



Norfolk County Council
at your service

Adult Social Services Overview and Scrutiny Panel

Date: **Tuesday 11 May 2010**

Time: **10.00am**

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

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

Membership

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

Non Voting Cabinet Member

Mr D Harwood

Non Voting Deputy Cabinet Member

Mr B Long

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

Tim Shaw on 01603 222948
or email timothy.shaw@norfolk.gov.uk

A g e n d a

Officer

1 To receive apologies and details of any substitute members attending

2 Minutes

(Page)

To confirm the minutes of the meeting of the Overview and Scrutiny Panel held on 2 March 2010.

3 Members to Declare any Interests

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

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

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

5 Public Question Time

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

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

www.norfolk.gov.uk/cabinetquestions

6 Local Member Issues/Member Questions

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

7 Cabinet Member Feedback (Page)

Items for Scrutiny

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| 8 | Delivering the Strategic Model of Care Agenda | James Bullion | (Page) |
| 9 | First Annual Report on Quality Assessments of Home Care Services | Catherine Underwood | (Page) |
| 10 | Forward Work Programme: Scrutiny | Mike Gleeson | (Page) |

Overview Items

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| 11 | Integrated Performance and Finance Monitoring Report for 2009-10 | Janice Dane/Colin Sewell | (Page) |
| 12 | Risk Management within Community Services | Jessica Reeve/
Catherine Underwood | (Page) |
| 13 | Developing Joint Commissioning with the Health Service | Catherine Underwood | (Page) |

Item for Scrutiny (continued)

14 Exclusion of the Public

The Committee is asked to consider excluding the public from the meeting under section 100A of the Local Government Act 1972 for consideration of the item below

on the grounds that it involves the likely disclosure of exempt information as defined by Paragraphs 3 & 5 of Part 1 of Schedule 12A to the Act and that the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

The Committee will be presented with the conclusion of the public interest test carried out by the report author and is recommended to confirm the exclusion.

- 15 Further Update Report-CareForce and the Provision of Home Care Services in Norwich** Catherine Underwood (Page)

Group Meetings

**Conservative
Liberal Democrats**

**9.00am
9.00am**

**Colman Room
Room 504**

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

Date Agenda Published: 30 April 2010



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Adult Social Services Overview and Scrutiny Panel

Minutes of the Meeting held on 2 March 2010

Present:

Ms D Irving (Chairman)

Mr D Callaby	Mr S Little
Michael Chenery of Horsbrugh	Ms J Mickleburgh
Mr T Garrod	Mr J Mooney
Mr P Hardy	Mr J Perry-Warnes
Mr D Harrison	Mrs A Thomas
Mr J Joyce	Mr A J Wright

Substitute Members:

Mr A D Adams for Miss C Casimir
Mr R Smith for Mr M Kiddle-Morris

Also Present:

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

Apologies for Absence:

Apologies for absence were received from Miss C Casimir, Mrs M Chapman-Allen, Mr M Kiddle-Morris and Mr N Shaw.

Officers/Others Present:

Mary Ledgard, Norfolk LINK
Harold Bodmer, Director of Adult Social Services
Janice Dane, Head of Finance, Adult Social Services
Catherine Underwood, Assistant Director, Commissioning and Service Transformation, Adult Social Services
Mike Gleeson, Head of Democratic Support, Adult Social Services
Carol Lock, ICT Development Manager, Adult Social Services
Colin Sewell, Head of Policy Performance and Quality, Adult Social Services
Jeremy Bone, Planning and Policy Officer, Adult Social Services
Terry Cotton, Quality Assurance Officer, Domiciliary Care, Adult Social Services

1 Minutes

The Minutes of the previous meeting held on 5 January 2010 were confirmed by the Panel and signed by the Chairman.

2 Chairman's Announcement--Strategic Model of Care

The Chairman reported on a decision made by the Cabinet the previous day about the Strategic Model of Care. She said that the Cabinet had agreed, in principle, to begin negotiations to set up a new care company within the NORSE Group which was wholly owned by the County Council. The next step was for a detailed business plan to be produced and presented firstly to the Panel for comments and then to the Cabinet for a final decision in summer 2010. In reply to questions, the Chairman said that it was unknown at this stage exactly when the business plan would be presented to the Panel.

The Director said that in taking a report on the Strategic Model of Care to yesterday's Cabinet, there had been no intention on the part of officers to avoid Members' scrutiny. He said that the matter could be discussed further at the next Party Spokespersons meeting before a report was taken to the Panel for comments and to the Cabinet for a final decision. The Director added that a new company, within the NORSE Group, would be able to take advantage of commercial capital funding opportunities to deliver the Department's strategy to develop more housing with care places and to change the nature of its residential care homes.

3 Declarations of Interest

Mrs A Thomas declared a personal interest because she was the South Norfolk Council representative on Saffron Housing Trust.

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

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

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

Mr J Perry-Warnes declared a personal interest as a Member of the Friends of Kelling Hospital.

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

4 Items of Urgent Business

There were no items of urgent business.

5 Public Questions

There were no public questions.

6 Local Member Issues/Member Questions

There were no local Member issues/Member questions.

7 Cabinet Member Feedback

(a) Renewing Supporting People's Service Contracts

(b) The procurement method for Support and Enablement Services for Adults with Learning Difficulties.

(c) Norfolk County Council's response to the consultation on Personal Care at Home.

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

The Panel discussed the Government green paper about Personal Care at Home and how this proposed policy could place considerable budgetary pressures on the County Council. The Cabinet Member said that the funding shortfall in Norfolk was likely to be in the region of £5m in the first six months of the new policy being introduced. He added that he had met with Andy Burnham MP to discuss how to prevent this creating an unsustainable financial position for the County Council. The Director said that he was aware of considerable financial uncertainty across all local authorities concerning demand that could not be met. He added that Norfolk had used a similar methodology to that of other local authorities to estimate the number of people who would meet the new criteria for free personal care. The Director said the proposals in the green paper were about delivering more of the Council's existing resources to those already receiving support independently, whereas the Council's priority was to provide more services to the rapidly growing number of people whose needs were at risk of not being met.

ITEMS FOR SCRUTINY

8 Modern Social Care – Phase 3 – Mobile and Flexible Working Pilot – Lessons Learnt Report

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

The Panel received a report that informed Members of the lessons learnt from the Mobile and Flexible Working Pilot carried out from April to October 2009 as part of the Modern Social Care Programme and the decision at the Senior Management Team in November 2009 to roll out the pilot on a controlled basis.

In reply to questions, Officers said the pilot was about testing out the technologies that were available for remote access/mobile working within the Department. The pilot had found that while these technologies were proven, access in some outside locations to a suitable data point was proving to be problematic. For example, the pilot had found that social workers wanted access to dedicated computer terminals in areas of

libraries and other public bodies that could not be visited by the public.

In reply to further questions, Officers said that there had been two social workers in the field of mental health that had taken part in the pilot. Officers said that it had been difficult to assess the impact of mobile and flexible working on those staff with a disability because of the small size of the pilot. Mr Garrod said that he would be willing to be involved with the working of the Disability Group that was being set up with Department staff to test/pilot ways to tackle social inclusion for staff with a disability, and this was welcomed by the Panel.

Officers estimated that the Department had so far reached the “half-way” stage in introducing new technology for mobile and flexible working. It was pointed out that a significant number of frontline staff had been issued with laptops and mobile phones but changes in staff behaviour were needed in order to move the use of technology forward.

The Panel endorsed the approach agreed by the Senior Management Team in October 2009 to progress mobile and flexible working. This involved going ahead with Option 3 (mentioned in the report), namely, continuing with the pilot in the Northern Locality and rolling it out to staff moving into Priory House, King’s Lynn (a new facility) as a priority, and to a small sample of staff from other localities.

9 Forward Work Programme – Scrutiny

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.

Members spoke about the considerable length of time that it could sometimes take District Councils to provide home support services. It was noted that a new Working Group was being set up to monitor the quality of the Home Support Service and that this group would be able to look at best practice in contracting for home support from other authorities using the assistance of the Regional Centre for Excellence in Procurement and other organisations as appropriate. The Cabinet Member suggested that in reviewing current monitoring arrangements for the home support service, the Working Group might find it helpful to examine the monitoring tools used by King’s Lynn and West Norfolk Borough Council and take its officers advice on developments in the service.

It was noted that arrangements were being made for a Working Group on the Learning Difficulties Service to look at best practice in regard to Valuing People Now delivery expectations and how these could best be met in Norfolk.

The Panel noted that the terms of reference for the Working Groups about the Learning Difficulties Service and the Home Support Service, together with those for the Community Meals Consultative Council, were available for Members to take from the back of the Committee Room.

The Panel came up with the following names of Members who could serve on the Community Meals Consultative Council:

Michael Chenery of Horsbrugh
Diana Irving
James Joyce
Stephen Little
Tony Wright.

The Cabinet Member asked to be sent the agenda papers for meetings of the Consultative Council and said that he would appreciate an invitation to speak at one of its meetings. Those Members who had been appointed to the Community Meals Consultative Council asked that its first meeting be changed from the suggested date of 18 March 2010 to a date yet to be agreed with Members.

The Panel noted the current status of the scrutiny items and of the Community Meals Consultative Council.

OVERVIEW ITEMS

10 Integrated Performance and Finance Monitoring Report for 2009/10

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

The Panel received a report that provided current performance and finance monitoring information for 2009/2010. The latest forecast was that the Department would achieve further savings of -£1.864m by the end of the financial year, giving a forecast overspend of +£3.798m.

The Panel noted the following key points:

- Changes in homecare were continuing to result in savings.
- There were also savings in service user contributions and support from the Social Care Reform grant that would enable the financial position to improve.
- The forecasts had changed regularly from one meeting to the next. This was because the Department had a volatile, demand-led budget, which made for significant fluctuations in the forecast revenue outturn position during the financial year. In order to avoid confusion, the word “approved” budget would not be used in future budget tables.
- No decisions have yet been made corporately regarding any Adult Social Services overspend. The inherent financial pressures on Purchase of Care and on the Learning Difficulties Service were expected to continue in 2010-11 and in future years.
- Mr Little asked to be sent further details outside of the meeting of the reduction in the Learning Difficulties staff costs that looked unlikely to be achieved in addition to the Priority Base Budget saving.
- With regard to Performance Indicator N131 (People Delayed after being able to be Discharged from Hospital), Norfolk was continuing to make good progress and

improve its position; although there was still some way to go.

- The Director said that as Chairman of the Regional Forum of Directors of Adult Social Services he had been tasked with looking at how to apply a consistent approach across local authorities to the demands caused by the region's ageing population; with life expectancy rising and the absolute number of older people with poor health expected to rise, changes in the population were putting ever increasing cost pressures on social services.

The Panel noted the current performance and finance monitoring information for 2009/2010.

11 Adult Social Services Service Plan 2010-13

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

The Panel received a report that set out the main proposals within the Adult Social Services' Service Plan 2010-13.

The Service Plan was due to be published by 1 April 2010. The priority service plan objectives were identified as safeguarding, prevention, self-directed support, joined-up services and meeting demands for services within budget. Steps were being taken to develop and improve access to a range of preventative services that involved working with partners. Officers said that the use of good preventative schemes would help to reduce emergency admissions to hospital.

In reply to questions, it was noted that the Service Plan referred to corporate best practice regarding sickness absence. Persistent short-term sickness absence was being kept under constant review and there was also a corporate policy with regard to dealing with issues in the workplace around "challenging behaviour" that were being addressed as part of the Service Plan.

It was pointed out that the Service Plan was also about supporting people with learning difficulties to find suitable employment.

Members noted the progress shown in the report.

ITEMS FOR SCRUTINY (Continued)

12 Exclusion of the Public

The Panel was presented with the following reasons for exclusion:

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

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

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

Disclosure might compromise the improvements that were being implemented.

Resolved –

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

13 Further Update Report – CareForce and the Provision of Homecare Services in Norwich

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

The Panel noted that the outcome of the recent Inspection by the CQC and the Quality Assessment undertaken by Adult Social Services in respect of the CareForce Norwich Branch and endorsed the contractual requirements set out in Section 2.11 of the report and contractual decisions for the County Council in Sections 2.11 to 2.14, should CareForce not ensure substantial improvements in the provision of homecare to service users in Norwich. The Director was also asked by Members to take a similar approach regarding the contract with CareForce for the homecare service in the South Norfolk area.

The meeting concluded at 12.30 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

Delivering the Strategic Model of Care (Care Homes) Agenda – Cabinet were asked to note the progress made in developing proposals, to approve the proposal to establish a delivery partner in the form of a new care company wholly owned by the County Council operating within the Norse Group of Companies subject to approval of a satisfactory business plan and to authorise the Director of Adult Social Services to take such steps as necessary to establish the new arrangements beginning with the development of a business plan for the company.

Report to request the continuation of the integrated community teams of the Norfolk Learning Difficulties Service and the assessment and treatment service provided by Hertfordshire Mental Health Foundation Trust – Cabinet were asked to approve the renewal of the current section 75 agreement for integrated teams for a period of 12 months until the 31 March 2011, to delegate authority to the Director of Adult Services to renew the section 75 agreement after March 2011 and to renew the section 75 agreement when the review of the teams is concluded, and to approve an exception to standing orders to enable the current contract for Assessment and Treatment services with Hertfordshire Mental Health Foundation Trust to be renewed for a further period of 12 months.

Delivering the Strategic Model of Care (Care Homes) Agenda -Report from Cabinet Scrutiny Committee –The Cabinet Scrutiny Committee recommended that Cabinet reconsider its decision and delay reconsideration until the Adult Social Services Overview and Scrutiny Panel had looked at the proposal and made its views known.

The Panel is asked to note the feedback

Report Delivering the Strategic Model of Care (Care Homes) Agenda

Date Considered by O&S Panel:

Panel Comments: The panel had previously considered and supported the strategy to develop Adult Social Services into a commissioning body focusing on the assessment of need and ensuring the most effective means of addressing those needs through developing and managing relationships with a range of care delivery partners to an agreed standard and cost.

Date Considered by Cabinet: March 2010

Cabinet Feedback In recommending this report, the Cabinet Member for Adult Social Services proposed amending the final recommendation to the Cabinet to request that the Adult Social Services Overview and Scrutiny Panel conduct a full pre-scrutiny of the Business Plan prior to Cabinet being invited to reach a decision on this matter.

The Cabinet agreed:

1. To note the progress made in developing proposals for achieving the Strategic Model of Care (Care Homes) strategy and a lasting legacy of high quality care and housing provision.
2. To approve the proposal to establish a delivery partner in the form of a new care company wholly owned by the County Council operating within the Norse Group of Companies, subject to Cabinet's approval of a satisfactory business plan.

Report	Report to request the continuation of the integrated community teams of the Norfolk Learning Difficulties Service and the assessment and treatment service provided by Hertfordshire Mental Health Foundation Trust.
Date Considered by O&S Panel:	Not reported to Panel
Panel Comments:	Not reported to Panel
Date Considered by Cabinet:	March 2010
Cabinet Feedback	<p>Cabinet agreed to:</p> <ol style="list-style-type: none">1. The renewal of the current section 75 agreement for integrated teams for a period of 12 months until the 31 March 2011 on substantially the same terms and conditions as the existing agreement.2. Delegate authority to the Director of Adult Services to renew the section 75 agreement after March 2011 on substantially the same terms and conditions as the existing agreement if this is necessary.3. Delegate authority to the Director of Adult Services to renew the section 75 agreement when the review of the teams is concluded taking into account the changes brought about by the review.4. Approve an exception to standing orders to enable the current contract for Assessment and Treatment services with Hertfordshire Mental Health Foundation Trust to be renewed for a further period of 12 months.
Report	Delivering the Strategic Model of Care (Care Homes) Agenda - Report from Cabinet Scrutiny Committee
Date Considered by O&S Panel:	Not reported to Panel
Panel Comments:	Not reported to Panel
Date Considered by Cabinet:	April 2010
Cabinet Feedback	Cabinet agreed:

That the Cabinet Scrutiny Committee's recommendation, that Cabinet reconsider its decision and delay reconsideration until the Adult Social Services Overview and Scrutiny Panel had looked at the proposal and made its views known, be accepted.

Action Required: The Panel is asked to note the feedback from Cabinet

Officer Contact(s) Harold Bodmer on: 01603 223175

Background Document(s) N/A



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Delivering the Strategic Model of Care Agenda

Report by the Director of Adult Social services

Summary

In March 2010, Cabinet agreed – in principle – to begin negotiations to set up a new care company within the Norse group, which would help to deliver our strategy to develop more housing with care places and specialist care home places.

However, in April 2010, Cabinet Scrutiny Committee asked that the Adult Social Services Overview and Scrutiny Panel have the opportunity to consider the principle of the care company before Cabinet makes a formal decision. Cabinet agreed to this approach and will re-consider if they wish Adult Social Services to develop a business case at its meeting in June.

The call-in has given us the opportunity to provide members with further detail within this report which takes account member concerns and makes clear that:

1. No decision will be made until the business plan is drawn up and scrutinised by the Panel and Cabinet
2. Members will be involved throughout the process
3. Programme management of the proposal, such as the legal, financial and procurement elements, have been carefully considered

Cabinet agreed the Strategic Model of Care – Care Homes in October 2008. Its aim is to meet the needs and aspirations of older people in 2020 by raising 'accommodation with care' standards and increasing the number of care settings across the county.

We need to create an extra 2480 places in: housing with care; short term care homes; specialist dementia care homes; care homes with nursing; and specialist dementia care homes with nursing. At the same time, we need fewer residential care places of the type currently offered by the County Council.

However, we cannot do this work alone: the County Council is unable to support the £200m capital investment required to replace the current County Council's residential care settings and will need to work in partnership with both the public and private sector to stimulate the market. This approach is in line with the County Council's aim to design, commission and deliver better value for money services, as set out in the Leader's Organisation Framework.

To help us turn our strategy into action, we have identified a delivery partner to plan and develop the proposed services with us. We reported to Cabinet that our preferred option is to form a new care company responsible for implementing the strategy and the delivery of care.

The next stage will be to seek Cabinet approval at its June meeting, to proceed with the development of a detailed business plan to test the viability of the model and the constitutional arrangements for the new company. That plan and arrangements would be brought back to the Adult Social Services Overview and Scrutiny Panel on July 20 for discussion, after which we would seek Cabinet approval for securing the new arrangements at its meeting on August 9.

Action required

- To note the progress made in developing proposals to help deliver the Strategic Model of Care strategy and provide a lasting legacy of high quality 'accommodation with care' to meet growing and changing demand
- To consider, comment on and endorse the process to evaluate and identify a preferred option to achieve the Strategic Model of Care outcomes and the process proposed to test its viability.
- To consider, comment on and endorse the proposed governance arrangements, including the role of elected members.

1 The Strategic Model of Care – Current Position

- 1.1 In October 2008 Cabinet approved the Strategic Model of Care – Care Homes. The strategy recognises the requirement to develop better quality accommodation with care provision to match the needs and aspirations of growing numbers of older people – who are frail and/or have dementia and can no longer be supported at home and require housing with care or care home accommodation now and into the future.
- 1.2 We recognised through Living Longer, Living Well – Norfolk County Council's older people's strategy – that although the quality of care that staff help us to provide is excellent, the buildings care staff currently work in are old and need replacing.

As a result, we began to draw up a new, Strategic Model of Care, asking older people for their views through the More Choices Better Choices consultation. We know, through this consultation, that older people want more choice, better facilities and the opportunity to move in with their partner if they have to move into care.

Older people told us:

- They want a choice on how they live if they need to move into care
- They prefer housing with care, because it allows extra independence
- It is not acceptable that people have to share a toilet and bathroom (as is the situation in most NCC care homes)
- Current accommodation provided by NCC care homes will not be acceptable in 2020

As well as listening to what older people want, we've also taken account of changing demography and its impact on future demands. Research tells us that by 2020 we will need to provide more: housing with care; specialised

provision for dementia care; short-term care places and care homes with nursing. But at the same time we need fewer places in long-stay care homes.

- 1.3 The strategy reflects our ambition for there to be a range of high quality care settings in Norfolk which provide older people with high quality care which also offers them choice, independence and dignity. These care settings, whether provided in specialist residential settings owned by the County Council or the private sector or in housing with care settings owned by Registered Social Landlords or the independent sector should be affordable regardless as to whether people pay for their own care or have this paid for them by Norfolk County Council.

2 The Challenges

- 2.1 A detailed analysis of current care accommodation provision has enabled us to identify the changes (by number and type) needed to deliver the strategy and meet the demographic demand over the next 10 years. These changes present a major commissioning challenge including the need to:

- ***Increase overall care provision by 31% – (2480 places)***
- ***Reduce in traditional Long Stay provision by 51% – (1705 places) we hope that some of these will change the client group they care for to meet the shortfall in other groups***
- ***Increase Housing with Care provision by 335% - (1351)***
- ***Increase Short Stay provision by 648% – (499 places)***
- ***Increase Dementia Care Home provision by 161% – (1061 places)***
- ***Increase Care with Nursing provision by 139% – (657 places)***
- ***Increase Dementia Care Home with Nursing provision by 220% – (617 places)***

This means that Community Services needs to commission a programme of new housing with care and specialist care homes provision alongside the phased decommissioning of current Norfolk County Council residential care homes in a way that minimises or, wherever possible, eliminates disruption to current residents.

In broad terms creating the new settings will require a building programme over ten or more years at an estimated cost of up to £200m. (£60m for new residential provision and £140m for housing with care provision).

However, we cannot do this work alone: the County Council is unable to support the level of capital investment required to replace the current County Council residential care settings and will need to work in partnership with both the public and private sector to stimulate the market. Delivering services in this way is also in line with the County Council's commitment to being an efficient commissioning organisation.

To help us turn our strategy into action, we have identified a delivery partner

to plan and develop the proposed services with us. We reported to Cabinet that our preferred option is to form a new care company responsible for implementing the strategy and the delivery of care.

Our intention would be for all care staff currently employed by Norfolk County Council to transfer to the new company and that it would procure provision for about 480 places in up to eight new care settings. These settings would cater primarily for dementia and special care needs at a cost of up to £60m, effectively replacing this sort of provision in the County Council's current care homes.

At the same time, we expect that around 20 new housing with care settings will be built by partners in the public and private sector to address the growth required in this sort of accommodation. Our intention is that the new company will be the care provider in some of these settings. This means that as the current care estate is decommissioned, care staff employed by the new care company will have the opportunity to be deployed in these new settings. The County Council already provides the care staff in 13 similar housing with care settings.

We believe the status quo is not an option: refurbishing the current care home estate would cost at least £60m and could not achieve the desired accommodation standards because of the nature, age and layout of the current buildings. Although there is a corporate maintenance fund which has been used, as needed, for the upkeep of the buildings, there is no provision for either a programme of refurbishment or new-build in the current County Council capital programme.

- 2.2 The delivery of the strategy envisages the continuation and development of a mixed economy of provision including care settings owned and operated by the County Council in which our care staff provide the care. In addition to this, the new care company will also be expected to develop and explore future opportunities with other care companies, to help stimulate Norfolk's independent care market.

The strategy envisages the County Council's presence in the care market, as a provider of care homes, to reduce over time from approximately 11% now to less than 5%, providing ample scope for both private, third and other public sector providers to develop a major presence in a mixed economy of care.

Any new arrangements will need to be capable of positively encouraging and stimulating both current independent providers and new entrants into the market to secure contestability and choice. To make sure this happens, a new Framework Agreement is being developed which will enable an effective, efficient and legally compliant means of working with potential development partners in the future.

3. Delivering the Strategy - The Possibilities

3.1 In common with modern social services delivery, Norfolk Community Services is increasingly developing into a commissioning body focused on meeting people's needs as effectively as possible through well-managed relationships with a range of care delivery partners to an agreed standard and cost. This approach is consistent with the commissioning model of service delivery set out in *Norfolk Forward* and the Leader's Organisation Framework.

3.2 To do this, we need to separate commissioning activities from delivery activities and help to stimulate the whole 'accommodation with care' market, in order to achieve sustainable quality and value for money. Only then will we be able to optimise investment opportunities, create new income streams and moderate the market.

As well as offering the business 'know how' and skills we need, a delivery partner would also be able to access commercial opportunities and capital funding in a way that Community Services is unable to do. This is particularly important at a time of unprecedented pressure on public finances. By adopting a modern commissioning model, the delivery partner would also be able to deliver efficiency savings.

There are a number of public/public models already in being including

- The Norse trading company model pioneered by Norfolk County Council.
- An arms length trading company has recently been established by Essex County Council
- The Industrial & Provident Society model was established by Hertfordshire County Council in the nineties
- There have been many examples of Joint Venture Companies (JVCs) in the public sector involving private sector partners

In the light of this – and to avoid unnecessary detailed work on multiple variations at what is a preliminary evaluation stage – it was decided to choose a typical JVC model and a Norse company model to evaluate because of our lengthy experience and success in this sort of public/public trading company arrangement.

3.3 In order to identify a potential model worthy of further detailed work to test its viability, a preliminary options evaluation model (attached at Appendix A) was developed. The model is primarily driven by a balanced scorecard derived from a careful analysis of the strategy for care homes already agreed by Cabinet and a thorough review of prior papers. This process resulted in the identification of nine key service output objectives:

- i. Ability to shape the market to raise standards, moderate prices and sustain mixed private, public and third sector supply
- ii. Secure future employment and supply of trained NCC Community Services care staff

- iii. Achieve strategic commissioning business model and maximise service efficiencies including savings and income
- iv. Secure sufficient quantity and quality of care settings to meet demand
- v. Achieve maximum leverage of Registered Social Landlords programmes to maximise the impact of non-NCC sourced capital
- vi. Secure a sustainable and balanced care provision budget
- vii. Keep procurement and programme management costs to a minimum
- viii. Demonstrate Best Value in the use of resources deployed
- ix. Minimise revenue consequences on Community Services budgets whilst achieving strategic objectives

3.4 The next stage was to judge the relative importance of each individual objective against all the others using a seven point scale. On completion of this process the model automatically calculates the weighting to be given to each objective to ensure that prior to the next stage the relative importance of these objectives is factored in to the final score for each option.

Then we judged the ability and likelihood of each option to achieve the key service outcome objectives. The options themselves were:

- Option 1 - Status Quo
- Option 2 - Sell off the care estate and transfer staff to new operators
- Option 3 – Transfer care staff to new Norse company and continue to provide care in current settings
- Option 4 – Transfer care staff to new Norse company to provide care in new settings procured by NCC Community Services
- Option 5 – Transfer care staff to new Norse company and responsibility for procuring new settings and providing care in those settings
- Option 6 – Transfer care staff to new public/private JVC to provide care in current settings
- Option 7 – Transfer care staff to new public/private JVC to provide care in new settings procured by NCC Community Services
- Option 8 – Transfer care staff to new public/private JVC to provide care in new settings procured by the JVC

A 6 point scale was used to judge the ability coupled with a further 4 point scale to judge the likelihood of each of these options being able to achieve the 9 objectives that were previously weighted. This process resulted in a weighted score for each of the 8 options with the highest score indicating that that option was the most likely to merit further detailed viability testing.

It can be seen that the highest scoring model was a new care company wholly owned by the County Council within the Norse Group of companies. This model envisages transferring the current care homes and housing with care operations to the company managed through a long term contract.

In addition the company would secure capital to build new settings of an economic size enabling capacity to be sold to the market creating a new income stream for the County Council.

3.5

Option	Score
Transfer of care staff to new NORSE company and responsibility for procuring new care settings and providing care in those settings	94
Transfer care staff to new public/private JVC to provide care in new settings procured by the JVC	72
Transfer care staff to new NORSE company to provide care in new settings procured by NCC Community Services	44
Transfer care staff to JVC to provide care in new settings procured by NCC Community Services	34
Continue with current model of care provision in current settings	18
Transfer care staff to new NORSE company and continue to provide care in the current settings	18
Dispose of all 26 homes and cease to provide care	10
Transfer care staff to JVC to provide care in current settings	5

3.6 Subject to overall viability, this option should secure the employment of our trained residential care staff recognising that further opportunities for employment in a growing care market will become available. It could set the foundations for increased income streams for the County Council, it could increase the potential access to capital that may not otherwise be available to the County Council, and would build upon our successful partnership track record in delivering housing with the District, City and Borough Council's and with Registered Social Landlords.

This option could also mean that the County Council would maintain a presence in residential and housing with care provision at minimised costs. This enables a significant market shaping ability within Norfolk's residential care market and reduces the risks that are associated with having large single block contracting arrangements with independent sector providers.

This option would also involve the TUPE transfer of existing staff from the County Council into the company on their existing terms and conditions. We do not expect statutory consultation to be triggered until Cabinet has had the opportunity to approve a viable business plan for the new company at its August meeting.

4 Programme Management and Member Involvement

4.1 The process has been overseen by an experienced programme director supported by a specialist coordinating group and a small programme team including external commercial support and challenge.

A variety of legal requirements including procurement, state aid, asset transfers and TUPE have been identified as critical in moving forward. These requirements are important safeguards and contribute significantly to

ensuring that probity and value for money in using public funds is secured and the interests of staff are properly considered. In any model going forward all necessary requirements of this sort would be built into future arrangements and contracts leveraging our own expertise and learning from the experience of others.

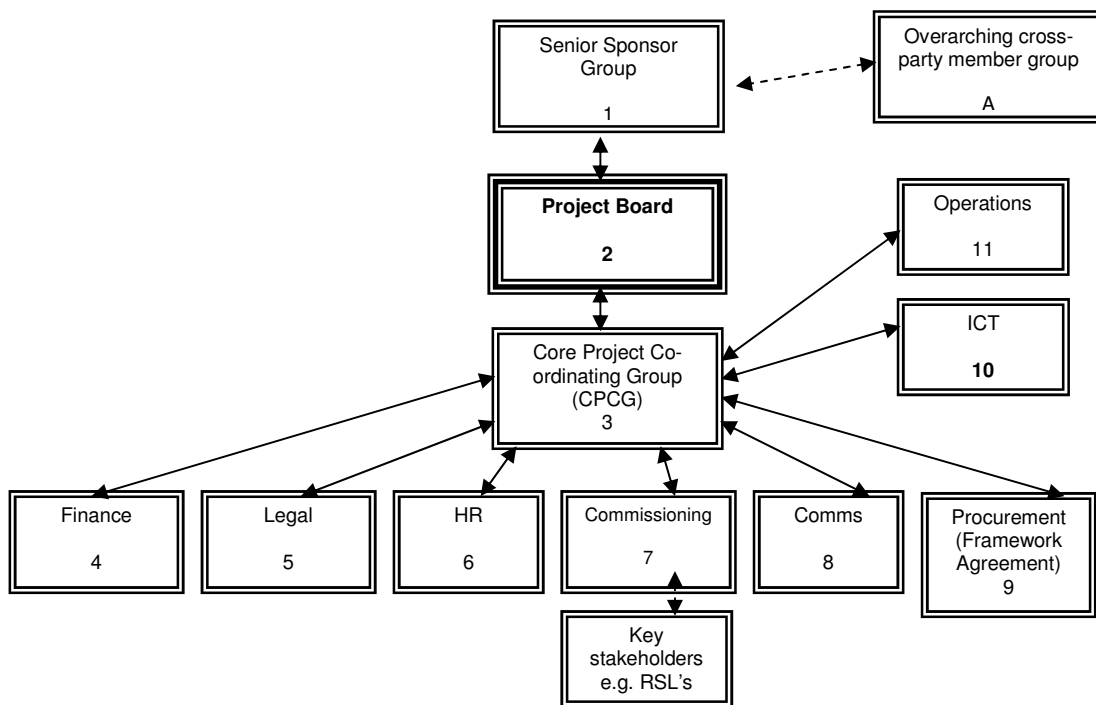
Securing the best possible deal with any partner is critical and a balanced scorecard approach containing critical success criteria has been developed for the Programme Outline Business Case and is reproduced below:

<p style="text-align: center;">Service/Customer</p> <ul style="list-style-type: none"> Customers will experience greater choice of care settings better matched to their needs and aspirations and significantly higher standards of care accommodation and still have access to high quality care staff. 	<p style="text-align: center;">Performance</p> <ul style="list-style-type: none"> High performance as measured by the Care Quality Commission will be achieved with all care homes and housing with care care teams assessed as good or excellent
<p style="text-align: center;">Staff</p> <ul style="list-style-type: none"> Staff will continue to be employed in the care market and will have career development opportunities within the Norse Group 	<p style="text-align: center;">Financial</p> <ul style="list-style-type: none"> Efficiencies will be achieved in operational costs, vfm will be achieved through a well negotiated contract and Community Services client side costs will be minimised. A new income stream will be developed from sale of accommodation to people who source and fund their own care i.e. self funders.

Robust programme governance has been established and will be further enhanced by involving members in an over arching reference group as the programme develops

It is proposed that the member reference group will work together with officers within these arrangements to develop success criteria for each of the four categories above and to participate in a company liaison board in due course.

The proposed programme governance is depicted in the diagram below:



5 Creating the new care company

- 5.1 If a viable business model and plan can be developed a new company would be created. For present purposes the company will simply be referred to as *Newco*. The company would have six directors including the Director of NCC Community Services, an Assistant Director of NCC Community Services and a senior client side officer.

These arrangements would be accompanied by an agreed protocol to minimise conflict between the duties of Adult Social Services officers as directors of *Newco* and as Council officers, will ensure that NCC Community Services will be able to exercise strategic control whilst at the same time giving the company the freedom and flexibility to develop and carry out the business plan.

A liaison board comprising elected members, senior Community Services commissioners, company officers and key stakeholders will be established providing links to Overview & Scrutiny and Cabinet.

The company would:

- i. Manage the residential care home estate
- ii. Manage the care staff and housing with care staff currently employed by the County Council who would transfer to the new company under TUPE provisions
- iii. Following commissioning plans determined by Community Services,

lead on the procurement of new specialist residential care home settings and work in partnership with District, Borough and City Council, and Registered Social Landlord partners to secure the arrangement of additional housing with care settings

- iv. Following commissioning plans determined by Community Services, work with partners in the public, private and third sectors to ensure a mixed economy of provision in a contestable and competitive care market to help achieve the strategy and best value
- v. Develop and implement the business model and plan
- vi. Optimise opportunities to develop the business

5.2 The creation of *Newco* would be mirrored by new streamlined arrangements within the client side of NCC Community Services. These arrangements together with the planned income generation will over time optimise the achievement of efficiency savings, equalise care costs in the market and minimise net costs to NCC Community Services and raise standards of residential care.

5.3 It is anticipated that following approval of the business plan the company could be set up within a few months and be ready operationally within six months.

5.4 The company is expected to procure up to eight new specialist residential care settings over the next 10 years although the actual number will depend on market developments. The ability of the company to secure the capital required to build the new care settings is a fundamental prerequisite of the business model.

5.5 The company is expected to work with Community Services client side, District, Borough and City Council partners, and with Registered Social Landlords to develop additional housing with care provision as alternatives to existing County Council residential care provision, using where appropriate land owned by the County Council for the site, as has been successfully done in previous similar schemes.

6 Resource Implications

6.1 Finance

It will be necessary to determine appropriate sums to be paid to the care company from the Community Services budget as it takes on the responsibilities and functions required of it. These costs will be contained within current budget and will include management costs and purchase of care costs. The Business Plan for *Newco* will set out the detail and will be brought back for consideration by the proposed member reference group and Cabinet approval in due course.

Financial modelling is currently ongoing looking at the financial implications of the proposals, including potential pension liabilities, generation of income from selling places to self funders and the potential cost of capital funding.

6.2 **Staff**

Subject to Cabinet approval of the Business Plan for *Newco* it is proposed to undertake full consultation with staff who would transfer to *Newco* in accordance with TUPE requirements.

7 **Equality Impact Assessment (EqIA)**

7.1 The Strategic Model of Care aims to improve the Council's ability to meet the needs of, and improve the dignity of older people who are frail, have mental health problems, physical or sensory disabilities or are otherwise vulnerable or choose alternative lifestyles. The Commissioning Strategy has identified the numbers of people requiring services and current gaps in services. The proposal - as the delivery of the strategy - better equips our workforce to ensure that culturally competent care is delivered by providing stability and further development in training and supervision.

7.2 We have directly worked with users and with staff in the development of the strategy, including public consultation that is representative, so that services are developed in a way that is sensitive to Norfolk's diverse community of users and of staff. In the development of the proposal, we will seek to work with staff and embrace the promotion of equalities.

7.3 We will demonstrate that equalities are being addressed through specific initiatives (for example our Dignity in Care development and training programme), through customer satisfaction measures, and through the attainment of care training and registration requirements.

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

8.1 The implementation of the Strategic Model of Care seeks to minimise the fear of crime amongst older people through the provision of improved housing situations.

9 **Risk Implications/Assessment**

9.1 There is a risk that Community Services and the Norse Group will not be able to develop a viable business plan within current budgetary constraints.
It is also important that the Council, the new company, and Norfolk's housing commissioners can coordinate and agree priorities.

10 **Alternative Options**

10.1 The high level evaluation process involved the assessment of eight possible ways forward including the status quo and ceasing to own any care establishments or employ care staff.

- 10.2 In the case of the status quo a refurbishment programme of over £60m would be required to upgrade current accommodation and even then accommodation standards agreed within the strategy would not be achieved also a number of care home places would be lost leading to increased cost per place and the refurbished care homes not contributing to the delivery of the Strategic Model of Care – Care Homes
- 10.3 In the case of ceasing to operate any care establishments or employ any care staff it would be more difficult to shape the market and influence standards of care and impossible to generate new income streams to address forecast growth in demand.

11 Conclusion

- 11.1 The option most likely to merit the development of a detailed business model and business plan for achieving the Strategic Model of Care strategy is a delivery partner in the form of a new care company within the Norse Group of companies, wholly owned by the County Council.

12 Action Required

- 12.1 To note the progress made in developing proposals to help deliver the Strategic Model of Care strategy and provide a lasting legacy of high quality ‘accommodation with care’ to meet growing and changing demand

To consider, comment on and endorse the process to evaluate and identify a preferred option to achieve the Strategic Model of Care outcomes and the process proposed to test its viability.

To consider, comment on and endorse the proposed governance arrangements, including the role of elected members.



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Report to the Adult Social Services Overview and Scrutiny Panel

May 2010

Item No 9

First Annual Report on Quality Assessments of Home Care Services

Report by the Director of Community Services

Summary

Following the creation of a Quality Assurance Officer post specifically for Domiciliary Care this report sets out the key outcomes from the first year of Quality Assessments of Independent Sector Home Care Providers who are contracted to provide care on behalf of the County Council. This includes the 10 Block Home Care Providers, one Housing with Care Provider and one Spot Contract Home Care Provider.

Each Assessment includes the review of up to 20 service user files (picked at random) in each agency, visits and interviews with those service users in their own homes and interviews with their care workers. The visits and interviews are all anonymised. Each agency's systems, key policies and procedures are also reviewed. Overall, this report finds that the quality of Independent Sector home care services is good, but that there is still room for further improvement, particularly in relation to documentation that can evidence good and safe practice.

There was overwhelming positive feedback in respect of the calibre and commitment of home care workers. In each assessment undertaken with every Home Care agency a number of care workers were named as exemplary by their service users. This was particularly so when the snow badly affected the County

The concerns raised by service users were mainly related to the timeliness of calls, continuity of care workers and being notified if care workers were running late. The great majority of service users felt that they were treated with respect and dignity and commented on the difference having care in their own home made to their quality of life.

Care Workers were clear about their boundaries, how to respond in respect of safeguarding concerns and all clearly enjoyed their role. Many commented positively about training opportunities but low pay was seen as an issue.

The report recommends key areas that the second year of assessments will focus on, in particular, relating to broad safeguarding issues in respect of vulnerable adults.

Future assessments will give particular consideration to the management and administration of medication, the moving and handling of service users and formal supervision of care workers,

It is further proposed to look at the possibilities of Norfolk Service Standards to be developed in order to benchmark Independent Home Care Providers against these standards. This will include, clear outcomes for service users, timeliness of calls, continuity of care workers, moving and handling advice, risk assessments the use of standard documentation and minimum requirements for training.

It is anticipated that the All Party Members Working Group on Quality in Home Care will again participate in the Quality Assessment work this year and report back on progress and key issues to the Overview and Scrutiny Panel.

Members are asked to acknowledge and comment on this report.

1 Background

- 1.1 In February 2009, following the creation of a Quality Assurance Officer post specifically for Domiciliary Care, Norfolk County Council implemented a new framework for assessing the quality of home care provision. This coincided with outcomes of the first round of the Members Quality in Home Care Scrutiny Working Group. This included visiting service users, care workers and branch offices throughout the County and was reported to The Adult Social Services Overview and Scrutiny Panel.
- 1.2 Underpinning the assessment approach is the application of a number of key outcomes set out in a number of documents including the White Paper "Our Health, Our Care, Our Say", (which set out proposals for a new direction in respect of health and social care community-based services), tools developed by the Care Quality Commission, and the Supporting People framework. These outcomes for service users can be described as follows:
- Improved health and emotional well being
 - Maintain Personal Dignity and Respect
 - Increased Choice and Control
 - Making a positive contribution
 - Improved Quality of Life
 - Freedom from Discrimination
 - Economic Well Being
- 1.3 The County Council recognised that it was of critical importance that robust monitoring and evaluation procedures were in place to ensure that service users receive a quality service in their own homes which not only meets their needs but also promotes, wherever possible, their independence and protects them from the risk of abuse. Quality is a much-used term in the provision of domiciliary care services. It can mean many things to many people.
- 1.4 While Norfolk County Council is not the regulatory body for domiciliary care (that is the responsibility of the Care Quality Commission), it clearly has a duty to ensure high standards of care are provided to its most vulnerable residents, for whom it has commissioned services. It is also a contractual requirement.
- 1.5 This report sets out the key findings from the first year of Quality Assessments undertaken by the County Council in relation to Independent Home Care Providers. It reports of areas of good practice and those where improvements are needed, and recommends key areas for the second year of assessments to focus on, primarily in relation to broad areas of safeguarding vulnerable adults.

2 Key Findings from the Assessment undertaken in 2009/2010

- 2.1 Quality Assessments (which took an average of 5 working days) were undertaken from March 2009 to April 2010. This included assessments of 10 home Care Agencies providing care under 21 block contracts to the County Council, one Home Care Agency in Norwich providing care on a "Spot" basis and one Housing with Care Provider in Loddon

It is worth noting that during the 1st week of March 2010, those 10 block home care agencies provided some 30,000 hours of care to 3,300 service users employing just under 1,000 home care workers.

- 2.2 As part of the assessment process some 350 individual service users files were reviewed, 240 service users and their informal carers were interviewed in their own homes, and 140 care workers were also interviewed.

These were based on a structured interviews and standard templates.

Each agency's key systems, procedures and quality assurance processes were also reviewed to assess their effectiveness in minimising key risks in the delivery of home care. Following each Assessment a report was produced for the agency setting out what it did well and where improvements were needed.

Each agency had the chance to comment on the findings of the assessment and the Assessment process.

- 2.3 Within each report, areas for improvement were identified and an action plan to respond to those issues agreed jointly between the County Council and the respective agency. The action plan is then monitored during the year and will be reviewed on the second assessment.
- 2.4 There were many positive comments received from service users that such assessments were taking place. The County Council was seen to be pro-active in overseeing home care agencies.

Feedback from Service Users

- 2.5 Service users were interviewed to obtain their views on the quality of service provided by each agency and to ascertain that certain standards of care were being delivered.

Just under 80% of service users described their care worker as "Exceptional", 21% described them as "Good".

There were hundreds of positive comments from service users about the commitment, calibre and caring attitudes of their care workers. In every assessment, a number were always named as exemplary and described as going the extra mile. This was particularly so in relation to the snow in the earlier part of the year. Examples were quoted of care workers walking to their service users, providing breakfasts, hot soup and ensuring that people remained warm.

- 2.6 The overwhelming majority of service users commented that they were treated well and with respect, that when being given personal care their dignity and privacy was always respected. A very small number (5) commented that they sometimes felt a little rushed, but this was clearly the exception. All service users knew how to formally complain if necessary.
- 2.7 The major concerns raised by service users related to the timeliness of calls, continuity of care workers and not being informed if their care worker was running late or changed. The key areas of service user feedback are set out in Appendix 1

Feedback from Care Workers

- 2.8 Care Workers were interviewed to obtain their views on the level of support and training they received in order to undertake their roles to a good standard. Every single care worker interviewed enjoyed their role. Many commented, however, about low levels of pay. One commented " This is the worst paid job I have ever had but I love it!" Many care workers were positive in respect of training opportunities, particularly being able to undertake NVQ Level 2 and 3 in Social Care. There were mixed comments about the level of formal supervision and this will continue to be addressed
- 2.9 All the care workers understood professional boundaries and all were very clear about " whistle blowing" in respect of poor practice. The key areas of care worker feedback are set out in Appendix 2

3 The Second Year of Assessments

- 3.1 While the second year of assessments will follow up on the key areas outlined in each action plan it is proposed that the assessments should focus on key safeguarding

issues:

- **Medication Management** – Ensuring that all agencies comply fully with the requirements of the County Council’s Medication Management policy and Procedures. Trainers must be deemed to be competent by the Council’s Medicines Support Coordinator.
- **Moving and Handling Risks** – Ensuring that all agencies provide detailed Moving and Handling advice for those service users who need to be hoisted.
- **Supervision** – Ensuring that all agencies provide regular formal recorded supervision.

3.2 Picking up from the common themes that have emerged from the assessments it is also proposed that a set of Norfolk standards be developed through joint workshops and small groups with all agencies in relation to standardised documentation, training levels, service standards, and communication with service users.

3.3 It is also proposed that the Members Quality in Home Care Scrutiny Working Group is again involved in the second year of assessments and that it will participate in some Quality Assessments. The Working Group can provide regular updates for the Scrutiny Panel.

4 Other Implications

4.1 Officers have considered other implication which members should be aware of. These include concerns about limitations to the home care work pool, pay and conditions, and adequate training to meet the increasingly complex levels of service user needs who are being supported in their own home.

4.2 Officers are also working closely with Norfolk Coalition of Disabled People to develop and implement a service users charter. This charter would clearly set out service users rights and responsibilities when receiving home care support.

5 Equality Impact Assessment (EqIA)

5.1 Workshops were held with Block and Spot Contract Home Care Providers in March and April of this year. The outcome of these workshops is the development of a bespoke EqIA tool for home care providers to implement across the County.

6 Health and Safety

6.1 Clearly, the provision of safe services to very vulnerable service users is of the utmost priority. Health and Safety policies and procedures are all reviewed, including lone working policies and procedures and the training offered to home care staff. This is to ensure working practices are safe.

7 Section 17 – Crime and Disorder Act

7.1 There are no specific Crime & Disorder Act implications. .

8 Actions required

8.1 The Overview and Scrutiny Panel is asked to acknowledge and comment on this report.

Background Papers

Annual Assessments of Home Care Agencies March 2009 to April 2010.

Officer Contact

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

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

First Annual Report On Quality Assessment Of Home Care Services

Background

- 10 Block Contract Providers – 21 Contracts
- 340 Service User Files Reviewed
- 240 Service Users Visited
- 150 Care Workers Files Reviewed
- 140 Care Workers Interviewed
- Key Processes, Policies and Quality Assurance Mechanisms Reviewed to Ensure Risk Mitigation

Feedback From Service Users – Key Messages

- 85% calls were on time, 5 % were very late
- 100% treated with respect
- 100% treated with dignity and privacy
- none reported use of mobile phone whilst receiving personal care
- 95% did not feel rushed when being cared for
- 65% happy with continuity of care worker, 35% not happy
- 82% office communication good, 18% communication not good
- What agencies need to do better in terms of notification:
 - 70% change of care worker
 - 70% shadowing arrangements
 - 75% care worker running late
- 78% Care Worker Excellent
- 21% Care Worker Good

First Annual Report on Quality Assessment of Home Care Services

Feedback from Care Workers – Key Messages

- 75% office communication good
- 80% office support good
- 92% training opportunities good
- 72% supervision and appraisal good
- 100% clear about professional boundaries, safeguarding vulnerable adults and whistle blowing
- 88% enjoyed working for their agency
- 95% understood the future issues for home care
- 100% enjoyed their role
- What agencies need to do better:
 - 91% more time allowed between calls
 - 91% more effective rotas
 - 75% better mileage allowance
 - 100% improved levels of pay

To Conclude

- Very Positive Feedback from Service Users and Care Workers
- Need to refine service standards
- Need to refine documentation
- Need to review some terms and conditions

Forward Work Programme: Scrutiny

Report by the Director of Community Services

Summary

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

1 The Programme

1.1 The Outline Programme for Scrutiny (Appendix A) has been updated to show progress since the March 2010 Overview and Scrutiny Panel.

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

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

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

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

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

(iii) Quality – for instance, is it:

- Significantly under performing
- An example of good practice
- Overspending

(iv) It is a Corporate Priority

2 Section 17 – Crime and Disorder Act

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

3 Equality Impact Assessment

3.1 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.

4 Action Required

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

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

Officer Contact

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

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Outline Programme for Scrutiny

Standing Item for Adult Social Services O & S Panel: Update for May 2010

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

Scrutiny is normally a two-stage process:

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

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

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

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

Changes to Programme from that previously submitted to the Panel in March 2010

Added

None

Deleted – List scrutiny deleted by whom and when

The Community Meals Consultative Council

Topic	Outline Objective	Cabinet Portfolio Area	Stage 1 (Scoping report)	Stage 2 (Report back to Panel by Working Group)	Requested by	Comment
Scrutiny Items Outstanding/ Ongoing						
Compliments and Complaints	Annual report	Adult Social Services	Not applicable	Autumn 2010	Legislative requirement	Will be reported in Autumn 2010
The impact of reduction in funding on the voluntary sector	To examine the impact on the voluntary sector of the current changes within Adult Social Services (e.g. personalisation, cuts) and consider what extra demands are being placed upon the voluntary sector.	Adult Social Services	January 2010		Spokespersons meeting 25 November 2009	Report to Panel 26 May 2010
CareForce		Adult Social Services	Not applicable	Not applicable	Panel	Regular updates are provided to Panel
Quality Monitoring of the Home Support Service		Adult Social Services			Panel	Group has convened and programme agreed
Development of the Learning Difficulties Service		Adult Social Services			Panel	Initial meeting is scheduled
Modern Social Care		Adult Social Services			Panel	Strategic Model of Care report to Panel 26 May 2010

Safeguarding		Adult Social Services			Spokespersons meeting Feb 2010	Report to Panel 26 May 2010
Implementation of the Dementia Strategy and planning for demographics	To examine how the Dementia Strategy will be implemented and consider the impact that Norfolk's demographics will have.				Spokespersons meeting February 2010	Will be reported in Autumn 2010
Links between County and District	To examine how areas of service, which have an overlap between local authorities, work, and to consider what needs to be done where there is room for improvement.				Spokespersons meeting February 2010	
Integration with the NHS					Spokespersons meeting February 2010	
The Community Meals Consultative Council						A meeting is taking place on Wednesday 5 May. Focus Groups are now being set up.

Report to Adult Social Services Overview & Scrutiny Panel

11 May 2010

Item No 11

Adult Social Services Integrated Performance and Finance Monitoring report for 2009-10

Report by the Director of Community Services

Summary

This report provides current performance and finance monitoring information for 2009-10. The report monitors progress against the Corporate Objectives set out in the County Council Plan that are covered by Adult Social Services Overview and Scrutiny Panel. The first section covers key performance information, and the second financial performance.

As at the end of period twelve (March) the forecast revenue outturn position for the financial year 2009-10 is an £+2.985m overspend. Work is currently ongoing regarding the closing of the accounts and the final year-end (or outturn) position will be reported to the July meeting of the Community Services Overview and Scrutiny Panel.

At this point in the financial year slippage of £-4.222m has been identified on the capital programme. If there is slippage on a capital scheme at the year-end, ie the work has not been completed within the financial year or there are outstanding invoices to be paid, the money will be carried forward to 2010-11. Again work is currently ongoing regarding the closing of the accounts and the final year-end (or outturn) position for capital will be reported to the July meeting of the Community Services Overview and Scrutiny Panel.

1 Performance update

1.1 Performance Assessment Changes for 2009/10

The Care Quality Commission (CQC) recently changed their assessment method at the end of 2009/10 with immediate effect.

In previous years all councils undertook the same assessment process with the regulator. However, this has now been changed to a process whereby established degrees of assessment are undertaken based upon the performance of councils.

For example, those councils who received a 'poor' or 'adequate' rating for an outcome would be subject to the most extensive assessment. Whereas, those who were awarded 'well' or 'excellent' would not be reassessed unless issues had happened during the year (e.g. a poor inspection) or a council wanted to achieve an improvement from 'well' to 'excellent'.

In order for CQC to determine councils' intentions, and self awareness, each one had to designate what they anticipated their ratings would be for each of the seven outcome areas (the outcomes set out in the 'Our Health, Our Care, Our Say' white paper).

1.2 What we designated ourselves would then determine the degree of rigour in their assessment of us. For example if we said that we had stayed the same, since what we achieved in 2008/09, then the levels of evidence and assessment would be minimal. Whereas, if we identify an improvement in outcome grading then we would have to submit a self assessment and be subject to the usual checks and balances before being considered at national moderation. The risk being that the final result of this process could also end up with a reduced rating rather than the sought improvement.

The exception to this is the outcome 'Maintaining Dignity and Respect' which is a compulsory requirement owing to it covering the safeguarding of adults.

1.3 **What this means for Norfolk**

1.4 Last year all of Norfolk's outcomes were graded either 'well' or 'excellent'. This meant that we need only be assessed if we felt we had improved on an outcome.

After exploring all of the achievements and challenges of Social Services, and wider partners, during the last year our Performance Board agreed the following designations for each outcome:

Outcome	2008/09 Result	2009/10 Designation
Improved Health and Well-Being	Well	Well
Improved Quality of Life	Well	Excellent
Making a Positive Contribution	Excellent	Excellent
Increased Choice and Control	Well	Excellent
Freedom from Discrimination and Harassment	Well	Well
Economic Well-Being	Excellent	Excellent
Maintaining Dignity and Respect	Well	Excellent

Essentially this means that we have to enter rigorous assessment for three outcome areas.

As a compulsory requirement we also have to submit self assessments on the following domains:

Leadership	Excellent	Excellent
Commissioning and Use of Resources	Excellent	Excellent

These domains are then used to inform the organisational assessment component of the Comprehensive Area Assessment (CAA).

2 Performance indicators

2.1 Please see Appendix A for the latest performance results. Please note that these are not the final results for 2009/2010. The exceptions within the appendix that require further explanation, ie under performing, are:

2.2 NI130 – Self Directed Support

We continue to closely monitor the take-up of self directed support, having reported below-target performance in previous Panel reports.

2.3 Our programme of training front line staff and improving processes to make self directed support part of 'business as usual' is ongoing. We remain focused on ensuring that people move to self-directed support in a way that minimises anxiety and helps people achieve the right outcome for them.

2.4 It is useful to reiterate that this indicator does not measure people who use direct payments and/or personal budgets. But rather it counts those people who have gone through the self-directed support process (ie have completed a personal support plan and understand their entitlements). If people then choose 'traditional' services arranged by us, rather than a personal budget, then they are also counted in the result.

2.5 Essentially this indicator is to determine that people have choice. It is not a measure of the number of people choosing to use personal budgets.

2.6 NI136 – people supported to live independently

2.7 The issues with our performance against this measure are three fold.

Definition - The definition has changed a number of times since the LAA targets were set meaning that our steep reduction in our result does not represent less actual people but rather the definition of the calculation.

Control - Providing we support people to remain independent wherever it is appropriate, rather than placing in a residential home, we cannot control the levels of demand in a needs based service. Furthermore, it does not include self funding service users in the numerator even though they are included in the denominator of the wider population. Again levels of which are beyond our control.

Validity - Preventative work means that a reduction in people needing assessed and commissioned support is a success. So having a measure for more people to be supported could be construed as a

perverse incentive.

3 Revenue budget

3.1 The table below shows the forecast out-turn position by division of service as at the end of March (Period Twelve):

Division of service	Budget	Forecast Outturn	Forecast +Over/ -Underspend	Forecast +Over/ -Underspend as % of budget	Variance in forecast from last report (Period Ten) £m
	£m	£m	£m	%	£m
Director and Finance, including Contingency Provision	+3.034	+1.357	-1.677	-55.3	+1.017
Commissioning and Transformation	+10.439	+10.374	-0.065	-0.2	-0.084
Human Resources, Training and Organisational Development	+4.872	+3.823	-1.049	-21.5	-0.433
Community Care - Locality Managed Services	+107.062	+111.937	+4.875	+4.6	-0.832
Service Development	+16.976	+16.246	-0.730	-4.3	-0.710
Mental Health and Drug and Alcohol	+18.031	+17.644	-0.387	-2.1	-0.160
Supporting People	+0.523	+0.523	0	0	0
Total, excluding Learning Difficulties	+160.937	+161.904	+0.967	+0.6	-1.202
Learning Difficulties (Adult Social Services)	+51.370	+53.389	+2.019	+3.9	-1.474
Total, including Learning Difficulties	+212.307	+215.292	+2.985	+1.4	-0.508
Less: Financial Recovery Plan (see Paragraph 5)		0	0		+1.864
Total	+212.307	+215.292	+2.985	+1.4	-0.813

3.2 Appendix B contains tables providing more detailed analysis of the reasons for variances between this report and the previous report (based on Period Ten) for each division of the Adult Social Services part of Community Services.

4 Capital programme

4.1 The capital programme is summarised in Appendix C. Details of the budget and the outturn are given for each scheme. The capital programme for 2009-10 includes £5.512m of capital monies held on behalf of other organisations. There is £1.118m of funds NCC that is holding on behalf of Health following the resettlement of people with Learning Difficulties from Little Plumstead and which should be released to Wherry Housing; however negotiations are still ongoing between the legal representatives for Health and Wherry Housing. There is also £4.394m 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 with Learning Difficulties undergoing resettlement from the NHS Campus Closure. The funding was received from NHS Norfolk ahead of the scheduled phases of completion.

4.2 At this point in the financial year slippage of £4.222m has been identified. Where there is slippage on a capital scheme at the year-end, ie the work has not been completed within the financial year or there are outstanding invoices to be paid, the money will be carried forward to 2010-11.

Work is currently ongoing regarding the closing of the accounts and the final year-end (or outturn) position will be reported to the July meeting of the Community Services Overview and Scrutiny Panel.

Capital programme	2009-10 capital budget £m	Forecast 2009-10 capital outturn £m	Slippage since the previous report	Reasons
Total	+12.956	+7.177	-2.787	There is slippage on various projects since the previous report (at period ten). This includes the £1.118m of Housing Grants to resettle clients from Little Plumstead Hospital where the people with Learning Difficulties have been resettled and NCC is holding the funds 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 requires approval from Health to release the money to Wherry Housing.

5 Financial Recovery Plan

5.1 During the financial year 2009-10 the department had an action plan to try

and achieve a balanced position at the year-end. The action plan was necessary because it proved not possible to achieve all of the £-6.856m of savings attributed to Learning Difficulties and the Demand Management savings of £-3.922m attributed to Purchase of Care within the 2009-10 budget.

The Financial Recovery Plan and the £+1.864m of changes since the last report are shown below. At this stage of the financial year we are not forecasting any further savings to be made from the Financial Recovery Plan. All savings achieved have been incorporated into the budget monitoring position.

Action	Amount £m	Change from last report (Period Ten) £m
Social Care Reform grant income utilised to maximum effect.	0	+1.000
Vacancy management of posts – temporary, agency, permanent and increased hours – and a review of all current temporary posts. Some savings have been achieved through the revised Vacancy Management process and these are incorporated in the budget monitoring position.	0	+0.177
Purchase of Care - Reducing the amount of top up payments; - Reducing purchasing through spot contracts for home care; - Reducing the number of planning/transitional beds purchased through block arrangements – this has been achieved and is included in the budget monitoring; - Demand management – saving removed as not achievable; - Continuing Health Care Assessments; - Review of number of Out of County Placements and other contract arrangements.	0	+0.587
Review current placements with Children’s Services where people will soon be moving to Adult Social Services.	0	+0.100
Reduction in expenditure on Mental Health Purchase of Care – reductions in expenditure and increase in forecast income have reflected in the budget monitoring previously. Based on current forecast we are not anticipating further savings in this budget.	0	0
Reduction in Learning Difficulties staff costs – this looks unlikely to be achieved in addition to the Priority Based Budget saving.	0	0
Targeted reduction in staff travel for each team – savings are included in the budget monitoring.	0	0
Increase income to In-House homes from Other Local Authorities and Self-funders. Although income from Other Local Authorities and Self-	0	0

funders has not increased to this extent, we are forecasting more income than budgeted from peoples' contributions towards the cost of their care and this has been included in the budget monitoring.		
Total	0	+1.864

6 Equality Impact Assessment

- 6.1 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.

7 Section 17 – Crime and Disorder Act

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

8 Conclusion

- 8.1 The Adult Social Services department has worked hard to deliver improved outcomes for people whilst managing the budget position in 2009-10, given the inherent pressures on social services activity and the significant amount of savings it needed to achieve. The pressures on Purchase of Care and on the Learning Difficulties service are areas of concern, particularly with regard to the financial pressures in 2010-11 and future years, as demographic indicators and the increasing cost of packages indicate increasing demand and costs in this area.

9 Action Required

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

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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, Minicom: 01603 223242, and we will do our best to help.

Appendix A
Performance Indicators

Indicator	Description	Previous year-end result	Current performance (not end of year)	Year-end target	Performance alert
NI125	Percentage of people living at home 3 months after discharge from hospital and supported through intermediate or rehabilitation services	86.1%	86.9%	86%	★
NI130	Percentage of people supported to live independently through the self directed support process	6.4%	7.5%	12%	▼
NI131	People delayed after being able to be discharged from hospital (per 10,000 of the population)	10.05	7.88	9.00	★
NI132	Percentage of people assessments being completed within 28 days of first contacting us	76.6%	73.6%	80%	●
NI133	Percentage of people receiving all of their services within 28 days of their assessment being completed	82.6%	86.4%	87.0%	●
NI135	Percentage of carers receiving advice or support against the numbers of people receiving an assessed service	19.7%	17.69%	17%	★
NI136	People supported to live independently against the demographic population and indices of deprivation	3,953	3,349	3,785	▼
NI141	Percentage of vulnerable people achieving independence through Supporting People	65.0%	74.5%	68.0%	★
NI142	Percentage of vulnerable people who are supported to maintain independent living (Accommodation Based Services)	98.0%	98.8%	99.2%	●
	Percentage of vulnerable people who are supported to maintain independent living (Floating Support Services)		96.1%	96.0%	★
PAFD40	Percentage of users of our services who have received a review of their package of support within the year	86.1%	89.5%	87%	★

Key – Performance Alerts

		
On target	<5% off target	5%> off target

Appendix B
Division of Service – More Detailed Analysis of Variances

Director and Finance £-1.677m forecast underspend (budget £+3.034m)

Area	Projected Variance Total £m	Movement From last report (Period Ten) £m	Variance as % of budget %	Reasons for movement since last report
Finance	+0.560	+0.664	+19.5	The provision for Bad Debts has been increased following a review of the outstanding debts position.
Contingency Provision	-2.194	+0.412		Contingency provision used to offset various pressures elsewhere within the department.
Other	-0.043	-0.059	-25.7	Staff costs.
Total	-1.677	+1.017	-120.6	

Commissioning and Transformation £-0.065m forecast overspend (budget £+10.439m)

Area	Projected Variance Total £m	Movement From last report (Period Ten) £m	Variance as % of budget %	Reasons for movement since last report
Logistics - Building and Supplies, Building Other and Transport	+0.115	-0.019	+1.7	
Other	-0.180	-0.065	-4.7	
Total	-0.065	-0.084	+0.2	

Human Resources, Training and Organisational Development £-1.049m forecast underspend (budget £+4.872m)

Area	Projected Variance Total £m	Movement From last report (Period Ten) £m	Variance as % of budget %	Reasons for movement since last report
Personnel	-0.388	-0.049	-24.7	Underspend due to a reduction in spend on recruitment, advertising and associated costs, due to Vacancy Management.
Training and Other	-0.661	-0.384	-20.0	There is less spending forecast than previously anticipated on training, including courses planned for early 2010 that have been delayed and will now take place in 2010-11.
Total	-1.049	-0.433	-21.5	

Locality Managed Community Care Services £+4.875m forecast overspend (budget £+107.062m)

Area	Projected Variance Total £m	Movement From last report (Period Ten) £m	Variance as % of budget %	Reasons for movement since last report
Purchase of Care - Older People	+3.328	-0.982	+7.1	Increase in forecast income from peoples' contributions towards the cost of their care.
Purchase of Care - People with Physical Disabilities	+1.343	+0.752	+10.0	Increase in forecast expenditure on packages of care, particularly home care and supported living.
In-House Home Care - Older people	-1.551	+0.194	-13.0	Additional savings from hours of home care being moved from the in-house service to the independent

Area	Projected Variance Total £m	Movement From last report (Period Ten) £m	Variance as % of budget %	Reasons for movement since last report
and people with Physical Disabilities				sector. The reduced service provided in-house means a reduction in all associated costs.
In-House Homes for Older People, Locality Managers, Housing With Care and Day Centres for Older People	-0.128	-0.739	-0.6	Increase in forecast income from peoples' contributions towards the cost of their care and savings in staff costs.
Hired Transport for Older People and people with Physical Disabilities	+0.310	+0.001	+23.0	
Other	+1.573	-0.058	+11.5	
Total	+4.875	-0.832	+4.6	

Service Development £-0.730m forecast underspend (budget £+16.976m)

Area	Projected Variance Total £m	Movement From last report (Period Ten) £m	Variance as % of budget £m	Reasons for movement since last report
Service Development	-0.730	-0.710	-4.3	Underspend due to a number of projects delayed to 2010-11.

Mental Health and Drugs and Alcohol £-0.387m forecast underspend (budget £+18.031m)

Area	Projected Variance Total £m	Movement From last report (Period Ten) £m	Variance as % of budget %	Reasons for movement since last report
Purchase of Care - People with Mental Health problems and Drug and Alcohol.	-0.201	-0.111	+2.5	Reduction in forecast expenditure on residential placements.
Other Mental Health and Drug and Alcohol services	-0.186	+0.131	-1.9	Expenditure on Service Level Agreements higher than previously forecast.
Total	-0.387	-0.160	-1.3	

Learning Difficulties £+2.019m forecast overspend (budget £+51.370m)

Area	Projected Variance Total £m	Movement From last report (Period Ten) £m	Variance as % of budget %	Reasons for movement since last report
Purchase of Care	+3.282	-1.057	+5.9	Reduction in forecast expenditure on residential placements.
Homes, Day Care, In-house home care and Community Support team	-0.278	-0.256	-2.2	Forecast savings in staff costs.
Other	-0.985	-0.378	-9.1	Refund of surplus on Learning Difficulties Pooled Fund due to surplus on Community Homes Resettlement project of £-0.929m offset by decrease in savings from the Priority Based Budgeting project.
Total	+2.019	-1.474	+2.6	

**Appendix C
Capital Programme**

Scheme	2009-10 Budget £	2009-10 Outturn £	2009-10 Slippage (see Note One) £	Reasons for Variance or Comments
Projects				
Reprovision of Bishop Herbert House	5,680	5,680	0	The completed scheme was handed over on 28 February 2005. Scheme completed, including the work to the fire exit. There was an outstanding fee account at the end of the financial year 2008-9.
Learning Difficulties Day Care – Phase Two (2004-5)	-811	-811	0	Additional essential safety works.
Huntingfield Reprovision (2007-8)	114,486	114,486	0	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 2008-9.
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. Due to this the project will be ongoing in 2010/11.

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
Cranmer House, Fakenham Community Support Centre (2007-8)	334	334	0	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)	27,712	5,712	-22,000	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)	64,945	19,945	-45,000	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)	1,931	1,931	0	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 2008-9 year-end.

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
Ellacombe Home for Older People Refurbishments - Corporate Minor Works (2007-8)	57,739	57,739	0	See above.
High Haven – Windows (2007-8)	18,509	18,509	0	Part of the essential improvements for the in-house Homes for Older People. Delay due to granting of planning permission and need to programme works amongst other capital works at the home. Phase Two was completed April 2009.
Linden Court – Lighting	16,500	2,000	-14,500	
Munhaven - Heating system (2007-8)	12,410	12,410	0	Part of the essential improvements for the in-house Homes for Older People. This work was integrated with the dementia care works so that the disturbance was minimised. The work is completed. Final accounts were outstanding at the 2008-9 year end.
Munhaven – Windows (2007-8)	1,331	1,331	0	Part of the essential improvements for the in-house Homes for Older People. This work was integrated with the dementia care works so that the disturbance was minimised. The work is completed. Final Fee accounts outstanding at the 2008-9 year end.

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
Rebecca Court – Windows (2007-8)	8,674	8,674	0	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 2008-9 year end.
Somerley - Heating system	2,276	2,276	0	Part of the essential improvements for the in-house Homes for Older People. Final Fee accounts outstanding at the 2008-9 year end.
St Nicholas House - WC and bathroom facilities (2007-8)	6,007	6,007	0	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 were outstanding at the 2008-9 year-end.
Sydney House – Windows (2007-8)	65,155	65,155	0	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 are completed.

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
Sydney House – Lift (2007-8)	15,000	15,000	0	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)	80,000	80,000	0	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 measured the success of scheme in Sydney House prior to commencement.
Westfields – Windows (2007-8)	9,733	9,733	0	Part of the essential improvements for the in-house Homes for Older People. Delays due to design stage, planning permission and need to programme works amongst other capital schemes at the home. Scheme completed. Final Fee accounts outstanding at the 2008-9 year end.
Westfields - Heating system (2007-8)	7,223	7,223	0	Part of the essential improvements for the in-house Homes for Older People. The work slipped because of the decision to delay the start of the works until the summer of 2008, as it is not possible to isolate different wings of the building. The scheme is completed. Final Fee accounts outstanding at the 2008-9 year end.

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
Woodlands - Dementia Care Unit Extension (2007-8)	39,699	39,699	0	Part of the essential improvements for the in-house Homes for Older People. Delays due to design stage, planning permission and need to programme works amongst other capital schemes at the home.
Munhaven - WC and bathroom facilities (2007-8)	4,867	4,867	0	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 2008-9 year end.
In-House Homes for Older People- Essential equipment (2007-8)	60,106	60,106	0	This is part of the Essential Improvements at In-House Homes for Older People. Additional profile beds ordered. Accounts outstanding at the 2008-9 year end.
In-House Homes for Older People – Redecoration (2009-10)	140,000	120,000	-20,000	This is part of the Essential Improvements at In-House Homes for Older People and has been largely completed within the year.
Replacement call systems – In-House Homes for Older People (2009-10)	75,000	37,500	-37,500	This is part of the Essential Improvements at In-House Homes for Older People. This has been started but will run on into 2010/11.
Pinewoods reprovision (2009-10)	168,000	0	-168,000	Reprovision of Pinewoods, currently Supported Living, to make suitable for respite care following closure of Lothingland.

Scheme	2009-10 Budget £	2009-10 Outturn £	2009-10 Slippage (see Note One) £	Reasons for Variance or Comments
Magdalen House - WC and bathroom facilities (2007-8)	25,357	25,357	0	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 2008-9 year end.
Improving Care Home Environment for Older People (2007-8)	10,987	3,250	-7,737	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)	5,000	5,000	0	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.

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
Southern Learning Difficulties Team office relocation at Attleborough	29,042	29,042	0	Move complete. Final account outstanding at the 2008-9 year-end.
Failure of Kitchen Appliances	617,818	517,818	-100,000	Gas safety works around kitchen appliances. There has been a reprofiling of the payments at the design / survey stage.
Heathfield - Bathroom Facilities (2008-9)	33,655	33,655	0	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)	50,473	50,473	0	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)	42,858	42,858	0	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.
Springdale - Shower Facility (2008-9)	5,401	5,401	0	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.

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
Rebecca Court Bathroom Facility (2008-9)	20,505	20,505	0	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)	116,500	60,000	-56,500	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. This will be completed in 2010/11.
St Edmunds - Shower Facility (2008-9)	7,606	7,606	0	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)	22,315	22,315	0	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)	5,850	5,850	0	This is part of the Essential Improvements at In-House Homes for Older People. The scheme is completed.

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
Balance of LPSA Reward Grant 2008-9	125,903	125,903	0	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. This project as been put on hold, pending a review of the service.
Mildred Stone House – Lighting (2008-9)	19,000	19,000	0	This is part of the Essential Improvements at In-House Homes for Older People.
Sydney House – Lighting (2008-9)	16,500	16,500	0	This is part of the Essential Improvements at In-House Homes for Older People.
Beauchamp House - Dementia Unit (2008-9)	2,968	2,968	0	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	8,000	0	This is part of the Essential Improvements at In-House Homes for Older People.
Harker House - FF Shower Facility	8,165	8,165	0	This is part of the Essential Improvements at In-House Homes for Older People.
Mountfield - Call System (2008-9)	6,895	6,895	0	This is part of the Essential Improvements at In-House Homes for Older People.

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
Sydney House - Door Locks (2008-9)	5,000	5,000	0	This is part of the Essential Improvements at In-House Homes for Older People.
Beauchamp House - WC and Bathroom Facilities (2008-9)	35,115	35,115	0	This is part of the Essential Improvements at In-House Homes for Older People.
Beauchamp House - Call System (2008-9)	47,000	47,000	0	This is part of the Essential Improvements at In-House Homes for Older People.
St Nicholas House – Lighting (2008-9)	16,500	6,500	-10,000	This is part of the Essential Improvements at In-House Homes for Older People.
High Haven – Lighting (2008-9)	16,500	1,500	-15,000	This is part of the Essential Improvements at In-House Homes for Older People. This will be completed in 2010/11
Magdalen House - FF Refurbishments (2008-9)	97,000	97,000	0	This is part of the Essential Improvements at In-House Homes for Older People.
Ellacombe Windows (2008-9)	6,000	6,000	0	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. This project as been put on hold, pending a review of the service.
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. This project as been put on hold, pending a review of the service.

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
Woodlands – Windows (2008-9)	29,709	29,709	0	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.
Deaf Welfare Centre (2008-9)	7,500	7,500	0	This was an additional scheme added to the 2008-9 programme. It was a revenue contribution relating to capital works.
Lawrence House – Learning Difficulties Office Set-up Costs (2008-9)	32,639	32,639	0	The office move is complete. Final accounts were outstanding at the 2008-9 year end.

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
Aegal House – Shower Room (2009-10)	15,000	15,000	0	This is part of the Essential Improvements at In-House Homes for Older People.
Rose Meadow – WC Upgrades (2009-10)	45,000	2,500	-42,500	This is part of the Essential Improvements at In-House Homes for Older People. This will be completed in 2010/11.
Mildred Stone House – Shower Room (2009-10)	15,000	15,000	0	This is part of the Essential Improvements at In-House Homes for Older People.
Mountfield – Bathroom Upgrades (2009-10)	30,000	1,500	-28,500	This is part of the Essential Improvements at In-House Homes for Older People.
Priorsmead – Shower Room (2009-10)	15,000	5,000	-10,000	This is part of the Essential Improvements at In-House Homes for Older People.
Harker House – WC upgrades (2009-10)	20,000	0	-20,000	This is part of the Essential Improvements at In-House Homes for Older People.
HIV Capital Grant (2009-10)	5,500	5,500		Additional grant.
Modern Social Care – Phase Two	175,000	175,000	0	This is some of the capital monies remaining from Modern Social Care (MSC) Phase One, and which were previously held by E-services.
Sub-Total for Projects	3,181,563	2,199,530	-982,033	
Capital Monies that are earmarked but not committed for specific projects at the moment				
Other Housing With Care Schemes (2007-8)	84,000	0	-84,000	To be used for future schemes as part of the Strategic Model of Care – Care Homes.

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
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	206,204	41,440	-164,764	This funding will be used to support the redesign of residential and day services over the next couple of years. It is likely to be used to develop supported housing for people with mental health problems.
Mental Health Supplementary Credit Approval 2007-8	263,602	0	-263,602	
Mental Health Supplementary Credit Approval 2008-9	278,000	0	-278,000	
Mental Health 2009-10	278,000	0	-278,000	
Social Services Computer Projects (2003-4)	133,902	0	-133,902	Work is in hand as part of the continued Modern Social Care project and the Transformation Programme to identify further IT and project investment needs. Part of the Adult Social Care IT infrastructure will be used to fund the new telephony system for the ACMR project
Information Management Grant (2007-8)	309,279	9,279	-300,000	
Adult Social Care IT Infrastructure (2008-9)	537,665	237,665	-300,000	
Homes for Elderly People - Essential Improvements Year 1	12,777	12,777	0	Contingency funds set aside for schemes that will offer greatest benefit to residents in line with the strategic plan for all care Homes.

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
Homes for Elderly People - Essential Improvements Year 2	562,700	283,000	-279,700	
Sub-Total - Capital Monies that are earmarked but not committed for specific projects at the moment	2,706,129	584,161	-2,121,968	
Capital Monies held on behalf of other organisations				
Housing Grants to resettle clients from Little Plumstead Hospital	1,117,924	0	-1,117,924	The people with Learning Difficulties 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 requires approval from Health to release the money to Wherry Housing..
Learning Difficulties Community Homes Resettlement (2008-9)	4,393,793	4,393,793	0	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.
Sub-total - Capital Monies held on behalf of other organisations	5,511,717	4,393,793	-1,117,924	

Scheme	2009-10 Budget £	2009-10 Outturn £	2009-10 Slippage (see Note One) £	Reasons for Variance or Comments
Total	11,399,409	7,177,484	-4,221,925	

Note 1: Where there is slippage on a scheme the money will be carried forward to 2010-11. Slippage is where the work has not been completed within the financial year or there are outstanding invoices to be paid. The year noted in the "Scheme" column is the year it started.

Report to Adult Social Services Overview and Scrutiny Panel

11 May 2010

Item No 12

Risk Management within Adult Social Care

Report by the Director of Community Services

Summary

This report updates the Panel on the approach being undertaken to manage risk within Community Services (formerly Adult Social Services). Produced in accordance with the authority's Risk Management Framework, this report provides information on the key risks facing the department and the controls in place to manage them.

The key points of this report are:

- There are three risks with prospects that are not on target. These risks are not on target due to a lack of budget and demographic changes rather than insufficient management.
- There is a strong focus on risk management within Community Services and key pieces of work are being undertaken to mitigate the risks that the department faces.
- There has been improvement in the risk management self assessment scores between 2007 and 2009 which reflects the work undertaken and the department's commitment to effective risk management.
- Risk escalation processes are in place which can be highlighted by the focus given to Community Services risks on the corporate risk register.

Recommendation

The Panel is asked to consider this report and appendices, and provide any comments or challenge to the risks reported and actions identified.

1 Risk Review

- 1.1 This report is in line with the requirements set out within the Risk Management Strategy for reporting risks to Overview & Scrutiny Panels.
- 1.2 The risk register reflects those key business risks that, if not managed appropriately, could result in the service failing to achieve one or more of their key objectives. The risks that could impact on service delivery have been taken into account in the service planning processes.

- 1.3 It is important to note that the register wording is an assessment of events that might occur. If an identified risk did materialise it would then lead to a particular impact/s resulting in a particular consequence/s. The identification of the risk does not mean the event has occurred but it shows consideration has been given to the event and that with the listed controls in place, the risk is being managed. It should not be seen as an indicator that the service has 'failed' to manage its risks.
- 1.4 The register is a live document. It is reviewed regularly by the Risk Owners and reported to and considered by the departmental management team. With the register being kept as a live document and reviewed regularly the risks change over time – the level of some risks will change, some risks will be removed and new ones will be added.
- 1.5 Appendix 1 shows a summarised version of the risk register for the Community Services department at April 2010. Those risks that are either very high or high and are not on target are set out in more detail in Appendix 2.
- 1.6 Any risks deemed to be of corporate significance or that require management at a corporate level are escalated to the Corporate Risk Register where they are monitored by the Chief Officer Group (COG). For Community Services these risks are as follows:
1. Failure to match supply to the increased demand for Adult Social Services
 2. Inability to meet Learning Difficulties savings targets through Priority Based Budgeting exercise
 3. The level of commissioning partners contributions to services
 4. Lack of available budgets to fund the outcome of the Personal Care at Home proposal
 5. Failure to achieve an investment of resources into early intervention and prevention
 6. Failure to reduce delayed transfers of care in Norfolk
- 1.7 The register shows that the majority of the risks are on target of being managed to an acceptable level by the target date. There are three risks where the prospects are showing as not on target, these are **1, 2 & 3** above. These risks are not on target due to a lack of budget and demographic changes rather than insufficient management of the risk itself. The department is undertaking a number of tasks to manage these risks including:
- Financial Recovery Plan
 - Investment in preventative services
 - Delivery of the Transformation Programme (aligned with Norfolk Forward)
 - Priority Based Budgeting Exercise

2 Work Programme

- 2.1 A Senior Risk Officer is assigned to Community Services 3 days per week to actively lead the departmental management team in the identification of risk through the processes set out in the County Councils Risk Management Strategy including risk analysis and assessment to determine financial and service delivery impacts
- 2.2 A risk escalation structure has been established within Community Services in order to ensure that risks are managed at the appropriate level (see Appendix 3). Evidence that this structure is functioning effectively can be shown by the profile of Community Services risks that have been escalated to the Corporate Risk Register. Some of these risks began as risks on service level registers.
- 2.3 Examples of recent involvement by the Senior Risk Officer in Community Services risk management initiatives are as follows:

Forecasting demand for adult social care in Norfolk:-

This piece of work is being undertaken jointly by Community Services and Corporate Risk Management to improve the way we predict demand for adult social care in the short, medium and long term. The work will bring together existing information streams in a way that better supports Norfolk Forward, budget planning and service planning. These issues are presented within the context of a national debate about how social services can meet future demand, most clearly articulated in the recently published Audit Commission Report '[Under Pressure: Tackling the financial challenge for councils of an ageing population](#)'. This is a newly identified piece of work which will assist in controlling the corporate risk **1) Failure to match supply to the increased demand for adult social services.**

Project and Programme Support :-

Integrated Discharge Teams Service Design Project – support to develop a risk register was given to the Project Manager, the projects aim is to improve the service design for hospital discharge. This project will assist in controlling the corporate risk **6) Failure to reduce delayed transfers of care.**

Self Directed Support Project - A risk identification workshop was led by the Senior Risk Officer. This project aims to ensure that self directed support for Norfolk residents becomes business as usual for NCC. The workshop was attended by employees from Norfolk County Council, the NHS, Voluntary organisations and service users. The output from the session will form a risk register and will be reviewed regularly by the project board.

Transformation Programme – The Senior Risk Officer provides challenge to the Community Services Transformation Board on risk identification and controls.

- 2.4 The Community Services approach to risk management is assessed through a Risk Management Self Assessment tool on an annual basis. The tool is designed to assist in benchmarking performance in a number of key areas. The results help to inform planning and priority setting for future risk management work plans.
- 2.5 The tool uses six key questions to assess performance and has supporting question sets that are intended to be indicative of the range of issues and extent of evidence needed to come to a decision in respect of the key questions. The results for Community Services (formerly Adult Social Services) for the 2007-2009 are as follows:

	2007	2008	2009
Leadership	3.9	4.5	4.6
People	3.4	3.7	4.2
Partnerships	3.3	3.6	4.1
Processes	3.8	4.3	4.5
Risk Handling	3.7	4.2	4.2
Outcomes	2.5	3.5	3.8
Total (out of 30)	20.6	23.7	25.4

- 2.6 The overall score for Community Services (formerly Adult Social Services) increased by 13% from 2007 to 2008, for 2009 this score increased by a further 7%. The results show that effective risk management is being embedded in day to day management of the business. This is particularly evident in the management of risk registers for all services and projects and for the Transformation Programme. In terms of outcomes the successful implementation of the Assessment & Care Management Review is an excellent example of the commitment to risk management throughout the lifecycle of the project.
- 2.7 The Councils Risk Management Strategy has recently been reviewed and updated. Subject to approval by the Audit Committee, Cabinet and Full Council the strategy will now become Norfolk County Councils Policy and Framework on Risk Management. A draft of the policy can be found in the [Audit Committee Papers](#) on the NCC intranet.

3 Resource Implications

- 3.1 **Finance:** There are no direct financial implications arising from this report. However, continuing improvement in the application of risk management within the service will contribute to improving the use of resources, including financial resources, across the service.

4 Section 17 Crime and Disorder Implications

- 4.1 While there are no direct implications, the risk management activities within Corporate Finance and other areas do contribute towards maintaining robust controls against the risk of fraud, loss of information and loss of assets.

5 Equality Impact Assessment (EqIA)

- 5.1 This paper does not require a decision or recommendation on a strategy or policy and therefore an equality impact assessment is not considered necessary.

6 Conclusion

- 6.1
- There are three risks with prospects that are not on target. These risks are not on target due to a lack of budget and demographic changes rather than insufficient management.
 - There is a strong focus on risk management within Community Services and key pieces of work are being undertaken to mitigate the risks that the department faces.
 - There has been improvement in the risk management self assessment scores between 2007 and 2009 which reflects the work undertaken and the department's commitment to effective risk management.
 - Risk escalation processes are in place which can be highlighted by the focus given to ASSD risks on the corporate risk register.

7 Action Required

- 7.1 The Panel is asked to consider this report and appendices, and provide any comments or challenge to the risks reported and actions identified.

Background papers

[‘Under Pressure: Tackling the financial challenge for councils of an ageing population.’ – Audit Commission February 2010](#)

[Revised Risk Management Policy and Framework](#) – Audit Committee
– April 2010

Officer Contacts









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

No.	Risk Description	Risk Score	Prospect	Risk Owner
1	CORPORATE RISK - Failure to match supply to the increased demand for Adult Social Services as a result of demographic change and lack of available budgets. Leads to an inability to meet the need for home care and residential services (in particular for the growing number of people with dementia and vulnerable people at home) through direct provision, third party provision and direct payments.	16 Very High (4x4) ▲	Not on Target	Harold Bodmer
2	CORPORATE RISK: Inability to meet LD savings targets through Priority Based Budgeting exercise and unpredictable service demand leads to over/under estimating cost pressures and setting inaccurate contributions and recovery plan targets to balance the budget.	16 Very High (4x4) ▲	Not on Target	Harold Bodmer
3	CORPORATE RISK -The level of commissioning partners contributions to services, through the LD Pooled Fund and Continuing Care System, could fail to match the needs in the ASSD budget plan for 2010/11. This could expose the authority to financial risk leading to service fragmentation and ultimately an inability to provide some services.	16 Very High (4x4) ▲	Not on Target	Harold Bodmer
4	Multiple demands on staff time due to programmes of work (e.g. Transformation, LGR, and Organisation Review). Leads to capacity pressures, poor resourcing, delays in projects and additional costs e.g. for consultants.	16 Very High (4x4) ▲	On Target	Kathy Bonney
5	CORPORATE RISK: Lack of available budgets to fund the outcome of the Personal Care at Home proposal and unpredictable demand for the service leads to over/under estimating cost pressures and setting inaccurate recovery plan targets to balance the budget.	15 High (3x5) ▲	On Target	Harold Bodmer
6	Failure to recognise the impact of the economic situation on the demand for services. There is evidence that, as the recession deepens, there is an increased demand for services, which will put additional pressures on the ASSD budget.	15 High (3x5) ▲	On Target	Catherine Underwood
7	CORPORATE RISK: Failure to achieve an investment of resources into early intervention and prevention and more formalised multi-agency working. Results in a delay to establishing new ways of working in line with the Older People's Strategy.	12 High (3x4) ▲	On Target	Harold Bodmer

8	CORPORATE RISK: Failure to reduce delayed transfers of care in Norfolk could result in increased costs, poorer outcomes for people and a worsened performance score for Norfolk.	12 High (3x4) 	On Target	Harold Bodmer
9	Failure to meet demand for Domiciliary Care. Inability to increase capacity of independent sector sufficiently and on time to pick up transfer of care from in-house. Leads to budget overspend and un-met need.	12 High (4x3) 	On Target	Catherine Underwood
10	Financial pressures may lead to delays in recruitment of key posts. Benefits and efficiencies will be delayed or not achieved; some projects may not be initiated leading to no change in these areas.	12 High (3x4) 	On Target	Catherine Underwood
11	Staff stress exposure – some of the work of the department subjects staff to situations that can be stressful. This may be through traumatic encounters, high workloads, poor working conditions, or effects of service transformation. This leads to sickness absence, feelings of low self-esteem, poor morale and can result in targets/objectives not being achieved.	12 High (3x4) 	On Target	Kathy Bonney
12	Local Government Review. Failure to adapt the business case to reflect the changing Local Authority environment and imperatives for the organisation.	10 High (2x5) 	On Target	Catherine Underwood
13	Failure to progress elements of the Transformation Programme to timescales. Delays in timescales for delivery of the Transformation Programme (could be impacted by a change in Government or legislation, recruitment delays, co-production etc). Could lead to an inability to deliver the programme at all or on time and impact on ASSD's performance.	9 Medium (3x3) 	On Target	Catherine Underwood
14	Failure to assure public confidence in the provision of care services leads to client dissatisfaction, increased media scrutiny and damage to ASSD and NCC's reputation.	9 Medium (3x3) 	On Target	Catherine Underwood
15	Failure to strengthen safeguarding arrangements for the new context of self directed support could result in abuse to vulnerable adults.	8 Medium (2x4) 	On Target	Catherine Underwood

16	Failure to produce the management information required to make informed business decisions due to the quality of business activity recording. Leads to poor or incomplete data requiring assumptions to be made leading to poor decisions	8 Medium (2x4) 	On Target	Catherine Underwood
17	Staff exposed to violence from clients in close proximity care situations that could lead to them being injured by the client both physically and mentally due to voluntary or involuntary violence. This results in sickness absence, increase in stress and difficulty delivering services.	8 Medium (2x4) 	On Target	Kathy Bonney
18	Staff working alone in dangerous areas/situations. Members of staff working alone in dangerous areas/situations are vulnerable to physical attack or verbal abuse. This leads to injury and emotional upset resulting in sickness absence, poor morale, increased stress and problems with service delivery.	8 Medium (2x4) 	On Target	Kathy Bonney

Key

Risk Score	Symbol	Risk Class
16 - 25		Very High
10 - 15		High
5 - 9		Medium
1 - 4		Low

Community Services

Definitions:

Likelihood

Score	Definition
1 – Rare	The event may occur only in exceptional circumstances
2 - Unlikely	The event is not expected to occur
3 - Possible	The event might occur at some time
4 – Likely	The event will probably occur in most circumstances
5 - Almost Certain	The event is expected to occur in most circumstances

Impact

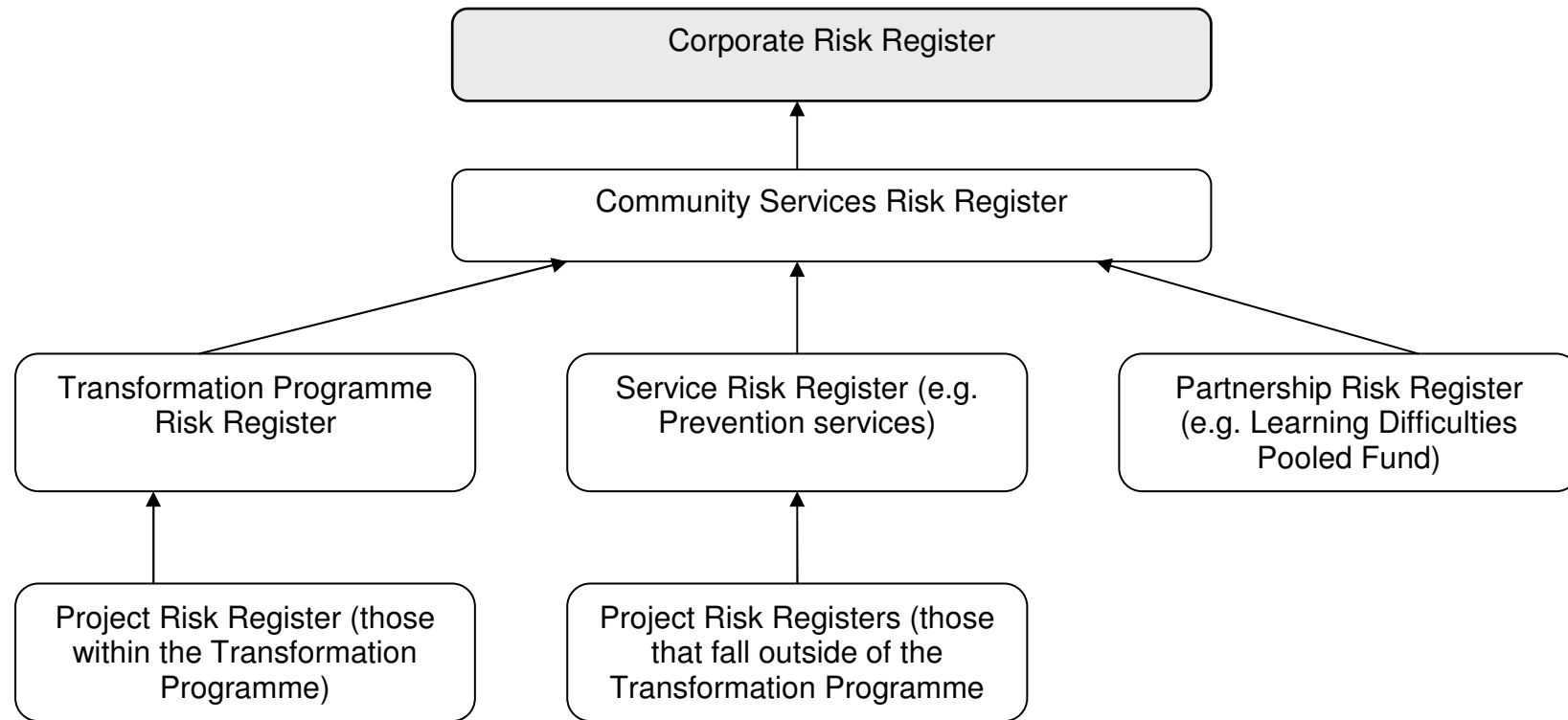
Score	Definition
1 – Insignificant	<ul style="list-style-type: none"> • Little disruption to services • No injury. • Loss of < £25,000 • No reputational damage • No impact on delivering departmental priority
2 – Minor	<ul style="list-style-type: none"> • Some disruption to services • Minor injury • Loss of £25,000 - £175,000 • Minimal reputational damage (minimal coverage in local press) • Some impact on delivering departmental priority
3 – Moderate	<ul style="list-style-type: none"> • Significant disruption to services. • Violence, threat or serious injury • Loss of £175,000 - £500,000 • Significant coverage in local press • Moderate impact in delivering departmental priority
4 – Major	<ul style="list-style-type: none"> • Loss of services for more than 48 hours but less than 7 days • Extensive or multiple injuries • Loss of £500,000 - £1m • Coverage in national press • Partial failure to deliver departmental priority
5 - Catastrophe	<ul style="list-style-type: none"> • Loss of services for > 7 days • Fatality • Loss of > £1m • Extensive coverage in national press and on TV • Non delivery of departmental priority • Resignation of Director, Chief Exec or Leader of the Council called for by external agencies

Likelihood Score x Impact Score = Risk Score

Risk Name & Description				
<p>CORPORATE RISK - Failure to match supply to the increased demand for Adult Social Services as a result of demographic change and lack of available budgets. Leads to an inability to meet the need for home care and residential services (in particular for the growing number of people with dementia and vulnerable people at home) through direct provision, third party provision and direct payments.</p>				
Risk Owner	Risk Score	Aspiration Score	Aspiration Date	Prospects
Harold Bodmer	16 Very High ▲	6 Medium	April 2010	Not on Target
Date entered on Register				
January 2007				
Risk Progress				
<p>As at the end of period twelve (March) the forecast revenue outturn position for the financial year 2009-10 is an £+2.985m overspend. Previously Adult Social Services had been forecasting an overspend of £+3.359m for 2009-10. The overspend has occurred because it is not proving possible to achieve all of the £-6.856m of savings attributed to Learning Difficulties and the Demand Management savings of £-3.922m attributed to Purchase of Care within the 2009-10 budget. In the Service and Financial Planning Report to Adult Social Services Review Panel on 12 January 2009 we highlighted the risks around achieving the savings at this level within the Learning Difficulties service given the pressures in demographic growth and increased need facing this area. We also stated that the Demand Management Saving represented a reduction in the number of packages we are able to provide and that there was a significant risk that the placement rate could not be held at this low level in order to achieve the saving.</p> <p>ASSD is undertaking various actions to manage the budget including:</p> <p>Investment in preventative services, such as the Night Owls and Swifts; the Assessment and Care Management Review has been implemented and has taken approximately £0.979m of annual salary costs and 40 FTE's out of the organisation since the project's inception. The vacancy management process has been revised and has achieved further staff savings. However Purchase of Care remains a high risk area due to ASSD's statutory requirement to meet a person's needs. The department continues to ensure it receives all the income it is entitled to from peoples' contributions towards the cost of their care.</p> <p>Based on the current budget monitoring information ASSD will not have achieved the Aspiration Score in 2009-10.</p>				
Tasks to mitigate the risk				
<ul style="list-style-type: none"> • Norfolk First Support (assessment and reablement service) reducing need for long term care • Re-letting of Homecare contracts • Preventative Services – Night Owls & Swifts • Comm Care – Budget Recovery Group • Review of Panels and Thresholds • Vacancy Management 				

Risk Name & Description				
CORPORATE RISK: Inability to meet LD savings targets through Priority Based Budgeting exercise and unpredictable service demand leads to over/under estimating cost pressures and setting inaccurate contributions and recovery plan targets to balance the budget.				
Risk Owner	Risk Score	Aspiration Score	Aspiration Date	Prospects
Harold Bodmer	16 Very High ▲	8 Medium	April 2010	Not on Target
Date entered on Register				
September 2009				
Risk Progress				
<p>In the 2009-10 budget plan £-6.856m of savings were attributed to Learning Difficulties. It was identified at the time that there were significant risks around achieving all of these savings in 2009-10.</p> <p>It is estimated that Learning Difficulties will achieve savings of approximately £-5.051m by 31/3/2010, through the implementation of the Priority Based Budgeting exercise and savings in other areas. The recurring affect of the PBB programme will be higher when full year effects of the savings can be realised.</p> <p>£1.805m of 2009-10 savings have been rolled over into 2010/11 to address the ongoing pressure. Since these saving activities have not been completed yet there is a risk that they will not be achieved in full. Work is being undertaken to identify further savings to combat the increasing pressures.</p> <p>Given the pressures in demographic growth and increased need facing this area, as well as the high level of savings budgeted for this area in 2009-10, it is proving not possible to achieve the aspiration score at the moment.</p>				
Tasks to mitigate the risk				
<ul style="list-style-type: none"> • Agreement of new system for assessing eligibility for Continuing Care • Negotiation of Pooled Fund contributions • Preparation of a 3 year funding plan for LD pooled Fund 				

Risk Name & Description				
CORPORATE RISK -The level of commissioning partners contributions to services, through the LD Pooled Fund and Continuing Care System, could fail to match the needs in the ASSD budget plan for 2010/11. This could expose the authority to financial risk leading to service fragmentation and ultimately an inability to provide some services.				
Risk Owner	Risk Score	Aspiration Score	Aspiration Date	Prospects
Harold Bodmer	16 Very High ▲	4 Low	April 2011	Not on Target
Date entered on Register				
September 2008				
Risk Progress				
<p>Project to assess all clients who are likely to be eligible for continuing care has begun. The Pooled Fund contributions for 2008/09 were concluded. Additional contributions were made by the partners to enable a balanced budget to be set. This was agreed on the proviso that contributions for the next 3 years would not exceed 5%. ASSD signed up for NCC pilot project with PWC to use Priority Based Budgeting to keep to this target.</p> <p>A further challenge relates to the way funding is allocated to the Learning Difficulties service from the health service. From 2011-12 Department of Health (DoH) Funding for Learning Difficulties will no longer come via the NHS organisations' contributions to the Learning Difficulties Pooled Fund. Instead the DoH funding will come direct to NCC. Currently work is ongoing with NHS Norfolk to agree the agreed transfer. However the agreed NHS contributions will then be pooled with the DoH and allocated out to local authorities. At the moment it is not clear how the allocations will be made. There is a risk that NCC may receive less DoH funding for Learning Difficulties in future than currently. This will increase the budgetary pressures facing NCC and Adult Social Services.</p> <p>Discussions are ongoing with the NHS about how costs for Continuing Care are treated within the LD Pooled Fund. The outcome of negotiations so far are as follows:</p> <ol style="list-style-type: none"> 1) To provide for the new Continuing Health Care arrangements the LD transfer is deflated to base NHS inflation levels since 2007/8 which is the date specified in the DOH funding transfer guidance (gateway ref 9906). This will lead to a reduction for the NHS on the proposed 10/11 budget of just under £4.43m. 2) NHS Norfolk will separately meet the cost of LD continuing care clients from the 1st of April 2010. With all potential existing eligible clients to be assessed by end of June 2010 3) If continuing care cost for this group is less than the £4.43m envelope then the balance will be transferred separately to Norfolk County Council in 2010/11 to support the cost of mainstream LD service provision. If continuing care costs are higher than the £4.43m envelope then the additional cost will be met by NHS Norfolk in 2010/11 <p>For 2011/12 onwards a further negotiation will be required regarding risk sharing between the partners.</p>				
Tasks to mitigate the risk				
<ul style="list-style-type: none"> • Agreement of new system for assessing eligibility for Continuing Care • Negotiation of Pooled Fund contributions • Preparation of a 3 year funding plan for LD pooled Fund • Work with NHS Norfolk to agree transfer 				



Members of the Community Services Senior Management Team (SMT) either sit on the Transformation Board &/or Partnership Boards or will chair Service Management meetings; any risk that needs to be escalated from the Transformation Programme, Service Register or Partnership registers are raised at SMT for consideration. In regards to project risk registers, it is the responsibility of individual Project Managers to raise any significant risks that cannot be managed as part of the project to the Transformation Board (for those projects that fall under the Transformation Programme). For those projects that fall outside of the Transformation Programme, these risks are reported through to each Service Management Team.

Developing Joint Commissioning with the Health Service

Report by the Director of Community Services

Summary

The purpose of this report is to inform Members of the approach which is being undertaken with NHS Norfolk Primary Care Trust to develop a shared approach to commissioning of health and social care services. This includes the establishment of two joint senior officer posts which will provide leadership to a shared arrangement which is proposed to be underpinned by a shared management arrangement, under Section 75 of the Health Act 2006.

The report outlines the benefits of this arrangement which will encompass a shared strategic approach to commissioning alongside integrated commissioning for local areas.

It indicates how this proposal fits within the Norfolk Forward agenda and the wider national perspective offering a means to address both localism and shared services.

Members are asked to approve the proposal to develop a Section 75 agreement under the Health Act 2006 to support the development of joint commissioning.

1 Background

- 1.1 There is a well-established history of working with the National Health Service in Norfolk to commission and deliver services to meet the health and care needs of local people. Norfolk Forward indicates that in order to deliver for the future strong and effective commissioning will be essential. This is also reflected in the national initiatives relating to both adult social care services and health services, where effective commissioning is the focus of attention and guidance e.g. World Class Commissioning initiative for the NHS.
- 2.1 Adult Social Services and NHS Norfolk hold the commissioning responsibilities for social care and health services in Norfolk. In many cases, health and social care services are inextricably linked when addressing priority needs for communities e.g. managing long term conditions and disabilities such as dementia or ensuring effective service responses such as discharge from hospital. There is a substantial history of working closely together to achieve both commissioning and operational outcomes across the two organisations. However, under the current climate of seeking transformation in services and addressing the economic climate there is an impetus to move forwards to more formal joint arrangements in order to better drive out efficiency.

3 Outcomes

- 3.1 Both partners recognise that improved commissioning across health and social care can deliver substantial benefits in terms of:
 - Delivering outcomes for individuals and communities: e.g. reducing hospital and residential care admissions, developing services to meet local needs.
 - Achieving cost effective service provision e.g. strengthening prevention services
 - Achieving 'whole system' improvements e.g. integrated discharge arrangements
 - A cost effective commissioning function e.g. integration to reduce duplication of

functions.

4 Proposal

- 4.1 To progress improvements in commissioning, Adult Social Services and NHS Norfolk are proposing to develop a formalised joint commissioning arrangement. This will take the form of developing an integrated commissioning function across the two organisations, initially as an integrated management arrangement.
- 4.2 Each partner has agreed its lead commissioning post will become a joint post in order to provide shared leadership to develop joint commissioning and that the existing commissioning teams will be aligned under these posts. The structure will be built around developing an integrated strategic commissioning team and an integrated locality commissioning team.
- 4.3 Therefore the Assistant Director Commissioning and Service Transformation, an NCC post, will become responsible for strategic commissioning of out of hospital and community services for both NCC and NHS Norfolk, as the Director of Out of Hospital Commissioning. This will allow for the development of a joint team of specialist commissioners who can ensure a detailed understanding of the need of Norfolk citizens, effective models of service delivery and to work with the market to ensure a range of cost effective services in relation to community care and health pathways.
- 4.4 The Director of Locality Development and Integration, an NHS Norfolk post, will become responsible for bringing together the locality commissioning functions of both partners. This will allow for local authority commissioners to work closely with the developing Practice Based Commissioning approach, to form a detailed understanding of the needs of local areas and to work together to devise solutions responsive to local need.
- 4.5 Both of these posts will report to both the Director of Community Services and Director of Strategy and Innovation at NHS Norfolk.
- 4.6 A Section 75 agreement will be required to provide governance to these arrangements and will describe the integrated management arrangement.
- 4.7 Governance will be provided by the Adult Partnership Board which is attended by the Director of Social Services and Chief Executive of NHS Norfolk. NHS Great Yarmouth and Waveney are also members of this board and have indicated their desire to continue to work in collaboration with NCC and with NHS Norfolk to build joint arrangements across the whole of Norfolk. There is an existing joint commissioning post between NCC and NHS Great Yarmouth and Waveney.
- 4.8 A programme of development will be built which will focus on delivering key outcomes for both partners and on enabling joint commissioning to achieve increasing impact over time. This will focus on outcomes for individuals, families and communities and will ensure continuing alignment with strategic priorities and the joint strategic needs assessment for Norfolk. The aim will be also to develop an integrated team which is focused on efficient and effective commissioning which works creatively across the two key statutory services in adult health and wellbeing.

5 Resource Implications

- 5.1 This partnership will be developed within the existing staffing resources and will deliver commissioning within the existing resource. However, one outcome of developing joint commissioning will be to release cost savings in terms of staffing structures and efficiencies in terms of service delivery. The joint commissioning team will be set an efficiency target by NHS Norfolk and Norfolk County Council.
- 5.2 **Staff:** Staff implications are being managed through the Organisational Review process.
- 5.3 **Property:** Partners will be seeking opportunities to locate the staff teams together to

promote integration.

6 Other Implications

- 6.1 **Legal Implications:** A Section 75 agreement under the Health Act 2006 is proposed to formalise a joint management arrangement

7 Equality Impact Assessment

- 7.1 This proposal does not have equality impact implications.

8 Section 17 – Crime and Disorder Act

- 8.1 There are no direct community safety implications. The Drug and Alcohol Action Team will be part of the joint commissioning arrangements.

9 Risk Implications/Assessment

- 9.1 It is proposed that the potential risks in entering further into partnership are addressed through a Section 75 Health Act 2006 agreement.

10 Alternative Options

- 10.1 The alternative options would be:

- a) to retain existing separate commissioning arrangements. These are delivering satisfactorily. However, the existing arrangements include inevitable elements of duplication and lack of co-ordination. They also do not release the real potential of developing
- b) to establish a transfer of undertakings whereby one partner takes on full commissioning responsibility on behalf of both partners. This would remove a core function to a distance at a time when it needs close development and would create unnecessary risk and disruption.

11 Conclusion

- 11.1 This proposal is to enter into a joint commissioning arrangement, which is underpinned by an integrated management structure. It provides the means to maximise opportunities to strengthen joint commissioning, integration of services and efficient commissioning. The formalisation of integrated management provides a robust structure of joint accountability.

12 Action Required

- 12.1 Members are asked to endorse the proposal to develop joint commissioning arrangements with NHS Norfolk for locality and strategic commissioning under Section 75 Health Act 2006 integrated management arrangements.

Officer Contact

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

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