



Norfolk County Council
at your service

Adult Social Services Overview and Scrutiny Panel

Date: **Tuesday 2 March 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
Baron 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 5 January 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, 24 February 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, 24 February 2010. Please submit your question(s) to the person named on the front of this agenda.

7 Cabinet Member Feedback (Page)

Items for Scrutiny

8 Modern Social Care- Phase 3- Mobile and Flexible Working Pilot – Lessons Learnt Report Carol Lock **(Page)**

9 Forward Work Programme: Scrutiny Mike Gleeson **(Page)**

Overview Items

10 Integrated Performance and Finance Monitoring Report for 2009-10 Janice Dane/Colin Sewell **(Page)**

11 Adult Social Services Service Plan 2010- 13 Jeremy Bone **(Page)**

Item for Scrutiny (continued)

12 Exclusion of the Public Terry Cotton

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.

- 13 Further Update Report-CareForce and the Provision of Home Care Services in Norwich** Terry Cotton (Page)

Group Meetings

Conservative	9.00am	Colman Room
Liberal Democrats	9.00am	Room 504

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

Date Agenda Published: 22 February 2010



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Adult Social Services Overview and Scrutiny Panel

Minutes of the Meeting held on 5 January 2010

Present:

Ms D Irving (Chairman)

Mr D Callaby	Mr S Little
Miss C Casimir	Mr J Mooney
Mrs M Chapman-Allen	Mr J Perry-Warnes
Michael Chenery of Horsbrugh	Mr N Shaw
Mr T Garrod	Mrs A Thomas
Mr J Joyce	Mr A J Wright

Also Present:

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

Officers/Others:

E McGrath, Age Concern, Norfolk
Mary Ledgard, Norfolk LINK
Bert Bremner, Member of Norfolk County Council and Norwich City Council
Georgina Moles, Member of Norwich City Council
Julie Brociek-Coulton, Member of Norwich City Council
Harold Bodmer, Director of Adult Social Services
James Bullion, Assistant Director, Community Care, Adult Social Services
Janice Dane, Head of Finance, Adult Social Services
Mike Gleeson, Head of Democratic Support, Adult Social Services
Jeremy Bone, Planning and Policy Officer, Adult Social Services
Kathy Bonney, Head of HR and Organisational Development, Adult Social Services
Colin Sewell, Head of Performance, Adult Social Services
Mark Taylor, Programme Director for Integrated Provision, Adult Social Services
Debbie Olley, Assistant Director, Integrated Services

Apologies for Absence:

Apologies for absence were received from Mr P Hardy, Mr D Harrison, Mr M Kiddle-Morris and Ms J Mickleburgh.

1 Minutes

The Minutes of the previous meeting held on 3 November 2009 were confirmed by the Panel and signed by the Chairman.

2 Chairman's Announcements

(a) CareForce and the Provision of Homecare Services in Norwich

Referring to Minute 9 of the previous meeting, the Chairman said that while the overall performance of CareForce continued to improve, there remained ongoing concerns about a number of quality assurance issues. She said that officers continued to monitor the situation and would be undertaking quality assurance visits over the next few weeks. She added that a briefing note on the outcome of these visits would be sent to Members, and a report presented to the next meeting of the Panel in March 2010.

(b) PRISM, the County Council's Performance Monitoring System

The Chairman said that at the end of the meeting Members would have an opportunity to attend a short introduction to PRISM, the County Council's Performance Monitoring System.

3 Declarations of Interest

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

Mrs A Thomas declared a personal interest because she was the South Norfolk Council representative on Saffron Housing 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 Horsburgh declared a personal interest because he had links 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) Feedback from Cabinet Regarding the Future Commissioning Models – Community Care in Home Day Services

(b) Feedback from Cabinet Regarding the Response to the Green Paper “Shaping the Future of Care Together”

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

It was noted that consultation with service users about the future commissioning models would take place in a number of different ways, including interviews undertaken independently with service users in day centres where it was proposed to no longer provide a service. It was too early at this stage to provide any form of assessment; Age Concern would be undertaking an independent assessment of the replies at the end of the consultation period. The Director agreed that local Members could attend day centres to observe interviews with service users, by request, and with the permission of service users.

It was noted that the Cabinet had agreed to delete words referring to “feedback from central government downwards” in the response to the Green Paper “Shaping the Future of Care Together”.

ITEMS FOR SCRUTINY

8 Addendum Report – Compliments and Complaints

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

The Panel received a report that showed the Department had experienced a significant increase in the number of compliments during the period between March 2008 and March 2009. The report also gave examples of the types of complaints that Adult Social Services had received during the same period and illustrated how complaints had provided effective learning opportunities for the Department.

The inclusion in the report of illustrated examples was welcomed by Members. The examples showed that the Department took a positive approach to the recording of complaints and learnt lessons from them. By including examples, the report gave more detail than the Department was obliged to provide to the Panel as a statutory requirement. This was welcomed by Members who requested that all such reports should in future follow a similar format.

The increase in the number of compliments was welcomed by Members as a sign of staff working hard to achieve good relationships with service users.

In reply to detailed questions, it was pointed out that the Department no longer

commissioned 15 minute slots from external providers and that the Department was conducting a survey of providers to show how many staff were trained on safeguarding issues. Members were assured that additional training would be arranged where it was required.

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.

The Panel noted that new topics for inclusion in the Scrutiny programme had to meet the criteria set out in paragraph 1.2 of the report.

In reply to detailed questions, it was pointed out that the Party Spokespersons meetings would be able to assess the scores that were provisionally applied to scrutiny topics before work began. A low score would not prevent an issue being scrutinised; the scores could be used for prioritisation purposes.

The Panel noted the current status of scrutiny items. In future update reports would continue to include the programme of Party Spokespersons meetings: the next one was due to be held on 3 February 2010. A list of such dates would be sent to Members.

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 2009/10.

The Panel noted that the performance alerts at Appendix A needed to be explained and that Appendix C could be found at pages 72a to 72i of the agenda.

In reply to questions, it was pointed out that the budget sub-heading “Director of Finance” included a number of small underspends from the previous year as well as funding for meeting the Department’s legal costs and those of the Adult Social Services Finance Team.

It was noted that the Department remained on target to achieve its recovery plan at the end of the financial year. Members were, however, concerned about the slower than expected progress of the Department in supporting people to arrange and manage their own individual needs through self-directed support. It was pointed out that other local authorities were publicly expressing similar concerns. Norfolk was finding it difficult to meet its target because it had a larger than average number of older service users and older people were less likely to take up self-directed support.

The Panel noted that the Care Quality Commission (CQC) had completed its annual

performance assessment and assessed Norfolk Adult Social Services as “performing well.” Norfolk had achieved two outcomes of “excellent” and this compared favourably with the performance of other local authorities in the Eastern Region. The Panel were pleased with this result. In order to obtain a score of “excellent” Norfolk would need to be assessed as having four out of seven outcomes that were considered “excellent”.

11 Service and Financial Planning 2010-13

The Panel received a report that updated Members on proposals for service and financial planning for 2010-11 to 2012-13. The report included information about the Provisional Grant Settlement, information from the Pre-Budget Report 2009, updated information on revenue budget proposals and capital funding bids and the latest information on the cash limited budget for services relevant to the Panel.

It was pointed out that the shortfall of savings mentioned in Appendix A to the report should include minus figures for the years 2011-12 and 2012-13, and that there should be corresponding changes in the figures for the cash limited budgets for these years.

Some concern was expressed by Members about approximately £5m of additional pressures on the Adult Social Services budget for 2010-11 in order to meet the costs of providing free personal care for those outside of residential care should this change be introduced from 1 October 2010. The Department of Health had issued a consultation document on this issue which had been put out for comments until the end of February 2010. The consultation document had been issued after the draft budget proposals for 2010-11 had been published. It was unknown at this stage how many additional people in Norfolk would be able to meet the criteria for free personal care. The issue was due to be reported to the Cabinet in March 2010.

It was pointed out that the County Council was working on the assumption that there would be a freeze on grant expenditure for 2011-12 onwards. Some Members said that due to the poor prospects for public spending, the County Council might in the future be forced into making expenditure cuts in grants to outside bodies.

The Panel noted the proposals contained within the report and the prioritised bids for capital funding, in order to inform Cabinet discussion at its meeting on 25 January 2010.

12 Norfolk’s Draft Joint Dementia Commissioning Strategy

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

The Panel received a report that set out Norfolk’s proposed Draft Joint Dementia Commissioning Strategy for dementia, Norfolk’s implementation plan in response to the requirements of the National Dementia Strategy published by the Department of Health in February 2009.

It was pointed out that day care centres played an important role in meeting the needs of those with dementia. Dementia day care provided a break for carers as well as those with dementia and more services were required for those with low level dementia needs. Only one third of people with dementia received a formal diagnosis at any time in their illness. More early diagnosis and signposting information and support services were required. Evidence given to the Health Overview and Scrutiny

Committee showed that dementia was extremely difficult to detect in its early stages and GPs needed more expertise in diagnosing the condition.

The Panel supported the proposed strategy, attached as an Appendix to the report, subject to a much stronger reference being made to the role of day care centres in meeting the needs of people with dementia.

13 Update on the Norfolk Integrated Care Pilots

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

The Panel received a report on the progress of the pilots of integrated care for older people and people with physical and sensory disabilities between Adult Social Services and NHS services provided by GPs and the provider arm of NHS Norfolk, Norfolk Community Health and Care (NCHC). The Panel also received with the agenda copies of a leaflet by the Department of Health that provided an introductory guide to the integrated care pilots.

The Panel asked for the pilots to be rolled out to the remainder of Norfolk when circumstances allowed.

It was pointed out that the pilots in Norfolk were larger than could be found elsewhere in the country. This meant that at some stage in the future it would be easier to roll them out in Norfolk than it would be elsewhere. The pilots provided cost benefits for all of the partners. The focus of the pilots in Norfolk was on joint working between the County Council and the NCHC, particularly on integrating care for the elderly. The pilots were due to come to an end in early 2011 and then be subject to an overall evaluation across the country.

The Panel gave their full support to the project and the aims to better integrate health and social care in Norfolk, and asked for the pilots to be rolled out to the remainder of Norfolk when circumstances allowed.

The meeting concluded at 1.15 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

- Renewing Supporting People Service Contracts – Cabinet were asked to agree an extension of the previous decision to exempt SP contracts from tendering on the renewal of Supporting People contracts is therefore requested, for three months, up to and including 31 March 2010.
- The Procurement method for Support and Enablement Services for Adults with Learning Difficulties - Cabinet were asked to agree to the dissolution of the current Standing List, and its replacement by an adapted Framework Agreement for the procurement of support and enablement services for adults with a learning difficulty.
- Norfolk County Council's response to the consultation on Personal Care at Home - Cabinet were asked to review the proposed response and subject to any amendments, sign off the response for submission to the Department of Health on the 25 January

The Panel is asked to note the feedback

Report	Renewing Supporting People Service Contracts
Date Considered by O&S Panel:	Not reported to Panel
Panel Comments:	Not reported to Panel
Date Considered by Cabinet:	December 2009
Cabinet Feedback	The Cabinet agreed to an extension of the exemption on re-tendering expiring Supporting People contracts by three months, up to and including 31 March 2010, in order to facilitate sectoral review.

Report	Procurement method for Support and Enablement Services for Adults with Learning Difficulties
Date Considered by O&S Panel:	Not reported to Panel
Panel Comments:	Not reported to Panel
Date Considered by Cabinet:	4 January 2010

Cabinet Feedback The Cabinet agreed to the dissolution of the current Standing List and its replacement by an adapted Framework Agreement for the procurement of support and enablement services for adults with a learning difficulty.

Report Norfolk County Council's response to the consultation on Personal Care at Home

Date Considered by O&S Panel: Not reported to Panel

Panel Comments: Not reported to Panel

Date Considered by Cabinet: 25 January 2010

Cabinet Feedback Cabinet Members stated their concerns with the proposal and the serious financial implications it had for services in Norfolk. It was likely to cost between £4.3m and £5.6m in the first six months alone, putting the County Council in a position where other services would have to be cut or the costs would have to be passed on to the council tax payer. The Council had already been set a 4% efficiency target by the Government for 2010/11. This proposal increased that sum even further and put greater pressure on stretched budgets. While agreeing with the principles of helping people remain independent and in their own home as long as possible, the response outlined serious concerns about the proposals and their potential impact in Norfolk.

The Cabinet agreed that the proposed response should be submitted to the Department of Health on the 25 January.

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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Modern Social Care – Phase 3 - Mobile and Flexible Working Pilot

Lessons Learnt Report

Report by the Director of Adult Social Services

Summary

This report informs members of the Panel on 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 rollout the pilot on a controlled basis.

The remote access/mobile working pilot enabled staff to undertake their duties, including the use of CareFirst, without having to return to their office base. The aim of the pilot was to test the NCC remote access technology in varied locations across NCC and with other agencies, thus reducing time and money spent on travel costs or unnecessary journeys to and from a single office.

Initially staff were issued with network and phone cables and were required to connect to suitable data points in office locations or to their modems at home. In the last 5 weeks of the pilot 9 staff were installed with wireless capability which proved easier to operate with from home locations.

The pilot commenced at the end of April 2009 and involved 28 Adult Social Care staff in the Northern locality and ended at the end of September 2009

The aims and objectives of the Remote Access Working Pilot were:

- Produce efficiencies in travel time (reduce travel time and save mileage costs)
- More time for staff to carry out assessments and recording
- Making better use of technology on the move, at home or at other NCC sites
- Testing the technology
- Staff Working more flexibly
- Improving staff well-being
- Contributing to Norfolk County Council carbon reduction policy
- Improve office accommodation capacity Improving the delivery of services

Overall the pilot was successful and tested the technology available.

This report outlines the pilot's main findings together with the agreed Option 3 – Continue with Pilot in North but roll out on to staff moving to Priory House as a priority and a small sample of staff from other localities taken at the Senior Management Team meeting on 20 October 2009. This option continues the momentum but in a controlled way, and ensures any issues are addressed and processes created to underpin the implementation.

It includes appendix 1 which summarises the lessons learnt against aims and objects and progress to date.

Members are asked to endorse the Department's approach to progressing mobile and flexible working.

1. Background

- 1.1 One of the aims of Adult Social Care Transformation Programme, Modern Social Care Project (MSCP) was to introduce a range of new, modern and more flexible ways of working. In a large county such as Norfolk staff who have to visit people in their own homes (i.e. Social Workers, Occupational Therapists) often have to make long and repeated journeys to and from a single office in order that they can access the technology to enable them to carry out their job.
- 1.2 Staff involved in the pilot used laptops that were allocated as part of the desktop refresh project and were issued tokens to enable their personal Home Broadband connections.
- 1.3 Initially staff were issued with network and phone cables and were required to connect to suitable data points in office locations or to their modems at home. Although in the last 5 weeks of the pilot 9 staff were installed with wireless capability and this has proved easier to operate with from home locations.
- 1.4 The pilot commenced at the end of April 2009, involved 28 Adult Social Care staff in the North Norfolk locality and ended at the end of September 2009

2. Lessons Learnt and Outcomes

- 2.1 Appendix 1 summarises the lessons learnt and how they are being taken forward.
- 2.2 Following initial problems the pilot has been viewed as a success and has taught us some valuable lessons. Staff satisfaction is high and the participants in the pilot are keen to continue working in a flexible manner.
- 2.3 Some positive anecdotal accounts and examples have been given by staff on how time has been saved through reduced travel and less repeated journeys to and from a single office. During the recent inclement weather a number of staff who had mobile technology available to them were able to respond to emergency situations in their local area when other staff could not attend.
- 2.4 The pilot did highlight a number of areas, which did not work well. Whilst the technology was proven, access in some offices to a suitable data point was problematic. Access in NHS sites was not achieved via this pilot as intended, but has been tested and proven via another pilot in GP Surgeries since. There were also a variety of logistical problems, and issues around confidentiality.
- 2.5 Staff also reported some difficulties with cabling and equipment at some sites and problems with patchy Broadband coverage in some parts of the county.
- 2.6 Within the pilot area there were a number of staff with disabilities covered by the DDA who felt they were unable to participate in the pilot as they require particular equipment and were thereby restricted to working at their normal workplace. This is a matter that needs to be addressed for the future.
- 2.7 The pilot has not yet been able to produce any hard evidence of efficiencies such as reductions in mileage claims and increases in staff productivity, due to the small number of staff involved. Although the feedback from managers involved in the pilot is that few operational management problems have resulted from the pilot (i.e. not being able to contact staff) and that staff have approached this new way of working in a conscientious and professional manner.

3. Other Implications

- 3.1 As a result of staff working more flexibly and away from an office base more frequently there are potentially greater risks in the areas of Data Protection, Client confidentiality

and Health & Safety, which are subject of risk assessments

- 3.2 There are possible implications as a result of greater lone working and the potential of loss/theft of equipment, etc as a result of staff working more remotely.
- 3.3 A number of reminders have already gone out to staff relating to these and incident reporting is already in place to monitor the risks.

4 Equality Impact Assessment

- 4.1 A full equality impact assessment, which includes Mobile Working, has been undertaken as part of the development of corporate guidance on flexible working.

5. Risk Implications/Assessment

- 5.1 Currently the success of remote access working has risks as follows:
 - Without remote access working the success of the accommodation ratio 7:10 will not work therefore needing further accommodation for staff.
 - Mobiles were often without signal therefore staff requiring additional expenditure in using their home phones

6. Alternative Options

- 6.1 The following options were investigated following the pilot.

Option 1 – Cease Pilot and cease all developments within ASSD to move toward more remote and flexible working.

Option 2 – Continue Pilot in the Northern Locality but hold any further roll out until NCC corporate guidance is agreed.

Option 3 – Continue with Pilot in the Northern Locality but roll out on to staff moving to Priory House, Kings Lynn as a priority and a small sample of staff from other localities.

Option 4 – To introduce a full-scale rollout across ASSD

7. Conclusion

- 7.1 Overall the technology is successful, but it is recommended that wireless becomes the standard for Home Broadband situations where possible and that large offices have 'touch down points' with docking stations and screens provided for visiting staff use.
- 7.2 There have been valuable lessons learnt from this pilot and these have been identified in its outcomes and evaluation.
- 7.3 The recommendation taken at the Senior Management Team meeting on the 20 October 2009 was to roll out Option 3 – Continue with Pilot in North but roll out on to staff moving to Priory House as a priority and a small sample of staff from other localities.

8. Action Required

- 8.1 Members of the Panel are asked to endorse the approach agreed at SMT in October to progressing mobile and flexible working.

9. Background Papers

Appendix 1 – Lessons Learnt

Carol Lock

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Mobile and Flexible Working — Lessons learnt from pilot in Northern Locality

Aim/Objective	Lessons Learnt	Action	Progress to date
Produce efficiencies in travel time/ More time for staff to carry out assessments and recording	There is a need for a common set of principles and processes to underpin remote working taking into account lone working and data protection	Being taken forward corporately as part of Norfolk Forward programme. HR have drafted 'Ways of Working Guidance' which could be added to Peoplenet and used to underpin the principles set out in the office accommodation strategy	Ways of Working Guidance has been developed, using lessons learnt from Priory House and the Northern Pilot. Discussions are in progress to ensure that the guidance is published within a clear framework relating to the corporate office accommodation strategy and other related policies and standards.
	There is a lack of guidance relating to principles and processes which may help achieve aspirations towards a "paperless office and in particular, processes around CareFirst Recording.	Will be picked up by the Care First Business Development Officers.	To be done in time for roll-out of further mobile workers
	Dedicated 'touch down' points with docking stations and telephones would be useful in large offices.	Principles and best practice guidance including references to touchdown points will be built in to future accommodation moves as part of best practice to support the office accommodation strategy	Already established in Priory and Sapphire House as part of the ACMR project
	There was a lack of clarity and guidance around processes and methods that would enable colleagues to know where and when workstations would be available, colleagues also need to	ICT services to produce a list of available touchdown sites.	Issue has been highlighted as something to be addressed within further work around the office accommodation strategy

	know if touchdown sites are situated in locations where confidentiality can be maintained		
Contributing to Norfolk County Council carbon reduction policy/Improve office accommodation capacity Improving the delivery of services	Clearer guidelines would have been useful for business support on their role in supporting flexible workers Reductions in business mileage enabled by flexible working are an assumed benefit but were not baselined or measured for this pilot	Will be taken forward by the Business Support Manager in Northern who is a member of the pilot working group Travel planning and targets to reduce business mileage are part of ongoing work around corporate carbon reduction planning	To be done in time for roll-out of further mobile workers
	Issues arose around diary management and intervention with colleagues and manager around emergency contact and supervision policies.	SMT have sent out a directive to all departmental users on the use of E-diary	Done
Testing the technology/staff working more flexibly	Some staff who wish to work from home may not have home Broadband connectivity that would enable them to do so.	Ways of working guidance sets out available support. Use of 3G Dongles, broadband on the move, is currently being piloted,	Currently under consultation
	Simple guidelines for the connection of equipment if a docking station or wireless were not available.	ICT team to provide	Done
	Patchy/poor coverage areas in Norfolk proved to be a barrier to current mobile technology solutions	3G connection via Dongles currently being piloted	6 users are trialling technology

Improving staff well-being	It was not clear to what extent staff with a disability could participate in this new way of working.	Ways of Working guidance has set out principles Working group NCC wide to be set-up to discuss barriers and issues	'NCC Staff with a Disability Group' being set up to test/pilot NCC Social Inclusion and Diversity Officers involved.
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Forward Work Programme: Scrutiny

Report by the Director of Adult Social Services

Summary

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

1 Future Scrutiny Arrangements

- 1.1 The Overview & Scrutiny Strategy Group discussed options for future scrutiny arrangements at their meeting on 3 February. The Group agreed that the system needed changing and selected an option that will allow the continued independence of the Overview & Scrutiny Panels with the Overview and Scrutiny Strategy Group retaining an overview.
- 1.2 The process is as follows:
- Members raise topics in the usual ways: either at a Committee or Panel meeting, at a scrutiny planning meeting, through this Group or by contacting the scrutiny team.
 - Members no longer need to use the score sheet, but as a minimum will simply need to state the issue they want to look into and the objective. More information could be provided, such as a rough scope of the investigation, timing, witnesses etc.
 - Consideration of suggested topics will take place at scrutiny planning meetings. Group Spokespersons will establish the priority for each topic, the terms of reference and agree working group membership if appropriate.
 - Scrutiny Support Officers will prompt Members to think about the score sheet criteria as part of those discussions, to ensure that scrutiny continues to reflect NCC's objectives and priorities.
 - The proposal (with terms of reference) will then be included in the forward work programme at the next meeting of the committee/Panel.
 - The O&SSG will meet quarterly to take an overview of scrutiny activity, discuss progress, share good practice and participate in any scrutiny-related training.

2 The Programme

- 2.1 The Outline Programme for Scrutiny (Appendix A) has been updated to show progress since the January 2010 Overview and Scrutiny Panel.
- 2.2 Members of the Overview and Scrutiny Panel can add new topics to the scrutiny programme in line with the criteria below: -

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)

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)

Quality – for instance, is it:

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

It is a Corporate Priority

Overview & Scrutiny Panel members can put forward considered proposals at the meeting with supporting information for a future scrutiny review. The Panel Spokespersons meeting can agree and prioritise the plan (using the score sheet criteria if needed), and will then report back to the Panel recommending approval to add items to the scrutiny forward programme on the basis of their relative priorities.

3 Section 17 – Crime and Disorder Act

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

4 Equality Impact Assessment

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

5 Action Required

- 5.1 The Overview and Scrutiny Panel is asked to consider the attached Outline Programme and agree the scrutiny topics listed and reporting dates.
- 5.2 The Overview and Scrutiny Panel is invited to consider new topics for inclusion on the scrutiny programme in line with the criteria at para 2.2.

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 March 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 January 2010 Panel

Added

- Adult Safeguarding
- Implementation of the Dementia Strategy and planning for demographics
- Links between County and District
- Integration with the NHS

Deleted – List scrutiny deleted by whom and when

- The impact on Mental Health Services of the closure of Cawston Park (Chancellor Care) - Spokesperson meeting February 2010

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	January 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	May 2010		Spokespersons meeting November 2009	Report and presentation planned for May Panel
CareForce		Adult Social Services	Not applicable		Panel	Update report to March 2010 Panel
Quality Monitoring of the Home Support Service		Adult Social Services			Panel	Draft Terms of reference produced and Initial programme of meetings planned
Development of the Learning Difficulties Service		Adult Social Services			Panel	Draft Terms of reference produced and Initial programme of meetings planned
Modern Social Care		Adult Social Services	Not applicable		Panel	Update report to March 2010 Panel
Adult Safeguarding		Adult Social			Spokespersons meeting	To be reported to

		Services			February 2010	Panel 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.	Adult Social Services			Spokespersons meeting February 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.	Adult Social Services			Spokespersons meeting February 2010	
Integration with the NHS		Adult Social Services			Spokespersons meeting February 2010	

Report to Adult Social Services Overview & Scrutiny Panel

2 March 2010

Item No 10

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

Report by the Director of Adult Social 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 ten (January) the forecast revenue outturn position for the financial year 2009-10 is an £+3.798m overspend. Adult Social Services currently has pressures of £+5.662m for 2009-10. The department is taking various actions to manage these pressures and has a financial recovery plan with additional savings identified. Our forecast is that we will achieve further savings of £-1.864m by the end of the financial year, giving a forecast overspend of £+3.798m.

The financial recovery plan is necessary 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.

There are considerable risks to the delivery of services in trying to achieve these savings.

At this point in the financial year slippage of £-1.435m 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.

1 Performance update

1.1 Performance and Quality for 2009-10

The Care Quality Commission (CQC) has now appointed the relationship manager for Norfolk and the continual annual assessment for 2009-10 has started.

- 1.2 The assessment consists of routine meetings with CQC, a self-assessment of us, performance information (including National Indicators) and an annual review meeting (ARM), which includes interviews with some users of our services and carers. Inspections also inform their judgement but we are not in scope in the published timetable up to and including October 2010. In October CQC will publish their next timetable of inspections, which we anticipate will include Norfolk, as we are the only Council in the Eastern Region to have not been inspected under the new framework. The Department's Performance Board is overseeing preparations and actions.

- 1.3 Alongside continuous performance management, the quality of our practice continues to be assessed under the Department's Quality Assurance Framework.
- 1.4 For 2010 there will be a second annual programme of audits and investigations of the social care practice of Adult Social Services - ie work connected to the assessment, care management and review of individuals. This is undertaken by an internal quality assurance team led by Catherine McWalter (not to be confused with the contracts and procurement work of the Purchasing & Quality Assurance Team). The framework, which provides standards for these audits, has been updated for 2010. The Adult Social Services Overview & Scrutiny Panel will receive reports on audits as they are completed.

2 Performance indicators

- 2.1 Please see Appendix A for the latest performance results. 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, where we explained the particular challenges Norfolk faces as a county with a larger than average population of older people who are less likely to take up personal budgets or direct payments.

- 2.3 Current data shows we remain short of our Local Area Agreement target for this quarter. However, monitoring against the Department of Health's (DoH) recent Transformation Milestones shows that we are on target to meet the DoH's expectations for the proportion of service users accessing self-directed support. These milestones, which reflect the most up to date national picture of take-up, show that Norfolk's performance is in line with that of other authorities. We continue our programme of training front line staff and improve processes to make self directed support part of 'business as usual'. 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 important to note that this measure *does not make people to take on 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 from Adult Social Services, rather than a personal budget, then they are also included in the numbers.

- 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 NI132 – Waiting time to assessment

NI132 measures the percentage of assessments completed on time (within 28 days of first contact with us) and we are below target (80%). Whilst this is disappointing, our efforts in terms of assessments and care management in the last year have focused on developing Norfolk Care Connect. Given this was only launched in November 2009; the

figures show only six weeks of its contribution and include the transitional impact of such a significant organisational change.

- 2.7 In the six weeks that Norfolk Care Connect has been in operation it has dealt with over 4,000 assessments, with over 600 service packages being put in place, with 95% and 93% of these on time respectively. As the majority of first-contacts and assessments will go through Norfolk Care Connect in future, we are optimistic of significant improvements in the next 12 months.

3 Revenue budget

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

Division of service	Approved budget	Forecast Outturn	Forecast +Over/- Underspend	Forecast +Over/- Underspend as % of budget	Variance in forecast from last report (Period Eight)
	£m	£m	£m	%	£m
Director and Finance, including Contingency Provision	+2.234	-0.460	-2.694	-120.6	+0.180
Commissioning and Transformation	+10.801	+10.821	+0.019	+0.2	-0.050
Human Resources, Training and Organisational Development	+4.872	+4.256	-0.616	-12.6	-0.098
Community Care - Locality Managed Services	+106.955	+112.662	+5.707	+5.3	-0.608
Service Development	+17.126	+17.106	-0.020	-0.1	+0.005
Mental Health and Drug and Alcohol	+18.031	+17.804	-0.227	-1.3	+0.014
Supporting People	+0.523	+0.523	0	0	0
Total, excluding Learning Difficulties	+160.542	+162.707	+2.169	+1.3	-0.554
Learning Difficulties (Adult Social Services)	+51.473	+54.966	+3.493	+6.8	-0.011
Total, including Learning Difficulties	+212.015	+217.673	+5.662	+2.7	-0.565
Less: Financial Recovery Plan (see Paragraph 5)		-1.864	-1.864		+0.566
Total	+212.015	+215.809	+3.798	+1.8	0

- 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 Eight) for each Division of Adult Social Services.

4 Capital programme

- 4.1 The capital programme is summarised in Appendix D. 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 receipted from NHS Norfolk ahead of the scheduled phases of completion.
- 4.2 At this point in the financial year slippage of £-1.435m has been identified. 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.

Capital programme	Approved 2009-10 capital budget £m	Forecast 2009-10 capital outturn £m	Slippage since the previous report	Reasons
Total	+11.224	+9.790	-0.299	This reflects that the Mental Health Capital grants are not likely to be spent this financial year and will be carried forward to 2010-11.

5 Financial Recovery Plan

- 5.1 The department has an action plan for the remainder of the financial year to try and achieve a balanced position at the year-end. The Financial Recovery Plan and the changes since the last report are shown below:

Action	Amount £m	Change from last report (Period Eight) £m
Social Care Reform grant income utilised to maximum effect.	-1.000	0
Vacancy management of posts – temporary, agency, permanent and increased hours – and a review of all current temporary posts. Some	-0.177	0

savings have been achieved through the revised Vacancy Management process and these are incorporated in the budget monitoring position.		
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.	-0.587	+0.073
Review current placements with Children’s Services where people will soon be moving to Adult Social Services.	-0.100	0
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	+0.093
Reduction in Learning Difficulties staff costs – this looks unlikely to be achieved in addition to the Priority Based Budget saving.	0	+0.200
Targeted reduction in staff travel for each team – savings are included in the budget monitoring.	0	+0.200
Increase income to In-House homes from Other Local Authorities and Self-funders. Although income from Other Local Authorities and Self-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.	0	0
Total	-1.864	+0.566

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

8 Conclusion

- 8.1 The Adult Social Services department is working 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 needs to achieve to balance the budget. 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.
- 8.2 We have a financial recovery plan with additional savings identified to help offset the pressures identified, through budget monitoring. There are however considerable risks to the delivery of services in trying to achieve these savings.

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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Appendix A
Performance Indicators

Performance indicator	Description	Previous year-end result	Current performance (as at 3 rd quarter)	Year-end target	Performance alert
NI125	Percentage of people living at home 3 months after discharge from hospital who have been supported through intermediate or rehabilitation services	86.1%	88%	86%	★
NI130	Percentage of people supported to live independently receiving self directed support	6.4%	7.3%	12%	▼
NI131	People delayed after being able to be discharged from hospital (per 10,000 of the population)	10.05	uk	9.00	
NI132	Percentage of people assessments being completed within 28 days of first contacting us	76.6%	74.1%	80%	▼
NI133	Percentage of people receiving all of their services within 28 days of their assessment being completed	82.6%	86.0%	87.0%	★
NI141	Percentage of vulnerable people achieving independence through Supporting People	65.0%	72.0%	68.0%	★
NI142	Percentage of vulnerable people who are supported to maintain independent living (Accommodation Based Services)	98.0%	98.7%	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%	59.9%	87%	★



On target



<5% off target



5%> off target

Appendix B
Division of Service – More Detailed Analysis of Variances

Director and Finance £-2.694m forecast underspend (budget £+2.234m)

Area	Projected Variance Total £m	Movement From last report (Period Eight) £m	Variance as % of approved budget %	Reasons for movement since last report
Finance	-0.104	-0.053	-3.9	
Contingency Provision	-2.606	+0.140		Contingency provision used to offset various pressures elsewhere within the department. The movement since Period Eight is due to the paying back to corporate funds of budget not required for cost of living increases to staff salaries in 2009-10, as the actual increase was less than included in the budget.
Other	+0.016	+0.093	+0.015	Staff costs.
Total	-2.694	+0.180	-120.6	

Commissioning and Transformation £+0.019m forecast overspend (budget £+10.801m)

Area	Projected Variance Total £m	Movement From last report (Period Eight) £m	Variance as % of approved budget %	Reasons for movement since last report
Logistics - Building and Supplies, Building Other and Transport	+0.134	-0.044	+2.1	Less forecast expenditure on printing and archiving.
Other	-0.115	-0.006	-2.6	Savings on staff costs.
Total	+0.019	-0.050	+0.2	

Human Resources, Training and Organisational Development £-0.616m forecast underspend (budget £+4.872m)

Area	Projected Variance Total £m	Movement From last report (Period Eight) £m	Variance as % of approved budget %	Reasons for movement since last report
Personnel	-0.339	-0.018	-21.6	Underspend due to a reduction in spend on recruitment, advertising and associated costs, due to Vacancy Management.
Training and Other	-0.277	-0.080	-8.4	There is less spending forecast than previously anticipated on training.
Total	-0.616	-0.098	-12.6	

Locality Managed Community Care Services £+5.707m forecast overspend (budget £+106.955m)

Area	Projected Variance Total £m	Movement From last report (Period Eight) £m	Variance as % of approved budget %	Reasons for movement since last report
Purchase of Care - Older People	+4.310	-0.085	+9.3	Increase in forecast income from peoples' contributions towards the cost of their care.
Purchase of Care - People with Physical Disabilities	+0.591	0	+4.4	
In-House Home Care - Older people and people with Physical Disabilities	-1.745	-0.664	-14.6	Additional savings from hours of home care being moved from the in-house service to the independent sector.
In-House Homes for Older People, Locality Managers, Housing With Care and Day Centres for Older People	+0.611	+0.098	+3.1	Staff related costs.
Hired Transport for Older People and people with Physical Disabilities	+0.309	0	+23.0	
Other	+1.631	+0.043	+11.8	
Total	+5.707	-0.608	+5.3	

Service Development £-0.025m forecast underspend (budget £+17.126m)

Area	Projected Variance Total	Movement From last report (Period Eight)	Variance as % of approved budget £m	Reasons for movement since last report
	£m	£m		
Service Development	-0.020	+0.005	-0.1	

Mental Health and Drugs and Alcohol £-0.227m forecast underspend (budget £+18.031m)

Area	Projected Variance Total	Movement From last report (Period Eight)	Variance as % of approved budget %	Reasons for movement since last report
	£m	£m		
Purchase of Care - People with Mental Health problems and Drug and Alcohol.	+0.090	-0.002	+1.1	
Other Mental Health and Drug and Alcohol services	-0.317	+0.016	-3.2	Cost for Asperger Service now included.
Total	-0.227	+0.014	-1.3	

Learning Difficulties £+3.493m forecast overspend (budget £+51.473m)

Area	Projected Variance Total £m	Movement From last report (Period Eight) £m	Variance as % of approved budget %	Reasons for movement since last report
Purchase of Care	+4.339	0	+7.8	
Homes, Day Care, In-house home care and Community Support team	-0.239	-0.256	-1.8	Increase in forecast income relating to Supporting People.
Other	-0.607	+0.245	-3.6	This includes the £-0.755m of projected further savings from the Priority Based Budgeting exercise that are expected to be achieved in 2009-10, but have not been realised yet and are not therefore included in the budget monitoring above.
Total	+3.493	-0.011	+6.8	

**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		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	25,296	0	This money is earmarked for schemes in West Norfolk. The first scheme at Emneth was completed in June 2005. Further properties have been completed at Necton, Swaffham, West Winch and Kings Lynn. 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	27,712	0	The programme of works within all areas accessible to residents has now been completed. The remaining amount is being used to fit thermostatic blending valves in sluice rooms and staff restrooms in line with the new hand washing hygiene legislation.
Department of Health - Extra Care Housing Fund (Learning Difficulties) (2006-7)	64,945	64,945	0	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 and accounts are outstanding.
Linden Court – Lighting	16,500	16,500	0	
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 outstanding at the 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.
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 remain outstanding.
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 scheduled to be completed in 2009.
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.

Scheme	2009-10 Budget £	2009-10 Outturn £	2009-10 Slippage (see Note One) £	Reasons for Variance or Comments
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 are measuring 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.
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.

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
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)	20,106	20,106	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)	120,000	120,000	0	This is part of the Essential Improvements at In-House Homes for Older People and has been 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 commenced but will run on into 2010/11.
Pinewoods reprovision (2009-10)	168,000	168,000	0	Reprovision of Pinewoods, currently Supported Living, to make suitable for respite care following closure of Lothingland.
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.

Scheme	2009-10 Budget £	2009-10 Outturn £	2009-10 Slippage (see Note One) £	Reasons for Variance or Comments
Improving Care Home Environment for Older People (2007-8)	10,987	10,987	0	The Department of Health provided a one-off grant in 2007-8 to enhance the physical environment in care homes registered to provide nursing or personal care where the majority of places are for older people. This was part of the Government's dignity campaign that aims to place dignity and respect at the heart of caring for older people. The grant was intended to safeguard and promote the welfare of older people for whom an Authority has made arrangements to provide or secure the provision of residential accommodation. The money 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.
Southern Learning Difficulties Team office relocation at Attleborough	29,042	29,042	0	Move complete and waiting for final account.
Failure of Kitchen Appliances	617,818	617,818	0	Gas safety works around kitchen appliances. There has been a reprofiling of the payments at the design / survey stage.

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
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.
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.

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
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.
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. .

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
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.
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.

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
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	16,500	0	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.
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.

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
Accommodation for people with Learning Difficulties	100,000	100,000	0	Suitable accommodation has been identified. The agreement with the Housing Association is in place, planning permission has been obtained and the Building Regulation application has been submitted. Work will commence once building regulation approval is obtained, which is anticipated to be August 2009.
Deaf Welfare Centre (2008-9)	7,500	7,500	0	This was an additional scheme added to the 2008-9 programme. It is a revenue contribution relating to capital works.
Lawrence House – Learning Difficulties Office Set-up Costs (2008-9)	32,639	32,639	0	The office move is complete. Final accounts were outstanding at the year end.
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	30,000	0	This is part of the Essential Improvements at In-House Homes for Older People.
Priorsmead – Shower Room (2009-10)	15,000	15,000	0	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.

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
Sub-Total for Projects	2,946,563	2,515,563	431,000	
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.
Mental Health Supplementary Credit Approval 2005-6	40,000	40,000	0	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	106,204	-100,000	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	

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
Social Services Computer Projects (2003-4)	133,902	133,902	0	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	309,279	0	
Adult Social Care IT Infrastructure (2008-9)	537,665	537,665	0	
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.
Homes for Elderly People - Essential Improvements Year 2	622,700	622,700	0	
Sub-Total - Capital Monies that are earmarked but not committed for specific projects at the moment	2,766,129	1,762,527	1,003,602	

Scheme	2009-10 Budget	2009-10 Outturn	2009-10 Slippage (see Note One)	Reasons for Variance or Comments
	£	£	£	
Capital Monies held on behalf of other organisations				
Housing Grants to resettle clients from Little Plumstead Hospital	1,117,924	1,117,924	0	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	5,511,717	0	
Total	11,224,409	9,789,807	1,434,602	

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.

Adult Social Services Service Plan 2010-13

Report by the Director of Adult Social Services

Summary

This paper follows on the Service and Budget Planning reports in November and January and sets out the main proposals within the Adult Social Services' Service Plan 2010-13.

Adult Social Services have 22 service objectives. For each this paper covers:

- How each contributes to delivering the County Council Plan
- The performance indicators we will use to measure our success
- The risks that have been identified to achieving the objective
- Specific actions proposed to deliver the objective

The paper also sets out the next steps in developing the final service plan, for completion by the 31 March, including a revising the plan in the light of any legislation announcements around 'Personal Care at Home'.

The paper also reports that, by following the corporate guidelines for service planning, the Adult Social Services Service Plan will be ready to be used and adjusted to respond to the changes proposed in the Organisational Review.

Finally, the process for quarterly monitoring, as part of the regular Integrated Financial and Performance Monitoring report, is outlined.

The panel is asked to review and comment upon the actions, performance indicators and risks proposed against each objective, and agree the process for the completion and monitoring of the service plan.

1 Background

1.1 The Service and Budget Planning reports in November and January set out the context to the development of the Adult Social Services Service Plan 2010-13. The drivers for service planning are explained in detail in those reports, but can be summarised as follows:

- Budget pressures caused by shortfalls in government funding and increased costs, placing an impetus on us to change and refocus services as set out in the Organisational Blueprint
- Significant increases in demand brought about by demographic pressures
- The wide-ranging change process Adult Social Services is undergoing through the Transformation Programme, and the drive through this to ensure a greater focus on personalised care and prevention
- Potential far-reaching legislative change in the future based on the Government's Green Paper 'Shaping the Future of Care Together' and recent free home care proposals in 'Personal Care at Home'
- Identified corporate risks around managing increased demands against budgets, meeting savings targets, delivering integrated care and investment

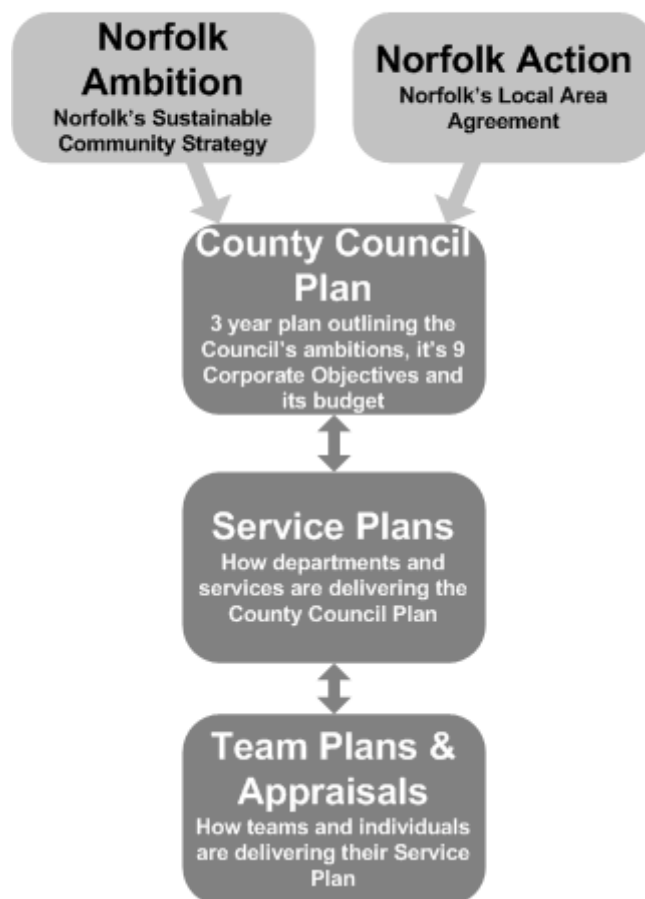
in preventative services

- Identified performance challenges around self-directed support, delayed transfers of care, waiting times for assessments and services, and services for carers

1.2 This paper presents the main proposals set out in the Adult Social Services Service Plan 2010-13 – the things that, given the above drivers, we plan to do to meet the Council’s strategic ambitions, the County Council Plan corporate objectives and Adult Social Services’ service objectives.

1.3 In taking this approach we are complying with corporate service planning guidance which clearly shows how service plans should help translate our strategic plans and decisions into actions on the ground, and into appraisal objectives for staff. This is summarised in the below diagram:

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



1.3 The service plan will continue to be developed in detail ready for publication by the 1 April.

In developing the plan we have not proposed changing the Service Objectives agreed by Overview and Scrutiny Panel in preparing last year’s service plan.

Adult Social Services’ Senior Management Team (SMT) have, however, prioritised 5 service objectives as being most critical to delivering improvements to service

users whilst maximising value for money. These are being used to focus our planning and communicate the department's priorities to staff. The priority service objectives are:

- **Safeguarding.** Service objective CP03.17 'Work with partners, including the Norfolk Safeguarding Adults Board and the Crime and Disorder Reduction Partnership, to reduce incidents of abuse and ensure people are free from neglect'.
- **Prevention.** Service objective CP05.06 'Further develop and improve access to a range of preventative services with our partners to improve adult health, well-being and independence'.
- **Self-directed support.** Service objective CP05.10 Help people to arrange and manage their own support and meet their individual needs through self-directed support so that half of all service users access services this way by 2011'.
- **Joined up services.** Service objective CP05.14 Deliver seamless, integrated care between adult social care services and health services.
- **Meeting demands for services within budget.** Service objective CPOOB.03 'Sustainably manage expenditure and capacity to ensure we can meet demand for social services'.

- 1.4 For the purpose of this report we will look at each service objective in turn (highlighting the above priorities) and present the main actions proposed for each, the performance indicators we will use to help measure success in delivering the objectives, and any identified risks.

For the purpose of this report we have only included the overall risk description. Further information on the level of risk and on control measures is contained within the departmental risk register. Some objectives do not have departmental risks associated to them, however risks to these objectives are being managed within services using service, project and partnership risk registers. Where there are no appropriate performance indicators or identified risks, these sections are omitted.

2 Proposals for Service Objectives

(A note on abbreviations:

- The numbering at the beginning of each objective (such as "CP03.17") relates to the corporate service objective numbering rules
- The numbering at the beginning of performance indicator details (under "We will measure this objective with:") relates to the different kinds of performance indicators. So, for instance, "LAA 6.12" is a Local Area Agreement Indicator, and "NI135" is a National Indicator.)

2.1 **CP03.17 Work with partners, including the Norfolk Safeguarding Adults Board and the Crime and Disorder Reduction Partnership, to reduce incidents of abuse and ensure people are free from neglect.**

<p>This service objective delivers:</p>	<p>County Council Plan objective 3 'Help make Norfolk a safe place to live and work'</p> <p>This service objective is one of Adult Social Services' 5 top priorities for 2010-13</p>
<p>We will measure this objective with:</p>	<p>LAA 6.12 Safeguards against poor treatment of vulnerable adults – Referrals Received for alleged abuse assessment within 24 hours</p>
<p>The main risks to this objective are:</p>	<p>Failure to strengthen safeguarding arrangements for the new context of self directed support</p>
<p>Our proposed actions include:</p>	<ul style="list-style-type: none"> • Increase the amount of specialist safeguarding work with social care teams to prevent abuse and raise awareness of safeguarding issues. • Ensure safeguarding considerations and targets included in all staff appraisals • Hold workshops for people with learning difficulties, family carers and staff about keeping safe and well at home • Support 20 people with learning difficulties to have home security checks and fire safety checks when they move home

2.2 **CP05.05 Increase the range and number of services for carers to support them in their role and ensure their own wellbeing**

This service objective delivers:	County Council Plan objective 5 'Improve the health and well-being of Norfolk's residents'
We will measure this objective with:	NI135 Carer's services
Our proposed actions include:	<ul style="list-style-type: none"> • Increase the number of carers receiving an assessment of their needs • To make effective use of carers grants to increase one-off payments to carers • Provide a wider range of respite options available to carers • Provide new carers services to support carers of people with mental health problems, to include befriending services, a training programme and a short breaks service

2.3 **CP05.06 Further develop and improve access to a range of preventative services with our partners to improve adult health, well-being and independence**

<p>This service objective delivers:</p>	<p>County Council Plan objective 5 'Improve the health and well-being of Norfolk's residents'</p> <p>This service objective is one of Adult Social Services' 5 top priorities for 2010-13</p>
<p>We will measure this objective with:</p>	<ul style="list-style-type: none"> • NI139 Perception of people over 65 who receive the information, assistance and support needed to live independently • NI119 Self reported measure of overall health and well-being • NI137 Healthy life expectancy at age 65 • NI134 The number of emergency bed days per head of weighted population • C72 Admissions to permanent residential/nursing care (aged 65+) • C73 Admissions to permanent residential/nursing care (18-64)
<p>The main risks to this objective are:</p>	<p>Corporate Risk - Failure to invest in early intervention and prevention</p>
<p>Our proposed actions include:</p>	<ul style="list-style-type: none"> • Review existing preventative services (Assistive Technology, Sensory Support Services, Teleshopping, Swifts and Night Owls, Medicine Management) to develop and implement a consistent prevention strategy • Implement Norfolk Homeshield, a consistent process for cross referral for all agencies dealing with vulnerable people • Develop integrated health and social care Learning Difficulties teams to effectively provide preventative services for people with Learning Difficulties. • Fund short-term innovative preventative services through Supporting People to support work of other social services, the Police and health services

2.4 **CP05.07 Establish a model of joint commissioning and planning with partners to tackle health inequalities and support independent living**

This service objective delivers:	County Council Plan objective 5 'Improve the health and well-being of Norfolk's residents'
The main risks to this objective are:	Corporate risk - Financial contributions from commissioning partners to services provided by ASSD
Our proposed actions include:	<ul style="list-style-type: none"> • Formalise the strategic partnership with user led organisations to deliver Putting People First • Develop a county wide roll-out plan for integrated working based on the lessons from the Integrated Care Organisation pilots • Work jointly with Norfolk's District, Borough and City Councils to reduce health inequalities • Further develop opportunities for joint commissioning with primary care trusts • Review Supporting People services provided to people with learning difficulties

2.5 **CP05.09 Provide a range of services and supports to people in their own homes and that improve the independence of vulnerable adults**

<p>This service objective delivers:</p>	<p>County Council Plan objective 5 'Improve the health and well-being of Norfolk's residents'</p>
<p>We will measure this objective with:</p>	<ul style="list-style-type: none"> • NI124 People with a long term condition supported to be independent and in control of their condition • NI125 Intermediate care services • NI136 People supported to live independently through social services • NI 141 Number of vulnerable people achieving independent living • NI142 Number of vulnerable people who are supported to maintain independent living • C28 Intensive homecare • D54 Equipment delivery within 7 days
<p>The main risks to this objective are:</p>	<ul style="list-style-type: none"> • Failure to meet demand for domiciliary care • Inability to bridge funding shortfall for governments Personal Care at Home proposals
<p>Our proposed actions include:</p>	<ul style="list-style-type: none"> • Complete the review of community meals and launch an improved Community Meals Plus service • Increase the number of people with learning difficulties using Assistive Technology to improve their independence, including holding 3 Assistive Technology workshops for people with learning difficulties, family carers and staff • Re specify and re tender Mental Health Home Support Services

2.6 **CP05.10 Support people to arrange and manage their own support and meet their individual needs through self directed support so that half of all service users access services this way by 2011**

<p>This service objective delivers:</p>	<p>County Council Plan objective 5 'Improve the health and well-being of Norfolk's residents'</p> <p>This service objective is one of Adult Social Services' 5 top priorities for 2010-13</p>
<p>We will measure this objective with:</p>	<p>NI130 Social Care Clients receiving Self Directed Support</p>
<p>The main risks to this objective are:</p>	<p>Failure to progress elements of the Transformation Programme to timescales</p>
<p>Our proposed actions include:</p>	<ul style="list-style-type: none"> • Establish a service level agreement with the third sector to deliver a range of support functions around self direct support • Create a dedicated self directed support team • To provide all planned mental health respite services through personal budgets & to develop new crisis respite services with Health partners • Recruit, support and maintain a group of a minimum of 30 self directed support trainers and 5 guest speakers, and deliver at least 25 person centred awareness-training days for people with learning difficulties

2.7 **CP05.11 Work with partners to ensure peoples’ accommodation is appropriate to their needs and maximises their independence and security of tenure.**

This service objective delivers:	County Council Plan objective 5 ‘Improve the health and well-being of Norfolk’s residents’
We will measure this objective with:	<ul style="list-style-type: none"> • NI145 Adults with learning difficulties in settled accommodation • NI149 Mental Health service users in settled accommodation • NI138 Satisfaction of older people with their home and neighbourhood • NI141 Users of Supporting People who have moved on from supported accommodation in a planned way
Our proposed actions include:	<ul style="list-style-type: none"> • Develop short-term care capacity through proposals for individual care homes through the implementation of the Strategic Model of Care • Deliver 2 new supported living services for people with mental health problems in Kings Lynn & Great Yarmouth • Proposals for Herondale and Rosemeadow care homes completed • Close all NHS campus accommodation for people with learning difficulties

2.8 **CP05.12 Work in partnership with the provider sector to ensure the availability and quality of purchased care services**

This service objective delivers:	County Council Plan objective 5 'Improve the health and well-being of Norfolk's residents'
We will measure this objective with:	<ul style="list-style-type: none"> • NI136 People supported to live independently through social services • NI7 Environment for a thriving third sector
The main risks to this objective are:	Failure to assure public confidence in the provision of care services
Our proposed actions include:	<ul style="list-style-type: none"> • Build the principles of the Joint Commissioning Strategy for People with Physical and Sensory Impairments into all relevant service contracts • Complete the accreditation process for new Support and Enablement providers for services for people with learning difficulties by July 2010 using new contract and service specifications • Engage with residential care providers for people with learning difficulties to shape the market and introduce new contracts and service specifications • Use Supporting People's Annual Contract Monitoring system to support and manage poorly performing providers and promote better outcomes for service users • Help independent care providers with support to maintain and improve quality standards, and to remain financially sustainable.

2.9 **CP05.13 Maximise the benefits of care management systems and other care management improvements to ensure all cases meet the required quality standards and timescales**

<p>This service objective delivers:</p>	<p>County Council Plan objective 5 'Improve the health and well-being of Norfolk's residents'</p>
<p>We will measure this objective with:</p>	<ul style="list-style-type: none"> • NI135 Carers receiving a needs assessment or review and a specific carer's service or advice and information • NI127 Self reported experience of social care users • NI132 Timeliness of social care assessment • NI133 Timeliness of social care packages • D40 Service users reviewed in year • PM Reviews completed within 7 days of due date
<p>The main risks to this objective are:</p>	<ul style="list-style-type: none"> • Failure to produce the management information required to make informed business decisions. • Failure to have a supported residential billing system
<p>Our proposed actions include:</p>	<ul style="list-style-type: none"> • Deliver version 6.7 and 6.8 Carefirst upgrades to provide better financial management capabilities, and plan the upgrade to version 6.9. • Implement mobile and flexible working arrangements to help staff and provide more responsive services. • Implement the Self Directed Support (SDS) software project to support the management of personal budgets and direct payments • Review SDS and work through Carefirst provider OLM to ensure efficient access to client records

2.10 **CP05.14 Deliver seamless, integrated care between adult social care services and health services**

<p>This service objective delivers:</p>	<p>County Council Plan objective 5 'Improve the health and well-being of Norfolk's residents'</p> <p>County Council Plan organisational objective 'Deliver excellence and ensure good Value for Money'</p> <p>This service objective is one of Adult Social Services' 5 top priorities for 2010-13</p>
<p>We will measure this objective with:</p>	<ul style="list-style-type: none"> • NI131 Delayed transfers of care • NI125 Intermediate care services
<p>The main risks to this objective are:</p>	<p>Corporate Risk - Failure to reduce delayed transfers of care</p>
<p>Our proposed actions include:</p>	<ul style="list-style-type: none"> • Establish the 6 Integrated Care Organisation pilots, bringing together services from Norfolk County Council, NHS Norfolk and Norfolk Community Health and Care • Evaluate the success of the Integrated Care Organisation Pilots • Arrange 'planning beds' to help the smooth movement of service users from health to social care services, in those areas of most need • Develop integrated Learning Difficulties and Mental Health services

2.11 CP05.21 Work with the Norfolk Drug and Alcohol Partnership (N-DAP) to reduce the harmful impacts of drug use and alcohol misuse

This service objective delivers:	County Council Plan objective 5 'Improve the health and well-being of Norfolk's residents'
We will measure this objective with:	<ul style="list-style-type: none"> • NI 38 Drug-related (Class A) offending rate • NI 39 Alcohol-harm related hospital admission rates • NI 40 Drug users in effective treatment • NI 41 Perceptions of drunk or rowdy behaviour as a problem • NI 42 Perceptions of drug use or drug dealing as a problem
Our proposed actions include:	<ul style="list-style-type: none"> • Improve the quality and effectiveness of provision of drug and alcohol prevention and treatment services • Enable more seamless referrals and joint working between providers across all parts of the drug and alcohol treatment system. • Develop pathways to enable increased engagement of problematic drug users who have not previously been in treatment • Procurement of substance misuse scheme in Norwich to support those continuing to use substances chaotically

2.12 CP05.23 Work with providers of mental health services to improve the mental health of the local communities

This service objective delivers:	County Council Plan objective 5 'Improve the health and well-being of Norfolk's residents'
We will measure this objective with:	<ul style="list-style-type: none"> • NI149 Mental health service users in settled accommodation • NI150 Mental health service users in employment
Our proposed actions include:	<ul style="list-style-type: none"> • Review of Commissioning arrangements for Mental Health Services with health services • Re specify and re tender Mental Health Home Support Services • Implement new residential care specifications and costing structure for people with Mental Health problems • Remodel Supporting People services for people with mental health services through the Rural East Anglia Partnership (REAP) to ensure services meet needs

2.13 CP05.24 Provide and develop services and support that improve service users' and carers' employment opportunities and economic wellbeing, helping them to get and keep jobs

This service objective delivers:	County Council Plan objective 5 'Improve the health and well-being of Norfolk's residents'
We will measure this objective with:	<ul style="list-style-type: none"> • NI146 Adults with learning difficulties in employment • NI150 Mental Health service users in employment • NI 136 People supported to live independently through social services
Our proposed actions include:	<ul style="list-style-type: none"> • 2 existing and 2 new Project Search sites to come on line in September 2010 in Kings Lynn and Great Yarmouth to provide training for employment opportunities for 40 people with learning difficulties • Review services that support people into employment to ensure services can meet the needs of people from black and minority ethnic communities, people on the Autistic Spectrum disorder and those in the criminal justice system • Develop the adult placement scheme for carers

2.14 CP05.25 Ensure day opportunities promote community inclusion and focus on independence, skills development and prevention

This service objective delivers:	County Council Plan objective 5 'Improve the health and well-being of Norfolk's residents'
We will measure this objective with:	NI124 People with a long-term condition supported to be in control of their condition
Our proposed actions include:	<ul style="list-style-type: none"> • Complete the consultation on day services, including the future of Essex and Silver Rooms and Hempnall Mill day centres, and implement the agreed approach. • Complete mental health day services redesign process & launch new services • Develop further Learning Difficulties day services through the Changing Lives project

2.15 CP05.26 Deliver services in a way that promotes self-confidence and maintains the highest level of dignity and respect for people who use services

This service objective delivers:	County Council Plan objective 5 'Improve the health and well-being of Norfolk's residents'
We will measure this objective with:	NI128 Self reported measure of respect and dignity
Our proposed actions include:	<ul style="list-style-type: none"> • All in-house residential care establishments to follow the palliative care Gold Standard model

2.16 CP08.02 Make sure all services are inclusive and accessible to all communities, and ensure that all service users are free from discrimination and harassment

This service objective delivers:	County Council Plan objective 8 'Build vibrant, confident and cohesive communities'
We will measure this objective with:	<ul style="list-style-type: none"> • Service user assessments with valid ethnicity recorded • Carer's assessments with valid ethnicity recorded
Our proposed actions include:	<ul style="list-style-type: none"> • Develop improved accessible information for customers and staff, with an improved process for accessing Intran, and additional alternative formats • Provide specific support for carers from diverse backgrounds • Develop better support for diverse communities for taking up self-directed support – for example support and training for younger disabled people, gypsies and travellers and older people with dementia.

2.17 CPOOA.02 To make sure people can find all of the information they need about which health and social care services and support are available and how to access them easily

This service objective delivers:	County Council Plan organisational objective 'Improve customer focus'
We will measure this objective with:	<ul style="list-style-type: none"> • NI14 Reducing avoidable contact • LAA 7.8 Advice and advocacy
Our proposed actions include:	<ul style="list-style-type: none"> • Develop and launch new ways for people to access universal services, including a full services directory and improved internet access to information • Develop comprehensive advice and information service for people who fund their own care • Update intranet resources for in-house residential care services

2.18 CPOOA.04 Plan and commission services based on a full and up to date understanding of the needs of Norfolk's people, and fully involve people who use services in the design and review of services.

This service objective delivers:	County Council Plan organisational objective 'Improve customer focus'
Our proposed actions include:	<ul style="list-style-type: none"> • Develop the Your Voice involvement register for people aged 18+ who want to get involved in improving and developing local health, social care and related services • Complete training and maintain support via the Norfolk Coalition of Disabled People for a group of disabled people to help commissioners determine priorities and review the delivery of the strategy • Through Service User Involvement Officers Increase service user involvement in service review processes and Annual Contract Monitoring for Supporting People services

2.19 **CPOOB.03 Sustainably manage expenditure and capacity to ensure we can meet demand for social services**

<p>This service objective delivers:</p>	<p>County Council Plan organisational objective 'Value for money'</p> <p>This service objective is one of Adult Social Services' 5 top priorities for 2010-13</p>
<p>The main risks to this objective are:</p>	<ul style="list-style-type: none"> • Corporate Risk - Failure to meet increased demand for Adult Social Services against available budgets • Corporate Risk - Inability to meet Learning Difficulties savings targets through the Priority Based Budgeting exercise and unpredictable service demand • Failure to recognise the impact of the economic situation on the demand for services • Financial pressures may lead to delays in recruitment of key posts
<p>Our proposed actions include:</p>	<ul style="list-style-type: none"> • Implement Modern Social Care Phase 2 to link service user records and financial systems • Implement the agreed action plan for the Efficiency Savings Programme to ensure the Learning Difficulties Pooled Fund remains in budget • Deliver improved value for money through the implementation of the Strategic Model of Care • Pursue and monitor identified savings set out in revenue budget recommendations to Cabinet, including those through the Learning Difficulties Priority Based Budgeting programme and savings to be delivered through the externalisation of home care services.

2.20 CPOOC.01 Ensure Norfolk County Council is a good employer

This service objective delivers:	County Council Plan organisational objective ‘Develop and support our workforce’
We will measure this objective with:	<ul style="list-style-type: none"> • Sickness absence • Number of staff with over 20 days sickness absence • Staff turnover • % Staff with a disability • % Staff from BME communities
The main risks to this objective are:	<ul style="list-style-type: none"> • Staff Stress Exposure • Staff exposed to violence from clients • Staff working alone in dangerous areas/situations • Multiple demands on staff time due to programme of work • Outbreak of swine flu pandemic
Our proposed actions include:	<ul style="list-style-type: none"> • Roll out remote working arrangements across teams to provide more flexible arrangements for staff • Introduce a mentoring scheme for social care staff

2.21 CPOOC.02 Be a learning organisation so that we continuously improve service delivery

This service objective delivers:	County Council Plan organisational objective ‘Develop and support our workforce’
Our proposed actions include:	<ul style="list-style-type: none"> • Review the training matrix for Residential Services and implement revisions • Develop, with health services, training for staff to promote the Social Model of Disability and ensure that it informs all planning and operational decisions • Deliver a comprehensive programme of training to meet priority needs, including safeguarding, personal budgets, and staff and user engagement

2.22 CPOOC.03 Make use of effective workforce planning to equip us for the future

This service objective delivers:	County Council Plan organisational objective ‘Develop and support our workforce’
Our proposed actions include:	<ul style="list-style-type: none"> • Develop a career pathway matrix for health and social care • Support the Norfolk Strategic Workforce Development Partnership to better coordinate workforce development in health and social care in Norfolk • Improve the quantity and quality of social work student placements through the Social Work Development Plan and the social work trainee scheme

3 Next steps in preparing the service plan

3.1 We will continue to finalise the service plan, with the completed version available from 1 April. Specific outstanding tasks include:

- Revising the planned actions in the light of the current review of the Transformation Programme.
- Reviewing the risks in the plan, particularly in the event of legislative changes as a result of the Government’s proposals in ‘Personal Care at Home’.
- A financial assessment of the plans to ensure all proposals have been funded.
- An impact assessment of the plan to make sure that the proposals do not have any adverse impacts to equality and diversity, accessibility, the environment, carbon emissions, crime and disorder or health inequalities.
- Produce additional guidance material for staff on our priorities, and how to use the Service Plan when undertaking team planning and appraisals.

3.2 The impact of organisational review

The current organisational review will also have a significant impact on the final service plan.

Given the uncertainties around the details of the new organisational structures below service levels, corporate guidance has recommended that we continue to prepare the service plan along current organisational boundaries. As all service plans are being compiled using a consistent process, plans should then easily be able to be adapted and collated to meet the needs of new directorates as they develop.

3.3 Monitoring the plan

As with the current plan, we will monitor progress against the budget (financial monitoring), performance indicators, risks and actions in the quarterly Integrated

Finance and Performance monitoring report. Adult Social Services Senior Management Team will also review the proposed actions quarterly, assessing whether new actions or pieces of work should be included in the plan.

4 Resource Implications

- 4.1 The resource implications of the service plan were covered in part in the November and January Budget and Service Planning Overview and Scrutiny Panel reports.
- 4.2 In addition, the proposals in the plan are being assessed to ensure that they can be met within the agreed budget set out in previous papers.

5 Equality Impact Assessment

- 5.1 Section 2.16 highlights the specific actions and monitoring details for the work we are doing to ensure services are inclusive and accessible to all communities. This is also a theme running throughout the other objectives, and in completing the plans a Single Impact Assessment, and where needed a full Equalities Impact Assessment, will be completed in line with corporate guidance.

6 Section 17 - Crime and Disorder Act

- 6.1 Section 2.1 outlines our contribution to the County Council Objective 3 'Help make Norfolk a safe place to live and work'

7 Risk Implications/Assessment

- 7.1 The risk management implications of the proposals are included in each section.

8 Action Required

- 8.1 Panel Members are asked to:
 - Review and comment upon the actions, performance indicators and risks proposed against each objective
 - Agree the proposed process for completing and monitoring the plan.

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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 8014, Minicom: 01603 223242, and we will do our best to help.