1  
 Lincolnshire and Cornwall review data unavailable for 10/11 and 11/12 therefore have been removed from all family group averages



Family group



Norfolk



England  
 East of England

**Desired outcome:**  
 “Carers can balance their caring roles and maintain their desired quality of life”

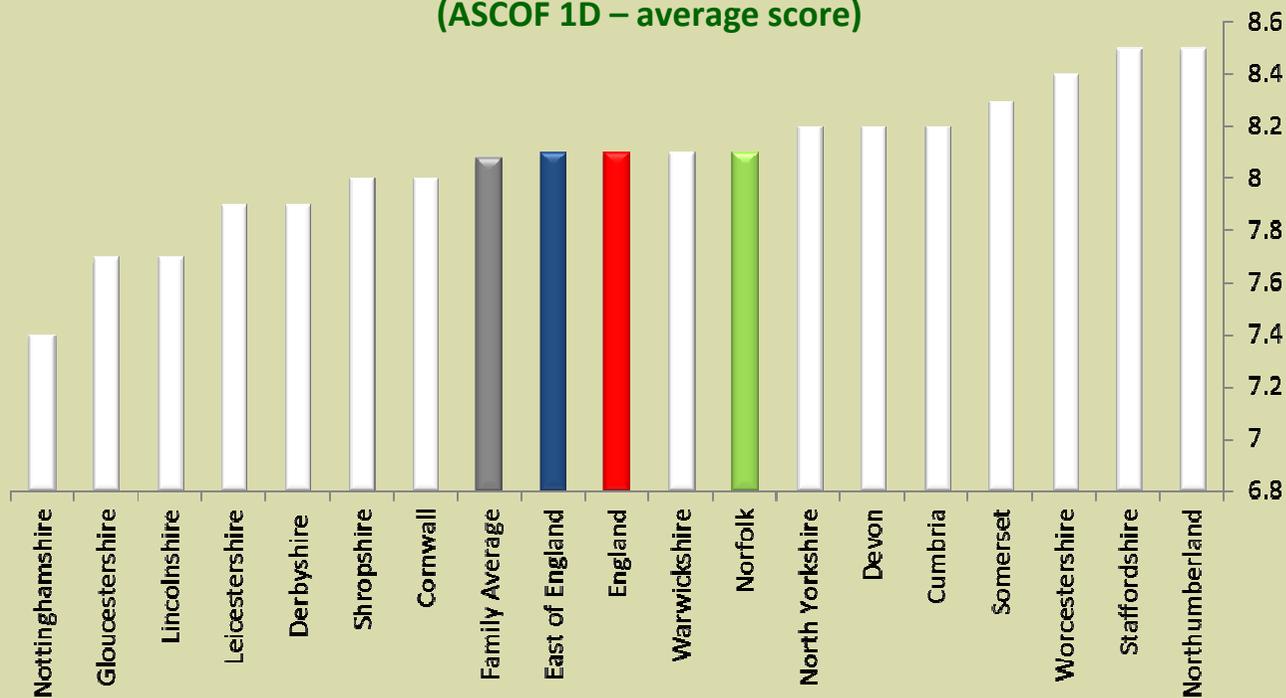
Data source: NASCIS ASCOF Data Set (from the Carers’ Survey )

Legend:

- Norfolk result (Green bar)
- East of England result (Blue bar)
- England result (Red bar)
- Family Group average (Grey bar)

## Carer reported quality of life

(ASCOF 1D – average score)



Data source: RAP C2, RAP P1

Some Lincolnshire, Cornwall and Shropshire data unavailable therefore have been removed from all family group averages



Norfolk result



East of England result



England result

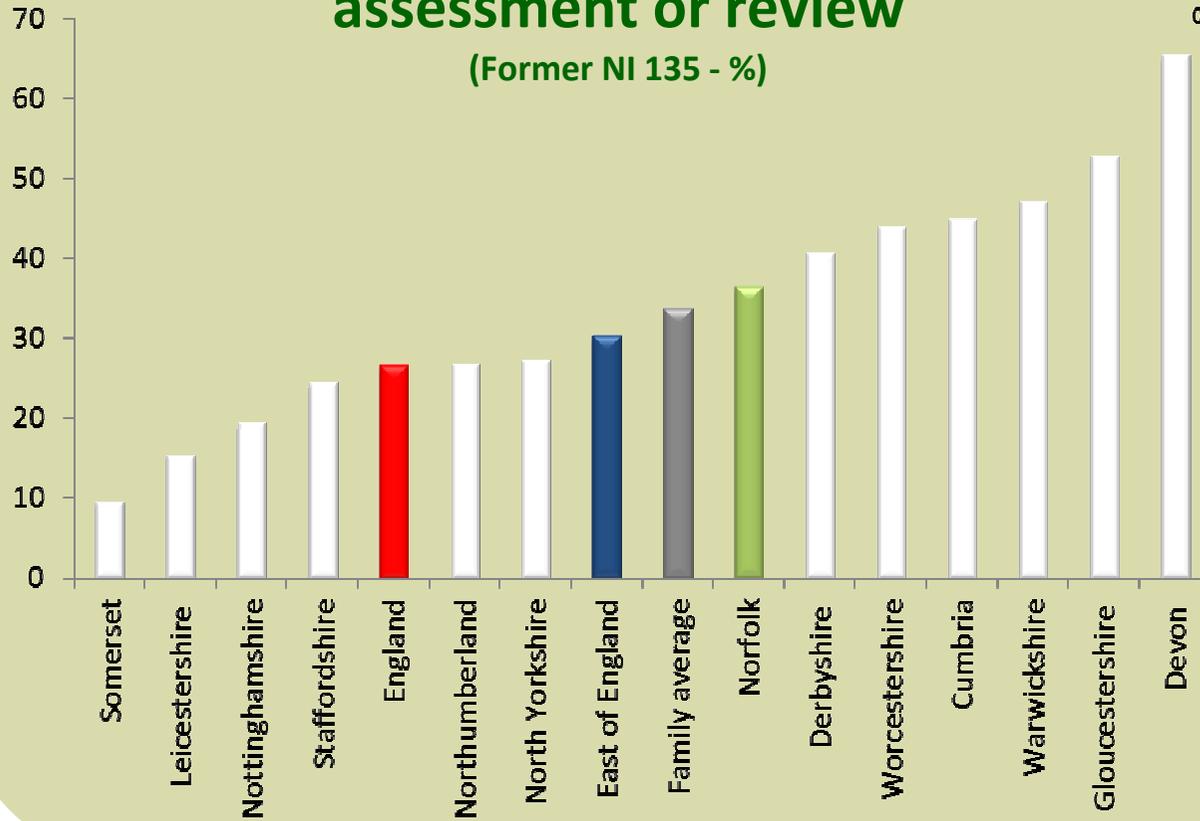


Family Group average

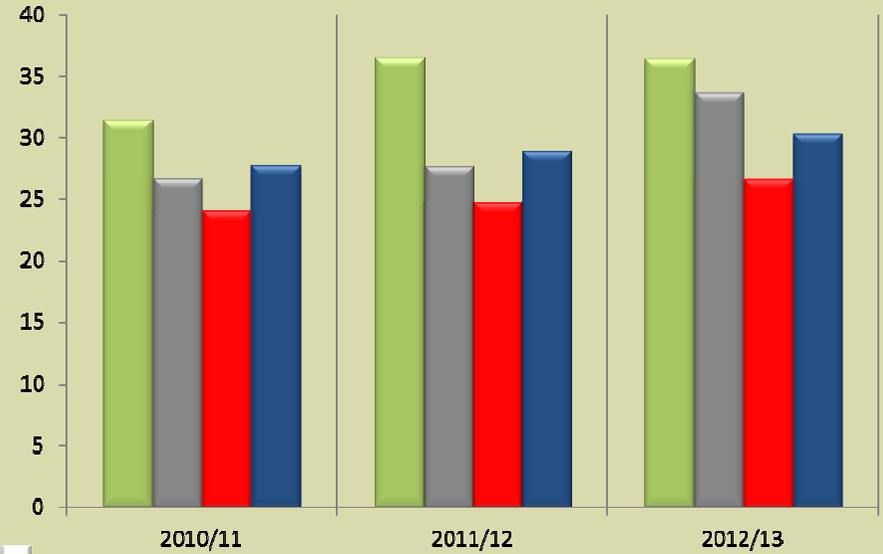


## Carers supported following an assessment or review

(Former NI 135 - %)



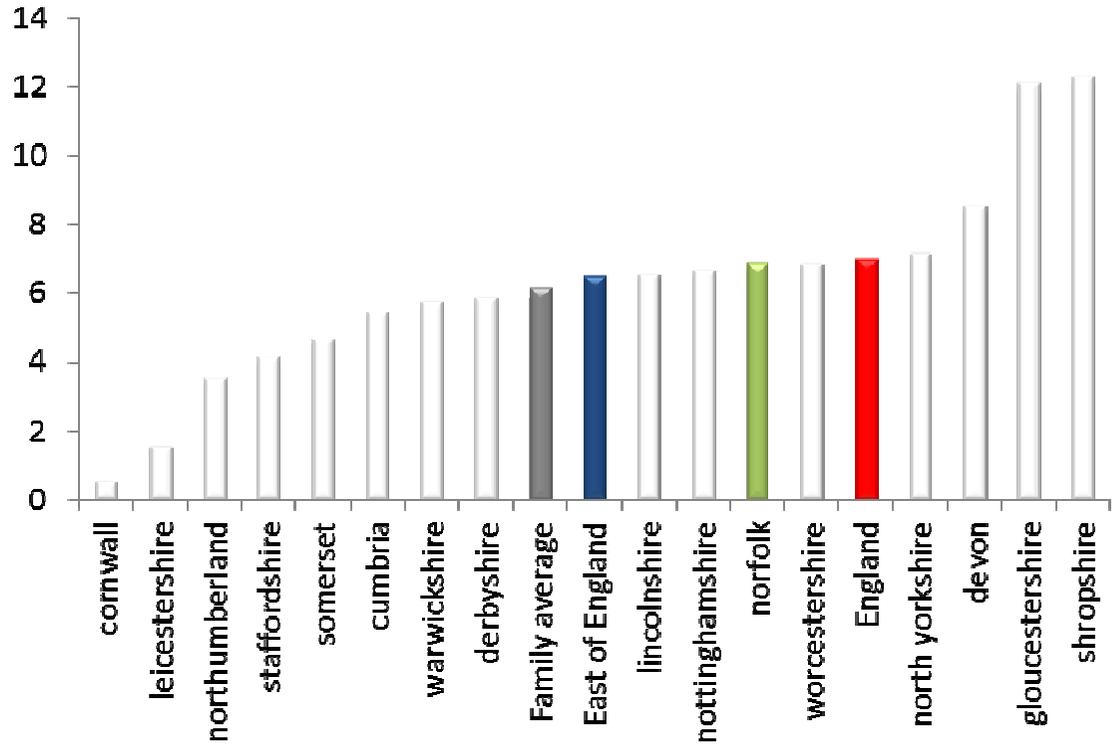
## Change over time



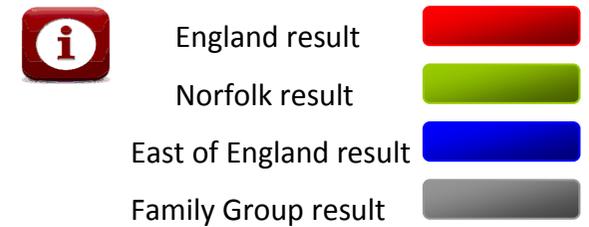
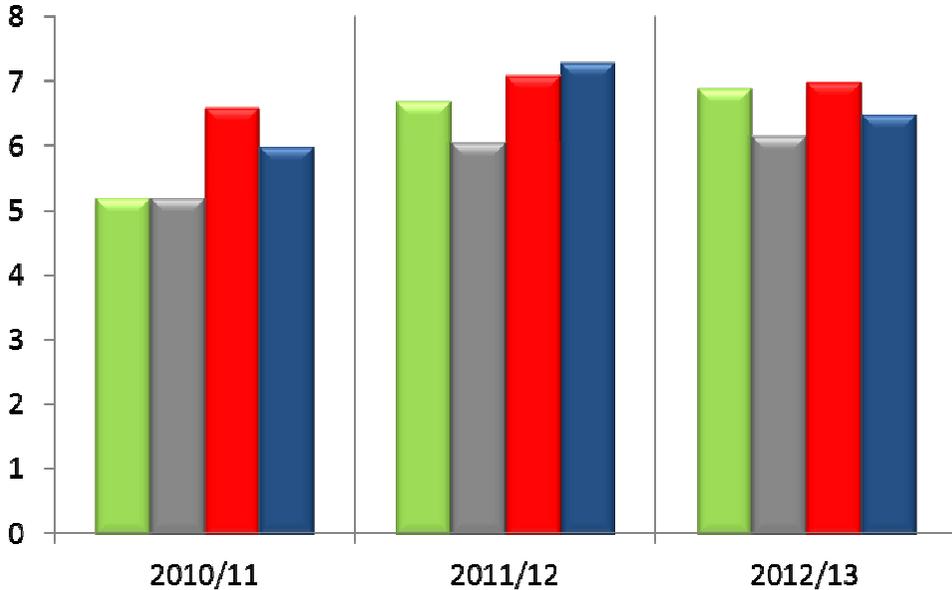
**Desired outcome:**  
 “People are able to find employment when they want, maintain a family and social life and contribute to community life”

## People with Learning Disabilities in paid employment

(ASCOF 1E - %)



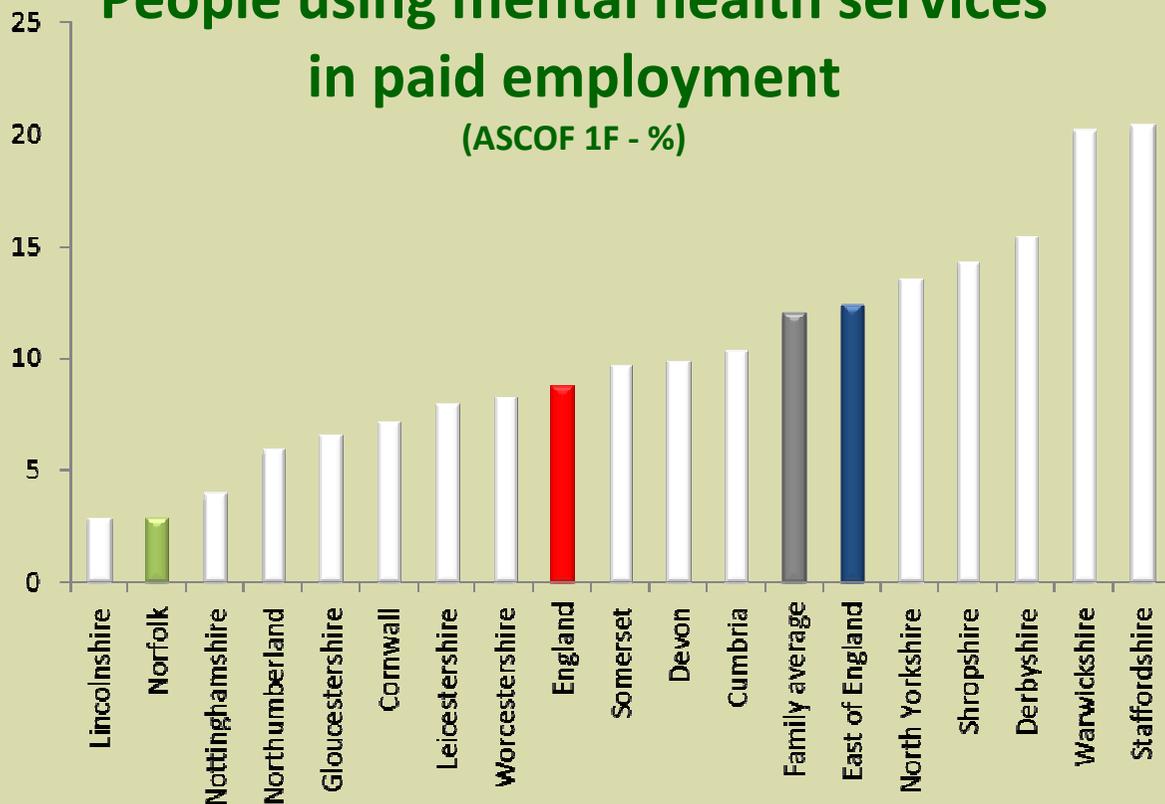
### Change over time



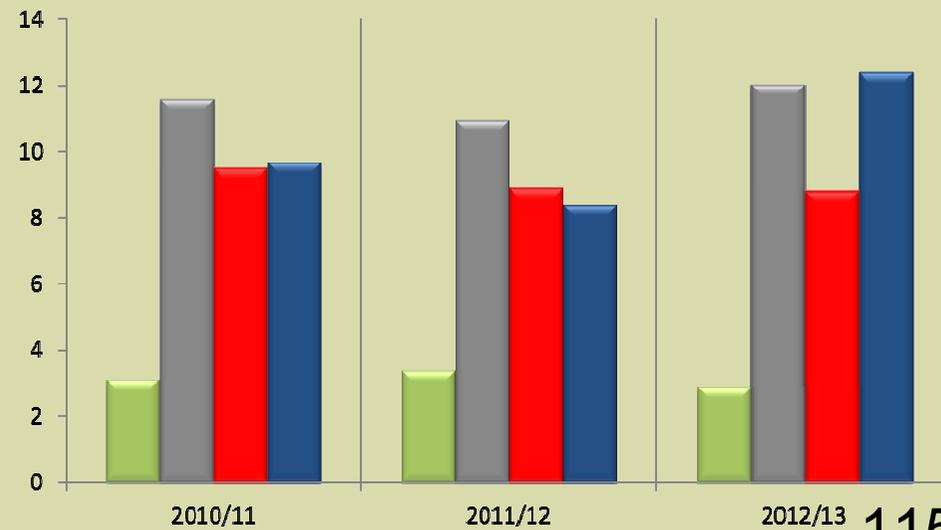
Data Source: NASCIS ASCOF Data Set  
 10/11 result based on a family group median rather than average  
 Cornwall data not available in 10/11 or 11/12 therefore not included in change over time figures

## People using mental health services in paid employment

(ASCOF 1F - %)



### Change over time



Data source: NASCIS ASCOF Data Set



Norfolk result



East of England result



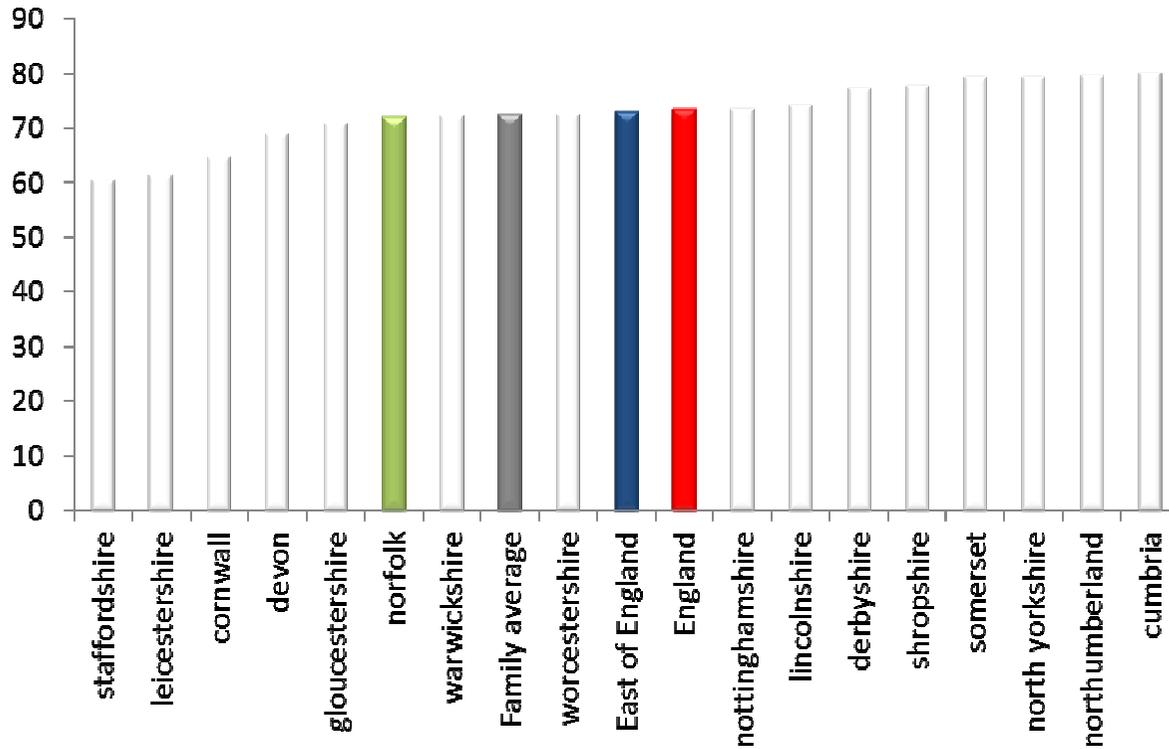
England result



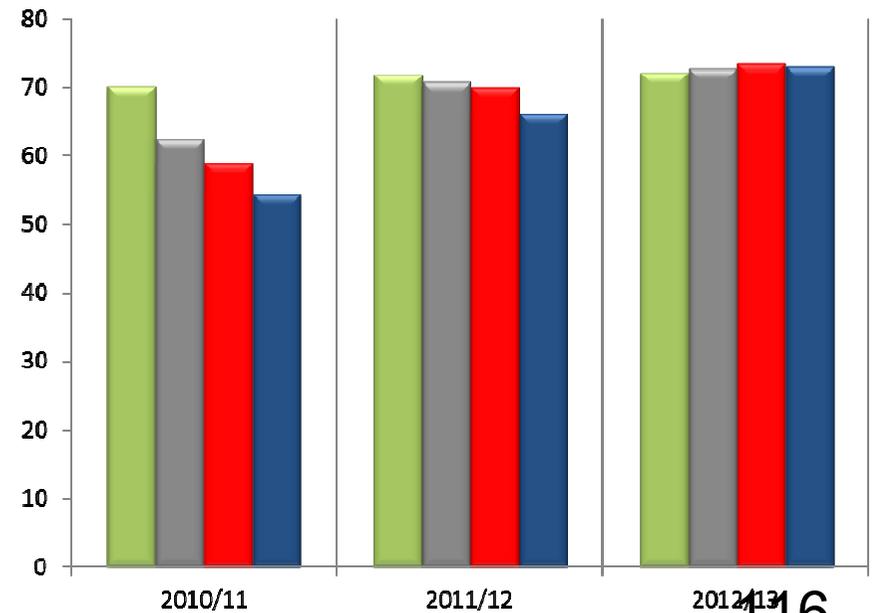
Family Group average



# People with learning disabilities living in their own home or with family (ASCOF 1G - %)



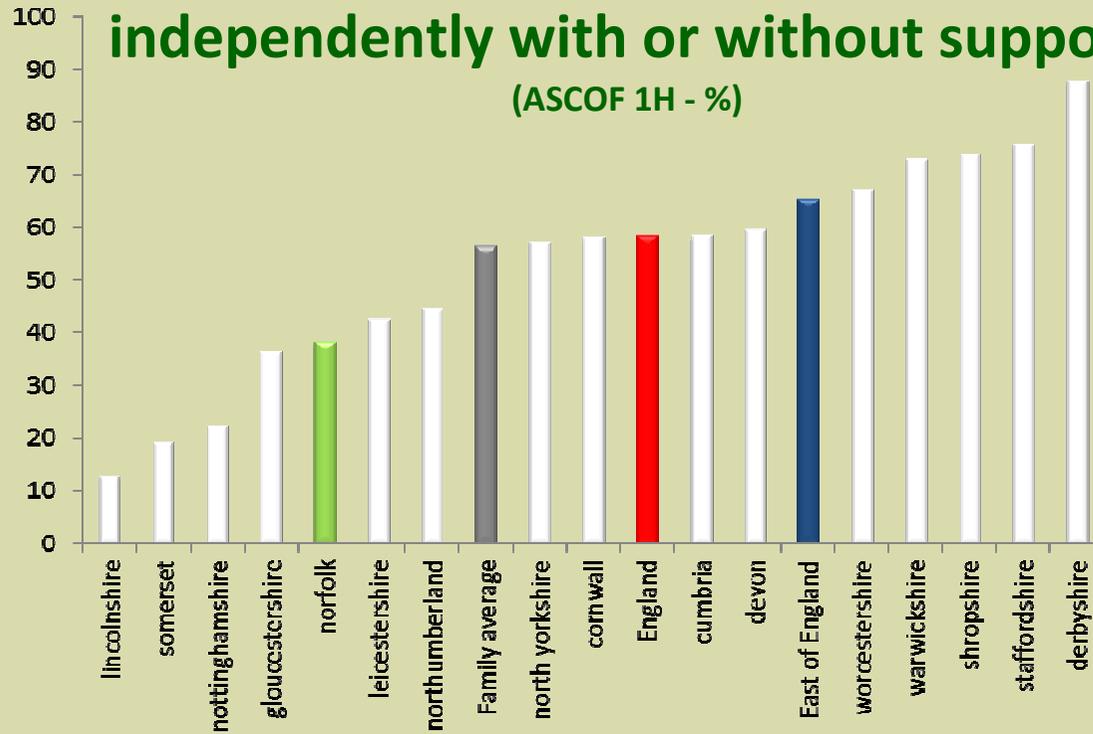
## Change over time



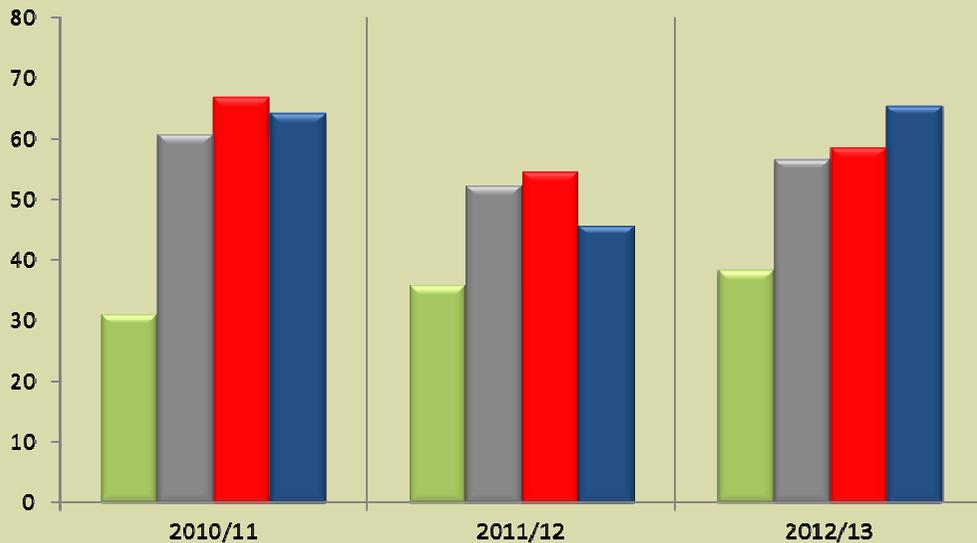
Data source: NASCIS ASCOF Data Set  
 Gloucestershire data not available for 2011/12 therefore not included in change over time figures  
 10/11 result based on a family group median rather than average

 Norfolk result  East of England result   
 England result  Family Group average 

## People using mental health services living independently with or without support



## Change over time



Data source: NASCIS ASCOF Data Set



Norfolk result



East of England result



England result

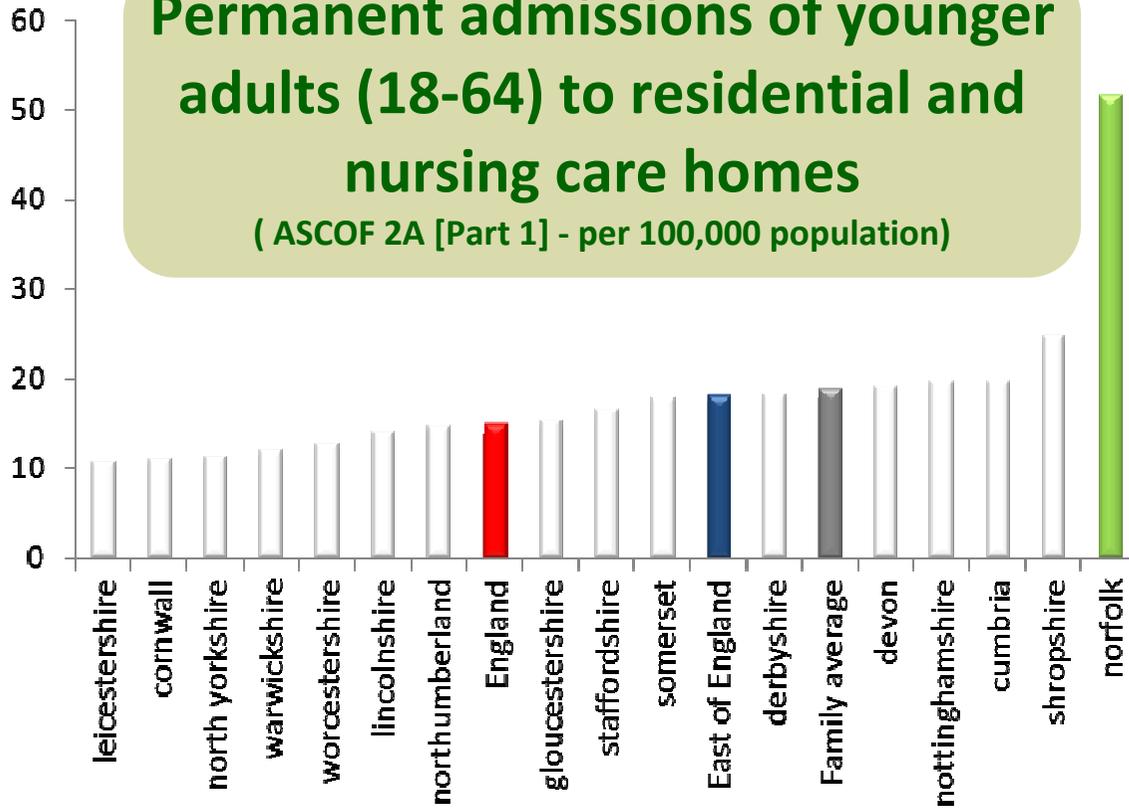


Family Group average



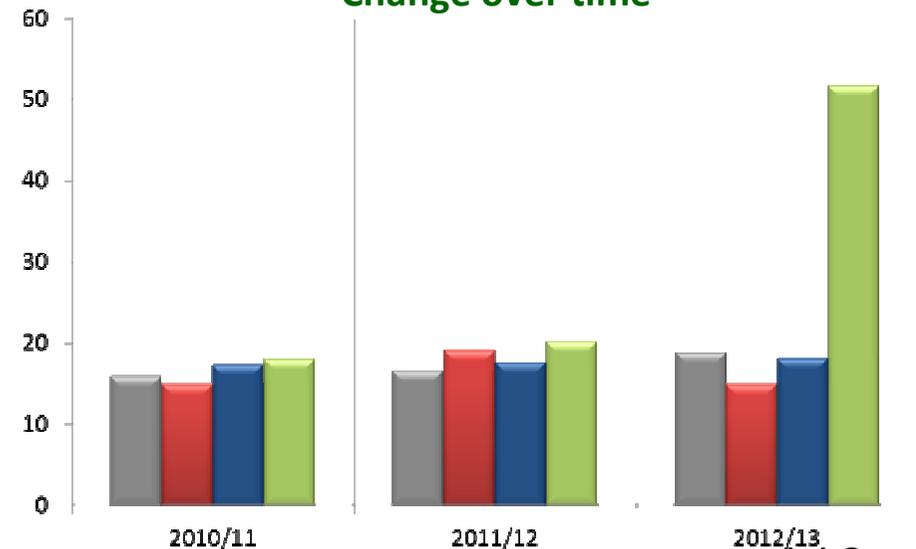
# Outcome 2 – Delaying and reducing the need for care and support

**Permanent admissions of younger adults (18-64) to residential and nursing care homes**  
 ( ASCOF 2A [Part 1] - per 100,000 population)



**Desired outcome:**  
 “When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence”

**Change over time**



Data source: NASCIS ASCOF Data Set



Norfolk result



East of England result



England result

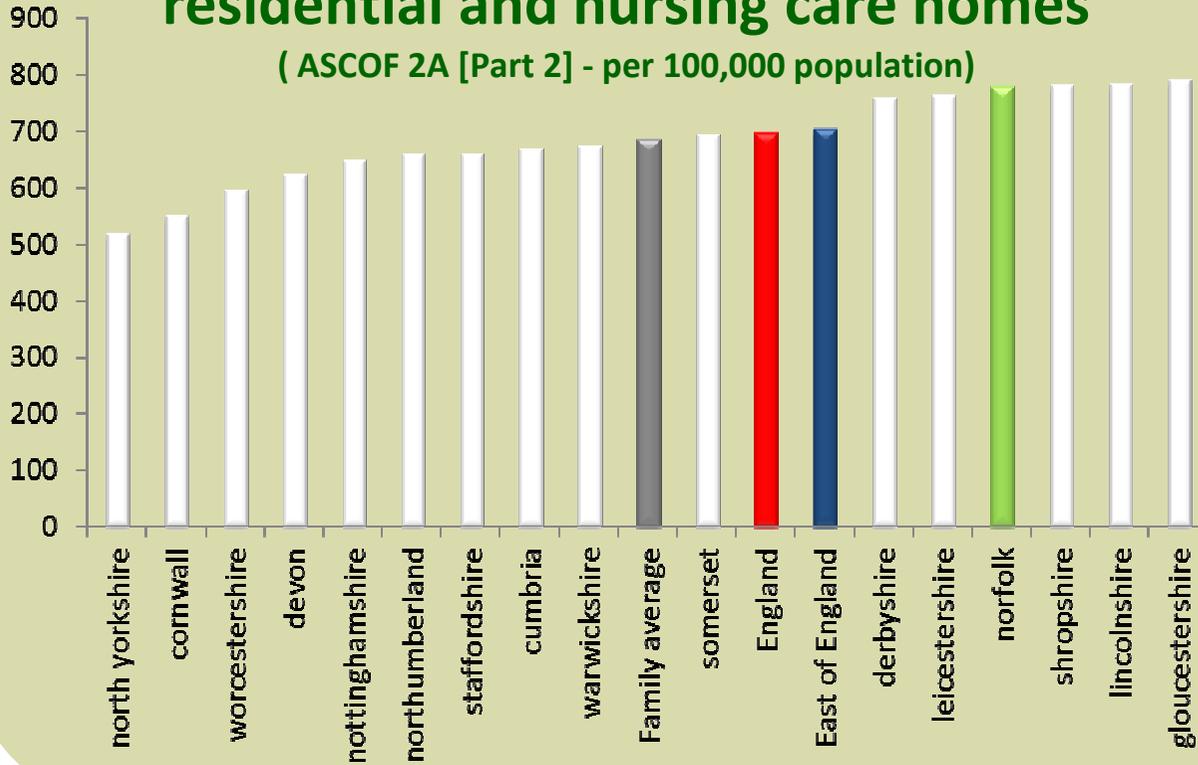


Family Group average



## Permanent admissions of older adults (65+) to residential and nursing care homes

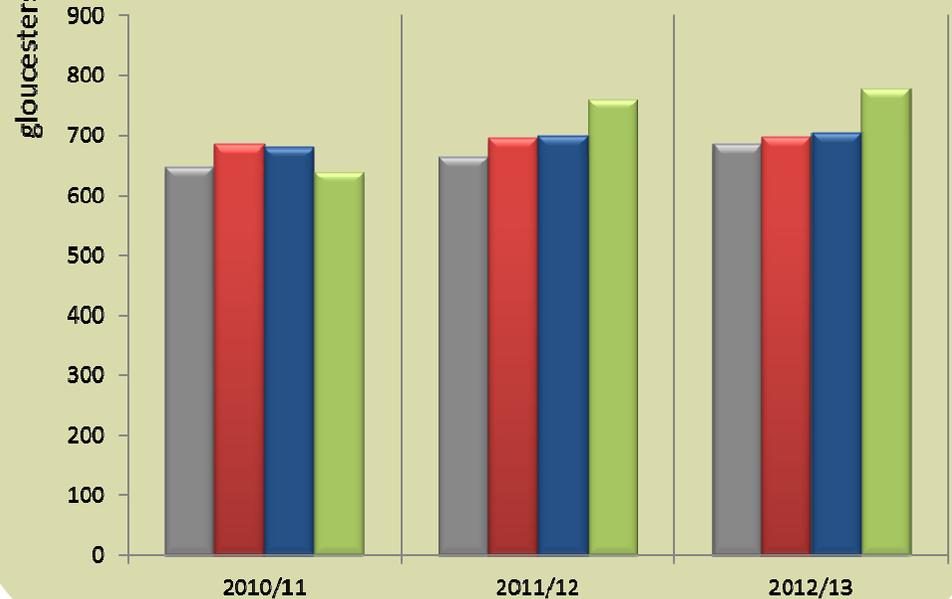
( ASCOF 2A [Part 2] - per 100,000 population)



1,790 people were permanently admitted in 2012/13 – the family group average was 952. Of these, 1,520 were aged 65 and over - the highest of our family group and much higher than the family average of 883. The picture looks more favourable once adjusted to reflect the local population.

270 of those permanently admitted were aged 18-64. This is more than three times higher than the family average of 78. Even when adjusted to reflect the local population, this still leaves Norfolk permanently admitting at more than twice the average rate for our family group and more than three times the average rate for England.

### Change over time



Data source: NASCIS ASCOF Data Set

These figures show new permanent admissions of residents to registered care homes for residential and nursing care and other residential accommodation who are supported financially by the Council. Residents receiving no financial support are not included. Figures are rounded to the nearest five.



Norfolk result



East of England result



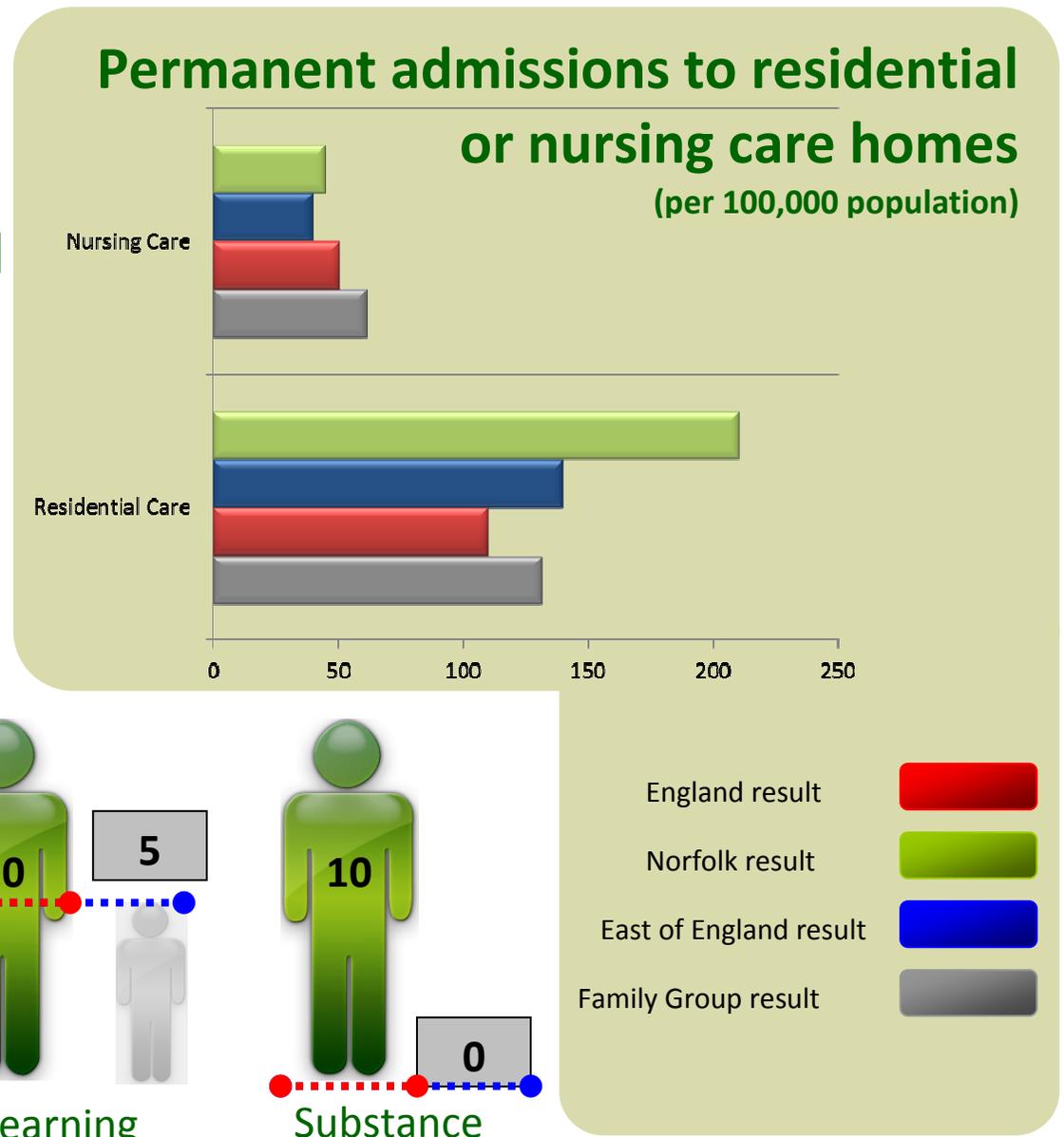
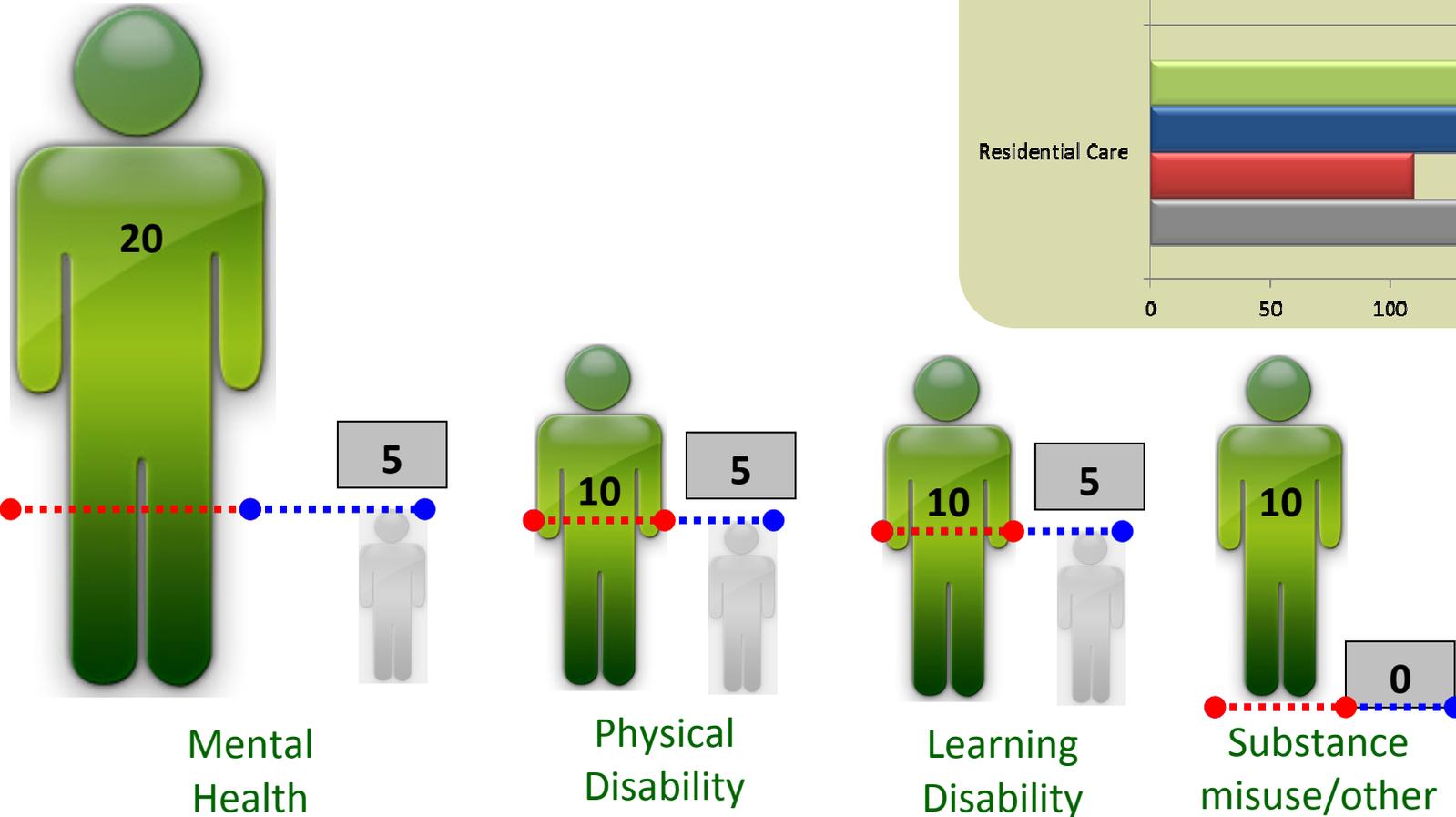
England result



Family Group average



# Permanent admissions of younger people (18-64) to residential and nursing care homes – by primary need (per 100,000 population)



Icon size reflects figure represented  
 Figures show new permanent admissions to residential and nursing care and other residential accommodation who are supported financially by the Council. Residents receiving no financial support are not included.  
 Family result for breakdown by primary need is based on median, rather than average result.

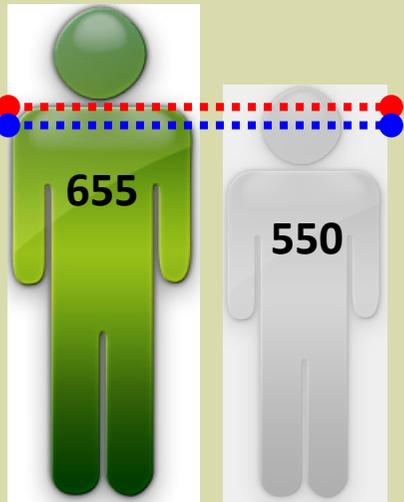
Data source: ASC-CAR S3

Family group    
 Norfolk    
 England    
 East England

# People in residential and nursing care homes

(per 100,000 population – snapshot at 31 March 2013)

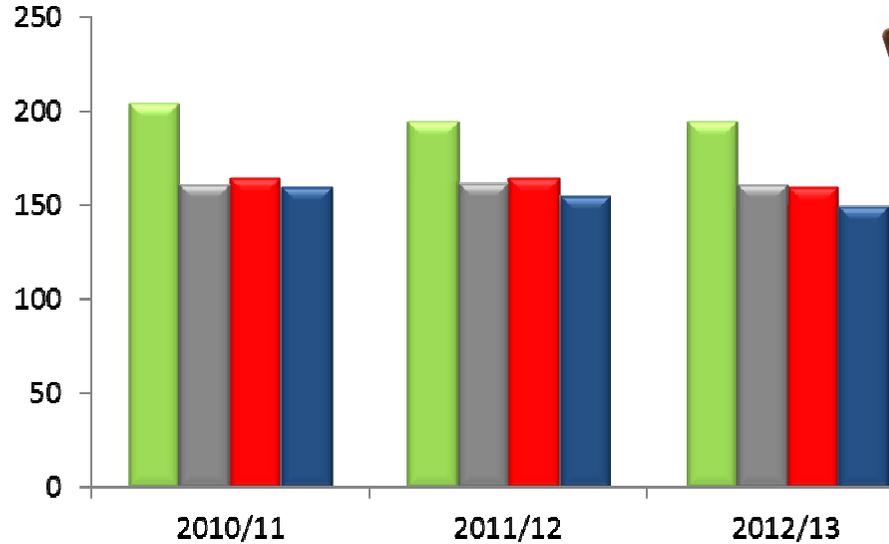
## All adults



11/12	655	559
10/11	680	558

Of which...

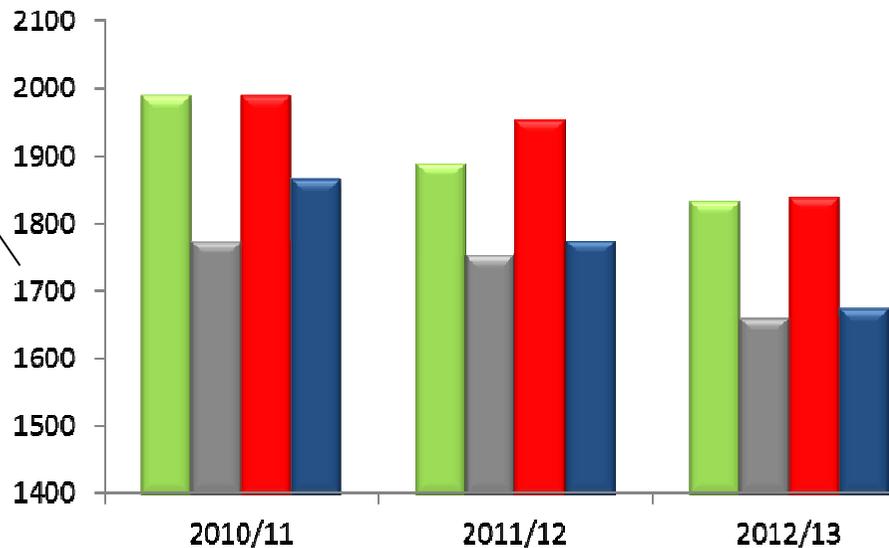
## Younger people aged 18-64 (per 100,000 population)



4,565 people were in residential or nursing care on 31 March 2013 – this was the highest figure in our family group and the family group average was 2,736.

Of these, 3,575 were aged 65 and over. This is the highest figure in our family group and higher than the family average of 2,138.

## Older people aged 65+ (per 100,000 population)



995 of those in residential or nursing care on 31 March 2013 were aged 18-64. This is the highest figure in our family group and higher than the family average of 598.



Icon size reflects figure represented  
 Data source: ASC-CAR S1  
 Number of residents supported in residential and nursing placements as at 31 March 2013. Figures show only people who are supported financially by the Council. Values are rounded by NASCIS to the nearest 5 and this means some figures do not add up.



# Younger people (aged 18-64) in residential and nursing care – by primary need

(per 100,000 population - snapshot at 31 March 2013)

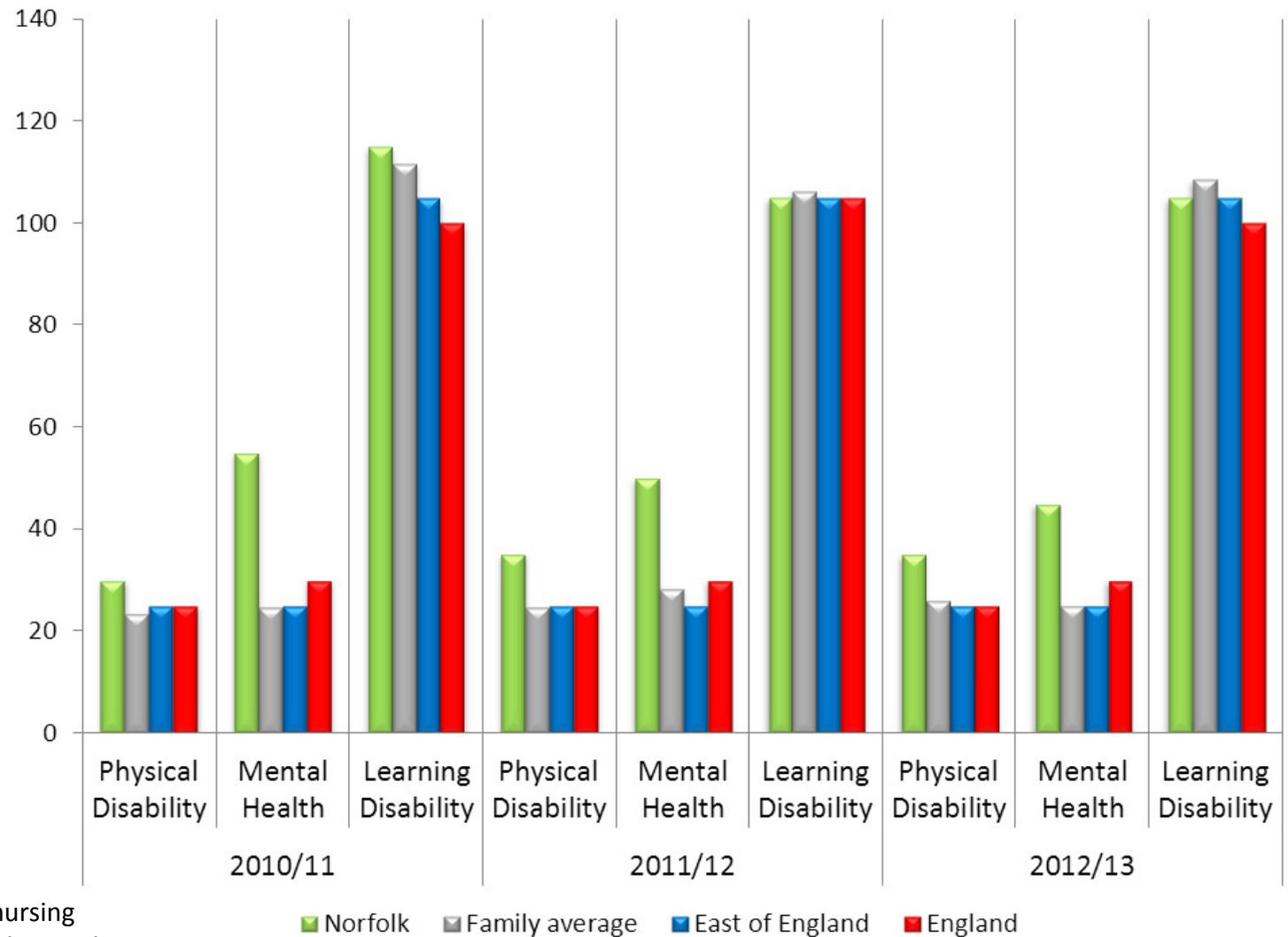


On 31 March 2013 there were 180 people in residential or nursing care who had physical disabilities as their primary need (compared to 155 in 2011). This was the highest in our family group and higher than the average of 94.

230 people with Mental Health issues as their primary need were in residential or nursing care. This was a drop from 275 in 2010/11 but was still the highest in our family group and higher than the average of 92.

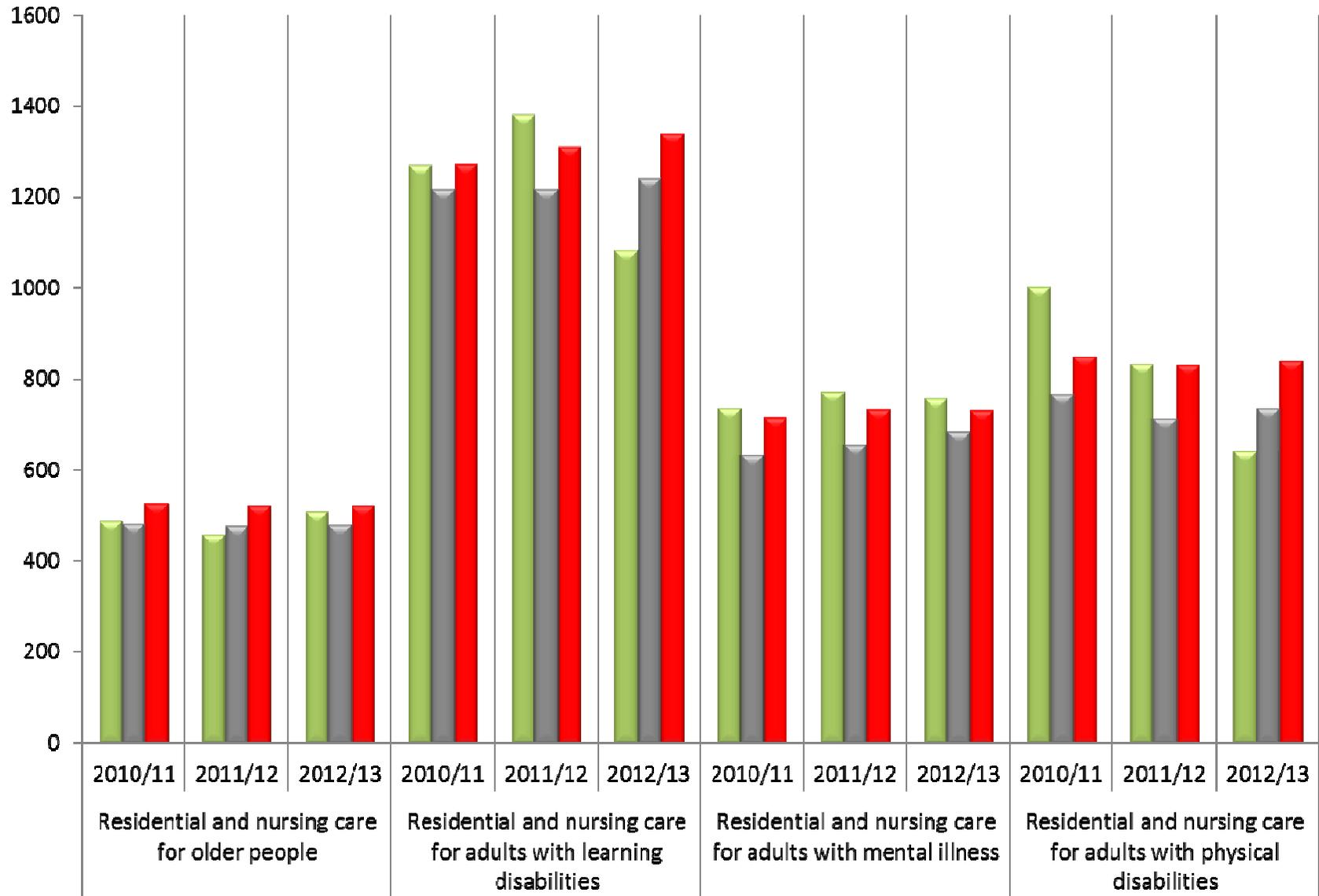
540 people with Learning Disabilities as their primary need were in residential or nursing care. This was higher than the family group average of 401.

There were also 40 people in care who had substance misuse or other need as their primary need (25 in 2010/11). This was the highest in the family group – the next closest authority had 25.



Data source: ASC-CAR S1. Number Of residents supported in residential and nursing placements as at 31 March 2013. Figures show only people supported financially by the Council. Values are rounded by NASCIS to the nearest 5.

## Residential and nursing care unit costs (£ per person per week)



Data source: PSS-EX1



Norfolk result



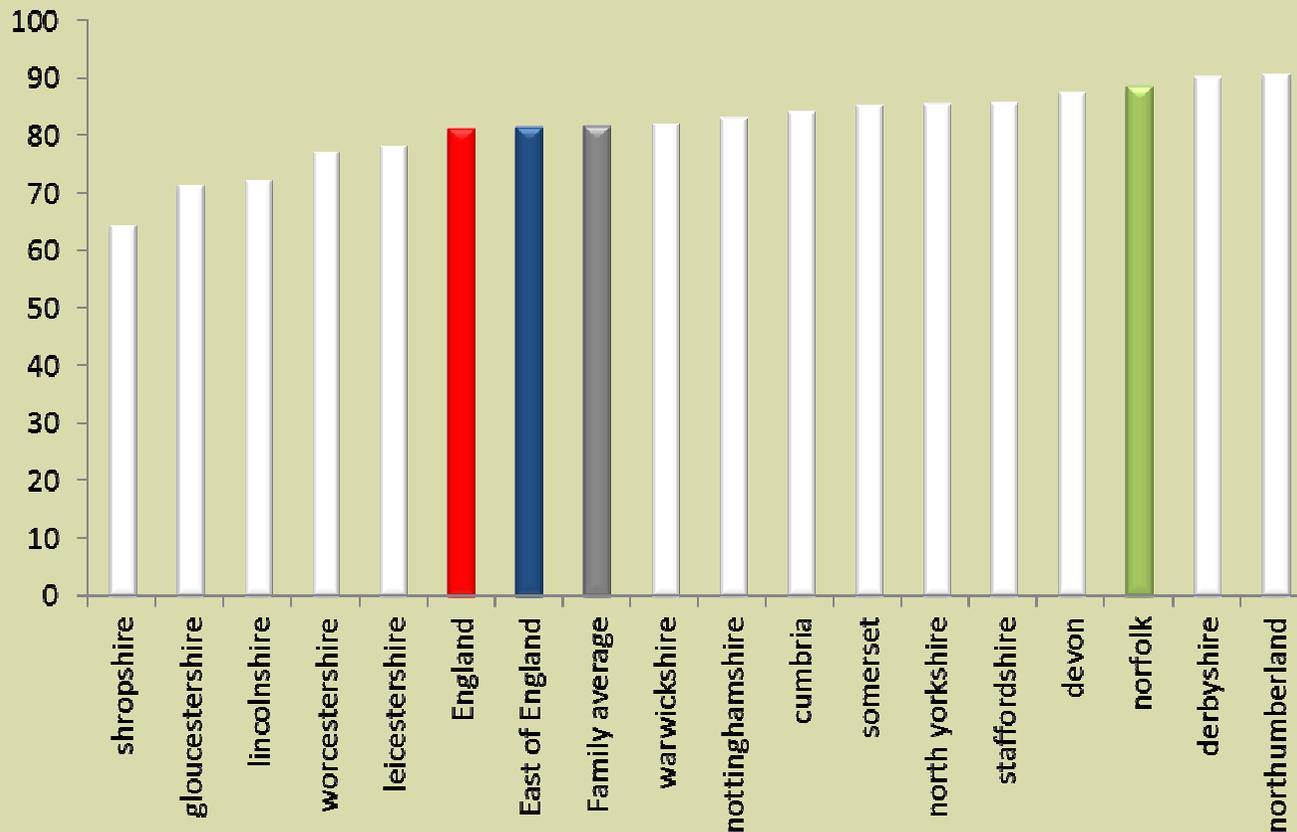
Family Group median



England result

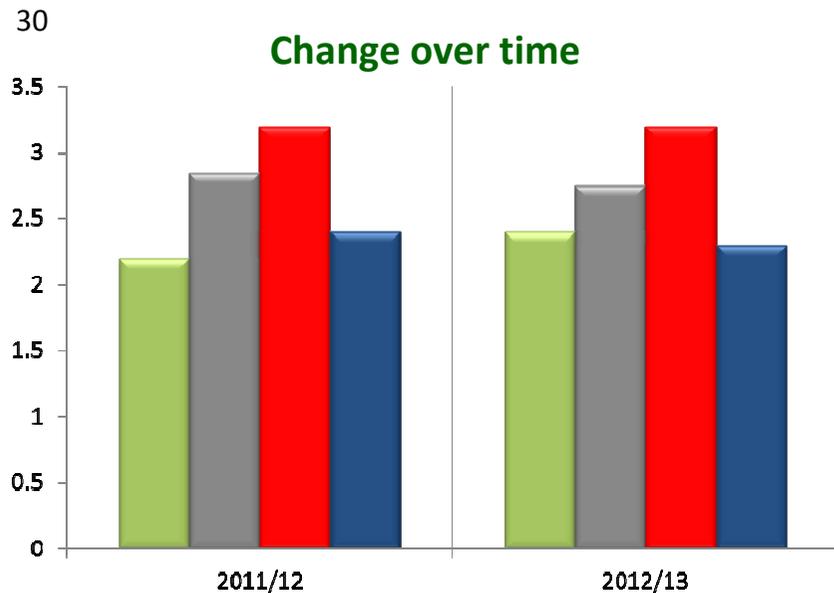
# Older people (65+) still at home 91 days after discharge from hospital into reablement/rehabilitation services

(ASCOF 2B [Part 1] - %)



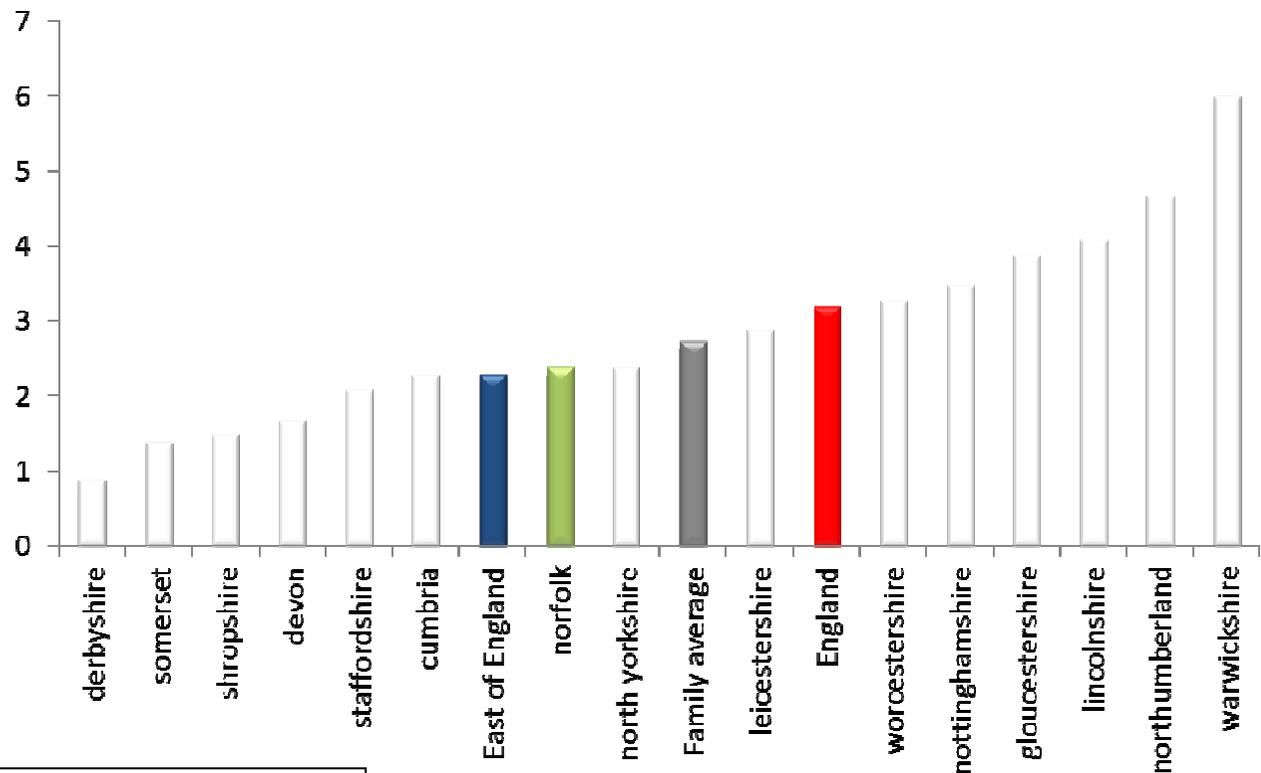
- England result
- Norfolk result
- East of England result
- Family Group result

Data source: NASCIS ASCOF Data Set (from ASC-CAR I1, Hospital Episode Statistics)  
 Cornwall data not available for 2012/13 therefore excluded from all family group averages.



**Older people (65+) offered reablement/rehabilitation services following discharge from hospital**  
(ASCOF 2B [Part 2] - %)

**Desired outcome:**  
“Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services”

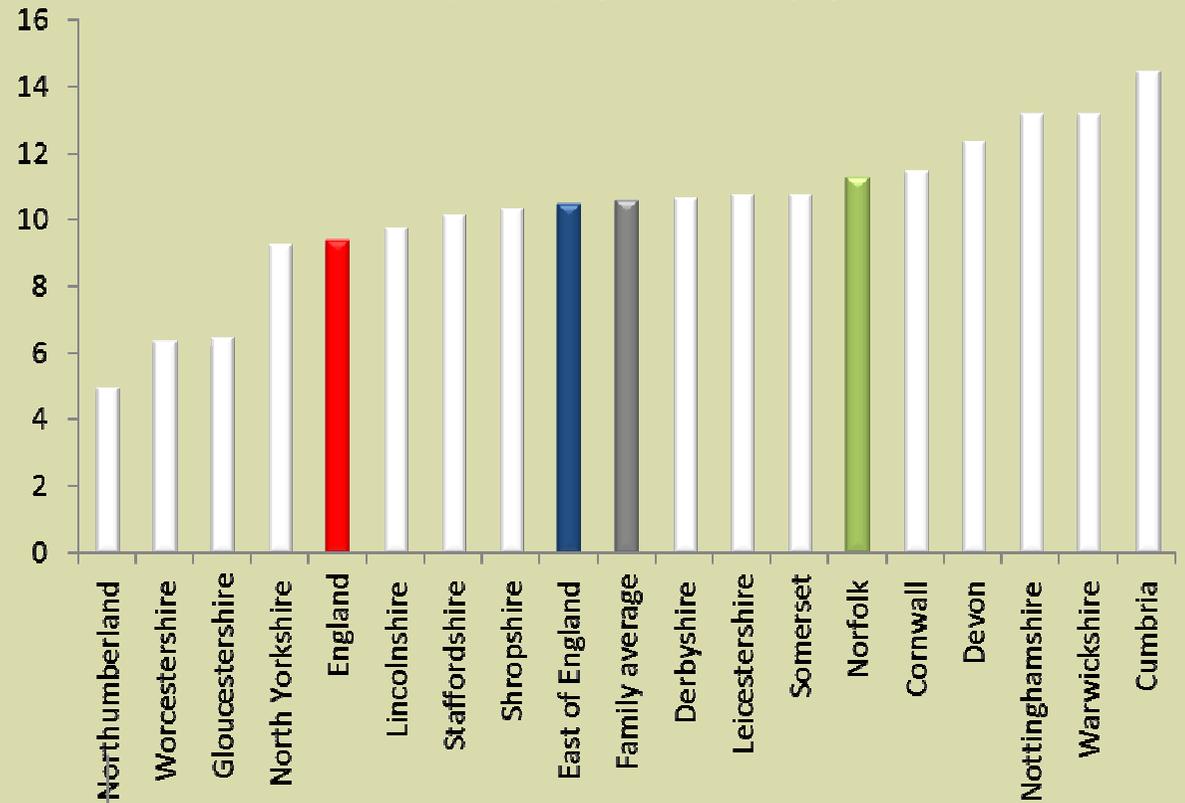


Data source: NASCIS ASCOF Data Set (from ASC-CAR I1, Hospital Episode Statistics)  
Cornwall data not available for 2012/13 therefore excluded from all family group averages.



## Delayed transfers of care from hospital

(ASCOF 2C [Part 1] – per 100,000 population)



### Change over time



Data source: NASCIS ASCOF Data Set

These results based on the average number of delayed transfers of care (for those aged 18 and over) on a particular day taken over the year. This is the average of the 12 monthly snapshots collected in the monthly Situation Report (SitRep)



Norfolk result



East of England result



England result

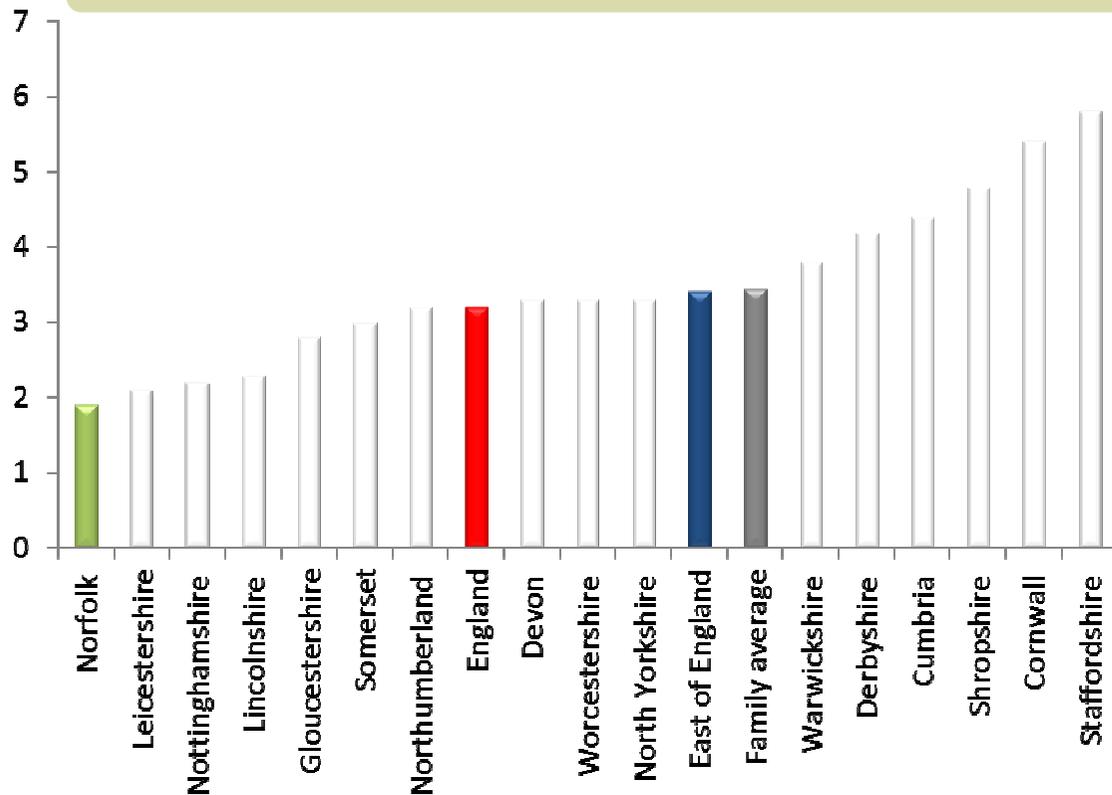


Family Group average



# Delayed transfers of care from hospital attributable to adult social care

(ASCOF 2C [Part 2] – per 100,000 population)

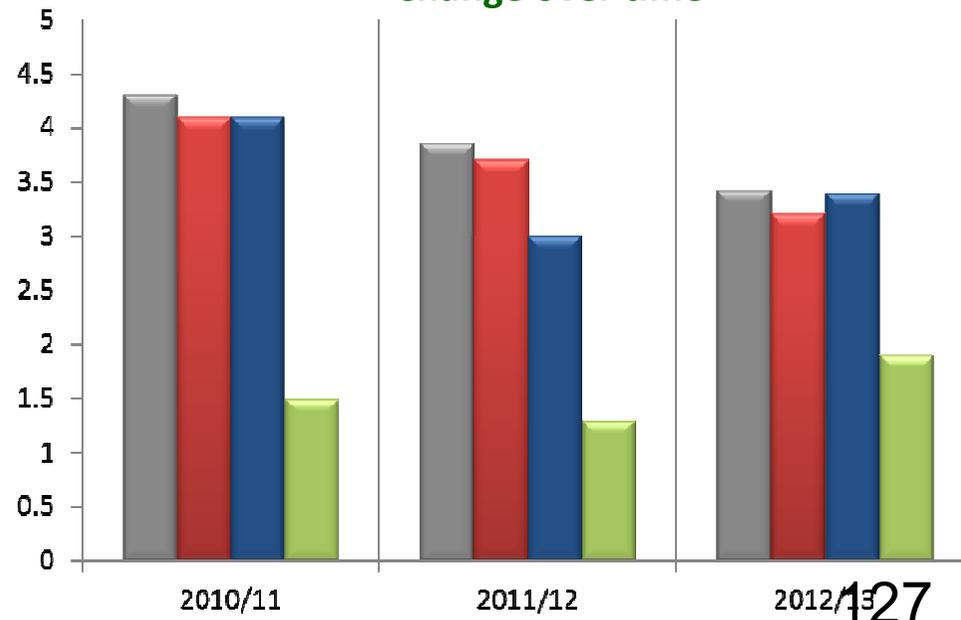


Data source: NASCIS ASCOF Data Set

These results based on the average number of delayed transfers of care (for those aged 18 and over) on a particular day taken over the year. This is the average of the 12 monthly snapshots collected in the monthly Situation Report (SitRep)

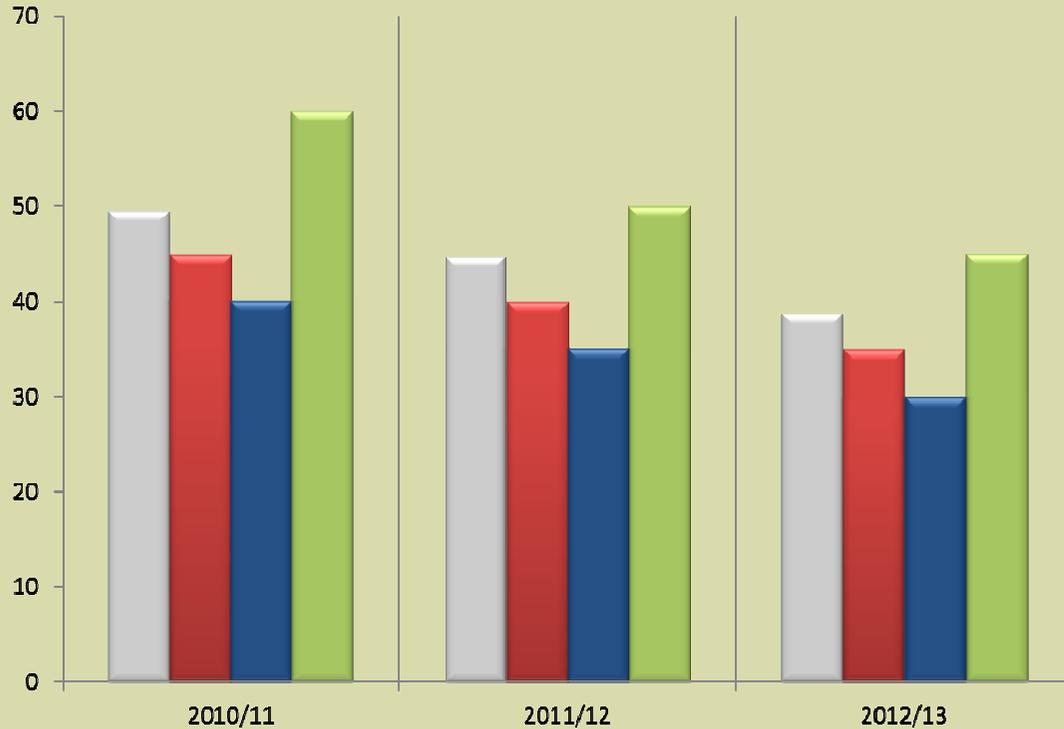


## Change over time



## People receiving day care

(Per 10,000 population)



Change over time

### Desired outcome:

“Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs”

## Day care unit costs

(£ per person per week)

Norfolk



Family group median



Norfolk's unit costs have increased from £204 in 2010/11 (35%) compared to an increase in the family median from £191 (8%).



Data source: RAP P2F, Unit Costs – PSS-EX1  
 Cornwall and Lincolnshire RAP data not available for 2010/11 or 2011/12 therefore not included in people receiving daycare figures.  
 The comparator group for unit cost indicator is made up of 27 shire counties.

Norfolk result



East of England result



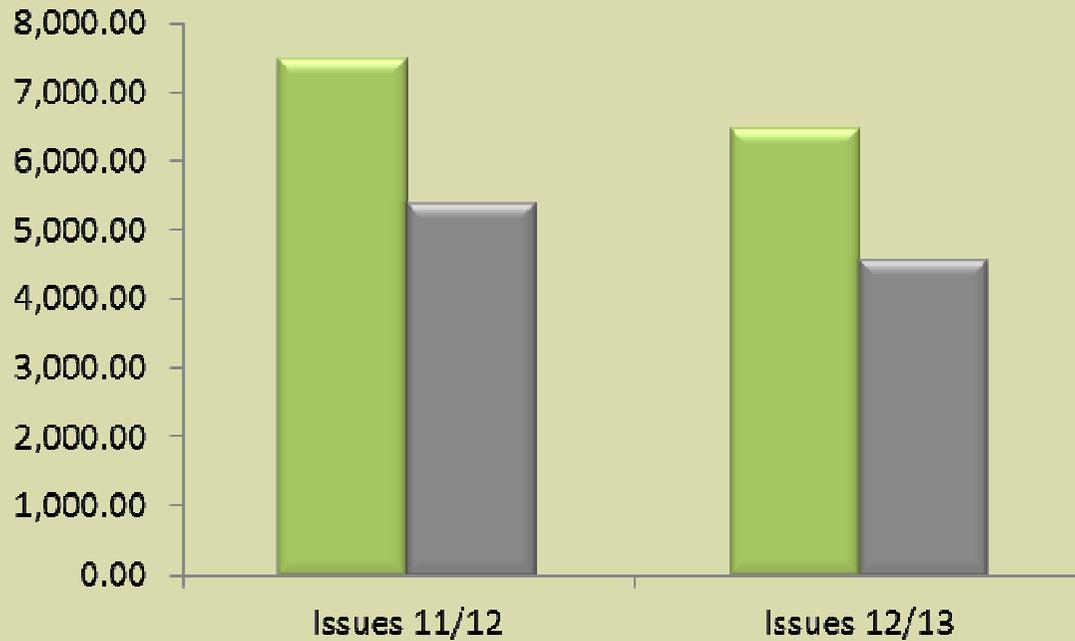
England result



Family Group result



### Libraries – issues (Per 1,000 population)



### Libraries – net expenditure

(£ per 1,000 population)



Norfolk



Shire counties median



Norfolk's net expenditure per 1,000 population has decreased from £12,184 in 2011/12 (3.6% reduction). The shire counties median expenditure has also reduced by 8.5% from £13,210 in 2011/12.

Due to missing data, the net expenditure median excludes Essex.



Data source: CIPFA Public Library Statistics 2012/13

Library usage is an indicator of independence. Libraries also provide services (e.g. support to informal carers) which can help prevent or delay people needing care and support.

Libraries net expenditure excludes capital charges.

Norfolk result



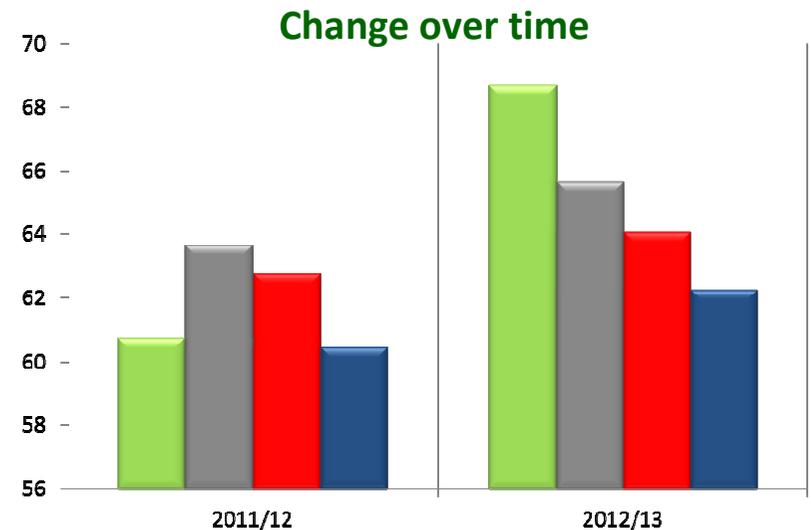
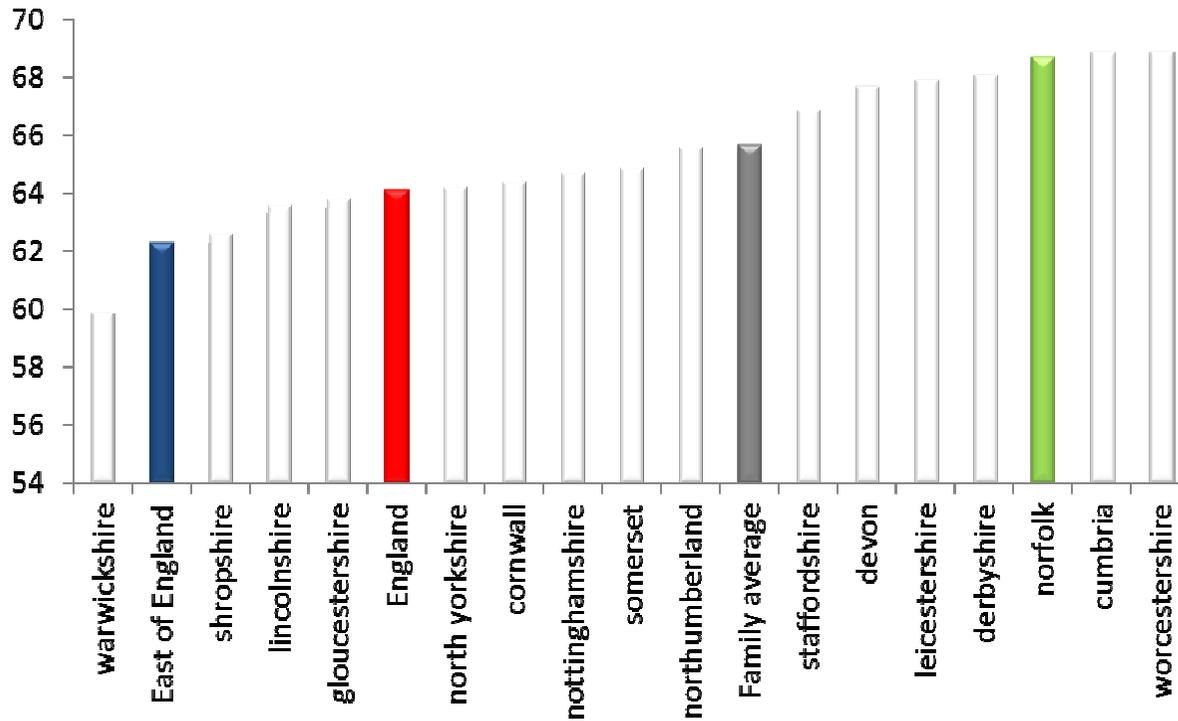
Shire county result



# Outcome 3 – Ensuring that people have a positive experience of care and support

**Overall satisfaction of people who use services with their care and support**  
(ASCOF 3A – average score)

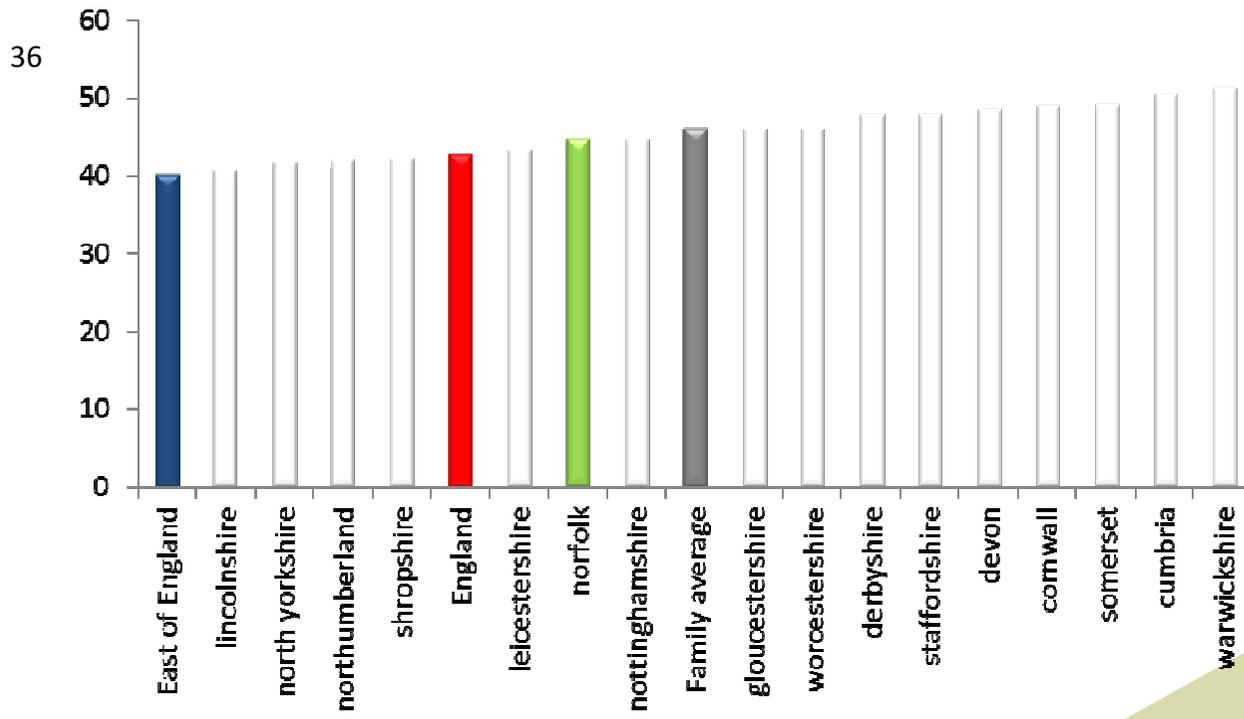
**Desired outcome:**  
“People who use social care and their carers are satisfied with their experience of care and support services”



Norfolk result  East of England result   
 England result  Family Group average

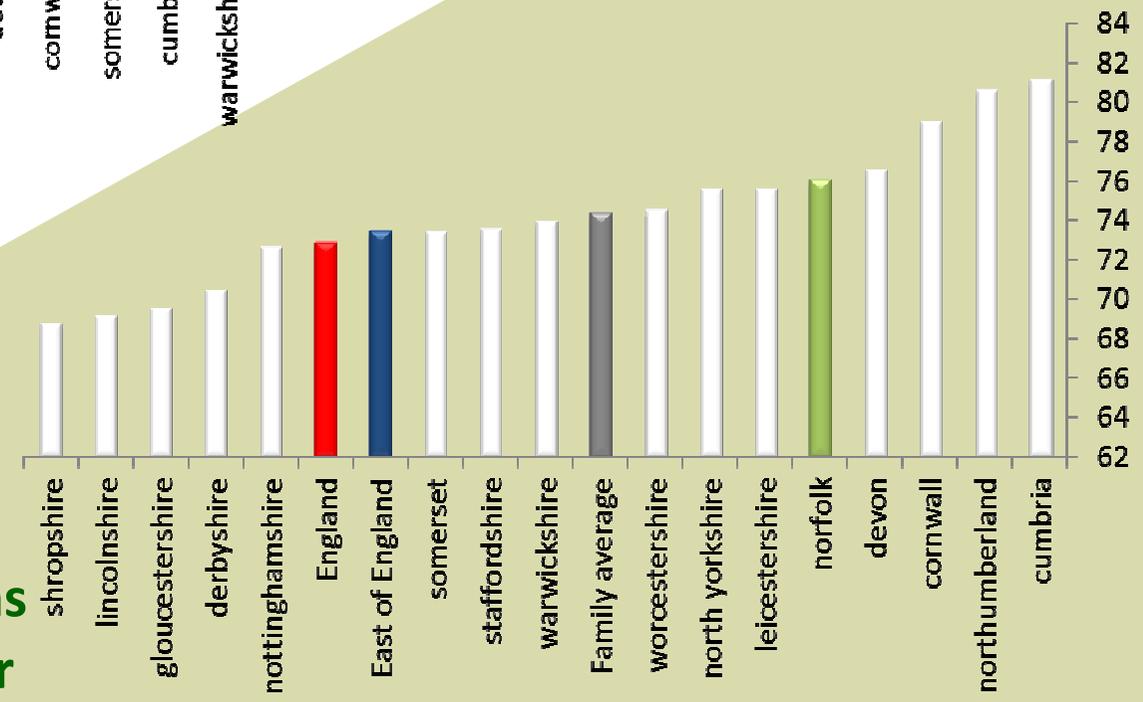
NASCIS ASCOF data set (from annual Adult Social Care Survey). Results are weighted to be more representative of each total local population. Therefore apply caution when comparing performance with other areas - variations in population characteristics mean results not directly comparable with anything but our own historic performance.

# Overall satisfaction of carers with social services (ASCOF 3B – average score)



**Desired outcome:**  
"Carers feel they are respected as equal partners"

## % carers included/consulted in discussions about person cared for (ASCOF 3C – %)



**i** Norfolk result  East of England result   
 England result  Family Group average

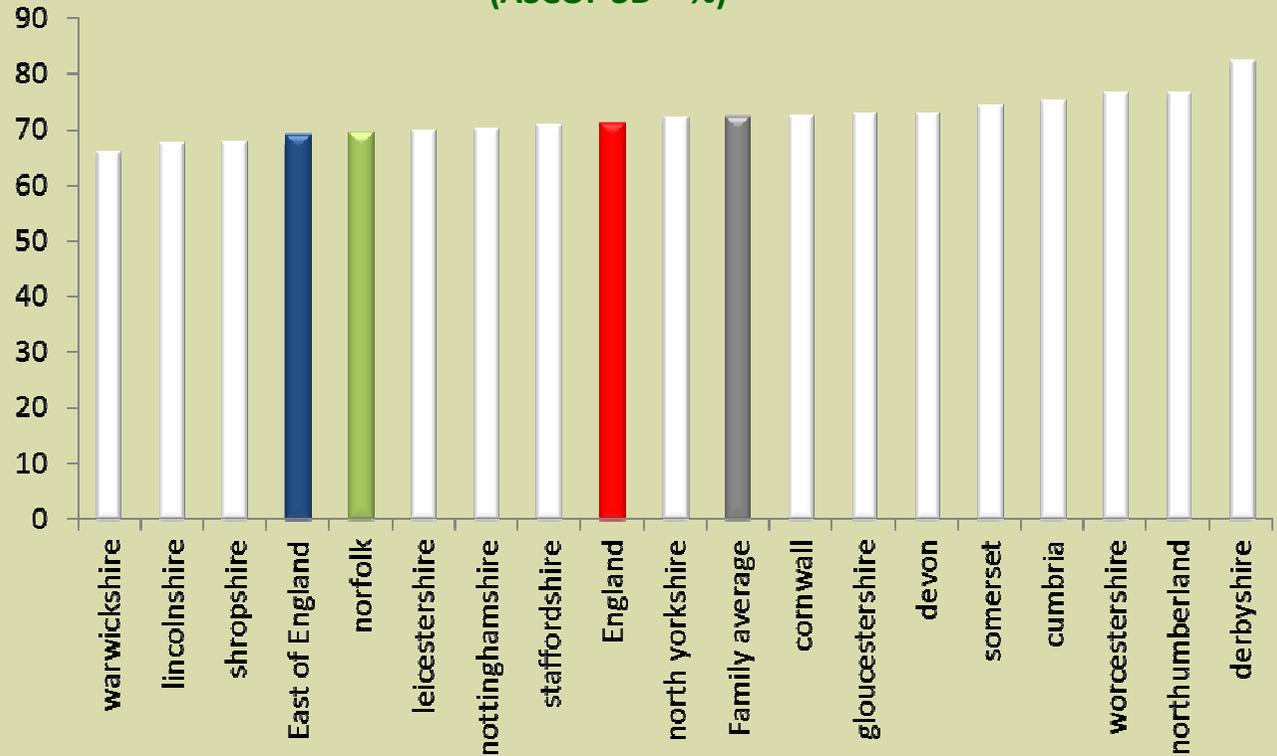
NASCIS ASCOF data set (from the Carers' Survey).

**Desired outcome:**

“People know what choices are available to them locally, what they are entitled to, and who to contact when they need help”

**% service users and carers who find it easy to find information about services**

(ASCOF 3D – %)



Data source: NASCIS ASCOF Data Set (from the Carers Survey)

Results are weighted to be more representative of each total local population. Therefore apply caution when comparing performance with other areas - variations in population characteristics mean results not directly comparable with anything but our own historic performance.



Norfolk result



East of England result



England result



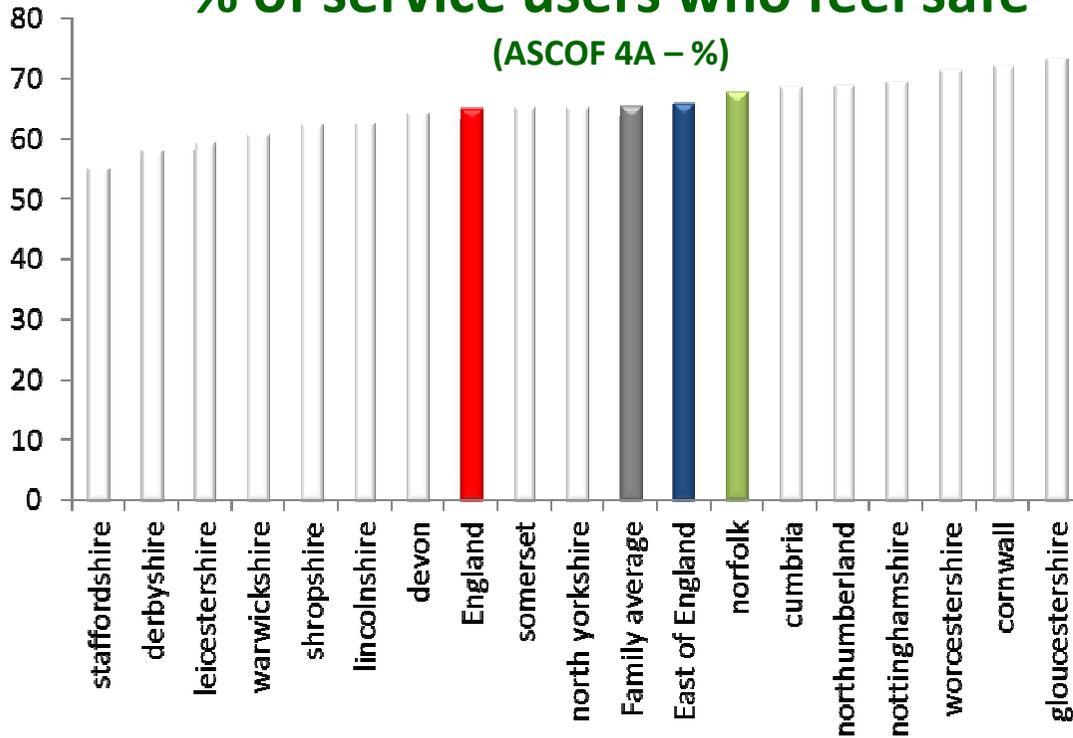
Family Group average



# Outcome 4 – Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

## % of service users who feel safe

(ASCOF 4A – %)

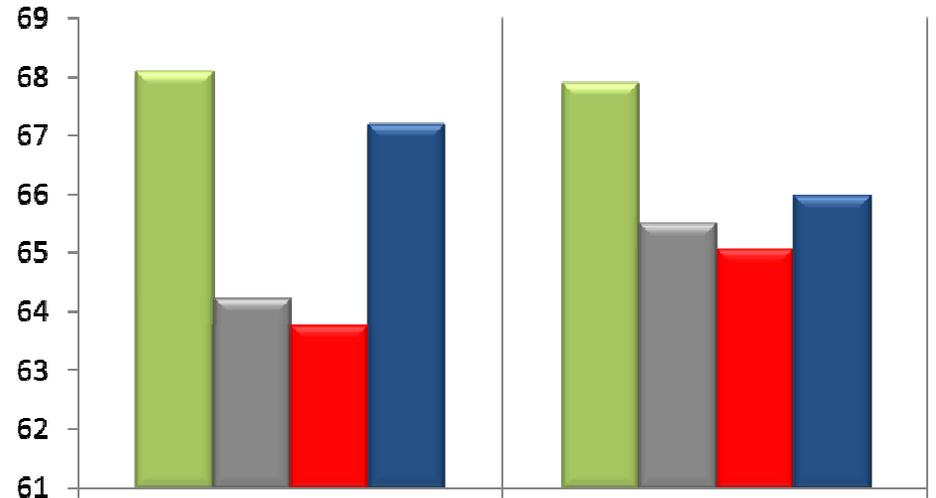


**Desired outcome:**  
 “Everyone enjoys physical safety and feels secure”

Data source: NASCIS ASCOF Data Set (from annual Adult Social Care Survey)  
 Results are weighted to be more representative of each total local population.  
 Therefore apply caution when comparing performance with other areas - variations in population characteristics mean results not directly comparable with anything but our own historic performance.



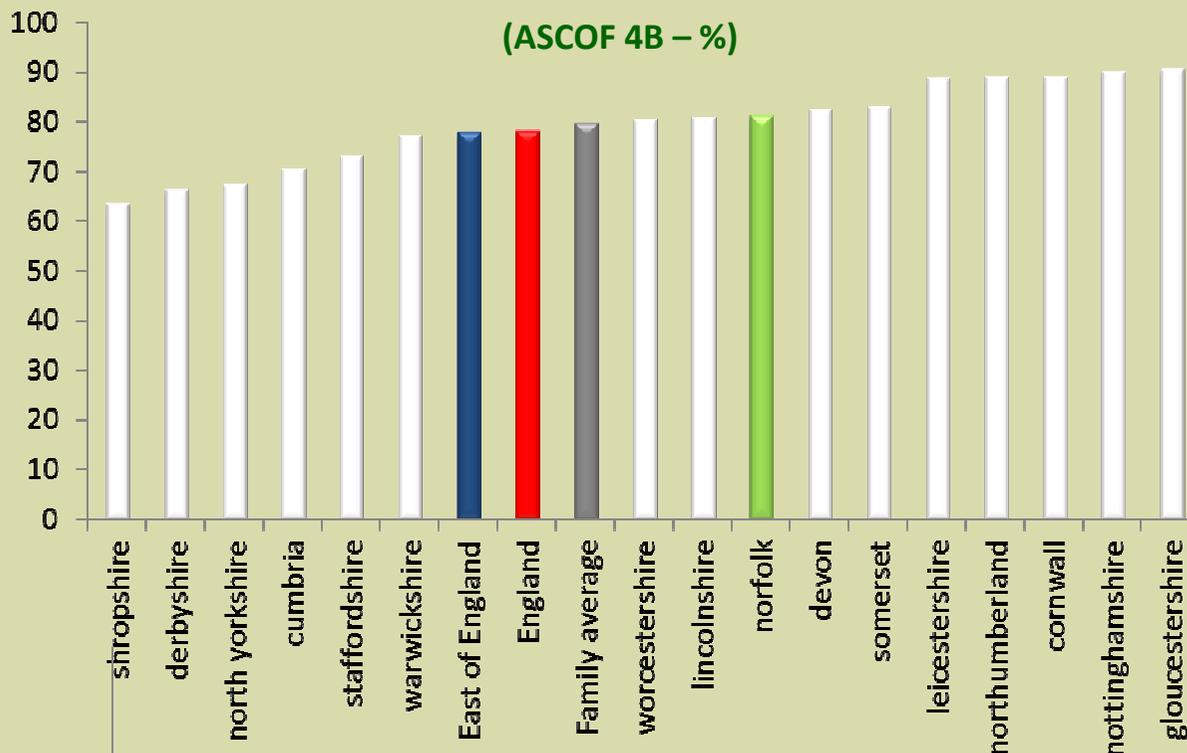
## Change over time



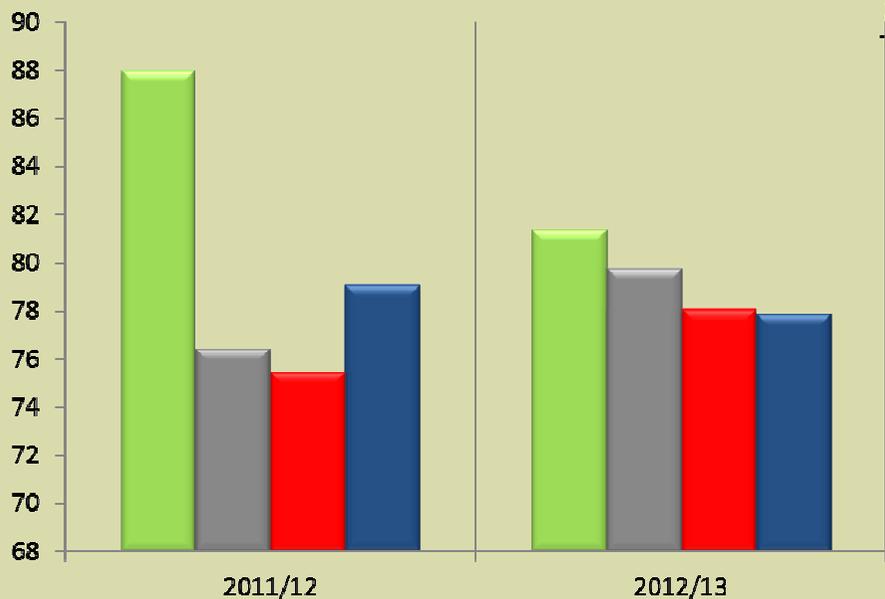
2011/12

2012/13

## % of people using services who say those services have made them feel safe and secure



### Change over time



Data source: NASCIS ASCOF Data Set (from annual Adult Social Care Survey)  
 Results are weighted to be more representative of each total local population.  
 Therefore apply caution when comparing performance with other areas - variations in population characteristics mean results not directly comparable with anything but our own historic performance.



Norfolk result



East of England result



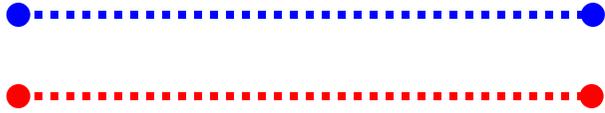
England result



Family Group average



40



## Safeguarding referrals (Per 100,000 population)

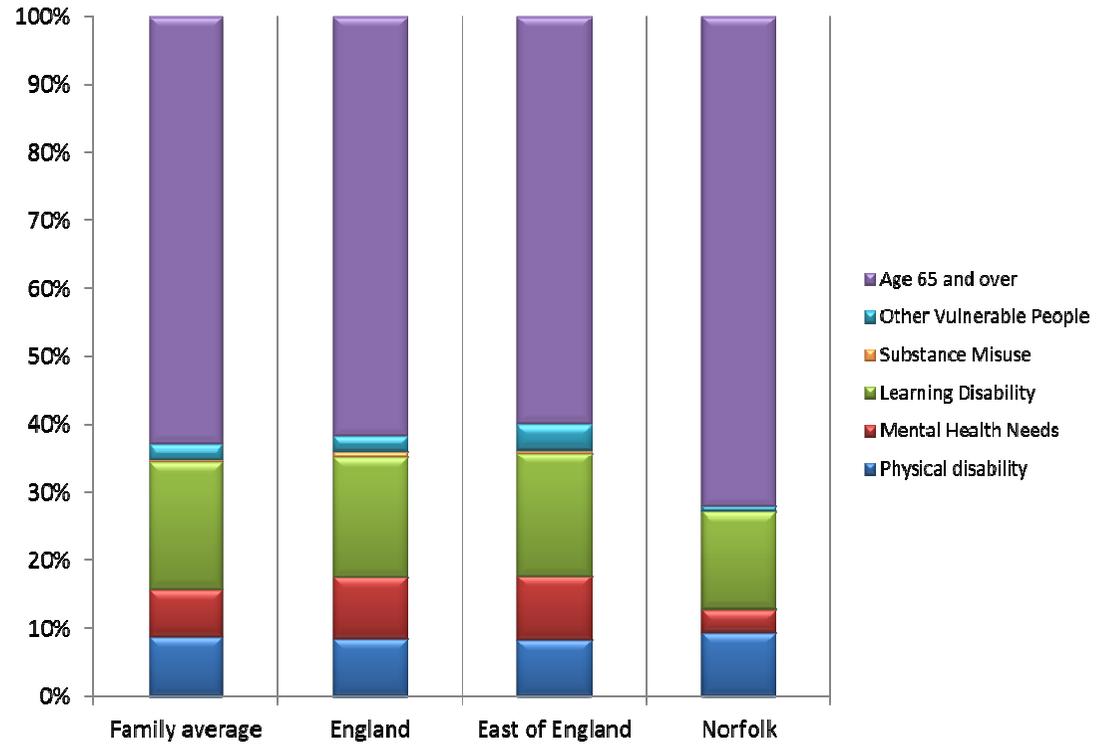
**Desired outcome:**  
“People are free from physical and emotional abuse, harassment, neglect and self-harm”



Of which...

11/12	100	214
10/11	120	189

### Primary need of alleged victims (%)



Icon size reflects figure represented Data source: AVA Tables 1 and 3  
A ‘referral’ is where a concern has been raised and has invoked an adult safeguarding investigation or assessment. Cases not fully investigated are not counted. England totals are not fully representative of all councils.

Family group



Norfolk



England

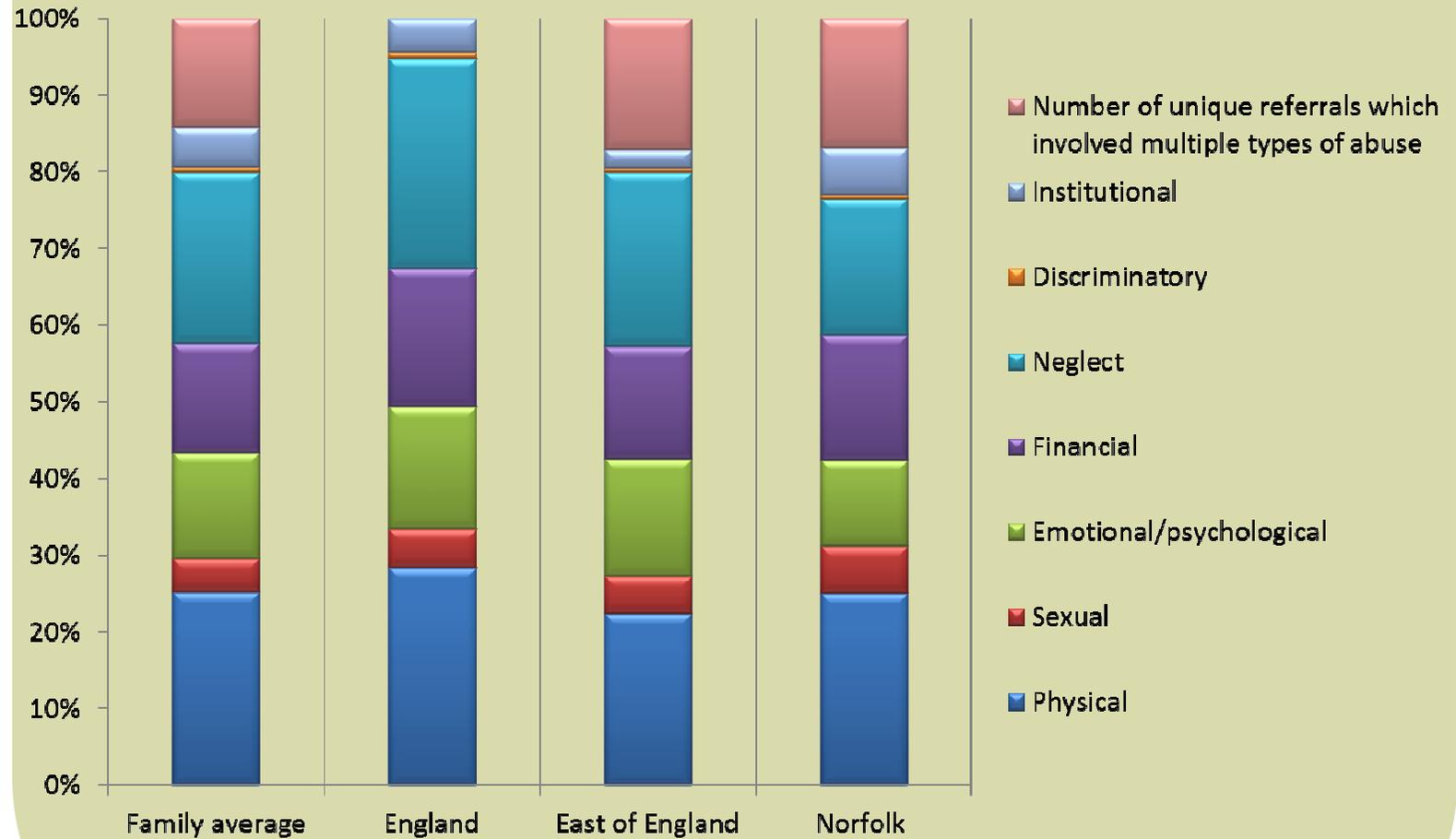


East England



- In 2012/13 Norfolk had 2,045 safeguarding alerts and 595 referrals (where an alert leads to a safeguarding investigation or assessment). This represents an increase in alerts (1,405 in 2010/11), but a decrease in referrals (815 in 2010/11)
- Per 100,000 population, Norfolk only had 5 repeat referrals (where someone is the subject of two or more separate safeguarding referrals during the same reporting period) compared to a family group average of 41.

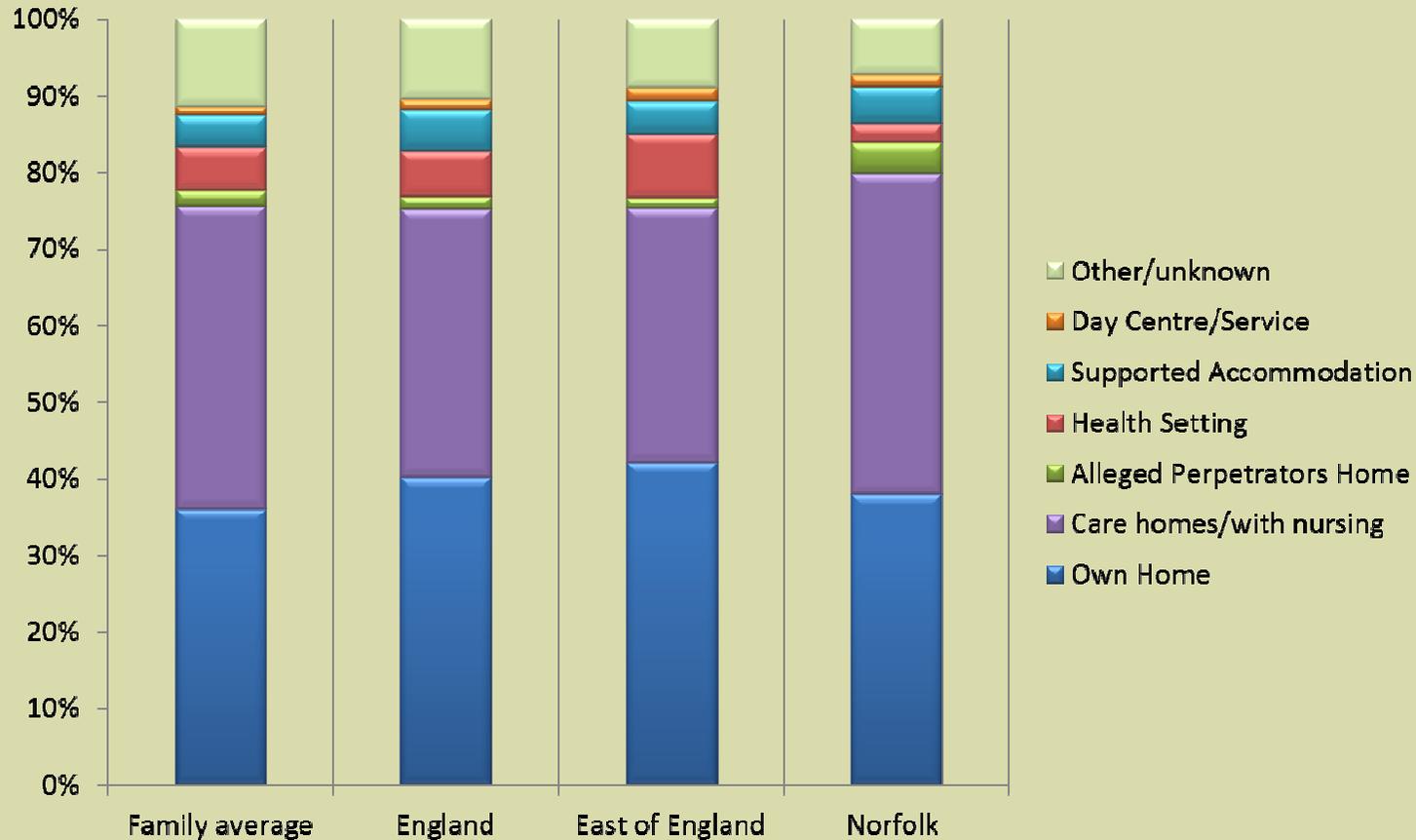
## Safeguarding referrals – the nature of alleged abuse (%)



Data source: AVA Table 4a



## Safeguarding referrals – location of alleged abuse (%)



### Desired outcome:

“People are protected as far as possible from avoidable harm, disease and injuries”



605 safeguarding referrals were completed in 2012/13 (i.e. investigation or assessment completed or allegation discounted). 29% of these were substantiated and a further 11% were partially substantiated.

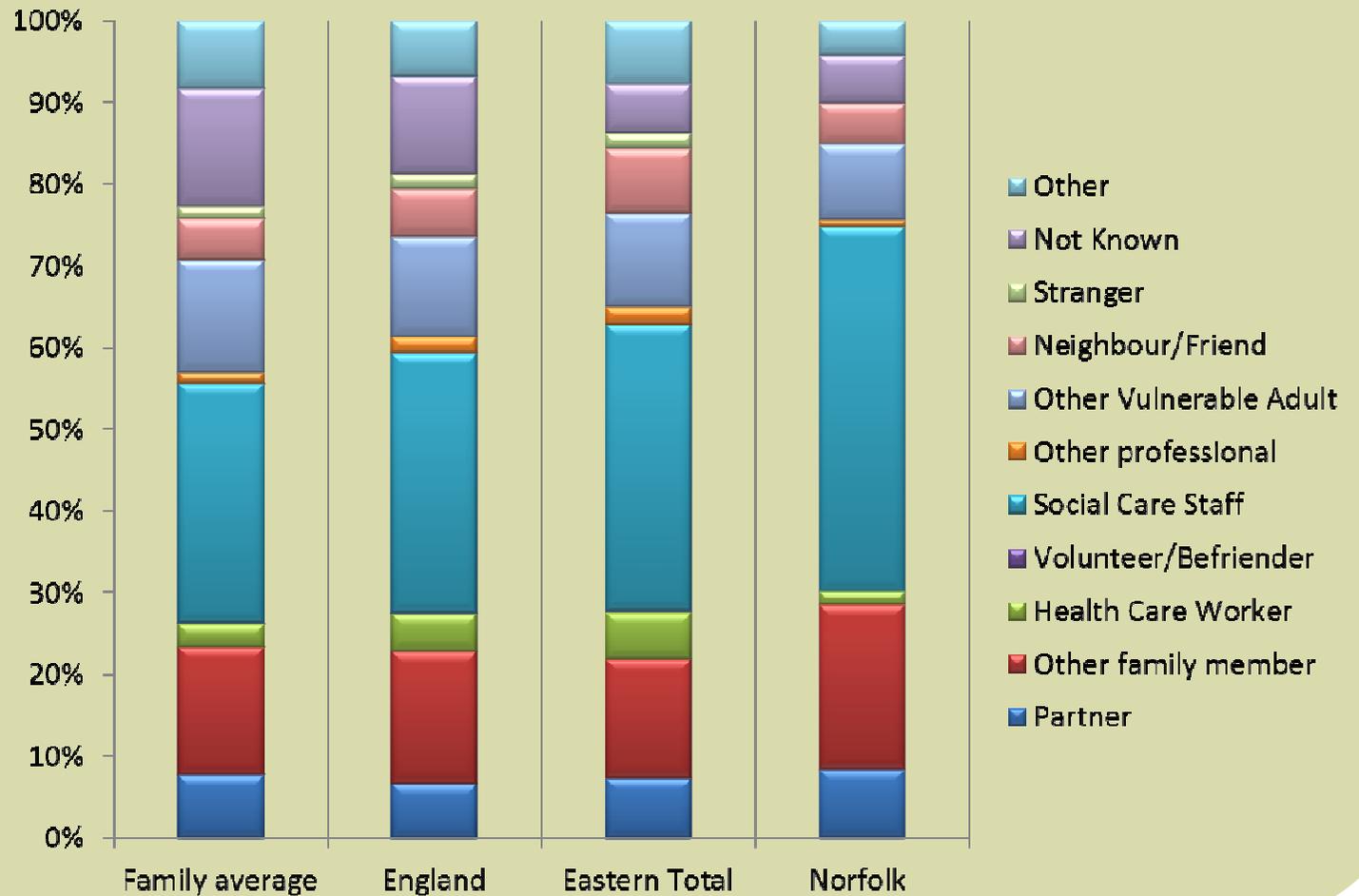


Data source: AVA Table 5a

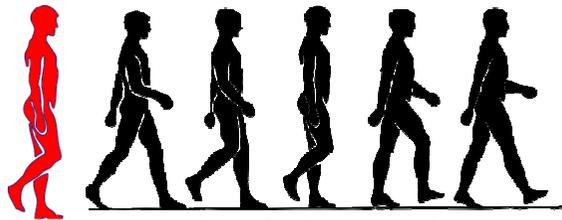
## Safeguarding referrals – relationship of alleged perpetrator to victim (%)



In this indicator 'Social Care Staff' means anyone employed to provide social care, including carers in residential homes or home care providers – not just social care staff.



Data source: AVA Table 6a



**Back of the pack**

People using **Mental Health** services in paid **employment** (ASCOF 1F)

People using **Mental Health** services **living independently** with or without support (ASCOF 1H)

**Permanent admissions of younger adults** (18-64) to residential and nursing homes (ASCOF 2A Part 1)

**Delayed transfers of care** from hospital (ASCOF 2C Part 1)

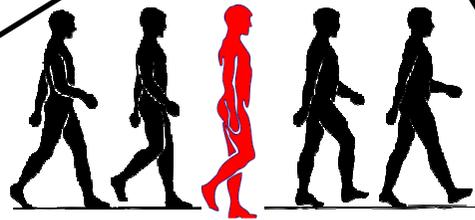
People using services receiving **self directed support** (ASCOF 1C Part 1)

**Carer reported quality of life** (ASCOF 1D)

People with **learning disabilities** living in their own home or with family (ASCOF 1G)

**Permanent admissions of older adults** (65+) to residential and nursing homes (ASCOF 2A Part 2)

% service users and carers who find it easy to find **information about services** (ASCOF 3D)



**Middle of the pack**

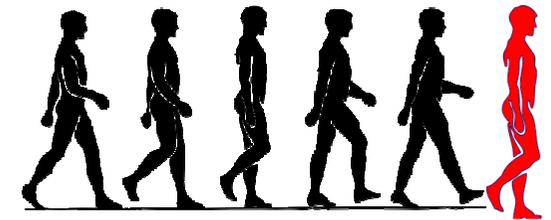
**Older people (65+) offered reablement/rehabilitation** services following discharge from hospital (ASCOF 2B Part 2)

Overall **satisfaction of carers** with social services (ASCOF 3B)

% of people using services who say those services have made them feel **safe and secure** (ASCOF 4B)

Social care related **quality of life** (ASCOF 1A)

% **service users who feel safe** (ASCOF 4A)



**Ahead of the pack**

People using services who have **control** over their daily life (ASCOF 1B)

**Delayed transfers of care** attributable to **social care** (ASCOF 2C Part 2)

% **carers included/consulted** in discussions about person cared for (ASCOF 3C)

Overall **satisfaction** of people who use services with their care and support (ASCOF 3A)

People using services receiving **cash payments** (ASCOF 1C Part 2)

Proportion of service users receiving a **review** (Former PAF D40)

**Older people (65+) still at home 91 days after discharge from hospital** into reablement/rehabilitation services (ASCOF 2B Part 1)

People with **learning disabilities** in paid **employment** (ASCOF 1E)

**Norfolk's place in the family group 2012/13**

# Risk Register - Norfolk County Council

Risk Register Name		Community Services Departmental Risk Register														Red					
Prepared by		Harold Bodmer and Stephen Andreassen														Amber					
Date updated		28 January 2014														Green					
Next update due		31 March 2014														Met					
CDGSTP	Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Inherent Likelihood	Inherent Impact	Inherent Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
C	Community Services Transformation	RM14079	Failure to meet the long term needs of older people	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local authorities may only have sufficient funding for Adult's and Children's care.	11/10/2012	5	5	25	5	5	25	<ul style="list-style-type: none"> <li>Take steps to protect the Purchase of Care budget when budget planning prior to 2014-17.</li> <li>Invest in appropriate prevention and reablement services</li> <li>Integrate social care and health services to ensure maximum efficiency for delivery of health and social care</li> <li>The Building Better Futures Programme will realign and develop residential and social care facilities</li> <li>Ensure budget planning process enables sufficient investment in adult social care particularly in year 3 of current plan.</li> <li>Continue to: try and manage needs; to identify and deliver savings in the Adult Social Care budget plan; and to ensure the issues are understood and discussed corporately.</li> </ul>	The Adult Social Care mitigating tasks are relatively short term measures compared to the long term risk, i.e. 2030, but long term measures are outside NCC's control, for example Central Government policy. Although steps have been taken to protect the Purchase of Care budget in previous budget planning, the proposals for 2014-17 have had to include savings from the Purchase of Care budget. The Draft Care and Support Bill including changes in social care funding will impact significantly: more people eligible for social care funding; less service user contributions; and it is not clear whether there will be additional/sufficient government funding.	2	4	8	31/03/2030	Amber	Harold Bodmer	Janice Dane	12/12/2013
C	Community Services Transformation	RM0207	Failure to meet the needs of older people	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation.	01/04/2011	3	4	12	3	4	12	<ul style="list-style-type: none"> <li>Invest in appropriate prevention and reablement services</li> <li>Integrate social care and health services to ensure maximum efficiency for delivery of health and social care</li> <li>The Building Better Futures Programme will realign and develop residential and social care facilities</li> <li>Ensure budget planning process enables sufficient investment in adult social care particularly in year 3 of current plan</li> </ul>	Got 2012-13 Winter Pressures funding of £1.498m - carried forward to 2013-14. A review of the fees paid to the independent sector was undertaken in 2012-13 and informed the inflationary uplift discussions with provider representatives. Discussions ongoing about cost of care exercise in 2013-14. NHS Norfolk and Great Yarmouth are providing £1.3m of reablement monies in 2013-14 which is being used to help fund the Norfolk First Support, Night Owls and Swifts services. The service has also been re-engineered. Following the setting up of Norse Care in April 2011 the Building Better Futures 15 year transformation programme of the previous in house residential homes is starting with the reversion of three residential homes in the Eastern Locality. There is a project on Support for Self Funders. The recent tender of some of the homecare tenders is trying to address rurality issues. The Integrated Community Equipment Service started in April 2013. The subsidy has been removed from all the meals on wheels services, day centres and luncheon clubs, and for meals provided in most Housing With Care schemes (end of July 2013). Savings have been delivered by: the Remodelling of In house day services; on transport through route reviews/ procurement; and through the Assessment and Care Management Review.	2	4	8	31/03/2014	Green	Harold Bodmer	Janice Dane	13/12/2013

CDG/STP	Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Inherent Likelihood	Inherent Impact	Inherent Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update	
D	Support & Development	RM13925	Lack of capacity in ICT systems	A lack of capacity in IT systems and services to support Community Services delivery, in addition to the poor network capacity out into the County, could lead to a breakdown in services to the public or an inability of staff to process forms and financial information in for example Care First. This could result in a loss of income, misdirected resources, poor performance against NI targets and negatively impact on our reputation.	30/04/2011	4	4	16	4	3	12	<p>Ensure ICT capacity issues are being addressed by CareFirst Management Board and ICT Steering Group.</p> <ul style="list-style-type: none"> <li>Children's Services, Adult Care, Finance and PPP planning requirements for 13/14 have been agreed by CFMB - this is monitored and updated as necessary at each CFMB meeting. This includes measures to significantly revise the plan to support delivery of the ChS Improvement Plan.</li> <li>Continue to request the Business Infrastructure and Efficiency Group (BIEG) to set aside some capacity for smaller departments where small input can have substantial gains.</li> <li>Use the additional OLM consultancy days approved to ensure development and delivery of CareMobile, the Portal and other developments.</li> <li>CareFirst Management Board monitors processes to ensure available ICT resources are allocated to Children's Services (ChS), Adult Social Care (ASC) and Finance on an agreed service priority basis.</li> <li>Engage with the implementation of the Digital Norfolk Ambition (DNA) project and appoint a Business Lead. Create and submit DNA Priority Plans including identification of systems in use, staff locations for Adult Social Care and Cultural Services. Continue to work with ICT services to identify ways of resolving the network capacity issues on the library network.</li> </ul>	<ul style="list-style-type: none"> <li>The ICT Business Partner pulls together CareFirst and other ICT developments for ChS and ASC in the form of commissioning documents that feed into ICT Steering Group and CFMB..</li> <li>New Strategic Plan has been developed and approved by the Business Infrastructure and Efficiency Group (BIEG) and the ICT Lead Tom Baker is working towards supporting strategic service developments that will see dividends in the medium term.</li> <li>The ASC Care First ICT group ensures priorities are co-ordinated and agreed and presented to CFMB to access the required ICT resource.</li> <li>The automatic Resource Allocation System was successfully implemented in March 2013 (the first of its kind in the the country) - this allows for electronic calculations of Personal Budgets and has made operational and administrative efficiencies. This has since been rolled out for Carer's using the same technology bringing further efficiencies to the department.</li> <li>The Cabinet approved OLM consultancy days are being utilised as planned for MSC2, CF upgrades and the Portal. The Portal will be part of the NCC Portal development within the DNA programme. The CareFirst Production Review group, a sub group of CFMB, has been delegated to prioritise and schedule work fortnightly with ICT.</li> <li>Active monitoring of the ICT resource is being developed to understand and address quality and workflow issues. Reviewed to take into account the Children's Services Improvement Plan which has placed significant further pressures on the ICT Resource resulting in some ASC activity being delayed.</li> <li>Action Plan developed for ICT 'recovery' in Cultural Services. Progress report received by J Holland each week.</li> <li>Re-procurement of the Library catalogue and Museums Retail and Admissions systems will address both ICT equipment and systems to ensure they are up to date and effective as possible.</li> <li>A Business Lead is to lead on the implementation of DNA for Adult Social Care and Cultural Services. Priority plans were approved by SMT in November 2013. We are currently engaging with the DNA programme within the corporate Business Leads group.</li> <li>MSC Go Live occurred successfully during November 2013 and the project is approaching closedown and transfer to BAU. Not all BAU risks have been quantified which is being addressed with the project lead.</li> <li>ACMR3 review is underway with project lead from the CPO.</li> </ul>	2	4	8	31/03/2014	Amber	John Perrott	John Perrott	28/01/2014	
D	Prevention	RM13923	Uncertainty around the shift towards investment in prevention services	There is uncertainty around achieving a general shift towards investment in prevention services by health care and housing organisations by the end of 13/14, meaning that key strategic strategies for older and disabled people were not met in line with Living Longer, Living Well. This results in poorer outcomes for service users and higher expenditure.								<ul style="list-style-type: none"> <li>Agreement with NHS for investment in social care services in place for 2011-12 and 2012-13</li> <li>Prevention strategy in place and agreed by Cabinet</li> <li>The Council has established a one off Living Well in the Community Fund</li> <li>Ensure an agreement is reached with NHS and housing organisations on prevention investment for 13/14</li> <li>Members to reach a view this year on whether to put funding into the Living Well in the Community Fund</li> <li>We will agree with members the areas for priority for prevention as part of the budget planning process for 2012-13. Cross Cutting Review of Prevention underway as part of enterprising Norfolk Enabling Communities Workstream</li> </ul>	<p>The CSR budget requirements agreed a 40% reduction in prevention spending however this was reduced to 28% following the announcement of additional NHS funding and the removal of the 2011/12 saving of £5m. This resulted in an £11m reduction in prevention spending. £5m in 2012/13 and £6m in 2013/14. This requires significant service and contract reviews. Revised arrangements for reablement services will commence from April 2013, but a financial commitment for joint funding from Clinical Commissioning Groups, whilst expected, is not yet concluded. The Living Well in the Community Fund has been spent and is operational. The Council established a further Prevention fund of £3.5m which includes support to organisations in transition from block contracts to sport arrangements and includes an amount of building community capacity.</p>									

CDGSTP	Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Inherent Likelihood	Inherent Impact	Inherent Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update	
					30/04/2011	4	4	16	3	4	12	<p>underway as part of Enterprising Norfolk, aimed at a new approach to demand management and avoiding costs</p>	<p>Amendments to Supporting People funding is complete for 12-13. Trading arrangements for Assistive Technology have begun. New contractual arrangements for Information, Advice and Advocacy are operational. The Council has looked at improving community based prevention activity as part of Enterprising Norfolk. Ageing Well now forms part of a joint approach with Public Health. The Council has identified £5m over five years for additional investment in prevention ("Strong and Well") - although the budget savings proposals including cutting the next four years funding.</p>	2	4	8	01/04/2014	Amber	Janice Dane	Janice Dane	16/12/2013	
												<p>A cross cutting review of Community Prevention for Social Care has commenced as part of enterprising Norfolk, which will look at the use of shared resources across the whole council. A dedicated workstream within Enterprising Norfolk is looking at our approach to enabling communities, and specifically at the issue of demand avoidance in future service levels. Agreement was reached with Norfolk's Clinical Commissioning Groups for joint commissioning of NCC Norfolk First Response Services - achieving income of £1.3m in line with savings plans for 13-14. Approval was granted by Norfolk's Health and Well-being Board for our Ageing Well initiative (linked to the Public Health Healthy Towns programme) and this worked has commenced through a dedicated post within Community Services.</p>										
D	Transformation	RM13926	If we do not meet budget savings	If we do not meet our budget savings targets over the next three years it would lead to significant overspends in a number of areas. This would result in significant financial pressures across the Council and mean we do not achieve the expected improvements to our services.	30/04/2011	3	5	15	3	5	15	<ul style="list-style-type: none"> <li>All efficiency and savings targets are being managed through our transformation and efficiency programme.</li> <li>The transformation workstreams are all being operated within tight governance arrangements and are supported by the CPO</li> <li>Additional funding available from the NHS for 2013-14.</li> </ul>	<p>Achieved balanced budget in 2012-13. There was additional one off NHS funding for 2012-13 (Reablement - and Winter Pressures funding). Additional NHS Funding for Social Care for 2013-14: £14.956m (£11m in 2012-13) - in process of getting s256 agreement signed with Health partners.</p> <p>Risks for 2013-14 include: uncertainty around income for Continuing Health Care; appears to be decline in income from service user contributions and need to achieve all 2013/14 budgeted savings. Overall department is forecast to make £1.3m contribution towards contingency for incinerator - although this may necessitate using reserves.</p>	2	5	10	01/04/2014	Amber	Janice Dane	Janice Dane	16/12/2013	
D	Cultural Services	RM13935	Loss of external funding or grants	Loss of, or significant reduction in external funding or grants from whatever source or cause could lead to a reduced capacity to deliver or threaten cultural services business viability and in-year service planning. This could result in significant overspends, unplanned recourse to revenue or reserves and potentially high severance costs.	30/04/2011	4	3	12	4	4	16	<ul style="list-style-type: none"> <li>Stringent monitoring of performance to ensure that targets are met.</li> <li>Regular liaison with funding bodies.</li> <li>Maintain awareness of potential sources of external funding.</li> <li>Monthly monitoring by CSD finance team and reporting to DoF, Cabinet, Panel and Joint Committees.</li> <li>NMAS looking at income generation streams and new business models.</li> <li>Ensure there are strong exit strategies built into each Project</li> <li>All claims to funders will be vetted by CSD Finance Team prior to submission to check financials and outputs.</li> </ul>	<p>AdEd negotiating with Skills Funding Agency and making provision with revenue from reserves. School Library Service is improving income forecasts, has a new sales strategy and has developed a small reserve. Arts Council funding for NMAS is secured. Actions in hand to mitigate reductions in Arts Grant budget. NMAS Commercial Manager in post. NMAS currently preparing bid for ACE funding for 2015/18 Income generation and external funding are central actions for NRO service planning. Reviewed 28/01/2014 - Impact score amended to 4 and target date restated to 31/03/2015.</p>	3	3	9	31/03/2015	Amber	Jennifer Holland	Laura Childs	28/01/2014	

CDGSTP	Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Inherent Likelihood	Inherent Impact	Inherent Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
D	Transformation	RM13929	The speed and severity of change	The speed and severity of the changes in work activities and job cuts across all areas of the department outlined necessary to achieve budget savings targets could significantly affect the wellbeing of staff. This results in increased sickness absence, poor morale and a reduction in productivity.	30/04/2011	3	5	15	3	4	12	<ul style="list-style-type: none"> <li>Robust approach to workforce planning being taken</li> <li>Managers being supported and encouraged to proactively manage sickness absence</li> <li>Managers being encouraged to effectively communicate and respond to change</li> <li>Transformation programme has funded staff for year 1 at present.</li> <li>Negotiations required to identify necessary resources to continue to support the effective implementation of change.</li> <li>Carry out employee survey in 2011 and complete action plan by end of March 2012.</li> </ul>	<p>Workforce planning approach now inherent in all aspects of the transformation delivery programme. Staff support mechanisms in place on Peoplesnet and Well-Being interventions are in place. Leadership and Management development strategies in place.</p> <p>Communications Strategy in place to support changes, including formal consultation with staff. Community Services OD strategy has now been accepted by the Transformation Board, this will enable changes to happen. Employee survey has been completed and results shared with the senior management team. Action plan in place to address issues raised. Continued to manage sickness and absence figures are improving. Risks around change in future because of churn, eg people exiting. Sickness absence has dropped for 2012/13 prospects changed to green for 2013/14. Implementing a trial to more proactively manage sickness absence through HR Direct with Managers as part of this data is now been issued to Managers on Absence in their areas. More work is continuing to reduce absence and we are piloting a more proactive approach to look at how it is currently being managed.</p>	2	4	8	01/04/2014	Green	Caroline Wilson	Caroline Wilson	18/12/2013
D	Transformation	RM13936	Inability to progress integrated service delivery	Inability to progress integrated service delivery between NCC and Health due to; different governance regimes, the lack of management capacity and the ongoing NHS changes. This could result in the programmes objectives not being fully met.	30/06/2011	3	5	15	2	5	10	<ul style="list-style-type: none"> <li>Regular meetings taking place between NCC and Health</li> <li>Establish a Joint Programme Board with Health</li> <li>Clarify joint governance arrangements between NCC and Health</li> <li>Carry out work with stakeholders to build support</li> </ul>	<p>Work is ongoing to integrate Commissioning for Mental Health and Learning Difficulties. Director of Community Services is Sponsor for the programme. ICES - Integrated Community Equipment Service) was implemented on 1 April 2013. Review was undertaken re further integration with Health.</p>	1	5	5	01/04/2014	Green	Harold Bodmer	Janice Dane	16/12/2013
D	Transformation	RM14149	Impact of the Social Care bill/Changes in Social Care funding	Impact of the Social Care bill/Changes in Social Care funding (significant increase in number of people eligible for funding, increase in volume of care - and financial assessments, potential increase in purchase of care expenditure, reduction in service user contributions)	27/11/2013	4	3	12	4	3	12	<p>Project to over see Changes in Social Care Funding. Ensure processes and resources in place to deliver Government requirements. Estimate financial implications. Keep NCC Councillors informed of issues and risks.</p>	<p>Project set up on Changes in Social Care Funding. Responded to Government consultation on implementation and asked for clarification about funding. Starting work to estimate the financial impact. Initial Member workshop on NCC Charging Policy cancelled as low uptake - rescheduled for January 2014.</p>	2	3	6	01/04/2015	Green	Janice Dane	Janice Dane	13/12/2013
D	Transformation	RM14150	Impact of DNA	Impact of DNA: temporary pausing of customer portal/self service ; impact on work to integrate with NHS; resources required to deliver departmental elements; impact on resources with DNA implementation and funding of DNA.	27/11/2013	4	3	12	4	3	12	<p>Ensure departmental requirements, eg Customer Portal and Integration with Health, are DNA priorities. Departmental resources/workstreams in place as required. DNA Business Lead appointed to carry these issues forward.</p>	<p>Importance of Integration and Customer Portal being mentioned at appropriate opportunities, eg CMT. Report going to Adult Social Care Transformation Programme Board in January 2014 re DNA. Raised issue on need for clarity around funding of DNA at Finance Management Team. Funding risk added to overall DNA register. Preparatory work on Portal commenced by Business Systems team in January 2014 to ensure portal requirements are clearly mapped in relation to current processes viz referral, assessment, support planning and review in order to inform service requirements to OLM.</p>	2	3	6	31/03/2014	Green	John Perrott	John Perrott	28/01/2014
D	Safeguarding	RM13931	A rise in hospital admissions	A significant rise in acute hospital admissions for whatever reason would lead to delays in the transfer of care. This would result in budget pressures, possible overspends and could negatively impact on our reputation.	30/06/2011	3	4	12	2	4	8	<ul style="list-style-type: none"> <li>Develop preventative and integrated approaches to caring for people in the community to avoid admission to hospital</li> <li>Pilot working arrangements through integrated care projects being rolled out.</li> <li>Ensure alternatives are in place to prevent delays from occurring</li> <li>Monitor the delayed discharge targets</li> </ul>	<p>Integrated care approach is continuing to be developed with NCH&amp;C across the County Targets agreed with NHS Commissioners. Reviewed regularly at Heads of Social Care meeting and Integration Operational Group. Recent increases in admissions have put more pressure on the system. Target score to remain at 6. 28 January 2014 reviewed by SMT - no change.</p>	2	3	6	01/04/2014	Green	Debbie Olley	Debbie Olley	28/01/2014

CDGSTP	Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Inherent Likelihood	Inherent Impact	Inherent Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
D	Safeguarding	RM13924	The pace and change of legislation for "Ordinary Residence"	The pace and change of legislation, particularly around service users attaining "ordinary residence", could lead to an increased demand for services and so create significant budget overspends. This would result in worsening outcomes for service users, promote legal challenge and negatively impact on our reputation.	09/06/2011	3	5	15	3	3	9	<ul style="list-style-type: none"> <li>Implement ADASS protocol around ordinary residents to ensure we do not accept more financial risk than necessary.</li> <li>Consider application for appeal hearing in Supreme Court.</li> <li>Ensure that individuals placed out of County become subject to 'ordinary resident' after 18 months.</li> <li>Monitor budgets closely</li> <li>Ensure staff are made aware through guidance note on the implications of judgement and the way forward.</li> <li>Set aside a contingency fund to meet increased demand (£2.2m)</li> </ul> <p>Actions from 07 May 2013 meeting:</p> <ul style="list-style-type: none"> <li>Develop a protocol with neighbour LA to agree how new cases are negotiated.</li> <li>Employ a specialist worker for six to review all cases and shared funding.</li> <li>Monitor expenditure over next 12 months.</li> </ul> <p>Issue to remain on the risk register as it is a considerable financial risk to NCC.</p>	<p>ADASS negotiating protocol with Local Authorities. Contingency fund created. Face to face briefings to staff are being carried out by NPLaw outlining responsibilities and to limit costs. Investigations carried out to identify relevant potential liabilities. Supreme Court appeal failed. On average the County Council is becoming responsible for an additional person's care package every month. 16 December 2013 - Risk levels remain the same. Action in last three months:</p> <ol style="list-style-type: none"> <li>1) Comprehensive plan in place to review mental health cases which have been transferred to Norfolk, this has achieved some reduction in costs of care package. This work will continue into next year.</li> <li>2) Norfolk County Council have met with Suffolk County Council to agree a protocol about how cases will be dealt with and each organisation will appoint a lead officer to deal with cases.</li> <li>3) The number of cases transferred to Norfolk remains consistent. Norfolk is now aware that there are a large number of people placed in Norfolk from other LA.</li> <li>4) With the possible introduction of the Health &amp; Social Care Act in 2014/15 the rules for Section 117 Ordinary Residence will revert back to previous responsibility, therefore reducing the risk to NCC.</li> <li>5) Paper has been written about the key issues to be presented to SMT early in the new year. 28 January 2014 reviewed by SMT - no change.</li> </ol>	2	3	6	01/04/2014	Amber	Debbie Olley	Debbie Olley	28/01/2013
D	Information Management	RM14085	Failure to follow data protection procedures	Failure to follow data protection procedures can lead to loss or inappropriate disclosure of personal information resulting in a breach of the Data Protection Act and failure to safeguard service users and vulnerable staff, monetary penalties, prosecution and civil claims.	30/09/2011	3	5	15	3	4	12	<p>New staff not allowed computing access until they have completed the data protection and information security e-learning courses.</p> <p>Mandatory refresher training and monitoring rates of completion of training. Introduction of more stringent rules to ensure sensitive information is sent to the correct recipient.</p> <p>Monitoring and reporting regime, including monthly reports to COG, now established. Work in progress on a standardised mechanism for investigating breaches.</p> <p>A workbook on data protection and information security has been published for staff and volunteers who have no computer access.</p>	<ul style="list-style-type: none"> <li>Any cases reported to Performance Board.</li> <li>Action following an adverse audit includes spot checking of ASC premises and actions taken to promote rapid improvement.</li> <li>A Data Quality policy is being developed by the Business Systems team in respect of CareFirst which will take account of DP requirements.</li> <li>Cultural Services managers are checking that personal data held in systems is reviewed in line with DP principles.</li> <li>Floor 6 staff at County Hall are implementing a clear desk policy to further reduce DP risk in preparation for moving to floor 8.</li> </ul> <p>All user emails are being sent on a regular basis. issue of fax machines is being reviewed. Corporate Risk reviewed monthly by Information Compliance Group. Managers in department are sent regular reminders about people who have not completed e-learning course and completion discussed at SMT.</p>	1	4	4	31/03/2014	Amber	Harold Bodmer	John Perrott	28/01/2014

## Community Services Finance Monitoring Report for 2013-14

Report by the Director of Community Services

### Summary

This report provides the fourth finance update for 2013-14 to Community Services Overview and Scrutiny Panel.

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

### Finance Summary

As at the end of January (period ten) the overall Departmental forecast revenue outturn position for 2013-14 is a balanced budget. Adult Social Care and Cultural Services are forecasting balanced budgets.

£m

Service	Budget	Forecast period 10	Variance	%	Variance period 9
Adult Social Care	256.244	259.528	3.284	1%	1.340
Use of ASC Reserves	0.000	-3.284	-3.284		-1.340
Cultural Services	16.993	16.993	0.000	0%	0.000
<b>Total</b>	<b>273.237</b>	<b>273.237</b>	<b>0.000</b>	<b>0%</b>	<b>0.000</b>

There are financial pressures in Adult Social Care but these are offset by some underspends and the use of reserves. The forecast for Purchase of Care net expenditure has increased this period due to more service users and a reduced forecast for Continuing Health Care (CHC) income, necessitating an increased use of reserves. More detail is provided in Appendices A and B. The department is keeping under review how much of the CHC income is recurrent and will revise the budget for future years as appropriate.

### Action required

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

## 1 Background

- 1.1 The purpose of this report is to provide an update on the latest financial position against the budget. The most significant financial changes, or areas of concern, are discussed in more detail within the main report. Please see Appendices A and B for details of the latest financial monitoring.

## **2 Revenue budget 2013-14**

- 2.1 As at the end of January (period ten) the overall Departmental forecast revenue outturn position for 2013-14 is a balanced budget. Adult Social Care and Cultural Services are forecasting balanced budgets. There is a small underspend forecast for Community Safety.
- 2.2 There are financial pressures in Adult Social Care but these are offset by some underspends and the use of reserves. The forecast for Purchase of Care net expenditure has increased this period due to more service users and a reduced forecast for Continuing Health Care (CHC) income, necessitating an increased use of reserves. More detail is provided in Appendices A and B. The department is keeping under review how much of the CHC income is recurrent and will revise the budget for future years as appropriate.
- 2.3 Commissioning includes the Supporting People budget.
- 2.4 Safeguarding includes all of the Purchase of Care expenditure budgets, the budgets used to buy packages of care from the independent sector for all groups of eligible service users. It also includes the Hired Transport budgets, Care and Assessment budgets and Continuing Health Care income budgets.
- 2.5 The responsibility and grant funding for Community Safety has been transferred to the Police and Crime Commissioner, in accordance with national policy. The Community Safety budget remaining under Prevention is for the policy function.
- 2.6 In 2012-13 income included the Learning Difficulties Reform grant which was a specific grant received by the department. In 2013-14 the Learning Difficulties grant is now part of NCC's formula funding and therefore is not received directly by the department. The money is still received by the department but as part of corporate funding.
- 2.7 Details of the Reserves and Provisions are in Appendix D. The Skills Funding Agency which part funds Adult Education announced in December 2012 that it was rebasing its funding which caused a reduction for the 2013-14 financial year of £0.275m. There is an expectation that the 2013-14 year funding will be further reduced.

## **3 Capital Programme**

- 3.1 The capital programme for Adult Social Care and Cultural Services is summarised in Appendix C. The level of funding not forecast to be spent in 2013/14 has been re allocated to 2014/15. The main priority for the ASC Capital Programme is the development of Housing With Care and Supported Housing provision and progress has been slower than anticipated in 2013/14 such that approximately £7.5m has been provided in 2014/15.

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

- 4.1 Community Services places diversity, equality and community cohesion at the heart of service development and service delivery. The department aims to ensure that activities and services are accessible to diverse groups in Norfolk and that all policies, practices and procedures undergo equality impact assessment. These assessments help services to focus on meeting the needs of customers in relation to age, disability, gender, race, religion and belief and sexual orientation.
- 4.2 This report provides financial performance information on a wide range of services monitored by the Community Services Overview and Scrutiny Panel. Many of these services have a potential impact on residents or staff from one or more protected

groups. The Council pays due regard to the need to eliminate unlawful discrimination, promote equality of opportunity and foster good relations.

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

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

## **6 Environmental implications**

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

## **7 Conclusion**

- 7.1 As at the end of January (period ten) the overall Departmental forecast revenue outturn position for 2013-14 is a balanced budget. Adult Social Care and Cultural Services are forecasting balanced budgets.
- 7.2 There are financial pressures in Adult Social Care but these are offset by some underspends and the use of reserves. The forecast for Purchase of Care net expenditure has increased this period due to more service users and a reduced forecast for Continuing Health Care (CHC) income, necessitating an increased use of reserves. More detail is provided in Appendices A and B. The department is keeping under review how much of the CHC income is recurrent and will revise the budget for future years as appropriate.

## **8 Action Required**

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

## **Background Papers**

None

## **Officer Contact**

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

Officer Name: Mike Forrester    Tel No:        01603 228843

email address: [mike.forrester@norfolk.gov.uk](mailto:mike.forrester@norfolk.gov.uk)



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

**Community Services**  
**Budget Monitoring period 10**

## Appendix A

	<b>Revised Budget</b>	<b>Forecast Outturn</b>	<b>Forecast Variance</b>		<b>Previously Reported(9)</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>%</b>	<b>£m</b>
<b>Summary</b>					
Management, Finance and Transformation	2.785	-0.336	-3.121	n/a	-3.463
Commissioning	69.406	70.916	1.510	2%	1.522
Business Development	5.474	5.332	-0.142	-3%	-0.076
Human Resources	1.791	1.724	-0.067	-4%	-0.138
Safeguarding	231.762	232.353	0.591	0%	-1.095
Prevention	19.344	20.852	1.508	8%	1.390
Service User Income	-74.318	-71.313	3.005	4%	3.200
<b>Total Net Expenditure</b>	<b>256.244</b>	<b>259.528</b>	<b>3.284</b>	<b>1%</b>	<b>1.340</b>
Use of ASC Reserves	0.000	-3.284	-3.284		-1.340
<b>ASC Total after use of reserves</b>	<b>256.244</b>	<b>256.244</b>	<b>0.000</b>	<b>0%</b>	<b>0.000</b>
Cultural services	16.993	16.993	0.000	0%	0.000
<b>Total Community Services</b>	<b>273.237</b>	<b>273.237</b>	<b>0.000</b>	<b>0%</b>	<b>0.000</b>
			79		
<b>Service Detail</b>			45		
			124		
<b>Commissioning</b>					
Commissioning	1.283	1.166	-0.117	-9%	-0.117
Service Level Agreements	5.003	6.200	1.197	24%	1.197
Aids & Adaptations	2.484	4.062	1.578	64%	1.578
Norsecare	32.877	33.245	0.368	1%	0.317
Supporting People	14.501	13.717	-0.784	-5%	-0.720
LD Partnership	6.435	5.910	-0.525	-8%	-0.545
Independence matters	5.281	5.281	0.000	0%	0.000
Other	1.542	1.335	-0.207	-13%	-0.188
<b>Commissioning Total</b>	<b>69.406</b>	<b>70.916</b>	<b>1.510</b>	<b>2%</b>	<b>1.522</b>
<b>Safeguarding</b>					
Purchase of Care					
- Older People	96.931	99.011	2.080	2%	1.016
- People with Physical Disabilities	19.400	23.859	4.459	23%	3.730
- People with Learning Difficulties	81.582	74.788	-6.794	-8%	-7.446
- Mental Health, Drugs & Alcohol	11.112	12.371	1.259	11%	2.011
Hired Transport	6.289	6.623	0.334	5%	0.350
Staffing and support costs	16.448	15.701	-0.747	-5%	-0.756
<b>Safeguarding Total</b>	<b>231.762</b>	<b>232.353</b>	<b>0.591</b>	<b>0%</b>	<b>-1.095</b>
<b>Prevention</b>					
Housing With Care	0.105	0.496	0.391	372%	0.391
Personal & Community Support	8.278	8.632	0.354	4%	0.353

Norfolk First Support - Swifts/Owls	5.438	5.442	0.004	0%	-0.125
Service Development	1.158	1.990	0.832	72%	0.784
Community Safety	0.342	0.193	-0.149	-44%	-0.148
Other	4.023	4.099	0.076	2%	0.135
<b>Prevention Total</b>	<b>19.344</b>	<b>20.852</b>	<b>1.508</b>	<b>8%</b>	<b>1.390</b>

#### **Income from Service Users**

Older People	-64.163	-60.618	3.545	6%	3.543
People with Physical Disabilities	-1.888	-2.152	-0.264	-14%	-0.156
People with Learning Disabilities	-3.913	-4.455	-0.542	-14%	-0.503
Mental Health, Drugs & Alcohol	-4.354	-4.088	0.266	6%	0.316
<b>Service User Income Total</b>	<b>-74.318</b>	<b>-71.313</b>	<b>3.005</b>	<b>4%</b>	<b>3.200</b>

#### **Cultural Services**

Library and Information Service Museums & Archaeology Service	11.432	11.432	0.000	0%	0.000
Record Office	3.511	3.511	0.000	0%	0.000
Arts Service	1.378	1.378	0.000	0%	0.000
Adult Education Service	0.591	0.591	0.000	0%	0.000
Norfolk Guidance Service	0.081	0.081	0.000	0%	0.000
Norfolk Guidance Service	0.000	0.000	0.000	0%	0.000
Active Norfolk	0.000	0.000	0.000	0%	0.000
<b>Cultural Services Total</b>	<b>16.993</b>	<b>16.993</b>	<b>0.000</b>	<b>0%</b>	<b>0.000</b>

## Appendix B

Period 10

### Explanation of over and underspends

#### 1 Management Finance and Transformation underspend of £3.121m

- 1.1 The main reason for the underspending is additional s256 funding (-£3.609m) being held here awaiting allocation to relevant budgets. Also included is the ASC contribution to the Willows (£1.200m) and Big Conversation budget savings not achieved (£1.124m) offset by budgets not yet allocated to services (-£1.512m). The main change since the previous report is that the use of the Prevention Reserve (-£1.000m) and the Legal Liabilities Reserve (-£2.284m) is now shown separately. The use of the latter has increased this period due to the increased forecast for Purchase of Care.

#### 2 Commissioning overspend of £1.510m

- 2.1 The main over/underspends are:-

- 2.2 **Service level Agreements** overspent by £1.197m. The remaining savings on Service Level Agreements from the 2011-14 Big Conversation will not be achieved in 2013/14. Work is ongoing to identify where these savings can be made for 2014/15.

There has been no significant change since period 9.

- 2.3 **Aids and Adaptations** overspent by £1.578m. This budget is managed jointly with Health within the Integrated Community Equipment Service (ICES). The forecast equipment spend is higher than budgeted, partly due to health initiatives around pressure sores. Work is ongoing to fully understand the reasons for the overspend so that for 2014/15 the budget can be achieved.

There has been no significant change since period 9.

- 2.4 **Supporting People** underspent by £0.784m. The Supporting People underspend represents a faster delivery of the budgeted 12% expenditure reduction over the three financial years 2011-14. It also includes some savings on Mental Health.

There has been no significant change since period 9.

- 2.5 **Learning Disabilities Partnership** underspent by £0.525m. Successful outcome of disputed invoice (£0.200m), no inflation uplift to partner contracts (£0.138m) and delayed transfer to Kingswood LD provision from Mill Close (£0.050m) are the main reasons for the forecast underspend.

There has been no significant change since period 9

#### 3 Safeguarding overspend of £0.591m

- 3.1 The main over/underspends are:-

- 3.2 **Purchase of Care for Older People** overspent by £2.080m. Purchase of Care is the budget for the purchase of care from the independent sector, including

residential and nursing care, supported living, home care and day care. There are financial pressures in Purchase of Care and this is being closely monitored, as usual. The forecast overspend is mainly on residential care. The change this period compared with the previous forecast is due to an increased number of service users compared to budget.

- 3.3 **Purchase of Care for People with Physical Disabilities** overspent by £4.459m. The forecast overspend is on residential and domiciliary care. The change this period compared with the previous forecast is due to increased domiciliary care this period.
- 3.4 **Purchase of Care for People with Learning Difficulties** underspent by £6.794m mainly due to a higher level of Continuing Health Care income and an underspend on day care. The change this period compared with the previous forecast is due to a reduced forecast for Continuing Health Care income.
- 3.5 **Purchase of Care – Mental Health, Drugs and Alcohol** overspent by £1.259m. The forecast on Mental Health Purchase of Care anticipates only a partial achievement in 2013-14 of budgeted savings. The forecast overspend is on residential and nursing care. The change this period compared with the previous forecast is due to an allocation of s256 funding to this budget.
- 3.6 **Continuing Health Care.** Within the above services the income from Health for Continuing Health Care is netted off the expenditure to which it is related. This period a reduction in the amount of income from Continuing Health Care from £9.6m to £8.9m has contributed to the forecast overspend for Safeguarding.

#### **4 Prevention Overspend by £1,508m**

- 4.1 The main over/underspends are:-
- 4.2 **Housing With Care** overspent by £0.391m. Forecast overspend mainly due to slippage on achieving savings through removal of subsidy of community meals provided in Housing With Care (HWC) schemes and the associated redundancy costs from fewer meals staff. There has been no significant change since period 9.
- 4.3 **Personal and Community Support** overspent by £0.354m. Forecast overspend as there is a reduction in Supporting People funding of £0.336m. There has been no significant change since period 9.
- 4.4 **Service Development** overspent by £0.832m. Savings target for Assistive Technology of £0.748m will not be made in 2013/14 and work is continuing to implement the saving for 2014/15. There has been no significant change since period 9.
- 4.5 **Community Safety** underspent by £0.149m. Forecast underspend on salaries due to fewer posts. This was previously shown under Safeguarding. The responsibility and grant funding for Community Safety has been transferred to

the Police and Crime Commissioner, in accordance with national policy. The Community Safety budget remaining under Prevention is for the policy function. There has been no significant change since period 9.

## **5 Income from Service Users overspent by £3.005m.**

- 5.1 The forecast is for less income from Older Peoples' contributions towards the cost of their care than budgeted. The budgeted income from day care charging also shows a significant under recovery of budgeted income in line with 2012-13. NCC is now no longer charging for up to the first six weeks of reablement to facilitate integration with Health, plus there is less income from people funding their own care who are in Norse Care homes as Norse Care charge people who go direct to them.
- 5.2 Budgeting income from service user contributions towards the cost of their care is difficult as peoples' contributions are based on their financial circumstances. The increase in income from service user contributions due to the growth in the number of older people budgeted for in 2011-12 and 2012-13 has not happened (£1.900m and £0.998m). Prior to 2011-12 there had been a trend of the department receiving more income than budgeted from service user contributions, largely because although the cost pressure from demographic growth was included in the budget plan there was no corresponding budgeted increase in income from service user contributions. In 2011-14 an increase in income from service users due to growth in the number of people was included in the budget plan. The risk around the budgeted income in 2013-14 (i.e. £1.108m) was highlighted as a risk in the Service and Budget Planning report presented to the Community Services Overview and Scrutiny Panel on 6 November 2012. There has been no significant change since period 9.

## Appendix C

### Community Services Panel 4 March 2014 Community Services Capital Programme 2013/14

	2013/14 Budget £m	2013/14 Forecast £m	
<b>Adult Social Care</b>			
Homes for Elderly People	0.485	0.485	Improvement to Norse run Homes
LPSA Domestic Violence	0.223	0.223	£233k rephased to 2014/15 IT invoice process
Modern Social Care Phase 2	0.436	0.436	improvements
Great Yarmouth Dementia Centre	0.300	0.300	Day Centre relocation
Peterhouse Scheme	1.500	1.500	New Gorleston Dementia Care unit replacing Mildred Stone
Dementia Friendly Pilots			
Wells	0.119	0.119	Funded by Dept of Health
Norse Care	0.300	0.300	Funded by Dept of Health
Manor Court	0.080	0.080	Funded by Dept of Health
Creation of IM HQ	0.070	0.070	Building conversion
Other	0.102	0.102	
<b>Total Capital</b>	<b>3.615</b>	<b>3.615</b>	
 <b>Cultural Services</b>			
<b>Library &amp; Information Services</b>			
Wymondham Library	0.100	0.100	Lease agreement awaited
Library Improvements 2012/13	0.258	0.258	Refurbishments
Hethersett Adaptations	0.060	0.060	Toilets and building works
s106 Agreements	0.209	0.209	Various schemes
Other	0.051	0.022	Corporate minor works slippage
<b>Museum &amp; Archaeology Service</b>			
Bridewell Museum	0.065	0.065	Scheme complete
Gressenhall Eco Building	0.139	0.139	Work started
Museum Stock System	0.120	0.120	Work underway
Minor Works	0.065	0.065	Works complete
Other	0.058	0.051	
<b>Adult Education</b>			
Minor Works	0.006	0.003	
<b>Total Cultural Services</b>	<b>1.131</b>	<b>1.092</b>	

**Community Services Panel 4 March 2014**  
**Community Services Reserves and Provisions 2013/14**

**Appendix D**

	<b>Balance 01.04.13 £m</b>	<b>Balance Forecast 31.03.14 £m</b>	
<b>Adult Social Care</b>			
Doubtful Debts provision	1.055	0.951	Mostly specific client debts
Redundancy provision	0.130	0.083	For pay protection in Day Care Schemes complete & balance to
Living Well in the Community	0.830	0.048	to be paid into Prevention Fund
Prevention Fund	3.237	2.207	Created to cover savings risks and £1m required in 2013/14
Repairs and renewals	0.071	0.031	Office dilapidation provision
IT reserve	1.491	1.491	To develop IT projects
Residential review	3.594	2.023	To develop residential homes/HWC
ASC legal liabilities reserve	3.594	1.309	£1.500m spent on Peterhouse. For s117 of MH Act costs & used
Unspent grant and contributions	3.891	3.095	in 203/14 for Purchase of Care
<b>Total Adult Social Care</b>	<b>17.893</b>	<b>11.238</b>	For transformation of ASC

## Cultural Services

Norfolk Libraries & Information				
	Repairs and renewals	1.006	0.680	Transfer to projects/School Library Service
	IT	0.588	0.372	Transfer to Spydus system
	Unspent grant/contributions	0.117	0.112	Transfer to projects/School Library Service
Norfolk Arts Service				
	Repairs and renewals	0.039	0.000	Funding Arts Grant savings 13/14
	Unspent grant/contributions	0.028	0.001	Transfer to Olympics/Tour of Britain
Norfolk Museum & Archaeology				
	Repairs and renewals	0.340	0.187	Retail refurbishment & security
	Income reserve	0.079	0.024	For income generation activities
	Unspent grant/contributions	0.634	0.162	Funding Catalyst & other projects
Norfolk Records Office				
	Insurance & Lottery Unspent grant/contributions	0.368	0.315	Funding of temporary posts
		0.049	0.008	In year project transfers
Norfolk Adult Education Service				
	Income reserve	0.017	0.266	Transfer in of unused 12/13 provision
	Unspent grant/contributions	0.089	0.000	Transfer to support revenue budget
Active Norfolk		0.321	0.120	In year project transfers
<b>Total Cultural Services</b>		<b>3.675</b>	<b>2.247</b>	

# Report to Community Services Overview and Scrutiny Panel

4 March 2014

Item No 14

## Section 75 agreement for a Joint Integrated Management Structure between Norfolk County Council and Norfolk Community Health and Care Trust

Report by the Director of Community Services

### Summary

This report sets out a proposal to create the first part of a journey towards a more integrated (joint) health and social care service between Norfolk Community Health and Care Trust (NCHC) and Norfolk County Council (NCC), through the establishment of a section 75 agreement to set up an integrated management structure. Norfolk has a long history of close working between health and social care and we have already built some of the foundations which will enable us to build a better service for people.

### Recommendation

- a. That Overview & Scrutiny recommend to Cabinet the creation of a section 75 agreement between NCC and NCHC to set up a joint management structure which can manage health and social care staff and allow teams to work cross functionally. That means that health managers and staff can carry out social care functions and social care managers and staff can carry out health tasks
- b. To establish an integrated management structure and co located teams for health and social care. The exact scope, structure and roles are yet to be fully determined
- c. That Overview & Scrutiny recommend to Cabinet the authority to implement integrated management arrangements is delegated to the Director of Community Services, NCC working in partnership with the Chief Executive of NCHC. Separate authority has been sought from the NCHC Board

## 1 Background

- 1.1 Integrated health and social care has for many years been thought of as the ideal way to make sure that people can gain access to the most appropriate care and support when required.
- 1.2 The argument is that fragmented Health & Social Care services fail to meet the needs of certain populations of people and that greater integration, particularly in community based services, can improve the patient experience, outcomes and efficiency of care.
- 1.3 This case was accepted by the NHS Future Forum on Integration in January 2012. The Forum made some key recommendations about how to make integration happen, which were:
  - a. Integrated services around the person
  - b. Make it easier for people to navigate systems

c. Providers must work with each other

In particular it cited the role of the Health & Wellbeing Boards as driving health and social care integration.

- 1.4 Recent Government policy has signalled the importance of organisations moving at scale and pace to deliver integrated care and for this to become the norm by 2018. In Integrated Care and Support: Our Shared Commitment, May 2013, integration is defined from an individual perspective, developed by National Voices, as being able to “plan my care with people who work together to understand me and my carer, allows me control and brings services together to achieve the outcomes that are important to me”.
- 1.5 The Care & Support Bill currently being debated in the House of Commons sets the legal framework for care and support. In particular, under clause 3, it places a duty on local authorities to carry out care and support functions with the aim of integrating services with those provided by the NHS or other health related services e.g. housing. There is a similar duty placed on the NHS to promote integration in the Health & Social Care Act 2012. The Care Bill encourages local authorities to be innovative and work with NHS commissioners to deliver integrated care in a way which meets local need.
- 1.6 As part of the Spending Review in June 2013 the “Better Care Fund” (formerly called Integration Transformation Fund) was announced. The purpose of this fund is to create a single pooled budget for health and social services to enable them to work together more closely.
- 1.7 A local plan is being agreed on how this fund will be spent and the plan must be signed off by the local Health and Well Being Board area. Ministers will need to be assured that the fund will secure improved outcomes for people through more integrated activity which reduces emergency admissions and urgent health demand. There are six national conditions for use of the fund which must have:
  - a. Plans which are jointly agreed between LA and CCG’s
  - b. Protection for social care services – meaning that funding must support social care where they have a health benefit. Plans will need to show how they will increase positive outcomes for users of social care
  - c. Seven day services in health and social care to support discharge and prevent unnecessary admission at weekends
  - d. Better data sharing based on the NHS number
  - e. A joint approach to assessments and care planning and ensure that where funding is used for integrated care, there will be an accountable professional (particularly for people with dementia)
  - f. Agreement on the consequential impact of changes in the acute sector. Recent NHS guidance has stated that the creation of the Better Care Fund will require a 15% reduction in funding for acute services
- 1.8 Each Health and Well being board will need to submit its “Better Care Plan” to NHS England as an integral part of the CCG’s Strategic and Operational plans by 4 April 2014.

- 1.9 There are national indicators for the use of this Fund which have been confirmed as :
- a. Admissions to residential care homes
  - b. Effectiveness of reablement
  - c. Delayed transfers of care
  - d. Avoidable emergency admissions
  - e. Patient/service user experience
- 1.10 The limitations of these measures are noted in the national guidance and each local area will need to agree an additional local indicator which has a demonstrable link to the joint health and well being strategy (see Annex to NHS England Planning Guidance – Better Care Fund).

## **2 Current Position**

- 2.1 In Norfolk there is a history of joint working arrangements between health and social care systems. Examples of these are the joint learning disability teams, joint commissioning team and mental health services. Each arrangement has been different, but all have provided a useful body of experience and knowledge in this arena.
- 2.2 Members will be aware of recent decisions regarding the Integrated Mental Health service between Norfolk County Council and Norfolk and Suffolk Foundation Trust. The learning and the outcomes from that decision should not in any way be seen as a rationale not to integrate. Rather, it has provided organisations with opportunities to improve these arrangements and to make sure they are robust for the future. Integration of services can take many forms – however the most important outcome is to improve service delivery for people by arranging services around the individual, however that may be arranged.
- 2.3 Norfolk was also a pilot for the Integrated Care Organisation, a DH initiative run over a two year period which ended in June 2011. These pilots were joint between NCC, NHS Norfolk (now CCG's), 33 General practices and NCHC to develop integrated care services in the community. Although the formal pilot period has ended, the working practices and arrangements that began then between NCHC and NCC have continued, been extended and remain in place today. Examples of these are the multidisciplinary team meetings to discuss people who have complex health and social care needs (75.75% of GP practices are involved in these as at Nov 2013) and 13 dedicated integrated care officer posts across the county who are able to act as a link between both organisations, having access to both electronic systems.
- 2.4 Following the publication of “Integrated Care: Our Shared commitment” mentioned above, NCHC and NCC agreed to have an external review of the options and business case for the various models of integration. KPMG were asked to undertake this work and following a consideration of the benefits and risks for each option, the Director of Community Services and Chief Executive NCHC agreed to continue with a roll out of existing work on integration between health and social care staff within the following parameters:
- a. Co-location of staff who need to work together
  - b. Some joint management
  - c. Multidisciplinary teams centred around GP's surgeries
  - d. Integrated Care Liaison Officers

- e. Common case management
- f. Development of a joint culture

- 2.5 This would not involve major organisational change, transfer of staff or budgets. The main considerations in arriving at this conclusion were the current risks and pressures to the social care budget and a lack of evidence that there are any additional benefits with creating whole scale organisational change. In other words the same outcomes can be achieved through a simpler form of integrated arrangement.
- 2.6 The Director of Community Services NCC and the Chief Executive of NCHC agreed that further work was required to scope out more detail about what integration could look like in Norfolk. The Assistant Director Safeguarding for NCC was asked to work across both organisations to describe the potential arrangements.

### **3 Proposals for integration**

- 3.1 The proposal is to create a joint management structure between NCHC and NCC for a level of management to be agreed, which delivers a health and social care service through co-located teams. This will entail the construction of a section 75 agreement to enable health and social care managers to manage a mixture of health and social care staff. The section 75 will also enable cross functionality of task. This means that health staff will be able to set up simple packages of social care and social care staff will be able to undertake simple monitoring of health care. This is to allow staff to undertake tasks on behalf of the other organisation but not have full responsibility for meeting health or social care needs.
- 3.2 This proposal creates the first part of a journey towards a level of integration which will, subject to testing and performance monitoring, could allow for a second step, of a single team management structure for health and social care staff based together, management by one team manager. However, it is **not** the intention to create this (i.e single team management) at present until organisational readiness determines the timing. A fully integrated service i.e. the creation of a completely joint service sitting under one or other of the organisations would be a final step in this journey. However, any move towards either of these two latter options would be referred back to NCC Cabinet and NCHC Board.
- 3.3 NCC and NCHC will retain responsibility for delivering health or social care. Whilst a section 75 in this case would allow staff to undertake tasks on behalf of the other, it does not delegate full authority to one party or the other and each organisation will remain responsible for their service delivery area. All staff, including the joint management posts, will remain employed by their existing employer.
- 3.4 NCC will retain responsibility for all of its obligations to undertake social care and NCHC will remain responsible for all health care delivery. The difference between the existing arrangements, where staff work together, and this proposal is that through a section 75 around single joint management structure and shared functionality, there is a single direction and approach which can deliver an improved offer to people which ensures better outcomes. Without it, health staff cannot undertake tasks on behalf of social care and vice versa and managers can't manage across the functions.

### 3.5 **Vision**

- 3.5.1 The vision for the outcomes for people is based on the National Voices statements referred to above and been developed through work led by the CCG's in Norfolk. These are:
- a. People will be able to access effective coordinated care
  - b. Services are shaped around the local community
  - c. People are supported to manage their own care and well being
  - d. Primary care will be the centre for coordinating care
  - e. Planning and development of services will be at a local level with local CCG's so that services are shaped locally
- 3.5.2 This means that people will be recognised as people first and care is arranged around their needs. They will have support and information to manage their long term condition at home and will feel more in control of their care. They will have access to good quality information and be supported to make informed choices. They will be confident that the multiagency team dealing with their care is well connected and has the right information to work together in their best interests. They will be able to access more specialist services as necessary, returning to home as soon as they can. They will be treated with dignity and respect.
- 3.5.3 This will be measured by a set of key performance indicators as agreed with local CCG's and will also provide the evidence for use of any investments such as the Better Care Fund.

### 3.6 **How will a joint management structure support better care?**

- 3.6.1 The service changes required to put the outcomes above into place means that community based health and social care services have to work together to drive this forward. An integrated management team, with the ability to manage both health and social care professionals, would be able to:
- a. With the staff develop a culture of a personalised approach to individuals and their families – This means a single approach to the care of individuals which is articulated clearly across both health and social care staff
  - b. Integrate services around primary care – Although most health and social care staff are currently organised around primary care practices, a joint structure will be easier to make sure an individual has one named practitioner who can coordinate their health and social care needs
  - c. Focus on people with who are most at risk - A risk stratification tool will be agreed between each locality management team and CCG, meaning it will be agreed across health and social care. In addition, having a joined up approach across both services will mean that this identifies all those who might be at risk
  - d. Integrate admission avoidance and discharge arrangements - Integrating community service management arrangements through a section 75 will allow managers to use opportunities to create better services. An example might be a more robust reablement service using resources from health and social care more efficiently. Similarly, Occupational therapists from health and social care

can be developed to work together to provide a more holistic service offer, with less duplication. NCHC and NCC community health and social care resources can be joined up in acute hospitals to ensure greater efficiency around discharge. NCHC and NCC community team resources can be deployed more effectively to prevent admissions by targeting and supporting frail older people and those with long term conditions. This includes making sure that care home providers and local care agencies are able to care well for people with the right equipment and skills

- e. Supporting the workforce to deliver a different service offer will be vital - A single management team drawn from managers with a health or social care background will be able to work together to drive change and support staff. Using funding from the Kings Fund, NCHC and NCC are beginning a programme of workshops with practitioner staff to unpick and address the key challenges. Some of this is addressing the cultural differences between the NHS and Local Government, although there is already a large degree of support for integration across staff in both organisations amongst staff
- f. Address any information sharing, data protection and performance management. These will be delivered more easily through a single management structure because managers can work together to address the different organisational requirements as both will have a common understanding of the issues. Some agreements are already in place between NCHC and NCC – for example there is already a data exchange agreement and information governance document in place

## **4 Other Implications**

- 4.1 Any financial savings from delivering these joint arrangements will be apportioned to each organisation. It is anticipated there will be management savings for both organisations and for the County Council the savings will count towards budget saving no. 30 of £200k ongoing from 2014/15.
- 4.2 As these recommendations are key decisions, this paper will go through the appropriate governance arrangements of both NCC and NCHC. It will be presented through the following meetings:
  - NCC O&S Panel – 4 March 2014
  - NCC Cabinet – 7 April 2014
  - NCHC Board – 28 February (Private) and 26 March 2014

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

- 5.1 This proposal is to improve the current service delivery for those who are most vulnerable in society and ensure best use of existing resources. An EQIA will be undertaken should there be any impact on the level of service delivery.

## **6 Communications**

- 6.1 None

## **7 Health and Safety Implications:**

7.1 None

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

8.1 This proposal will help to support and improve the health and social care outcomes for people who are vulnerable and by joining the management of these resources, seeks to make sure they are safe and able to be as independent as possible in the community. By using the shared resource of a very large workforce, access to good advice about keeping safe can be communicated more widely.

## **9 Action required**

- 9.1
- a. That Overview & Scrutiny recommend to Cabinet the creation of a section 75 agreement between NCC and NCHC to set up a joint management structure which can manage health and social care staff and allow teams to work cross functionally. That means that health managers and staff can carry out social care functions and social care managers and staff can carry out health tasks
  - b. To establish an integrated management structure and co located teams for health and social care. The exact scope, structure and roles are yet to be fully determined
  - c. That Overview & Scrutiny recommend to Cabinet the authority to implement integrated management arrangements is delegated to the Director of Community Services, NCC working in partnership with the Chief Executive of NCHC. Separate authority has been sought from the NCHC Board

## **Background Papers**

[Annex to NHS England Planning Guidance – Developing Plans for the Better Care Fund \(December 2013\)](#)

[Integrated Care: Our Shared Commitment - Department of Health \(May 2013\)](#)

## Officer Contact

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

Officer Name:	Tel No:	email address
Debbie Olley	01603 223960	debbie.olley@norfolk.gov.uk
Anna Morgan	01603 697325	anna.morgan@nchc.nhs.uk



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

**Forward Work Programme: Scrutiny**

Report by the Director of Community Services

**Summary**

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

**Action Required**

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

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

**1 The Scrutiny Programme**

1.1 The Outline Programme for Scrutiny (Appendix A) has been updated to show progress since the January 2014 Overview and Scrutiny Panel.

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

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

- a. Members (through constituents, surgeries, etc)
- b. Public (through surveys, Citizen's Panel, etc)
- c. Media
- d. External inspection (Audit Commission, Ombudsman, Internal Audit, Inspection Bodies)

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

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

(iii) Quality – for instance, is it:

- a. Significantly under performing
- b. An example of good practice
- c. Overspending

(iv) It is a Corporate Priority

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

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

## **3 Equality Impact Assessment**

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

## **4 Action Required**

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

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

## **Officer Contact**

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

Jill Perkins

01603 638129

[Jill.perkins@norfolk.gov.uk](mailto:Jill.perkins@norfolk.gov.uk)



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

### Outline Programme for Scrutiny

Standing Item for Community Services O & S Panel: Update for January 2014

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

Scrutiny is normally a two-stage process:

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

This Panel welcomes the strategic ambitions for Norfolk. These are:

- A vibrant, strong and sustainable economy
- Aspirational people with high levels of achievement and skills
- An inspirational place with a clear sense of identity

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

#### Changes to Programme from that previously submitted to the Panel in January 2014

**Added** – Integrated management arrangements with NCHC; Blue Badge six monthly update.

**Deleted** – Blue badges; Fuel Poverty; ICES contract; New compact for social care;

## Community Services Overview & Scrutiny Panel

### Action Required

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

- a. whether there are topics to be added or deleted, postponed or brought forward
- b. to agree the briefings, scrutiny topics and dates below.

Meeting dates	Briefings/Main scrutiny topic/ initial review of topics/follow ups	Administrative business
	<b>2014</b>	
<b><u>4 March</u></b>		
Scrutiny items	<p><b><u>Living Well in the Community Fund- final report</u></b></p> <p><b><u>Adult Education -final report</u></b></p> <p><b><u>Adult education service assessment and Performance</u></b></p>	
Regular & Overview items	<p><b>Finance Monitoring report</b></p> <p><b>Performance monitoring report</b></p> <p><b>Cabinet Member feedback</b></p> <p><b>Scrutiny Forward plan</b></p> <p><b>Making it Real</b></p> <p><b>Integrated management arrangements with NCHC</b></p>	
Briefing notes	<p><b>Personal budgets- update</b></p> <p><b>Housing with Care- update on new developments</b></p> <p><b>Fuel poverty responses</b></p>	
<b><u>22 April</u></b>		
Scrutiny Items	<p><b><u>Mental Health Section 17 Implications-</u></b></p> <p><b><u>Fee settlement and NICS use of fee settlement funding for the year ahead</u></b></p>	(Requested at O&S Panel November 2013)

	<b>Working with the voluntary sector on Putting People First- regular update</b>	
<b>Regular &amp; Overview items</b>	<b>Cabinet Member feedback</b> <b>Scrutiny Forward plan</b>	

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

### **Members Seminars**

### **Provisional dates for update / briefing reports to the Committee 2013/14.**

**Working with the Voluntary Sector on Putting People First** - To examine the impact on the voluntary sector of the current changes within Adult Social Services Prevention services, specifically looking at contracts valued greater than £5000 and to summarise the current position. (Ongoing monitoring and reporting requested at 6 monthly intervals) – Next update due approx.. March 2013

**Building a better future**-Ongoing reporting regarding the project is required every 6 months along with an annual report – Next update due approx. March 2014

**Key challenges for SDS**-updates every 6 months (requested at O&S Panel meeting 4 September 2012)-Next update due approx. March 2014

**Blue Badges**- update after 6 months-next update approx. July 2014

### **Working groups of Community Services O&S panel.**

<b>Home Care Working Group</b>	
<b>Membership</b>	Shelagh Gurney, Julie Brociek-Coulton, Matthew Smith, Elizabeth Morgan, Denis Crawford, Tom Garrod
<b>Delayed Discharges Task and Finish Group</b>	
<b>Membership</b>	Shelagh Gurney, Brian Hannah, Margaret Somerville, Harry Humphrey.

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

<b>Membership</b>	