

# Adult Social Services Overview and Scrutiny Panel

Date: **Tuesday 21 July 2009**

Time: **2 pm**

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

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

## **Membership**

Mr A Adams  
Mr B Borrett  
Mr D Callaby  
Miss C Casimir  
Baron Cheney of Horsbrugh  
Mr T Garrod  
Mr P Hardy  
Mr D Harrison  
Ms D Irving  
Mr J Joyce  
Mr M Kiddle-Morris  
Mr S Little  
Ms J Mickleburgh  
Mr J Mooney  
Mr J Perry-Warnes  
Mr N Shaw  
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](mailto:timothy.shaw@norfolk.gov.uk)

## A g e n d a

Officer

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

2 **Election of Chairman**

3 **Election of Vice-Chairman**

4 **Minutes**

(Page )

To confirm the minutes of the meeting of the Review Panel held on 9 March 2009.

5 **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.**

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

**7 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 Thursday, 16 July 2009. Please submit your question(s) to the person named on the front of this agenda. For guidance on submitting public questions, please use the link below:

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

**8 Local Member Issues/Member Questions**

Please note that all questions must be received by 5pm on Thursday, 16 July 2009. Please submit your question(s) to the person named on the front of this agenda.

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

**Items for Scrutiny**

**10 Scrutiny Report Mike Gleeson (Page )**

**Overview Items**

**11 Service Planning Update Jeremy Bone (Page )**

**12 2008-09 Revenue and Capital Budget Monitoring Out-turn Report Janice Dane (Page )**

**13 Adult Social Services Performance Report Colin Sewell (Page )**

**14 Quality Assurance Framework Catherine McWalter (Page )**

**15 NHS Norfolk Strategic Plan 2009-2014 and the Implications for Adult Social Care Mark Taylor (Page )**

**16 Findings of Careforce Survey Undertaken on Behalf of Adult Social Services by Age Concern Harold Bodmer (Page )**

**Group Meetings**

**Conservative  
Liberal Democrats**

**1 pm  
1 pm**

**Mezzanine Room 2  
Room 504**

**Chris Walton  
Head of Democratic Services**

County Hall  
Martineau Lane  
Norwich  
NR1 2DH

Date Agenda Published: 13 July 2009



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**Adult Social Services Overview and Scrutiny Panel**

**Minutes of the Meeting held on 9 March 2009**

Present:

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

Substitute Members Present and Apologies:

Mr F Pitt-Pladdy for Mr J Joyce  
Mr R Blower  
Mrs S A F Rice

Also Present:

Mr C Mowle – Non-voting Cabinet Member  
Mrs S Gurney – Non-voting Deputy Cabinet Member  
Mr J Joyce (Attending after having been substituted for the meeting)

Officers/Others:

Bharat Raghu	-	Attending as a member of the public for the Public Question at Item 5
Harold Bodmer	-	Director of Adult Social Services
Janice Dane	-	Head of Finance, Adult Social Services
Terry Cotton	-	Quality Assurance Officer, Domiciliary Care, Adult Social Services
Colin Sewell	-	Performance Manager, Adult Social Services
James Bullion	-	Assistant Director, Community Care, Adult Social Services
Lorraine Barrett	-	Head of Service, Community Care, Adult Social Services
Mike Gleeson	-	Head of Democratic Support, Adult Social Services
Chris Wilton	-	Head of Democratic Services
Sue Happs	-	Project Manager, Community Care, Adult Social Services
Dennis Bacon	-	Chairman of Norfolk Independent Care
Jeremy Bone	-	Planning and Policy Officer, Adult Social Services

**1 Apologies**

Apologies for absence were received from Mr R Blower and Mrs S Rice

## **2 Minutes**

The Minutes of the previous meeting held on 12 January 2009 were received by the Adult Social Services Overview and Scrutiny Panel and signed by the Chairman.

## **3 Declarations of Interest**

There were no declarations of interest.

## **4 Items of Urgent Business**

There were no items of urgent business.

## **5 Public Question Time**

The Overview and Scrutiny Panel received the following public question from Mr Bharat Raghu:

“The way the Commission for Social Care Inspection (CSCI) reached its judgements has been criticised up and down the country. Only this week I read of a Council that has publicly joined the bandwagon of critics. There are cases of where star ratings have been changed only after threats of Judicial Review. There are cases where CSCI would not change their judgement about a home even when information is available to them that could change that judgement. This is on top of the fact that we have a star rating system that is flawed. In these circumstances, how can you be sure that the star rating of a care home properly reflects the true quality of the home?”

In response the Chairman gave the following answer:

“I think we can all agree that we should be ensuring that there are quality services available for all people in Norfolk. Given the County Council’s responsibility for commissioning services and the significant investment in this, it is essential that we ensure that we reward and recognise quality.

Our proposal means that we will be linking price and quality and I do not believe that anyone would disagree with this principle or that we should not be paying the same for services where one is seen as poor and another is excellent.

In moving to reward quality we need to use a benchmark and at this point in time the most transparent system to use is the CSCI star ratings. These are published ratings based on the visits by inspectors to care homes. I acknowledge that there are some practical issues here and that is why this year we see this as a pilot scheme.

We have no intention of abandoning poor services, in fact we want to work with them to improve, and as part of this process we will be making available a fund, to be managed by our Quality Assurance Team, to support these homes and assist them to improve quality.

The question also raises concerns about how the Commission for Social Care Inspection works, which I cannot answer, and really needs to be addressed to the Commission. All I can reiterate is that this is a direction we wish to take and the use of CSCI ratings is the fairest and most transparent at present.”

Mr Raghu then asked the following supplementary question:

“Where a home’s star rating has been changed, eg following Judicial Review, would the increased fees be paid retrospectively and, how would you go about identifying the residents who were in the home at the time and the duration?”

In reply, the Director gave the following answer:

“Increases will be based on the published CSCI ratings as at 1<sup>st</sup> April and reviewed annually. Where a mistake has been made in the star rating of a home, then increased fees will be backdated to the previous 1<sup>st</sup> April. The Department keeps detailed records and will be able to identify residents who are in a home at a particular time and the duration of their stay.”

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

There were no Local Member issues.

## **7 Cabinet Member Feedback on Previous Overview and Scrutiny Panel Comments** **(a) Delivering Joined-up Health and Social Care Services** **(b) Procuring the Adult Substance Misuse Treatment System for Norfolk**

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

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

It was noted that these issues had not previously been reported to the Review Panel before having been considered by the Cabinet.

## **SCRUTINY ITEMS**

## **8 Outcomes of the Visits by Members of the Quality and Home Care Working Group**

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

The Overview and Scrutiny Panel received a report from the working group following visits by Members to service users who received home care from independent sector and in-house providers to assess how quality standards were being set and maintained. It was noted that all the service users that Members had visited had been carefully chosen and had welcomed the interest that had been shown in their home-care service.

During discussion, the following key points were made:

- The Department had a dedicated Quality Assurance Officer who conducted regular unannounced monitoring visits to ensure quality was always of the highest standard.
- It was noted that some service users had expressed concern about the system for on-going billing, which left them unclear at the start of their care about the level of payment. Because most people needed care very quickly, it could take up to three weeks before service users received their first bill.

- It was noted that the Working Group would continue to meet and in so doing could review a number of planned improvements in the billing system, designed partly to improve arrangements with the independent sector.
- It was noted that as the independent sector provision increased, it would be possible to phase out the use of 'mixed packages of care' where more than one provider was involved, and also to ensure a greater consistency for service users.
- The Director spoke about the publicity associated with recent changes in home-care provider in Norwich and parts of south Norfolk. The changes were part of a re-tendering of nine home-care contracts in Norfolk, designed to create an increased number of care homes, and to strengthen the contractual arrangements with the independent sector. Details about the changes could be found in a briefing note that had been sent to Members prior to the meeting.

The Panel agreed to the following recommendations from the Working Group:

- The quality of home care provided was generally very good and people with complex care needs were being well supported in their own homes, by both public and private sector providers.
- The Panel acknowledged the calibre and commitment of care workers, supporting service users and their informal carers.
- The Panel endorsed the approach of focussing on the service user and their informal carer's experience of receiving care being central to assessing the quality of home care support.
- The Panel asked to receive regular reports on Quality in Home Care, which would include Norfolk First Support (the in-house re-ablement service)
- That the Working Group of Members should continue to meet at least twice yearly to continue to oversee the quality of home-care in Norfolk. The Working Group should undertake annual visits to service users.
- That further member visits should take place in September 2009 and focus on the new home-care providers. Particular focus should be on the completeness of service users and care-workers' files, the quality and quantity of training offered to care-workers, and the level of record keeping in the service users home.
- The Panel endorsed the view of the Working Group that home-care visits should be an element of induction for Members of the Panel. Furthermore, the issue of home-care should feature, in an informal way, for all new Members.
- That there should be a review of service users who receive services from more than one provider. This includes situations where two service users in their own home receive services from more than one agency.
- The Scrutiny Panel should receive the outcome of this officer review at its meeting in September 2009.
- That the planned development of Information Technology in respect of rostering of in-house services and billing for services be reviewed and reported back to the Panel.

## **9 Review of Community Meals**

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

The Panel received a report which gave a range of options for changing and improving the Community Meals Service.



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

- The use of the Community Meals Service was declining.
- The Department intended to improve the quality, choice and coverage of the Community Meals Service.
- It was important to offer the same quality of provision to all, and to similar standards.
- Users should be able to choose from a large menu, that included specialist diets.
- Food should be sourced from local providers.
- The meal quality should be consistently high, including (for non-frozen meals) the temperature at which it was served.
- It was noted that with the exception of option 2, the options set out in the report required Norfolk County Council to cease its current contracts, including the largest with Norfolk County Services. Ending this contract would affect other areas of Adult Social Services, specifically Residential Care Homes.
- Those currently providing the community meals service were unable to support adults with dementia who required assistance to prepare and eat their meal.
- It was noted that there were special devices/aids that could be purchased on the open market to help people with dementia to prepare their own food.
- Members asked for further reports to the Panel to give careful consideration to all the available options and explain what can be done to help those with dementia who need support at meal times.

Resolved

- (a) That the Panel accept the findings of the Review of Community Meals Report and agree in principle to:
- Work towards a meal service that is universally available across the County
  - Ensure that the service is flexible and equitable and offers a diverse choice of nutritious food
  - Ensure that people are supported in appropriate ways to access food options that are healthy and enjoyable.
- (b) That the Panel receive a further report on the results of consultation around different options available to achieve the above-mentioned objectives.

## **10 Update Regarding Delayed Discharges**

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

The Panel received a report that gave an update regarding delayed transfers of care from hospitals in Norfolk.

The Panel noted the report.

## **11 Scrutiny Items Progress Report**

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

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

The Chairman noted the excellent performance by the Adult Social Services staff.

The Panel noted the report.

## **OVERVIEW ITEMS**

### **12 2008-9 Revenue and Capital Budget Monitoring Report**

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

The Panel received a report that stated the forecast revenue outturn position for the financial year 2008/9 was an overspend of £0.521m, based on the information available at the end of January 2009, period 10. At this stage of the financial year there was slippage predicted on the capital programme of £3.584m.

The following key points were noted:

- The comment was made that at a time of economic recession the Department should aim to stimulate the local economy by spending monies agreed for large capital schemes at the earliest opportunity.
- The comment was also made that it would be useful to have a representative of Norfolk Property Services Limited attend the next meeting to answer detailed questions concerning capital building schemes.
- It was noted that a number of capital schemes took place over more than one financial year.
- The number of older people in residential and nursing placements had started to show a slight increase. The Department was looking to maintain numbers at their current level.
- The slippage in the budget concerning housing grants to resettle clients from Little Plumstead Hospital related to delays in settling legal charges on properties.
- The Learning Difficulties Community Homes Resettlement Scheme was expected to be completed by September 2009.

The Panel noted the report.

### **13 Payment Levels for Independent Sector in 2009/10**

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

The Panel received a report about proposals going to Cabinet on 6 April 2009 concerning payment levels to independent sector providers of care services for adults for the 2009/10 financial year.

The Chairman welcomed to the meeting Mr Dennis Bacon, the Chair of Norfolk Independent Care (NIC), an umbrella group that brought together representatives from independent care providers.

The following key points were noted:

- For 2009/10 the price of residential and nursing home packages would be linked to the quality of care provided as a way of rewarding the best providers. This was

generally supported by Norfolk Independent Care.

- Mr Bacon said that in the current economic recession a number of independent care homes were struggling to financially break-even. Those running independent care homes were finding it increasingly difficult to obtain the funds necessary to make capital improvements, and would welcome whatever assistance the County Council could provide.
- The Panel noted that support packages would be provided for struggling homes to help improve quality, and manage the impact of the economic recession. A fund of £150,000 had been identified for this purpose.
- The standard achieved by independent homes and the fees that they charged were well known to the Department.
- It was suggested that Members should search the CSCI website for information about the residential homes that were situated in their divisions.

The Panel supported the proposed fee increases and noted that the matter would be reported back to Members of the Panel after the Cabinet had reached a decision.

#### **14 Adult Social Services Performance Report**

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

The Panel received a report that explained changes to the performance assessment framework of the Commission for Social Care Inspection (CSCI) and explained performance progress against the key performance indicators for 2008/9.

The Panel noted the report.

#### **15 Service Planning Update**

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

The Panel received a report that outlined the proposed service planning framework for Adult Social Services for 2009/12, detailing the elements that would be monitored in the coming year.

The Panel noted the report.

#### **16 Norfolk Local Involvement Network**

The annexed report by the Head of Democratic Services was received.

The Panel supported a protocol for referrals to the Council's scrutiny structure from the Norfolk Local Involvement Network that was attached at Appendix A to the report.

The meeting concluded at 12.10 pm

**Chairman**



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## Cabinet Member Feedback

Report by the Cabinet Member for Adult Social Services

### Summary

This report gives feedback to Overview and Scrutiny Panel from Cabinet regarding exemption from competitive tendering for the re-issue of Supporting People contracts for accommodation based services and the jointly funded Mental Health Floating Support Service.

<b>Report</b>	Renewing Supporting People Service Contracts
<b>Date Considered by O&amp;S Panel:</b>	Not considered by Overview and Scrutiny Panel
<b>Panel Comments:</b>	Not applicable
<b>Date Considered by Cabinet:</b>	May 2009
<b>Cabinet Feedback:</b>	<p>Cabinet agreed that.</p> <ul style="list-style-type: none"><li>• An exemption from competitive tendering for the re-issue of contracts for accommodation based services, under Section 3.2 of the County Council's Contract Standing Orders (CSO), should be granted for five years on contracts expiring in 2009. The exemption would cease in 2014.</li><li>• The jointly funded Mental Health Floating Support Service is exempted from re-tendering under CSO 3.2 and 3.1e(I) and extended for a further three-year period before being subject to a sectoral review and consideration of tendering options.</li></ul>
<b>Action Required:</b>	Review Panel are asked to note the feedback from Cabinet

Officer Contact(s) Harold Bodmer on: 01603 223175

Background Document(s) N/A



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## **Cabinet Member Feedback**

Report by the Cabinet Member for Adult Social Services

### **Summary**

This report gives feedback to Overview and Scrutiny Panel from Cabinet regarding the payment levels to independent sector providers of care services for adults for the 2009/10 financial years.

<b>Report</b>	Payment Levels for Independent Sector in 2009/10
<b>Date Considered by O&amp;S Panel:</b>	March 2009
<b>Panel Comments:</b>	The Panel supported the proposed fee increases and noted that the matter would be reported back to Members of the Panel after the Cabinet had reached a decision.
<b>Date Considered by Cabinet:</b>	April 2009
<b>Cabinet Feedback:</b>	The Cabinet agreed the fee increases.
<b>Action Required:</b>	Review Panel are asked to note the feedback from Cabinet

Officer Contact(s) Harold Bodmer on: 01603 223175

Background Document(s) N/A



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## **Cabinet Member Feedback**

Report by the Cabinet Member for Adult Social Services

### **Summary**

This report gives feedback to Overview and Scrutiny Panel from Cabinet regarding the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

**Report** Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

**Date Considered by O&S Panel:** Not considered by Overview and Scrutiny Panel

**Panel Comments:** Not applicable

**Date Considered by Cabinet:** May 2009

**Cabinet Feedback:** The Cabinet:

- Noted the changes introduced by the Act.
- Delegated the responsibility for authorising deprivations of liberty for people in Care Homes under the Act to the Director of Adult Social Services.
- Authorised the Director of Adult Social Services to enter into an agreement with NHS Norfolk and NHS Great Yarmouth and Waveney for the provision of an administrative process for authorising deprivations of liberty under the Act.
- Authorised the Director of Adult Social Services to enter an agreement with NHS Norfolk and/or NHS Great Yarmouth and Waveney for the delegation by the PCTs of their best interest assessment functions under Schedule 1A of the Act to the County Council under section 75 of the National Health Service Act 2006

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

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

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

**Cabinet Member Feedback**

Report by the Cabinet Member for Adult Social Services

**Summary**

This report gives feedback to Overview and Scrutiny Panel from Cabinet regarding the extension of the Norfolk Learning Difficulty Service's Section 75 legal agreement.

**Report** Report to Request the Continuation of Norfolk Learning Difficulties Service

**Date Considered by O&S Panel:** Not considered by Overview and Scrutiny Panel

**Panel Comments:** Not applicable

**Date Considered by Cabinet:** March 2009

**Cabinet Feedback:** The Cabinet approved the extension of the current integrated provision legal agreement for a period of 12 months until the 31 March 2010.

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

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

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



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## **Cabinet Member Feedback**

Report by the Cabinet Member for Adult Social Services

### **Summary**

This report gives feedback to Overview and Scrutiny Panel from Cabinet regarding the need to procure as a matter of urgency an eastern locality based Domiciliary Care Contract for older and disabled people to replace an existing contract, which was being terminated.

**Report** Appointment of Domiciliary Care Contract

**Date Considered by O&S Panel:** Not considered by Overview and Scrutiny Panel

**Panel Comments:** Not applicable

**Date Considered by Cabinet:** March 2009

**Cabinet Feedback:** The Cabinet noted the application of the Contract Standing Order exceptions in relation to this contract.

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

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

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



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## **Scrutiny Report**

Report by the Director of Adult Social Services

### **Summary.**

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

## **1 Scrutiny Work Programme**

1.1 The Existing Scrutiny Work Programme and its current status is shown below.

**Impact of new eligibility criteria under Fair Access to Care Services** – This is a standing item being referred to the Panel in January 2009 from Council. Reports have been presented to Panel in October 2005 and September 2007; a Member workshop to illustrate criteria and what it means in practice was held in May 2008. A further report is proposed for November.

**Modern Social Care** – This item was agreed by the Panel in September 2007, it being originally entitled the Introduction of CareFirst, and was recently agreed as a standing item. A post go-live report and system demonstration was presented to Panel in July 2008. A further update is proposed for September.

**An Older People and Poverty Progress Report** – This item was agreed by the Panel in September 2007 and was reported to Panel in November 2008. A further report is proposed for November.

**The Community Meals Service** - This item was agreed by the Panel in September 2007. Consultation has been taking place and initial findings were presented to the Panel in September 2008 with an update in March 2009. A further update will be presented in September.

**Development of the Learning Difficulty Service** - This item was agreed by the Panel in March 2008. A Members Seminar is being planned for September.

**Aids, Adaptations and Equipment Services** - This item was agreed by the Panel in May 2008, and a report was presented in January 2009. Further updates will be scheduled.

**Progress of the Social Enterprise Company – Whole Food Planet** - This item was agreed by the Panel in May 2008, and a report was presented in November 2008. Further updates will be scheduled.

**Transfer of seconded staff to the Norfolk and Waveney Mental Health NHS Foundation Trust** – This item was referred to Panel from Cabinet in July 2008. It was reported to Panel in November 2008 and a further update will be scheduled.

**Work with Carers** – This item was referred to Panel from the Scrutiny Meeting in September 2008. A report will be presented to the Panel in September.

## 1.2 Member Working Groups

Two Member Working Groups have been established:

**Proposals for the quality monitoring of the Home Support Service** – This was referred to the Panel from Cabinet in April 2007. An all party Working Group was established and a working programme agreed, including presentations from CSCI (now CQC), another authority and the in house Head of Service for Homecare. An update included in Member Bulletin for March and May Panels and was subsequently reported to Panel in March 2009. The Panel agreed that the Working Group would continue to meet at least twice yearly, undertake annual visits to service users and present regular updates for Panel.

**Member Working Group on Social Enterprise** - This item was agreed by the Panel in March 2008. The Terms of Reference were broadened to cover all aspects of Social Enterprise not just Home Support which were then presented, discussed and agreed at the May 2008 Panel. An initial meeting was held and minutes from that meeting copied to Panel in January 2009. A further programme of meetings was planned.

## 2 Scrutiny Meetings

2.1 Scrutiny meetings are planned for 2009:

- 29 July
- 30 September

All at 9.30 am in room 610

## 3 Section 17 – Crime and Disorder Act

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

## 4 Equality Impact Assessment

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

## 5 Action Required

5.1 The Review Panel is invited to:

- Note the dates of future scrutiny meetings.
- Make nominations for the working groups.
- Agree that the Scrutiny Work Programme will be prioritised and rescheduled where appropriate at the next Scrutiny Meeting.

Officer Contact

Mike Gleeson Head of Democratic Support Tel: 01603 222292



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**Service Planning Update**

Report by the Director of Adult Social Services

**Summary**

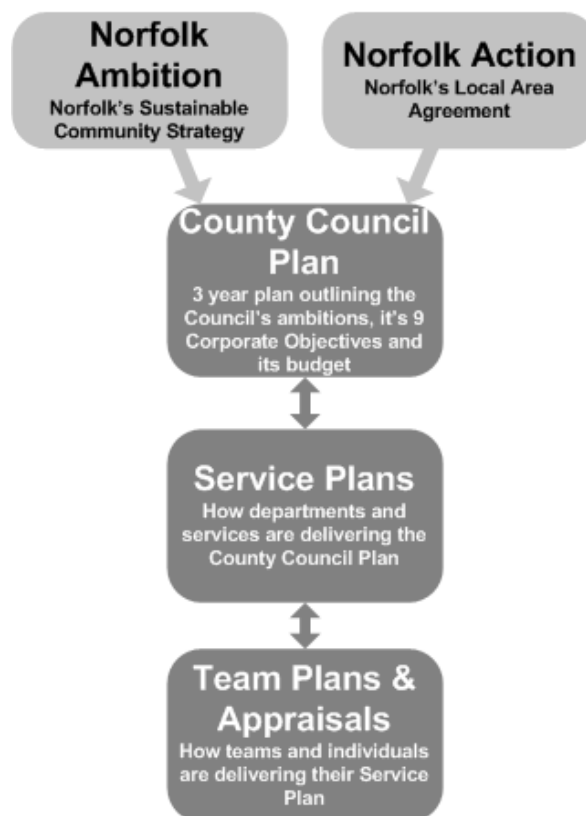
This paper presents the key elements of the recently completed Adult Social Services Service Plan. It also proposes a programme for monitoring and reviewing the service plan in the coming year.

**1 Background**

1.1 March Overview and Scrutiny Panel reviewed an early version of the Service Planning Framework.

To recap, this is the second year service plans have been completed to the consistent corporate template and approach. This approach emphasises the need for services to show how they are delivering the County Council Plan and the Local Area Agreement. It also specifies the use of service plans in setting individuals' appraisal objectives.

**Norfolk County Council's planning hierarchy showing the role of different plans**



- 1.2 In developing the service plan, the department considered a wide range of 'drivers' – the pressures that we face to improve from a wide range of sources. These include:
- The needs of Norfolk's Citizens and those who use our services
  - Financial pressures
  - Government and legislative requirements
  - The expectations of the organisations that inspect us – including the Care Quality Commission and the Audit Commission
- 1.3 The plan presented here is a single over-arching departmental service plan. For practical reasons this is also being broken down into smaller plans for the specific services i.e. Community Care, Learning Difficulties, Supporting People, the Drug and Alcohol Action Team and Central Services

## 2 Service Planning Framework 2009-12

- 2.1 In line with the corporate approach, the main building blocks of the service plan are service objectives.

Service objectives are the key objectives that we plan to deliver. Service objectives fall into two categories:

- Those that relate to service delivery – what we do on the ground for Norfolk citizens and those that use services – that help to deliver Corporate Objectives 1-9.
- Organisational objectives that relate to the way we do business – our customer care, value for money, and our workforce

- 2.2 Adult Social Services service objectives are as follows (The reference numbers conform to the corporate standard, and refer to the corporate objectives that they help deliver e.g. 'CP05 Improve the health and well-being of Norfolk's residents'):

<b>Ref</b>	<b>Objective</b>
CP03.17	Work with partners, including the Norfolk Safeguarding Adults Board and the Crime and Disorder Reduction Partnership, to reduce incidents of abuse and ensure people are free from neglect.
CP05.05	Increase the range and number of services for carers to support them in their role and ensure their own wellbeing
CP05.06	Further develop and improve access to a range of preventative services with our partners to improve adult health, well-being and independence
CP05.07	Establish a model of joint commissioning and planning with partners to tackle health inequalities and support independent living
CP05.09	Provide a range of services and supports to people in their own homes and that improve the independence of vulnerable adults

- CP05.10 Support people to arrange and manage their own support and meet their individual needs through self directed support so that half of all service users access services this way by 2011
- CP05.11 Work with partners to ensure peoples' accommodation is appropriate to their needs and maximises their independence and security of tenure.
- CP05.12 Work in partnership with the provider sector to ensure the availability and quality of purchased care services
- CP05.13 Maximise the benefits of care management systems and other care management improvements to ensure all cases meet the required quality standards and timescales
- CP05.14 Deliver seamless, integrated care between adult social care services and health services
- CP05.21 Work with the Norfolk Drug and Alcohol Partnership (N-DAP) to reduce the harmful impacts of drug use and alcohol misuse
- CP05.23 Work with providers of mental health services to improve the mental health of the local communities
- CP05.24 Provide and develop services and support that improve service users' and carers' employment opportunities and economic wellbeing, helping them to get and keep jobs.
- CP05.25 Ensure day opportunities promote community inclusion and focus on independence, skills development and prevention
- CP05.26 Deliver services in a way that promotes self-confidence and maintains the highest level of dignity and respect for people who use services
- CP08.02 Make sure all services are inclusive and accessible to all communities, and ensure that all service users are free from discrimination and harassment
- CPOOA.02 To make sure people can find all of the information they need about which health and social care services and support are available and how to access them easily
- CPOOA.04 Plan and commission services based on a full and up to date understanding of the needs of Norfolk's people, and fully involve people who use services in the design and review of services
- CPOOB.03 Sustainably manage expenditure and capacity to ensure we can meet demand for social services
- CPOOC.01 Ensure Norfolk County Council is a good employer
- CPOOC.02 Be a learning organisation so that we continuously improve service delivery
- CPOOC.03 Make use of effective workforce planning to equip us for the future

In addition, we plan to contribute to the delivery of the following corporate objectives, working with other departments:

- CP02 Provide safe, reliable, accessible and affordable transport
- CP09 Increase participation in sport, physical activity and cultural

activities to contribute to the wellbeing of Norfolk's residents

2.3 A more detailed Adult Social Services service planning framework is summarised in Appendix 1, which specifies for each objective:

- Actions – that we need to deliver to meet that objective
- Performance indicators – measuring the things that will help us know whether we're delivering the objective
- Risks – the things that might prevent us achieving the service objective
- Resource considerations – any specific budgetary implications of achieving the objective

### **3 Next steps**

3.1 The service plan is designed to be a 'live' document and we will review it throughout the year and identify new and emerging priorities.

The 'planning cycle' – the process of analysis, review and prioritisation by which we develop the plans – requires action throughout the year, particularly in order to effectively set the budget.

In addition, the service plan helps us monitor our overall performance in meeting our objectives, looking not just at performance indicators, but also at whether we've completed our actions and whether we are managing risks. In keeping with corporate guidance we will formally monitor progress against the service plan on a 6 monthly basis.

Taking all of this into account we are proposing the following programme for monitoring, reviewing and refreshing the service plan:

#### **2 November Overview and Scrutiny Panel (depending on corporate timetable)**

- Look at the planning context, pressures and drivers for Adult Social Services for 2010-2013
- Overall funding prospects, pressures and potential savings for 2010-2013

#### **January Overview and Scrutiny Panel (Date TBC)**

- 6 month review of progress against Service Plan 2009-2012
- Agree objectives and priorities for 2010-2013 service plan
- Update on Government's financial settlement
- Priority bids for capital funding

#### **March Overview and Scrutiny Panel (Date TBC)**

- Present proposed Service Plan 2010-2013

#### **July Overview and Scrutiny Panel (Date TBC)**

- Year end review of progress against 2009-12 Service Plan as part of year-end performance reporting

### **4 Resource Implications**

4.1 This paper follows on from previous Financial and Service Planning reports to

Overview and Scrutiny Panel, setting out in more detail how priorities translate into actions, and their performance and risk management implications. In monitoring the service plans throughout the year we will integrate key elements of financial monitoring.

## **5 Equality Impact Assessment**

5.1 Appendix 1, Paragraph/row CP08.02 highlights the specific actions and monitoring details for the work we are doing to ensure services are inclusive and accessible to all communities. This is also a theme running throughout the other objectives, and in completing the plan a Single Impact Assessment has been completed in line with corporate guidance.

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

6.1 Appendix 1, paragraph/row CP03.17 looks at the work we are doing to safeguard people who use services and carers.

Appendix 1, paragraph CP05.21 looks at the contribution the Drug & Alcohol Action Team are making to reducing drug and alcohol related offending.

## **7 Risk Implications/Assessment**

7.1 The table in Appendix 1 fully consider the risk implications of the proposed objectives.

## **8 Alternative Options**

8.1 There are no alternative options to the proposed approach.

## **9 Action Required**

9.1 Panel Members are asked to:

- Note the Service Planning Framework 2009-12
- Agree the process for monitoring and reviewing the 2009-12 Service Plan and developing the 2010-2013 Service Plan

## **Officer Contact**

<b>Name</b>	<b>Telephone Number</b>	<b>Email Address</b>
Jeremy Bone	01603 224215	jeremy.bone@norfolk.gov.uk
Colin Sewell	01603 223672	colin.sewell@norfolk.gov.uk



If you need this report in large print, audio, Braille, alternative format or in a different language please contact Lesley Spicer, Tel: 0344 800 8020, Minicom: 01603 223242, and we will do our best to help.



## Key elements of Adult Social Services' service planning framework

The below table summarises the key elements of Adult Social Services' service planning framework, showing:

- Service objectives
- Actions and milestones – the most important identified to help deliver the service objectives and the priorities identified in the Local Area Agreement and the County Council Plan. The service/s that deliver the action are denoted with the following 'tags' **CC** (Community Care), **LD** (Learning Difficulties Service), **SP** (Supporting People), **DA** (DAAT) and **Str** (Strategic or central services – Finance, HR & OD, Strategic Commissioning and Performance and Information)
- Performance indicators – the most important performance indicators that help to measure how well we are delivering all or part of the service objective
- Risks – the identified risks that could prevent us from achieving the service objective
- Resource consideration – the specific resource considerations relating to the service objective

Ref	Proposed Objective	Actions and Milestones	Performance Indicators	Risks	Resource Considerations
<b>Service delivery objectives / what we do</b>					
CP03.17	<b>Work with partners, including the Norfolk Safeguarding Adults Board and the Crime and Disorder Reduction Partnership, to reduce incidents of abuse and ensure people are free from neglect.</b>	<ul style="list-style-type: none"> <li>Reinforce the monitoring of safeguarding arrangements and processes, and implement the recommendations following the audit of safeguarding in July 2009 <b>Str</b></li> <li>Raise the awareness of safeguarding issues and peoples' rights, published in regular and easy read formats, and available in other languages <b>Str</b></li> <li>Deliver a new safeguarding training package for formal carers <b>CC</b></li> <li>Learning Difficulties Partnership Board to identify safeguarding lead by June 2009 <b>LD</b></li> <li>Renew the membership and structure of the Safeguarding Adults Board <b>CC Str</b></li> <li>Transfer the management of the Specialist Adult Protection Social Workers (SAPSW) to the Safeguarding Coordinator <b>CC Str</b></li> <li>Increase the number of SAPSW from 3 to 5 <b>CC Str</b></li> <li>Work with partners to promote information so that people with learning difficulties know what to do if they are victims of harassment or hate crime <b>LD</b></li> <li>Introduction and development of staff awareness/training of the Multi Agency Protocol – Tackling Hate Crime/Incidents Together <b>Str</b></li> </ul>	<ul style="list-style-type: none"> <li>LAA 6.12 Safeguards against poor treatment of vulnerable adults – Referrals Received for alleged abuse assessment within 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>RM ASSD CMG Failure to strengthen safeguarding arrangements for the new context of self directed support</li> </ul>	
CP05.05	<b>Increase the range and number of services for carers to support them in their role and ensure their own wellbeing</b>	<ul style="list-style-type: none"> <li>Continue to support the development of the Norfolk Carer's Council, to represent carers in decision making, including the appointment of a supporting officer (Carer's Coordinator) <b>CC</b></li> <li>Develop the Joint Carers Commissioning Strategy by June 2009 <b>LD CC</b></li> <li>Promote the use of personal budgets by carers so that they can choose appropriate services and support <b>Str</b></li> <li>Work with the Carer's Coordinator to develop links with carers from BME and other communities <b>Str</b></li> <li>Develop a support structure for staff who are also carers <b>Str</b></li> <li>Begin the Mutual Caring pilot project, appointing a project worker, identifying families to take part and producing mutual caring plans <b>LD</b></li> <li>Review respite care arrangements for people with Learning Difficulties currently using health service in-patient respite care <b>LD</b></li> <li>Produce the 'Who Cares' publication for carers by April 2010 <b>LD</b></li> <li>Begin implementing the learning difficulties respite plan by March 2010 <b>LD</b></li> </ul>	<ul style="list-style-type: none"> <li>NI135 Carer's services</li> </ul>	<ul style="list-style-type: none"> <li>RM ASSD LD Failure to address increased anxiety among family carers and people with learning difficulties about changes to residential care</li> </ul>	<ul style="list-style-type: none"> <li>Carers grant £3.673m.</li> </ul>

Ref	Proposed Objective	Actions and Milestones	Performance Indicators	Risks	Resource Considerations
CP05.06	Further develop and improve access to a range of preventative services with our partners to improve adult health, well-being and independence	<ul style="list-style-type: none"> <li>• Agree sustainable funding for former POPPs services – Teleshopping, Swifts and Night Owls – beyond the current national ring-fenced funding <span style="background-color: #f0f0f0; border: 1px solid black; padding: 0 2px;">CC</span></li> <li>• Increase intergenerational work, bringing young and older people together to help those with dementia, continuing our work with the Local Government Information Unit to develop good practice in this area. <span style="background-color: #f0f0f0; border: 1px solid black; padding: 0 2px;">CC</span></li> <li>• Develop Norfolk Home Shield, an interagency referral service for preventative services <span style="background-color: #f0f0f0; border: 1px solid black; padding: 0 2px;">CC</span></li> <li>• Implement the Assessment and Care Management – Prevention Food and Fitness Project so that 150 people with learning difficulties, 150 carers and 65 staff are trained <span style="background-color: #d9ead3; border: 1px solid black; padding: 0 2px;">LD</span></li> <li>• Support the uptake of Health Books and Health Action Plans for people with learning difficulties, with 2000 people with learning difficulties with a health book along with 104 GP surgeries and 80 acute hospital staff trained in the use of Health Books <span style="background-color: #d9ead3; border: 1px solid black; padding: 0 2px;">LD</span></li> <li>• 104 GP surgeries have registers of people with learning difficulties by March 2010 to better target healthcare with 50 of these having a named link worker <span style="background-color: #d9ead3; border: 1px solid black; padding: 0 2px;">LD</span></li> <li>• Train and accredit 200 parents and paid carers to improve the postural care for people with learning difficulties, to help them maintain mobility, flexibility and comfort for as long as possible. 50 People with learning difficulties using the postural care pathway across Norfolk by March 2010 <span style="background-color: #d9ead3; border: 1px solid black; padding: 0 2px;">LD</span></li> <li>• To monitor care plans for people with dysphasia to free up qualified staff for speech and language and dietetic assessment– appoint worker May 2009 <span style="background-color: #d9ead3; border: 1px solid black; padding: 0 2px;">LD</span></li> <li>• Develop the pilot Norfolk Asperger Service for people with Asperger Syndrome with the new team set up by June 2009 receiving referrals by September 2009 <span style="background-color: #d9ead3; border: 1px solid black; padding: 0 2px;">LD</span></li> <li>• Establish registers of people with learning difficulties within each Community Learning Difficulties Team, with 5 named coordinators in place by May 2009 and 50 dementia assessments completed by March 2010 <span style="background-color: #d9ead3; border: 1px solid black; padding: 0 2px;">LD</span></li> <li>• Work with Norfolk PCT to implement the Healthcare for All Action Plan to address health inequalities for people with learning difficulties <span style="background-color: #d9ead3; border: 1px solid black; padding: 0 2px;">LD</span></li> <li>• Work with NNUH on Acute Hospital liaison nurse project – person in post April 2009 to improve access to acute healthcare for people with learning difficulties <span style="background-color: #d9ead3; border: 1px solid black; padding: 0 2px;">LD</span></li> <li>• Implement the new sensory services national standards and monitor their implementation <span style="background-color: #f0f0f0; border: 1px solid black; padding: 0 2px;">CC</span></li> <li>• Implement the New Front Door project to provide better information, advice and assistance about accessing specialist and universal services <span style="background-color: #d9ead3; border: 1px solid black; padding: 0 2px;">Str</span></li> </ul>	<ul style="list-style-type: none"> <li>• NI139 Perception of people over 65 who receive the information, assistance and support needed to live independently</li> <li>• NI119 Self reported measure of overall health and well-being</li> <li>• NI137 Healthy life expectancy at age 65</li> <li>• NI134 The number of emergency bed days per head of weighted population</li> <li>• C72 Admissions to permanent residential/nursing care (aged 65+)</li> <li>• C73 Admissions to permanent residential/nursing care (18-64)</li> </ul>	<ul style="list-style-type: none"> <li>• RMCP ASSD Failure to invest in early intervention and prevention</li> </ul>	<ul style="list-style-type: none"> <li>• £0.500m of the Social Care Reform Grant is being invested in prevention, e.g. the continuation of Night Owls, Swifts, Teleshopping.</li> <li>• £0.100m of Supporting People money is also being contributed towards prevention.</li> <li>• Additional £0.030m of Social Care Reform Grant is being used to fund the drawing up of a Prevention Strategy.</li> <li>• Project costs of the Assessment and Care Management Review £0.230m being funded from the Social Care Reform Grant.</li> <li>• Budgeted savings from the Assessment and Care Management Review in 2009-10 are £1.5m.</li> <li>• £0.223m of the Social Care Reform Grant is being used to fund the Health and Social Care Services Integration, i.e. the Manager, Business support and Integrated Social Care Pilots.</li> <li>• £0.031m being put into the Food and Fitness project.</li> <li>• £0.100m being invested by ASSD in the new Learning Difficulties Asperger Service.</li> </ul>

Ref	Proposed Objective	Actions and Milestones	Performance Indicators	Risks	Resource Considerations
CP05.07	<b>Establish a model of joint commissioning and planning with partners to tackle health inequalities and support independent living</b>	<ul style="list-style-type: none"> <li>• Strengthen joint commissioning with the NHS in Norfolk to support the delivery of the NHS Norfolk Five Year Strategic Plan and Great Yarmouth and Waveney NHS' strategic plans <span style="background-color: #d4edda; padding: 2px;">Str</span></li> <li>• Support the developing Adult Partnership Board to oversee the governance of joint commissioning arrangements between health and social care, Section 75 agreements and the pooling of any funds <span style="background-color: #d4edda; padding: 2px;">Str</span></li> <li>• Explore, with partners, the possibility to align funding through the Local Area Agreement <span style="background-color: #fff3cd; padding: 2px;">SP</span></li> <li>• Improve the commissioning process for interventions and treatments for drug use and alcohol misuse – focusing on better referral services between partners and providers, and more effective and equitable provision <span style="background-color: #f8d7da; padding: 2px;">DA</span></li> <li>• People with Physical &amp; Sensory Impairments, the Joint Commissioning Board for this user Group will lead the process of determining annual commissioning priorities in partnership with Norfolk Statutory agencies and relevant partners <span style="background-color: #fff3cd; padding: 2px;">CC</span></li> <li>• Develop a Joint Commissioning Strategy for dementia <span style="background-color: #fff3cd; padding: 2px;">CC</span> <span style="background-color: #d4edda; padding: 2px;">Str</span></li> <li>• Implement the Joint Commissioning Strategy for People with Physical and Sensory Impairments in Norfolk <span style="background-color: #d4edda; padding: 2px;">Str</span> <span style="background-color: #fff3cd; padding: 2px;">CC</span></li> </ul>		<ul style="list-style-type: none"> <li>• RM ASSD Trans Failure to recognise the impact of joint working proposals</li> <li>• RMCP ASSD Failure to invest in early intervention and prevention</li> <li>• RMCP ASSD Financial contributions from commissioning partners to services provided by ASSD</li> </ul>	<ul style="list-style-type: none"> <li>• North Elmham Pilot costs of £0.023m being funded from the Social Care Reform Grant.</li> </ul>

Ref	Proposed Objective	Actions and Milestones	Performance Indicators	Risks	Resource Considerations
CP05.09	<p><b>Provide a range of services and supports to people in their own homes and that improve the independence of vulnerable adults</b></p>	<ul style="list-style-type: none"> <li>Continue to fund a wide range of accommodation based and floating support services that fulfil the housing and support needs of vulnerable adults and young people <b>SP</b></li> <li>Use the performance and planned moves framework to monitor and maintain accessibility of services and information <b>SP</b></li> <li>Continue to implement the Home Support Domiciliary Care Strategy <b>CC Str</b></li> <li>Implement the forthcoming decision on the remaining Domiciliary Care Services contracts that were not included in re-tender of 2008 <b>Str</b></li> <li>Develop more consistent night time home support services <b>CC</b></li> <li>Develop an online equipment catalogue so people can easily see what equipment and adaptations are available to them <b>CC Str</b></li> <li>Review of community equipment, exploring national and regional models for the supply of community equipment <b>CC Str</b></li> <li>Review the provision of community meals across the county, to provide a wider range of meals to people who need them by September 2009, to include providing meal options that are culturally appropriate <b>CC Str</b></li> <li>Agree sustainable funding for Swifts and Night Owls in partnership with NHS commissioners across the county <b>CC</b></li> <li>Learning Difficulties Support and Enablement List of Approved Providers completed by March 2010 <b>LD</b></li> <li>Develop countywide services to enable people with Mental Health Issues to have meaningful and satisfying lives in their community by March 2011 <b>MH</b></li> </ul>	<ul style="list-style-type: none"> <li>NI124 People with a long term condition supported to be independent and in control of their condition</li> <li>NI125 Intermediate care services</li> <li>NI136 People supported to live independently through social services</li> <li>NI 141 Number of vulnerable people achieving independent living</li> <li>NI142 Number of vulnerable people who are supported to maintain independent living</li> <li>D54 Equipment delivery within 7 days</li> </ul>	<ul style="list-style-type: none"> <li>RMCP ASSD CST Inability to secure sufficient home care capacity in the independent and third sector to enable the implementation of the new Model of Home Care</li> <li>RM ASSD Failure to invest in early intervention and prevention</li> </ul>	<ul style="list-style-type: none"> <li>Costs of Review of Community Meals £0.045m funded from the Social Care Reform Grant.</li> <li>Estimated Spend on Aids and Adaptations in 2009-10 is £3.6m</li> <li>Estimated spend on Assistive Technology in 2009-10 is £0.660m.</li> <li>Estimated savings in 2009-10 from the remodelling of the in-house home care service is £0.821m.</li> </ul>

Ref	Proposed Objective	Actions and Milestones	Performance Indicators	Risks	Resource Considerations
CP05.10	<p><b>Support people to arrange and manage their own support and meet their individual needs through self directed support so that half of all service users access services this way by 2011</b></p>	<ul style="list-style-type: none"> <li>Extend the use of self-directed support – so that at least 3800 use personal budgets, giving them full control over their own care <b>Str</b> <b>CC</b></li> <li>Training delivered to staff on how to use self directed support to promote inclusion, providing access to mainstream services and making services culturally appropriate <b>Str</b></li> <li>Work closely with the third sector to promote their understanding of self directed care <b>Str</b></li> <li>Work with Service Providers to implement the new quality assessment framework and provide guidance on how this relates to the personalisation agenda <b>SP</b></li> <li>Implement a promotion strategy for existing users of services to take up self directed support <b>Str</b></li> <li>Work with the Norfolk Coalition of disabled people to provide training and support and develop 'brokers' for self directed support <b>Str</b></li> <li>The Assessment and Care Management Project to approve equality principles and equality checking document and to review progress against identified issues after six and twelve months <b>Str</b></li> <li>Develop appropriate support packages for different types of service users to encourage take up of direct payments, e.g. support and training aimed at younger disabled people, gypsies and travellers and older people with dementia <b>CC</b></li> <li>Develop guidance for staff on how to tackle systemic barriers to independent living <b>Str</b></li> <li>Fund Voluntary Norfolk to promote the delivery of Putting People First <b>Str</b></li> <li>Continue to implement Putting People First in Norfolk using the Social Care Reform Grant appropriately <b>Str</b></li> <li>Design Person Centred Planning awareness training and deliver 25 Person Centred Planning awareness days by March 2010 <b>LD</b></li> <li>Deliver a Person Centred Planning web site by July 2009 <b>LD</b></li> <li>Produce a 2 year development plan by May 2009 to reflect national Person Centred Planning guidance <b>LD</b></li> <li>Review Person Centred Planning guidance in June 2009 <b>LD</b></li> <li>Recruit lead person for Person Centred Planning transition project by April 2009 <b>LD</b></li> <li>Review the service level agreement with Independent Living Norfolk for an independent support planning service for people using self directed support or direct payments <b>CC</b></li> <li>Commission a Personal Assistants Register to Increase recruitment availability and choice of personal assistants for the residents of Norfolk (NB this is for <u>all</u> client groups including children who receive a direct payment/personal budget) (July 09) <b>CC</b></li> </ul>	<ul style="list-style-type: none"> <li>NI130 Social Care Clients receiving Self Directed Support</li> </ul>	<ul style="list-style-type: none"> <li>RMCP ASSD Failure to meet increased demand for Adult Social Services against available budgets</li> </ul>	<ul style="list-style-type: none"> <li>Direct Payments and Personal Budgets are funded from the Purchase of Care budget. Total Gross Purchase of Care budget for 2009-10 is approximately £160m.</li> <li>Direct Payments team funded by ASSD.</li> <li>£0.486m from Social Care Reform Grant on Personal Budgets team and third parties, which includes monies for support for service users and to help beneficiaries engage with the department in a meaningful way.</li> <li>£0.030m from Learning Difficulties Development fund for Person Centred Planning Coordinators.</li> <li>£0.044m on Involvement and Empowerment Project.</li> </ul>

Ref	Proposed Objective	Actions and Milestones	Performance Indicators	Risks	Resource Considerations
CP05.11	<p><b>Work with partners to ensure peoples' accommodation is appropriate to their needs and maximises their independence and security of tenure.</b></p>	<ul style="list-style-type: none"> <li>Support the Implementation of the Norfolk Physical and Sensory Disability Housing Strategy <b>CC Str</b></li> <li>Support the County wide Black and Minority Ethnic Housing and housing support group <b>SP Str</b></li> <li>Review choice based letting procedures to ensure accessibility for Deaf people. And to ensure that the process promotes independence for young disabled people <b>Str</b></li> <li>Take forward and review the annual fee increase for Residential and Nursing homes being based on Quality Standards and give support to providers rated as poor <b>Str</b></li> <li>Begin the implementation of the Strategic Model of Care for Care Homes, identifying services, where they are needed and their cost, and preparing the tendering process for the new services including housing with care <b>CC</b></li> <li>Develop outreach housing with care provision to people in sheltered housing <b>CC</b></li> <li>Provide professional support to housing providers to make their properties safe and practical <b>SP CC</b></li> <li>Promote advocacy support to secure housing support needs <b>CC</b></li> <li>Commission housing support services on the basis of needs information and priorities outlined in the SP strategy (2008-9) <b>SP</b></li> <li>Undertake strategic reviews of service provision to specific client groups, including those excluded from mainstream services, to ensure that services continue to be strategically relevant <b>SP</b></li> <li>Jointly fund a housing post with Breckland District Council and Supporting People to facilitate the delivery of the 'strategy to address the support needs of people with physical &amp; sensory Impairments'. (May 09) <b>SP CC</b></li> <li>Continue to develop new models of care and support for people with Physical and Sensory Impairments with Broadland Council/Saffron Housing and create a new post to help extend the influence of this work. To include developing 6 flats for young physically disabled people completed by March 2010 <b>CC</b></li> <li>Agree an Older People's Housing and Support Strategy <b>CC SP</b></li> <li>All NHS campus accommodation for people with learning difficulties closed by April 2010 so that 43 more people with learning difficulties have secure tenancies by March 2010 <b>LD</b></li> <li>Support 10 more people with learning difficulties to buy their own homes through shared ownership by March 2010 <b>LD</b></li> <li>Support 10 more people to move to new rented homes through Private Sector leasing scheme by March 2010 <b>LD</b></li> <li>Support 27 people with learning difficulties to move to new rented homes with good tenancies through a range of housing projects with partner Housing Associations <b>LD</b></li> </ul>	<ul style="list-style-type: none"> <li>NI145 Adults with learning difficulties in settled accommodation</li> <li>NI149 Mental Health service users in settled accommodation</li> <li>NI138 Satisfaction of older people with their home and neighbourhood</li> <li>NI141 Users of Supporting People who have moved on from supported accommodation in a planned way</li> </ul>	<ul style="list-style-type: none"> <li>RM ASSD CST Inadequate external residential capacity for older people</li> <li>RM ASSD CMG Quality of internal residential care</li> <li>RM ASSD LD Failure to manage relationships with independent providers of residential care during review of model of care</li> <li>RM ASSD LD Failure to address increased anxiety among family carers and people with learning difficulties about changes to campus and respite care</li> </ul>	<ul style="list-style-type: none"> <li>Project manager post costs of £0.060m for the Strategic Model of Care project is being funded from the Social Care Reform Grant.</li> <li>ASSD are hosting the financial arrangements for the Campus Closure project. There is a Department of Health Revenue Grant plus DH capital grant of £4.729m, contribution from NHS Norfolk of £2.250m and contributions from Registered Social Landlords of approx £2m.</li> <li>ASSD spend approximately £37m on home care per annum.</li> <li>Additional 7,000 home care hours per month being purchased by ASSD, over and above what was being provided externally and internally previously, following the retendering of the home care contracts in 2008-9. This enables more people to live in their own homes. £1.5m is being invested in home care from external providers, instead of in other packages of care, e.g. residential.</li> <li>Lead post funded by £0.060m from the Learning Difficulties</li> </ul>

Ref	Proposed Objective	Actions and Milestones	Performance Indicators	Risks	Resource Considerations
CP05.12	<b>Work in partnership with the provider sector to ensure the availability and quality of purchased care services</b>	<ul style="list-style-type: none"> <li>• Implement new annual contract monitoring system for all providers for Supporting People services to better support poorly performance providers and promote better outcomes for service users <b>SP</b></li> <li>• Develop outcome based commissioning and contracting with Supporting People service providers <b>SP</b></li> <li>• Work with the independent sector to adjust to the demands of personal budgets and the market shift that will result from their uptake, to ensure the provider market remains stable and offers choice <b>Str</b></li> <li>• Continue to performance manage the County Council contract with the provider umbrella agency (Space East) to ensure continuing partnership with the provider sector <b>SP</b></li> <li>• Review the effectiveness of service agreements with the voluntary and community sectors, whilst moving to the personalisation agenda, meeting users needs at the right price and providing value for money <b>Str</b></li> <li>• Develop a provider web site to help people see what services are available <b>Str</b></li> <li>• Establish regular meetings with sensory partners to evaluate the way we meet the needs of people with sensory disability <b>CC</b></li> <li>• Work with the independent sector to help address the shortfall in housing with care, dementia care home, care home with nursing and short stay care <b>CC</b></li> <li>• Introduce the payment system for care homes linked to their quality assessment <b>Str</b></li> <li>• Review service specifications for services for people with learning difficulties by March 2010 <b>LD</b></li> <li>• Provide advice and support to outside providers to develop services which will better meet ASSD's equality objectives <b>Str</b></li> </ul>	<ul style="list-style-type: none"> <li>• NI136 People supported to live independently through social services</li> <li>• NI7 Environment for a thriving third sector</li> </ul>	<ul style="list-style-type: none"> <li>• RM ASSD CST External contract Monitoring</li> </ul>	



Ref	Proposed Objective	Actions and Milestones	Performance Indicators	Risks	Resource Considerations
CP05.13	<p><b>Maximise the benefits of care management systems and other care management improvements to ensure all cases meet the required quality standards and timescales</b></p>	<ul style="list-style-type: none"> <li>• Implement the new operating model for starting the care management process through the enhanced access service <b>Str</b></li> <li>• Produce a development plan to reflect national Person Centred Planning guidance (LD, MH &amp; older/younger people) 2011 <b>Str</b></li> <li>• Support the development and continuous improvement of excellent quality services by developing and implementing a Quality Assurance framework for Adult Social Services <b>Str</b></li> <li>• Undertake two theme based audits exploring and evaluating areas of practice, highlighting where we are doing well and recommending actions for improvement <b>Str</b></li> <li>• Undertake review of procedures and operational instructions, establish process for ongoing review, update and management <b>Str</b></li> <li>• Ensure effective communication of Quality Assurance information across Adult Social Services to support learning and continuous improvement <b>Str</b></li> <li>• Equality impact assessment process for new, revised update policies, procedures and guidance, SMT papers, ACMR and transformation projects is fully implemented and monitored regularly to demonstrate continuous improvement in quality of impact assessments and methods for dealing with issues identified during the EQIA process <b>Str</b></li> </ul>	<ul style="list-style-type: none"> <li>• NI135 Carers receiving a needs assessment or review and a specific carer's service or advice and information</li> <li>• NI127 Self reported experience of social care users</li> <li>• NI132 Timeliness of social care assessment</li> <li>• NI133 Timeliness of social care packages</li> <li>• D40 Service users reviewed in year</li> </ul>	<ul style="list-style-type: none"> <li>• RM ASSD CST Impact of Care First on Reporting of Performance</li> <li>• RM ASSD CST Failure to determine implementation approach for MSC</li> </ul>	<ul style="list-style-type: none"> <li>• Budget for Phase Two (implementation of the finance modules).</li> </ul>

Ref	Proposed Objective	Actions and Milestones	Performance Indicators	Risks	Resource Considerations
CP05.14	<b>Deliver seamless, integrated care between adult social care services and health services</b>	<ul style="list-style-type: none"> <li>Establish 6 integrated care pilot projects, in which GPs, Adult Social Care staff, and Community Health staff will work as ‘virtual teams’, throughout the County <b>CC</b></li> <li>Set up a Neurological Alliance with Voluntary Organisations &amp; User/Carer representatives &amp; statutory agencies (June 09) <b>Str</b></li> <li>Develop integrated stroke services working with NHS Norfolk, NHS Great Yarmouth &amp; Waveney, the Norfolk and Norwich University Hospital, the James Paget Hospital and the Queen Elizabeth 2<sup>nd</sup> Hospital in Kings Lynn <b>CC</b></li> <li>Consolidate the joint older persons mental health teams and deliver an integrated and seamless assessment and care management service to older people with dementia and mental ill health <b>CC</b></li> <li>Establish ongoing joint commissioning arrangements for services for people with HIV and AIDS <b>Str CC</b></li> <li>Develop a mechanism with NHS and PCT for providing better information to patients and their families about support services and rights at the point of diagnosis of a long term health condition or disability <b>Str</b></li> <li>ASSD equality leads to develop a joint approach with NHS PCT equality leads on dealing with equality issues in joint delivery of services <b>Str</b></li> <li>Sign a Section 75 Agreement for integrated older person’s mental health <b>CC MH</b></li> </ul>	<ul style="list-style-type: none"> <li>NI132 Timeliness of social care assessment</li> <li>NI133 Timeliness of social care packages</li> <li>NI131 Delayed transfers of care</li> <li>NI125 Intermediate care services</li> </ul>	<ul style="list-style-type: none"> <li>RMCP ASSD Failure to reduce delayed transfers of care</li> <li>RM ASSD Trans Failure to recognise the impact of joint working proposals</li> </ul>	
CP05.21	<b>Work with the Norfolk Drug and Alcohol Partnership (N-DAP) to reduce the harmful impacts of drug use and alcohol misuse</b>	<ul style="list-style-type: none"> <li>Improve the access to treatment services to problematic drug users who have never received treatment <b>DA</b></li> <li>Expand specialist (Tier 2) treatments available in the west of Norfolk <b>DA</b></li> <li>Increase the availability of structured day programmes for people in treatment for drug use and alcohol misuse <b>DA</b></li> <li>Support Wayland and Norwich prisons to develop and deliver an Integrated Drug Treatment System for prisoners <b>DA</b></li> <li>Complete a needs assessment for older people who use drugs or misuse alcohol <b>CC</b></li> <li>Undertake research into the use of drug and alcohol services by disabled and BME people, to determine if there are any inequalities of access or issues that need to be addressed in order to improve delivery of services to those people <b>Str</b></li> </ul>	<ul style="list-style-type: none"> <li>NI 38 Drug-related (Class A) offending rate</li> <li>NI 39 Alcohol-harm related hospital admission rates</li> <li>NI 40 Drug users in effective treatment</li> <li>NI 41 Perceptions of drunk or rowdy behaviour as a problem</li> <li>NI 42 Perceptions of drug use or drug dealing as a problem</li> </ul>		

Ref	Proposed Objective	Actions and Milestones	Performance Indicators	Risks	Resource Considerations
CP05.23	<b>Work with providers of mental health services to improve the mental health of the local communities</b>	<ul style="list-style-type: none"> <li>• Develop individual shorter term interventions based around social inclusion March 2011 <a href="#">MH</a></li> <li>• Develop an Employment &amp; Employment Retention Service to support fast access to integrated employment opportunities March 2011 <a href="#">MH</a></li> <li>• Establish an intensive support service to support individuals who find it more challenging to move towards mainstream activities by March 2011 <a href="#">MH</a></li> <li>• Implement agreed recommendation from the integrated day service review March 2011 <a href="#">MH</a></li> </ul>	<ul style="list-style-type: none"> <li>• NI149 Mental health service users in settled accommodation</li> <li>• NI150 Mental health service users in employment</li> </ul>		

Ref	Proposed Objective	Actions and Milestones	Performance Indicators	Risks	Resource Considerations
CP05.24	<p><b>Provide and develop services and support that improve service users' and carers' employment opportunities and economic wellbeing, helping them to get and keep jobs.</b></p>	<ul style="list-style-type: none"> <li>• Support more vulnerable people and their parents/carers into work, including setting up a Support Into Employment Team of advisors. This will include setting up further social enterprises that employ people with learning difficulties, to engage with employers and provide job coaching support to help up to 50 people with learning difficulties into work by March 2010 (and to be expanded across Adult Social Services in 2010-11) <b>Str</b> <b>LD</b></li> <li>• Support more people with Mental Health issues into work including developing a Support Into Employment Team of advisors <b>MH</b></li> <li>• Engage a new provider by July 2009 to set up social enterprises to provide employment opportunities <b>LD</b></li> <li>• Fund a Worklessness Development Officer to work with service users and Service Providers to enhance and development employment opportunities <b>SP</b></li> <li>• Establish a new Project Search site in September 2009 to support people with learning difficulties into training/work with the host organisation <b>LD</b></li> <li>• Produce a multi-agency employment that reflects national strategies, by December 2009 <b>Str</b></li> <li>• Support 30 young people in transition to have person centred plans by September 2009 as part of the Getting a Life project action plan <b>LD</b></li> <li>• Deliver training and provide start up grants so that people with learning difficulties can set up their own micro-enterprises by Sept 2009 <b>LD</b></li> <li>• Develop new job clubs for the Deaf community to help seek employment <b>CC</b></li> <li>• Use the Low Vision Services pathway and the Norfolk Council on Deafness to identify needs and direct appropriate support to help people into work <b>CC</b></li> <li>• Joint partnership with Job Centre Plus in developing pathways for disabled people into employment <b>CC</b></li> <li>• Provide employment opportunities, work shadowing and work placements for disabled people in ASSD <b>Str</b></li> <li>• Develop support for employers to retain employees who become disabled or develop a long term health condition <b>Str</b></li> </ul>	<ul style="list-style-type: none"> <li>• NI146 Adults with learning difficulties in employment</li> <li>• NI150 Mental Health service users in employment</li> <li>• NI 136 People supported to live independently through social services</li> </ul>	<ul style="list-style-type: none"> <li>• RM ASSD LD Failure to fully develop a range of choices for people</li> </ul>	<ul style="list-style-type: none"> <li>• Costs of Support to Employment project (£0.155m) being funded from the Social Care Reform Grant. This includes Project Search.</li> <li>• Funding for Norfolk Industries for the Blind of approximately £0.195m per annum.</li> <li>• Capital funding of Wholefood Planet in 2008-9 of £0.100m and ongoing revenue funding of £0.031m.</li> <li>• Joint Team Visitors (part of the Income and Assessment Team) carry out approx. 4,200 face to face visits each year to carry out benefits check and financial assessment for all new service users. JTVs and the Welfare Rights Unit generated £2.4m of additional benefits for our service users in 2008.</li> </ul>

Ref	Proposed Objective	Actions and Milestones	Performance Indicators	Risks	Resource Considerations
CP05.25	<p><b>Ensure day opportunities promote community inclusion and focus on independence, skills development and prevention</b></p>	<ul style="list-style-type: none"> <li>• Through the Review of Day Opportunities/Changing Lives Projects, support people to live independently by providing access to a greater choice of community-focused opportunities as an alternative to traditional day care provision <span style="background-color: #d9ead3; padding: 2px;">Str</span></li> <li>• Support providers to develop day opportunities appropriate for younger disabled people <span style="background-color: #d9ead3; padding: 2px;">Str</span></li> <li>• Implement new culturally appropriate models for day services <span style="background-color: #d9ead3; padding: 2px;">Str</span></li> <li>• Work with providers, Age Concern and other partners to expand day opportunities – for example Pabulum Cafés – for people with dementia <span style="background-color: #f4cccc; padding: 2px;">CC</span></li> <li>• Begin tender for the Deaf service by August 2009 <span style="background-color: #f4cccc; padding: 2px;">CC</span></li> <li>• Implement the locality commissioning plans for the Making Your Day project, including the review of existing funded services, agreeing future services and developing preventative and specialist services <span style="background-color: #f4cccc; padding: 2px;">CC</span></li> <li>• Implement a new staffing structure for in-house support and enablement service by May 2009 <span style="background-color: #d9ead3; padding: 2px;">LD</span></li> <li>• Produce a project plan for the Changing Lives project by December 2009 <span style="background-color: #d9ead3; padding: 2px;">LD</span></li> <li>• Develop a social business model within day services for people with learning difficulties by September 2009 <span style="background-color: #d9ead3; padding: 2px;">LD</span></li> </ul>	<ul style="list-style-type: none"> <li>• NI124 People with a long-term condition supported to be in control of their condition</li> </ul>	<ul style="list-style-type: none"> <li>• RM ASSD LD Lack of coordination to handle partnership based projects</li> </ul>	<ul style="list-style-type: none"> <li>• Project manager costs (£0.051m) of the Day Care Opportunities project funded from the Social Care Reform grant.</li> <li>• Project costs of Mental Health Day Services £0.049m funded from the Social Care Reform Grant.</li> <li>• ASSD spend approx £20m per annum on day care and over £2m on the LD Community Support teams.</li> </ul>

Ref	Proposed Objective	Actions and Milestones	Performance Indicators	Risks	Resource Considerations
CP05.26	<p><b>Deliver services in a way that promotes self-confidence and maintains the highest level of dignity and respect for people who use services</b></p>	<ul style="list-style-type: none"> <li>• Work in partnership with NHS Norfolk and NHS Great Yarmouth in helping deliver the Marie Curie Delivering Choice Programme to allow more people to receive palliative care at home <b>CC</b></li> <li>• Systematically evaluate the dignity of care in our care homes, including ongoing consultations with residents, to further develop services and ways of working that promote the highest levels of dignity and respect <b>CC</b></li> <li>• Improve the reablement provided to people in social care intermediate care beds and work towards developing dementia friendly services <b>CC</b></li> <li>• Continue to strengthen monitoring processes for bought-in domiciliary care <b>Str</b></li> <li>• Incorporate issues around family, relationships and developing friendships in work on personalisation and Changing Lives Project <b>LD</b></li> <li>• Utilise Project Closure Reports &amp; Post Project Reviews from various Transformational projects to ensure lessons around dignity and respect are learnt. Action as appropriate. By the end of 2011 <b>Str</b></li> <li>• Consult on the draft Strategy For The Commissioning Of Social Support For People Living With HIV And Aids 2009-14 <b>Str CC</b></li> <li>• Roll out the Professional Advice and Information for Relationships and Sexuality (PAIRS) policy to all ASSD service users <b>Str</b></li> <li>• Implement revised Quality Assurance Framework and contract monitoring regime for Supporting People services <b>SP</b></li> <li>• Ensure services continue to meet minimum quality standards and ECM outcomes <b>SP</b></li> </ul>	<ul style="list-style-type: none"> <li>• NI128 Self reported measure of respect and dignity</li> </ul>		

Ref	Proposed Objective	Actions and Milestones	Performance Indicators	Risks	Resource Considerations
CP08.02	<b>Make sure all services are inclusive and accessible to all communities, and ensure that all service users are free from discrimination and harassment</b>	<ul style="list-style-type: none"> <li>• Ensure the equality impact assessment process is fully embedded within commissioning, planning, procurement and service delivery <b>Str</b></li> <li>• Update and publish the new Adult Social Services Equality &amp; Diversity Action Plan by June 2009 <b>Str</b></li> <li>• Lead on the development of the Healthy &amp; Wellbeing element of the revised Gypsy and Traveller Strategy for 2009 <b>Str</b></li> <li>• Deliver training and support packages for gypsies and travellers to help them access self directed support <b>Str</b></li> <li>• Develop diversity staff groups <b>Str</b></li> <li>• Develop mediums for celebrating diversity <b>Str</b></li> <li>• Establish an Inclusive Technology Staff Group <b>Str</b></li> <li>• Joint Equality working group established with Health, Mental Health and children's services in service development <b>Str</b></li> <li>• Achieve an 'excellent' rating for ASSD in the Local Government Equality Standard assessment 2009 and put measures in place to maintain performance at that level <b>Str</b></li> <li>• Equality Lead Officers to work with Residential Community Care in establishing a voice for lesbian, gay and bisexual residents within care homes <b>Str</b> <b>CC</b></li> <li>• Develop advocacy services across the sensory spectrum <b>CC</b></li> </ul>	<ul style="list-style-type: none"> <li>• Service user assessments with valid ethnicity recorded</li> <li>• Carer's assessments with valid ethnicity recorded</li> </ul>	<ul style="list-style-type: none"> <li>• RM ASSD CST Impact of Care First on reporting of performance</li> </ul>	
We also contribute to: Organisational Objectives					
CPOO A.02	<b>To make sure people can find all of the information they need about which health and social care services and support are available and how to access them easily</b>	<ul style="list-style-type: none"> <li>• As part of the 'New Front Door' project create a universal information system linking all community and partners' information in one area <b>CC</b> <b>Str</b></li> <li>• Through the enhances Access Service, or 'New Front Door', increase the range of ways people and communities can access advice, guidance and preventative services to help them make the right choices about their own health and well-being <b>Str</b></li> <li>• Review and monitor the Low Vision pathway and the Hearing Support pathway to ensure needs are provided and people are directed to the appropriate agency <b>CC</b></li> <li>• Utilise Lessons Learnt from the various Community Services Day Opportunities Projects to inform planning/commissioning by the end of 2011 <b>Str</b></li> </ul>	<ul style="list-style-type: none"> <li>• NI14 Reducing avoidable contact</li> <li>• LAA 7.8 Advice and advocacy</li> </ul>		<ul style="list-style-type: none"> <li>• £0.013m of Social Care Reform Grant is funding the User Involvement Panel (venues, attendance fees etc).</li> <li>• Front Door project costs of £0.052m being funded from the Social Care Reform Grant.</li> <li>• £0.006m being invested from the Social Care Reform grant in the Universal Services Directory.</li> </ul>

Ref	Proposed Objective	Actions and Milestones	Performance Indicators	Risks	Resource Considerations
CPOO A.04	<b>Plan and commission services based on a full and up to date understanding of the needs of Norfolk's people, and fully involve people who use services in the design and review of services</b>	<ul style="list-style-type: none"> <li>• Work with the NHS in the ongoing development of the Norfolk Joint Strategic Needs Assessment (JSNA) <span style="background-color: #d4edda; padding: 2px;">Str</span></li> <li>• Identify those excluded from current services and take action to reduce these numbers <span style="background-color: #ffcdd2; padding: 2px;">SP</span></li> <li>• Implement Supporting People Service User Strategy, including the appointment of Service User Involvement Officers <span style="background-color: #ffcdd2; padding: 2px;">SP</span></li> <li>• Collect and update needs information on all Supporting People client groups <span style="background-color: #ffcdd2; padding: 2px;">SP</span></li> <li>• Help complete the palliative care needs assessment as part of the Marie Curie Delivering Choice Programme <span style="background-color: #d4edda; padding: 2px;">CC</span></li> <li>• Provide a series of consultation events across the county for people with sensory disabilities <span style="background-color: #d4edda; padding: 2px;">CC</span></li> <li>• Launch and incorporate the findings of the Social Action Research (identifying the outcomes expressed of people with Physical and Sensory Impairments in 'hard to reach groups') into Joint Commissioning Plan for this client group. Sept 09) <span style="background-color: #d4edda; padding: 2px;">CC</span></li> <li>• Review arrangements for the Learning Difficulties Partnership Board and Locality Groups to ensure effective involvement and representation of people with learning difficulties and family carers in planning, delivering and reviewing services <span style="background-color: #d4edda; padding: 2px;">LD</span></li> <li>• Develop a shared register of people who use services and want to be involved in developing services across health and social care – the Our Voice project <span style="background-color: #d4edda; padding: 2px;">Str</span></li> <li>• Identify and share good practice work with Lesbian, Gay, Bisexual and Transsexual communities <span style="background-color: #ffcdd2; padding: 2px;">CC</span></li> <li>• Utilise Lessons Learnt from the various Community Services Day Opportunities Projects to inform planning/commissioning 2011 <span style="background-color: #ffcdd2; padding: 2px;">CC</span></li> <li>• Work with partners to map, develop and update services for people with dementia <span style="background-color: #ffcdd2; padding: 2px;">CC</span></li> <li>• Conduct an up to date needs assessment, and support the development of a joint commissioning strategy, on dementia <span style="background-color: #ffcdd2; padding: 2px;">CC</span></li> </ul>		<ul style="list-style-type: none"> <li>• RM ASSD Trans Lack of proper consultation across projects, with Members, Officers, Service Users, carers and other Stakeholders</li> </ul>	



Ref	Proposed Objective	Actions and Milestones	Performance Indicators	Risks	Resource Considerations
CPOO B.03	<b>Sustainably manage expenditure and capacity to ensure we can meet demand for social services</b>	<ul style="list-style-type: none"> <li>• Implement Priority Based Planning approach budget allocation in the Learning Difficulties Service <b>LD</b></li> <li>• Manage the transformation programme to deliver identified savings <b>Str</b></li> <li>• Manage demand and resources by ensuring people meet the correct criteria for services and scrutinising the cost effectiveness of care packages <b>Str</b></li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• RMCP ASSD Failure to meet increased demand for Adult Social Services against available budgets</li> <li>• Inability to meet LD savings targets through PBB exercise and unpredictable service demand</li> </ul>	<ul style="list-style-type: none"> <li>• 2009-10 budget includes £6.856m of savings from the Priority Based budgeting exercise.</li> <li>• £0.234m of costs to deliver/implement the Financial Recovery/PBB in LD are being met by ASSD</li> </ul>
CPOO C.01	<b>Ensure Norfolk County Council is a good employer</b>	<ul style="list-style-type: none"> <li>• Improve Access to Work for managers and staff <b>Str</b></li> <li>• Continue to implement a flu vaccination program for frontline staff <b>Str</b></li> <li>• Lead a national Pilot in partnership with Access to Work in supporting staff with Dyslexia <b>Str</b></li> <li>• Joint working group to establish a new and more robust Access to Work Referral and support System for staff <b>Str</b></li> <li>• Improve support for managers during recruitment, probation, appraisals and when staff leave <b>Str</b></li> <li>• Develop a county-wide consistent approach to recruitment, that includes safeguarding, by September 2009 <b>Str</b></li> <li>• Develop a sickness management toolkit <b>Str</b></li> <li>• Develop the confidence of all LGBT staff to be open about their sexuality in their workplace <b>Str</b></li> <li>• Support the work of the corporate LGBT Staff group <b>Str</b></li> <li>• Develop mechanisms for staff and managers to maintain good mental health through the change processes in ASSD <b>Str</b></li> </ul>	<ul style="list-style-type: none"> <li>• Sickness absence</li> <li>• Number of staff with over 20 days sickness absence</li> <li>• Staff turnover</li> <li>• % Staff with a disability</li> <li>• % Staff from BME communities</li> </ul>	<ul style="list-style-type: none"> <li>• RM ASSD HR&amp;OD Staff Stress Exposure</li> <li>• RM ASSD HR&amp;OD Staff exposed to violence from clients</li> <li>• RM ASSD HR&amp;OD Staff working alone in dangerous areas/situations</li> </ul>	

Ref	Proposed Objective	Actions and Milestones	Performance Indicators	Risks	Resource Considerations
<b>CPOO C.02</b>	<b>Be a learning organisation so that we continuously improve service delivery</b>	<ul style="list-style-type: none"> <li>• Training delivered to staff on how to use self directed support to promote inclusion, providing access to mainstream services and making services culturally appropriate <b>Str</b></li> <li>• Conduct staff personalisation workshops to raise awareness and understanding <b>Str</b></li> <li>• Ensure elements of equality and diversity are embedded within induction and training provision <b>Str</b></li> <li>• Provide Equality Impact Assessment training for all senior managers <b>Str</b></li> <li>• Join up Learning &amp; Development and Compliments &amp; Complaints to improve the way we communicate lessons learned from customer feedback <b>Str</b></li> </ul>		<ul style="list-style-type: none"> <li>• RM ASSD HR&amp;OD Staff capability/Skills Shortages to deliver new ways of working</li> </ul>	<ul style="list-style-type: none"> <li>• £0.076m of Social Care Reform Grant is being invested in 2009-10 in MSc and Mobile working.</li> </ul>
<b>CPOO C.03</b>	<b>Make use of effective workforce planning to equip us for the future</b>	<ul style="list-style-type: none"> <li>• All sensory support staff to obtain basic sign language skills within 12 months. All specialist workers with Deaf people communicate to conversation level <b>CC</b></li> <li>• Implement staff training plan following restructure of the in-house Support and Enablement Service to meet the Valuing People Now agenda <b>LD</b></li> <li>• Implement proposals arising from the skill mix review of staff in joint Learning Difficulties Community Teams <b>LD</b></li> <li>• Coordinate the Norfolk Strategic Workforce Development Partnership, including the County Workforce Steering Group, to develop cross-organisation workforce policy <b>Str</b></li> <li>• Pilot the Building Workforce Capacity in Social Care and Health Programme <b>Str</b></li> </ul>	•	<ul style="list-style-type: none"> <li>• RM ASSD CST Loss of key personnel</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce Development Grant of £2.282m.</li> </ul>
We also contribute to:					
<b>CP02</b>	<b>Provide safe, reliable, accessible and affordable transport</b>	<ul style="list-style-type: none"> <li>• Work with the Passenger Transport Group within P&amp;T as part of the day opportunities review/Changing Lives Project, to analyse transport implications, and implement different transport where required <b>Str</b></li> <li>• Review current and future transport needs by 2011 <b>CC LD MH</b></li> <li>• Work with mainstream transport providers to improve awareness of access issues and how to deliver a better and more accessible service to disabled people <b>Str</b></li> </ul>		<ul style="list-style-type: none"> <li>• RM ASSD Trans Lack of coordination of transport issues across programme</li> </ul>	<ul style="list-style-type: none"> <li>• ASSD spend approx £6.4m pa on transport for service users.</li> </ul>

Ref	Proposed Objective	Actions and Milestones	Performance Indicators	Risks	Resource Considerations
CP09	<p><b>Increase participation in sport, physical activity and cultural activities to contribute to the wellbeing of Norfolk's residents</b></p>	<ul style="list-style-type: none"> <li>• Work with the Library Service and other parts of Cultural Services to help deliver a programme of activities for older people including developing the carer's café offer, the "Surf's Up" programme and participating in Gressenhall days aimed at older people to improve quality of life <span style="border: 1px solid black; padding: 0 2px;">CC</span></li> <li>• As part of the Day Opportunities Review, continue to work with the Library Service to expand the Library Service offer to older people and carer's cafes for carers of people with dementia <span style="border: 1px solid black; padding: 0 2px;">CC</span></li> <li>• Work with the Library Service and other parts of Cultural Services to help deliver a programme of activities for people who use Learning Difficulties &amp; Mental Health services by the end of 2011 <span style="border: 1px solid black; padding: 0 2px;">LD</span> <span style="border: 1px solid black; padding: 0 2px;">MH</span></li> <li>• Disability development worker to continue to develop opportunities for disabled people with mainstream learning providers <span style="border: 1px solid black; padding: 0 2px;">Str</span></li> </ul>			

# Report to Adult Social Services Overview and Scrutiny Panel

21 July 2009

Item No 12

## 2008-9 Revenue and Capital Budget Monitoring Outturn Report

Report by the Director of Adult Social Services

### Summary

The revenue outturn position for the financial year 2008-9 is a balanced budget. The capital programme variance is £9.424m, which will be carried forward to 2009-10.

## 1 Introduction

1.1 This is the fifth and final budget monitoring report to Adult Social Services Overview and Scrutiny Panel for 2008-9. The previous budget monitoring report presented to this Panel was on 9 March 2009 and showed the position as at the end of Period Ten, ie January 2009.

## 2 Revenue Budget

2.1 The table below shows the outturn, ie year-end, position by division of service:

Division of Service	Net Revenue Budget	Out-turn	+Over/- Underspend	+Over/- Underspend as % of budget	Change In position from period ten
	£m	£m	£m	%	£m
Director and Finance	+3.266	+2.680	-0.586	-17.9	+0.328
Commissioning and Transformation	+9.685	+9.556	-0.129	-1.3	+0.020
Human Resources, Training and Organisational Development	+4.714	+4.047	-0.667	-14.2	-0.123
Community Care - Locality Managed Services	+106.756	+107.089	+0.333	+0.3	-2.091
Service Development	+21.214	+20.341	-0.873	-4.1	-0.107
Mental Health and Drug and Alcohol	+13.995	+13.419	-0.576	-4.1	-0.377
Supporting People	+0.550	+0.550	0	0	0
<b>Total, excluding Learning Difficulties</b>	<b>+160.180</b>	<b>+157.682</b>	<b>-2.498</b>	<b>-1.6</b>	<b>-2.350</b>
Learning Difficulties (Adult Social Services)	+48.889	+51.387	+2.498	+5.1	+1.829
<b>Total</b>	<b>+209.069</b>	<b>+209.069</b>	<b>0</b>	<b>0</b>	<b>-0.521</b>

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

**2.2 Director and Finance £- 0.586m underspend (budget £+3.266m)**

2.2.1 The outturn is analysed below:

<b>Director and Finance</b>		<b>Out-turn</b>	<b>+Over/ -Under spend</b>	<b>+Over/ -Under spend as % of the budget</b>	<b>Change In position from period ten £m</b>	<b>Analysis</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>			
Out-turn	+3.266	+2.680	-0.586	-17.9	+0.328	This is due to a provision to offset pressures elsewhere within the department.

**2.3 Commissioning and Transformation £-0.129m underspend (budget £+9.685m)**

<b>Area</b>	<b>Budget</b>	<b>Out-turn</b>	<b>+Over/ -Under spend</b>	<b>+Over/ -Under spend as % of the budget</b>	<b>Change In position from period ten £m</b>	<b>Analysis</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>			
Performance and Information	+0.616	+0.490	-0.126	-20.5	-0.003	There were vacancies in this team during the financial year.
Other	+9.069	+9.066	-0.003	0	+0.023	
<b>Total Out-turn</b>	<b>+9.685</b>	<b>+9.556</b>	<b>-0.129</b>	<b>-1.3</b>	<b>+0.020</b>	

2.4 **Human Resources, Training and Organisational Development £-0.667m underspend (budget £+4.714m)**

2.4.1 The analysis of the outturn is:

<b>Area</b>	<b>Budget</b>	<b>Out-turn</b>	<b>+Over/ -Under spend</b>	<b>+Over/ -Under spend as % of the budget</b>	<b>Change In position from period ten £m</b>	<b>Analysis</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>			
Personnel	+1.552	+1.429	-0.123	-7.9	+0.026	Underspend due to a reduction in spend on recruitment and advertising.
Training and Organisational Development	+3.162	+2.618	-0.544	-17.2	-0.149	There was less spend than anticipated on training and vacancies in the team early in the year.
<b>Total Outturn</b>	<b>+4.714</b>	<b>+4.047</b>	<b>-0.667</b>	<b>-14.1</b>	<b>-0.123</b>	

2.5 **Locality Managed Community Care £-0.333m underspend (budget £+106.756m)**

2.5.1 The outturn position on Locality Managed Services is analysed in the following table:

Area	Budget  £m	Out-turn  £m	+Over/ -Under spend  £m	+Over/ -Under spend as % of the budget	Change In position from period ten  £m	Analysis
Purchase of Care - Older People	+47.603	+47.328	-0.275	-0.6	-0.985	<p>Purchase of Care is the budget for the purchase of care from the independent sector, ie residential care, nursing care, domiciliary care, day care and supported living.</p> <p>More income was received from service user contributions towards the cost of their care packages than was budgeted for and there was also some extra income from Health for shared and continuing care cases.</p>
Purchase of Care - People with Physical Disabilities	+12.902	+12.634	-0.268	-2.1	-0.419	<p>Purchase of Care is the budget for the purchase of care from the independent sector, ie residential care, nursing care, domiciliary care, day care and supported living.</p> <p>As with Purchase of Care for Older People more income was received from service user contributions towards the cost of their care packages than was budgeted for and there was also some extra income from Health for shared and continuing care cases.</p> <p>There are some expensive packages pushing up</p>

Area	Budget £m	Out-turn £m	+Over/ -Under spend £m	+Over/ -Under spend as % of the budget	Change In position from period ten £m	Analysis
						expenditure for this group of service users. This is caused by higher unit costs in this market, primarily as a result of demand exceeding supply. This is a national issue for this market and is not confined to Norfolk.
In-House Home Care - Older people and people with Physical Disabilities	+12.433	+11.863	-0.570	-4.6	-0.475	The start of the new home care contracts with external providers in February 2009 and the additional hours being provided externally following the retendering exercise has meant that there are now savings being made within the in-house home care service.
In-House Homes for Older People, Locality Managers, Housing With Care and Day Centres for Older People	+19.619	+20.194	+0.575	+2.9	-0.363	<p>The pressure on this budget was mainly due to an increase in the staffing costs for In-House Homes for Older People, including meeting CQC (Care Quality Commission) requirements. Work has been carried out within the year to agree a more favourable agreement for agency staff and to recruit more permanent staff for the homes.</p> <p>Utility costs for in-house In-House Homes for Older People were also higher than forecast.</p> <p>There was a small underspend on Housing with Care of £-0.109m due to savings through staff vacancies.</p>
Hired Transport for Older People and people with Physical	+1.324	+1.647	+0.323	+24.4	+0.038	Demand for these services continues to increase. There is a transport efficiency project in place looking at issues such as the efficient and effective use of vehicles and journeys made.



Area	Budget	Out-turn	+Over/ -Under spend	+Over/ -Under spend as % of the budget	Change In position from period ten £m	Analysis
	£m	£m	£m			
Disabilities						
Other	+12.875	+13.422	+0.547	+4.3	+0.113	Mainly due to savings on staffing costs.
<b>Total Out-Turn</b>	<b>+106.756</b>	<b>+107.089</b>	<b>+0.333</b>	<b>+0.3</b>	<b>-2.091</b>	

2.6 **Service Development £-0.873m underspend (budget £+21.214m)**

2.6.1 The out-turn position for Service Development is as follows:

<b>Service Development</b>	<b>Budget</b>	<b>Out-turn</b>	<b>+Over/ -Under spend</b>	<b>+Over/ -Under spend as % of the budget</b>	<b>Change In position from period ten £m</b>	<b>Analysis</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>			
Out-turn	+21.214	+20.341	-0.873	-4.1	-0.107	<p>The underspend was mainly due to slippage on projects in the financial year. There was an underspend on Assistive Technology as some of the planned projects for 2008-9, egs Digital Television and Residential Care, slipped. Our performance on Assistive Technology is good.</p> <p>There was also an underspend on the Carers' Grant of as a lot of the expenditure on carers for 2008-9 was coded to the Purchase of Care budgets rather than against the Carers' grant, eg respite care. We have reminded people again to code the relevant expenditure to this grant. The Carers' Council is going to be putting forward plans of how to spend some of the grant in 2009-10 and there is also a review of the Carers' service.</p> <p>These underspends are partly offset by overspends on the Emergency Duty Team and Supported Placement schemes.</p>

2.7 **Mental Health and Drug and Alcohol £-0.576m underspend (budget £+13.995m)**

2.7.1 The outturn position for Mental Health and Drug and Alcohol is:

<b>Area</b>	<b>Budget</b>	<b>Out-turn</b>	<b>+Over/ Under spend</b>	<b>+Over/ Under spend as % of the budget</b>	<b>Change In position from period ten</b>	<b>Analysis</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>		<b>£m</b>	
Purchase of Care - People with Mental Health problems and Drug and Alcohol.	+7.990	+7.686	-0.304	-3.8	-0.362	Towards the end of the financial year there was a significant increase in the amount of income, compared to budget, from peoples' contributions towards the cost of their care and there was also some extra income from Health for shared and continuing care cases. This reduced the net expenditure on Purchase of Care.
Other Mental Health and Drug and Alcohol services	+6.005	+5.733	-0.272	-4.5	-0.015	There was an underspend of £-0.170m on In-House Home Care due to the savings being made following the start of the new home care contracts with external providers in February 2009 and the additional hours being provided externally.
<b>Total Out-Turn</b>	<b>+13.995</b>	<b>+13.419</b>	<b>-0.576</b>	<b>-4.1</b>	<b>-0.377</b>	

2.8 Learning Difficulties Pooled Fund £+2.498m (budget £+48.889m)

Learning Difficulties	Budget  £m	Out-turn  £m	+Over/ -Under spend  £m	+Over/ -Under spend as % of the budget	Change In position from period ten  £m	Analysis
Out-turn	+48.889	+51.387	+2.498	+5.1	+1.829	<p>Care and Assessment (£+0.015m), Homes (£+0.167m), Day Care (£+0.191m), County Management (£+0.348m), Community Support Team (£+0.447m), Hired Transport (£+0.024m), In-House Home Care (£-0.025m), Purchase of Care (£+1.390m), Service Agreements (£-0.063m), Commissioner contribution (£-0.031m), Income (£+0.059m) and Other (£-0.024m).</p> <p>There are pressures, particularly within the Purchase of Care budget in this area. Purchase of Care is the budget for the purchase of care from the independent sector, ie residential care, nursing care, domiciliary care, day care and supported living.</p> <p>The greatest increase in expenditure at the year end was on Purchase of Care: two providers made claims for backdated amounts; there was less Supporting People income than budgeted; and we had to increase the provision for amounts due from Other Local Authorities.</p>

- 2.8.1 Adult Social Services is a commissioning partner in the Learning Difficulties Pooled Fund, in partnership with NHS Norfolk and NHS Great Yarmouth and Waveney. This is an agreement between the County Council, NHS Norfolk and NHS Great Yarmouth and Waveney to provide a learning difficulties service in Norfolk. The original agreement came into effect on 1 April 2002 and was with West Norfolk Primary Care Trust and Norfolk Health Authority. It has since been updated to reflect the abolition of the Health Authority and the reorganisation of the Primary Care Trusts.
- 2.8.2 Adult Social Services is the main provider of learning difficulties services to the Pooled Fund through the Norfolk Learning Difficulties Services (NLDS).
- 2.8.3 Despite the partners increasing their contributions into the Pooled Fund by 5.3% in 2008-9 and savings targets being agreed to try and balance the fund, there remained a gap of £2.251m in the Pooled Fund for 2008-9.
- 2.8.4 Norfolk County Council's share of the 2008-9 gap was made via an increased recurring additional contribution of £1.229m. However there were no available funds in Adult Social Services in 2008-9 and Cabinet agreed on 11 August 2008 that this should be funded from Finance General. The need to make this a recurring contribution is included in Adult Social Services budget planning for 2009-10 and future years.
- 2.8.5 NHS Norfolk's (previously Norfolk PCT) contribution towards the funding gap was £1.023m.
- 2.8.6 Adult Social Services has carried out a Priority Based Budgeting (PBB) exercise on its Learning Difficulties budget, in conjunction with NHS Norfolk and supported by external consultants. The purpose is to ensure that the pooled budget for Learning Difficulty services is used to maximum effect to support priorities. This helped to inform the budget setting process for 2009-10.
- 2.8.7 The Learning Difficulties Pooled Fund Commissioners have agreed a Medium Term Plan to ensure that annual growth for Learning Difficulties is managed within an affordable partner contribution uplift for 2009-10 and 2010-11.

## 2.9 Supporting People £0m (budget £+16.859m)

- 2.9.1 Supporting People is a government programme to provide good quality housing support to help people live as independently as possible. Housing support helps people set up or maintain their own homes. This can include activities and services such as: sheltered housing warden support; help to claim benefits or manage debts; help to move into accommodation with less support; refuge accommodation; help to identify and use other services. In Norfolk, Norfolk County Council manages the programme in partnership with seven District Councils, Health, the Probation Service, housing support organisations and people who use these services.
- 2.9.2 Norfolk County Council receives two grants for Supporting People: in 2008-9, a Programme Grant of £16.337m to pay for the services and an Administration Grant of £0.522m to pay for the management of the programme. In addition, £3.346m of underspend from previous years was brought forward into 2008-9 to supplement the Programme Grant. Supporting People had a cumulative underspend of £4.484m at the end of 2008-9 on the Programme Grant which has been carried forward into 2009-10 and is fully committed. The underspend has accumulated over time to offset the considerable ongoing uncertainty about the future funding of the programme nationally and locally

## 3 Capital Programme

- 3.1 The capital programme is summarised in Appendix One. Details of the budget and the outturn are given for each scheme. At the end of the 2008-9 financial year there was slippage of £9.424m on the schemes, due to work not being completed within the year or invoices not received at the end of March. This includes £4.393m of grant funding to be handed over to Registered Social Landlords to help fund the purchase and conversion of accommodation suited to the needs of people undergoing resettlement from the NHS Campus Closure. The funding was receipted from NHS Norfolk ahead of the scheduled phases of completion.
- 3.2 Where there is slippage on a capital scheme the money will be carried forward to 2009-10.

<b>Capital Programme</b>	<b>2008-9 Budget £m</b>	<b>2008-9 Outturn £m</b>
Total	16.170	6.746

## 4 Bad Debt Fund

- 4.1 Adult Social Services has a statutory duty to charge people for residential accommodation in accordance with Charging for Residential Accommodation Guidance (CRAG) which is issued by the Department of Health. We also charge for non-residential services such as Home Care, Housing With Care, and Supported Living and we follow the Fairer Charging Guidance issued by Department of Health. We generate approximately £50m of income a year from peoples' contribution towards the cost of their care.
- 4.2 The Bad Debt Fund represents money set aside by Adult Social Services to pay for debts that, after lengthy investigation and, in many cases, legal action, are unlikely to be paid by the debtor. The level of the Fund is based on the overall level and nature of debts owed to the Department and the forecast position is set out below.

<b>Bad Debt Fund</b>	<b>£m</b>
Fund as at 31 March 2008	+0.495
Plus: 2008-9 budget contribution	+0.250
Sub-total	+0.745
Less net write-offs during the financial year	-0.578
Balance as at 31 March 2009	+0.165

- 4.3 More detail on the debt position at the end of March 2009 can be found in Appendix Two.

## 5 Equality Impact Assessment

- 5.1 An Equality Impact Assessment was carried out at the Budget Planning Stage. This report is not directly relevant to equality, in that it is not making proposals that will have a direct impact on equality of access or outcomes for diverse groups.

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

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

## 7 Conclusion

- 7.1 The Adult Social Services department worked hard to manage the budget position in 2008-9, given the inherent pressures on social services activity. The pressures on Purchase of Care and particularly on the Learning Difficulties service are areas of concern, particularly with regard to the financial pressures in 2009-10 and future years, as demographic indicators and the increasing cost of packages indicate increasing demand and costs in this area.
- It is recommended that a Working Group is set up to involve Members of this Panel in the financial and associated issues facing the County Council regarding Learning Difficulties.

## **8 Action Required**

- 8.1 Members are invited to note the contents of this report and to agree to the setting up of a Member Working Group for Learning Difficulties.

Officer Contacts:

Janice Dane, Head of Finance - Adult Social Services Tel: 0344 800 8020 (general enquiries)



If you need this report in large print, audio, Braille, alternative format or in a different language please contact Mike Gleeson, Tel: 0344 800 8020 (general enquiries), Minicom: 01603 223242, and we will do our best to help.



### Appendix One: Summary of Capital Programme

Note1: Where there is slippage on a scheme the money will be carried forward to 2009-10. The year noted in the "Scheme" column is the year it started.

Scheme	2008 -9 Budget £	2008-9 Outturn £	2008-9 Slippage (see Note One) £	Reasons for Variance or Comments
Other Housing With Care Schemes (2007-8)	84,000	0	84,000	Future schemes yet to be determined: no scheme has been identified yet. £150k was spent on Huntingfield that includes Housing With Care.
Reprovision of Bishop Herbert House	5,837	157	5,680	The completed scheme was handed over on 28 February 2005. Scheme completed, including the work to the fire exit. There was an outstanding fee account at the end of the financial year.
Housing Grants to resettle clients from Little Plumstead Hospital	1,169,680	51,756	1,117,924	The service users have been resettled. This is funds which NCC is holding on behalf of Health and which should be released to Wherry Housing (previously Anglia Housing): negotiations are still ongoing between the legal representatives for Health and Wherry Housing. This matter is being followed up with Wherry Housing.
Learning Difficulties Day Care – Phase Two (2004-5)	5,466	6,277	+811	Additional essential safety works.
Mental Health Supplementary Credit Approval 2005-6	40,000	0	40,000	All grants had been paid except for £40k that was earmarked for the set up costs of an Integrated Mental Health Team bases in South Norfolk. Norfolk and Waveney Mental Health Care Trust is leading the search for premises for these bases but continues to incur difficulties in identifying suitable affordable premises.
Mental Health Supplementary Credit Approval 2006-7	252,111	45,907	206,204	This funding will be used to support the redesign of residential and day services over the next couple of years. It is likely to be used to develop supported housing for people with mental

<b>Scheme</b>	<b>2008 -9 Budget</b>	<b>2008-9 Outturn</b>	<b>2008-9 Slippage (see Note One)</b>	<b>Reasons for Variance or Comments</b>
	<b>£</b>	<b>£</b>	<b>£</b>	
Mental Health Supplementary Credit Approval 2007-8	263,602	0	263,602	health problems.
Mental Health Supplementary Credit Approval 2008-9	278,000	0	278,000	
Huntingfield Reprovision (2007-8)	1,937,502	1,823,016	114,486	The scheme is complete following delays due to the legal transfer of land. The final equipment and fee accounts were outstanding at the end of the financial year.
Supported Living for People with Learning Difficulties (2006-7)	25,296	0	25,296	This money is earmarked for schemes in West Norfolk. The first scheme at Emneth was completed in June 2005. Further properties have been completed at Necton, Swaffham, West Winch and Kings Lynn. The final proposed property purchase has fallen through and alternative accommodation is now being sought in order to fulfil the final proposed support package.
Disability Resource Centre, Great Yarmouth (2006-7)	33,272	4,230	29,042	Scheme completed and operational. Underspend following inadvertent payment of fee account from the revenue budget.
Social Services Computer Projects (2003-4)	133,997	95	133,902	The unspent monies have been carried forward. Work is in hand as part of the Modern Social Care project to identify further IT investment needs.
Information Management Grant (2007-8)	332,121	22,842	309,279	Work is in hand as part of the continued Modern Social Care project to identify further IT and project investment needs.
Homes for Elderly People - Essential Improvements Year 1	130,190	0	130,190	Contingency funds set aside for schemes that will offer greatest benefit to residents in line with the strategic plan for all care Homes.

<b>Scheme</b>	<b>2008 -9 Budget</b> £	<b>2008-9 Outturn</b> £	<b>2008-9 Slippage (see Note One)</b> £	<b>Reasons for Variance or Comments</b>
Homes for Elderly People - Essential Improvements Year 2	166,000	0	166,000	
Cranmer House, Fakenham Community Support Centre (2007-8)	4,330	3,996	334	The main contract was completed in January 2006 and the flooring works were completed in February 2006. Final fee accounts were outstanding at the previous financial year end. There was an underspend on final fixtures and fittings.
Thermostatic Blending Valves at In-House Homes for Older People (2007-8)	33,529	5,817	27,712	The programme of works within all areas accessible to residents has now been completed. The remaining amount is being used to fit thermostatic blending valves in sluice rooms and staff restrooms in line with the new hand washing hygiene legislation.
Department of Health - Extra Care Housing Fund (Learning Difficulties) (2006-7)	85,986	21,041	64,945	This is a five-year project to support adults with learning difficulties living independently in their own accommodation. Year three is now complete.
Ellacombe Home for Older People Refurbishments (2007-8)	10,000	8,069	1,931	Creation of 14 bedded Older Peoples Unit following the end of the lease to Norfolk and Waveney Mental Health Partnership Trust. There was slippage due to technical issues (eg asbestos) identified when minor enabling works started. The work has now been completed. Final payments to the contractor and fee accounts were outstanding at the year-end.

<b>Scheme</b>	<b>2008 -9 Budget</b> <b>£</b>	<b>2008-9 Outturn</b> <b>£</b>	<b>2008-9 Slippage (see Note One)</b> <b>£</b>	<b>Reasons for Variance or Comments</b>
Ellacombe Home for Older People Refurbishments - Corporate Minor Works (2007-8)	62,384	4,645	57,739	See above.
Home Ownership Pilot (Learning Difficulties) (2006-7 and 2007-8)	300,000	300,000	0	Funding from Department for Communities and Local Government to facilitate home ownership for people with learning difficulties. The partnership agreement with the Housing Association is being finalised.
Clere House - Bathroom facilities (2007-8)	25,787	25,981	+194	Part of the Essential Improvements for In-House Homes for Older People Programme. Needed to wait for completion of other capital works at the home before starting this scheme. This scheme has been completed. Minor difference between the pre-tender estimate and the actual final cost.
Heathfield - Heating system (2007-8)	16,664	8,532	8,132	Part of the essential improvements for the in-house Homes for Older People. Work completed. This work was integrated with the dementia care works so that the disturbance was minimised. Difference between the pre-tender estimate and the actual final cost.
High Haven – Windows (2007-8)	74,067	53,558	18,509	Part of the essential improvements for the in-house Homes for Older People. Delay due to granting of planning permission and need to programme works amongst other capital works at the home. Phase Two was completed April 2009 and accounts are outstanding.

<b>Scheme</b>	<b>2008 -9 Budget £</b>	<b>2008-9 Outturn £</b>	<b>2008-9 Slippage (see Note One) £</b>	<b>Reasons for Variance or Comments</b>
Linden court - Bathroom facilities (2007-8)	56,000	56,313	+313	Part of the essential improvements for the in-house Homes for Older People. The work was completed in June 2008. There was a minor difference between the pre-tender estimate and the actual final cost.
Munhaven - Heating system (2007-8)	166,315	153,905	12,410	Part of the essential improvements for the in-house Homes for Older People. This work was integrated with the dementia care works so that the disturbance was minimised. The work is completed. Final accounts outstanding at the year end.
Munhaven – Windows (2007-8)	107,177	105,846	1,331	Part of the essential improvements for the in-house Homes for Older People. This work was integrated with the dementia care works so that the disturbance was minimised. The work is completed. Final Fee accounts outstanding at the year end.
Rebecca Court – Windows (2007-8)	58,096	49,422	8,674	Part of the essential improvements for the in-house Homes for Older People. Phases One and Two are complete. Phase Two accounts outstanding at the year end.
Rebecca Court - WC and bathroom facilities (2007-8)	54,500	52,675	1,825	Part of the essential improvements for the in-house Homes for Older People. Had to wait for completion of other capital works at the home before starting this scheme. Completed in June 2008. Minor difference between the pre-tender estimate and the actual final cost.
Rebecca Court - Accessible external areas (2007-8)	14,739	13,352	1,387	Part of the essential improvements for the in-house Homes for Older People. Minor difference between the pre-tender estimate and the actual final cost.
Somerley - Heating system	90,000	87,724	2,276	Part of the essential improvements for the in-house Homes for Older People. Final Fee accounts outstanding

<b>Scheme</b>	<b>2008 -9 Budget £</b>	<b>2008-9 Outturn £</b>	<b>2008-9 Slippage (see Note One) £</b>	<b>Reasons for Variance or Comments</b>
St Nicholas House - WC and bathroom facilities (2007-8)	92,591	86,584	6,007	Scheme part of Essential Improvements at In-House Homes for Older People Programme. The scheme is complete. There has been a reprofile of payments following essential asbestos removals causing delay. The final accounts remain outstanding.
Sydney House – Windows (2007-8)	181,000	115,845	65,155	Part of the essential improvements for the in-house Homes for Older People. Phase One is complete. A reprofile of payments in respect of Phase Two was due to the need to programme and interlink works with other major capital improvements planned at the home in order to ensure minimal disruption. The works were scheduled to be completed May 2009.
Sydney House – Lift (2007-8)	65,000	50,000	15,000	Part of the essential improvements for the in-house Homes for Older People. Reprofile of payments attributable to design issues and need to interlink with other planned works at the Home. The scheme was completed in May 2009.
Westfields – Lift (2007-8)	67,500	0	67,500	Part of the essential improvements for the in-house Homes for Older People. Reprofile of payments attributable to interlinking design issues with above scheme. We are measuring the success of scheme in Sydney House prior to commencement.
Westfields – Windows (2007-8)	81,000	71,267	9,733	Part of the essential improvements for the in-house Homes for Older People. Delays due to design stage, planning permission and need to programme works amongst other capital schemes at the home. Scheme completed. Final Fee accounts outstanding

<b>Scheme</b>	<b>2008 -9 Budget £</b>	<b>2008-9 Outturn £</b>	<b>2008-9 Slippage (see Note One) £</b>	<b>Reasons for Variance or Comments</b>
Westfields - Heating system (2007-8)	80,000	72,777	7,223	Part of the essential improvements for the in-house Homes for Older People. The work slipped because of the decision to delay the start of the works until the summer of 2008, as it is not possible to isolate different wings of the building. The scheme is completed. Final Fee accounts outstanding at the year end.
Woodlands - Dementia Care Unit Extension (2007-8)	75,667	40,968	34,699	Part of the essential improvements for the in-house Homes for Older People. Delays due to design stage, planning permission and need to programme works amongst other capital schemes at the home. The works are scheduled to be completed in June 2009.
Harker House - Bathroom facilities (2007-8)	22,523	23,182	+659	Part of the essential improvements for the in-house Homes for Older People. Delays due to design stage, other works at home and lead in time for receipt of equipment and materials. The scheme is completed. Minor difference between pre-tender estimate and actual final cost.
Rosemeadow - WC facilities (2007-8)	1,250	1,084	166	Scheme part of the Essential Improvements at In-House Homes for Older People Programme. The work is completed. There was a minor difference between the pre-tender estimate and the actual final cost.
Woodlands - Dementia unit bathroom facilities (2007-8)	14,363	12,930	1,433	The scheme is part of the Essential Improvements at In-House Homes for Older People Programme. The work is completed. There was a minor difference between the pre-tender estimate and the actual final cost.

<b>Scheme</b>	<b>2008 -9 Budget</b> <b>£</b>	<b>2008-9 Outturn</b> <b>£</b>	<b>2008-9 Slippage (see Note One)</b> <b>£</b>	<b>Reasons for Variance or Comments</b>
High Haven - Dementia unit bathroom facilities	17,863	22,252	+4,389	The scheme is part of the Essential Improvements at In-House Homes for Older People Programme. It was completed in April 2008. The difference between the pre-tender estimate and the actual final cost was attributable to the addition of an overhead hoisting system following advice from the moving and handling advisor.
Sydney House - Shower facility (2007-8)	20,000	19,308	692	The scheme was part of Essential Improvements at In-House Homes for Older People Programme. The scheme was completed in June 2008. There was a minor difference between the pre-tender estimate and the actual final cost.
Munhaven - WC and bathroom facilities (2007-8)	56,000	51,133	4,867	The scheme was part of Essential Improvements at In-House Homes for Older People Programme. The scheme is complete. Final Accounts were outstanding at the year end.
In-House Homes for Older People- Essential equipment (2007-8)	78,656	68,834	9,822	This is part of the Essential Improvements at In-House Homes for Older People. Additional profile beds ordered. Accounts outstanding at the year end.
Clere House – extension (2007-8)	13,348	15,661	+2,313	Scheme part funded by Department of Health grant and the Essential Improvements funding for In-House Homes for Older People. The work is completed. The minor difference between the pre-tender estimate and the actual final cost is attributable to unforeseen drainage issues.
Harker House -Level Access, Front Entrance (2007-8)	5,000	5,954	954	Scheme part funded by Department of Health grant and the Essential Improvements funding for In-House Homes for Older People. The work is completed. There is a minor difference between the pre-tender estimate and the actual final cost.



Scheme	2008 -9 Budget £	2008-9 Outturn £	2008-9 Slippage (see Note One) £	Reasons for Variance or Comments
Magdalen House - WC and bathroom facilities (2007-8)	103,000	88,643	16,357	This is part of the Essential Improvements at In-House Homes for Older People. Reprofile of payments attributable to interlinking works amongst programme of Essential Improvements at the in-house homes and contractor availability. Scheme completed April 2009. Final accounts outstanding at the year end.
Westfields Shower Facility (2007-8)	6,109	5,639	470	The scheme was part funded by the Department of Health grant and the Essential Improvements funding for In-House Homes for Older People. The scheme is completed. There was a minor difference between the pre-tender estimate and the actual final cost.
Improving Care Home Environment for Older People (2007-8)	267,555	256,568	10,987	The Department of Health provided a one-off grant in 2007-8 to enhance the physical environment in care homes registered to provide nursing or personal care where the majority of places are for older people. This was part of the Government's dignity campaign that aims to place dignity and respect at the heart of caring for older people. The grant was intended to safeguard and promote the welfare of older people for whom an Authority has made arrangements to provide or secure the provision of residential accommodation. The money was for independent homes and in-house homes. Work is still being completed at some independent homes but all work has been completed in NCC owned homes.
Dementia Care Norwich and North Norfolk (2007-8)	94,185	108,097	+13,912	This relates to the work at Heathfield, Mountfield and Munhaven. The work has been completed. Additional requirements were identified to ensure registration ie garden areas, safety and security issues.

<b>Scheme</b>	<b>2008 -9 Budget</b>	<b>2008-9 Outturn</b>	<b>2008-9 Slippage (see Note One)</b>	<b>Reasons for Variance or Comments</b>
	<b>£</b>	<b>£</b>	<b>£</b>	
Southern Learning Difficulties Team office relocation at Attleborough	112,748	112,748	0	Move complete and waiting for final account.
Learning Difficulties Community Homes Resettlement (2008-9)	6,588,196	2,194,403	4,393,403	Grant funding to be handed over to Registered Social Landlords to help fund the purchase and conversion of accommodation suited to the needs of people undergoing resettlement from the NHS Campus Closure. The funding was receipted from NHS Norfolk ahead of the scheduled phases of completion. NHS Norfolk is the lead agency on this project.
New Office Set up costs	10,250	10,250	0	
Marshfields Upgrade	62,601	62,601	0	
Failure of Kitchen Appliances	375,000	32,182	342,818	Gas safety works around kitchen appliances. There has been a reprofiling of the payments at the design / survey stage.
Heathfield - Bathroom Facilities (2008-9)	35,000	1,345	33,655	This is part of the Essential Improvements at In-House Homes for Older People. The scheme was completed in May 2009.
Somerley - Bathroom Facilities (2008-9)	53,000	2,527	50,473	This is part of the Essential Improvements at In-House Homes for Older People. The project had to interlink with the other projects in in-house homes and contract availability. The scheme was completed in May 2009.
Philadelphia House - Bathroom Facilities (2008-9)	44,000	1,142	42,858	This is part of the Essential Improvements at In-House Homes for Older People. The payments were reprofiled due to interlinking the scheme within programme and contractor availability. The scheme was completed in June 2009.

<b>Scheme</b>	<b>2008 -9 Budget</b> £	<b>2008-9 Outturn</b> £	<b>2008-9 Slippage (see Note One)</b> £	<b>Reasons for Variance or Comments</b>
Springdale - Shower Facility (2008-9)	16,500	11,099	5,401	This is part of the Essential Improvements at In-House Homes for Older People. The payments were reprofiled due to interlinking the scheme within the programme and contractor availability. The scheme was completed in April 2009.
Rebecca Court Bathroom Facility (2008-9)	27,500	6,995	20,505	This is part of the Essential Improvements at In-House Homes for Older People. The payments were reprofiled due to interlinking the scheme within the programme and contractor availability. The scheme was completed in April 2009.
Westfields – Toilet and Bathroom Facilities (2008-9)	88,000	3,500	84,500	This is part of the Essential Improvements at In-House Homes for Older People. The payments were reprofiled due to interlinking the scheme within the programme and contractor availability.
St Edmunds - Shower Facility (2008-9)	16,500	8,894	7,606	This is part of the Essential Improvements at In-House Homes for Older People. The payments were reprofiled due to interlinking the scheme within the programme and contractor availability. The scheme was completed in April 2009.
High Haven - FF Bathroom Facilities (2008-9)	27,500	5,185	22,315	This is part of the Essential Improvements at In-House Homes for Older People. The payments were reprofiled due to interlinking the scheme within the programme and contractor availability. The scheme was completed in May 2009.
High Haven - Garden Areas (2007-8)	15,000	9,150	5,850	This is part of the Essential Improvements at In-House Homes for Older People. The scheme is completed.

<b>Scheme</b>	<b>2008 -9 Budget</b> £	<b>2008-9 Outturn</b> £	<b>2008-9 Slippage (see Note One)</b> £	<b>Reasons for Variance or Comments</b>
Balance of LPSA Reward Grant 2008-9	125,903	0	125,903	This will be used in 2009-10 for alternative supported housing accommodation for the three tenants with Learning Difficulties who are vacating Pinewoods. .
Linden Court – Lift (2008-9)	82,500	0	82,500	This is part of the Essential Improvements at In-House Homes for Older People. The payments were reprofiled due to interlinking with other lift schemes in the in-house homes and departmental strategic planning.
Mildred Stone House – Lighting (2008-9)	16,500	0	16,500	This is part of the Essential Improvements at In-House Homes for Older People.
Sydney House – Lighting (2008-9)	13,200	0	13,200	This is part of the Essential Improvements at In-House Homes for Older People.
Beauchamp House - Dementia Unit (2008-9)	30,000	27,032	2,968	This is part of the Essential Improvements at In-House Homes for Older People. Additional schemes added to Essential Improvements at In-House Homes for Older People programme (Year 2 contingency funds).
Mountfield – Windows (2008-9)	8,000	0	8,000	This is part of the Essential Improvements at In-House Homes for Older People.
Harker House - FF Shower Facility	16,500	8,335	8,165	This is part of the Essential Improvements at In-House Homes for Older People.
Mountfield - Call System (2008-9)	40,000	33,105	6,895	This is part of the Essential Improvements at In-House Homes for Older People.
Sydney House - Door Locks (2008-9)	5,000	0	5,000	This is part of the Essential Improvements at In-House Homes for Older People.
Beauchamp House - WC and Bathroom Facilities (2008-9)	89,000	53,885	35,115	This is part of the Essential Improvements at In-House Homes for Older People.

<b>Scheme</b>	<b>2008 -9 Budget</b>	<b>2008-9 Outturn</b>	<b>2008-9 Slippage (see Note One)</b>	<b>Reasons for Variance or Comments</b>
	<b>£</b>	<b>£</b>	<b>£</b>	
Beauchamp House - Call System (2008-9)	47,000	0	47,000	This is part of the Essential Improvements at In-House Homes for Older People.
St Nicholas House – Lighting (2008-9)	16,500	0	16,500	This is part of the Essential Improvements at In-House Homes for Older People.
High Haven – Lighting (2008-9)	16,500	0	16,500	This is part of the Essential Improvements at In-House Homes for Older People.
Magdalen House - FF Refurbishments (2008-9)	20,000	0	20,000	This is part of the Essential Improvements at In-House Homes for Older People.
Ellacombe Windows (2008-9)	22,000	0	22,000	This is part of the Essential Improvements at In-House Homes for Older People. Reprofiling of payments due to the design stage and granting of planning permission.
Magdalen House – Windows (2008-9)	77,000	0	77,000	This is part of the Essential Improvements at In-House Homes for Older People. Reprofiling of payments due to interlinking with the strategic plan for Care Homes.
Sydney House – Heating (2008-9)	100,000	0	100,000	This is part of the Essential Improvements at In-House Homes for Older People. Reprofiling of payments due to interlinking with the strategic plan for Care Homes.
Woodlands – Windows (2008-9)	77,000	2,791	74,209	This is part of the Essential Improvements at In-House Homes for Older People. Reprofiling of payments due to the granting of planning permission, interlinking with other capital works at the home and interlinking with the strategic plan for Care Homes.
Accommodation for people with Learning Difficulties	100,000	0	100,000	Suitable accommodation has been identified. The agreement with the Housing Association is in place, planning permission has been obtained and the Building Regulation application has been submitted. Work will commence once building regulation approval is obtained, which is anticipated to be August 2009.
Adult Social Care IT Infrastructure (2008-9)	259,311	0	259,311	This was a new grant received in October 2008. Work is in hand to identify further IT investment needs, including Modern Social Care / Care First.

<b>Scheme</b>	<b>2008 -9 Budget</b> £	<b>2008-9 Outturn</b> £	<b>2008-9 Slippage (see Note One)</b> £	<b>Reasons for Variance or Comments</b>
Deaf Welfare Centre (2008-9)	7,500	0	7,500	This was an additional scheme added to the 2008-9 programme. It is a revenue contribution relating to capital works.
Lawrence House – Learning Difficulties Office Set-up Costs (2008-9)	65,000	32,639	32,639	The office move is complete. Final accounts remain outstanding at the year end.
Wholefood Planet (2008-9)	105,000	105,000	0	This is a social enterprise scheme that has been set up to offer employment for people with Learning Difficulties.
<b>Total</b>	<b>16,170,467</b>	<b>6,746,412</b>	<b>9,424,055</b>	

Note1: Where there is slippage on a scheme the money will be carried forward to 2009-10. The year noted in the “Scheme” column is the year it started.

## Appendix Two: Aged Debt Analysis as at 31 March 2009

	<b>Adult Social Services Department service users as at 31 March 2009 £</b>	<b>All other debts as at 31 March 2009 £</b>	<b>Total 31 March 2009 £</b>		<b>Adult Social Services Department Service Users at 31 January 2009 £</b>	<b>Total 31 January 2009 £</b>	
items referred to Head of Law	1,328,371	824,445	2,152,816	*1	1,200,516	2,399,750	
awaiting estate finalisation	1,145,036	0	1,145,036	*2	1,065,224	1,065,224	
secured debts	4,610,681	0	4,610,681	*3	4,246,891	4,246,891	
being paid by instalment	787,719	228,934	1,016,654		763,523	982,642	
items on hold/in dispute	521,569	1,581,895	2,103,464	*4	514,465	1,984,012	
items awaiting referral	10,112	6,142	16,254		29,779	38,336	
Items awaiting write-off	0	0	0		7,469	18,354	
Sub-total	8,403,488	2,641,416	11,044,905		7,827,867	10,733,209	
items outstanding							
under 30 days	1,889,359	9,766,409	11,655,768	*5	1,886,249	7,258,454	
31-60 days	96,754	663,422	760,176	*6	631,028	1,960,818	
61-90 days	147,869	617,196	765,065		402,884	1,213,040	
91-120 days	230,048	99,736	329,783		341,170	695,930	
121-150 days	166,338	347,448	513,787		177,037	285,932	
151-180	64,725	72,254	136,979		123,835	297,513	
over 180 days	20,135	36,812	56,946		56,031	364,323	
Total debt outstanding	11,018,716	14,244,693	25,263,409		11,446,102	22,811,220	

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

\*2 Debts subject to estate finalisation at death.

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

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

\*4 Debts disputed and referred back to service departments.

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

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



# Report to Adult Social Services Overview & Scrutiny Panel

21 July 2009

Item No 13

## Adult Social Services Performance

Report by the Director of Adult Social Services

### Summary

This report presents an overview of the performance framework, within which we operate, and summarises our performance activity for the year 2008/09.

### 1 Background

1.1 The Care Quality Commission (CQC) is the inspectorate body that monitors and assesses the performance of all Adult Social Services in England.

1.2 Along with submitting our performance against indicators we also have to complete a Self Assessment Survey (SAS), responding to specific questions, as well as Self Assessment (SA) statements for each of the nine areas of assessment.

1.3 These nine areas cover each of the seven outcome areas of the Government White paper "Our Health, Our Care, Our Say" along with two further domains.

These areas are:

Outcomes:

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

Domains:

- Leadership
- Commissioning and Use of Resources

1.4 We receive a judgement of our performance against each area and the combination of these make up the overarching departmental judgement.

1.5 As well as being assessed on the aforementioned submitted information we also have the opportunity to engage with CQC at Regular Business Meetings (RBM) and the final stage of the assessment, an Annual Review Meeting (ARM).

1.6 In April 2008 a new National Indicator (NI) set was established setting out the statutory measures that all local authorities would have to report. The NIs fall into the following groupings:

- Stronger Communities,
- Safer Communities,

- Children and Young People,
- Adult Health and Wellbeing,
- Tackling Exclusion,
- Local Economy,
- Environmental Sustainability

1.7 The NIs directly related to Adult Social Services are in the 'Adult Health and Wellbeing' group. In addition to the NIs Norfolk has a number of measures that are not a statutory requirements but are monitored owing to the limitations of the NI set.

1.8 All of this information is submitted at the end of May so we have not received our final assessment yet. However, we can, at this stage, report to Panel the anticipated outturns of the performance indicators.

## 2 Performance for 2008/09

2.1 The final 2008/09 performance outturn for each of the indicators is illustrated below. These results are pending final approval by the Care Quality Commission (CQC).

2.2 Many of the NIs have not been captured before so in some instances we had to set targets with limited information. In some cases we were unable to set a target so have had to use this year to baseline for future targets.

2.3 The key to the performance ratings are as follows:

Symbol	Description
★	On or better than target
●	Within 5% of target
▼	More than 5% away from target

2.4 The final outturn for 2008/09 is as follows:

PI	Description	2007/08	Target	2008/09	Band
Local	Residential admissions 18<64	1.68	1.4	1.19	★
Local	Reviews of service users	86.5%	86.1%	87.0%	●
Local	Referrals for alleged abuse assessed within 24 hours	N/A	93.0%	94.6%	★
Local	Ethnicity recorded at assessment (% missing)	3.7%	3.6%	1.3%	★
Local	Ethnicity recorded at service (% missing)	3.9%	3.0%	2.1%	★
NI125	People at home 3 months after discharge from hospital	N/A	N/A	74.5%	N/A
NI130	People on self directed support population calculation	1393	1604	2068	★

PI	Description	2007/08	Target	2008/09	Band
NI131	Delayed transfers of care per population	N/A	8.00	10.05	▼
NI132	Waiting times to assess (% within 28 days)	69.4%	85.0%	76.6%	▼
NI133	Waiting times to service (% within 28 days)	N/A	92.0%	82.6%	▼
NI135	Carers supported (% against s/users)	11.3%	14.5%	19.7%	★
NI136	Supported to live independently (population calculation)	4128	4134	4207	★
NI141	Vulnerable people achieving independent living	61.6%	66.0%	64.5%	●
NI142	Vulnerable supported to in independent living	N/A	98.0%	98.1%	★

2.5 The following provides a commentary on the indicators above that have been identified as under performing (▼).

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

2.6.1 The number of patients who experience delays while waiting for community hospital or intermediate care beds or for social services placements or packages of care is above target, but remains just below the levels experienced last year (lower is better).

2.6.2 Close joint working with local health services had an impact in 2008/09 and we succeeded in reducing 10.56 delays per 100,000 people at the beginning of the year to 10.05 by the end. Improvement has been steady but is in real terms a significant achievement, given that admissions to acute hospitals have increased by 10% year on year. The success of Norfolk First Support in enabling the delivery of additional home care hours each month should contribute to reducing delayed discharge from hospitals.

#### 2.7 **Waiting Times – NI132 and NI133 ▼**

2.7.1 In 2008/09 we set ourselves particularly challenging targets owing to the lack of available baseline information for these new NIs.

2.7.2 Over the year Adult Social Services have been assessing the needs of vulnerable people more quickly – there has been a substantial improvement in the number of people having their assessments completed within 28 days of them contacting the Council since last year, and this is a significant achievement given the big increase there has been in the number of people contacting us and the number of assessments we have carried out.

2.7.3 Even with this clear improvement, the numbers of people receiving all their services within 28 days of assessment has reduced. This is owing to the impact of better performance in the speed of carrying out assessments – meaning that services have to be in place quicker, the added complexity that increasing levels of self-directed support – e.g. direct payments and personal budgets - have brought into the system and an overall increase in demand for services.

2.7.4 The redesign of the service's 'front door' (Assessment and Care Management Review) means that anyone contacting us in future will be able to get coordinated general advice about available service options and will get assessed more quickly. The length of time people have to wait for assessments, and then their package of care, will be reduced impacting on both NIs.

### **3 Resource Implications**

3.1 There are no resource implications.

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

4.1 There are no impacts on equality within this report.

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

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

### **6 Risk Implications/Assessment**

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

### **7 Conclusion**

7.1 Significant progress has been made in re-shaping and transforming Adult Social Services to provide universal preventative services, good access to information, support to help keep people independent for longer, and to keep improving the quality of for those who really need it. We know the areas for improvement and we are working to address these.

### **8 Action Required**

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

## **Officer Contact**

<b>Name</b>	<b>Telephone Number</b>	<b>Email Address</b>
Colin Sewell	01603 223672	colin.sewell@norfolk.gov.uk



If you need this report in large print, audio, Braille, alternative format or in a different language please contact Lesley Spicer, Tel: 0344 800 8020, Minicom: 01603 223242, and we will do our best to help.

## **Quality Assurance Framework**

Report by the Director of Adult Social Services

### **Summary**

Adult Social Services Overview & Scrutiny Panel are being asked to:

1. Note the development of a Quality Assurance Framework, which provides standards against which assessment, care management and professional social care practice can be audited.
2. Consider how Members would wish to be involved in future practice audits.

The Quality Assurance Framework is attached.

## **1 Background**

1.1 Adult Social Services needs to measure the quality of the service it provides. As a Department, we may know, or feel, that we are achieving good quality services – from what people who use our services tell us, or from our own experience – but we need to provide evidence that this is the case. This evidence means:

- People can understand how well we are doing in providing them with services
- We can identify where we are doing well, to ensure good practice is supported
- We can continually improve the services we provide
- We can provide qualitative – as well as quantitative – information for external inspections.

1.2 This framework has been developed to enable us to quality assure our social care management, assessment and review work at individual, team and organisational level. The principles of this quality assurance are:

- Quality can always be improved and everyone has a role to play in improving quality
- Staff and services must be flexible to meet peoples changing needs and choices
- Quality outcomes and improvements are more likely when staff are skilled, enthusiastic and fully understand the expectations of them
- Policies, procedures and standards must be accessible and supported, to assist staff in understanding what they have to do to meet standards
- Quality assurance should draw on evidence from a wide base to

make it easier to see the complete picture, the messages from the evidence and the actions needed

- Evidence of people who use services' views and feedback is central to continuous service improvement.

1.3 There are two main teams in Adult Social Services responsible for quality assurance:

**Purchasing & Quality Assurance: managed by Maureen Dewath**

Members may already be aware of the work of the Purchasing & Quality Assurance Team who ensure commissioned services are purchased efficiently and effectively.

Example of work: undertaking monitoring visits to providers of residential or domiciliary care.

**Procedures & Quality Assurance: managed by Catherine McWalter**

The Procedures & Quality Assurance team have responsibility for promoting and ensuring high standards in assessment, care management and professional practice.

Example of work: evaluating the assessments and reviews of individuals, through audits of practice against standards and surveys of people who use our services.

1.4 It is the work of the Procedures & Quality Assurance team that Members are asked to note and consider in this report. The Procedures & Quality Assurance Team was established at the end of 2008, although this work has been ongoing for several years.

## **2 Developing the Quality Assurance Framework (QAF)**

2.1 The framework is not an end in itself and will develop each year to reflect current quality assurance activity. The framework is in two parts:

- Part 1 explains the what, why and who of quality assurance
- Part 2 is the framework itself: the practicalities of implementing the framework and the topics for audit in 2009, along with standards which will be measured and evaluated.

2.2 Consultation on the development of the framework has so far taken place with:

- Lincolnshire County Council Adult Social Services
- Essex County Council Adult Social Services
- Quality Assurance Reference Group (established to draw together practitioners from across Adult Social Services to advise on the ongoing development of the framework and standards, in order to ensure the framework is challenging, reflects best practice and is meaningful to practitioners)
- Management groups and teams across Adult Social Services.

### **3 Practice Audits 2009**

3.1 Adult Social Services Senior Management Team asked for two practice audits to be undertaken in 2009. These audits assess how social workers and other care practitioners are working with individuals, against defined standards – detailed in the QAF.

3.2 The topics for the audits were:

#### **Safeguarding**

This audit has been completed and the findings are being written up – along with further investigative work.

Members will receive a report at their September meeting.

#### **Carers**

This audit will be undertaken during September and a report to Members will follow.

### **4 Resource Implications**

4.1 **Staff:** The Procedures & Quality Assurance team will undertake the majority of the work to support the QAF. There will be resource implications for those teams whose work will be scrutinised by audits. The Quality Assurance team will obviously aim to give as much notice as possible of any visit, including options for the most convenient time for visits to take place and full details of what will be required from teams or individuals as part of the audit.

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

5.1 The screening assessment (completed February 2009) found that the team would need to continue to be mindful of equality and diversity issues during the implementation of the framework and the 2009 practice audits – i.e. considering equality and diversity issues throughout undertaking audits and identifying the need for specific standards to explore and assure this area of work. The EqIA also found that consideration needed to be given to how to involve people who use our services in developing the QAF further after 2009/10. A full equality impact assessment will be undertaken on the framework for 2010.

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

6.1 The Safeguarding practice audit, recently undertaken, included consideration of the ways in which Adult Social Services worked with partners – significantly Norfolk Constabulary – to address safeguarding issues, both at a strategic and case level. Findings from the audit will be presented to Members in September.

6.2 It is likely that future audits will make similar links with partner organisations on crime and disorder issues.

### **7 Risk Implications/Assessment**

7.1 Practice audits will highlight the potential for managing and mitigating risks. The QAF in itself does not create additional risks for the Department.

## 8 **Alternative Options**

8.1 This is the first time a QAF has been developed for Adult Social Services. The operation of the framework will be evaluated – with colleagues who are working with people who use our services – to ensure it is meeting the requirement to provide effective standards for assessment, care management and professional social care practice.

## 9 **Action Required**

9.1 That Members note the development of the Quality Assurance Framework.

9.2 Members are asked to consider how they would wish to be involved in future practice audits (alongside receiving reports for comment). This could include:

- Receiving quarterly reports on the implementation of the framework and related quality assurance activities;
- Receiving more detailed findings and action plans resulting from specific audits;
- For selected audits – accompanying officers during the undertaking of practice audit interviews / case file checks.

## **Background Papers**

Quality Assurance Framework – attached.

Quality Assurance Framework Equality Impact Assessment.

## **Officer Contact**

<b>Name</b>	<b>Telephone Number</b>	<b>Email Address</b>
Catherine McWalter	01603 223352	catherine.mcwalter@norfolk.gov.uk



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Adult Social Services  
**Quality Assurance Framework**  
2009

**Contents**

See Part 1 (pages 4 – 6) for quality assurance policy information.

See Part 2 (pages 7 – 9) and Appendix 1 for details of the 2009 practice audits.

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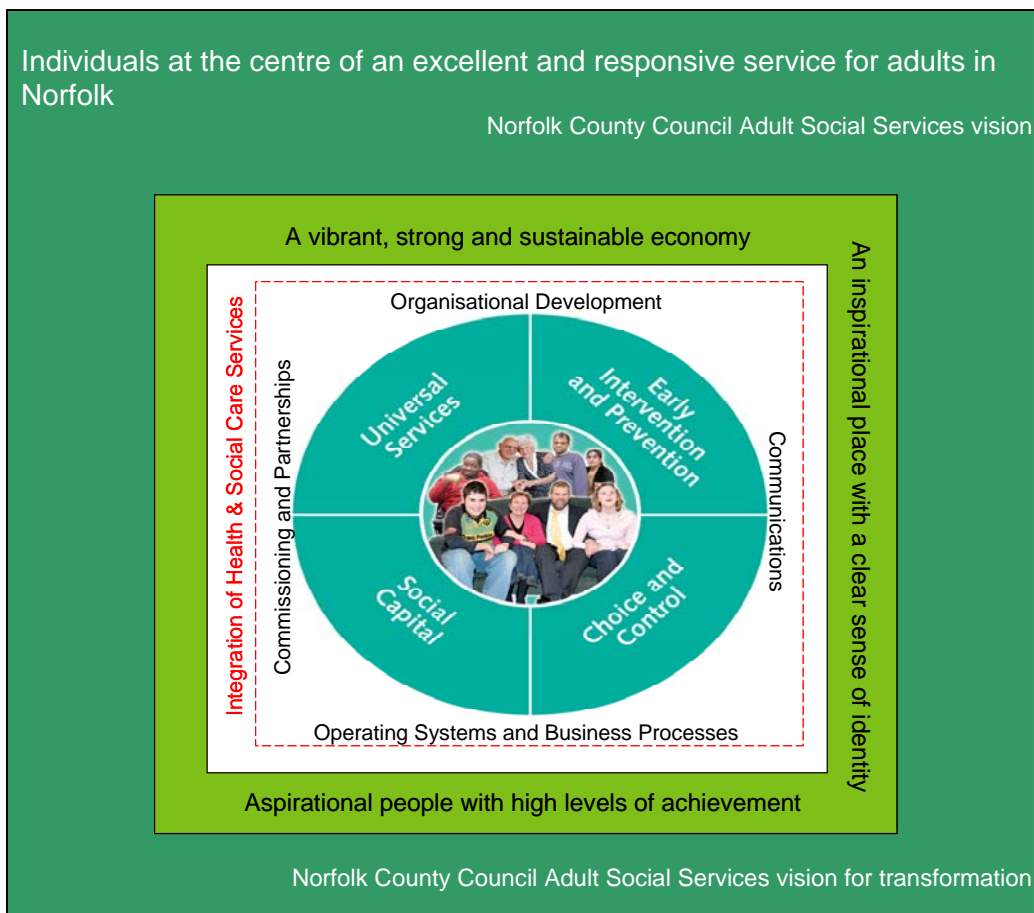
With thanks to Lilian Crawford of Lincolnshire County Council and Gay Leggett of Essex County Council for sharing their expertise and experience.

## Norfolk Adult Social Services Quality Assurance Framework 2009

### Why we need a framework

This framework describes the standards, good practice guidelines and other mechanisms which support the 2009 practice monitoring and audits.

Norfolk Adult Social Services needs to continually demonstrate and evidence both the quality of its services and how those services are managed to ensure continuous improvement.



CSCI's 2007/08 performance summary report included the following key area for development: *The council needs to enhance the timeliness of the care management process and ensure a person centred approach can be demonstrated across all client groups and **ensure robust quality assurance arrangements are in place.***

This framework will provide a clear statement for staff, people who use our services and stakeholders about the quality assurance approach taken by Norfolk Adult Social Services and will explain how quality assurance activities will take place.

**Quality assurance** systems promote the notion of getting it right first time, of self-audit and of avoiding wasted effort and inappropriate behaviour.<sup>1</sup>

## Future development

The 2009 framework refers to the quality assurance work which the Quality Assurance (Planning, Policy & Information) Team [QA team in this document] leads or contributes to – assessment, care management and professional practice. The framework may usefully expand to incorporate all the quality assurance activities undertaken in/for Adult Social Services.

The outcomes of the implementation of the 2009 framework will inform future quality assurance activities – including themed audits, case and electronic file audits, surveys of people who use our services and the development of quality assurance ‘tools’ for managers.

The framework will be updated each year to reflect feedback from practitioners, current audits and other QA activities.

## Part 1: Quality assurance policy

### What is quality?

1.1. **Quality** is not an absolute but contains all the elements of a service that bears upon its ability to satisfy a need. Quality therefore is subjective and is defined by the customer.<sup>2</sup>

“...quality is a journey, not a destination...a continuing and conscious process to support the existing culture of striving for quality...”

Norfolk Schools Quality Assurance Scheme

1.2. **Quality control** is the process through which organisations measure actual quality performance, comparing it with standards set and then acting on the difference.

1.3. **Continuous improvement** means constantly finding out whether customers are happy with the service provided and, if not, analysing the problem to see how the service can be improved.<sup>3</sup>

<sup>1</sup> Patel, A (1994) Quality assurance (BS5750) in social services departments. *International Journal of Public Sector Management*, 7(2), 4-15

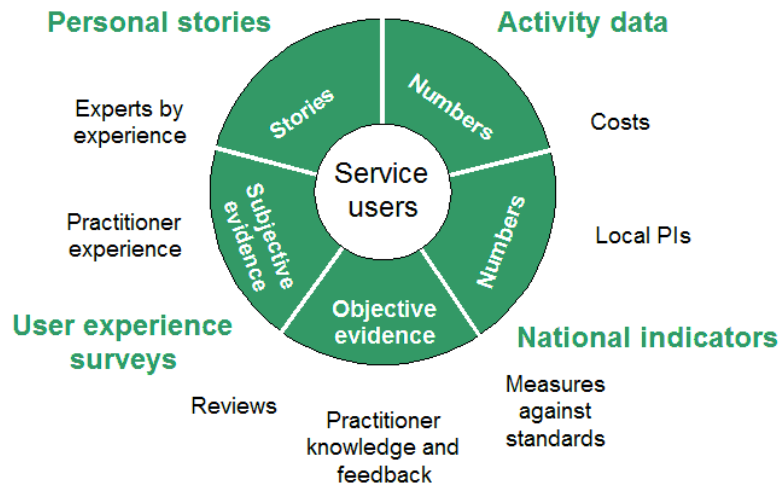
<sup>2</sup> Essex County Council

<sup>3</sup> Moullin, M (2007) Delivering excellence in health and social care Open University Press

## Why measure quality?

1.4. We may know, or feel, that we are achieving good quality services – from what people who use our services tell us, or from our own experience – but how can we provide evidence that this is the case?

1.5. Evidence can come from many sources:

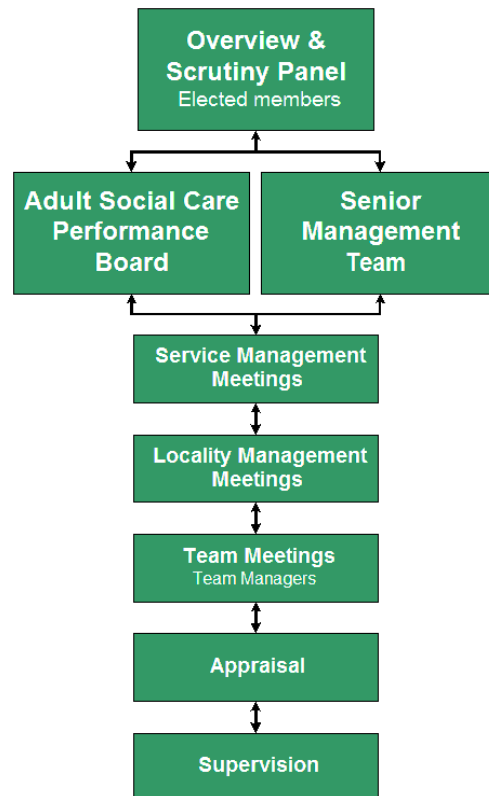


1.6. We need this evidence:

- i. So that people can understand how well we are doing in providing them with services
- ii. To identify where we are doing well, to ensure good practice is supported
- iii. To help us continually improve the services we provide
- iv. To provide qualitative – as well as quantitative – information for external inspections.

## Who is accountable for the quality of the services we provide?

1.7. Quality assurance is everyone's responsibility – the diagram below shows where issues of quality assurance should be addressed.



1.8. Teams within Adult Social Services which have a particular focus on quality assurance include:

- ⇒ The QA team based in Planning, Policy & Information concerned with the quality of assessment, care management and professional practice (who lead the activities described in this framework).
- ⇒ The QA team based in Purchasing & Quality Assurance concerned with the quality of contracted independent sector service provision.

1.9. In addition, there are links with the work of the Compliments and Complaints team and the Quality Improvement Manager for in-house residential homes.

### Norfolk Adult Social Services – quality assurance principles

- i. Quality can always be improved and everyone has a role to play in improving quality
- ii. Staff and services must be flexible to meet peoples changing needs and choices
- iii. Quality outcomes and improvements are more likely when staff are skilled, enthusiastic and fully understand the expectations of them
- iv. Policies, procedures and standards must be accessible and supported, to assist staff in understanding what they have to do to meet standards

- v. Quality assurance should draw on evidence from a wide base to make it easier to see the complete picture, the messages from the evidence and the actions needed
- vi. Evidence of people who use services' views and feedback is central to continuous service improvement.

Performance indicators alone cannot determine the quality of services provided, but quality of services and performance indicators are closely linked:

Performance indicators can help to evidence good quality services – they demonstrate we are following due process, especially where performance indicators relate to the stages of a process that an individual should have experienced.

A quality service will use performance indicators as 'prompts' to ensure important elements of service delivery are being applied consistently.

## Part 2: The 2009 framework

### Aims of the 2009 framework

- To provide a consistent approach to quality assurance
- To assure quality at three levels:

#### 2.1 *People who use our services*

Evaluating the quality of service from individuals' perspectives and ensuring that their views contribute to the continuous improvement of services.

#### 2.2 **Teams**

Assuring that workers assessing and reviewing follow policy, procedures and standards – and that these are appropriately and consistently applied to ensure positive outcomes for individuals.

#### 2.3 **Organisation**

Assuring a quality service and accountability through monitoring the implementation of the framework, identifying good practice and supporting a culture of continuous improvement.

### What activities need to be quality assured?

2.4 There will be certain activities which will always be subject to quality assurance, even with the transition to increased self-directed support. Such activities are also likely to 'cross-cut' specialisms and client groups.

2.5 The standards against which activities will be assessed, and the evidence used to measure against those standards are set out in Appendix 1. These standards focus on those areas subject to audit in 2009.

2.6 Appendix 1 will be continually developed by the QA team – with feedback and input from practitioners and other colleagues – as activities are audited. The list of standards will become a core document containing all standards and evidence indicators for quality assurance.

### **Who will implement the framework?**

2.7 The QA team will implement the framework, but will take advice in doing so from a proposed reference group of practitioners drawn from across the Department. The team will report to the Adult Social Services Performance Board.

### **Framework outcomes**

2.8 The results from the framework activity will be presented together in a written report to the Performance Board, who will decide how they want the results to be disseminated. The long-term aim is for annual quality assurance reports to be produced, based on the annually reviewed framework.

## **The Framework**

**A: Standards and Best Practice Guidance** for assessors and reviewers by which the quality of assessment, care management and professional practice will be judged

These provide the standards against which the quality of the activity is evaluated. The standards and best practice guidance against which quality will be assessed are set out in Appendix 1. The standards have been selected from local and national standards and policy documents. The QA team welcome ongoing feedback on the standards.

Best practice fact sheets have been developed to support the benefits for practice resulting from the introduction of CareFirst, the Assessment and Care Management Review and the introduction of Personal Budgets. The fact sheets will be evaluated in 2009 with practitioner feedback.

**B: Surveys of people who use our services** to check standards are being adhered to, recognise good practice and to improve services

It is vital that we obtain direct feedback from the people who use our services and this includes carers. Questionnaires have been developed to gather feedback from the person being assessed or reviewed – and there are specific questionnaires for carers.

In 2009, localities will continue to issue surveys during one-month periods, the results of which will be evaluated and reported centrally. The carers questionnaire is now subject to an operational instruction. The survey process itself will be evaluated – alongside all other QA activities – during and at the end of 2009 / 10.



**C: Practice monitoring and audit** to check standards and guidance are put into practice by workers

Themed audits

In 2009, the QA team will undertake two audits:

Proposed time period for audit	Topic
April / May 2009	Safeguarding
Autumn 2009	Carers assessments and reviews

These audits can involve:

- Case reviews
- Practice observations
- Results of the survey of people who use our services
- Interviews with people who use our services
- Mystery shopping
- Records management

Case and electronic file audits

In addition to the case reviews conducted as part of the themed audits, managers should undertake case file checks as part of supervision and appraisal.

The following resources are currently available to support case file checking:

- Case work supervision guidance (under development)
- Case Closure Checklist (see CareFirst Support section of the intranet)

The QA team are considering the development of a toolkit to allow increased self-assessment and the development of case file audit results which can be electronically returned to the QA team.

**Appendix 1: Norfolk Adult Social Services – Activities and Quality Standards**

The standards and best practice guidance against which quality will be assessed during practice audits.

All grey shaded areas are currently under development.

Activity	Quality Standard	Evidenced by...	Evidence source
<b>1. Assessment and Care Management</b>			
1.1 Initial assessment			
1.2 Community Care new assessment			
1.3 Community Care re-assessment			
1.4 Receipt of referral	1.4.1 The referral was actioned speedily		
	1.4.2 The case was checked and linked to any existing cases		
	1.4.3 The referral was made to the appropriate worker		
1.5 Allocation of worker	Speed of response Accuracy of record keeping Correct assessment if “no action” SU aware of action being taken		
1.6 Assessment	1.6.1 Individuals and their carers are treated with respect and dignity	<ul style="list-style-type: none"> <li>• Use of formal names unless otherwise agreed and recorded</li> <li>• Cultural, spiritual and person preferences should be covered and commented upon</li> </ul>	

Activity	Quality Standard	Evidenced by...	Evidence source
		<ul style="list-style-type: none"> <li>• Communications issues should be covered and commented upon</li> <li>• General tone and language used throughout is one that supports dignity</li> <li>• Use of language that is familiar to the individual</li> </ul>	
	1.6.2 The assessment was needs led, person centred and outcome focussed	<ul style="list-style-type: none"> <li>• Evidence that supports placing the current situation in a historical and personal context</li> <li>• Needs have been clearly identified and the potential for recovery, maintenance and improvement have been explored</li> </ul>	
	1.6.3 The assessment evidences the individual's independence, well-being, health and inclusion	<ul style="list-style-type: none"> <li>• Evidence of independence and strengths are reflected and this detail appears consistent with the level of need and complexity identified</li> <li>• Evidence of how the individual approaches change and their desire to optimise their life and lifestyle</li> </ul>	
	1.6.4 The assessment evidences appropriate multi-disciplinary involvement across Health and	<ul style="list-style-type: none"> <li>• Evidence of multi-disciplinary involvement in complex cases</li> </ul>	

Activity	Quality Standard	Evidenced by...	Evidence source
	Social Care		
	1.6.5 The assessment clearly records areas of risk and analysis for the management of risk	<ul style="list-style-type: none"> <li>• Evidence of risks being identified. These are likely to relate to details raised in other parts of the assessment</li> <li>• The risk analysis is empowering</li> <li>• Written evidence of options to support, care, empower and protect</li> </ul>	
	1.6.6 The assessment confirmed the eligibility for services and gave indications of the type and range of services to be explored	<ul style="list-style-type: none"> <li>• The eligibility decision is recorded within the written assessment</li> <li>• The eligibility decision must include:                             <ul style="list-style-type: none"> <li>• A statement of eligible risks</li> <li>• The needs that give rise to the eligible risk</li> <li>• The reasons/evidence to support the decision</li> </ul> </li> </ul>	
	1.6.7 The individual was offered written information in an appropriate format and in keeping with their wishes	<ul style="list-style-type: none"> <li>• Evidence of the individual's wishes and of the extent they wish to be involved in receiving written assessment information</li> <li>• Evidence where appropriate of involvement of the individual's family in signing and retaining copies of the assessment</li> </ul>	
	1.6.8 The carer was given an	<ul style="list-style-type: none"> <li>• Written evidence that the</li> </ul>	

Activity	Quality Standard	Evidenced by...	Evidence source
	opportunity to discuss and determine their support needs	identification of a carer has been explored <ul style="list-style-type: none"> <li>• Whether the carer provides regular or substantial care</li> <li>• Whether or not the carer has requested an assessment</li> <li>• A carers assessment includes evidence of the following:</li> <li>• The carer's needs now and in the future</li> <li>• The impact of the caring role on the carer's life and their capacity to sustain the caring role</li> <li>• The provision of community care services for the cared for person to give the carer a break have been considered</li> <li>• A 'one off' payment has been considered where there is a situation of serious risk</li> </ul>	
1.7 Care planning	1.7.1 The care plan was tailored to meet the needs and preferences of the individual		
	1.7.2 The care plan maximises the autonomy and independence of the individual and promotes the individual's well being		
	1.7.3 The care plan provides opportunities and resources to develop competence in self care		

Activity	Quality Standard	Evidenced by...	Evidence source
	1.7.4 The care plan addresses recovery and social inclusion outcomes		
	1.7.5 The care plan identifies long term risks to independence and considers preventative action		
	1.7.6 The care plan evidences that direct payments have been considered and discussed with the individual		
	1.7.8 The individual is aware of any financial contributions they have to make		
	1.7.9 The individual understands the care plan document, has been asked to sign it and has received a copy		
	1.7.10 The individual understands what will happen next and knows who to contact to discuss their case		
1.8 Initial review	1.8.1 The initial review was carried out at the appropriate time		
	1.8.2 The individual was consulted as part of the review		
	1.8.3 Each element of the care plan is checked and considered		
	1.8.4 The correct decision was taken whether to close the case or not		
1.9 Closure	1.9.1 Manager authorises closure		

Activity	Quality Standard	Evidenced by...	Evidence source
1.10 Scheduled review	1.10.1 The review is carried in a timely manner in accordance with agreed timescales.		
	1.10.2 The individual and carer (if applicable) are involved in the review		
	1.10.3 The individual understands the outcome of the review		
	1.10.4 The outcome of the review is consistent with the review assessment		
<b>2. Safeguarding Vulnerable Adults</b>			
2.1 Alert	2.1.1 Alerts are correctly identified	Contacts which imply adult protection concerns are treated in accordance with procedures	CareFirst records AA1 forms
	2.1.2 Alerts are passed on in a timely manner	Time taken from initial contact to pass on alert	CareFirst
	2.1.3 Alerts are passed on to the correct people	Alerts are passed on to a suitable Access staff member	
	2.1.4 Front line staff are aware of and understand risk thresholds	Staff are able to identify risks and deal with alerts accordingly	Evidence of training and awareness of Safeguarding procedures evidenced from staff interviews
	2.1.5 The individual or the person making the referral understands what action will be taken next.	Record of individual or referrer being given information about what the next step will be	BICA and AA1 forms
2.2 Referral	2.2.1 Referrals are actioned the same day	CareFirst records show the time taken to deal with the alert once it	CareFirst

Activity	Quality Standard	Evidenced by...	Evidence source
		has been received by the Access team (new case) or the Locality team (current case)	
	2.2.2 There is accurate assessment of whether there are adult protection concerns	The case record shows the reasons why a there are concerns or why the circumstances do not constitute an adult protection issue.	Observations, BICA, AA1
	2.2.3 Referrals are made in accordance with procedures and to suitably qualified staff	The staff who receive referrals meet the qualification/training requirements in the procedure.	Staff interviews, training records
	2.2.4 Initial assessment is completed in a timely manner	CareFirst records show the time taken to allocate the case to a suitably qualified worker.	CareFirst, paper file
	2.2.5 Adult protection concerns are recorded on CareFirst	A CareFirst event is recorded with a context of Adult Protection	CareFirst
	2.2.6 Steps taken to provide immediate protection are recorded.	Any action taken pending a full assessment is recorded on CareFirst	Observations, BICA
2.3 Strategy discussion	2.3.1 Strategy discussion is organised within agreed timescales	Date of discussion	CareFirst, paper file
	2.3.2 All relevant parties included in strategy discussion	The record of discussions show that all relevant parties have been included in the discussions	Observations, Assessment, AA1
	2.3.3 There is an accurate record of strategy discussion	The record of the discussion is consistent with the recollections of all parties involved.	Observations, Assessment, AA1
	2.3.4 Outcome of strategy discussion is clearly recorded and reflects the facts of the case	Record of strategy discussion	Observations, Assessment, AA1
	2.3.5 The individual is involved in any further assessment	Further assessment includes a visit to the victim	Observations, paper file



Activity	Quality Standard	Evidenced by...	Evidence source
	2.3.6 Further assessment is recorded as a formal Adult Protection Assessment	Recorded on AA5 on CareFirst	CareFirst Assessment
2.4 Strategy meeting	2.4.1 A safeguarding strategy meeting is arranged where: <ul style="list-style-type: none"> <li>• There are issues of mental capacity</li> <li>• There is an increased level of risk or abuse</li> <li>• The person is refusing help or access to them is denied</li> <li>• Where there are ongoing concerns following criminal proceedings</li> <li>• The case is complex</li> <li>• The case has required repeated review</li> <li>• Where there is disagreement between agencies about the proposed course of action</li> </ul>	Minutes of strategy meeting	AA2, paper file or CareFirst
	2.4.2 The strategy meeting includes all relevant parties	Minutes of strategy meeting	AA2, paper file or CareFirst
	2.4.3 All participants receive a copy of the record of the case conference	Record of distribution	Paper file or CareFirst
	2.4.4 Quality of the outcomes of the case conference	Minutes of strategy meeting	AA2, paper file or CareFirst
2.5 Safeguarding Plan	2.5.1 The safeguarding plan is recorded on AA2 or AA3 forms	Recorded on AA2 or AA3 forms	Paper file or CareFirst
	2.5.2 The plan includes the	Recorded on AA2 or AA3 forms	Paper file or CareFirst

Activity	Quality Standard	Evidenced by...	Evidence source
	following: <ul style="list-style-type: none"> <li>• Analysis of level of risk</li> <li>• Action to be taken</li> <li>• Who is responsible for each task</li> <li>• Monitoring and review arrangements</li> </ul>		
	2.5.3 The individual understands the safeguarding plan	Views of people who use our services	Questionnaires and interviews
	2.5.4 The individual feels safe and protected	Views of people who use our services	Questionnaires and interviews
2.6 Review	2.6.1 Action and outcomes are reviewed in accordance with the safeguarding plan	Contents of the review form show that action agreed as part of the strategy discussion or meeting has taken place and its efficacy has been assessed	Review form on CareFirst or observations
2.7 Case recording	2.7.1 The individual's confidentiality is maintained.	All records	CareFirst and paper file
	2.7.2 Information is shared appropriately and in accordance with procedures	Records of strategy meetings and discussions show that information has been shared in a professional manner and in the best interests of the individual	AA2 or 3 and CareFirst
	2.7.3 Safeguarding records form a discrete part of the client file.	File records held separately from other records	Paper file and CareFirst
2.8 Training/HR issues	2.8.1 There are comprehensive records of training carried out.	Training records show the different training available and who has attended it	Training records
	2.8.2 There is a comprehensive training plan.	Training plan	Training section
	2.8.3 There is a joint assessment	Training plan	Training section

Activity	Quality Standard	Evidenced by...	Evidence source
	of training needs		
	2.8.4 There is a competency framework which identifies: <ul style="list-style-type: none"> <li>• minimum standards for each specialist role;</li> <li>• knowledge and experience required to carry out each stage in the safeguarding process.</li> </ul>	The competency framework is published to be accessible to all members of staff. There are records of staff's qualifications and experience being assessed against the competency framework.	Training section
	2.8.5 Safeguarding is included in staff induction, other development training, recruitment and selection.	Induction and other training materials	Training section
	2.8.6 Training is effective and appropriate to the role being carried out.	Feedback from training	Training section
	2.8.7 Assessment of training needs features in staff appraisals.	Staff appraisal records	Interviews with staff and managers
	2.8.8 Serious case reviews are held and the findings inform operational practice.	The records of case reviews include recommendations for action. The actions are reflected in team/service plans	Reports to Safeguarding Board
	2.8.9 Safeguarding cases are discussed in staff supervisions.	Feedback from staff	Supervision records and staff interviews
2.9 Strategic management	2.9.1 There are clear terms of reference for the Safeguarding Board and its members are clear about its role.	Terms of reference	Board documents and interviews with board members
	2.9.2 Membership of the board is at an appropriate level to ensure	Members of the board are able to represent their organisations and take decisions in most cases	Interviews with board members

Activity	Quality Standard	Evidenced by...	Evidence source
		without referral back to their own management	
	2.9.3 The Safeguarding Board has a strong level of oversight of safeguarding work.	The Board has a good awareness of the issues around safeguarding, understands how services are delivered in Norfolk and takes decisions to improve safeguarding practice	Minutes of Board meetings, summary of information the Board receives, decisions made by the Board
	2.9.4 The Safeguarding Board receives monitoring reports on a regular basis	Performance reports given to the Board	Minutes of the Board, copies of performance reports
	2.9.5 There are sub-groups of the Board which are tasked with implementation.	There are subgroups covering key areas of delivery including quality assurance, training and development	Minutes of sub-groups, interviews with sub-group members
	2.9.6 The Safeguarding Board produces an annual report which brings together evidence of performance and clear targets for improvement.	Annual report	Published document
	2.9.7 The Safeguarding Board encourages a strategic approach to risk	Consideration of risk is explicit in decisions taken by the Board and is reflected in work it commissions	Minutes of Board meetings, analysis of work commissioned by the Board
2.10 Serious case reviews	2.10.1 Serious case reviews are held: <ul style="list-style-type: none"> <li>• When a vulnerable adult who is receiving community care services dies</li> <li>• When a vulnerable adult is subject to a serious injury when there is suspected or actual abuse</li> </ul>	The serious case review protocol is followed  There is an action plan resulting from the serious case review  Improvements result from the implementation of the action plan	Records of case review  Examples of changes made as a result of a serious case review

Activity	Quality Standard	Evidenced by...	Evidence source
	<ul style="list-style-type: none"> <li>Serious abuse takes place in an institution or when multiple abusers are involved</li> </ul>		
2.11 Multi-agency working	2.11.1 There is effective multi-agency working at different levels	Joint working, involvement of various agencies in discussions and subsequent actions	CareFirst, paper files, minutes of strategy meetings, minutes of Safeguarding Board, interviews with partner agencies
	2.11.2 Information sharing protocols operate effectively	Information is shared to promote effective action to protect individuals	AA1, AA2 and AA3 forms, analysis of outcomes
	2.11.3 Partner agencies demonstrate commitment to safeguarding	Partner agencies	Minutes of Safeguarding Board, interviews with partner agencies
<b>3. Carer Assessment</b>			
3.1 Referral	Speed of receipt Linking to existing cases Speed of allocation Appropriateness of allocation		
3.2 Allocation			
3.3 Assessment	Quality of assessment Ensure pre-existing assessments are incorporated Involvement of carer in assessment Carer understands assessment process and receives a copy		
3.4 Care planning	Care plan reflects assessment Carer meets eligibility criteria for services Carer understands care plan and		

Activity	Quality Standard	Evidenced by...	Evidence source
	what services are being provided Direct payment considered Carer is aware of any financial contributions		
3.5 Initial review	Initial review carried out at appropriate time Carer consulted as part of review Each element of care plan checked Correct decision taken whether to close the case or not		
<b>4. CMSS Service Provision</b>			
4.1 Allocation	Prompt response Allocation to appropriate worker		
4.2 Receipt of referral	Prompt response to referral Thorough investigation of background		
4.3 Sourcing care	Care sourced in line with care plan Only appropriate providers used Case referred to joint visiting team Case practitioner advised		
4.4 Follow-up paperwork			
4.5 Death notifications			
<b>5. Mental Capacity</b>			
5.1 Help with decision making	5.1.1 The case record clearly shows that mental capacity has been considered		
	5.1.2 The individual understands the decision to be made	<ul style="list-style-type: none"> <li>The individual has been given relevant information about the</li> </ul>	

Activity	Quality Standard	Evidenced by...	Evidence source
		nature of the decision • The reasons why the decision is needed have been explained	
	5.1.3 The individual understands the risks and benefits associated with the decision	• Risks and benefits have been discussed • The individual has been made aware of the different options	
	5.1.4 The individual was offered information in the most effective way for them	• Information has been given in different formats e.g. by pictures, in writing as well as verbally • People who know the individual well have been consulted about the best means of communication • Consideration has been given to the time of day and environment • Evidence of use of specialist interpreters or signers	
	5.1.5 Cultural, ethnic or religious factors have been taken into account		
	5.1.6 The use of an advocate or support from someone else was considered		
5.2 Assessing capacity	5.2.1 All practicable steps have been taken to help and support the individual to make the decision		
	5.2.2 The decision cannot be postponed to a time when the	• Evidence of why the decision cannot be taken at a different	

Activity	Quality Standard	Evidenced by...	Evidence source
	individual may be able to make the decision	time	
	5.2.3 The case record shows how the assessment of an impairment or disturbance in the functioning of the mind or brain was carried out		
	5.2.4 The case record shows that the need for a more thorough assessment of capacity has been considered	<ul style="list-style-type: none"> <li>The severity of the consequences or the complexity of the decision has been considered</li> </ul>	
	5.2.5 The case record shows the reasons why the case worker has a reasonable belief that the individual lacks capacity to make the decision		
	5.2.6 The decision about the individual's capacity is not based simply on the individual's age, appearance, characteristics, dress, assumptions about their condition or any aspect of their behaviour		
5.3 Considering the individual's best interests	5.3.1 Any evidence of the individual's past and present wishes has been taken into account		
	5.3.2 Other interested parties have been consulted for their views about what may be in the individual's best interests	<ul style="list-style-type: none"> <li>Evidence of contact with any or all of the following: family, carers, attorney (LPA), deputy appointed by Court of Protection</li> <li>Consideration of whether an ICMA should be consulted</li> </ul>	



Activity	Quality Standard	Evidenced by...	Evidence source
	5.3.3 Less restrictive options have been considered		
<b>6. Fair Access to Care Standards (FACS)</b>			
<b>7. Risks and Safety</b>			
<b>8. Outcome Focused Planning</b>			
<b>9. Self Assessment</b>			

## **NHS Norfolk's Strategic Plan 2009-2014 and the Implications for Adult Social Care**

Report by the Director of Adult Social Services

### **Summary:**

The purpose of this paper is to brief members on the key points of NHS Norfolk's Strategic Plan for 2009-2014 and in particular highlight the synergies with the priorities for adult social care in Norfolk County Council

## **1 Background**

- 1.1 All Primary Care Trusts (PCTs) are required to produce 5 year strategic plans for the period 2009-2014 by the Department of Health. These plans set out PCTs main priorities for the period as leaders and commissioners of local health services. NHS Norfolk has just published its plan, "*Bold and Ambitious: NHS Norfolk's Strategic Plan 2009-2014*". The plan has been approved by the Board of NHS Norfolk and the East of England Strategic Health Authority.
- 1.2 NHS Norfolk's plan draws on a number of service reviews, strategies and consultations which have been conducted over the past year. These were then developed at a stakeholder event in February, which was attended, by the Cabinet Member and Director of Social Services.
- 1.3 NHS Great Yarmouth & Waveney are also working on a similar document but has not yet been approved by their Board. Once approved Members will be briefed on that document in similar vein.

## **2 Key Points of NHS Norfolk's Strategic Plan 2014**

- 2.1 The document draws on the Joint Strategic Needs Assessment which was commissioned by the Council and NHS Norfolk. It highlights that in general people in Norfolk enjoy good health and can look forward to long and healthy lives. However health inequalities do exist and without targeted action the gap between the most and least healthy will grow. In particular the report highlights:
  - There is a 19-year difference in life expectancy between men living in our most/least deprived wards.
  - Smoking remains the biggest cause of preventable ill health and kills 2000 people every year.
  - The incidence of diabetes is increasing significantly.
  - In nine years the number of hospital admissions for mental health problems has doubled.
  - The number of people with dementia is projected to rise by 71% over the

next 20 years.

- Less than one fifth of adults are doing the recommended 5 x 30 minutes of exercise a week
- People affected by dementia, mental health, and long term conditions, people in care homes and those that live alone have the most unmet needs.

2.2 Perhaps the most challenging issue for both the local NHS, and Council, is the rate of population growth amongst older people with forecast increases of 57% and 87% in the over 65 and over 85's respectively during the next 20 years.

2.3 NHS Norfolk sets out its ambition for the period as:

**“Excellent Health, Outstanding Care, and Best Value for the people of Norfolk through the development of NHS Norfolk as a world class commissioning organisation that has visible clinical leadership, a passion for excellence, and the patient voice at the heart of all of its activity”**

2.4 The plan highlights four strategic challenges faced in Norfolk:

- To halt and reverse the increasing gap in health inequalities across specific health issues and communities
- To design and commission world class healthcare services for the elderly and ageing population
- To enable fair and equal access to all services for all communities especially for those in rural areas
- To shift high quality care closer to home from acute to community settings.

The plan identifies 3 focus areas for actions which will address these challenges.

### 2.5 **Focus Area 1: Lifestyle & Prevention**

These initiatives will enable people in Norfolk to live longer and healthier lives. The focus will be on the main contributors to mortality and health inequalities such as cancer, cardiovascular, diabetes and respiratory diseases by offering people better lifestyle options.

e.g. Targeted screening for Cardiovascular disease for people over the age of 40 will commence shortly.

### **Focus Area 2: Personalisation, Independence and Choice.**

These initiatives, which parallel those in social care, will focus on enabling people to make more personalised choices about their care and take more control of their lives, with a greater emphasis on self management and support.

e.g. Expert patient groups, supported by professionals, for people living with diabetes, and respiratory disease are popular with patients and help reduce the workload of primary care.

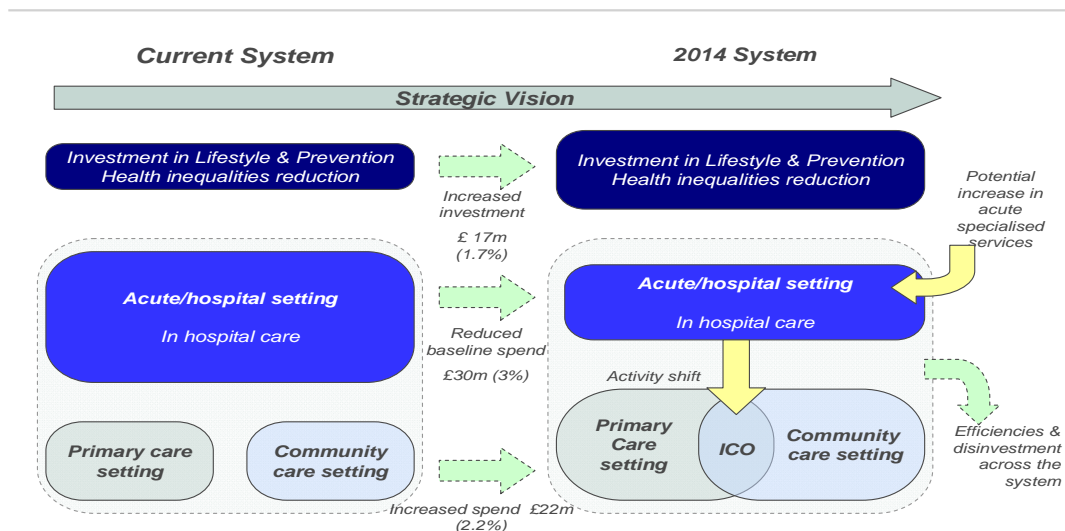
### **Focus Area 3: Right Care, Right Time, Right Place.**

These initiatives are aimed at ensuring people receive optimal care in local settings wherever it is appropriate to do so and to ensure people are not unnecessarily admitted to acute hospitals.

e.g. The jointly funded preventative services, Swifts and Night Owls, provide rapid

access to simple preventative services which have been demonstrated to avoid ambulance calls and admissions to hospital.

- 2.6 In order to deliver on these focus areas it will be necessary to reshape the current health delivery system particularly given the resource prospects beyond the period of the current Comprehensive Spending Review. There will be greater investment (2.2% increase in real terms) in primary and community based services relative to that in acute hospital settings (3% real terms decrease) and an increase in spending on lifestyle and preventative activities (1.7% real terms increase). This is a challenging agenda given that historically speaking the acute hospital sector has, driven by activity, seen the largest increases in NHS resources.
- 2.7 The commitment to expand investment in the primary and community sector is particularly welcome as it is predicated on a desire to integrate health and social care in the community to provide more joined up and effective services for local people. The table below represents this:



2.8 The plan concludes by highlighting what the key differences will be by 2014 for the people of Norfolk. In particular the following are highlighted:

- A reduction and reversing of the gap in inequality
- Personalised services for older people supporting independence. Examples being the development of specialist facilities and services for stroke patients, and the access to rapid specialist assessment and care for dementia.
- Equitable access to high quality services for people living in rural communities and hard to reach groups such as migrant workers, travellers and prisoners.
- The development of world class healthcare services closer to people's homes based on a hub and spoke model of service. The existing network of 92 General Practices, the development of more extensive community based diagnostic and treatment services in larger market towns, and the 3 main acute hospital sites in Kings Lynn, Norwich and Great Yarmouth.

2.9 A full copy of the plan can be accessed at [www.norfolk-pct.nhs.uk/publications/strategic\\_plan\\_09-14](http://www.norfolk-pct.nhs.uk/publications/strategic_plan_09-14)

### **3 Implications for Adult Social Care**

3.1 Members will note the high degree of commonality and overlap between the priorities and pressures facing the NHS in Norfolk with those of the council generally and in particular adult social care. Both organisations share the challenge of an increasingly ageing population and the need to enable people to live as independently as possible. There is also a shared financial interest in avoiding people unnecessarily losing their independence and therefore requiring expensive hospital or residential care placement.

3.2 Similarly the other themes within the plan are entirely consistent with the adult social care agenda. Choice and personalisation, prevention, and seeking to ensure that disadvantaged groups, including the elderly, enjoy good access to services and enjoy good outcomes resonate with the national “Putting People First” policies in social care and the council’s own Transforming Social Care Programme.

### **4 Next Steps**

This plan provides the strategic context for the continuation of a wide range of effective integrated working between the council and NHS Norfolk and other NHS partners including:

- The Adult Partnership Board which oversees the strategic alignment of NHS and adult social care activity
- Adult social care representation on NHS Norfolk’s 6 Programme Commissioning Boards
- The joint commissioning via a pooled budget of services for people with a learning difficulty, and operation of joint community teams.
- The integrated mental health services for adults delivered by Norfolk and Waveney Mental Health Partnership Foundation Trust on behalf of the Council.
- The development of integrated care teams for older people and other priority groups as part of a major national programme
- Regular close working on hospital discharge and capacity management.
- The Health and Well-being sub group of the Norfolk Local Area Agreement.

### **5 Resource Implications**

5.1 None.

### **6 Equality Impact Assessment**

6.1 NHS Norfolk’s plan contains clear commitments to achieve equality of access and outcome for all communities.

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

7.1 No implications.

## **8 Risk Implications/Assessment**

- 8.1 Unless the Council and NHS Norfolk work together on a shared set of common priorities there is a risk that services will not be as effectively delivered for the people of Norfolk and opportunities for greater efficiency will be lost.

## **9 Action Required**

- 9.1 Members are asked to note the contents of this report and endorse the continuation of joint working with NHS Norfolk.

### **Officer Contact**

<b>Name</b>	<b>Telephone Number</b>	<b>Email Address</b>
Mark Taylor	01603 223434	mark.taylor@norfolk.gov.uk



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excellent health | outstanding care | best value



# **Bold and Ambitious: NHS Norfolk's Strategic Plan 2009 to 2014**

**Julie Garbutt**  
Chief Executive



# This presentation

- Our health in Norfolk
- NHS Norfolk ambition
- Strategic challenges
- Focus areas
- The difference for patients by 2014
- Your questions



## Excellent health, outstanding care at the best value for local people

- Population around 750,000 people and nearly 400 staff responsible for commissioning healthcare services for the local population.
- We commission and ensure the delivery of high quality healthcare services for the population of Norfolk, excluding those living in the Great Yarmouth area.
- 92 practices and over 500 General Practitioners (GPs), 134 dental practices and 117 pharmacies, providing primary care services to the NHS Norfolk community.

There is a difference of 19 years between life expectancy of men living in our most deprived wards and men living in the least deprived. The gap is 3.2 years at district level.

Smoking remains the biggest cause of preventable ill health and kills 2000 people per year

The incidence of diabetes is increasing significantly

In nine years the number of hospital admissions for mental health and behavioural disorders has doubled.

The over 65 population across Norfolk is projected to increase by 57% over the next 20 years

The over 85 population is projected to grow by 87% over the next 20 years

The ethnic minority population increases by 5000 per year

Norfolk teenage pregnancy rate has stayed the same for ten years, this trend is not reflected in the rest of the country

The number of people with dementia is projected to rise 71 over the next 20 years

The number of strokes is higher than national average, reflecting Norfolk's older population

The prevalence of cancer is also higher than the national average

One in seven adults binge drink, 120,000 people have 'problem drinking' and 25,000 people have moderate to severe alcohol dependence

There are 8,200 people who misuse drugs in Norfolk

Less than one fifth of adults are doing the recommended 5 x 30 minutes exercise per week

Two out of every 10 adults are obese

8.3% of reception year children and 16.5% of year six children are obese

11.2% of young people aged 16-25 years who are screened have chlamydia

NHS Norfolk has higher incidence of all registered diseases than the national average

People affected by dementia, mental health and long term conditions, people in care homes and those that live alone have the most unmet needs

## **NHS Norfolk's Ambition**

**‘Excellent Health, Outstanding Care and Best Value for the people of Norfolk through the development of NHS Norfolk as a world class commissioning organisation that has visible clinical leadership, a passion for excellence and the patient voice at the heart of all of it’s activity’**

## Core principles of commissioning healthcare services available to all

As local leaders of NHS we are committed to:

- Improving the health and well being of our population;
- Tackling all areas of health inequalities across all communities;
- Working together and in partnerships across organisations; and
- Being accountable to our public, patients and their communities

## The Strategic Challenges we face in Norfolk

To halt and reverse the increasing gap in health inequalities across specific health issues and communities

To design and commission world class healthcare services for the elderly and ageing population

To enable fair and equal access to all services for all communities; especially for those living in rural areas

To shift high quality care closer to home from acute to community settings

## Focus areas

1.  
Lifestyle and Prevention

2.  
Personalisation, independence and choice

3.  
Right care, Right time, Right place

## FOCUS AREA 1

### *Lifestyle and prevention*

Our planned initiatives will enable the people of Norfolk to live longer and healthier lives. Our initiatives focus on preventing the main contributors to mortality and health inequalities i.e. cancer, cardiovascular, diabetes and respiratory diseases, by offering people better lifestyle options.

1. Tackling health inequalities across all communities living in Norfolk
2. Lifestyle services, focusing on smoking cessation, diet and exercise
3. Empowering communities to reduce inequalities in health and social care
4. Empowering high risk groups through focused assessment programmes



## FOCUS AREA 2

### *Personalisation, independence and choice*

Our planned initiatives will enable the people of Norfolk to make more personalised choices about their care - including access to a wider range of services with a greater emphasis on individual self management.

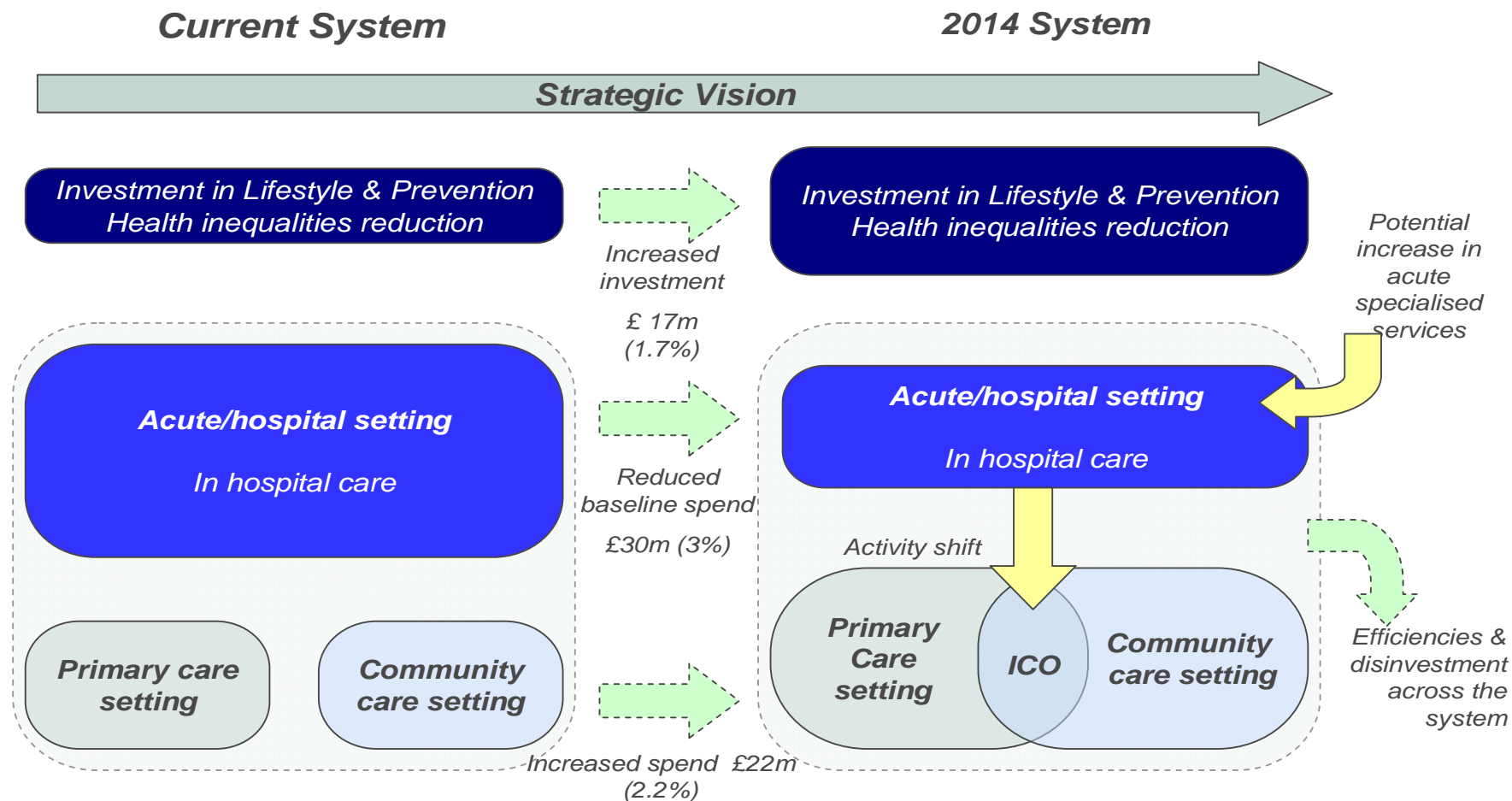
5. Investing in individuals to personalise and encourage individual self management
6. Developing high quality and accessible services for older people, based in community settings
7. Developing services which promote independence and encourage choice for people who use services

## FOCUS AREA 3

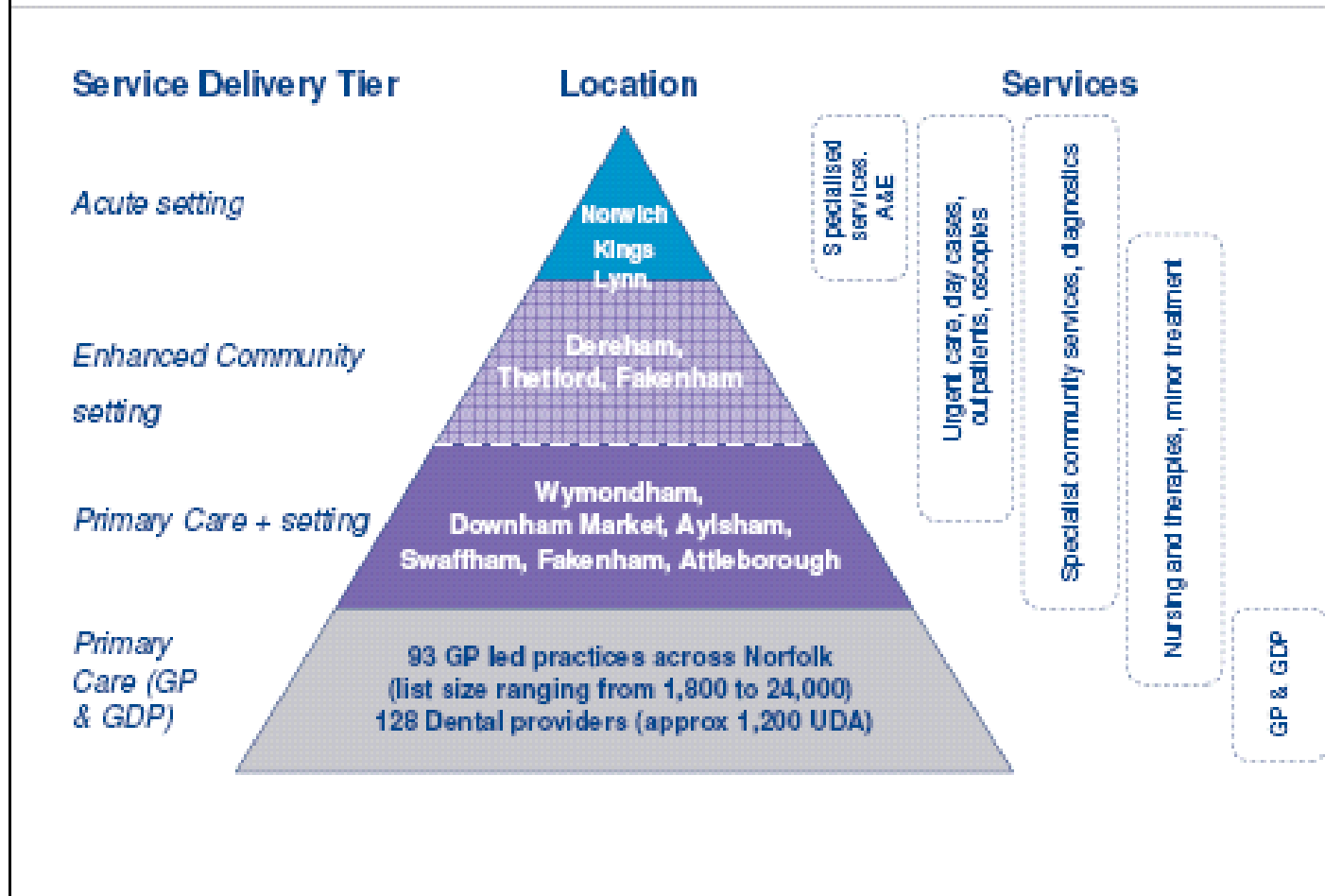
*Right care, right  
time, right place*

Our planned initiatives will enable the provision of appropriate services in a community setting and will help to avoid unnecessary hospital admissions especially for individuals who have long term conditions. This ensures that all segments and localities have fair and equitable access to all services.

8. Delivering fair and equal access for all service users
9. Offering integrated care closer to home provided in community settings



## Tiers of Service Provision



## What will be different in 2014 for the people of Norfolk?

- Reduced and reversed the gap in health inequalities.
- Personalised services for our elderly population supporting independence, particularly in relation to stroke, where all patients will be treated in a dedicated stroke unit for the acute phase of their treatment, and dementia; where all people will have access to a pathway of care that delivers rapid specialist assessment.



## What will be different in 2014 for the people of Norfolk?

- Easy access to equitable and quality services for rural and 'hard to reach' communities, particularly migrant workers, travellers, looked after children and prisoners;
- World class healthcare services closer to home in primary care and community settings by developing and delivering a 'hub and spoke' model based around our market towns, delivering extensive diagnostic and treatment services., starting with Thetford, Dereham and Fakenham.

**Findings of Careforce Survey Undertaken on Behalf of Adult Social Services by Age Concern**

Report by the Director of Adult Social Services

**Summary:**

This report looks to introduce the findings of Age Concern Norfolk and Age Concern Norwich into the levels of satisfaction among service users of the domiciliary care service provided by Careforce and to recommend future courses of action.

**1 Background**

- 1.1 In May 2008 Adult Social Services tendered 9 block contracts for domiciliary care, which accounted for about half of the provision within the County. Careforce was one of the successful applicants and were awarded three contracts, 4900 hours per 4-week period in Southern Locality and both blocks in Norwich, East 4450 hours per 4-week period and West 5440 hours per 4-week period.
- 1.2 Careforce was a new provider to Norfolk and had to set up two offices, Loddon and Norwich, to administer these contracts. As a new provider, Careforce was heavily reliant on staff transferring with the contract from existing providers. Members of the Purchasing and Quality Assurance Team (PAQA) worked with Careforce and the outgoing providers between the award of contract and the commencement of contract, some three months, to try to ensure as smooth a transition of service as possible.
- 1.3 Despite this, the start of the contract was very problematic. Lower than anticipated numbers of staff transferred between agencies, and staff who had initially agreed to transfer decided not to at the last moment. Some staff who had been rostered failed to report to work without providing any notice. In addition there were difficulties with management arrangements, the IT system did not function properly and there were insufficient phone lines installed in the offices. Most of these difficulties were attributed to delays experienced by Careforce in obtaining the lease for their Norwich office.
- 1.4 The outcomes of all these issues were missed visits, late visits and significant levels of complaints that have already been widely reported.
- 1.5 Initial actions were taken to address the problems including daily updating by the Chief Executive of Careforce to the Director of Adult Social Services, additional central resources from Care Force allocated to the Norfolk contracts, and daily phone calls by Careforce to the most vulnerable people receiving their service.
- 1.6 These measures have also previously been reported. In addition, Careforce experienced problems with the registration of their offices in Norwich and Loddon with the Commission for Social Care Inspection (now the care Quality Commission) and had to operate from their Stowmarket office until this was resolved.

- 1.7 Understandably the level and seriousness of the complaints were raised with both Age Concern organisations in the county. They in turn expressed concerns to Adult Social Services about the impact on older people and the impact on the confidence in the care sector as a whole as a result of the operation of this contract.
- 1.8 The Council also needed to satisfy itself that measures taken were having an impact on improving the service. It was mindful of the fact that often older people are reluctant to complain and needed to find a quick way of assessing the situation in some depth.
- 1.9 The Council therefore agreed with Careforce and with Age Concern Norfolk and Age Concern Norwich that it would commission a survey of everyone receiving the service to be undertaken jointly by the Age Concern organisations. The survey was anonymous, although individuals could ask for a face-to-face meeting with Age Concern. The Council undertook to make the results available to the next appropriate Member panel.

## **2 Contract Monitoring**

- 2.1 In terms of domiciliary care, monitoring of contracts is undertaken in a number of ways involving staff from Purchasing and Quality Assurance, Care Management Support Service, the Social Work Locality Team and individual providers.
- 2.2 In respect of new contracts, monitoring meetings are held initially on a bi-monthly basis and then quarterly. The provider's performance is reviewed in respect of a number of key indicators, including late and missed visits, hours provided, complaints, staff training and development, recruitment and retention, equality and diversity issues, invoicing, overall communication and effective joint working. Feedback is also obtained from The Care Management Support Service and the Locality Social Work Team.
- 2.3 Additionally, comprehensive Quality Assessments are undertaken with each provider on an annual basis; this includes interviews with people who receive the service, care workers and a review of files and systems. An assessment is made of how each provider is mitigating and managing key service risks such as missed and late visits, double up calls not happening and safeguarding issues.

## **3 Findings**

- 3.1 The Age Concern report is attached as Appendix 1.

## **4 Ongoing Monitoring**

- 4.1 The survey was based on service users experiences from 2 February, the commencement of the contract, to 18 May and therefore covered the period when the service was experiencing its most difficult times. Since then members of Purchasing and Quality Assurance team, and the Norwich Locality Team have met weekly with Careforce. These meetings focus on reviewing key performance indicators established by Adult Social Services, reviewing Careforce's progress against its improvement action plan and to reviewing every individual complaint
- 4.2 In addition council staff members have spent time in the Careforce offices assisting with rostering, and providing advice in respect of service requirements.
- 4.3 Following this approach missed visits have reduced from the initial levels of 23/24 a week down to below 3 a week and complaints from the initial highs of around 40 a week down to about 8 a week. Careforce has been under



considerable scrutiny and this may in itself generate complaints, the current performance in the Norwich contract, despite improvements remains unsatisfactory. In contrast, the south Norfolk contract is operating at a satisfactory standard.

## 5 Conclusions

- 5.1 The Age Concern report does reflect the position earlier in the contract where and the extent of the problems is shown by the number of people who experienced problems - 61.9%. Complaints are missed visits, late visits, and tasks not completed, constant change of carers and poor communication with the company.
- 5.2 These issues have been picked up by the Purchasing and Quality team through the analysis and monitoring of Careforce's performance, including individual complaints.
- 5.3 Of those that had experienced problems 19.3% said problems had not been corrected. These complaints should have now been picked up by this process.
- 5.4 It is also worth noting that 57.5 % of respondents said that care was the same or better with Careforce but disappointing that only 9.4% of comments received were positive.
- 5.5 The Council will continue a robust approach to improving the service provided by Careforce in Norwich. This will include further consultation with people who receive this service and a review of service options for individuals who remain dissatisfied.

## 6 Equality Impact Assessment

- 6.1 There is no direct impact on equality in this report.

## 7 Action Required

- 7.1
- Members are asked to note the contents of the Age Concern Report.
  - Members are asked to note the ongoing work with Careforce to improve the level of service.
  - Members are asked to note that the Department is to consult all Care Force service users to assess their satisfaction with the service being provided by Care Force and to review service options.

## Officer Contact

Name	Telephone Number	Email Address
Roger Morgan	01603 223988	roger.morgan@norfolk.gov.uk



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Draft Report - Findings of survey to establish levels of satisfaction among users of the homecare service provided by Careforce

## 1. Introduction

This report sets out the findings of a survey commissioned by Norfolk Adult Social Services Department undertaken by Age Concern Norfolk and Age Concern Norwich to ascertain how people using the homecare service provided by Careforce feel about the care currently being provided.

The survey was undertaken over a six week period during May and June 2009.

## 2. Methodology

### 2.1 Questionnaire design

A self-complete questionnaire was developed by Adult Social Services in consultation with Age Concern Norfolk and Age Concern Norwich.

The questionnaire followed a simple, easy read format and set out to ascertain:

- a) whether those people who had experienced problems following the change of provider felt those problems had been put right and
- b) how the care currently being provided by Careforce compared with the care provided before the change.

A section was available for open comment and respondents were invited to put forward their views about the change of care provider in writing if they wished.

Respondents were also invited to indicate if they wanted a representative of Age Concern to contact them to talk about the change.

### 2.2 Response

Questionnaires were sent out to approximately 500 Careforce service users. Of those, 318 valid questionnaires (63%) were returned.

Eight copies were returned blank and were excluded from the data set. Two of the eight respondents returning blank forms said their care provider had not changed, and one stated that they had only been in receipt of the service since April. Three forms were returned informing us that the intended recipients had moved into care or nursing homes and one explaining that the intended recipient had died.

42 respondents indicated that they would like to be contacted by Age Concern. Their contact details were subsequently referred to the information advice and advocacy services of Age Concern Norfolk and Age Concern Norwich. Due to the nature of the comments on the form, a further 7 respondents were referred to these services. Advisors were successful in contacting all but 5 respondents.

### 2.3 Prize draw

A small prize draw was offered to respondents as a token of thanks for their participation.

## 3. Findings

### 3.1 Questionnaire data

Of the 318 people who completed the questionnaire, 197 (61.9%) said they had experienced problems following the change of care provider.

Of those respondents who had experienced problems, 70 (39.5%) said these problems had been put right and 107 (60.5%) said they had not.

114 (35.8%) said the care they are receiving now is worse than before the change of care provider, 154 (48.4%) said care is the same and 29 (9.1%) said care is better than before the change.

21 (19.3%) of those who said the problems with the change of provider had not been put right, said the care they are receiving now is the same than before the change. 88 (80.7%) said the care was worse.

Strong themes emerged from the issues highlighted in the comments section, these focused on: lack of communication between the home care office and carers, problems with office staff in relation to returning calls and resolving ongoing problems, lack of continuity with different carers, timekeeping and calls being missed.

30 (9.4%) of the comments received were positive.

### 3.2 Contact data

Of the 49 respondents referred to Age Concern information, advice and advocacy services, 45 wished simply to share their experiences of the change in provider. 4 respondents wished for their concerns to be passed on to Adult Social Services.

3 respondents told Age Concern advisors that they had placed a complaint either with Careforce or Adult Social Services and 2 explained how they had previously met with representatives from Careforce management to discuss the problems they were experiencing. Very similar issues to those highlighted in the comments section of the questionnaire were raised by the respondents contacted by Age Concern. In talking with these respondents about their experiences, it was possible to gain a more detailed picture of their concerns. For example, 8 respondents who had highlighted timekeeping and unpredictability and irregularity of care visits as an issue were able to explain that at weekends visits are unpredictable and carers are not the same as those visiting during the week. 3 of these respondents told advisors that care provided during the week was good and that it was only at weekends that they experienced problems.

Respondents were also able to explain the importance of care visits fitting in with their own individual circumstances and the impact on their lives when this did not happen. Carers turning up too late to get people of bed and too early in the evening to put people to bed were common problems expressed. Respondents explained how this affected mealtimes (particularly breakfast) medication, hospital appointments and how people with dementia became distressed when visits were not the same time every day. Continuity of care was another issue commonly expressed and 5 respondents highlighted how important it was for people with dementia to have carers that were familiar to them and how distressed they became when different carers provided care.

2 respondents highlighted disparity in length of care visits and time recorded on timesheets.

4 respondents requesting contact with Age Concern had done so in order to highlight the good standard of care that they received.

5 respondents contacted by Age Concern advisors were referred to other services; these included befriending, benefit outreach, community transport, Homecall, SSAFA and British Legion.

#### 4. Conclusions and recommendations

Whilst it is evident that 70 (39.5%) of those responding to the survey who experienced problems following the change of home care provider earlier this year are satisfied these have been resolved, 107 (60.5%) people are still experiencing problems.

Age Concern Norfolk and Age Concern Norfolk are concerned that this number remains so high. We are also concerned that so many of the problems people are encountering are related to issues of reliability and failure to meet individual needs and requirements.

Whilst we appreciate that more time spent on one visit has knock on effects for visits later on in the day, with so much focus on the supporting choice, control and individual needs in national policy, we would like to see a greater emphasis in ensuring individual approaches to care that put the individual in the centre are reflected in current home care provision.

We would welcome the opportunity to work with Norfolk County Council Adult Social Services to address this and other issues highlighted in this report.

Hilary MacDonald  
Chief Executive  
Age Concern Norfolk