



Norfolk County Council
at your service

Adult Social Services Overview and Scrutiny Panel

Date: **Wednesday 26 May 2010**
Time: **10.00am**
Venue: **Edwards Room, County Hall, Norwich**

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

Membership

Mr D Callaby
Miss C Casimir
Mrs M Chapman-Allen
Michael Chenery of
Horsbrugh
Mr T Garrod
Mr P Hardy
Mr D Harrison
Ms D Irving (Chairman)
Mr J Joyce
Mr M Kiddle-Morris
Mr S Little
Ms J Mickleburgh
Mr J Mooney
Mr J Perry-Warnes
Mr N Shaw
Mrs A Thomas
Mr A Wright

Non Voting Cabinet Member

Mr D Harwood

Non Voting Deputy Cabinet Member

Mr B Long

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

A g e n d a

Officer

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

- 3 **Members to Declare any Interests**

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

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

- 4 **To receive any items of business which the Chairman decides should be considered as a matter of urgency**
- 5 **To receive a short presentation about Community Care In-House Day Services** Harold Bodmer

6 Public Question Time

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

Please note that all questions must be received by 5pm on Friday 21 May 2010. Please submit your question(s) to the person named on the front of this agenda. For guidance on submitting public questions, please use the link below:

www.norfolk.gov.uk/cabinetquestions

7 Local Member Issues/Member Questions

Please note that all questions must be received by 5pm on Friday 21 May 2010. Please submit your question(s) to the person named on the front of this agenda.

Overview Items

- | | | | |
|-----------|--|-------------------------------|-------------------|
| 8 | The impact of the review of the older adult and physical disability day service review on the Voluntary Sector.
Report by the Director of Community Services | Catherine Underwood | (PAGE 5) |
| 9 | In House Day Services. Proposals following the outcome of the Public Consultation.
Report by the Director of Community Services. | James Bullion | (PAGE) |
| 10 | Learning Difficulties Day Activities Support (DAS) Review Project Update.
Report by the Director of Community Services. | James Bullion/Debbie Olley | (PAGE 16) |
| 11 | Mental Health Residential Care and Day Services Report.
Report by the Director of Community Services. | Debbie Olley | (PAGE 22) |
| 12 | Safeguarding Annual Report.
Report by the Director of Community Services. | Lorrayne Barrett/Debbie Olley | (PAGE 28) |

Group Meetings

Conservative	9.00am	Colman Room
Liberal Democrats	9.00am	Room 504

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

Date Agenda Published: 18 May 2010



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Adult Social Services Overview and Scrutiny Panel

Minutes of the Meeting held on 11 May 2010

Present:

Ms D Irving (Chairman)

Mr D Callaby	Mr J Joyce
Michael Chenery of Horsbrugh	Mr S Little
Mr T Garrod	Mr J Mooney
Mr P Hardy	Mr N Shaw
Mr D Harrison	Mr A J Wright

Substitute Member:

Mr J Shrimplin for Mr M Kiddle-Morris

Also Present:

Mr D Harwood, Non-Voting Cabinet Member
Mr B Long, Non-Voting Deputy Cabinet Member

Apologies for Absence:

Apologies for absence were received from Miss C Casimir, Mrs M Chapman-Allen, Mr M Kiddle-Morris, Ms J Mickleburgh, Mr J Perry-Warnes and Mrs A Thomas.

Officers/Others Present:

Mary Ledgard, Norfolk LINK
Harold Bodmer, Director of Community Services
James Bullion, Assistant Director of Community Services – Prevention
Janice Dane, Finance Business Partner, Community Services
Catherine Underwood, Assistant Director of Community Services, Commissioning and Service Transformation
Mike Gleeson, Head of Democratic Support, Community Services
Colin Sewell, Head of Policy Performance and Quality, Community Services
Steve Holland, Programme Director, Strategic Model of Care, Corporate Resources
Terry Cotton, Quality Assurance Officer, Domiciliary Care, Community Services
Kathy Bonney, Senior HR Business Partner, Community Services

1 Minutes

The Minutes of the previous meeting held on 2 March 2010 were confirmed by the Panel and signed by the Chairman.

2 Chairman's Comments – Member Development Day on 28 April 2010 – Presentation on the Role of Adult Social Care within the Community Services Department

The Chairman placed on record her thanks to those Members and officers who had participated in the Member training session on the role of adult social care within the new Community Services Department that took place at County Hall on 28 April 2010. It was agreed that copies of the video used in the presentation should be made available to Panel Members. It was also noted that a further Member training session would be held in due course.

3 Declarations of Interest

Ms D Irving declared a personal interest as a volunteer for the Norfolk and Waveney Mental Health NHS Foundation Trust.

Mr A Wright declared a personal interest as a Member of the King's Lynn and West Norfolk Mental Health Forum.

Michael Chenery of Horsbrugh declared a personal interest because he had a substantive contract with the Norfolk and Waveney Mental Health NHS Foundation Trust.

Mr S Little declared a personal interest as a Norwich City Council Member of the Norwich Access Group for the Disabled.

4 Items of Urgent Business

There were no items of urgent business.

5 Public Questions

There were no public questions.

6 Local Member Issues/Member Questions

There were no local Member issues/Member questions.

7 Cabinet Member Feedback

(a) Delivering the Strategic Model of Care (Care Homes) Agenda.

(b) Report to Request the Continuation of the Integrated Community Teams of the Norfolk Learning Difficulties Service and the Assessment and Treatment Service Provided by Hertfordshire Mental Health Foundation Trust.

(c) Delivering the Strategic Model of Care (Care Homes) Agenda – Report from Cabinet Scrutiny Committee.

The annexed report by the Cabinet Member was received and noted.

Members noted that the Cabinet had renewed the current contract for assessment and treatment services with Hertfordshire Mental Health Foundation Trust as an exception to standing orders. This issue had previously been considered by the Panel at the time that the original contract was drawn up.

ITEMS FOR SCRUTINY

8 Delivering the Strategic Model of Care Agenda

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

The Adult Social Services Panel considered the report and discussed both the development of the business case and the Member involvement in the Strategic Model of Care Project. It noted that the Cabinet Member, Mr David Harwood, was a Member of the Sponsor Group for this project, and that a new Cross-Party Board would be set up to develop and take the strategy forwards.

The Panel noted the following key points:

- If a viable business model and plan could be developed for a new care company, it would have six directors including the Director of Community Services, an Assistant Director of NCC Community Services and a Senior Clientside Officer. In this way there would be strong links between the new company, within the NORSE Group, and the County Council. If an alternative delivery partner was used then the links with the County Council would not be as strong.
- The new company would be able to take on the expertise of staff currently employed by the County Council who would transfer under TUPE provisions.
- The legal, financial and procurement elements of setting up a new company, including what it could and could not do in terms of generating income streams for the County Council, needed to be clearly defined.
- The articles of association and governance arrangements for the new company had yet to be completed.
- The company would be subject to inspection by the Care Quality Commission.
- The implications of Local Government Review for the delivery of the Strategic Model of Care agenda in the Norwich area had yet to be fully considered.
- Members asked to be given further details about how the weightings of each of the options within the evaluation model led to the scores set out in paragraph 3.5 of the report.
- It was pointed out that the views of older people had been carefully considered in

October 2008 at the time when the Cabinet approved the Strategic Model of Care – Care Homes. At that time it had been noted that older people wanted more choice and preferred housing with care schemes. The current proposals to help deliver the Strategic Model of Care agenda took account of the views expressed by older people at that time.

- The timetable for the delivery of the project, included seeking Cabinet approval in June 2010, to proceed with the development of a detailed business plan to test the viability of the model and the constitutional arrangements for the new company. The subject would then be brought back to the new Panel on 20 July 2010, after which approval for securing the new arrangements would be sought at Cabinet on 9 August 2010.

The Panel noted and endorsed the following:

- (a) The progress made in delivering proposals to help deliver the Strategic Model of Care agenda and provide a lasting legacy of high quality “accommodation with care” to meet growing and changing demand.
- (b) The process made to evaluate and identify a preferred option to achieve the Strategic Model of Care outcomes and the process proposed to test its viability.
- (c) The proposed governance arrangements, including the role of elected Members.

9 First Annual Report on Quality Assessments of Homecare Services

The annexed report by the Director of Community Services was received, together with a map that showed Homecare: Block Contract Areas 2009, that was laid on the table.

The Panel received the first annual report on quality assessments of Homecare Services that showed there was overwhelming positive feedback from service users in respect of the calibre and commitment of homecare workers.

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

- The great majority of service users felt that they were treated with respect and dignity and commented on the difference that homecare made to their quality of life.
- When service users did express concern this related mainly to issues about the continuity of care workers and needing to be notified if care workers were running late.
- The ever increasing demand for Homecare Services meant that there was becoming less time available for homecare staff to spend with service users.
- There were national concerns about poor pay and conditions of service for homecare staff and about personal care assistants employed by service users not requiring CRB checks.

- The quality assessment of homecare services involved the random selection of twenty service user files and a review by way of visits and interviews with these service users in their own homes and interviews with their care workers.

The Panel noted that the Quality and Home Care Scrutiny Working Group would be involved in the second year of assessments and participate in some Quality Assessments. The Working Group would be expected to provide regular updates for the new Panel.

10 Forward Work Programme – Scrutiny

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

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

It was noted that the delivery of the Strategic Model of Care agenda should henceforth be considered by the Panel as a scrutiny item.

OVERVIEW ITEMS

11 Integrated Performance and Finance Monitoring Report for 2009/10

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

The Panel received a report that provided current performance and financial monitoring information for 2009/2010. As at the end of period 12 (March) the forecast revenue outturn position for the financial year 2009-10 was a £+2.985m overspend. It was noted that the final year-end (or outturn) position for revenue and capital would be reported to the July 2010 meeting of the Community Services Overview and Scrutiny Panel.

It was pointed out that Norfolk would be entering into what the Care Quality Commission (CQC) termed “rigorous assessment” in three performance areas (improved quality of life, increased choice and control and economic well-being) where Norfolk’s Performance Board attempted to achieve an “excellent” performance rating.

12 Risk Management within Adult Social Care

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

The Panel received and noted a report on the approach being taken to manage risk within that part of Community Services formerly known as Adult Social Services.

During discussion, Members said that should a new company within the NORSE Group of companies be set up for the delivery of the Strategic Model of Care, then the risks facing Community Services, and the controls in place to manage those risks, should be reviewed and updated at Member level on a regular basis.

It was noted that three risks within the Department identified in the report were not on target due to a lack of budget and demographic changes rather than insufficient management. It was further noted that there had been improvement in the risk

management self-assessment score between 2007 and 2009 which reflected the work undertaken and the Department's commitment to effective risk management.

13 Developing Joint Commissioning with the Health Service

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

The Panel received a report on the approach being undertaken with NHS Norfolk Primary Care Trust to develop a shared approach to commissioning of health and social care services.

The Panel were informed that a third joint post was proposed by the partners to provide integrated leadership for mental health and that this would remain within existing resources. It was noted that while informal arrangements with NHS Norfolk had been in place for some time, the formalisation of integrated management would provide a robust structure of joint accountability.

Members endorsed the proposal set out in the report (subject to the provision of a third joint post) to develop joint accountability arrangements with NHS Norfolk for locality and strategic commissioning under Section 75 of the Health Act 2006 integrated management arrangements.

ITEMS FOR SCRUTINY (Continued)

14 Exclusion of the Public

The Panel was presented with the following reasons for exclusion:

The next report on the agenda contained information relating to the financial and business affairs of a particular organisation. It contained legal advice which was needed to inform fully the County Council in its decision making. This information could be subject to challenge and needed to be treated as protected by legal professional privilege. The public interest in maintaining this exemption on the above grounds outweighed the public interest in disclosing the information for the following reasons:

The report provided advice as to the options open to the County Council.

These were short-term future options which would have long-term effects.

Disclosure might compromise the improvements that were being implemented.

Resolved –

That the public be excluded from the meeting under section 100A of the Local Government Act 1972 for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraphs 3 and 5 of Part 1 of Schedule 12A to the Act.

15 Further Update Report – CareForce and the Provision of Home Care Services in Norwich and South Norfolk

The Panel received a report (containing exempt information) that provided a further update on the performance of CareForce and its provision of homecare to service users in the Norwich and South Norfolk localities that showed how the current situation had been reached.

The Panel noted the outcome of the recent Inspections by the Care Quality Commission (CQC) in respect of the CareForce Norwich Branch and CareForce Loddon Branch (South Norfolk) and a follow-up Quality Assessment undertaken by Adult Social Services in respect of CareForce Norwich Branch.

The Panel noted:

(a) In respect of the Norwich Branch:

- The outcome of the Care Quality Commission Inspection (assessed as delivering a “good” rating and two stars).
- The follow-up Quality Assessment undertaken by Adult Social Services in respect of CareForce Norwich Branch.
- The continued improvement of services by CareForce, confirmed by service users.
- Endorse that a follow-up assessment take place in six months time.
- Confirm that the Norwich contracts now be subject to standard monitoring arrangements.

(b) In respect of the Loddon (South Norfolk) Branch:

- The contractual requirements set out in paragraph 6.3 of this report be noted.
- The outcome of the Care Quality Commission Inspection (their initial draft report assessed CareForce as delivering an “adequate” rating and one star). The contractual decisions for the County Council set out in paragraph 6.7 should CareForce not ensure sustained improvements in the provision of homecare to service users from the Loddon Branch and in particular comply with the actions required by the Care Quality Commission to ensure that the service continues to be rated as “adequate” as a minimum.
- Confirm that Loddon contracts should continue to be subject to follow-up assessment monitoring arrangements.

The meeting concluded at 12.30 pm

Chairman



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The Impact of the Review of the Older Adult and Physical Disability Day Service Review on the Voluntary Sector

Report by the Director of Community Services

Summary

During 2008/2009 Adult Social Services undertook a strategic review of its day services provision against the strategic priorities agreed for the service area. The review identified the need to strengthen services to those people with higher levels of need, in particular to address the needs of people with dementia and the reablement of people at risk of greater dependency.

In 2008, Cabinet approved the process for the review and the commissioning and decommissioning strategy. Also detailed in this strategy was the proposed work to support providers to engage with this process.

A significant number of day services have been provided by the third sector and this report provides an overview of the impact of the day services review on third sector providers

Individuals using services that were in the position of no longer receiving funding and were going to cease trading were supported to find alternative services to meet their needs.

In recognition of the challenges that the review raised for third sector organisations, support to organisations was provided by both Community Services locality teams and by the third sector organisations which the Council funds to provide infrastructure support. This included support to provide full and realistic costing of their services which led to some services receiving increased funding; support to seek other forms of income which led to some services becoming independent of Council funding and some services increasing capacity and funding.

At the end of the review, the impact on third sector providers was mixed. A number of organisations received an increase in funding to support the same capacity as it was recognised that services had not been adequately funded; some received an increase in funding to increase capacity as it was recognised that more places were needed and for some it meant cessation of County Council funding, some of these services some ceased provision and some found alternative sources of funding.

Appendix A outlines the outcomes for those services which were decommissioned.

It can be seen that overall, the majority of providers are continuing to provide a day service, whereas for others it has meant a change in direction or the decision to no longer offer a service.

1 Background

- 1.1 Day services are an important part of the lives of people in the community and attendance at a day centre can underpin a person's ability to retain independence and continue to live at home. Many of the day services included in the review were developed some time ago and followed a traditional style of offering support and care and individuals may have been using them for a lengthy time.

However, the drive to personalise services means that people have more choice when

planning their care and they may choose to do things very differently when in receipt of a personal budget.

1.2 The whole process of personalisation means that all providers will need to offer more flexible and personalised services and, with personal budgets, have to 'market' themselves to prospective service users and their Carers.

1.3 In 2008, Adult Social Services identified the need to modernise day care and to reduce the costs.

A strategic plan for the future of day services was prepared and project methodology applied to the review. Consequently, in August 2008 Cabinet approved the Making Your Day commissioning strategy which outlined the future of day services for older people and people with a physical disability and in November 2008 Adult Social Services Review Panel approved plans for service development.

1.4 Making Your Day specifically took a locality focus. Locality commissioning plans were developed which set out a range of proposals to manage the change from existing models of day services to a greater diversity of services which reflected the choices already being made by service users using direct payments or personal budgets. The next stage was to engage more widely with stakeholders. This included providers of services, existing service users and Carers through a three-month consultation period from November 2008 to January 2009

The commissioning and decommissioning decisions were then implemented.

2 Working with Voluntary Sector Providers of Day Opportunities

2.1 The Making Your Day project involved a review of voluntary sector services funded under a Service Level Agreement (SLA) and/or spot contracts, private sector services where the department was purchasing significant numbers of places under spot contracts, and in house services.

2.2 The October 2008 report to Cabinet set out the total spends on community care opportunities at £6.6m in 2007/2008. Some £2.248m of this was accounted for by Service Level Agreements with voluntary sector organisations.

2.3 A further £1.435m was spent on spot contracting. Part of this will have been with voluntary sector providers where there is no Service Agreement, but where places were purchased above the Service Level Agreement, or where the Service Level Agreement is held by a different service e.g. Learning Difficulties and places have been purchased for individuals in community care. In addition, the department may provide transport for people attending centres but this has not been included in the figures above.

2.4 Services from the voluntary sector are commissioned locally, most providers only provide one service, and the pattern of service has often developed over time. Many services were commissioned some years ago, and during the intervening period the department has faced increasing demands from people with high and increasing levels of need who meet the Fair Access to Care criteria of substantial and critical.

2.5 The concern of the third sector infrastructure organisations regarding the potential loss of service to those people who have a lower level of need as in prevention services will be addressed in the prevention strategy.

2.6 During April to September 2009, all services provided under Service Level Agreements, plus major providers under spot contracts, were reviewed. Each day

service was considered against fitness for the future, their strategic importance to the local area, customer satisfaction, value for money, sustainability and the impact on other services delivered by the provider.

- 2.7 The criteria for reviewing services supported by locality commissioning plans informed the commissioning decision. In September 2009, all providers were advised at a meeting, where possible, of their individual outcomes and their proposed funding arrangements from 2010/11; this information was also given in writing by 30 September 2009.

3 Support to the Sector

- 3.1 The consequences of the impact of this information on services was recognised by the department and a process for supporting organisations to consider next steps was provided by the third sector.
- 3.2 The Day Services Review project engaged with Voluntary Norfolk, Age Concern Norfolk and Norfolk Independent Care (NIC), as infrastructure organisations, to ensure we worked with providers to address issues and manage the risk around losing good quality providers. During the Making Your Day project, the team worked with voluntary sector infrastructure bodies: Age Concern Norfolk, Voluntary Norfolk and West Norfolk VCA, who agreed to provide support to all voluntary sector services covered by the project.
- 3.3 Some of the support to voluntary organisations during the review was provided by the Public Services Development Project. The two year funding for this project, provided by the statutory sector, has now come to the end and further support will be provided by Community Services and existing infrastructure organisations.
- 3.4 During October 2009, the project team and third sector infrastructure organisations wrote to all providers of day services concerned to offer support and have proactively followed up those affected by decommissioning. The themes were to support organisations and services to consider their future under the new priorities.
- 3.5 The support offered included:
- Strengthening the governance of organisations
 - Developing policies and procedures
 - Developing strategic and business plans
 - Identifying sources of funding and tips for applying
 - Advising on volunteer recruitment
 - Developing new activities and services to enable groups to continue in a changing world
 - Calculating the unit cost and price of services
- 3.6 Adult Social Services identified local teams to work with providers most affected by decommissioning and, in turn, their service users. These involved development workers who are expert in assisting individuals and groups to access external opportunities, funding and community development support.

4 Outcomes for Providers of Day Services

- 4.1 As outlined in Appendix 2, the outcome of the review was that the County Council would continue to fund 62 day services provided by the voluntary sector. Some of these received changes in their levels of funding to reflect the level of activity or the realistic cost of providing the service. Alongside this, 26 services were affected by decommissioning.
- 4.2 Of these 26 providers, eight ceased to provide a service on 31 March 2010 and eleven providers were able to continue without funding from Adult Social Services having been supported to either find alternative funding or by more accurately costing their service.
- 4.3 A third group of providers were keen to continue as self-sustaining organisations, but needed to consider the implications of the withdrawal of funding, on transport, meals and venues.

The table below demonstrates the impact on the third sector

Locality	Total number of voluntary sector services reviewed	Number of services continuing without funding	Number of services continuing with funding	Number of services seeking alternative funding	Number of services ceased trading
Eastern	4	0	3	0	1
Norwich	18	3	15	3	0
Northern	16	4	10	0	2
Southern	14	0	11	0	3
Western	29	4	23	4	2
Total	81	11	62	7	8

- 4.4 The issue of transport was taken into account when commissioning and decommissioning decisions were made. However, Voluntary Norfolk has recognised that there remains a need to ensure transport is not an issue for people using services. This is the subject of a work stream in the review
- 4.5 Those needing transport were signposted to the new integrated health and well-being transport service, which is run as a partnership between Norfolk County Council, Voluntary Norfolk, the East of England Ambulance Trust and NHS Norfolk. This service can be accessed by the whole community, not just people who are eligible for adult social services.
- 4.6 Some of the services which Community Services will continue to commission are services from which the department identified a need for fewer places than in the existing Service Level Agreement.
- 4.7 Negotiations took place with these providers to agree service levels and the related funding for 2010/11. If places funded by Adult Social Services were reduced, then providers could accommodate people with direct payments or self-funders. We worked with a number of providers to move from Service Level Agreements to spot contracts to support the move to personalisation.
- 4.8 All services commissioned have a Service Level Agreement for 2010/11 unless commissioning for places occurred via spot contracts. A list of the main services

commissioned is in Appendix 2.

4.9 During the Making Your Day project each locality ran a providers forum. These forums provided information about the project and personalisation, and enabled networking and the sharing of good practice. These are now jointly run across Mental Health and Learning Disability Services.

4.10 The impact of commissioning decisions has included:

Some luncheon clubs, which have decided to continue without social care funding, will have to charge people attending them more for their meals or transport. This places them in the same position as the majority of luncheon clubs, which have no social care funding.

The closure of some local services. Services have been supported to make decisions about their future.

4.11 Centres have been reviewed in terms of whether they are 'fit for the future' and they will therefore have reassurance about their future. We will continue to work with providers to support the development of more personalised services which will benefit service users.

The closure of some day centres will mean that other centres may support the people using them and this will improve the latter's occupancy levels and give them a more assured future. Geographical implications may have an impact on travel costs and time.

4.12 An example of good practice, prompted by the review, has been in the west of the county where a team of people worked together to support customers through the process of reviews and then the decision making process as to the care they wished to choose for the future. Project officers, development workers and social workers worked alongside one another together with representatives of the third sector to assist people to move on to new opportunities.

4.13 Following this process, seven people have stayed together as a friendship group funded by Community Services. They have pooled together their direct payments to hire premises and arrange transport, and the department continues to support them to become a self-directed organisation.

5 The Future

5.1 The intention is for new Service Level Agreements for 2011/12 onwards to be built on outcome based specifications and funding mechanisms that will support personalisation.

Work is being undertaken to develop a new funding mechanism which will enable funding to move from block agreements to personal budgets, whilst managing the risks inherent in changing funding processes. This is being developed in collaboration with third sector partners

Initial work was the subject of a consultative workshop with service users and providers in summer 2009. The group that developed the scheme included Voluntary Norfolk, West Norfolk Voluntary and Community Action and Age Concern Norfolk, and consultation on a revised scheme with providers will take place in 2010.

- 5.2 The department is also working with Age Concern Norfolk to develop an agreed unit costing tool for day services. This approach has been adopted for residential care, but has proved more difficult for day services as there is considerable variation between organisations around issues such as owning versus renting premises, variation in opening hours, varying needs of service users, use of volunteers etc.

6 Resource Implications

- 6.1 The gross savings from decommissioning the range of services identified are around £330,000 in a full year. However, these savings will be affected by a transitional period where people need to be found alternative opportunities. Some of them may choose services with which the department already has a Service Level Agreement, in which case there may not be any additional funding needed.
- 6.2 Early indications from the transport service suggest that there is a reduction in expenditure on the transport that people use to take them to traditional day centres.

7 Equality Impact Assessment (EqIA)

- 7.1 An EqIA was completed for each of the locality reviews and was reported fully in previous reports.
- 7.2 It is proposed to monitor annually whether there has been increased diversity in the range of people taking up day opportunities as personalisation becomes a reality.

8 Section 17 - Crime and Disorder Act

- 8.1 There are no direct Crime and Disorder implications for the panel to consider.

9 Conclusion

- 9.1 The aim of Making Your Day and the locality commissioning plans was that older people and people with physical or sensory impairments would be able to access an increasingly full and flexible range of day opportunities which meet their individual requirements, promote their health and well being and that of their Carers, and reduce social isolation. The project supported the move to preventative and personalised services and ensured locality needs are met in cost-effective provision.
- 9.2 The review of day services not only successfully released cash savings but enabled existing funding to reshape services targeting areas that required increased capacity such as dementia care and reablement.

The impact on the voluntary sector has been mitigated by positive support from both the department and infrastructure organisations. This has enabled providers to develop services fit for the future.

10 Action Required

- 10.1 The panel are asked to consider the report and whether they require further information or an update of the impact of the commissioning decisions on the voluntary sector.

Background Papers

Making Your Day: Locality Commissioning Plans for Community Care Day Opportunities for Older People and People with Physical Disabilities and Sensory Impairments, October 2008 Cabinet

Officer Contact

Name	Telephone Number	Email Address
Catherine Underwood	01603 222179	catherine.underwood@norfolk.gov.uk
Hilary Mills	01603 223157	hilary.mills@norfolk.gov.uk



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Decommissioned voluntary sector services

Appendix 1

Eastern Locality	Rationale	Service outcome
WRVS – Addison Road, Gorleston	Premises not suitable for clients with high levels of need	Decommissioned as from 31 March 2010
Northern Locality	Rationale	
Aylsham and District Care Trust	Lunch Clubs – ASD does not refer to the service because it does not offer a service for people with high personal care needs.	Service continuing without ASD funding.
Reepham Day Centre	Low ASD occupancy levels. Disabled access limited and not able to accept people with high personal care needs.	Service continuing without ASD funding
Aldborough Village Care Lunch Club	ASD does not refer to the service because it does not offer a service for people with high personal care needs.	Service continuing without ASD funding.
Holt and District Day Centre	ASD does not refer to the service because it does not offer a service for people with high personal care needs	Service continuing without ASD funding
WRVS North Norfolk Day Centres Walcott, Stalham and Horning	Lunch Clubs, predominantly offered to people from the nearby Sheltered Housing Complexes. ASD does not refer to the service because it does not offer a service for people with high personal care needs	Service continuing without ASD funding.
Wells and District Day Centre Wells-next-to-the-sea	ASD does not refer to the service because it does not offer a service for people with high personal care needs	Service continuing without ASD funding
Norwich Locality		
Chapelfield Luncheon Club (Tuesday), Chapelfield Road Norwich		Service continuing without ASD funding.
Norwich Central Baptist Church Luncheon Club, Duke Street, Norwich	Lunch club with limited opening times.	Service continuing without ASD funding.
Chapelfield Luncheon Club (Mondays), Chapelfield Road,	Lunch club service only operates for 1.5 - 2hrs per week	Service continuing without ASD funding.
Southern Locality	Rationale	
Bullace Road Cotman, Costessey	Over supply in Costessey – Bowthorpe area. Key staff member retiring.	Service ceased 31 March 2010. Alternative service being negotiated with

Eastern Locality	Rationale	Service outcome
		Cotman Housing at Ashwell Court, Bowthorpe
Thomas Bullock, Shipdham	Very low on numbers in area of over supply of services meeting low/moderate needs.	Service ceased 31 March 2010
Mattishall	Low on numbers in area of over supply of services meeting low/moderate needs.	Service ceased 31 March 2010
Western Locality	Rationale	
Terrington St. Clement	Low levels of usage offering very little in terms of outcomes	Service continuing without ASD funding until 30.09.2010. Help to identify alternative funding streams.
Heacham	Low levels of usage and service users also access other local services funded by ASD with spare capacity.	Service continuing without ASD funding
Waterside Day Centre Kings Lynn	Very few service users eligible under eligibility criteria.	Changed name and moved premises
Burnham Market	Low levels of usage and unit costs high.	Service ceased 31 March 2010
Happy Mardlers Stoke Ferry	Low levels of usage	Service continuing without ASD funding
Methwold Physical Disability Service	Physical Disability service decommissioned. Geographically not accessible, offering a very basic service resulting in low levels of usage. High unit costs	Service continuing
Dersingham Day Centre	Low level preventative service with low levels of usage	Service continuing without ASD funding in new premises

Community Care day services which will continue to be funded by Norfolk County Council (not including private and in-house providers)

1. Headway – Great Yarmouth and Waveney, Gorleston and Lowestoft
2. Centre 81, Great Yarmouth
3. SOLD, Lowestoft
4. The Swallows, Adult Day Care Ltd, Salhouse
5. Worstead Day Centre
6. LAMS, Southrepps
7. Sprowston Day Centre
8. Taverham and District Day Centre
9. Furze Hill Day Centre, (Older Peoples Days) North Walsham
10. Mile Cross Day Centre, Norwich
11. Ashfields Care Home, Rackheath
12. Heritage House Day Centre, Wells-next-to-the-sea
13. North Walsham Friday Group
14. Brunswick House Day Centre, North Walsham
15. Elmwood Craft Centre
16. Sheringham Day Centre
17. Cromer Tuesday Group
18. Glaven District Caring Trust, Blakeney
19. Briston Care Day Centre
20. Acle Voluntary Aid (AVA) Day Centre
21. William Booth Day Centre, St. Giles, Norwich
22. Age Concern Norwich – Outreach Worker
23. Marion Road
24. Door to Door Norwich
25. NANSA – Norwich
26. Community Action Norwich, Martineau Lane
27. Hamlet Centre, Thorpe Hamlet
28. Headway, Norwich
29. St. Luke's Church, Aylsham Road, Norwich
30. Jessop Road, Norwich
31. Community Music East, Norwich
32. Norfolk Voluntary Services Befriending, Norwich
33. Marion Road day Centre
34. Diss and District
35. Waveney, Diss
36. Denny, Diss (Age Concern, Norfolk)
37. Norton Day Centre (Norton Subcourse)
38. Loddon & District Day Centre
39. Wayland Hall Luncheon Club
40. Attleborough Day Centre
41. All Hallows Day Treatment & Therapy Centre (Ditchingham)
42. Age Concern, Thetford
43. The Tony Boothman Day Centre (Dereham)
44. The Meeting Point (Dereham)
45. Gray's Fair Day Centre (Costessey)
46. Wymondham Day Care Centre
47. Edith Cavell Day Care Centre (Swardeston)
48. Long Stratton Day Centre
49. Ashill Village Aid
50. New William, Tilney St. Lawrence
51. Swaffham and District day centre

52. Sporle Village Aid
53. New John Chapman, Swaffham
54. Emmerich Court, King's Lynn
55. West Norfolk Mind (Heacham)
56. Meridian East, King's Lynn
57. West Norfolk Mind (King's Lynn)
58. Headway, King's Lynn
59. Talk Group, King's Lynn
60. Phobbies, Dersingham
61. Methwold Day Centre
62. Methwold Meals
63. West Norfolk Befriending, King's Lynn
64. Phobbies, King's Lynn

**Making Your Day – County Council-run Community Care Day Services
Proposals following Public Consultation**

Report by the Director of Community Services

Summary

The Cabinet previously considered day care services at its meeting in November 2009, where it agreed to commission general support services from the voluntary sector, while Council-run services would specialise in providing services for people with dementia and reablement needs. The Cabinet agreed to a public consultation on the impact of these changes, which has now been undertaken.

This report sets out a summary of the responses to the consultation on proposed changes to Norfolk County Council's in-house day services for older people, including the Essex Rooms, Silver Rooms (in Norwich) and two social services days at Hempnall Mill.

The consultation feedback has played a key part in shaping our final proposals which is to create new community-based day care services. In Norwich, these will gradually replace the Essex and Silver Rooms. This would mean that the people will continue with services within other settings. It will also provide a service for new users.

Our proposals are the result of constructive working with key stakeholders and partner agencies. This approach is in line with Cabinet's wish that we seek strategic partnerships to support the future development of services.

To enable us to build on this joint approach, we are asking the Panel to support a Day Opportunities Partnership in Norwich – with Age Concern Norwich and Norwich City Council. This will oversee the implementation of these new community services, which could be based in sheltered housing and Housing with Care schemes across Norwich.

If agreed, the new community services would allow friendship groups to stay together and would offer a wider range of facilities and activities. The services would also be available closer to many people's homes.

Action required:

1. Overview and Scrutiny Panel is asked to support the development of a community-based approach as outlined in section 3, which will take the existing in-house community care day services into a new partnership arrangement, which could apply to all localities.
2. Overview and Scrutiny Panel is asked to support the development of a Day Opportunities Partnership in Norwich, as outlined in section 4.

1 Background

- 1.1 In 2009 a full review of all community care day services was undertaken under the 'Making Your Day' project – part of the Department's Transformation Programme. The Project included looking at the role of day opportunities in the context of personal budgets, taking account of locality needs and voluntary sector services available, and the role that Council-run services should play. The need for more services to help people with dementia and reablement needs was identified, due to a lack of these specialist services in the voluntary and independent sectors.
- 1.2 All community care day services were formally evaluated including services in the voluntary, independent and 'in-house' sectors.
- 1.3 Voluntary sector services were given proper notice of commissioning changes that began on 1 April 2010 where 64 organisations were re-commissioned on the same basis, while 26 were changed (of which 7 were decommissioned in full).
- 1.4 For Council-run services it was proposed that they be made more efficient by specialising in providing help for people with dementia or reablement needs, with a programme of gradual change, and with the need to develop strategic partnerships to bring about the change.
- 1.5 The review of Council-run services did not propose service closures – rather it concluded that some buildings were not suitable to provide this type of specialist service, which meant that these services needed to move from their current setting.
- 1.6 There was considerable public concern over the proposal which was interpreted as 'closures' and service reductions. In fact no service reductions were ever contemplated.

2 The Consultation and Findings

- 2.1 Adult Social Services (now Community Services) sent out 2000 questionnaires (which we designed with stakeholders), and received 381 back. The responses were analysed for the Council by an independent company Insight Track. The consultation methodology and summary findings are produced as Appendix 1 (a), and the full analysis report as Appendix 1 (b). Most responses were concerned with services at the Essex Rooms, Silver Rooms and Hempnall Mill.
- 2.2 Two thirds of people (64%) had a negative view of the proposals while 17% felt mostly positive, and 19% expressed neither a positive nor a negative attitude.
- 2.3 The consultation response highlighted the value that people place upon day opportunities, in particular: friendship and company; excellent care from staff; having stimulation and something to look forward to; and facilities like hairdressing and personal care. People viewed the service as a lifeline towards well-being. In general, few people commented on the building, rather the content of the services.
- 2.4 The consultation has enabled us to get a good picture of what people value as we develop new services.

3 Developing proposals in partnership

- 3.1 Significant work has been undertaken with key stakeholders on alternatives. A description of the process is contained at Appendix 2, and a description of the workshops held is contained in Appendix 3.
- 3.2 A number of existing community settings are identified which could be used as new services to widen choice for people in their own local communities, but which will ensure consistency with the policy approach to develop dementia and reablement services alongside such community resources.
- 3.3 This approach addresses the need to develop community based 'preventative' day services in localities, in addition to that already commissioned from the voluntary and independent sector by the County Council. These services are often developed by community groups and our approach would be to support this. We aim though for ordinary day care centres to be provided mainly by the voluntary sector.

4 A new model for Norwich Locality

- 4.1 A Norwich Locality model is proposed which will develop new community based day care services. The Essex Rooms and Silver Rooms in Norwich will not close until the alternatives are in place and operating.
- 4.2 The service involves joint work with Housing Associations to develop and set up a wider range of day opportunities within local Housing with Care schemes and Sheltered Housing schemes, in conjunction with Norwich City Council and Age Concern Norwich.
- 4.3 Age Concern Norwich, Norwich City Council and other key partners support the proposals.

The following housing schemes have been identified as potential resources to set up day opportunities within their local communities; subject to consultation with the current tenants in the housing schemes:

- a) The Elms – Sheltered Housing scheme in close proximity to the Essex Rooms, where services can be enhanced to include access to gardens.
- b) Dell Rose Court – Housing with Care scheme that can offer the local community day opportunities for older people including those with dementia.
- c) The Cedars – Sheltered Housing scheme.
- d) Harriet Court – Housing with Care scheme.
- e) St James Sheltered Housing scheme in close proximity to the Silver Rooms.
- f) Don Pratt Court – Sheltered Housing scheme also located close to the Silver Rooms.

(See Appendix 4 for a map of these locations and maps of where people live who attend the Essex Rooms and Silver Rooms).

- 4.4 It is important to note that some of the people currently attending the Essex Rooms and the Silver Rooms already live in these housing schemes.
- 4.5 The benefits and outcomes of this model are:
- a) Friendships, social networks and continuity of staff can be maintained to help ensure local community resources are developed and sustained.
 - b) Day services available closer to people's homes.
 - c) Access to a wider range of facilities, gardens, information technology and support for internet shopping services.
 - d) Time saved in travelling to resources and allowing more time to be spent at the resource.
 - e) Increased range of activities and potential for new friendships for the residents of identified housing schemes.
 - f) The potential for further intergenerational work with schools.
 - g) Opportunities to work more closely with other specialist services, for example: mental health and learning difficulties.
- 4.6 This approach will complement a range of existing preventative services which include approximately 28 luncheon clubs and various day services that offer support for people living alone by offering friendship, specialist mental health support, carer support and practical help, for example: shopping, and advice and information.
- 4.7 The implementation of the model, if agreed, will be overseen by a new Day Opportunities Partnership in Norwich.
- 4.8 Summarised here are people's main concerns and how the model tries to address them.

Concerns raised in consultation	How model addresses these concerns
The concern that the needs of future dementia and/or reablement clients are being considered at the expense of current service users.	All people will continue with services. New community services will be created alongside new dementia services. We are investing in future community day services for older vulnerable people.
A fear that the needs of elderly and frail people will not be met in the future as a result of these proposals, particularly in view of the increasing number of elderly people who need day care services.	Our model recognises the need to develop services, in partnership with other agencies, for frail elderly people and we will be investing more in these services - not less - in the future.

A concern that the proposals are financially driven, rather than focusing on people who use these services.	We are not seeking to make savings from Council-run day services, but we are trying to target limited resources at providing dementia and reablement services.
Concerns about losing contact with friends and staff.	Friendship, social networks and continuity of staff will be supported and people will be able to stay together in the new service model.
Concerns that people using the day services (and their carers/families) face upheaval and change.	People will be supported through any change, which will happen gradually over time, giving them the chance to have an input into the new services they receive. The resources identified will also already be familiar to some of the people affected.
Concerns regarding the convenience and accessibility of new day services.	Resources have been chosen close to current day centres, but also are located in communities where people live.

5 Partnership Work at Hempnall Mill

- 5.1 The initial proposals to Cabinet in November 2009 included changes to the two Adult Social Services days at Hempnall Mill.
- 5.2 Following the extension of the current arrangements until April 2011, commissioners have met with the Trustees of Hempnall Mill to consider the development of a long-term partnership to develop and retain the services at the Hempnall Mill. This includes support to both those services providing day activities and to the popular luncheon club.

6 Other In-house Community Care Day Services

- 6.1 The remaining five council-run day centres were also the subject of consultation, and the findings relating to these are shown in Appendix 1 (a). Most people's views did not raise the same levels of concern as those expressed in relation to the Essex Rooms and Hempnall Mill.
- 6.2 It is proposed that these services develop to provide specialist dementia and reablement services, alongside links to housing schemes for the development of additional community resources:
- a) Cranmer House Fakenham – the day centre is adjoined to – and has good links with – the short-term care home and reablement unit. Current services will continue, but dementia care will be introduced in parallel with community services being developed.

- b) Benjamin House Cromer – this is located adjacent to a Housing with Care scheme and a Community Hospital. This resource will gradually specialise in dementia care, but continue current service provision as community services are developed.
- c) Laburnham Grove Thetford – is situated within a Housing with Care scheme and offers day care for frail older people and older people who need dementia care. This will continue with more emphasis on dementia and reablement.
- d) The Lawns Gt Yarmouth – this resource sits within a Housing with Care scheme and will need to continue to offer day services for older people in the short and longer term. However more accommodation could be rented within the scheme to set up reablement services.
- e) Humberstone House, Gt Yarmouth – is a stand-alone day resource which will continue to offer services for older people with an emphasis on reablement. In the longer term, it may be incorporated into the Lawns Housing with Care scheme.

6.3 The process for specialising these five day services toward reablement and dementia will be implemented gradually and people will continue to receive services, as now.

7 Resource Implications

7.1 This part of the Making Your Day Review did not have a requirement for a reduction in costs.

7.2 Continued running costs for the Essex Rooms and Silver Rooms during the transition period will be funded from within current budgets.

8 Other Implications

8.1 Staff will be supported as services migrate over time from one site to another. During transition, staff from in-house services will continue to provide support and care to service users until community alternatives are developed and supported. We will continue to train staff during the transition period in skills relating to dementia and reablement, as appropriate.

9 Equality Impact Assessment (EqIA)

9.1 A full equality impact has been completed at county and locality level – [county in house equality and impact assessment](#) and the Norwich Locality Equality and Impact Assessment.

9.2 The County Equality Impact assessment was produced as an interim report whilst the public consultation took place. We now are in the process of revising the equality impact assessment to reflect the outcomes of the consultation.

Actions arising from the consultation will be reflected to identify further work needed.

10 **Section 17 - Crime and Disorder Act**

- 10.1 Overall this proposed model for in-house day service provision will help to reduce crime and disorder by protecting vulnerable people who may be victims of crime and abuse. Safeguarding arrangements will be considered a high priority as part of the work to implement this new model of service.

11 **Risk Implications/Assessment**

- 11.1 The main risks identified are;
- a) Residents in housing schemes may not wish to share their community resources (even if this brings more opportunities and activities into the centre).
 - b) Staff capacity needed to plan day services around individuals and ensure groups of friends are kept together.
 - c) Failure to allay anxiety about changes to people who use the Essex Rooms and Silver Rooms if they continue to receive negative messages from other sources.
 - d) Model is dependent on key stakeholder working in partnership to develop localised community resources.
 - e) Lack of public confidence in proposals.

12 **Alternative Options**

- 12.1 Maintaining the status quo is not considered a viable option as this would conflict with the need to focus on and increase the availability of dementia and reablement services as agreed in the November Cabinet report. Nor would it enable day services to be influenced by the valuable feedback from the consultation.
- 12.2 There is a consensus amongst partners that there is not the long term sustainability of the buildings for specialised day care services.

13 **Conclusion**

- 13.1 The public consultation has been completed and responses have been taken into account in implementing the Council's strategy towards day care services; - using the Council's services to best effect by focusing them on dementia and reablement.
- 13.2 The consultation feedback – and the issues and concerns it raises – has played a key part in shaping our final proposals to identify new community-based services, which will eventually replace the Essex and Silver Rooms.
- 13.3 Our proposals are also a result of close and constructive working with key stakeholders and partner agencies. This approach is in line with Cabinet's wish that we seek strategic partnerships to support the future development of services
- 13.4 If agreed, the new proposals meet the concerns expressed as part of the consultation and would allow friendship groups to stay together and would offer a wider range of facilities and activities. The services would also be available closer to many people's homes. We believe the proposals offer greater choice to service users now and in the future.

14 Action Required

- 14.1 Overview and Scrutiny Panel is asked to support the development of a community-based approach as outlined in section 3, which will take the existing in-house community care day services into a new partnership arrangement, which could apply to all localities.
- 14.2 Overview and Scrutiny Panel is asked to support the development of a Day Opportunities Partnership in Norwich, as outlined in section 4.

Background Papers

Report to Cabinet 9 November 2009 – ‘Future Commissioning Models – Community Care In-house Day Services’

Briefing Paper to Adult Social Services Overview and Scrutiny Panel February 2009
‘Making Your Day’ Consultation Paper

Report to Cabinet 12 August 2008 ‘A Commissioning Strategy for Day Opportunities for Older People and People with a Physical Disability or Sensory Impairments in Norfolk’

Report to Cabinet 13 October 2008 – ‘Strategic Model of Care’ Strategy

Report to Adult Social Services Overview and Scrutiny Panel 17 November 2008
Locality Commissioning Plans for Day Opportunities – ‘Making Your Day’ Project

Appendix One (a) – Consultation Methodology and Summary findings

Appendix One (b) – Public Consultation Report

Appendix Two – Working in partnership to develop proposals

Appendix Three – Summary of the two Community Workshops

Appendix Four – Maps of where attendees of the Essex and Silver Rooms reside within the context of the Essex Rooms and Silver Rooms and a map of the proposed community resources.

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

Appendix One (a) – The Consultation Process

1 The Consultation process and findings

- 1.1 Adult Social Services (now Community Services) sent out 2000 questionnaires (which we designed with stakeholders), and received 381 back. The responses were analysed for the Council by an independent company Insight. The consultation methodology, and their report, are produced in full at appendix one.
- 1.2 We are committed to being open and impartial about the outcomes of this consultation, and so commissioned ‘Insight Track’ – an independent company – to analyse the outcomes of the consultation.
- 1.3 **Methodology**
- 1.4 As requested by Cabinet, the three month public consultation has now been completed. Over 2,000 questionnaires were distributed to a wide range of stakeholders, including:
- a) People who use these services
 - b) Families and carers
 - c) Voluntary organisations
 - d) Partner agencies
 - e) County Council Members
 - f) Members of Parliament for key constituencies
 - g) General Practitioners

This is not an exhaustive list.

- 1.5 The design of both questionnaires (i.Hempnall Mill, Essex Rooms and Silver Rooms, ii. The five remaining in-house services), was undertaken with key stakeholders to ensure that the questions were clear and accessible to all. They were also formatted so people could express their wishes and feelings about specific day services.
- 1.6 The consultation process, including the documentation, was overseen by working jointly with the Customer Service and Communications Unit.

(Copies of the two consultation documents can be accessed electronically on the general consultation pages of Norfolk County Council’s internet site - http://www.norfolk.gov.uk/consumption/idcplg?IdcService=SS_GET_PAGE&nodeId=4713)

2.0 Responses

- 2.1 The consultation received 381 responses, the majority of which were from individuals. To access full details of all who responded please refer to the Consultation report – appendix one.

2.2 In addition, responses in various formats were received from the following:

- a) A petition from Chloe Smith MP
- b) A petition from Charles Clarke MP
- c) A report from the Green Party
- d) A report from Norwich City Council
- e) General feedback from Unison

2.3 **Responses to the Consultation**

2.4 The response to the consultation has been valuable, both in terms of the quality and quantity of the responses.

2.5 Overall, in-house current day services are regarded as a positive day opportunity which adds to the quality of people's lives. The value placed on services has been highlighted and welcomed from all parties who responded.

2.6 Some people have recognised the need for change and that the proposals were addressing the needs of people with dementia or reablement needs.

2.7 People welcomed the clear explanation that the consultation gave them around the proposed changes and how these would affect in-house day services.

2.8 Other respondents welcomed the opportunity to make suggestions on how we might provide a wider choice of activities and care in the future.

2.9 Another positive outcome of the consultation has been the close joint working with key stakeholders, staff, providers and partner agencies at a series of meetings and workshops.

2.10 The consultation has shown that 64% of people overall have a negative view, and 17% are mostly positive towards the proposals. The remaining 19% of people expressed neither positive nor negative view.

2.11 A valuable finding from the consultation has been what people gain from current day services, particularly the friendship and company enjoyed by people attending, the facilities, the accessibility of services and the excellent care given by the staff.

2.12 **Key reasons for a negative response**

The key reasons for a negative response to our proposals are:

- a) The concern that the needs of future dementia and/or reablement clients are being considered at the expense of current

service users.

- b) A fear that the needs of elderly and frail people will not be met in the future as a result of these proposals, particularly in view of the increasing number of elderly people who need day care services.
- c) A concern that the proposals are financially driven, rather than focusing on people who use these services.

2.13 It is worth noting that the majority of the respondents with these views came from people attending the Essex Rooms and Silver Rooms.

2.14 **Key reasons for a positive response**

The key reasons for a positive response to our proposals are:

- a) The proposals cover the needs of everyone.
- b) The proposals will provide a wider choice of activities and care.
- c) The clear explanation that the consultation provided on the proposed changes and how these would affect in-house day services
- d) The reassurance that alternative provision would be made for people if affected by proposed changes.

2.15 **Impact of proposals on relevant parties**

People who currently use our services and their carers and families had:

- a) Concerns about losing contact with friends and staff.
- b) Concerns that people using the day services (and their carers/families) face upheaval and change.
- c) Concerns regarding the convenience and accessibility of new day services.

2.16 In the consultation process the following comments related to the value that service users gain from attending the service. Six key and consistent themes emerge (noting many more are cited):

- a) Friendship and company
- b) Excellent care from the staff
- c) 'Something to look forward to'
- d) Facilities available (e.g. hairdressers, general personal care)
- e) A 'lifeline' (dependent on service for quality of life and wellbeing)
- f) Stimulation (e.g. interaction and entertainment)

2.17 We have taken account of people's views when planning alternative

services.

3 Other In-house Community Care Day Services

3.1 The second consultation document centred on dementia and reablement services being implemented at the remaining five centres across the county; Cranmer House, (Fakenham), Benjamin Court (Cromer), Laburnham Grove (Thetford), Humberstone House (Gorleston) and the Lawns (Gt. Yarmouth).

3.2 Respondents focusing on the above services specifically were as follows:

- a) The Lawns – 14%
- b) Humberstone House - 13%
- c) Benjamin Court - 8%
- d) Laburnham Grove – 1%
- e) Cranmer House – 11%

3.3 Whilst around 25% related specifically to the Essex Rooms and Silver Rooms. The remaining responses did not specify an individual service. – (see page 11 Consultation report appendix one)

3.4 The remaining five in-house day care services across the county have each identified how current services could be developed to provide specialist dementia and reablement services.

3.5 Full details are listed below including the potential to provide these specialist services and identified links to housing schemes for possible future development of community resources:

- a) Cranmer House Fakenham - the day centre is joined onto and has good links with the short-term care home and reablement unit. Current services will continue but dementia care will be introduced in parallel with community services being developed.
- b) Benjamin House Cromer – this is located adjacent to a Housing with Care scheme and a Community Hospital – this resource will gradually specialise in dementia care but continue current service provision as community services are developed.
- c) Laburnham Grove Thetford – is situated within a Housing with Care scheme and offers day care for frail older people and older people who need dementia care – this will continue with more emphasis on dementia and reablement.

- d) The Lawns Gt Yarmouth – this resource sits within a Housing with Care scheme and will need to continue to offer day services for older people in the short and longer term. However more accommodation could be rented within the scheme to set up reablement services.
- e) Humberstone House, Gt Yarmouth – stand alone day resource which will continue to offer services for older people with an emphasis on reablement. In the longer term may be incorporated into the Lawns Housing with Care scheme.

3.6 The process for specialising these five day services toward reablement and dementia will be implemented over a five year period and current users will continue to receive services as now. It is important to recognise that new service recipients will have a range of dementia needs because of the wide scale of experience of the condition, evidenced in providing dementia services.

3.7 New service users will be actively engaged in deciding what type of activities and opportunities they would like to see developed. Thereby, co-production principles will be adhered to.

3.8 In summary, this approach will allow a gradual transition to new services whilst current services continue to provide the same high quality services, new services can be developed in parallel to allow people to have a wider choice and exercise more control.

3.9 In-house community care day services are now managed as a county resource which will support strategic development and improve quality and efficiency of these services.

*Day Services
Consultation Outcomes*

Final Report for Norfolk County Council



Prepared by Helen Terry
Insight Track Ltd.
1st April 2010

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1. Report overview and background

The following report is an analysis of the following two consultation documents:

1. Essex Rooms (Norwich), Silver Rooms (Norwich), and the two ASSD commissioned days at Hempnall Mill (Nr. Long Stratton)
2. Cranmer House (Fakenham), Benjamin Court (Cromer), Laburnham Grove (Thetford), Humberstone House (Gorleston), The Lawns (Great Yarmouth)

The period for both consultations was 14th December 2009 - 8th March 2010.

Insight Track's role in this consultation process has been to:

- ⇒ Input and collate information from the standard consultation documents submitted to Norfolk County Council
- ⇒ 'Post-code' open ended consultation questions into key themes. This allows us to apply a level of quantification to an essentially qualitative task
- ⇒ Analyse the results for Norfolk County Council to include in their final report to the Cabinet

At every stage in the process, information has been treated in the strictest of confidence.

An MS Excel spreadsheet with 'raw' responses has also been provided to Norfolk County Council.

Notes:

All charts in this report are expressed as a percentage, unless otherwise stated. When they do not total exactly to 100%, this is due to computer rounding or multiple-response answers (i.e. respondents could have given more than one answer)

2. Summary of key findings

2.1 Opinion overview

- ⇒ Having taken all the consultation responses into consideration, there is a clear overall sentiment of negativity towards the proposals
- ⇒ Almost two thirds (64%) of responses overall have a negative viewpoint; almost a fifth (17%) are mostly positive towards the proposals
- ⇒ Negative opinion is strongest amongst those who either visit, or specifically refer to, either the Essex Rooms, the Silver Rooms or the two ASSD commissioned days at Hempnall Mill, although there is also evidence of negativity amongst those who attend/refer to Cranmer House or Benjamin Court
- ⇒ Although there is evidence of some negativity amongst those who visit or refer to Humberstone House or The Lawns, there is a higher likelihood that these respondents do not think they will be affected by the proposals or do not give an expression of positivity/negativity

2.2 Key reasons for negative response

- ⇒ Key negative themes emerging include:
 - The needs of future dementia and/or re-ablement clients being considered at the expense of current service users
 - That the needs of elderly and frail people will not be met in the future as a result of these proposals, particularly in view of the *increasing* number of elderly people who need such day care services
 - That the proposals are financially driven rather than being patient focussed

2.3 Key reasons for positive response

- ⇒ Positive opinions include (*N.B. numbers are small*):
 - The proposals cover the needs of everyone
 - The proposals will provide a wider choice of activity and care
 - Welcoming the clarity that the changes will bring to the understanding of the provision of in-house day care services
 - Welcoming current service users receiving assessments, and those not being eligible for new services being provided with an alternative

2.4 What service users gain from the day services

- ⇒ An offshoot of the consultation process has been the comments relating to the value that day service users gain from attending the service. Five key and consistent themes emerge (noting many more are cited):
 - Friendship and company
 - Excellent care from staff
 - "Something to look forward to"

- **Facilities available** (e.g. hairdressers, general personal care)
- **A “lifeline”** (dependent on service for quality of life and wellbeing)
- **Stimulation** (e.g. interaction and entertainment)

2.5 Impact of proposals on relevant parties

- ⇒ There is a **wide range of perceived impacts** that the proposals will have on day service users. However, three key negative perceived impacts emerge as a result of the proposals:
- Concerns about **losing contact with friends and staff** (friendship in particular)
 - Concerns that people using the day services (and their carers/families) **face upheaval at difficult stages in their lives**. Familiarity and continuity are seen as vital to frail and elderly people’s wellbeing, particularly those with dementia
 - Concerns about the **convenience and accessibility of new day services**

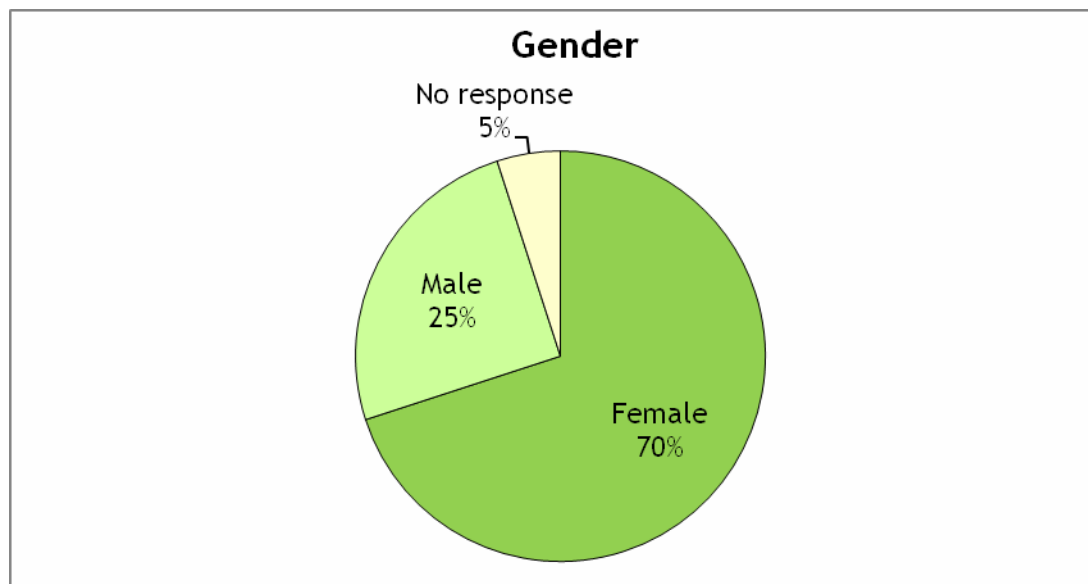
2.6 How to best meet future needs

- ⇒ Almost half of those who responded to the consultation request that **services remain unchanged** (due to the perceived negative impacts previously mentioned)
- ⇒ Many of those using the Silver Rooms, Essex Rooms or the two ASSD commissioned days at Hempnall Mill also request that funding is used to **bring their current facilities ‘up to scratch’**
- ⇒ There is a very wide range of remaining responses, with quite low percentages for each
- ⇒ Those attending/referring to the Essex/Silver Rooms or the two ASSD commissioned days at Hempnall Mill made the following suggestions:
- **Happy for another organisation to provide day services in building or working with local organisations to fund the same service at same centre (8% overall)**
 - **Use buildings for other purposes to raise funds e.g. buildings could be used as a community resource (6% overall)**
 - **The affected Norwich Services could join together (4% overall)**
 - **The service could move to premises nearby and be run by another organisation (2% overall)**
- ⇒ Other themes emerging (amongst several others) relate to:
- **Keeping people together if changes take place** K
 - **Ensuring appropriate provision of staff to meet future needs** E
 - **Ensuring effective communication is central to the implementation of any changes** E

3. Respondent profile

3.1 Gender

The majority of people who responded to the consultation are female

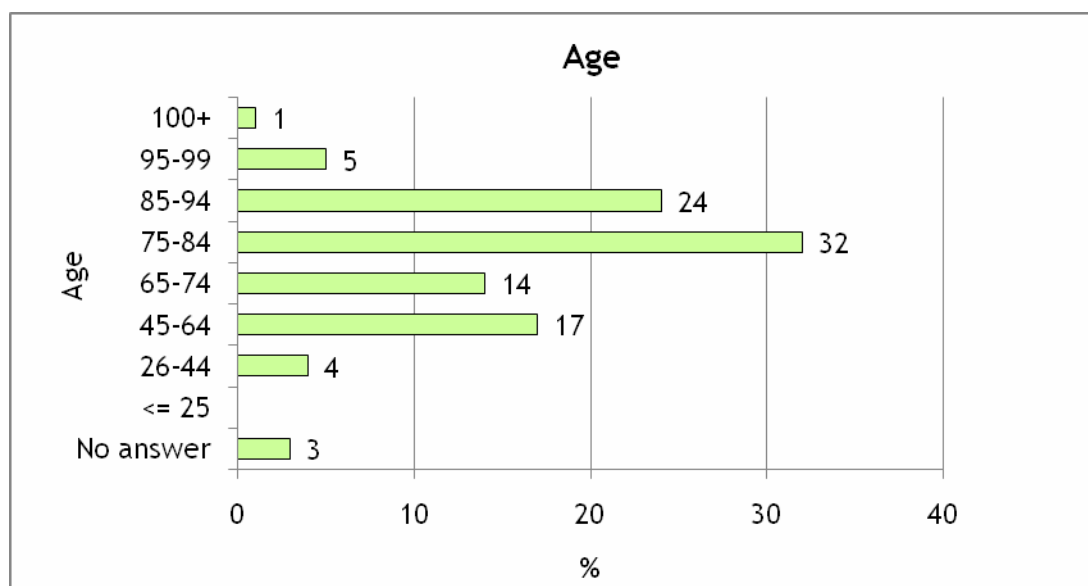


Base: 381 - all respondents

Q: Are you...? (Prompted, single response)

3.2 Age

The majority of respondents are over retirement age (65+). Almost two thirds (62%) are aged 75 or over, with 17% aged 45-64. Respondents under the age of 45 are in the minority

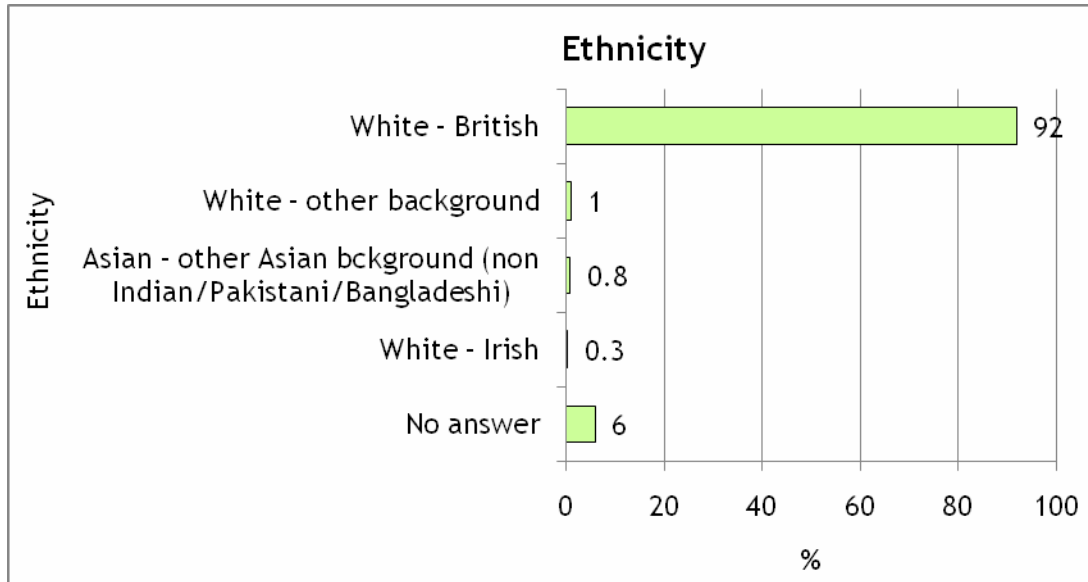


Base: 381 - all respondents

Q: How old are you? (Prompted, single response)

3.3 Ethnic background

The vast majority of respondents are White British

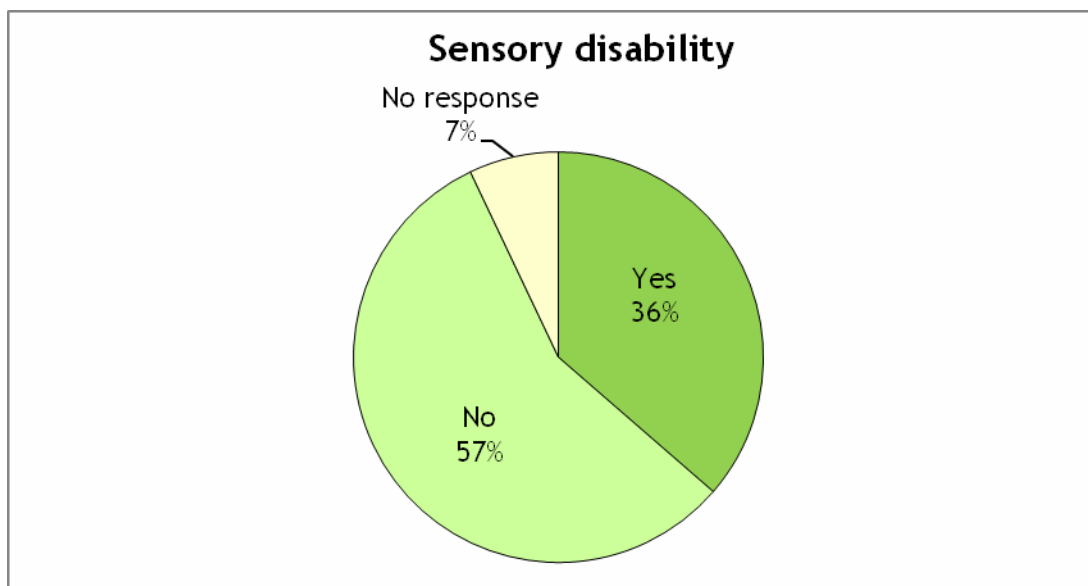


Base: 381 - all respondents

Q: How would you describe your ethnic background? (Unprompted, single response)

3.4 Sensory disability

Over a third of respondents would describe themselves as having a sensory disability (affecting their sight or hearing)

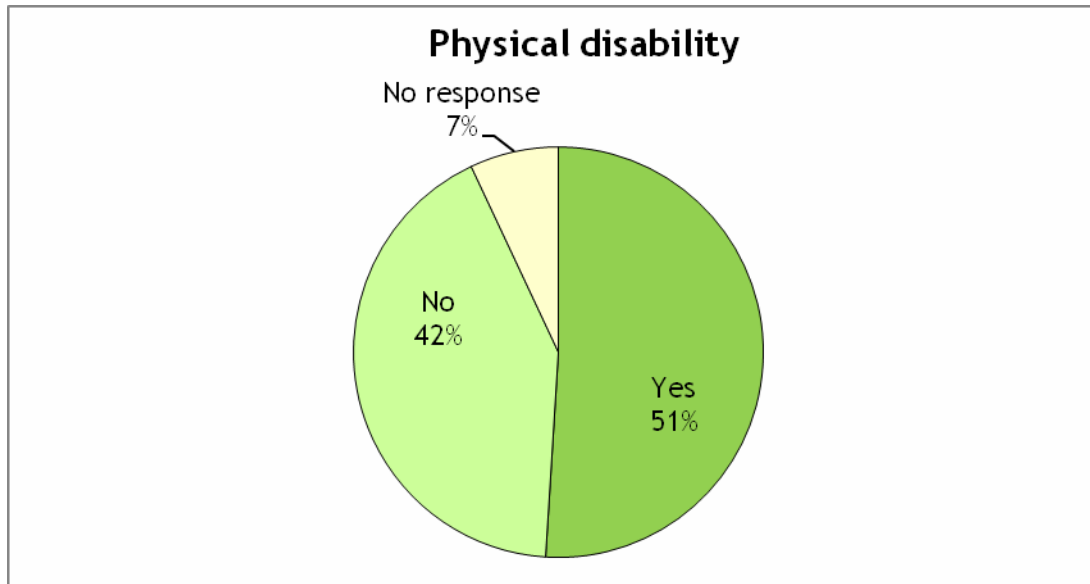


Base: 381 - all respondents

Q: Would you describe yourself as having a sensory disability (affecting your sight or hearing)? (Prompted, single response)

3.5 Physical disability

Just over half would describe themselves as having a physical disability or long term illness



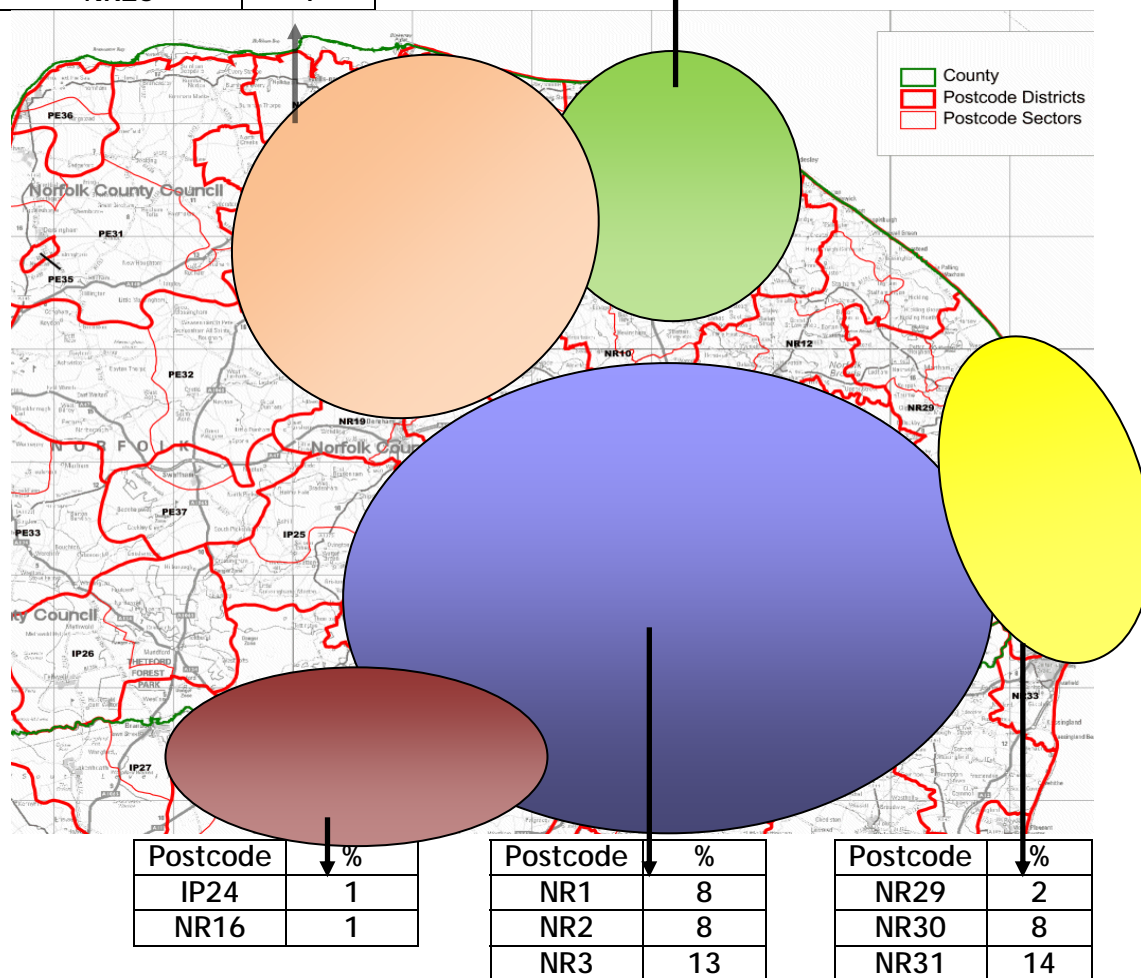
Base: 381 - all respondents

Q: Would you describe yourself as having a physical disability or long term illness? (Prompted, single response)

3.6 Location

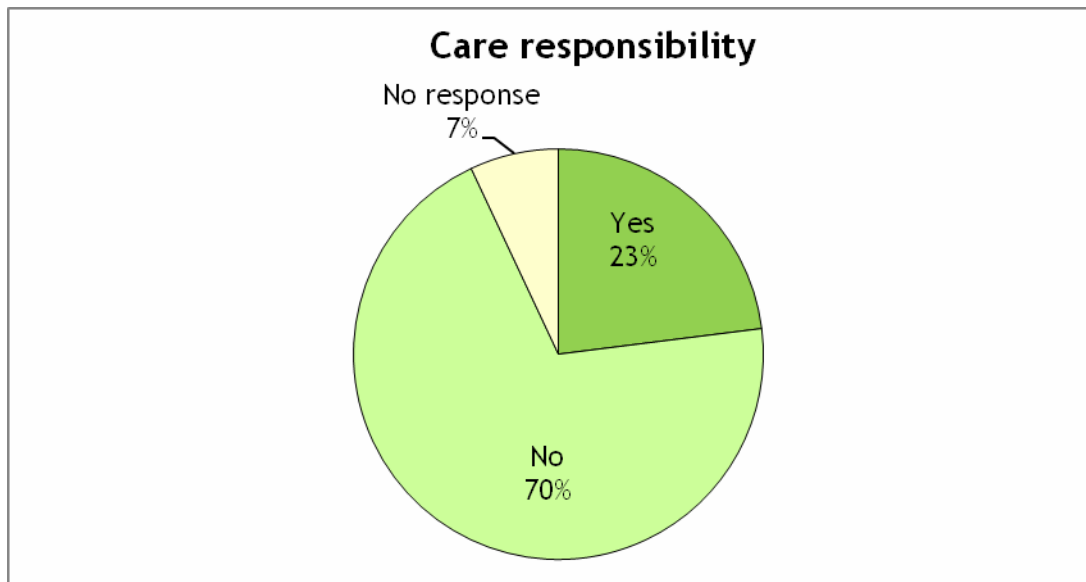
Postcode	%
NR19	0.3
NR20	1
NR21	7
NR22	0.3
NR25	1

Postcode	%
NR11	2
NR26	1
NR27	4



3.7 Care responsibility

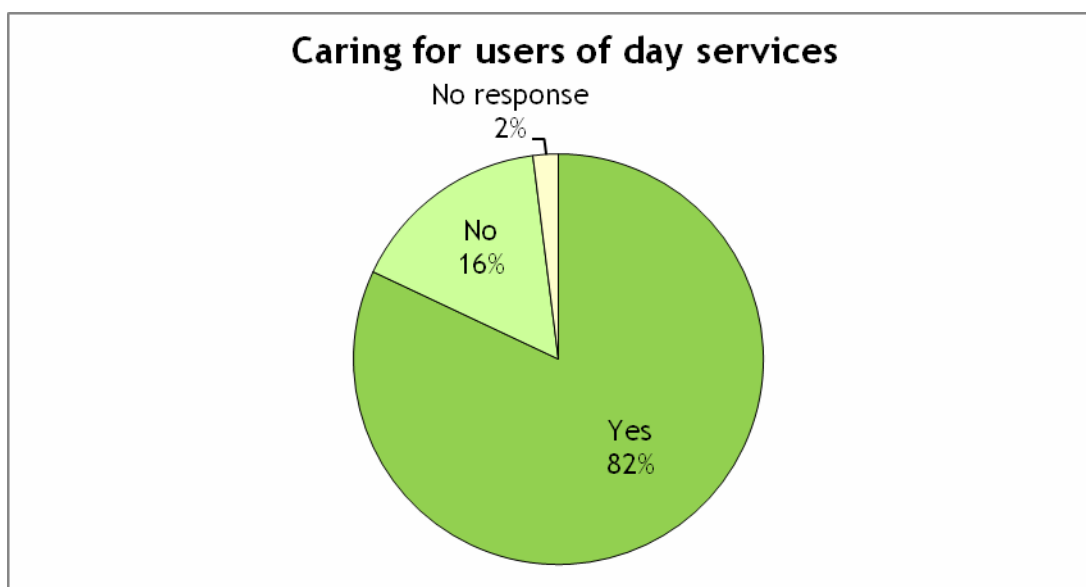
Approximately a quarter of respondents are carers (i.e. have additional responsibilities such as looking after a partner or family member)



Base: 381 - all respondents

Q: You may have additional responsibilities such as looking after a partner or family member. We call this being a carer. Are you a carer? (Prompted, single response)

Of the 87 respondents who are carers, 82% care for someone using day services (19% of total sample of 381)

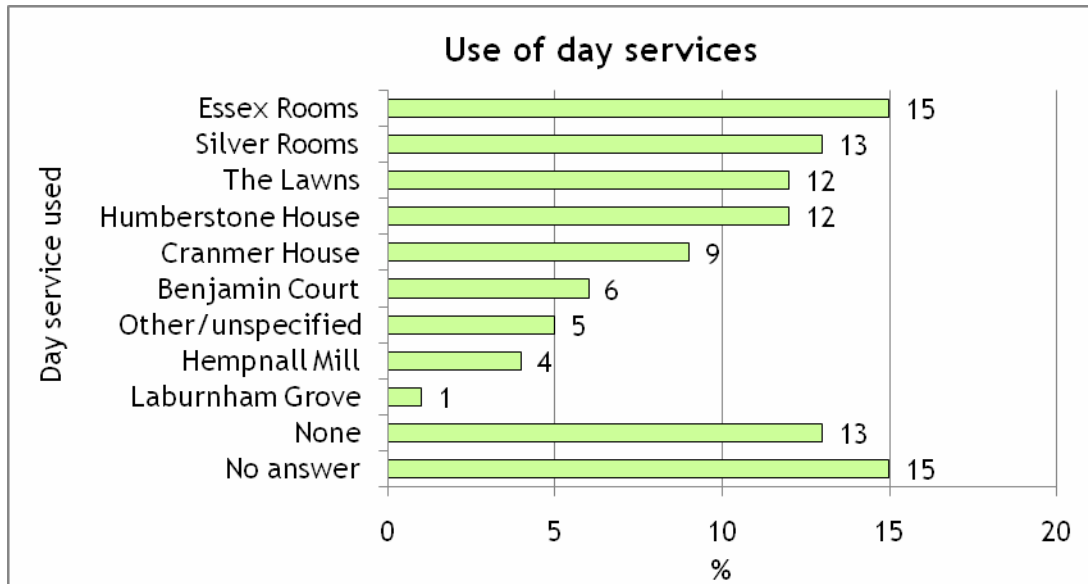


Base: 87 - all respondents who are carers

Q: If yes, do you care for someone using day services? (Prompted, single response)

3.8 Usage of County Council Day Services

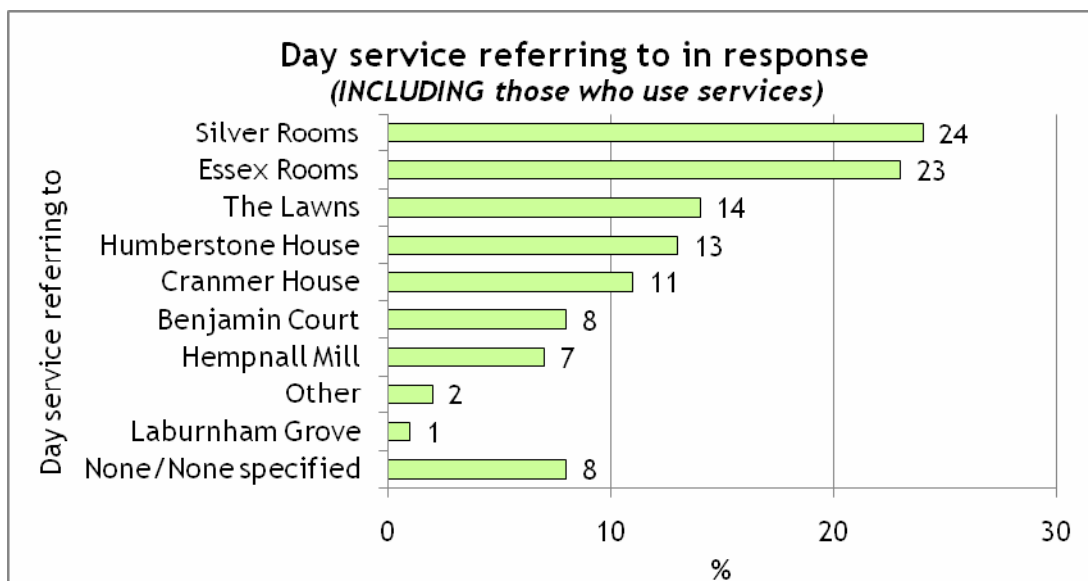
There is good representation from the users of most of the day services affected by the proposals, although noting that only four people who use Laburnham Grove and 15 who use the two ASSD commissioned days at Hempnall Mill responded



Base: 381 - all respondents

Q: Do you currently use County Council Day Services? If yes, which day service do you currently use? (Unprompted, multi response)

Further to this, if adding the opinions of those who do not actually attend a day service, almost a quarter of responses relate to the Silver Rooms and Essex Rooms respectively

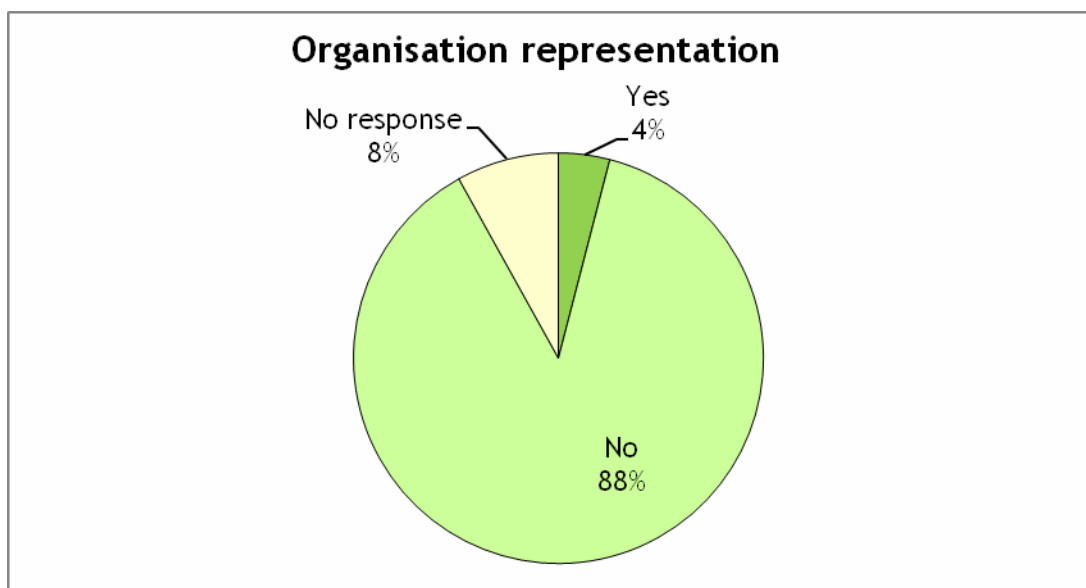


Base: 381 - all respondents

Q: POSTCODED QUESTION (derived from open responses) (Unprompted, multi response)

3.9 Organisation representation

Organisation representation in the total sample is relatively small (4% of responses)



Base: 381 - all respondents

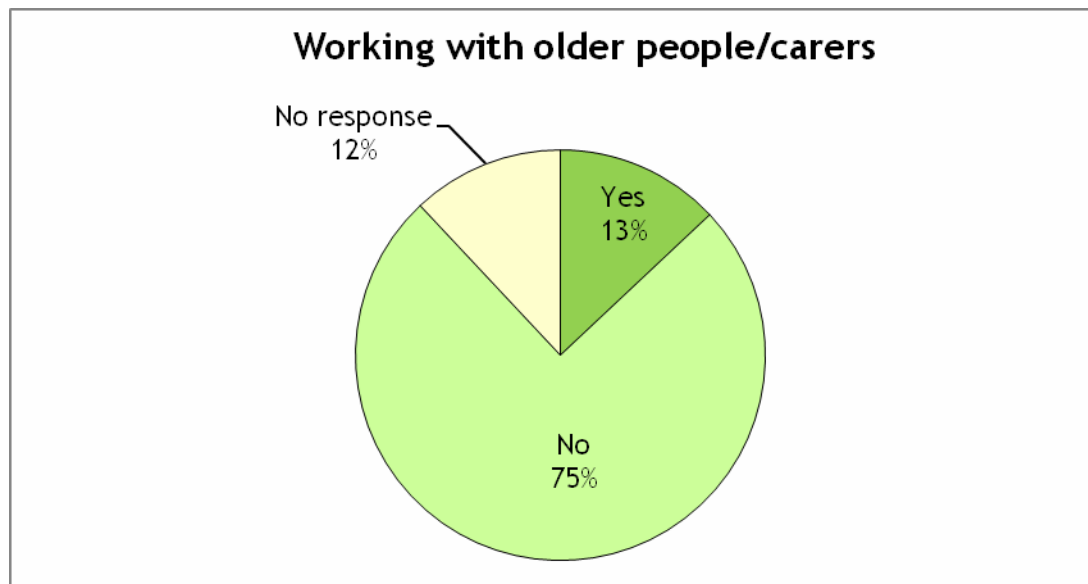
Q: Do you represent an organisation? (Prompted, single response)

Representatives from the following organisations responded:

- ⇒ ASSD
- ⇒ Carers Council
- ⇒ Carers Forum
- ⇒ Claxton House
- ⇒ Friends of Cranmer House
- ⇒ Friends of the Silver Rooms
- ⇒ Hempnall Mill Centre for Day Care
- ⇒ Holy Trinity Parish Church, 17 Essex Street, Norwich
- ⇒ I.N.O.P.F. and S.N.O.P.F.
- ⇒ Labour Councillor, Norfolk County Council
- ⇒ Norfolk LINK (one response for each consultation)
- ⇒ Norwich and District Carers Forum
- ⇒ Silver Rooms
- ⇒ South Norfolk Older People's Forum
- ⇒ St. Mary Magdalen Church
- ⇒ Unison

3.10 Working with older people/carers

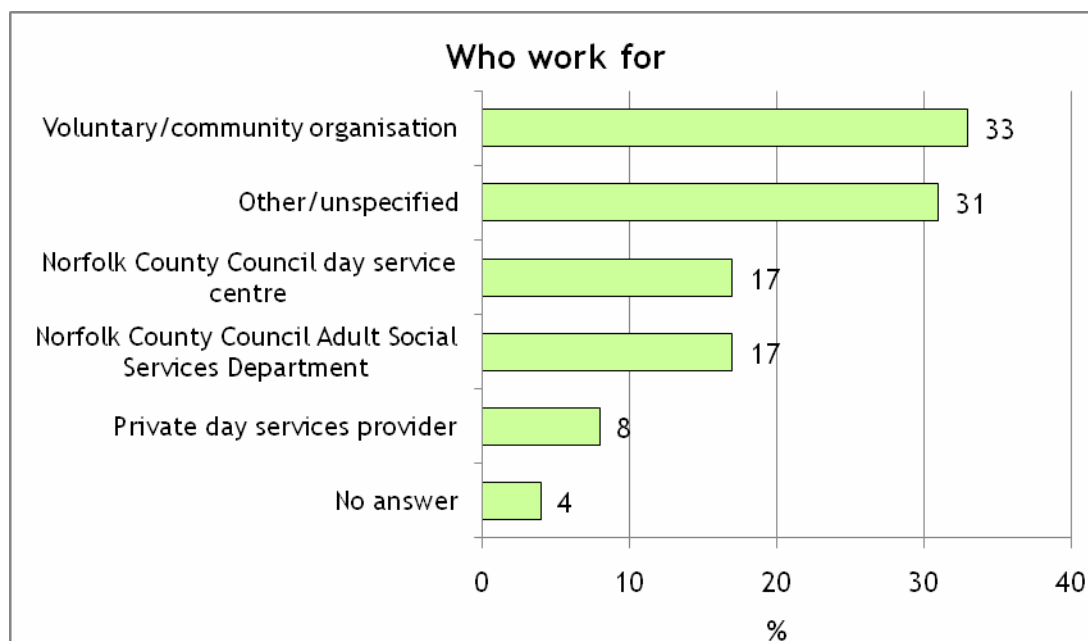
13% of people who responded work with older people and/or carers.



Base: 381 - all respondents

Q: Do you work with older people and/or carers? (Prompted, single response)

Of the 48 people who do work with older people and/or carers, a third work for a voluntary or community organisation, almost a fifth work for a Norfolk County Council's day service centre and almost a fifth work for Norfolk County Council's Adult Social Services Department. A minority work for a private day services provider.



Base: 48 - all respondents who work with older people/carers

Q: If yes, who do you work for? (Prompted, multi response)

4. Overall opinions of proposals

4.1 Opinion overview

Having taken all the consultation responses into consideration, there is a clear **overall sentiment of negativity** towards the proposals.

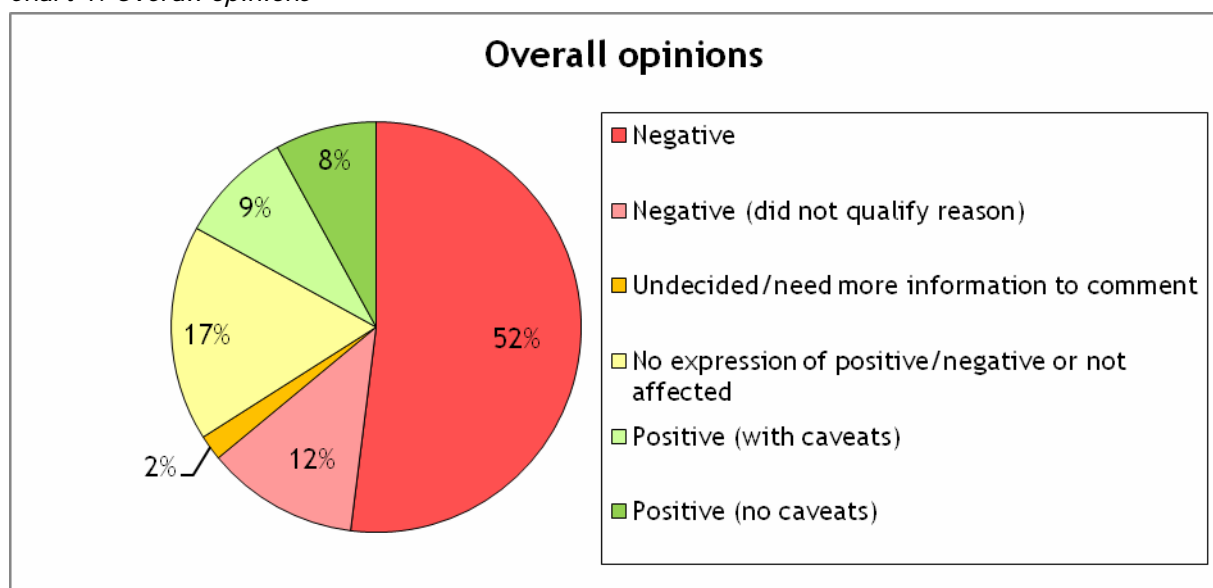
Almost two thirds (64%) of responses overall have a negative view regarding the proposals. Not all of these negative views (12%) give a clear indication that the proposals have been fully understood or do not qualify the reason for the negativity. However, this leaves over half providing a clear and applicable reason for their negativity.

Almost a fifth (17%) overall are positive towards the proposals; 8% are positive generally about the proposals, whereas 9% are positive 'with caveats' e.g. as long as there is minimal disruption to service users.

A minority (2%) are either undecided (seeing both good points and bad) or feel they would need access to further information to enable them to comment effectively (e.g. where would service users be moved to? What forms of transport would be put in place?).

Chart 1 gives an overall view of the general sentiment towards the consultation.

Chart 1: Overall opinions



Base: 381 - all respondents

N.B. Overall viewpoints taken from across all four consultation questions (Unprompted, multi response)

Table 1 gives an overall view of the general sentiment towards the consultation, by day service referred to.

Negative sentiment is strongest amongst those who either visit, or specifically refer to, the Essex and/or Silver Rooms or the two ASSD commissioned days at Hempnall Mill. However, there is also much negativity amongst those attending/referring to Cranmer House or Benjamin Court.

Although there is evidence of some negativity amongst those who visit or refer to Humberstone House and/or The Lawns, there is a higher likelihood that these respondents say that they do not think they will be affected by the proposals, or do not give an expression of positivity/negativity towards the proposals.

Table 1: Overall general views, by day service referring to

	Essex Rooms	Silver Rooms	The two ASSD commissioned days at Hempnall Mill	Cranmer House	Benjamin Court	Laburnham Grove	Humberstone House	The Lawns	None mentioned	Yes - Other	TOTAL
<i>Base*>></i>	89	91	26	42	29	4	48	52	31	6	381
Negative	62%	86%	77%	40%	66%	-	17%	12%	42%	67%	52%
Negative (did not qualify reasons)	19%	10%	4%	2%	10%	-	23%	10%	23%	17%	12%
Positive (with caveats)	9%	3%	4%	26%	14%	100%	8%	8%	12%	-	9%
Positive (no caveats)	2%	-	8%	19%	3%	-	10%	15%	8%	-	8%
Undecided / need further information in order to comment	4%	1%	8%	-	-	-	-	4%	3%	17%	2%
No expression of positivity or negativity / or not affected	3%	-	-	12%	7%	-	42%	52%	-	-	23%

* Some bases are very small; percentages should be treated as indicative only

There is some variation in responses depending on whether they are service users, staff members or carers with carers appearing to be slightly more negative towards the proposals (see Table 2). However, the overall views remain broadly consistent (i.e. the majority are negative).

Table 2: Overall views by respondent type

	Service users	Staff	Carers
<i>Base*>></i>	<i>268</i>	<i>48</i>	<i>72</i>
Negative	46%	56%	69%
Negative (did not qualify reasons)	13%	7%	4%
Positive (with caveats)	10%	22%	17%
Positive (no caveats)	8%	1%	2%
Undecided / need further information in order to comment	3%	1%	2%
No expression of positivity or negativity / or not affected	20%	13%	6%

* Bases vary and some are small; percentages should be treated as indicative only

4.2 Reasons for negative feedback

Key themes and reasons for the negativity towards the proposals typically relate to the following:

- ⇒ “
“Robbing Peter to pay Paul” (22%) i.e. the needs of future dementia and/or reablement clients are being considered at the expense of current service users. This comment was expressed by respondents using, or referring to, all day services
- ⇒ T
 hat the needs of elderly and frail people will not be met in the future as a result of these proposals, particularly in view of the *increasing* number of elderly people who need such day care services (12%). Again, this view was expressed by respondents using, or referring to, all day services
- ⇒ T
 hat the proposals are **financially driven** rather than being patient focussed (12%). The vast majority of respondents who expressed this comment were those using, or referring to, the Essex or Silver Rooms

“From both a carer and user point of view, you are robbing Peter to pay Paul by using the funds to pay for dementia care. Old people in particular do not like change. Closing day centres is not the answer.” (Carer of Cranmer House service user)

"I appreciate that those suffering from dementia need to be catered for also, but at the cost of others? We have a lot of service users that need our service to give them and their families/carers a respite from one another. Can we not work the two levels of need alongside one another, as we have been for some time?" (Benjamin Court service user)

"As there will be many more older people (frail and with needs) other than those with dementia, it will be very foolish to close existing centres. In north Norfolk there are not many private or voluntary centres with facilities such as hoists and bathing that, say, Cranmer House has. More facilities need to be opened for dementia patients, not closing existing facilities for frail, elderly people." (Carer of Cranmer House service user)

"I think your proposals are all about money and that you do not care about the people who will be affected by your decision." (Carer of Essex Rooms service user)

"Spend the money to maintain these current services and find other money to open specific centres of specific care. If the elderly really are the priority here you will find the money. If this is all about economics we will find out shortly." (Member of a voluntary/community organisation)

Although small in number, further negative responses (specifically relating to the Essex Rooms, Silver Rooms and/or the two ASSD commissioned days at Hempnall Mill) are:

- ⇒ Apathy or concern that this is 'just a paper exercise' and that Norfolk County Council has already made their minds up
- ⇒ The proposed £68,838 to be spent is not considered enough to fund changes
- ⇒ The proposals are not properly evidenced or thought out
- ⇒ Whilst accepting that the council faces financial problems, closure of the centres will have a negative impact

"£68,838 doesn't seem very much to invest for such a valuable service to continue. I hope this is not just a paper exercise." (Essex Rooms service user)

"The proposed closure has not been thought through - where else would we go?" (Silver Rooms service user)

Claims made by ASSD Management have not been properly evidenced. One claim is that the Essex Rooms are an unsuitable venue. Occupancy rates of 70% clearly indicate that service users find the building and services appropriate and suitable. The Silver Rooms has two kitchens which, like The Essex Rooms, can be upgraded in place of old kitchen facilities which now stand unused. The Centres already provide excellent services to SU's with dementia. Closure would cause upheaval to them. The loss of these well-used and much-loved services will adversely affect SU's and demos have shown that 1/3 of older people want day care centres and would spend their budget thus. (Organisation representative)

“While accepting the financial problems which the council faces, the closure of successful day care centres will have negative outcomes for a great many vulnerable people.” (Hempnall Mill service user)

Furthermore, some challenges put to the Council are as follows (views expressed by those using/referring to the Essex and Silver Rooms):

- ⇒ Why would another organisation be any better at providing the services? Might this mean cuts in service?
- ⇒ Has the full cost of the project been carefully considered (e.g. has it been 'over-inflated)?
- ⇒ Is there adequate staff to cater for the needs of extra people with dementia in other centres?

One respondent feels that "the degree to which spaces at existing centres are taken up is almost wholly dependent on the referral system and the criteria used, it is not a reflection of either the need or the demand for such facilities in any one area".

4.3 Reasons for positive feedback

Specific reasons given for positive feedback are as follows:

- ⇒ The proposals cover the needs of everyone (views expressed by those using/referring to Cranmer House, Benjamin Court and the Lawns)
- ⇒ The proposals will provide a wider choice of activity and care (mentioned by those using/referring to most day centres)
- ⇒ Welcome the clarity that the changes will bring to the understanding of the provision of in-house day care services (relating to the Essex/Silver Rooms and the two ASSD commissioned days at Hempnall Mill)
- ⇒ Welcome current service users receiving assessments and those not being eligible for new services being provided with an alternative (relating to the Essex/Silver Rooms and the two ASSD commissioned days at Hempnall Mill)

"I think your proposals make a lot of sense. I think people with dementia could benefit from mixing with other people, older people especially. My mum goes one day a week at Cranmer House, Fakenham. She loves it and I find it very helpful for her and also myself." (Cranmer House service user)

"I like your proposals - it covers all people's needs: after all they are the ones that count." (Carer for Essex Rooms service user)

"I would be happy to include dementia care in Cranmer House and have a wider choice of how we spend our day. Hopefully for the better as we will have wider choice of activities and care." (Cranmer House service user)

"It is a good thing, but so long as I can keep going to the centre at the moment." (Cranmer House service user)

"On paper, a good idea. Since my stroke two years ago, I have been shunted about from place to place. It is only since Cranmer House came on the scene that I have had any continuity." (Cranmer House service user)

5. What service users gain from the day centres

An offshoot of the consultation process has been the value that day centre users gain from attending the service.

To help ensure that people's values feed into services for the future, this section outlines what those benefits are.

Two thirds of the consultation responses include comments relating to the benefits that the services provide.

With the occasional exception, these benefits are not unique to one specific day service, but are evident across all day services.

There are five key and consistent themes emerging:

1. **Friendship and company:** 28% of respondents comment that they value the day service for the friendships they have made and the company that they may otherwise not have
2. **Excellent care from staff:** 26% of respondents comment upon the quality of the staff and the excellent care they receive
3. **"Something to look forward to":** A fifth comment about the day services being an enjoyable experience and weekly highlight
4. **Facilities available:** Almost a fifth also comment on the facilities available such as hot meals, hairdressers and general personal care that they feel service users would otherwise have difficulty in accessing
5. **A "lifeline":** 14% of respondents comment that the service is a lifeline for some service users and that the service is key for quality of life and wellbeing
6. **Stimulation:** 12% comment that they highly value the stimulation they receive from the interaction and entertainment provided by the day services, such as bingo, games and other activities

Table 3 on the following page outlines these comments in full.

Table 3: Perceived value derived from Norfolk County Council day services

Value derived	% of consultation responses
Friendship / company	28
Excellent care from staff	26
Something to look forward to / enjoyable / highlight of my week	20
Facilities available (e.g. hot meals, hairdressers, personal care)	18
A lifeline (dependent on service for quality of life and wellbeing)	14
Stimulation, interaction and/or entertainment (e.g. bingo)	12
Only time individual can leave their house / only social outing per week	9
Carer's relief (e.g. to have a break, do household chores)	7
Staff advice and sympathy, problem sharing and advice	5
Easing of depression or loneliness / social interaction is important for mental health	5
Social activity with people of the same age	4
Dependency on centre - a good way to keep users independent in their own homes the rest of the time	3
Dependent on centre - do not have a carer at home	3
Pleasant and happy environment	2
Have everything they need in the centre	1
Dependent on centre for shopping	1
(No comment relating to value derived)	33

Base: 381 - all respondents

N.B. Overall viewpoints taken from across all four consultation questions (Unprompted, multi response)

I love it here, and I look forward to coming. The staff here are wonderful and the food is good. Everyone is so friendly. (Humberstone House service user)

I enjoy going to Cranmer House as I live alone and have made many friends there, and the service there is excellent. Also, we get good food and entertainment, which I would greatly miss. (Cranmer House service user)

I have been going to the Essex Rooms for thirteen years. I have built good friendships with others and staff. The Essex Rooms is my second home/family. (Essex Rooms service user)

I have been coming here for five years, three days a week, and I look forward to my days out. I have lots of friends and I meet my sister who also attends. I join in all

activities and enjoy having my meals cooked for me. The staff look after me very well. (Essex Rooms service user)

I have made lots of friends, I don't want to changes premises or lose friends at all. I came here through a hospital reference. I have felt better since coming to Silver Rooms. (Silver Rooms service user)

We have a good relationship with staff and members of day centre. It would be terrible to have to go elsewhere. We have a great time at Silver Rooms. Outings, entertainment, and I look forward to coming Wednesday, and Thursday. (Silver Rooms service user)

My mother visits the Lawns and it is a total God send to her. She suffers with depression and panic attacks, so mixing with her own age helps her very much. She also has a very high regard for all the excellent staff. (The Lawns service user)

One of the main reasons that my daughter moved me up here is because the services offered here are far superior. The services offered in Norfolk are greatly appreciated and absolutely vital, therefore it would be an absolute tragedy if they were reduced in any way - for people in my position. Thankfully I don't suffer with dementia, but I am physically disabled, and the day centre at Benjamin Court, Cromer, is a lifeline. It gives me a feeling of independence and allows my daughter to have a few hours respite during the week. Benjamin Court is an exceptional, precious place. The staff are motivated and friendly. (Benjamin Court service user)

6. Impact of proposals on relevant parties

There is a wide range of perceived impacts that the proposals will have on day service users.

However, three key negative perceived impacts emerge as a result of the proposals. Some of these are very much in line with Norfolk County Council's initial suspected drawbacks at the beginning of the consultation process.

These key concerns are mainly raised by people who are either visiting, or referring to, the Essex or Silver Rooms or the two ASSD commissioned days at Hempnall Mill:

1. Concerns about **losing contact with friends and staff** from their day centre (friendships in particular). The majority of those who raise these concerns attend, or are referring to, the **Essex/Silver Rooms or the two ASSD commissioned days at Hempnall Mill**.
2. As noted by Norfolk County Council, there is a concern that the people who are currently using the day services (and their carers/family) **face upheaval and change at difficult stages in their lives** (particularly the distress, anxiety, instability and disruption that moving premises will cause). **Familiarity and continuity** are seen as vital to frail and elderly people's wellbeing, particularly for those with dementia. These comments are mainly derived from those who either use or refer to the **Essex/Silver Rooms or the two ASSD commissioned days at Hempnall Mill**, although there are also concerns by some people attending/referring to **Cranmer House and Benjamin Court**.
3. Concerns about the **convenience and accessibility of new day services**. There are many comments that current users either *cannot* travel far, find the location of their current service very convenient, or would not *want* to travel any further. These comments are mainly derived from those who either use or refer to the **Essex/Silver Rooms or the two ASSD commissioned days at Hempnall Mill**

"I do not like the idea of the Essex Rooms being closed and the changes being made. If it closes I lose a lot of friends plus a very caring and supportive staff, and I don't like changes." (Essex Rooms service user)

"Feel very unhappy about possibly losing this centre. Have been coming for over five years and it is very important for me. I want to stay with friends." (Essex Rooms service user)

"No elderly person likes changes, this is very upsetting for them. Chances are, friends they have already made will not keep on at future day services if these are moved." (Silver Rooms service user)

"If the Essex Rooms close it would be a big upheaval for me, I would have to find another place to go, how would I do that? I am used to people and I would miss my friends, it would affect me a lot." (Essex Rooms service user)

"It is extremely important that the staff working with the elderly, with dementia (or otherwise) are familiar with the clients. Continuity, etc. Without this, it would be difficult to persuade my mother to go anywhere else, apart from with her family." (Relative of Essex Rooms service user)

"I live quite near to Hempnall Mill. If I am placed elsewhere, a greater distance will be involved and I will not be in a good pick up area for transport. The present situation is very convenient." (Hempnall Mill service user)

"It would be sad to see Silver Rooms closed, the old people in the area enjoy going down there and many find it difficult to travel to a location that is further away." (Referring to Silver Rooms)

Other themed comments include:

- ⇒ Individuals very much enjoy visiting their current day centre and **do not want to (or will not) go anywhere else** (mainly those attending/referring to the Silver Rooms)
- ⇒ The proposals have **already generated anxiety and uncertainty amongst service users** (mainly users of/those referring to the Silver/Essex Rooms, the two ASSD commissioned days at Hempnall Mill)

"The proposals are disruptive. Day-centres are precious to us. Silver Rooms are local, no travelling time, and a good neighbourhood. There is a homely atmosphere. It takes time to get to know people, I am not prepared to go through it all again." (Silver Rooms service user)

"I know several older people who attend both the Silver Rooms and the Essex Rooms. They are currently affected by the anxiety and uncertainty which this proposal has generated." (Non-service user)

There is a wide range of other concerns (although small in number) raised about the proposals:

- ⇒ Merging centres will cause alarm to existing users (2%)
- ⇒ Preventative role that current set-up has on physical illness i.e. people's health will be affected/suffer (1%)
- ⇒ Current set up saves the NHS and Norfolk County Council money (1%)
- ⇒ Lack of appropriate resources to cater for current service users or larger centres may not cater for individuals' needs (1%)
- ⇒ Staff redundancy/concerns for pay-offs and pensions (1%)
- ⇒ Concerns about future quality of care e.g. if another organisation takes over services, will there be proper police checks, or staff that are as efficiently or well trained? (1%)

- ⇒ Concerns about the choices for the alternative day services and the costs of alternative options to the various users (1%)

There are some concerns amongst current service users that they will be left without a service at all. Although low in number, comments typically relate to:

- ⇒ Isolation: "Having nowhere else to go"/"Will be stuck looking at these four walls"
- ⇒ Carers will not have a break / have time to do household tasks
- ⇒ Losing access to essential services and facilities (e.g. shopping, hairdressing, hot meals, general personal care)
- ⇒ Concerns as to what will happen if a husband and wife have different needs (e.g. one has dementia, the other does not. Would they be separated? (Cranmer House service user)

"Where a husband and wife both attend a day care centre - and one has dementia and one doesn't, do the proposals mean they can't attend the same centre? This would be both stressful and expensive ensuring the capable one leaves after/ returns before the dementia sufferer." (Cranmer House service user)

A high proportion of respondents acknowledge that they personally will not be affected (either because they do not attend a centre or attend a 'less affected' day centre such as Humberstone House or The Lawns). Further to this, some users of Cranmer House, Benjamin Court, Laburnham Grove, Humberstone House and The Lawns comment that they hope they will be able to keep using the services in the same way in the future and that they will not be affected by any changes.

"I think the proposal is ok, but I don't feel it will affect the Humberstone House day centre in Gorleston very much." (Humberstone House service user)

"I go to Cranmer House. I hope I can go there for as long as I am about." (Cranmer House service user)

"It appears that I won't be affected as I already attend the day centre. I do hope that this is the case, but am very worried about this." (Benjamin Court service user)

There is an interesting polarity of opinion amongst some of those attending/referring to Cranmer House and Benjamin Court regarding the long term separation of people with dementia. Some of these respondents see the separation of people with dementia from people without the condition as a **negative move**, due to the perceived need for people with dementia to have stimulation and stability from people without the condition. However, an equal number view separating people with dementia as a **positive move**, as people with dementia need specialist care, or will 'disturb those without the condition'.

"I appreciate that dementia sufferers and their families need help and support, but I think they could be mixed with people like myself - it is working well as it is now." (Benjamin Court service user)

"At the moment we have a mixed group of frail elderly and dementia service users who enhance each other's needs." (Cranmer House service user)

“The introduction of dementia patients within this group would give greater pressure on the staff and possible alarm to others attending with frailty and their own difficulties.” (Benjamin Court service user)

There are also comments from those who attend these facilities that **changes will be gradual and are therefore positively received**, as disruption will be minimal.

7. How to best meet future needs

Almost half of the respondents to the consultation request that the services remain unchanged due to the perceived negative impacts on individuals currently using the day services (highlighted in the previous section). Many of those using the Silver Rooms, Essex Rooms and the two ASSD commissioned days at Hempnall Mill also request that funding is used to bring their current facilities 'up to scratch'.

"I want it to be at the Essex Rooms with the same staff making the same happy place it always has been, only it's even better now, as they cater for more physically and mentally ill people." (Essex Rooms service user)

"Spend the £68,000 on bringing these services up to scratch! This will be greatly offset by the cost of social work time in trying to make alternative arrangements for their clients, and if it had been properly thought through in the first place, expensive consultation exercises like this one." (Referring to Silver Rooms & Essex Rooms)

It just wouldn't be the same because the value of the Essex Rooms could not be made better - the place the clients know and love. (Essex Rooms service user)

"I do not understand why Norfolk County Council can't provide future day care services at the Silver Rooms." (Silver Rooms service user)

There are a wide range of viewpoints and suggestions as to how Norfolk County Council can make day services meet future needs. However, due to the high number of people wishing that services remain unchanged, the number of people making each comment below is low (percentages have been used to give an indication of the 'weight' of each comment).

Those attending/referring to the Essex/Silver Rooms or the two ASSD commissioned days at Hempnall Mill made the following suggestions:

- ⇒ Happy for another organisation to provide day services in building, or working with local organisations to fund the same service at same centre (8% overall)
- ⇒ Use buildings for other purposes to raise funds e.g. buildings could be used as a community resource (6% overall)
- ⇒ The affected Norwich Services could join together (4% overall)
- ⇒ The service could move to premises nearby and be run by another organisation (2% overall)

"Yes, another organisation could provide day services or could join together to make better value for money in nearby premises." (Silver Rooms service user)

“Another organisation could provide the services if it remains the same. Services could join together and it could be used as a community resource to provide more activities for older people.” (Silver Rooms service user)

Other ‘themes’ emerging are as follows:

Keeping people together (predominantly mentioned by those attending/referring to the Essex/Silver Rooms or the two ASSD commissioned days at **Hempnall Mill**):

- ⇒ Keep people from same centres together/moving as group (4%)
- ⇒ Keep everyone together (with or without dementia) (3%)
- ⇒ Keep the same staff together (1%)

“If the Essex Rooms were to close I would like to stay with the group of friends that I have made.” (Essex Rooms service user)

“If Essex Rooms were to close as they are now, I would want to continue attending day centre with the same people. I don't want to go to day centre with new people as I'm comfortable here.” (Essex Rooms service user)

Future care-specific suggestions:

- ⇒ Better availability of services (services open more frequently) (5%)
- ⇒ More outings (2%)
- ⇒ Do not have one-to-one care as users like to mix (2%)
- ⇒ More ‘personal care’ services (e.g. chiropodists) (1%)
- ⇒ Greater health focus (e.g. fresh fruit and vegetables instead of tinned) (1%)
- ⇒ Reduce criteria for entry to ‘sensible levels’ (entry criteria considered too strict) (1%)
- ⇒ More instant care i.e. within 24 hours (1 response)
- ⇒ More physical stimulation/exercise (1 response)
- ⇒ More old fashioned meals (e.g. steak and kidney pudding instead of pasta) (1 response)
- ⇒ Provide activities, lunches and/or breakfasts for those outside strict entry criteria (1 response)
- ⇒ Better gender mix (1 response)

Communications related:

- ⇒ Communication will be central to the implementation of any changes/fully consult staff, service users and carers regarding changes (1%)
- ⇒ Closer liaison with GPs regarding raising awareness of available services (1%)
- ⇒ Better communication between carers and staff (1 response)
- ⇒ Regular reports of how the service is helping clients (1 response)
- ⇒ Provision of information on the range of local services available (1 response)

Staff provision:

- ⇒ Provide more trained staff (e.g. for individuals with dementia/dementia success is not a “one size fits all”) (3%)
- ⇒ Train the voluntary sector to provide free care (1%)
- ⇒ More staff available to meet growing needs (1%)

- ⇒ More staff available for individuals with specific needs (e.g. people with sensory disabilities) (1%)

Funds related:

- ⇒ People would rather pay a fee than have their centre closed (2%)
- ⇒ Provision of funding for people to choose own day services is a positive move (1%)
- ⇒ Provision of funding for people to choose own day services bad idea (people will 'keep the money and stay at home) (1%)

Transport related:

- ⇒ Improve links between services (1%)
- ⇒ Ensure transport is available to meet individual needs if changes go ahead (1 response)

Meeting the needs of people with dementia (predominantly mentioned by those attending/referring to the Essex/Silver Rooms or the two ASSD commissioned days at Hempnall Mill):

- ⇒ More buildings especially for individuals with dementia (rather than altering current services) (N.B. a minority did not understand why Cygnet House in Long Stratton was closed) (5%)
- ⇒ Provide a special room for people with dementia to ensure they receive the attention they require (1%)
- ⇒ Dementia clients welcome (1%)

Other comments include:

- ⇒ Happy to go somewhere else if necessary (1%)
- ⇒ Happy with care, but improvements can only be a good thing (1%)
- ⇒ Have more people attend - more friendships would be made/closures would not occur (1%)
- ⇒ Important that existing service users' and carers' needs are fully appreciated prior to changes being implemented (1%)
- ⇒ Expand services to unsupported areas (1 response)
- ⇒ Have small centres in local areas rather than large centres (1 response)
- ⇒ Limit the number who use the day services to 1-2 per week to free up spaces for other (1 response)
- ⇒ Given the shortage of dementia patients in North Norfolk, we would like to see access to services monitored in case numbers build up (1 response; relating to Cranmer House, Benjamin Court, Lanburnham Grove, Humberstone House and The Lawns)
- ⇒ County Council changes should be co-ordinated with the implementation of dementia strategy; appreciate the progressive nature of dementia; put mechanisms in place for referring people to facilities, and; provide more intensive care as their condition becomes more serious (1 response; relating to Cranmer House, Benjamin Court, Lanburnham Grove, Humberstone House and The Lawns)

- ⇒ Important that plans and assessments are carried out swiftly to minimise any distress (relating to Essex Rooms, Silver Rooms and the two ASSD commissioned days at Hempnall Mill)

Appendix two - Developing future proposals in partnership

1 Developing future proposals reflecting the outcomes of the consultation

- 1.1 Significant work has been undertaken with key stakeholders and partner agencies to generate some positive options for people who use our services.
- 1.2 This joint approach has helped to identify a number of potential resources which could widen choice for people within their own local communities, and which will enable the development of dementia and reablement services alongside such community resources.
- 1.3 During the consultation period the following steps were undertaken:
 - a) Meetings were held with service users at affected day centres to reassure people that they would not be left without a service and that people received accurate and up to date information.
 - b) Further joint meetings were set up with partner agencies and key stakeholders.
 - c) Meetings were held with staff to keep them informed of the consultation process.
- 1.4 Following meetings with partners and key stakeholders, two workshops were set up to jointly explore a way forward, focusing on the Essex Rooms and Silver Rooms in Norwich. A meeting was also held with key stakeholders from Hempnall Mill, and although the work primarily focused on resources in Norwich and Hempnall, the outcomes and models could be used across the county.
- 1.5 The outcomes of the workshops with key stakeholders produced a consensus that there is a need to increase provision of day services for dementia and reablement, as agreed by Cabinet in November 2009.
- 1.6 Another outcome identified the need to develop more community based 'preventative' day services to complement the prevention and personalisation agendas'. This is in addition to that already commissioned from the third and independent sector by the County Council. These community-based services could come from the community itself and be sustained by the right form of partnership between funders, fundraisers, customers and providers.
- 1.7 Key outputs agreed by all parties at the workshops and meetings were:
 - a) The recognition that more dementia day services need to be established to meet future demand.
 - b) A whole range of community based services need to be developed in partnership to meet the needs of frail elderly people, alongside the need to establish more specialist dementia and reablement services.
 - c) The Silver Rooms and the Essex Rooms and the two Adult Social Services days commissioned at Hempnall Mill could form part of the development of a community based services model.

- d) A Joint Service Delivery Board could be established in Norwich with key partners to further develop and inform the provision of a wider range of day opportunities for older people, and this type of locality-based model could be undertaken in other areas of the county.
- e) Further facilitated workshops will take place in relation to Hempnall Mill.
- f) Co-production will involve people who use services and their carers in the planning and development of current and future day services.
- g) Services need to be located within local communities near to where people live.
- h) It is beneficial to keep established friendship groups together.

(See appendix three for a summary of both Norwich workshops)

**‘Community based Day services’
Workshops**

4th February & 10th February 2010
VAUXHALL CENTRE
NORWICH

Workshop – Vauxhall Centre

Thursday 4 February 2010, 0930-1130 hrs

Introduction

The aim of this workshop is to focus on the future joint delivery of a high quality day opportunities service for older people living in Norwich. The need is to work in partnership across the public and voluntary sector to produce an urban based service model.

Presentation

A general profile of both the Silver Rooms and the Essex Rooms was presented by Karen Knight to give partners information regarding occupancy, activities, financial issues, staffing, premises and the personal needs of the attendees.

Key points:

The first step is to jointly produce a proposal for a service model by March 2010 with a project plan in place to implement the proposal. This will reflect 'buy in' and commitment from all stakeholders

The model will offer person centred care and will include a range of interventions offering different types of care and input to meet a person's level of need as appropriate, This will include physical and mental health needs.

The proposal will be presented to Cabinet on the 14th June 2010. If the proposals have been agreed by Cabinet the implementation phase of the project can commence with the aim of setting up the service in eight months.

There needs to be a consistent approach across all the key stakeholders to achieve this outcome.

Group work

The focus must be firstly establishing the common threads that are the main components of such a service and secondly what is needed to deliver such a service – 'enablers' that can help implement the service with a range of various inputs required. The group work concluded with a 'wish list' of what it is the group are trying to achieve.

:

Group 1 Outputs

Group 1 ideas: -

- Dedicated centre for OP services – used by others as well – Link services with schools – Norwich City College – Health & Social care courses
- Is it about buildings or services?
- Do we need a plan?
- Other providers
- Functional mental health need
- Offer a range of services offered in different ways
- Using accommodation of partners – adds variety – closer to communities – look wider than buildings
- Befriending & shopping services
- Provide outside catering to existing centres
- Work with partners to deliver services
- Status quo is an option – does this fit post-it note values – Short Term Solutions
- Smaller services at local existing centres (Sheltered accommodation etc)

Group 2 enablers: -

- Services wanted by user – customer insight
- Plan
- Funding from Norwich City College/UEA
- Health & Social
- Care Courses
- County Council Commissioning
- Strategic buy in
- Clear decisions
- Leadership
- Consultation

Group 2 Outputs

Ideas

- To get distributed services
- Get professionals to give volunteers support and managed
- Community empowerment to meet range of needs
- From every day in community to specialist care
- Easy access to advice and information – a network of people
- Start with person and when can't access personal life they get support early increasing to maintain well being
- Help people to maintain normality
- Lifestyle services (self-directed support)
- 2 pathways – people never on map until crisis & increased support as need

Enablers group 2

- Match the type of activity for young mums. Organise voluntary sector supporting and taking responsibility at every level
- Where there are social opportunities enable groups to be more inclusive for anybody.
- Better presentation and marketing as 'things to do' not social services
- Centres network with each other
- City councils community engagement team to be supportive
- Far better access to advice and information – create a directory – like Adult learners
- A willingness to pay/acknowledgement of cost
- People enabling at local level
- People supporting with ideas and resources
- DW's working with high level needs

What are we trying to achieve?

Good Use of Resources

Value for money
Services that are sustainable and have been sufficiently invested in/funded
Best use of limited resources
ASSD to prioritise resources on higher need
Reasonable costs for the service including travel

Future Proof Services

Positive Solution
Services meeting future needs
A sustainable service
Manageable risk for service provider
A service that is flexible and meets changing needs
Modernisation of day services – Proactive/developing
Resources to grow and develop
Achieve a future use for current buildings
Something we would like to attend or make use of

Community of Users

Make friends, keep friends
Peer Group Support buddy
Keep people with their friends
Meeting new people
Enjoying activities
Enjoying a meal in other people's company
Having a purpose and feeling valued, e.g. supporting each other
Getting out of their homes – a change of scenery
Having a chat
Social interaction – meeting friends

Quality and accessibility

Affordable and attractive to Op with personal budgets
Clear explanation of alternatives
Support independence
Person centred services
Non institutional
Reach out to BME's
Not feeling threatened, Getting balance right

Garden outside
Nourishing meal ethnic. Diabetic veggie
Trained and competent staff/volunteers
Privacy
Staff skilled support
Having staff who are supportive but also enabling
High quality dedicated staff

Partnership working

Give people the kind of care that they want
Awareness of needs/wants of local people – user input – listening/involvement
Joining up with other providers if necessary
Having a choice over what activities are on offer
Having services in one place e.g. Hairdressing/Chiropody
Real involvement of older people – not just consultation
Assisting people to consider their own ideas, not just accepting what is offered as a 'service'
Provide one place where people can access a variety of activities
Partnership working to arrive at win/win solution
Alternative provision – meets users needs
A service that fits the needs of older people – not vice versa
Unification of organisations to work together in future provision

Keep it local

Providing support for carers
Support carers
Accessibility with reduced reliance on transport
Community engagement not segregated services
Are we delivering a 'service' only or acting as a focus for community support?
Familiarity of surroundings can be important
Using community resources to provide good quality day opps
Looking for different, but local, more suitable venues
Engaging local community
Community resource
Short distance to travel
Service at a local location
Services closer to people's homes/communities
Local
Local opportunities – own communities
A service that is flexible and meets local needs
Community to which people can belong

Meeting various levels of need

Creating links and opportunities for early (and integrated) intervention
Early diagnosis of dementia – link with Mental Health Trust
Low level early intervention and preventative services
Specialist dementia services in appropriate setting – to meet future needs
Access to services that keep people independent
Services and opportunities that prevent low and moderate users from becoming critical and substantial
People with moderate needs? And/or critical/substantial
Current clients *and* future clients/those not getting support
Focus on services rather than buildings
Treatment of early stage dementia – reminiscence therapy etc
Addressing dementia throughout its range of need
Being stimulated

Attendees

Karen Knight, Head of Service, Community Services
Fiona Routledge, County Manager of Day Services
Mary High, Norwich Older People Commissioner
Georgina Moles, Norwich & District Carers Forum
Jo Clapham, Voluntary Norfolk
Mary Ledgard, LINKS
Robin Hare, Project Advise Officer, Norwich City Council
Phil Wells, Age Concern Norwich
Stephen Little, City/County Councillor
James Bullion, Assistant Director ASSD
Kate Rudkin, Age Concern
Brenda Arthur, City Councillor, Chair of Norwich City Council - Older Person's Forum
Julie Brocierk-Coulton, City Councillor
Facilitated by Helen Reeve.

Date of next meeting - Wednesday 10 February 2010

Time - 1300-1500 hrs

Venue - The Vauxhall Centre

WORKSHOP 2 - Essex & Silver Rooms – The Vauxhall Centre

Wednesday 10th February 2010

Attendees:

Karen Knight, Head of Service, Community Services
Fiona Routledge, County Manager of Day Services
Mary High, Norwich Older People Commissioner
Georgina Moles, Norwich & District Carers Forum
Mary Ledgard, LINKS
Robin Hare, Project Advise Officer, Norwich City Council
Phil Wells, Age Concern Norwich
Stephen Little, City/County Councillor
James Bullion, Assistant Director ASSD
Julie Brocierk-Coulton, City Councillor
Eamon Mcgrath, Age Concern Norfolk

Facilitated by: Helen Reeve.

Introduction: This workshop followed the previous one held on 04-02-10 which identified the common threads required to provide new style day opportunities and what is required to achieve this goal. This workshop focused on an agreed 'Wish List' and 'Vision' of what services could look like and then jointly developed a three year timeline representing the work required.

VISION

Service Providers

From the workshop discussions a combined/shared vision was developed around how day opportunities could be delivered in the future and identifying the key components of a quality service

Joint working with partners

Multiple Partners was a crucial element in services being sustainable and open to a wider user group e.g.

- Education
- Older Persons Forums
- Libraries
- Museums etc
- Health
- Norwich City Council
- Voluntary Sector
- Statutory sector
- Housing

Joint working to happen between organisations at operational level e.g. Development Workers, Community Engagement Officers, Housing Officers , Age Concern etc The outcome would be to develop an effective use of staff across different sectors to avoid duplication and therefore would be more cost effective

- Clear commitment to service provision
- Engagement with and use of local businesses
- Partnership around centres – commitment
- Partnerships to promote a diverse service which reflects different levels and types of need e.g. physical/sensory or psychological.

Funding

- Funding commitments/joint funding possibilities to be explored
- Working together, voluntary and public sector share costs/activities/ pooled budgets
- Funding needs to be sustainable and access funding via the groups assisted by voluntary sector/development workers
- Fund raising re grants. General fund raising

Use of existing resources

A popular theme was the use of existing public resources e.g. Community Centres, Sheltered Housing Schools. Public Buildings

- Provision from sheltered accommodation
- Providers – Buildings/Services/Activities. Multiple use of facilities
- Win / Win use of services for all providers
- Specialist Day Services

Components of a service model

- Community resource – link to other community facilities e.g. post offices
- Community resource
- Provision is driven by older person engagement
- Involve neighbourhood services and community participation functions by Council
- Community pulling together – using community older/younger people
- Community – Development Workers – supporting development of centres
- Community resource model

Staffing Issues

- Staff will have be appropriately qualified and trained to deliver quality service

Outcomes/Next Steps

Work taken forward quarterly. Brokerage/Planning meeting – Delivery board to be set up with key stakeholders in March 2010

Wish List

The workshop attendees were asked to state their personal preferences with regard to what they would expect from an ideal day opportunity. These following components will help inform the future shape and design of a day opportunities model for older people:

CARERS

1. My carer is welcome
2. Giving my carer a break
3. Involving carers in my care
4. Respite for carer

ENVIRONMENT/FACILITIES

- Feel safe and relaxed
- There is a lovely garden
- Local resource - I meet my neighbours there
- Developing a learning environment
- It's near
- Don't have to go far

MEETING NEEDS

- I can have a bath/shower
- I can get info and support I need
- Neighbourhood delivery of lower level preventative and early intervention services
- Operate flexible times
- Access to Information Technology
- Mix with different people
- Good information available
- I can get there
- People call me if I don't come
- Make Information technology history - reminiscing
- I want good freshly cooked food
- I like the food
- The cost is reasonable
- I don't want to pay too much
- High quality but affordable

CULTURE

- Not patronised
- Feeling part of the community
- Be with familiar people
- I have a say about what happens here!
- Choices of what I do
- Influence what happens
- Feel fully supported
- People know me and I know them
- I can pop in when I like
- Involved in the running
- Bringing a community sense of identity and support
- A menu to choose from
- Know what I'm paying for (e.g. food)
- More things are male oriented

ACTIVITIES/SERVICES

- Other services coming in (hair, feet, nails etc)
- Activities to come to me rather than go to them
- Developed community resources and holistic services with community involvement
- I want to be entertained
- Things to choose and book to do
- Connect with other voluntary groups

STAFF/TRAINING

- Staff I know and not different ones
- Professional staff that know how to deal with my problems
- Confident in staff

SERVICE OUTCOMES

- Services that help stay at home
- I can learn new skills keeps me active
- Building a sense of community. Happy and contented members.
- Provision for members so carers are happy.

MILESTONES/ACTION PLAN

Focus for 1st 18 months

Basic principles agreed for future work:

- Be honest with people
- To Politicians – INVEST
- Use resources out there
- Consult the older people
- Be realistic
- 'Development work'
- Involve 'Community'
- Get volunteers on board early on
- Buy in with resources
- Connect and get buy in at local level
- Get the right people involved

1st 4 months

- Clarity of information – work up proposal for June 14th
- Finish consultation prepare for various outcomes
- Identify possible and existing resources
- Plan options post cabinet decision
- Joint paper (?) to County/City
- Get initial project funding
- Include workshop into cabinet report
- Consider whether this model could be scaled up to County level
- A communications strategy created – positive message
- Develop strategy of community involvement using existing resources
- Set up one delivery board with OP/Carers/Stakeholders
- Consider – Unitary implications
 - Elections
- Develop stakeholder group
- Identify a project manager + institution

4 – 8 months

- Statement issued to service users
- Identify 'cultural barriers' emerging and how to address
- Forge links between different t agencies – health, housing etc
- Consult with users of the Essex/Silver rooms about local service
- Each pilot: identify 'target groups'
- Identify pilot sites and partners
- Engage with media on regular updates
- Functioning Partnership Board
- Core committee organisation signed up
- Spec for new community based services
- Business plan for a pilot

8 – 18 months

- Transport arranged
- Funding strategy fired up around pilots
- Database of resources
- Information resource
- Each pilot - formal agreement of partners
- Recruitment of clients and volunteers
- Building capacity – training, recruiting volunteers
- Staff/volunteers identified
- Infrastructure in place
- Premises checked and fit for purpose
- Establish user group & neighbourhood engagement
- Identify volunteer & community participants and get together around vision
- Identify/mapping services e.g. sheltered housing, luncheon clubs
- Volunteer management responsibility
- Council helping to pay for volunteer recruitment campaign.

1 – 1 1/2 years

- Pilots 1 day week in 10 venues
- Current E. Rooms
S. Rooms
Users being catered for
- Pilots in: S Housing
Schools
Libraries
Church Halls
H.W.C
- Mousehold
development – progress
– operational
 - Pilots of diff models - to see what this looks like
 - Political and organisational commitment made
 - Funding agreed
 - Evaluation framework in place
 - Use of transformation board –funding
 - Free personal care meaning that Social Services £5 m - less funding
 - Already closer partnership working (Forum)
 - Forming a partnership – community services, health, housing, district council
 - Homeshare scheme day care pilot in place
 - Combine charges into daily charge
 - Charges introduced for Day Services
 - Charge for Day Services, fund raising maintaining standard of care

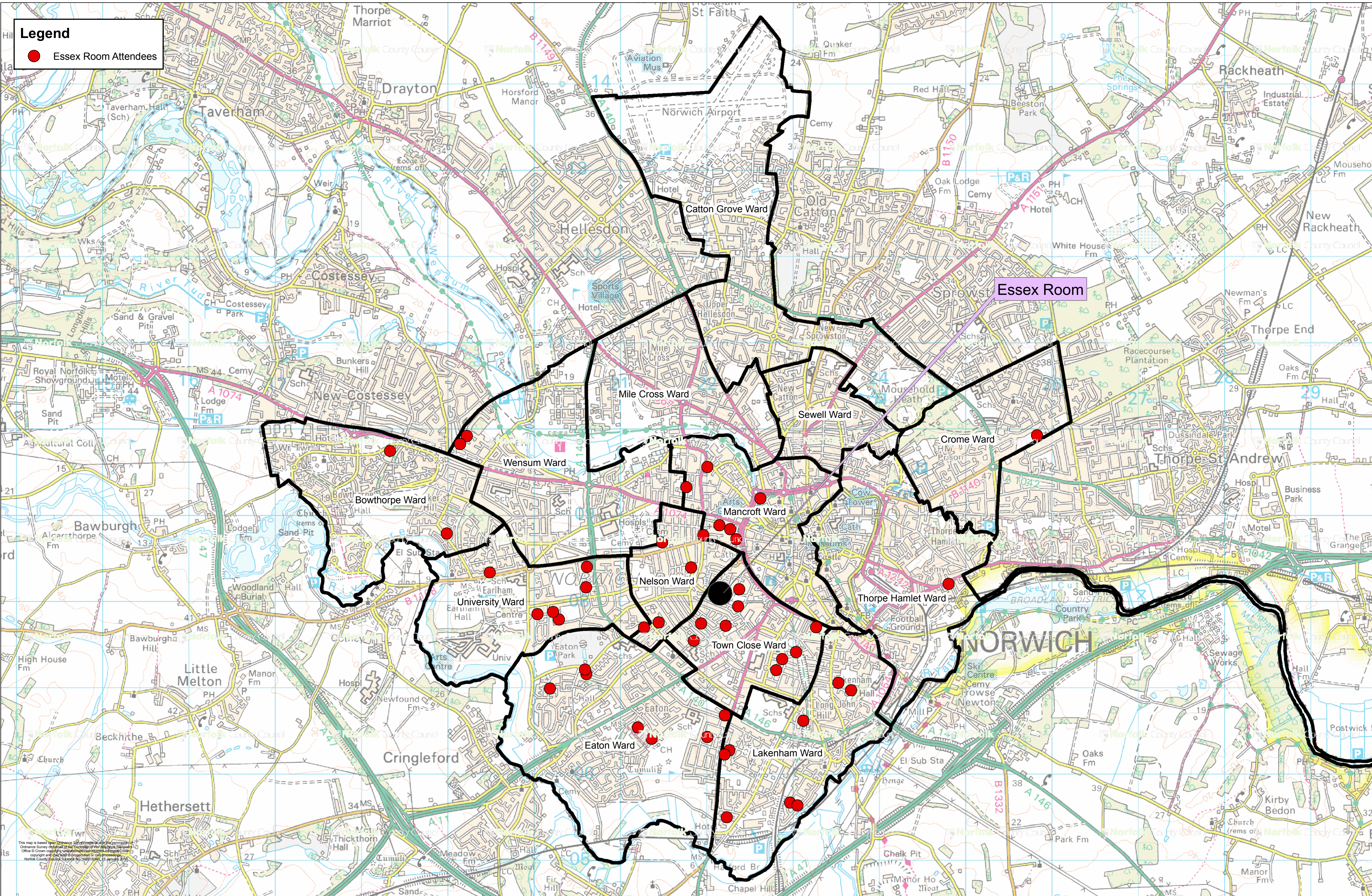
1 ½ - 3years

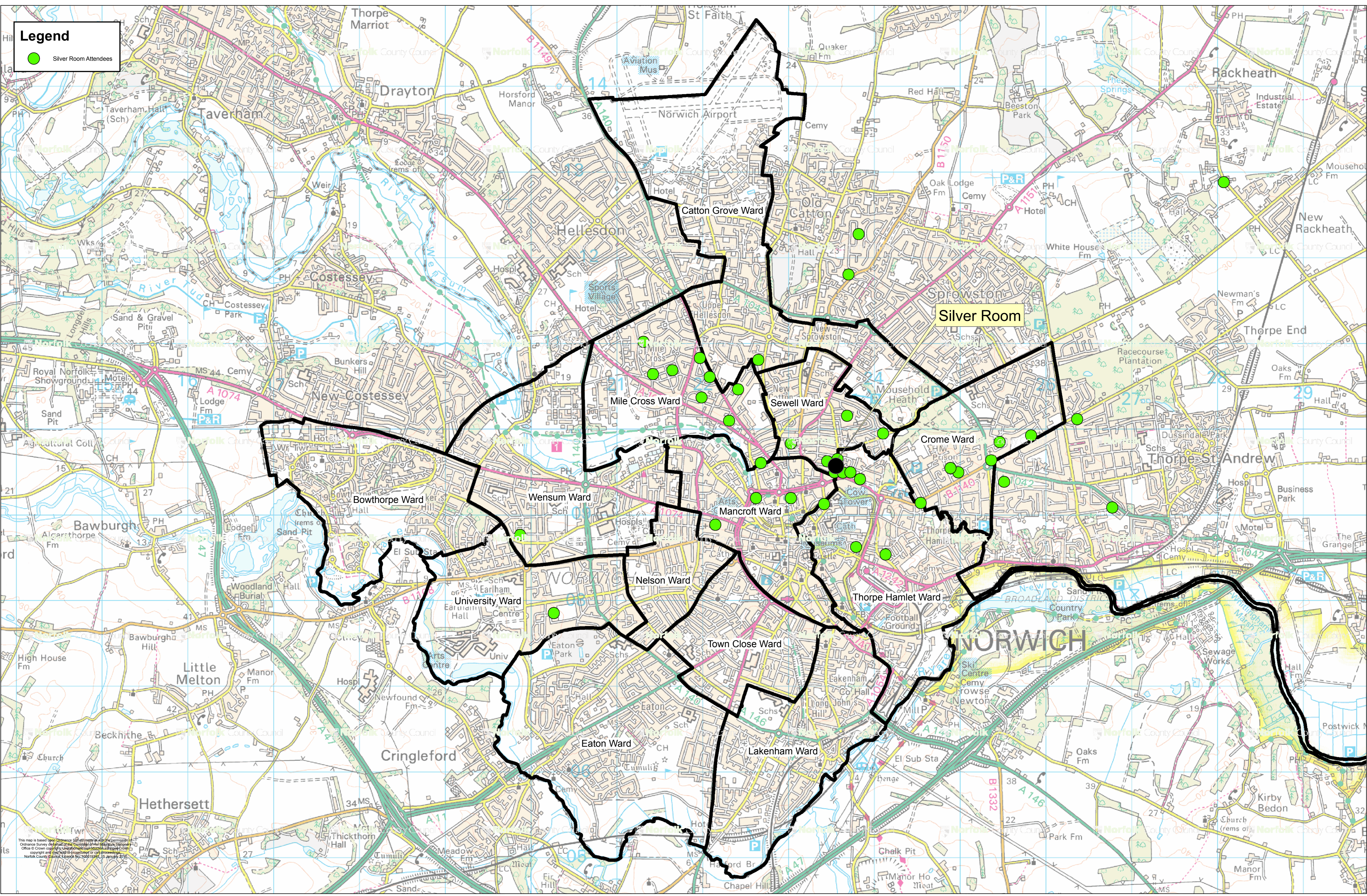
To have achieved:

- Logistical and Facility plan
- Hub and spoke Vol sect partnership
- Cabinet approval by County and City
- Marketing to people I.B.
- Financial model – what needed – what has saved £
- Getting community involved c/o need volunteers
- Neighbourhood boards
- Use of media personalities
- Directory of local resources
- Commercial companies £ or resources

Appendix 4 MAPS

- 1. Residential post codes of people attending the Essex Rooms**
- 2. Residential post codes of people attending the Silver Rooms**
- 3. Map of community resources**





Legend

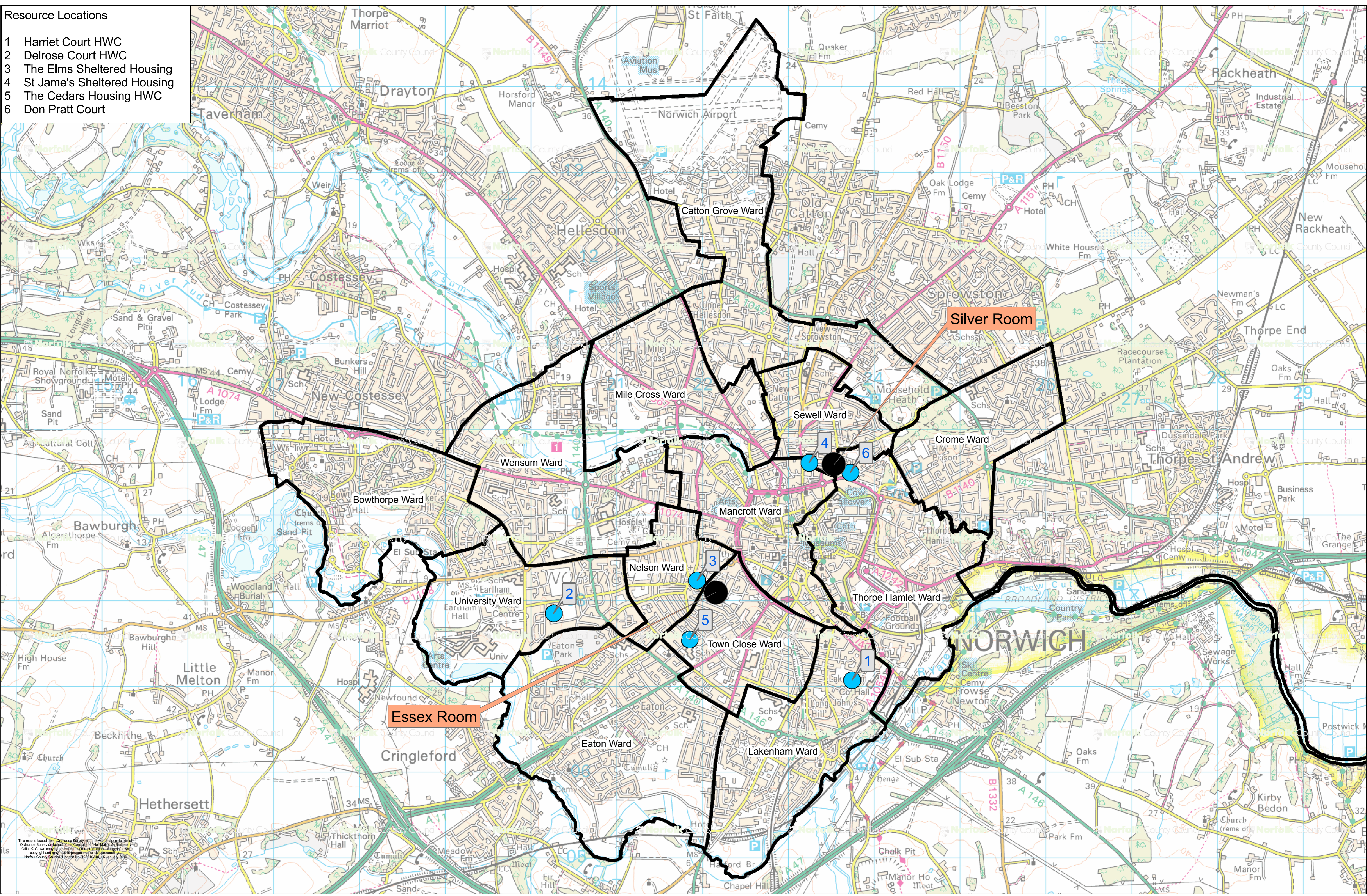
- Silver Room Attendees

ATTENDEES ADDRESSES ATTENDING THE SILVER ROOMS



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- Resource Locations**
- 1 Harriet Court HWC
 - 2 Delrose Court HWC
 - 3 The Elms Sheltered Housing
 - 4 St James's Sheltered Housing
 - 5 The Cedars Housing HWC
 - 6 Don Pratt Court



Learning Difficulties Day Activities Support (DAS) Review

Project Update

Report by the Director of Community Services

Summary -

This report provides the Adult Social Services Overview and Scrutiny Panel with an update on the proposals to review the provision of day activity services for adults with learning difficulties. Day activities are important and valued services by people who use them and their carers. The services aim to enable people to have fulfilling lives, and enable carers to be assured that the people they care for are receiving the best quality of life. For carers it enables them to have a break or to work. Their views are therefore paramount.

Services for people with learning difficulties face considerable financial challenges over the next five years with demands and costs exceeding budgets; so that the issue of charging for services, and day service models pose important choices.

The project will review the role that day services play in more personalised services where people, through a choice of their own, increasingly direct their own care, and where personal budgets are the norm.

The project also reviews the role of the County Council's in-house service for day activity services, in the context of Norfolk Forward, including whether the Council is making best use of all available resources.

The report describes the main activity within the project work streams and timescales going forwards.

1 Background

- 1.1 *Valuing People Now (2009)*, the cross-government three year strategy for people with learning difficulties outlines that people with learning difficulties should be afforded a fulfilling life of their own that includes opportunities to work, study, and enjoy leisure and social activities, together with the full range of civil and legal rights enjoyed by the wider community. It goes on to say that a range of good quality short-term breaks should be more widely available.
- 1.2 *Norfolk Forward (2010)*, the Norfolk County Council-wide change programme, emphasises that we take a commissioning approach that seeks to secure the best outcomes to meet the needs of our local communities by making use of all available resources – without regard for whether services are provided in-house, externally or through various forms of partnership. In addition, that we develop further income generating approaches where possible, so that we limit our future costs.

- 1.3 *Putting People First (2008)*, the cross-government protocol for the provision of community and social care services, sets out an ambitious 3 year Transformation Programme for Adult Social Care (TASC) that will see self-directed support and personal budgets become the norm for every new customer by October 2010, and for everyone by the end of 2011-12. It also outlines the need for Councils to develop a more community-based preventative approach, ensuring that mainstream services and opportunities are available for all.
- 1.4 People using day activity services and their carers tell us they value these services, and they are anxious about change. Their views, aspirations and wishes are paramount to the project, but it may be that public services will not be able to meet all aspirations.
- 1.5 Council staff working within day activity services provide a high quality and skilled service to people. Within the context of the modernisation and transformation of other provided services (for example the proposed changes to residential home and day services within community care services), staff are anticipating change. The Department is keen to involve them in the project, support them in their future roles, and minimise uncertainty for them.
- 1.6 The total budget for learning difficulties, through the Pooled Fund, in 2009-2010 was £94.2m. From this £9.5m was the spend on in-house day services and community support teams, and £6.3m was used to purchase day activity services from the independent sector. The Council procures services from 40 independent sector providers using a standard service specification. In 2010-2011 the Community Services Directorate, as part of its overall budget strategy, will seek to save £0.6m on expenditure for day activity services for people with learning difficulties.
- 1.7 The Council offers in-house day services to around 600 people with learning difficulties (LD). A further 800 people with learning difficulties attending independent providers and 100 people with learning difficulties attend voluntary sector placements.
- 1.8 Day activity services for people with learning difficulties are provided along with other care services that include residential services, reablement and home support services, respite (break) services, meals services, and support to carers. The use of all of these services is subject to eligibility through the Fair Access to Care Services (FACS) criteria, including a financial assessment.
- 1.9 The Learning Difficulties service has produced a draft Joint Commissioning Strategy for Services to People with Learning Difficulties 2010-2015 which is in the process of being agreed by stakeholders the Council, health and housing services.

2 Strategic Commissioning Intentions

- 2.1 The draft Joint Commissioning Strategy expresses the expectation of the Commissioners (Norfolk County Council, NHS Norfolk and NHS Great Yarmouth and Waveney), that fewer people will use traditional day services over the next 5 years and will increasingly become involved in community based activities and paid work. This shift reflects the strategic direction set out in *Valuing People Now (2009)*.

- 2.2 In line with the principles in Norfolk Forward, the strategy envisages a mixed economy approach in that wherever possible we will commission a range of high quality services from independent suppliers and County Council provided services.
- 2.3 For day services this means that more people will have personal support plans which outline a wider range of day activities through community support that they have chosen.
- 2.4 The strategy acknowledges that some people will need to use specialist facilities as part of a more fulfilled life – part of the Day Activities Service Project we will listen to people using services and their carers and change the scope and facilities of those buildings in response, and within budget constraints.
- 2.5 When we consult with service users and their family carers about what is important to them. We will ask them if day activity support should contain some or all of the following:
1. Support to get a job for those who want to work
 2. A break for carers
 3. Support to do ordinary things
 4. Bringing people together as a result of shared interests
 5. Not shutting people away from their community
 6. Improved access to specialist facilities

3 The potential role for In-house Day Services and Community Support Team Services in the future

- 3.1 Norfolk has nine dedicated in-house day activity centres for people with learning difficulties which provide an environment for a range of care and community services.
- 3.2 There is now an expectation that new people living in residential or supported living will have a choice of day activity support already built into those services. As that approach is implemented, and depending on people's choice, there will be less people needing to use in-house day services.
- 3.3 As a consequence of 3.2, the Day Activities Support Project will consult with people who use services and their family carers on the proposition that the County Council provided Day Activities Support service will focus on providing support to those people who are living at home with their family carers, and particularly for those people with complex needs.
- 3.4 No policy changes will be made however until the Community Services Day Activity Support Project reports back to Overview and Scrutiny Panel and to the Council's Cabinet with peoples' views.

4 The Day Activities Service (DAS) Review Project

4.1 The Day Activities Support (DAS) project will (timescales are draft):

- a) Work from the commissioning intentions in the Joint Commissioning Strategy for People with Learning Difficulties 2010-2015
- b) Clarify the current position of in-house day services - Feb/July
- c) Return to the Community Services Overview and Scrutiny Panel and ask the Council's Cabinet for authorisation to consult on service changes - Sept/Oct
- d) Conduct a formal 12 week consultation on options agreed by Cabinet -Nov/Jan 2011
- e) Produce a Recommendation Report to Overview and Scrutiny Panel, and Cabinet - early 2011

4.2 What is in the scope of this project

- a) Procurement of Day Activities Services for people eligible for services
- b) In-house LD Day Centre buildings and staff - including Community Support Teams
- c) Unit costings for in-house LD Day Centres and service provision
- d) Engagement with independent LD Day opportunity providers
- e) Workforce Development for in-house staff and external provider staff

4.3 What is out of scope

- a) Service Specifications and reviews of services provided by independent providers
- b) Transport Review
- c) Residential Care Homes Day Opportunity provision
- d) Support into Employment Team
- e) Funding Model (picked up & dependency to Personal Budget project)

4.4 The Project will be managed through 3 workstreams:

- a) Workstream 1 - in-house buildings and service delivery
- b) Workstream 2 - engagement with independent LD Day Opportunities providers
- c) Workstream 3 is looking at Workforce Development

5 Resource Implications

5.1 **Finance**

5.2 The planned changes will need to be delivered within existing budgets and deliver annual savings of £0.6m, as included in the Adult Social Services 2010-11 budget plan. Attention will be given from an early stage to ensuring the sustained affordability of future service delivery. This project will make further recommendations as to how the £0.6m saving can be achieved.

- 5.3 This may involve developing services in a range of integrated community settings with individualised outcomes wherever possible, and economies of scale and external funding built in wherever achievable.
- 5.4 The use of the existing in-house buildings which services are provided in and from, will be reviewed to see what rationalisation is possible, given the increasing numbers of people who no longer access day services from these buildings.
- 5.5 **Staff**
- 5.6 As part of the DAS project we will ensure that we are using our staffing resources in the most efficient way, whilst supporting them to develop more specialist skills.
- 5.7 **Property**
- 5.8 As part of Workstream 1 Norfolk Property Services has been working to assess the fitness for purpose and strategic relevance of existing accommodation and the project will define and describe the service's future accommodation needs, taking into account the geographical distance from services to home which can currently mean long journeys for many individuals.
- 5.9 Generally for people with learning difficulties there will be less need for larger segregated buildings, in favour of access to smaller, community-integrated, premises with an emphasis on shared use with the wider community. A high priority will be given to ensuring that premises used by the service are both locally available and fully accessible.

6 Equality Impact Assessment (EqIA)

- 6.1 An EqIA has been completed.

7 Communications

- 7.1 There is an LD DAS Communications Group, which will meet fortnightly to coordinate and manage all communications with stakeholders during the life of the project. A draft communication plan and timeline is in development.
- 7.2 The LD DAS project is working closely with in-house teams, providers and the Norfolk Learning Difficulties Partnership Board.
- 7.3 The 'Our Lives' group is a sub group of the Norfolk Learning Difficulties Partnership Board. One of the group's three objectives for 2010-2011, is to work towards the outcomes identified in Valuing People Now. Scrutiny to, and constructive challenge of processes and procedures of the LD DAS Project is a key function of the 'Our Lives' group and ensures an open, honest and transparent project methodology.

8 Section 17 - Crime and Disorder Act

- 8.1 Adults with learning difficulties are one of the most vulnerable groups in society in terms of being potential victims of crime and in a small minority of cases perpetrators of crime.

8.2 The provision of a range of good quality day services that support people to ensure that their rights are adhered to and to make informed choices, as other citizens should contribute to reducing crime and disorder and protecting vulnerable adults from varying forms of abuse.

9 Action Required

9.1

The panel is asked to note and agree:

- a) the strategic thinking underpinning the project
- b) the proposed project methodology
- c) the proposed work activity (actual and planned)

Background Papers

Joint Commissioning Strategy Services for People with Learning Difficulties 2010-2015

Valuing People Now (2009),

<http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH093377>

Valuing Employment Now (June 2009),

<http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH101401>

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Mental Health Residential Care and Day Services Report

Report by the Director of Community Services

Summary

This report details the work undertaken and current progress in redesigning NCC funded Community Mental Health Services (Residential and Day Services) in Norfolk.

1 Background

Residential Care Project

The Mental Health Residential Project was set up in 2008 to implement the recommendations of the Mental Health Residential Review. Its brief was “to establish a modernised mental health residential accommodation service across Norfolk.”

The Review was undertaken due to concerns about:

- the spiralling cost of care home provision
- the usefulness of residential care as an effective ‘treatment’ option
- the institutionalising effect of residential care & lack of focus on social inclusiveness
- the anomalies in the levels of service provision available across the County
- the length of time that people were staying in residential care and the perception that some people had become ‘lost’ in the system

The aims of the Project were:

- to define the role, if any, of care homes within a modern mental health service including the provision of new service specifications
- to establish a fair system for agreeing fees and additional payments
- to provide improved information for practitioners on care home provision
- to ensure better monitoring of placements and their effectiveness

Day Services Project

The Commission for Social Care Inspection review on Adult Mental Health Services in Norfolk (2006) noted that “day care services were mostly buildings-based in style, with limited choice of activities and opening hours”. The report recommended that a modernised initiative be implemented countywide.

During 2007 a comprehensive mapping process was carried out, which identified that

- evidence around age profile, length of time in service, ethnicity and employment all show marked entrenchment with a largely static group of ageing service users who rely on a day service to fulfil many of their social needs.
- Very few people were being effectively tracked through the care coordinator process, and it was clear that individual outcomes were rarely set, and that day service providers were often not being supplied with up to date care plans or asked to contribute to formal reviews.
- Providers were operating to outdated and vaguely worded service specifications, and gave little hint as to what was required of them.

- Day services were infrequently monitored and poorly specified.
- They were predominantly building/groups based and held people within services for a very long time.
- They had a poor record of getting people into paid employment, or occupation and activity outside of mental health services
- They did not meet the needs of many younger people, or people from black and minority ethnic communities.

Proposals were put to Cabinet in January 2008 to provide wholly new locality based services that would also be fully integrated with statutory MH Services. These services were:

- **Community engagement services** - developed to provide individual shorter-term interventions based around social inclusion. This to be combined with:
- **Employment & employment retention services** - based on clear outcomes related to fast access to integrated employment opportunities
- **An intensive support service** - developed separately within each locality for those service users who will find it more challenging to move towards mainstream activities.

Cabinet also endorsed the view of a Norfolk-wide consultation process that strongly voiced the opinion that these services should be brought in to place by a re-engineering of current provision, rather than through a whole-scale re-tendering process.

The method proposed, and agreed by Cabinet, was that current service providers would be brought together into locality partnerships to form wholly new services based on the agreed model.

Residential Care Project

The Project was completed in a series of stages:

It has gained endorsement by the Department's partner agencies and interested groups as a new service model for care homes based on evidence of what works best for people.

It has gained acceptance of this new service model by the owners of the 28 specialist care homes in Norfolk. (N.B. This has meant bringing together upwards of 20 businesses, from private individuals to national concerns, plus 2 charities, all of whom are commercial rivals, offering radically different styles and quality of service, and with very different levels of understanding of social care principles. (It is fair to say that this was not an easy exercise as all were suspicious to some degree of the motives of the Department in undertaking this exercise – "Isn't it really about cost-cutting?" – and each started from the conviction that in their case, continuing as they were was the best choice).

It has achieved this agreement whilst forestalling the fears naturally arising from the prospect of change among the present vulnerable residents, their families and the staff in care homes, with the consequent potential for adverse publicity leading to still further anxiety

It has gained the active participation of providers and practitioners in formulating the Service Specifications that underpin the new model.

It has researched alternative funding systems & undertaken a pilot Costing / Benchmarking exercise and has now received detailed costings from the majority of providers for analysis.

It has taken this work and the work currently being undertaken in Learning Difficulties services to formulate new banded tariffs for care provision.

It has informed, and been informed by, other current developments in mental health

work in Norfolk which have major implications for it, in day services and supported accommodation.

It has decided individually with providers their role in future services, to ensure they play to their strengths and move towards a more equitable spread of services across the County.

Final Stage

Agree final costings with Providers.

Produce a Resource Pack for all care coordinators containing:

- Information on each home including specification levels adopted
- Agreed base cost
- Service Specifications
- Tool for assessing & agreeing additional service & costs
- Mental Health Placement Panel Guidance
- Mental Health Placement Panel Application & Review Forms
- Guidance on setting up and terminating contracts
- Information on Supported Living Services & base costs
- Information on Community Engagement Services
- Information on making respite placements

Anticipated benefits of the Project

- A reduction in new admissions. A care home will no longer be a “fall-back” option; if care in a residential setting is required, the admission must be planned and purposeful, so reducing the incidence of inappropriate admissions.
- A reduction in the average length of stay. Better planning and more focussed work will minimise the time taken for residents to achieve what they need for greater independence.
- An increase in discharges to more independent accommodation supported by new community engagement services. New placements will be time-limited at the outset; work in short and medium-stay homes will be especially concentrated on promoting independence
- A reduction in costs overall, arising from each of the above factors
- Increased service user satisfaction. It was clear from the Review that the most highly rated homes had a stated philosophy and aim, in contrast with those attempting to meet all needs in a generic service. The new Service Specifications spell out what is expected of each type of home
- Improved overall service planning. Because we have a clearer and more coherent picture of the distribution of services across Norfolk, we can give better guidance on future developments.

Supported Living

In addition to the work noted above, one of the aims of the other stated aims of the project was to also increase the availability of Supported Living options as an alternative to, & pathway out of, residential care. Over the course of the project there has been ongoing work with providers to achieve this leading to the opening of 36 new units, and work is going ahead on 2 large new-build projects (Littleport St. in Kings Lynn due to open Dec 2010 providing 15 new units & Escourt Rd. in Great Yarmouth due to open Spring 2011 providing 17 new units).

Work will continue with providers to move service design away from residential care towards more Supported Living.

Day Services Project

To achieve the agreed transformation process a staged project was initiated and a

project manager appointed.

- Stage 1: That from 1 April 2008 providers agree between themselves partnership arrangements (acceptable to the County Council) to deliver the new service model, as outlined above. To be completed by 31 March 2009.
- Stage 2: March 2009 - Final specifications agreed
- Stage 3: Development of specified services. To be completed by 31 March 2011.
- Stage 4: Full Review
- Stage 5: From March 2011 the partnership form itself into a single legal entity (e.g. consortium) able to provide services to the County Council under one contract.

The process of bringing different organisations together to form new services has often been extremely difficult but these are now in place and starting to operate through 3 new 'one-stop' locality 'Quest' services in West, Central & East Norfolk.

The partners in the new services are Meridian East, West Norfolk Mind, Rethink, Central Mind, 'Break' & Great Yarmouth & Waveney Mind. These organisations have also formed a solid partnership with the Norfolk & Waveney Mental Health Foundation Trust and will be using jointly developed support plans to ensure continuity in people's care.

The services aim to support people:

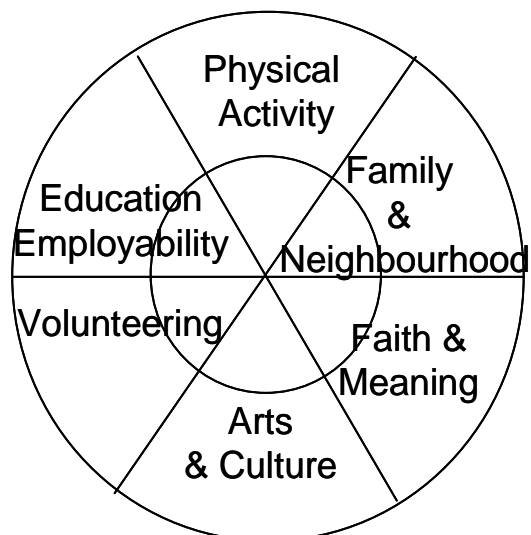
- to make new friends and relationships
- to comfortably play a part in the local community
- to develop new interests and leisure pursuits
- to get back into work or further education
- to see a better future

The services work by looking at the whole of a person's life not just the immediate 'problem'.

Accordingly they begin by working with people to identify what is going well for them and what is not going so well, what they want from life and what can be done to help them start to get there.

It is acknowledged that people with mental health problems don't want a life bounded by mental health services; they want a life that's connected to the rest of the world.

For this reason Norfolk Quest also works with the whole community not just other mental health services. It works with colleges, employers, businesses, churches, leisure centres, libraries, civic groups and many others.



The Recovery Wheel

Most of the work of the new services will be done one to one, based on an individual recovery plan and normally lasts for about 6 months. However there are also some longer-term intensive services for people who, because of the nature of their illness, may initially require a different level of support.

The benefits of the new service are:

- Single pathway for individuals
- Better partnership between statutory & 3rd sector provision
- Single recovery plan
- Joined up delivery of services
- Organisations developing truly collaborative & innovative ways of working
- Person centred services
- Outcome focus
- Whole life approach
- Wider community scope

Initial responses to the new services have been extremely positive and nationally recognised as providing a good model.

Resource Implications

Finance

All reconfiguration is being completed within current resources. However one of the benefits of the changes should be much greater value for money through shorter, better-targeted interventions.

Staff:

The Project resources for the Residential project were:

- 1 P/T Project Manager
- 1 P/T Project Administrator

For the Day Services project:

- 1 FT Project Manager (18 months)
- 1 P/T Project Administrator

There are no implications for NCC regarding staff arising from the changes, as all staff belong to the partner organisations involved

Equality Impact Assessment (EqIA)

An EqIA has been recently completed for the Residential Project & a new EqIA is currently being completed for the Day Services Project

Other Implications

Communications

There are communications strategies attached to both projects and there are a series of information events planned to launch the new services.

Section 17 – Crime and Disorder Act

A significant aim of both projects has been to keep people safe and well in the community, and to ensure that people who are most vulnerable or who could otherwise potentially present a risk to themselves or others continue to receive the necessary level of care and protection through good mental health services.

Conclusion

Following completion of these projects Norfolk County Council has modernised its community Mental Health Services. There will be significant benefits to people using residential and day services and should impact positively and significantly on an individual's ability to recover from mental ill health

Action Required

Overview & Scrutiny panel are asked to note the contents of this report and make

comments.

Officer Contact

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Safeguarding Annual Report

Report by the Director of Community Services

Summary

Safeguarding for Adults in Norfolk continues to be a high priority. We are making good progress across the system. This summary of the situation so far outlines the next steps and is for information only but members are invited to question and comment.

1 Background

- 1.1 Safeguarding Adults is central to the work of Community Services who are the lead agency for this area of work.
- 1.2 Safeguarding covers a range of issues, from making people feel safe in their own homes and having a sense of wellbeing to major investigations and prosecutions of people who abuse adults.
- 1.3 Partnership and joined up services and approaches are integral to this area and excellent progress has been made in joint working.
- 1.4 Department of Health Guidance "No secrets" 2000 defined Safeguarding and expectations of agencies and defined a framework. CQC (Care Quality Commission) monitors all Local Authorities on Safeguarding as a top priority.
- 1.5 A recent CQC Business Meeting with Community Services went very well and our progress with Safeguarding recognised which contributes positively to our star rating.

2 Arrangements in Norfolk

- 2.1 A joint protocol and policy exists between Norfolk County Council, Norfolk Constabulary, NHS Norfolk, NHS Great Yarmouth and Waveney, Norfolk Community Health and Care, Ambulance Trust, Three Acute Trusts, Age Concern Norfolk and Voluntary Services. This policy covers prevention of abuse and stipulates robust policies and procedures for all partners to cover detecting, responding and reporting abuse both internally and externally.
- 2.2 In 2008 in response to DH guidance "No Secrets" the then Adult Social Services Department commissioned an independent audit of Safeguarding in Norfolk. The report set out a number of recommendations, which then became an action plan.
- 2.3 Following this overview audit, the department commissioned an audit of service users by interviewing people, inspecting case files and Care First recording. Attached is the summary of recommendations from both audits, the resulting action plan with progress outlined for each action. - See Appendix 1
- 2.4 One of the recommendations was to review the Safeguarding structure within Norfolk. An away day Independently facilitated for all key parties was held and as a result the Safeguarding Board was formed. An independent chair is to be appointed in May 2010.
- 2.5 Another action was to enhance the Safeguarding specialist team structure within the County Council Community Services. The Safeguarding Co-ordinator now also manages the five specialist Adult Protection Social Workers who are co-located with Police colleagues forming Adult Protection Units (APUS).
- 2.6 The sub groups reporting to the board were also refreshed, and this is shown at

Appendix 2.

2.7 Other activities include:

- All members of staff in Adult Social Services have a Safeguarding objective in both their Job Description and Appraisal.
- A serious case review process is being developed with the assistance of an independent consultant to ensure the best possible outcome. A current serious case review is being used to inform and refine the process.
- Care first (Community Services IT recording system) processes and the capturing of activity have been revised and significantly improved.
- This has resulted in improved capture of the activity, and the number of new Safeguarding referrals have risen:

08/09 – 512 referrals for a safeguarding assessment

09/10 – 903 referrals for a safeguarding assessment

By service user group:

630	Older People
11	Learning Difficulties
69	Physical Difficulties / sensory
44	Mental Health
2	Drug and alcohol

Others – Not specified

- 2.8 The increase reflects more accurate capturing of activity and very likely as a result of raised awareness through the training programmes.

Training and support for Staff

- 2.9 There is a dedicated Learning and Development Consultant in Community Services to focus on Safeguarding. He chairs the learning and development sub-group and excellent progress has been made with delivery of training and development opportunities across the system. Appendix 3 shows summary of training provided.

Joint Improvement Partnership (JIP) (Eastern Region)

- 2.10 This year the Eastern Region Adult Safeguarding Group identified a number of strategic and operational areas for development. One of these was an audit of Safeguarding Adults practice and procedures to provide an analysis and to benchmark across the region. The JIP visited Norfolk in February to conduct their audit.
- 2.11 Norfolk County Council Community Services received their feedback in March 2010. Appendix 4. It was very positive and permission was sought by the JIP to feature our case examples on the JIP website as featuring good practice.
- 2.12 The main areas identified for development were the need to continue raising member awareness (various strategies are now in place) and improving service user feedback (actions now in place to seek feedback from individuals where appropriate who have been part of a Safeguarding process)
- 2.13 The Safeguarding Board met on the 15 April 2010 and agreed to use the JIP recommendations alongside the current action plan to map plans for the forthcoming year.

3 Resource Implications

- 3.1 The adjustments described in Community Services were achieved within budget. Excellent working regarding Safeguarding can take time and resource. All areas have to target and re-prioritise work to deliver good service. The four major partners have contributed proportional amounts to the cost of the independent chair. Demography

shows an increase in vulnerable people over the next 5-10 years so demand is likely to rise alongside raised awareness so this is likely to require additional resources for both the assessment process and services to support the individuals.

4 Equality Impact Assessment

- 4.1 Our processes and procedures need to be equitable and accessible to all people.
- 4.2 Our awareness leaflets are available in a variety of formats and specialist social workers often use advocates and interpreters.
- 4.3 We have to be mindful that we do not exclude or overlook minority groups who may be subject to abuse but “invisible”.
- 4.4 Public awareness raising initiatives from the publicity sub-group are vital to this area.

5 Conclusion

- 5.1 Safeguarding remains a high priority across the system.
- 5.2 Norfolk continues to perform very well in this area of work
- 5.3 The recommendations from the three audits will form the action plan for forthcoming year alongside any CQC findings and any serious case review outcomes.

6 Action Required

- 6.1 Members are invited to note the contents of this report and appendix and to ask any questions.

Officer Contact

If you have any questions about matters contained in this paper or wish for further documents of interest please get in touch with:

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Norfolk Safeguarding Adults Board Action Plan

Last updated: 01.03.10 Catherine McWalter

1. Haddingham Report September 2008: Focussing on Services			
	Recommendation	Action	Update March 2010
1.1.	It is recommended that the “Committee” be retitled the “Forum” and the “Executive” be retitled the “Board”. It is further recommended that the structure diagram be redrafted to show the Committee/Forum adjacent to, rather than over, the Executive/Board (para 2.2 Haddingham Report).	<p>Agreed at Safeguarding Board 16th September 2008. This has been implemented and the new Norfolk Safeguarding Adults Board has now met. See outline in the ‘Update on Safeguarding March 2009’ document. Following the meeting in September, the Board established an Away Day (26th March 2009) to review and refresh structure and policy.</p> <p>Sub groups reworked around 4 themes with dedicated chairs across the partnership;</p> <ul style="list-style-type: none"> • Risk • Performance • Legislation • Health. 	Complete.

1. Haddingham Report September 2008: Focussing on Services			
	Recommendation	Action	Update March 2010
		<p>Locality Safeguarding Adult Partnership Groups established in 5 localities covering all of the Norfolk. Chairs and vice chairs from all partners to the Board.</p> <p style="text-align: right;"><i>Responsible: Board</i> <i>Outstanding actions – none</i></p>	
1.2	It is recommended that the Executive/Board carries out a detailed review of the February 2007 document to ensure this remains “fit for purpose” (para 2.3 Haddingham Report).	<p>Board updated its Structure and Safeguarding Governance Guide March 2009, following its away day.</p> <p style="text-align: right;"><i>Responsible: Board</i> <i>Outstanding actions – none</i></p>	<p>This requires further review.</p> <p>Terms of Reference for the Performance sub-group have been developed.</p>
1.3	It is recommended the Executive/Board reviews its membership (para 2.5 Haddingham Report).	<p>Agreed at Safeguarding Board 16 September 2008</p> <p>The SGA Board met in February 2009, to plan its Away Day in March 2009. This was facilitated by Colm Lehane, and successfully addressed both the recommendations of the Haddingham Report and current national drivers.</p> <p style="text-align: right;"><i>Responsible: Board</i> <i>Outstanding actions – none</i></p>	<p>Membership of the Board has changed and now has a more senior focus.</p>
1.4	It is recommended it adopts strategies that project adult safeguarding as a partnership responsibility undertaken through	<p>Agreed at away day 26 March 2009. Partnership Reviewed with a stronger emphasis in partnership branding. Membership Reviewed with agreement for more senior level representation, revised working</p>	<p>The independent chair is being recruited.</p>

1. Haddingham Report September 2008: Focussing on Services			
	Recommendation	Action	Update March 2010
	the Executive/Board (para 2.11 Haddingham Report).	groups, and an independent chair. <i>Responsible: Board</i> <i>Outstanding actions – none</i>	
1.5	It is recommended that the Executive/Board is more directly involved in setting some of the elements and in “signing-off” the Coordinators work-plan (para 2.16 Haddingham Report).	Agreed and clarified Coordinator’s role in relation to the Board and its Chair. Coordinator is an officer to the board. <i>Responsible: Board</i> <i>Outstanding actions – none</i>	The Coordinator role is now known as ‘Team Manager’. This action links to current work ongoing to develop the Team’s work plan and section of the service plan. Linda Naylor
1.6	It is recommended that the formulation and publication of a Strategic Plan and an Annual Report be given priority (para 2.12 Haddingham Report).	Work Plan 2006-2011 in implementation since 2006 Annual Report Published and disseminated across partnership. Annual Report update for 2009 (with Governance Changes planned to go before Adult Social Services Overview and Scrutiny Committee Autumn 2009). <i>Responsible: Board</i> <i>Outstanding actions - September 2009</i>	New Independent Chair will consider governance changes.
1.7	It is recommended the Executive/Board should give priority to the building of the tools to audit the safeguarding system (para 2.13 Haddingham Report).	Audit of safeguarding system undertaken. From April 2009 all referrals collated through Access Services, even where allocated workers are case working the issue. Central point for data collection established.	New documents for use within CareFirst were signed off 24.02.10 and will be ready for use in CareFirst May 2010.

1. Haddingham Report September 2008: Focussing on Services			
	Recommendation	Action	Update March 2010
		<p>Figures for April – July 2009 have increased Work underway with NHS Services to increase referrals through Health Sub Group of the Safeguarding Adults Board. Monitoring of Referral activity and response times as part of Norfolk's Local Area Agreement (LAA). <i>Responsible: Board</i> <i>Outstanding actions – none</i></p>	<p>The documentation will make all aspects of safeguarding recording easier for staff.</p> <p>The new documentation will be promoted and linked with new training.</p>
1.8	<p>It is recommended a suitable level of administrative support is provided to meet the needs of both the Executive/Board and the Co-ordinator (para 2.17 Haddingham Report).</p>	<p>Agreed at Board December 2009 and in place. Within Assessment and Care Management Review a dedicated administrative post is permanently established. <i>Responsible: Board</i> <i>Outstanding actions - none</i></p>	<p>27 hours of administrative support in place, possible need for more hours to support Serious Case Review process and new Independent Chair of Board.</p> <p>In addition, a recommendation has been made to SMT that each Locality have dedicated hours to support Strategy Meetings.</p>
1.9	<p>It is recommended that the Norfolk Executive/Board should consider setting out an explicit agreement on the criteria for those costs that will be met by individual agencies and those (if any) to be met from a multi-</p>	<p>Agreed at Board December 2008 for more detailed consideration at Away day 26 March.</p> <p>March 2009: Agreed that Chair of Board will attend all partnership agency Executive meetings with the revised Safeguarding Governance Guide and Vulnerable Adults</p>	<p>£10k pooled fund established (30% each from ASSD, Police, NHS Norfolk and 10% from Great Yarmouth & Waveney PCT).</p>

1. Haddingham Report September 2008: Focussing on Services			
	Recommendation	Action	Update March 2010
	agency pool (para 2.18 Haddingham Report).	<p>Joint Protocol for adoption and establish safeguarding budget as part of that report.</p> <p>June 2009: Board agreed that in the interim social services continues to resource key development (e.g. independent chair)</p> <p style="text-align: right;"><i>Responsible: Board</i> <i>Outstanding actions - End 2009</i></p>	
1.10	It is recommended the the Executive/Board considers adopting a strategy of further promoting the safeguarding message across the local crime prevention network (para 3.3).	<p>Agreed by Board. Revised Board membership now includes representation of Norfolk Community Safety Partnership, and Norfolk Crime Reduction Partnership, to compliment excellent existing representation by Norfolk Police.</p> <p style="text-align: right;"><i>Responsible: Board</i> <i>Outstanding actions – none</i></p>	<p>Attendance by reps from Norfolk Community Safety Partnership and Norfolk Crime Reduction Partnership need review.</p> <p>Domestic Violence rep attends, as does Police lead for public safeguarding.</p>
1.11	It is recommended that the Executive/Board considers adopting a specific strategy of taking the safeguarding message to vulnerable adults, their unpaid carers and the wider community (para 3.4).	<p>Agreed at June 2008 Board with agreement to promote Department of Health easy read Safeguarding Adults publications. On website and disseminated widely in Norfolk. Revision of 'What you need to know' booklet with wider dissemination than previously.</p> <p>Wide range of training undertaken with professional and service providers.</p>	<p>"What you need to know" leaflet under review. Communications sub-group to ratify 01.03.10.</p> <p>Specialist training package and prevention strategy not in place.</p>

1. Haddingham Report September 2008: Focussing on Services			
	Recommendation	Action	Update March 2010
		<p>Specialist training package for informal and family carers and vulnerable people themselves in development, with introduction in September 2009.</p> <p>Prevention strategy in development through Risk Sub Group.</p> <p style="text-align: right;"><i>Responsible: Board</i> <i>Outstanding Actions to be completed by end 2009</i></p>	
1.12	It is recommended that a small working group is established, including the Safeguarding Coordinator, to liaise in the further development the “safeguarding plan” concept (para 3.5).	<p>Established through the Risk Sub Group of the Safeguarding Board. Includes involvement of Norfolk Independent Care (NIC) providers group.</p> <p style="text-align: right;"><i>Responsible: Board</i> <i>Outstanding actions – none</i></p>	No action to report, requires follow up.
1.13	It is recommended that the Executive – perhaps through newly-constituted Locality Groups – carry out an audit of the availability of the publicity material within the wider community and rectify any deficits (para 4.3).	<p>Audit undertaken as part of Locality Partnership Groups and the Safeguarding Board. New material in place and widely disseminated.</p> <p style="text-align: right;"><i>Responsible: Board</i> <i>Outstanding actions – none</i></p>	The new poster is undergoing a refresh and the leaflet is being reviewed.
1.14	It is recommended that the number of	Assessment and Care Management review increased	Complete.

1. Haddingham Report September 2008: Focussing on Services			
	Recommendation	Action	Update March 2010
	SAPSW posts be expanded and that a discrete team is formed under a single management post (para 4.5).	<p>the numbers of Safeguarding posts increased from 3 to 5.</p> <p>Safeguarding responsibilities increased in all practitioner job descriptions.</p> <p>Development of dedicated materials for Self Directed Support (Personal Budgets) process. 'Keeping yourself safe' .</p> <p style="text-align: right;"><i>Responsible: Board</i> <i>Outstanding actions – none</i></p>	
1.15	It is recommended that the post of Co-ordinator be retained and is absorbed into the proposed specialist safeguarding team in order to achieve greater support and tighter managerial accountability (para 4.16).	<p>Safeguarding Coordinator will manage dedicated Safeguarding posts from ACMR go-live (26 October 2009).</p> <p>Post report to Head of Social Work and Well-being.</p> <p style="text-align: right;"><i>Responsible: Board</i> <i>Outstanding actions – none</i></p>	Complete.
1.16	It is recommended that the proposed Strategic Business Plan includes a section on communications and engagement that includes detailed objectives with target dates (para 5.7).	<p>This is called the Work Plan 2006-2011. Currently under review by Risk Sub Group of the Board.</p> <p style="text-align: right;"><i>Responsible: Board</i> <i>Outstanding actions – End 2009</i></p>	No action to report, requires follow up.

1. Haddingham Report September 2008: Focussing on Services			
	Recommendation	Action	Update March 2010
1.17	It is recommended that the Communications and Publicity Sub Group also takes on the “engagement” brief and is retitled the Communications and Engagement Sub Group (para 5.8).	Incorporated into Risk Group following away day March 2009. <i>Responsible: Board</i> <i>Outstanding actions – none</i>	The first meeting of the Communications Sub Group took place 01.03.10.

2. Safeguarding Practice Audit June 2009: Focussing on Practice			
	Recommendation	Action	Update March 2010
2.1	Reinforce procedures for notifying Safeguarding alerts	This has been addressed in the recently published document ‘Responding to Adult Protection Concerns’ This document advises every member of ASSD staff of their responsibilities around reporting and alerting Safeguarding concerns. This document will need to be re launched to ASSD staff after the referral form AA1 has been published on the computerised Carefirst system in October 2009. There is also a document ‘Guidance for Care Providers’ from Norfolk Constabulary. This is to assist independent providers and NCC care facilities how to alert based on the urgency and severity of abuse. <i>Responsible: Safeguarding Adults Coordinator</i>	Refresh of ‘Responding to...’ underway, to clarify and simplify process. Practitioner Group meeting 10.03.10 to review. NHS Norfolk undertaken significant work to document and explain their referral process.

2. Safeguarding Practice Audit June 2009: Focussing on Practice			
	Recommendation	Action	Update March 2010
		<i>Outstanding actions – October 2009</i>	
2.2	Ensure that all referrers are given advice about what will happen next and ensure this advice is recorded	<p>This will be addressed in the final draft of 'Responding to Adult Protection Concerns' and in the revised 'Joint Policy' documents. This advice will also be included in the 'Best Practice' factsheet for Safeguarding Adults case work</p> <p><i>Responsible: SGA Coordinator and SGA Practice Consultants</i> <i>Outstanding actions – End 2009</i></p>	<p>See above. Joint Policy document to be reviewed.</p> <p>Best Practice factsheet published week commencing 01.03.10. Will require review in 4 months time to understand how this has changed staff behaviour. Linda Naylor / Catherine McWalter</p>
2.3	Consider a consistent approach to allocating Safeguarding cases within locality teams	<p>Safeguarding Adults Coordinator/Head of Service for Safeguarding to address this within the County Team Managers forum. Agreements from this to be highlighted in the 'Best Practice' factsheet</p> <p><i>Responsible: SGA Coordinator and SGA Practice Consultants</i> <i>Outstanding actions – End 2009</i></p>	<p>To be addressed at Forum: Managers need to ensure individuals have the right competencies required to receive allocation. Linda Naylor</p>
2.4	Reinforce the need to make a full record of strategy discussions including the reasons for any decisions taken	<p>To be addressed in the 'Best Practice' factsheet – Safeguarding Practice Consultant (formerly known as SAPSW) team to author</p> <p><i>Responsible: SGA Practice Consultants</i> <i>Outstanding actions – meeting 8th September, output end</i></p>	<p>Best Practice factsheet published week commencing 01.03.10. Will require review in 4 months time to understand how this has changed staff behaviour.</p>

2. Safeguarding Practice Audit June 2009: Focussing on Practice

	Recommendation	Action	Update March 2010
		<i>2009</i>	Linda Naylor / Catherine McWalter
2.5	Review how strategy meetings are recorded and filed	To be addressed in the 'Best Practice' factsheet – Safeguarding Practice Consultant team to author <i>See 2.4</i>	As 2.4 New CareFirst documentation (see 1.7) will support this.
2.6	Review how the protection plan is recorded and filed	To be addressed in the 'Best Practice' factsheet – Safeguarding Practice Consultant team to author <i>See 2.4</i>	As 2.4 New CareFirst documentation (see 1.7) will support this.
2.7	Reinforce the message that all Safeguarding actions should be reviewed for effectiveness and the outcome of the review should be recorded	To be addressed in the 'Best Practice' factsheet – Safeguarding Practice Consultant team to author <i>See 2.4</i>	As 2.4 New CareFirst documentation (see 1.7) will support this.
2.8	Give clear and unambiguous instructions to staff about where and how to record Safeguarding information, including the rationale behind any decisions	To be addressed in the 'Best Practice' factsheet – Safeguarding Practice Consultant team to author <i>See 2.4</i>	As 2.4 New CareFirst documentation (see 1.7) will support this. Further training will be required for Business Support Officers to support the new CareFirst documentation.

2. Safeguarding Practice Audit June 2009: Focussing on Practice			
	Recommendation	Action	Update March 2010
2.9	Do not use only first names in Observations	To be addressed in the 'Best Practice' factsheet – Safeguarding Practice Consultant team to author <i>See 2.4</i>	As 2.4
2.10	Ensure all Safeguarding cases are formally closed and include an explanation on CareFirst of why the case has been closed	To be addressed in the 'Best Practice' factsheet – Safeguarding Practice Consultant team to author <i>See 2.4</i>	As 2.4. At last County Managers Group, copies of factsheet were distributed. SAPSWs closing cases.
2.11	Review how Safeguarding information is held on CareFirst to enable records to be identified separately from other records	To be addressed in the 'Best Practice' factsheet – Safeguarding Practice Consultant team to author <i>See 2.4</i>	As 2.4 New CareFirst documentation (see 1.7) will support this.
2.12	Review the documentation available on CareFirst with particular regard to the current AA2 and AA3 paper forms to facilitate accurate record keeping and more accurate monitoring	Currently being reviewed by Safeguarding Adults Business Support Officer. Any changes in documents will be agreed by Safeguarding Team and implemented onto computerised Carefirst system without delay. <i>October 2009</i>	See 1.7
2.13	Safeguarding should be explicitly considered as part of any updates to CareFirst made	The Safeguarding Adults Team are in close contact with Carefirst leads and have recently reviewed some of the new systems. Safeguarding Adults Coordinator will continue to	Safeguarding now forms part of appraisal objectives / competencies.

2. Safeguarding Practice Audit June 2009: Focussing on Practice

	Recommendation	Action	Update March 2010
	as part of the Assessment and Care Management Review and processes and procedures reviewed in the light of changes to information systems	take responsibility for updating all procedures as necessary. <i>October 2009</i>	Safeguarding agenda item now on all community care team meetings. "Keeping Myself Safe" – part of personalisation, Personalisation Group will review. Safeguarding leaflet to be distributed with all personalisation documentation.
2.14	Create a best practice fact sheet for case recording	See 2.5 to 2.11 of Action Plan	See above.
2.15	Consider how best to meet the ongoing needs for staff who completed their training some years ago including the concept of refresher training	Awaiting arrangement of initial Risk sub group meeting <i>Responsible: SGA Coordinator/Learning and Development Officer</i> <i>Outstanding actions – End 2009</i>	Refresher training available – offered every 3 years as follow up to basic training.
2.16	Any changes to the processes and procedures laid down by the department following the audit should be incorporated into Safeguarding training	Awaiting arrangement of initial Risk sub group meeting <i>Responsible: SGA Coordinator/ Learning and Development Officer</i>	Feedback from attendees of Chairing Strategy Meetings – training now includes reference to relevant policies and procedures.

2. Safeguarding Practice Audit June 2009: Focussing on Practice			
	Recommendation	Action	Update March 2010
		<i>Outstanding actions – end 2009</i>	
2.17	Consider how to introduce skills and practice performance feedback within the support offered to all staff engaged in Safeguarding investigations	<p>Awaiting arrangement of initial Risk sub group meeting</p> <p><i>Responsible: SGA Coordinator/ Learning and Development Officer</i></p> <p><i>Outstanding actions – end 2009</i></p>	<p>Casework supervision guidance (in draft) will cover this.</p> <p>John Holden</p>
2.18	Consider whether certain key staff particularly the SAPSWs should have more formal 'debriefings' which cover what has been achieved, lessons learnt and any personal considerations	<p>To be reviewed by Safeguarding Practice Consultant team. Central management of team will assist the uniformity of this process.</p> <p><i>Responsible: SGA Coordinator and SGA Practice Consultants</i></p> <p><i>Outstanding actions – end 2009</i></p>	<p>Team have supervision every 5 weeks and team meetings every 6 weeks.</p> <p>First two hours of team meetings are 'closed' to allow team members safe environment to discuss cases.</p>
2.19	Finalise the job descriptions and clear terms of reference for Board members	<p>Completed by Safeguarding Adults Coordinator. To be presented to SGA Board on 22nd October.</p> <p><i>Responsible: SGA Coordinator</i></p> <p><i>Outstanding actions – none</i></p>	<p>Complete – including for Independent Chair post, by multi-agency panel.</p>
2.20	Ensure the sub-groups are fully functional	<p>Safeguarding Adults Coordinator undertaking this. Majority of groups are functional: 5 Locality Safeguarding Adults Partnerships – all are operational</p> <p>4 Board sub groups – all have chair and vice chair agreed, 3 are due to meet towards the end of this year and</p>	<p>Health – operational</p> <p>Communications – first meeting 01.03.10</p> <p>Risk – operational</p> <p>Policy & Learning –</p>

2. Safeguarding Practice Audit June 2009: Focussing on Practice

	Recommendation	Action	Update March 2010
		<p>Safeguarding Adults Coordinator is working with chair of 1 group with no membership to address this.</p> <p><i>Responsible: SAG Coordinator</i> <i>Outstanding actions – End 2009</i></p>	<p>operational Performance – Terms of Reference being drafted</p> <p>Engagement from other agencies has been difficult to achieve in all groups.</p>
2.21	Formally review the implementation of the recommendations from the earlier audit and put a time limited plan in place to complete any outstanding actions	See 1.1 to 1.17 of Action Plan	Complete.
2.22	Develop an effective mechanism to respond to the outcomes of serious case reviews and implement changes without delay	<p>Safeguarding Adults Coordinator has written Serious Case review procedure, currently awaiting ratification from Risk sub group on behalf of SGA Board.</p> <p><i>Responsible: SGA Coordinator</i> <i>Outstanding actions – End 2009</i></p>	Work in progress. Panel has met once and have dates to meet following scheduled Independent Management Review. Family of service user informed and updated – and their comments / feedback sought.
2.23	Examine how the Norwich Adult Protection Unit can return to having a co-located SAPSW	<p>Increase in the Safeguarding Adults team will result in need to review desk space in Adult Abuse Investigation Units.</p> <p><i>Responsible: SGA Coordinator</i></p>	In progress.

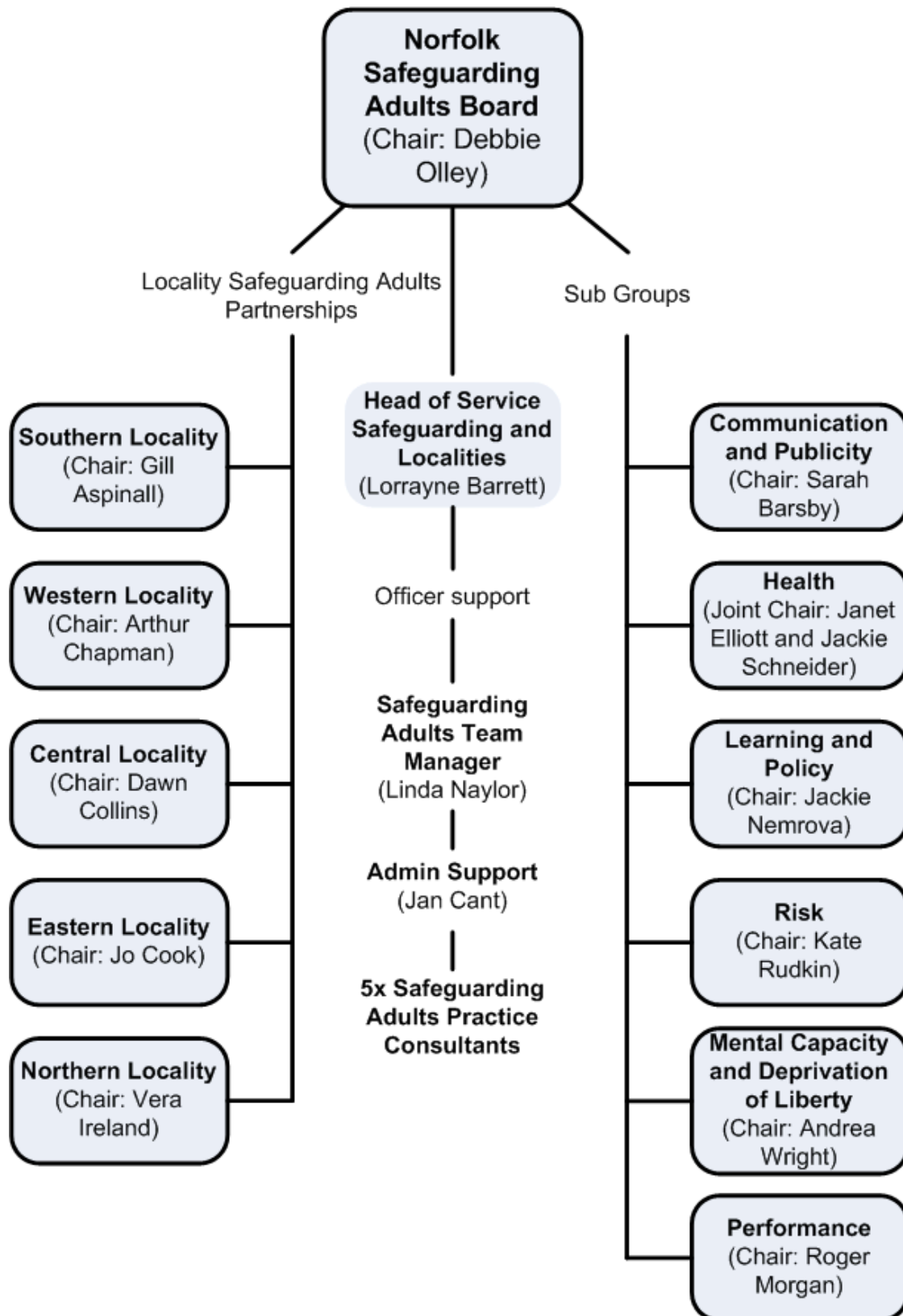
2. Safeguarding Practice Audit June 2009: Focussing on Practice			
	Recommendation	Action	Update March 2010
		<i>Outstanding actions – after ACMR implementation</i>	
2.24	Reinforce with the staff the need to respond urgently to the Police when they ask for information about a Safeguarding case	To be addressed in the 'Best Practice' factsheet – Safeguarding Practice Consultant team to author <i>See 2.4</i>	Clarity needed re. data protection and code of confidentiality.
2.25	The Safeguarding Adults Board should keep under review the progress of the Health Sub-Group in increasing the referral rate from Health partners	Health sub group chair has recently identified this with SGA Chair. SGA Board to action in meeting 22 October. <i>Responsible: SGA Board Outstanding actions – October 2009</i>	Linda Naylor and Jackie Schneider have this under review.
2.26	Carry out an exercise across accredited day services and unregulated services to explore the current levels of understanding of and need for information regarding Safeguarding awareness	To be taken to SGA Board on 22 October, to discuss how to commission this piece of work. <i>Responsible: SGA Board Outstanding actions – Summer 2010</i>	Rosemary Hurdman (Personalisation Ambassador), working with providers. Learning & Development have survey underway.
2.27	Consideration should be given to introducing within CareFirst a means of recording comments and concerns about Providers rather than just against individuals	Some considerable work has already begun on this issue. Carefirst leads have offered an interim process for this which still requires some feedback. <i>Responsible: SGA Coordinator and SGA Practice Consultants Outstanding actions – after ACMR implementation</i>	CareFirst will include this in Version 9. It is possible to record comments and concerns now, but not straightforward.

2. Safeguarding Practice Audit June 2009: Focussing on Practice			
	Recommendation	Action	Update March 2010
2.28	Devise a way of holding strategy meeting minutes in CareFirst against a Provider record where a case involves a number of residents of the same home	See 2.27	As 2.27
2.29	Establish a consistent County wide approach regarding the SAPSW role within the personalisation agenda	To be addressed after ACMR implementation. Appointment of central management to assist Safeguarding Practice Consultant team to establish a countywide approach. Safeguarding Practice Consultants to continue to review this. <i>Responsible SGA Coordinator and SGA Practice Consultants</i> <i>Outstanding actions – after ACMR implementation</i>	Safeguarding team drafting a checklist for staff to consider when doing Personal Budgets.
2.30	Consider how SAPSWs will be able to introduce or adjust support packages in the light of the personalisation agenda and changes in the assessors role	To be addressed after ACMR implementation. Appointment of central management to assist Safeguarding Practice Consultant team to establish a countywide approach. Safeguarding Practice Consultants to continue to review this <i>Responsible: SGA Coordinator and SGA Practice Consultants</i> <i>Outstanding actions – after ACMR implementation</i>	This will be done by localities, with the support of SAPSWs – as agreed at County Managers Group. To be reviewed. Linda Naylor
2.31	Review how information is collated for monitoring purposes and develop a mechanism for regular cross-checking with information held by the Police	Recently reviewed and addressed in 'Responding to Adult Protection Concerns' procedure, resulting in ASSD staff given clear instruction around how to record referrals. Implementation of AA1 form into Carefirst and re launch of	To discuss with Constabulary means of reconciling data on a quarterly basis. Linda Naylor

2. Safeguarding Practice Audit June 2009: Focussing on Practice

	Recommendation	Action	Update March 2010
		<p>procedure to refine this process.</p> <p>Safeguarding Adults Coordinator to facilitate work with Police on cross checking referrals.</p> <p style="text-align: right;"><i>Responsible: SGA Coordinator</i> <i>Outstanding actions – end 2009</i></p>	
2.32	<p>A short dedicated sampling exercise should be undertaken to establish service users views on Safeguarding services</p>	<p>See 1.11 Safeguarding Adults Coordinator to take to SGA Board to commission.</p>	<p>New leaflet will ask for feedback or for interested individuals to get in touch to help develop services.</p> <p>Small sample of individuals post-safeguarding process to be contacted requesting discussion about their experience.</p> <p>Linda Naylor / Catherine McWalter</p>

Sub Groups reporting to the Norfolk Adult Safeguarding Board Appendix 2



**Safeguarding Courses and Delegate Numbers for 2009-2010:
(Organised by Community Services)**

	No of Courses	Nos Attended
Basic Awareness Training (½ day course)	140 contracted + 20 bespoke ones	1519
Common Induction Standards (1 day course) 9 Courses Promoting Individuality & Safeguarding Adults		151
Dates		Nos Attended
27 April 2009		19
18 May 2009		22
22 June 2009		19
7 July 2009		14
16 September 2009		17
12 October 2009		20
19 November 2009		15
14 January 2010		15
25 February 2010		10
Advanced Skills (2 day course) 2 Courses		
Dates		Nos Attended
29/30 June 2009		13
17/18 September 2009		18
	Total	31
Management Responsibilities (1 day course) 3 Courses		
Dates		Nos Attended
1 October 2009		14
18 March 2010		12
19 March 2010		16
	Total	42
Chairing Case Conferences & Strategy Meetings (2 day course) 1 Course		
Dates		Nos Attended
14 & 15 December 2009	Total	11
Vetting & Barring Scheme (2 hour course) 4 Courses		
Dates		
23 February 2010 (am)		To be updated when info available
23 February 2010 (pm)		“
24 March 2010 (am)		“
24 March 2010 (pm)		“
	Total	

Totals:

No of Courses	Nos Attended

(Totals to be finalised at end of March 2010)

**Other Courses relating to Personal Dignity & Respect 2009-2010:
(organised by Community Services)**

Title of course	Numbers attended
Mental Capacity Act Briefings	105
Deprivation of Liberty Safeguards – Managing Authorities	128
Deprivation of Liberty Safeguards - Health	76
Deprivation of Liberty Safeguards – Section 12 Doctors	52
Deprivation of Liberty Safeguards – Social Care Assessors	316
Practical Diversity for Adult Social Care	80
Dementia Care Foundation	200
Dementia 4 half day workshops	45
Dementia Level 2 distance learning course	15
Dementia Care Mapping	30
UEA Dementia Course	5
Bradford 1 module distance learning 09 Dementia	5
Bradford 1 module distance learning 2010 Dementia	6
University of West Scotland Distance Learning Dementia	155
Passport2Care	12
Palliative Care Course	120
Carers Conference	320
Palliative Care Conference	320
Dignity in Care Champions	40
Totals	2030



**JOINT
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Eastern Region Joint Improvement Partnership
Safeguarding Adults Programme

Audit of Safeguarding Adults
Practice & Procedures
Report for Norfolk County Council

March 2010

Introduction:

In April 2009 the Eastern Region Adult Safeguarding Group identified a number of strategic and operational areas for development. These were drawn into a work programme that now forms one of the fourteen workstreams within the Joint Improvement Partnership (JIP) Programme designed to meet regional and local needs, while supporting the delivery of national policy in adult social care.

The Audit of Safeguarding Adults Practice & Procedures, endorsed and supported by the eleven Directors of Adult Social Care in the Eastern Region, has provided important information which will facilitate analysis and benchmarking of Safeguarding Adults performance across the region.

The objective is to establish the baseline position for the region, identifying areas of good practice and those where development and improvement may be necessary. A regional overview report, which will inform future development and prioritisation of resources, will be produced by the end of March 2010. In addition, it was agreed that each Council would receive an individual report detailing their Audit findings.

Reporting Structure:

The framework for reporting uses the Care Quality Commission's (CQC) priorities for the strategic and operational approaches required to establish and maintain effective safeguarding arrangements.

Within this report, CQC definitions are given for each of the priorities then the information and references to evidence obtained during the audit are presented beneath as 'Current Position'. Where appropriate and/or relevant, more subjective comments are included under the sub heading 'Comment / Suggestion'. These subjective observations are offered for information and advice in light of best practice examples.

The findings contained in this report are based on the procedures and practice that were evident during the audit which took place in January 2010. It should be noted that no file audits were carried out or external information used, therefore there is an element of trust that the information provided is accurate and correct.

Acknowledgements:

Funding for this programme of work has been provided through the Regional Improvement and Efficiency Partnership (Improvement East) overseen by the Joint Improvement Partnership for the Eastern Region. The support and assistance received from both organisations has been invaluable in progressing this important agenda,.

It is also recognised that this work would not have been possible without the assistance and cooperation of the staff within each of the Councils. Their help, time commitment and willing participation in this project has been greatly appreciated.

Findings and Observations:

1. CQC's priorities for the strategic approaches required to establish and maintain effective safeguarding arrangements.

1.1 Multi Agency Commitment; A multi agency forum that has appropriate senior leadership, senior representation from other agencies and stakeholders so that decisions can be taken appropriately and in a timely way. Mechanisms should be in place to secure the views of people in situations that make them vulnerable, and those of carers and these should be taken into account in the work of the board.

Current Position:

Norfolk have a multi agency Safeguarding Adults Board with good representation from senior managers in statutory organisations and partner agencies all of whom have delegated decision making authority.

The Board is currently Chaired by the Assistant Director for Norfolk Adult Social Services however at the time of the audit they were working towards the appointment of an Independent Chair and a draft job description had been prepared. Funding for this appointment will be met jointly by Social Care, the Police and Health.

There are currently a couple of lay members represented on the Board and there is an intention to increase the number in the coming year. Consideration is also being given as to how best to improve service user representation. Norfolk Coalition of Disabled People have been approached and people who use services are being asked at their reviews if they would be prepared to provide their views and feedback in the future.

1.2 Strong Leadership and Political Support; Council members need to be knowledgeable about safeguarding and kept abreast of local and national enquires and reports

Current Position:

There is not a specific safeguarding adult champion in Norfolk as the preference is to take a more integrated approach with safeguarding running as a continuous thread through everything. Champions do exist in other areas which all have safeguarding remits these include Carers; Learning Difficulties; Mental Health; Older People; Physical Disabilities & Sensory Impairment; Restorative Approach; and Supporting People.

The engagement and awareness levels of elected members more generally across the Council, with regards to safeguarding adults, are very variable. Training is available from the Learning & Development Team and safeguarding is included in their induction training. However not all elected members attend induction training, as it is not compulsory, and take up of the more specific training is very poor.

The Safeguarding Adults Board Annual Report is presented to and scrutinised by the Councils Scrutiny Panel who would also provide a challenge to national enquiries and reports if these were drawn to their attention. However it is more likely that national and local reports would be considered by the Safeguarding Adults Boards where there is elected member representation.

Comment / Suggestion:

It is recognised that more could be done to direct elected members towards the safeguarding adults training that is available. It is worth noting that the Improvement and Development Agency (I&DeA) have recently produced a useful Councillors' Briefing on Safeguarding Adults to help councils fulfil their responsibilities to adults in vulnerable circumstances. They are also offering councillor development sessions and working on a toolkit to enhance the scrutiny process with regards to adult safeguarding. Further information is available at www.idea.gov.uk

1.3 Governance Arrangements; Reporting mechanisms need to be clear and appropriate with a clear route for the reporting of the work of the safeguarding board.

Current Position:

The Norfolk Safeguarding Adults Board is not accountable to any external body such as the Local Strategic Partnership Board therefore there are no upward reporting arrangements.

There are however six sub-groups who report to the Board, these are: Learning & Policy; Performance; Risk; Health; Mental Capacity; Communication. These are in addition to the Local Safeguarding Partnerships one of which is based in each of the five locality areas. All of these groups are required to provide a quarterly report of their activity and progress to the Board.

The membership of the sub-groups is due to be reviewed by the Board due to the low level of attendance and commitment. It is proposed that short-term administrative support will be provided from the safeguarding team to assist in the reformation of the groups.

The Local Safeguarding Partnerships are the vehicle for two way communication between the Board and the localities. They ensure that the Boards key objectives are actioned and delivered at a local level as well as feeding back successes, issues and concerns to the Board.

There is evidence that the Board have driven initiatives for improvement in practice particularly in response to the findings resulting from the Safeguarding Practice Audit undertaken in 2009. A variety of forms used in the safeguarding process have been updated and Best Practice Guidance that was in draft form at the time of the audit was due for publication in March 2010.

Comment / Suggestion:

Consideration should be given to the governance arrangements for onward reporting from the Safeguarding Adults Board to ensure there are relevant high level strategic links made with partners in other services.

1.4 Performance Management; Systems need to be in place for ensuring that safeguarding practice is achieving the best possible outcomes for people. There should be a relevant data set including qualitative information that is reported to senior management team and team managers.

Current Position:

There is confidence that the information required for the NHS Information Centre Data Collection will be captured and available for the return.

The Performance Board considers assessment and referral times, monitors targets and numbers of referrals. Regular performance monitoring allows anomalies in the process to be identified and picked up which in turn triggers actions.

Comment / Suggestion:

While there are some systems in place to capture and report quantitative data, there is little evidence of more qualitative information reports. Consideration could be given to the reporting of factors more related to the client, for example: if their wishes were considered; if they felt relevant people attended the strategy and case conference meetings; whether they understood the safeguarding plan that was put in place for them; and if they feel safe and protected as a result of the intervention.

Due to the requirement for the NHS Information Centre Data Collection there is now the ability to access a considerable amount of safeguarding information that was not previously available. This provides the opportunity to re-evaluate management reporting and create a suite of data reports that can be used for monitoring and improvement purposes.

Further work would be required to assist managers to understand what the data means and it would be helpful to have guidance that informs them when high or low instances are positive or negative indicators.

1.5 Quality Assurance; Ensure Quality assurance frameworks capture safeguarding activity and the outcomes of that activity for the victim.

Current Position:

There are clear standards for safeguarding vulnerable adult set out in the Quality Assurance Framework. These standards cover the whole process from alert to review and include consideration of case recording, training issues, strategic management and multi agency working. However, it was acknowledged that they are not used as robustly as they could be and the safeguarding team need to revisit how they are actually being applied.

There is a Quality & Assurance Team who are seen as an integral part of the adult abuse strategy process. They will regularly become involved in the monitoring of actions that arise from safeguarding strategy meetings and work jointly with adult protection practice consultants. .

An audit of safeguarding practice was undertaken in 2009 and the findings from this report are being used to improve the quality of practice.

Matters related to assuring quality are also picked up and addressed in staff supervision, new guidance for this is due out imminently.

1.6 Service Strategies and Joint Strategic Needs Assessments; Safeguarding should be embedded in service strategies; councils need to demonstrate that they are commissioning safe services by taking into account relevant local intelligence.

Current Position:

There is a good level of confidence that safeguarding is integrated and embedded in the strategies and plans in Adult Social Care, the PCT, Partner Agencies, the Council and Commissioned Services.

Work is currently underway to develop a section within the Joint Strategic Needs Analysis (JSNA) that relates to “Adults at Risk of Abuse” once this has been achieved it should be possible to identify populations of vulnerability and susceptibility for safeguarding.

1.7 Contracting Processes; Safeguarding should be integrated into contracting processes across all sectors with clear expectations and reporting requirements placed upon providers that will help prevent harm and abuse. Contract monitoring and other work to improve the performance of providers should also have a focus on their safeguarding arrangements.

Current Position:

The Councils contractual agreements with registered care providers require them to sign up to and observe the Norfolk Joint Safeguarding Protocol. Compliance is monitored by the Quality & Assurance Team with safeguarding specifically referred to within the monitoring systems used during their establishment visits.

Performance ratings of registered providers are tracked and monitored using a variety of information sources such as: the Quality Assurance Team’s monitoring processes; annual CRILL & LAMA reports from CQC; regular meetings with CQC Local Area Manager and Inspectors; and internal monthly monitoring of the CQC website.

There is a written policy which states that the Council will not commission care services from providers who have received a ‘poor’ inspection rating outcome. When this occurs an action plan is agreed with the provider which mirrors the Implementation Plan and timescales required by CQC. Members of the Quality & Assurance Team then work with the provider to bring about the required improvement. The suspension of placements will not be lifted until an improved rating has been received.

Comment / Suggestion:

A Regional Standard for contracting for adult social care and housing support services was approved by the Directors of Adult Social Care Services in the East of England in October 2008. This was developed by the Councils in the Region to standardise and streamline the procurement process and contract documentation. The Provision of Services section C8 within of the Terms and Conditions of Contract for Services (version 2.0 asc – 4 January 2010) refers specifically to Safeguarding. The section clearly sets out the expectations, requirements and responsibility of the service providers with regards to the safeguarding of vulnerable adults and includes: the requirement for their cooperation with the Council; the management and monitoring of staff; the need for policies and procedures that have been approved by the Council; safeguarding training; recruitment and vetting procedures; sharing of information; and immediate notification of any suspected abuse.

The monitoring tool for contract standards for care homes that is currently being rolled out has a safeguarding and safety section. The safeguarding element requires providers to be able to evidence four aspects related to policy, two for records and one each for staff and service users.

1.8 Community Safety Forums; Ensure that there are relevant links made with local community safety forums

Current Position:

There are good operational links with Community Safety through the co-location of specialist social workers in the Police Adult Protection Units.

Wider community connections are picked up through the Multi Agency Risk Assessment Conference (MARAC) and Multi Agency Public Protection Arrangements (MAPPA) groups. The Safeguarding Adults Manager is the direct link for these groups and is currently developing communications and building relationships.

Comment / Suggestion:

While there was evidence of links with Community Safety at an operational level, it was not clear if the same connections were made at a strategic level. There did not appear to be representation from the Crime & Disorder Reduction Partnership or the Community Safety & Domestic Violence Partnership on the Safeguarding Adults Board. It may be worth considering inviting representatives or having a representative from the Board attend their partnership forums. This would ensure common factors and issues for concern could be addressed in a multi agency manner.

1.9 Involvement of People who use Services; As well as capturing the voice of people in the work of the safeguarding board, they should also inform commissioning processes. In order to do this most effectively people need to have an understanding of what safeguarding is and what feeling safe means to them.

Current Position:

A large scale consultation process, *More Choices Better Choices*, was undertaken in 2008 as part of the Day Opportunities Review. The consultation mainly targeted people aged 55 and over, looking at supported day opportunities, sheltered housing and housing support, residential care, social care information advice and support, and services for carers. Participants were not asked specifically if attending day opportunities made them feel safer, however 'a safe environment' was one of the ten categories in the options of what people would find most important when choosing a supported day opportunity. Interestingly it came out as the least important factor in their decision making, with company, keeping mentally active, transport and affordability ranking the highest.

Although this is not directly related to safeguarding adults, it is a good example of engaging with people and highlights the importance of listening to their views when commissioning services.

More specific information for safeguarding adults is obtained primarily through the review process. However, as discussed in 1.1, consideration is being given as to how the views and experiences of people who have been abused and the subject of a safeguarding adults investigations can be better obtained.

Comment / Suggestion:

When considering the methods and approach to take for involving and engaging with people who use services, suitable reporting mechanisms should be included to ensure regular feedback to the Safeguarding Adults Board to raise awareness and inform commissioning decisions.

1.10 Dedicated Resources; Specialist resources to support safeguarding activity at both strategic and operational levels across the council. This is often best achieved through dedicated safeguarding co-ordinators but may also be realised through a network of champions

Current Position:

The Assistant Director of Adult Social Services for Norfolk County Council is seen as the strategic lead for Safeguarding Adults and in this capacity Chairs the Safeguarding Adults Board. The Safeguarding Adults Team Manager assumes the function of the safeguarding coordinator. This role is split on a 50% basis between strategic and operational responsibilities and balances both the policy and development work alongside more hands on management of the team and complex cases.

2. CQC's priorities for the operational approaches required to establish and maintain effective safeguarding arrangements.

2.1 Policies; Effective procedures to help to ensure a consistent approach to safeguarding and the management of risk and to support staff in their practice.

Current Position:

Norfolk have a Safeguarding Adults Joint Policy and Operational Procedures to help all staff who come into contact with vulnerable adults to recognise the signs of abuse, know when and how to raise an alert, and then how to progress through an investigation. These procedures are currently being reviewed, therefore it seems inappropriate to comment on the existing ones, that were produced in 2006, when they are about to be superceded by the new version due mid 2010.

Comment / Suggestion:

The current procedures are available on the Councils website and it is assumed that the new version will be posted there when they are completed. If this is the case, it may be worth considering splitting the electronic document into sections or inserting hyperlinks in the content page to aid navigation and facilitate easier and more immediate access to the specific sections.

2.2 Specialist Staff Resources; Staff find it valuable to have access to specialist advice. There is also a need to balance this approach against the need to develop skills across all of the workforce.

Current Position:

There are five Safeguarding Practice Consultants, one based in each of the councils localities, allowing operational staff direct access to advice and support. In addition the Safeguarding Team Manager is available to respond to queries and concerns that may arise from staff, service providers or members of the public. The Councils legal department also provide useful support and advice as and when required.

2.3 Public Information; The public need to be aware of safeguarding, and know what to do if they have a concern, contact arrangements need to be clear and easily understood. Information should be made available in a variety of languages and across different mediums.

Current Position:

Public awareness has been identified as an area for improvement and it is understood that the Communications sub-group are due to review and up-date the leaflets and posters during 2010. The subgroup will also be considering the availability of materials in none English languages as these are not currently provided although a translation service can be accessed if required or requested.

There is a collaborative project being undertaken to produce a CD Rom for use with the travelling community which will include information on safeguarding and hate crime.

The Councils website has an option for Adult Social Services which contains a link for Adult protection and takes the enquirer to the Safeguarding Adults/Adult Protection webpage. A member of the public would be able to click the option "Advice/where to get help" and access contact details for Social Services, the Police and CQC; however there is no actual information about how to recognise abuse or what to do if they have concerns. There is a separate link to a booklet "Safeguarding Adults at risk of Abuse" but this appears to be aimed more at professionals than members of the public who might be seeking information. The webpage does have a link to an easy read safeguarding leaflet for people with Learning Difficulties but there is no general leaflet available that could be printed off or downloaded.

2.4 Proportionate Actions & Thresholds; When referrals are made there is a need to ensure robust decision-making processes are undertaken that are followed through in terms of appropriate responses. Protection plans should reflect actions taken to secure safety, which includes clear expectations of monitoring and review arrangements and taking account of the views of people at the centre of the process. The procedures should provide a consistent understanding across the community on what constitutes a safeguarding referral

Current Position:

The brief and work undertaken for this Audit of Safeguarding Adults Practice & Procedures did not include any examination or assessment of client case files, therefore there is limited information available to respond to these CQC priority areas. Councils who are conducting their own regular case file audits (covered in 2.5 below) should be aware of their ability to fulfil these CQC requirements. All this audit is able to do is to comment on the processes and procedures that were evidenced and shown to be in place, how these work in practice is for the individual authorities to determine and monitor.

Norfolk's procedures appear to have: clear instructions about the decision making process once a referral is received; unambiguous definitions of what constitutes abuse; a number of options to assist operational teams to make judgments following an allegation of abuse; examples and templates for staff to use and follow; and systems for accurate record keeping and recording.

2.5 Review and Audit of Casework; This can be achieved by regular supervision that integrates all safeguarding cases, systematic case file audits, peer reviews, multi agency practice forums.

Current Position:

An internal audit of safeguarding cases was undertaken in the summer of 2009. The purpose of the audit was to ensure the Vulnerable Adults Joint Policy and Operational

Procedures were being reflected in everyday practice with investigations carried out in a consistent manner to an acceptable quality with appropriate outcomes. The findings from the audit have resulted in a number of changes that impact on practice including: improvement to the electronic forms to ensure clear and robust recording; development of a best practice fact sheet to provide guidance for practitioners to raised the quality of recording; the introduction of refresher training; the development of quality standards to monitor independent provider training; ToR and JD's for the Board and members; and the development of a serious case review protocol.

Safeguarding case work also features in staff supervision sessions where on-going cases are discussed and monitored by managers. A further overview of safeguarding case work is achieved through the requirement of the managers authorisation for closure on completion of an investigation.

Good practice examples and "lessons learnt" from cases are shared with the Safeguarding Adults Board and sub-groups; practice forums; partner agencies; and the Adult Social Services Learning and Development Team

2.6 Management of Risk; Particularly relevant to the personalisation agenda and balancing people's rights to make choices with safety considerations.

Current Position:

The Safeguarding Adults Training includes a section on "How to Assess for Risk"

There are elements of risk assessment and risk management carried out throughout the safeguarding process including the strategy discussion: strategy meeting; case conference; safeguarding plans; and as part of serious case reviews.

Comment / Suggestion:

Although reference is made to both the assessment and management of risk through out the Safeguarding Adults Joint Policy & Operational Procedures, there is not specific guidance, tool or template provided. Staff may find it helpful to make reference to specific risk indicators and base the assessment of risk on a standardised scoring system. A risk management template would make a useful addition to the adult protection plan to ensure all relevant points had been considered and a consistent approach was taken. It may be worth considering including risk assessment and management tools within the procedures as part of the refresh that is currently being undertaken.

2.7 Information Sharing; Protocols need to be in place that ensure that information is shared appropriately across all agencies, that the protocol supports staff in their practice.

Current Position:

There is an information sharing protocol that provides an over-arching framework for sharing information between other agencies and organisations. This is currently awaiting final sign up from one of the acute health trusts.

2.8 Access to Advocacy; in particular Independent Mental Capacity Advocates which may have a role in safeguarding cases. Advocacy will have an increasing relevance with greater personalisation of services.

Current Position:

Advocacy services and Independent Mental Capacity Advocates (IMCAs) are deployed whenever appropriate and there is a good level of provision and access to advocates across all services groups.

Norfolk also commission a financial advocacy service from Age Concern which is well used across the county.

A recent successful prosecution under section 44 of the Mental Capacity Act was achieved due to good multi agency cooperation which included assistance with assessments from the IMCA service.

Summary of Suggested Improvements & Recommendations:

- Encourage greater take up of safeguarding training by elected members to ensure they are fully engaged and aware of the safeguarding adults agenda. The I&DeA councillor's briefing pack could be considered as an additional resource.
- Consider the governance arrangements and accountability of the Safeguarding Adult Board to ensure onward reporting to an external body such as the Local Strategic Partnership.
- More qualitative information reports would provide greater insight particularly in relation to how people experience the safeguarding process. Consideration could be given to the reporting of factors more related to the client. Examples of how this type of information has been successfully collected both in the region and nationally will be available on the [JIP Good Practice database](#)
- It would be beneficial to utilise the NHS Information Centre Data Collection information and create a suite of management reports that can be used for monitoring and improvement purposes.
- Consider representation from the Crime & Disorder Reduction Partnership or the Community Partnership on the Safeguarding Adults Board to ensure common factors and issues for concern are addressed in a multi agency manner at a strategic level.
- Develop regular reporting and feedback mechanisms to the Safeguarding Adults Board to ensure awareness of service user views and experiences.
- Consider including hyperlinks in the electronic version of the revised policies and procedures to aid navigation and access.
- Considering including risk assessment and management tools within the safeguarding procedures as part of the refresh that is currently being undertaken.