Norfolk County Council
at your service

Adult Social Services Overview and Scrutiny Panel

Date: **Tuesday 5 January 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
Ms 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 5)**

To confirm the minutes of the meeting of the Overview and Scrutiny Panel held on 3 November 2009.

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

www.norfolk.gov.uk/cabinetquestions

6 Local Member Issues/Member Questions

Please note that all questions must be received by 5pm on Wednesday, 30 December 2009. Please submit your question(s) to the person named on the front of this agenda.

7 Cabinet Member Feedback

i) Feedback from Cabinet regarding the Future Commissioning Models – Community Care In-House Day Services **(Page 19)**

ii) Feedback from Cabinet regarding the response to the Green Paper 'Shaping the future of care together' **(Page 20)**

Items for Scrutiny

8	**Addendum Report Compliments and Complaints**	Lesley Smith	**(Page 21)**
9	**Forward Work Programme: Scrutiny**	Mike Gleeson	**(Page 26)**

Overview Items

10	**Integrated Performance and Finance Monitoring Report for 2009/10**	Janice Dane/ Colin Sewell	**(Page 32)**
11	**Service and Financial Planning 2010-13**	Janice Dane/ Jeremy Bone	**(Page 63)**
12	**Norfolk's Draft Joint Dementia Commissioning Strategy**	Maureen Begley	**(Page 73)**
13	**Update on the Norfolk Integrated Care Pilots**	Mark Taylor	**(Page 103)**

Following the Panel meeting there will be an opportunity for all Panel Members to attend a short introduction to Prism, the County Council's performance management system. Members can find how to access the system and how to interpret the information held on it. The briefing will take place in the Members IT suite and officers will be available to answer questions and demonstrate the system online.

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 December 2009

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Norfolk County Council
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Adult Social Services Overview and Scrutiny Panel

Minutes of the Meeting held on 3 November 2009

Present:

Ms D Irving (Chairman)

Mr D Callaby
Mrs M Chapman-Allen
Baron Chenery of Horsbrugh
Mr T Garrod
Mr P Hardy
Mr D Harrison
Mr S Little
Ms J Mickleburgh
Mr J Mooney
Mr J Perry-Warnes
Mr N Shaw
Mrs A Thomas
Mr A Wright

Also Present:

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

Substitute Member:

Mrs D Clarke for Mr J Joyce

Officers/Others:

Harold Bodmer, Director of Adult Social Services
James Bullion, Assistant Director, Community Care, Adult Social Services
Janice Dane, Head of Finance, Adult Social Services
Hilary Mills, Head of Commissioning and Partnerships, Adult Social Services
Mike Gleeson, Head of Democratic Support, Adult Social Services
Lesley Smith, HR and Organisational Development Manager, Compliments and Complaints, Adult Social Services
Terry Cotton, Quality Assurance Officer, Domiciliary Care, Adult Social Services
Jeremy Bone, Planning and Policy Officer, Adult Social Services
Rosalind Jones, Chair of the Hempnall Trust
Michael Windridge, Member of South Norfolk Council for the Hempnall Ward
Julie Brociek-Coulton, Member of Norwich City Council
Stephanie Howard, Hempnall Day Care Manager (speaking at the meeting on behalf of users of the Hempnall Day Care Centre)
Samir Jeraj, Member of Norwich City Council

There were between 15 and 20 members of the public in attendance for the public questions and the item on Future Commissioning Models – Community Care In-House Day Services.

1 Apologies for Absence

Apologies for absence were received from Miss C Casimir, Mr J Joyce and Mr M Kiddle-Morris.

2 Minutes

The Minutes of the previous meeting held on 8 September 2009 were confirmed by the Panel and signed by the Chairman.

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 D Clarke declared a personal interest as she worked as a paid adviser on certain social care matters.

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

Mr D Callaby declared a personal interest as his mother was a service user at Cranmer House, one of the Day Care Centres mentioned in the report about Future Commissioning Models – Community Care In-House Day Services.

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

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

4 Items of Urgent Business

There were no items of urgent business.

5 Public Questions

The Panel received the following public questions concerning Community Care In-House Day Services:

5.1 Rosalind Jones, Chair of the Hempnall Trust, asked the following:

"The Hempnall Mill Centre, run by The Hempnall Trust, a village charity, has enabled Adult Social Services to access two days weekly of day care at very low unit costs (under £10 per head) because the Trust has subsidised this care. If/when Adult Social Services withdraws the essential but low level funding, thus closing those two days of

care provision, where on earth is it going to find an equivalent quality of day care locally for those individuals who wish to access it at an equivalent cost to the Council?"

5.2 The Chairman gave the following reply:

"We do recognise both the quality and value for money of the day service offered by County Council staff at The Hempnall Mill Centre. We also acknowledge that service users value the service too.

The central reasoning behind the proposed commissioning model for the provision of in-house day services provided by the County Council is:

- … To focus the Council's provision of dementia and re-ablement services in recognition of the forecast rising future demand for such services in Norfolk;

- … There will be 8,000 more people with dementia in Norfolk between now and 2025;

- … At present, there is a scarcity of dementia services in Norfolk and a need for the care market to grow to ensure provision for the future. These proposals are designed to ensure we have the recognised provision needed to cope with the increases in numbers of dementia cases forecast.

The County Council is, therefore, seeking to provide a specialist route for its day care services whilst seeking to commission externally for more general day services.

If this approach is adopted, then the central question is:

- Whether existing Council resources are able to be used to meet the service specification for such services;

- What training and support staff need to be able to adapt their roles;

- What options or choices are available to existing service users to remain with the new services or to go to alternative services according to their needs.

We would seek to consult with service users about this if the commissioning model is adopted.

Should the changes proceed we are committed to continue to provide support to those service users and for all of them to have a positive alternative provision suitable for their needs."

5.3 The Panel received a second public question from Rosalind Jones, Chair of the Hempnall Trust:

"Confidence in the ability of Adult Social Services to get essential detail right in relation to its service provision and related policy implementation has been severely eroded in relation to the Hempnall Mill Centre for Day Care, run by The Hempnall Trust, a village charity, due to a stream of serious errors and inappropriate actions by that service in relation to the Mill Centre. (This does not refer to those Social Services staff who

provide care for the elderly at the Mill). Given these issues, how might confidence in Adult Social Services capacity to deal effectively with provision of care for the elderly be restored?"

5.4 The following answer was given by Harold Bodmer, Director of Adult Social Services:

"I am sorry that the Chair of The Hempnall Trust feels that confidence has been severely eroded on a previously positive joint service delivery relationship. She mentioned serious errors and inappropriate actions, but does not detail them and so it is difficult to comment except generally.

In this case it seems to me that confidence relies upon an accurate picture of what is proposed. It has been inaccurately reported that the changes proposed by the Council for the delivery of in-house day services resulted from cuts in the budget, that existing service users will have services withdrawn and that personal budgets are driving closures.

All three notions are untrue.

No cash savings will result from the changes proposed to the in-house day services. The Council proposes to specialise in dementia and re-ablement services and to commission day services alongside this. Service users using Council services will continue to have their needs met going forward with good alternatives which will be worked out individually with them. This change will be phased over time.

Personal budgets are not behind this change which is about the Council specialising in areas that need to be developed.

However, I believe that it is in the interests of everyone that confidence in the personal budgets and direct payment process is built on so that older people feel they have a choice.

So far in Norfolk, over 1,800 people are dealing with their own budget but it is entirely optional. People and not the professionals should decide. After people draw up their support plan they can decide to have a cash budget as an alternative to services, or they can pass the cash to an expert third party for them to arrange services for them, or they can ask the Council to keep hold of the budget and manage services for them in the traditional way."

5.5 The Panel received the following question from Michael Windridge, Member of South Norfolk Council for the Hempnall Ward:

"Is this Committee and the Cabinet Member for Adult Social Services aware of the scale of anger and bewilderment which has been provoked in the village of Hempnall by Councillor Harwood's inaccurate statement to the Eastern Daily Press on Tuesday 27 October 2009 referring to "closing Hempnall Mill"; whether he will issue an apology to the Hempnall residents who make regular use of the Hempnall Mill Centre; and whether he will make an immediate statement to the Eastern Daily Press clearing up the confusion he has caused?"

5.6 The following answer was given by David Harwood, Cabinet Member for Adult Social Services:

"I would certainly acknowledge the anger and confusion of people as a result of media coverage and that that coverage has not conveyed the full picture of what is proposed.

I want to confirm that we do not intend to suggest the overall closure of the Hempnall Mill Centre at all, only that the County Council, if the commissioning model is agreed, and after further consultation, would no longer deliver services from that site. This is because the premises are not considered right for dementia or re-ablement services."

5.7 The Panel received a second public question from Michael Windridge, Member of South Norfolk Council for the Hempnall Ward:

"What consultations have been conducted with the Trustees of the Hempnall Mill Centre, prior to publishing the review recommendation to close the Adult Social Services use of Hempnall Mill Centre, currently contracted by Adult Social Services on a two days per week basis?"

5.8 The following answer was given by James Bullion, Assistant Director of Adult Social Services:

"As part of the "Making Your Day" review of all the day services across the county receiving funding from the County Council, a visit was made to each Centre. Prior to the visit to Hempnall Mill, the Commissioning Officer undertaking the review contacted the Chair of the Trustees and arranged to meet her at the Mill on the day of the visit. At this meeting the details of the review were discussed as was the formal relationship between the Hempnall Mill Trustees and the County Council.

Following the proposed policy change whereby in-house services run by the County Council would be focusing on the provision of dementia or re-ablement, a further meeting took place with the Chair of the Trustees on 15 October 2009. At that meeting, a discussion took place on the possible implications on the overall viability of the Mill itself and the other services delivered from that site.

In light of the proposed changes to service provision and use of buildings, if the decision is taken to activate the changes required in the proposals, we will carry out consultations between 16 November 2009 and 13 January 2010. These will focus primarily on the people most affected but will also include interested stakeholders. We will also seek the views of key partner agencies."

5.9 The Panel received the following public questions from service users of Hempnall Mill Day Care Centre; the questions were presented at the meeting by Stephanie Howard, Manager of Hempnall Day Care Centre:

"These questions are from frail older people, some with mental health issues but not dementia. Those suffering dementia cannot fully comprehend the proposed closure of Hempnall Mill. However, their carers would probably want to know what respite they would get from caring for their relatives with dementia. It is hard, tiring work, looking after someone with mild to moderate dementia all day every day."

Service user:

"How would you feel if there was nowhere to go when you are in our position (elderly

and immobile)?"

Service user:

"We cannot go far due to poor mobility and have a lovely time at the day centre. How can you take this away from us?"

Service user:

"If we did not have day care, we would not see anyone. How would you feel without any social contact all week"?

Service user:

"My family is busy and live away, the day centre is my lifeline. How can I go out on my own"?

Service user:

"I have not lived in Norfolk for very long and do not know my way around. I cannot go out on my own and my family live away. So what do I do without day care?"

Service user:

"Who can I play dominos with if the day centre closes?"

Service user:

"Why should our services be cut when immigrants get everything given to them?"

Service user:

"I am really upset and cannot cope without the safety of day care. Have you considered the cost to people like me becoming ill earlier because of the lack of day care?"

Service user:

"I was suffering severe depression before coming to day care. It will be difficult to gain courage to start again. How can you justify taking away the service?"

Service user:

"Hempnall is an ideal place to meet people. Why should you remove my choice of coming to Hempnall?"

Service user:

"I enjoy meeting people at Hemnall and enjoy a game of cards. Can you make my day and stop the closure?"

5.10 The following answer to these questions was given by Harold Bodmer, Director of

Adult Social Services:

"Adult Social Services recognise that day services are very important to people who attend them and they provide a whole range of good quality services.

Each person who attends our day services will be consulted with as to their wishes and feelings about what kinds of day activities they like to do and a review undertaken with them to determine what meets their current needs.

There is no intention to remove day services from people who currently attend centres or to leave people socially isolated and without access to services.

We will be doing a full consultation with users about the proposals from 16 November 2009 to 13 January 2010.

We will also be going back to the individuals who have raised these questions with a full answer to their very helpful questions on an individual basis."

The Chairman agreed that the Panel should consider as the next item on the agenda proposed changes to in-house day services because of public interest from those in attendance in the meeting.

6 Future Commissioning Models – Community Care In-House Day Services

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

The Panel received a report concerning a comprehensive review of the future use of all in-house day services for older people and young people with physical and sensory impairments. It was noted that the proposed model for in-house day services would replace current usage by providing two main services, namely:

- Older people with dementia
- Re-ablement services based on social care needs.

The Panel received on the table a number of coloured maps to show the current location of frail/elderly and in-house services (including dementia day services). The Panel also received on the table information from a relative of a service user in Norwich, and responses from Julie Brociek-Coulton, a City Councillor and Stepahnie Howard, the Hempnall Day Care Manager.

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

- It was noted that an "equality impact assessment" had been undertaken for the "Making Your Day" project but this was not specific to the review of in-house day services for older people and young people with physical and sensory impairments. If Cabinet agreed to proceed with the review, then a further more detailed equality impact assessment was needed that related to each of the five locality plans covering Southern, Western, Northern, Norwich and Eastern areas.

- The consultation on the locality plans had identified a lack of dementia care across the county.

- Some Members said that until personal budgets and direct payments were more widely used by older people it was too early to make changes to in-house day services. In reply Officers said that the introduction of personal budgets was not the driving force behind the proposed changes in in-house day services. The proposed changes were about refocusing in-house services on dementia care and re-ablement services and limited centre closures over a five-year interim period.

- Some Members said that the evidence-base of the review should be updated. They said that it was geographically imbalanced, made use of external CSCI evidence and was based on the views of many different groups, including those with long-term disabilities, and some of these groups were not users of in-house services. Furthermore, Members said that the evidence-base did not include any direct consultation with service users on the question of closure.

- The Director said that a consultation exercise would take place with service users in day centres where a service would no longer be offered. He assured the Panel that those individuals directly affected by the closures would be fully consulted and offered alternative self-directed care plans.

- It was pointed out that the "More Choices, Better Choices" consultation had included:

    - 1,000 responses from those over 55 years of age
    - Working with the Citizens Panel
    - Focus Group discussions with older people, including the Older People's Forum and other organisations.

- The commissioners of NHS Norfolk services had been consulted about the proposed changes.

- The comments in the report at paragraph 7.1.3 and 7.1.4 did not apply to the Hempnall Day Centre.

- Hempnall Mill, the Silver Rooms and the Essex Rooms were considered valuable resources that needed to continue to be put to community use. The Department would carefully consider what alternative day care services with spare capacity were available in the vicinity of centres that were subject to possible closure.

- If the Hempnall Day Centre was to close then there would be implications for other services provided at the Hempnall Mill site, such as the Meals on Wheels service and the village-based local community services that were provided two days a week.

- The Edith Cavell Centre at Long Stratton and day care services at Loddon could be viewed as alternatives to Hempnall Mill. Whilst these locations might mean longer journey times for some individuals, there could be shorter journey times for others.

- Further, more detailed discussions would be held with the Trustees of the Hempnall Mill site and these could involve Adult Social Services continuing to make use of the site, in some redefined way.

- Adult Social Services was seeking strategic partners, including partners to manage the services at the Vauxhall Centre.

Mr Stephen Little proposed, duly seconded:

"The Review Panel recommends that Hempnall Mill, the Silver Rooms and the Essex Rooms continue to be commissioned as providers of day services to physically or mentally frail older people who meet the Fair Access to Care Services eligibility criteria. This provision is to be maintained unless it becomes evident that significant numbers of actual and potential service users wish to use their personal budgets to choose other services. The Review Panel recommends that the centres either continue as in-house services or that the Council investigate the possibility of continuing the services in partnership with the voluntary sector.

This is in recognition that:

- The centres are well-placed to meet the considerable continued demand for day services within the Norwich and south Norfolk areas.

- The centres provide an efficient, integrated and high quality service which complements existing provision and impacts positively on the health and well-being of service users.

- The Panel is not confident that suitable alternative provision is currently in place."

On being put to the vote there were three votes in favour and six votes against (with abstentions by other Members), whereupon the motion was declared LOST.

It was then moved by Ms Alison Thomas, duly seconded:

"That the Cabinet at its meeting on 9 November 2009 defers making a final decision on the proposed day care centre changes until after consultation with the people affected is complete".

On being put to the vote the motion was CARRIED, there were 12 votes in favour and no votes against (with abstentions by some Members). Mr Callaby asked for it to be recorded that he had abstained from voting on this matter.

It was then RESOLVED- Accordingly.

7 Cabinet Member Feedback

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

The Panel received and noted feedback from the Cabinet Member concerning the following matters:

- Strategic model of care – progress and implementation
- Update on developments within the safeguarding adult structure
- Norfolk's draft joint dementia commissioning strategy.

ITEMS FOR SCRUTINY

8 Compliments and Complaints Annual Report 1 April 2008 - 31 March 2009

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

The Panel received its annual report from the Director of Adult Social Services about compliments and complaints for the year ending 31 March 2009. The report outlined the Department's commitment to learning from complaints and the Department's involvement in 2008 in a national pilot for an Integrated Approach to Dealing with Complaints across Health and Social Care, which supported the personalisation agenda.

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

- During the period covered by the report there had been a significant increase in the number of complaints and within the total the services complained about had changed. A large number of the complaints concerned CareForce, whose performance was now improving.

- Some complaints involved several agencies and could therefore take longer to resolve. It was pointed out that the Department had put in place an electronic recording system for outside organisations to notify Adult Social Services about complaints and to supply answers.

- Individual homes, day centres and district office staff received directly many grateful and satisfied comments from clients and their relatives.

The Panel noted the contents of the report and asked to receive a further report at its next meeting in January 2010. Members asked for this report to include examples of different types of complaints and how the Department dealt with them.

9 Further Update Report – CareForce and the Provision of Home Care Services in Norwich

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

The Panel received a report from the Director of Adult Social Services on the performance of CareForce and its provision of home care to service users in the Norwich locality.

The Panel noted the overall performance of CareForce continued to improve and asked for a further report on this matter to be brought to the next meeting in January 2010. Members asked for the report to include some examples of new referrals to CareForce and to other home care providers.

10 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 the current status of Scrutiny items and the programme of future Spokespersons meetings.

OVERVIEW ITEMS

11 2009-10 Revenue and Capital Budget Monitoring Report

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

The Panel noted that at the end of September 2009 (period 6) the forecast revenue outturn position for the financial year 2009/10 was a balance budget. The Department was taking various actions to manage the budgetary pressures and had a financial recovery plan with additional savings identified of -£7.985m, giving a forecast position at the year end of £0m.

Members were concerned that the Department did not appear to be achieving the level of additional savings that were needed at this stage of the financial year in order to achieve a balance budget. The pressures on purchase of care and the Learning Difficulties service continued to be areas of particular concern. There were considered to be significant risks in delivering all of the -£7.985m of savings identified in the financial recovery plan. Approximately half of these savings (£4m) were considered "high risk".

The Panel noted that a more accurate position regarding the 2009/10 revenue and capital budget was expected to be available in December 2009. At that time the Department would provide a briefing note for Panel Members that outlined the latest forecast.

12 Service and Budget Planning 2010-13

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

The Panel received a report from the Director of Adult Social Services that outlined the overall funding prospects and spending pressures for the service and the draft potential savings options for the 2010/11 service budget.

It was noted that the only significant change from the previous report to the Panel was regarding the savings from the use of additional contract negotiation skills available corporately to drive down the use of high cost packages (Invest to Save). The potential savings in this area of the budget had been reduced for 2010-11 from £1m to £500,000.

The Panel noted that the economic recession and age related demands were placing significant pressures on the Adult Social Services budget.

The Cabinet Member said that the current economic downturn and a likely reduction in government grant aid could mean that the Department had to find £15m-£16m in savings in the next financial year and savings of £17m a year during the two years thereafter.

In reply to questions, the Committee Officer said that rather than set up a cross-party budget working group, budget planning issues could be considered at the next Party Spokespersons meeting on 25 November 2009 and this was agreed by the Panel.

The Panel noted the planning assumptions mentioned in the report and the proposed spending pressures and savings set out in Appendix D. The Panel also noted the proposed list of new and amended capital schemes to be evaluated within the capital prioritisation model as part of the review of the three-year capital programme. It was pointed out that the recommended capital programme would be reported to the Panel in January 2010.

13 Norfolk County Council's Response to the Green Paper "Shaping the Future of Care Together"

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

The Panel received a report from the Director of Adult Social Services that asked for comments on the County Council's response to the Green Paper "Shaping the Future of Care Together" prior to it being considered by Cabinet on 9 November 2009.

In view of time constraints, Members were asked by the Chairman to submit any comments on the proposed response to the Green Paper to the Cabinet Member (or the Director) in advance of the next meeting of the Cabinet; Panel Members' comments would then be reported to the Cabinet and included in the submission to the Department of Health.

14 Adult Social Services Capacity and Winter Planning

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

The Panel received a report from the Director of Adult Social Services about the Department's approach to capacity planning in winter 2009/10 in partnership with NHS Norfolk, NHS Great Yarmouth and Waveney and the Queen Elizabeth, James Paget and Norfolk and Norwich University Hospitals.

The Panel discussed the joint systems that had been put in place to meet the anticipated increase in demand during winter 2009/10 and noted that the Department was also working with Children's Services and private sector organisations in the preparation of internal and joint plans to complement the overall winter plan.

It was noted that plans had been made for private care homes to share staff in the event of a major outbreak of swine flu. More details about how the Department would ensure the continued delivery of its services in the event of an outbreak of swine flu would be included in the next edition of the Newsletter.

15 Carers' Services

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

The Panel noted a report about the current and proposed work that was taking place in the Department concerning the development of Carers' Services and endorsed future service development.

It was noted that Adult Social Services had achieved a significant step forward with the development of the Carers' Council and the development of a local strategy in conjunction with the NHS and through the Joint Commissioning Group for Carers.

The meeting concluded at 1.15 pm

Chairman

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Report to Adult Social Services Overview and Scrutiny Panel

5 January 2010

Item No 7i

Cabinet Member Feedback

Report by the Cabinet Member for Adult Social Services

Summary

This report gives feedback to Overview and Scrutiny Panel from Cabinet regarding the comprehensive review of all community care day services which was undertaken as part of the 'Making Your Day' project to decide on future commissioning and funding arrangements for all day services provision in the independent, voluntary and in-house sectors.

The report proposed a strategic plan regarding the future use of all in house day services for older people and younger people with physical and sensory impairments.

The proposed model for in house day services would replace current usage by providing two main services:

- Older people with dementia
- Re-ablement services based on social care needs

Report	Future Commissioning Models – Community Care In House Day Services
Date Considered by O&S Panel:	November 2009
Panel Comments:	The Panel passed the motion - "That the Cabinet at its meeting on 9 November 2009 defers making a final decision on the proposed day care centre changes until after consultation with the people affected is complete".
Date Considered by Cabinet:	November 2009
Cabinet Feedback:	The Cabinet agreed: 1) To implement the proposal to re-focus in house services on dementia care and reablement services over a five-year interim period from 2009 to 2014. 2) To consult with people currently using the Essex Rooms, Silver Rooms and Hempnall Mill and their carers and families and other centres where a change in role is proposed and that no final decision would be made until consultation had taken place and it (the Cabinet) had considered the findings. 3) To seek strategic partners for all centres to support the future development of services.
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

Report to Adult Social Services Overview and Scrutiny Panel

January 2010
Item No 7ii

Cabinet Member Feedback

Report by the Cabinet Member for Adult Social Services

Summary
This report gives feedback to Overview and Scrutiny Panel from Cabinet regarding the response to the Green Paper 'Shaping the future of care together'

Cabinet were requested to:

- Review Norfolk County Council's response prior to its submission to the department of health
- Subject to any amendments, approve the response

Report	Norfolk County Council's response to the Green Paper 'Shaping the future of care together'
Date Considered by O&S Panel:	November 2009
Panel Comments:	In view of time constraints, Members were asked by the Chairman to submit any comments on the proposed response to the Green Paper to the Cabinet Member (or the Director) in advance of the next meeting of the Cabinet; Panel Members' comments would then be reported to the Cabinet and included in the submission to the Department of Health
Date Considered by Cabinet:	November 2009
Cabinet Feedback:	The Cabinet agreed the proposed response, subject to removal of the wording at bullet point 5 of the response to consultation question 2 – "feeding from central government downwards"
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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Report to Adult Social Services Overview and Scrutiny Panel
5 January 2010
Item No 8

Addendum report Compliments and Complaints.

Report by the Director of Adult Social Services

Summary

Adult Social Services continued to perform well in the management of complaints between March 08 and March 09 with 99% (586) being resolved at the local resolution stage. We also experienced a 9% increase in the number of compliments received (106). March 09 to December 010 has seen this trend continuing with 110 compliments already received in that reporting period.

Following the introduction of new legislation and guidance for the management of Health and Social Care complaints there are now four formal categories for logging customer feedback. These are; comments; concerns; compliments and complaints. The revised regulations are titled, 'The Local Authority Social Services and National Health Service [England] regulations 2009'.

In the last year, Adult Social Services has been recognised as an important national contributor to the Making Experiences Count agenda being invited to speak at the National Complaints Conference for Health and Social Care professionals in November 2009 and also to write an article for the Nursing Management Magazine.

Adult Social Services also receives a large amount of informal feedback directly to individual managers and staff as can be observed when visiting establishments and reading the notice boards which are populated with 'thank you' cards.

One of the strengths of Adult Social Services is the logging of the learning from complaints and the sharing of best practice from compliments. This is a process that has been strengthened by both the introduction of Complaints Action / Resolution Meetings to bring staff together to share the experience of regular or vexatious complainers and regular meetings between the Compliments and Complaints Manager, the Learning and Development Manager and the Purchasing and Quality Assurance Manager.

This report supports the Adult Social Service commitment to the effective management of complaints and gives examples of the types of complaints that have provided effective learning and of the compliments that we have received.

1 Background

1.1 At the Overview and Scrutiny Panel on 3 November 2009 Members requested an addendum report to the annual report for 2008 /2009 with some specific detail of the learning from complaints and the nature and types of complaints and compliments received.

2 Additional Information requested

2.1 **Complaints**
In the reporting period March 2008/2009 a total of 586 complaints went through the complaints monitoring process. The receipt of complaints has become increasingly robust and useful as ASSD has continued monitoring the process i.e. time taken to respond etc. but placed much more emphasis on the complaints being focussed on service improvement and better outcomes. Only one of the complaints received required a formal investigation all of the others were resolved informally. In the last reporting year we created a complaints learning log and some examples of the learning from complaints can be seen below.

2.2 **Complaint**
Two missed home care visits and one late visit in the space of one week. Service User very understanding of ill health of Home Carer causing problems but feels there should be a contingency plan put in place by the Department. (ASSD – Home Support service)

Outcome
A new protocol for staff handovers has been introduced to ensure that this does not happen again and that cover for carers calling in sick is taken as a priority and appropriate cover is arranged.

2.3 **Complaint**
Email from family member regarding the finances of her mother in law in relation to third party top up.

Outcome
Improved process with regard to third party contributions agreed.

2.4 **Complaint**
Relief carer arrived late.

Outcome
Home Carer Manager will ensure in future that relief carers are aware of 'critical visits.'

2.5 **Complaint**
Missed Home Care tea time call - external agency.

Outcome
Rotas now being sent out along with reminder telephone call

2.6 **Complaint**
Service User reported three missed calls; not doing allocated tasks and not spending the correct time (External provider).

Outcome
External provider to review 15 min slots.

2.7 **Complaint**
Complaint regarding the non-availability of local authority employed carers. Complainant unwilling to use carers from a contracted agency as he believes they are 'only interested in the money.'

Outcome
Clients/the public will be re-assured regarding quality of care provided by contracted providers.

2.8 **Complaint**

Anonymous letter from a relative of a male resident with grave concerns regarding quality of care provided by Housing Trust ASSD has arrangement with under Supported Living.

Outcomes

- The existing staff team should attend a refresher course covering management of adult protection.
- To consider offering awareness session/s specifically for residents.
- Additional guidance should be given to residents as to how they can get their voice heard and where they can get support in doing so.
- Pre-admission a message of zero tolerance toward degradation and abuse should be fully conveyed to the potential resident, their care coordinator and any immediate family.
- A new, positive campaign should be instigated by staff and management to promote mutual respect and further encourage residents to have their say in the running of the home.
- To introduce resident representation in the home's recruitment process.

2.9 **Complaint**

Resident fell at Housing with Care scheme. The family are concerned about a range of issues.

Outcomes

- All bruising/injuries to be recorded accurately with size shape and place on body.
- Daily record sheets to be kept and checked.
- Shift leader to be informed.
- Shift leaders to monitor and seek medical advice if required.
- Handover book to be checked and signed at the end of each shift by shift leader.
- The next carer will sign to say they have read each note.
- Senior who had not kept records is being given support and supervision.
- Guest speaker came from Adult Protection Team to discuss the importance of recording and reporting.
- Retraining to be given on moving and handling.
- Staff will now have to do a report on how they assist in getting someone up after a fall.
- Adult Protection gave a talk explaining that not adhering to a care plan is against the law

2.10 **Complaint**

Following Home Care review service user does not now meet eligibility criteria.

Outcome

To review the way in which practitioners communicate the reason behind the need to make changes to care packages and services.

2.11 **Complaint**
Daughter has complained about contact with the department regarding deferred Payment for her mother's residential care and ensuing delays.

Outcome
Training information to be provided to social work teams re financial advice especially regarding the 12 week disregard

3 Compliments

3.1 We have also started to formally record the compliments received.

Compliments are received through letter; card; note; telephone; email and compliment forms. Letter is the most popular form of communicating satisfaction with the service. Almost all the compliments are to do with staff attitude and behaviour. Others are to do with the equipment received and help with monetary matters. Below are some of the compliments received which give a reflection as to what is important for people.

- ' wanted to thank social services for acting so quickly'
- 'I would like to thank all the staff of Adult Social Services for their kind and helpful advice and arrangements that enabled me to look after my late husband GB at home'
- Mr S called to thank Social Services who provided him with a clock. The clock has the time and date in large digits which enable him to see the time and date easily.
- 'I wanted to say thank you for the time and effort that you put into finding a suitable care home for my wife T. I know that it didn't work out quite as we expected but my wife and I shared a belief in God. I believe that she is safe with our Lord and in his own time we shall meet again'.
- 'Just a quick not to say thank-you for assisting with my personal budget and for being efficient and proactive, personable and above all human.'
- 'I would just on behalf of Ray thank-you for all your help and kindness, at the time you were helping us everything was new and unreal, we couldn't take it all in'.
- 'Thank you for all the excellent help we received from Sapphire House and County Hall'.
- 'Special thanks goes to RBP(ASSD member of staff) who was excellent throughout'.

4 Resource Implications

4.1 To be met within existing resources

5. Other Implications

5.1 None

6 Equality Impact Assessment

6.1 The ethnicity of the person giving feedback either by compliment or complaint is not currently recorded but the careful scrutiny of the complaints received allows for the identification of any issues to do with race, gender, sexuality or faith. The issue of which people feel empowered to complain against those who do not, is something that as a department we are aware of. Clear consideration is given to this when encouraging people to complain if they are unhappy with the service they receive, either directly form us or more so in the future commissioned by us

7 Section 17 - Crime and Disorder Act

7.1 Any complaint received which implies a crime or disorder is immediately referred through to either the Disciplinary or Vulnerable Adult procedures.

8 Risk Implications/Assessment

8.1 None

9. Alternative Options

9.1 Not appropriate

10. Conclusion

10.1 ASSD continues to take a proactive approach to the receiving and recording of both compliments and complaints. Mechanisms are in place to ensure that the complaints process is accessible to all people who use either our own service or a service that we have commissioned and that those complaints form the basis for service improvement or change. The compliments received are good indicators of both the things that people who use our services value and about what is important to them.

11 Action Required

11.1 For the Overview and Scrutiny Panel to note the content of the paper and have the opportunity to comment.

Background Papers

None

Officer Contact

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communication for all

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.

Report to Adult Social Services Overview and Scrutiny Panel
January 2010
Item No 9

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 The Programme

1.1 The Outline Programme for Scrutiny (Appendix A) has been updated to show progress since the November 2009 Overview and Scrutiny Panel.

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

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

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

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

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

(iii) Quality – for instance, is it:

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

(iv) It is a Corporate Priority

Appendix B attached enables all Overview & Scrutiny Panel members to put forward considered proposals at the meeting with supporting information for a future scrutiny review. This then assists the Scrutiny Planning Group in applying the scoring system and seeking further information where necessary. The Group can then report back to the Panel recommending approval to add items to the scrutiny forward programme on the basis of their relative priorities.

2 Section 17 – Crime and Disorder Act

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

3 Equality Impact Assessment

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

Action Required

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

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

Officer Contact

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

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

Appendix A

Outline Programme for Scrutiny

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

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

Scrutiny is normally a two-stage process:

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

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

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

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

Changes to Programme from that previously submitted to the Panel on 3 November 2009

Added

- The impact on Mental Health Services of the closure of Cawston Park (Chancellor Care) - Spokespersons meeting 25 November 2009
- The impact of reduction in funding on the voluntary sector - Spokespersons meeting 25 November 2009

Deleted – List scrutiny deleted by whom and when

None

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	November 2009	Legislative requirement	Further report requested by Panel for January 2010
The impact on Mental Health Services of the closure of Cawston Park (Chancellor Care)		Adult Social Services	Update published in January Member's bulletin		Spokespersons meeting 25 November 2009	
The impact of reduction in funding on the voluntary sector		Adult Social Services	January 2010		Spokespersons meeting 25 November 2009	
CareForce		Adult Social Services	Not applicable		Panel	Regular updates are provided to Panel
Quality Monitoring of the Home Support Service		Adult Social Services			Panel	Nominations for group received
Development of the Learning Difficulties Service		Adult Social Services			Panel	Nominations for group received
Modern Social Care		Adult Social Services			Panel	Regular updates are provided to Panel

Appendix B

Assessment scheme for prioritising scrutiny topics

Rules:

1. No item should be added to the Forward Work Programme before being scored/ assessed.

2. The member proposing the item should score/assess the topic before submitting it to their Group Spokesperson on the relevant committee, providing as much supporting information as possible.

3. If the committee agrees that the topic should be pursued, the scrutiny planning meeting should consider the scoring/assessment and decide what priority the topic should take.

4. The Overview and Scrutiny Strategy Group should ensure that the right committee is doing the work and make connections with scrutiny activity previously done or already underway.

Total Score needed: **50 or over for priority**
45 or over for consideration
35 or over for future consideration
Under 35 - reject

Proposed Topic:
Proposed by:
Objective/Outcomes:

Criteria	Score	**Supporting information/evidence** *Use separate sheet if necessary
a) Score 0-10		
Corporate Priorities/Objectives – Will the review contribute to the Council's objectives and priorities?		
Weak/Poor Performance – Are there issues of weak or poor performance?		
Public importance – Is the issue ranked as important by the people of Norfolk?		
Public dissatisfaction – Is there evidence of general dissatisfaction?		
Will scrutiny be of benefit to citizens (service delivery and improvement)?		
Member concern – Has the matter been widely identified by Members as a 'local Member' issue?		
b) Score 0-5		
Will the outcomes be measurable and of value (i.e., will the scrutiny 'make a difference'?)		
c) Score 0-2		
Legislation – Is there new Government guidance or legislation?		
Other Inspections – Have inspections been completed/are they expected?		
Audit – Has the issue been raised by the internal or external auditor?		
Will scrutiny be of benefit to the Council (Corporate governance)?		
Are there issues of financial control?		
Total Score		

(Scoring: 0 shows you strongly disagree with the question raised under 'criteria' and 10 that you strongly agree)

Report to Adult Social Services Overview & Scrutiny Panel
5 January 2010
Item No 10

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

Report by the Director of Adult Social Services

Executive 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 eight (November) the forecast revenue outturn position for the financial year 2009-10 is an £+3.798m overspend. Adult Social Services currently has pressures of £+6.228m 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 savings of £-2.430m 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 £-1.136m 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 Update on delivering service plan objectives

1.2 We currently monitor all of the actions from the 2009-13 service plan to assess the extent to which we are achieving Adult Social Services' 22 service objectives. Updates have been received from lead officers for the actions outlined in the 2009-12 service plan up to the end of quarter

1.3 We report progress to Overview and Scrutiny Panel on this by exception – focusing on areas where we have made good progress, or where there are areas of concern.

1.4 Focusing particularly on those areas that have the greatest impact on

front-line services, particularly good progress has been made in terms of the following service objectives:

- **CP05.24 Provide and develop services and support that improves service users' and carers' employment opportunities and economic wellbeing.** Our Joint Team Visitors and Welfare Rights Unit continues to make a real impact on the household income of service users. Further Project Search initiatives – that have been successful in helping people with learning difficulties into jobs – are being set up. Training and other kinds of support are increasingly available to help users of services find and keep employment.
- **CP05.11 Work with partners to ensure peoples' accommodation is appropriate to their needs and maximises their independence and security of tenure.** We are making good progress in terms of moving people with learning difficulties out of institutional accommodation and into their own homes, supporting working aged adults with mental health problems to move out of residential care, and improving housing opportunities for physically disabled people. We also continue to make good progress in improving the quality of residential care.
- **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.** Safeguarding arrangements. We have increased the number of specialists dealing with safeguarding cases, and improvements have been made to the referral process and to the training of staff. We have completed a safeguarding audit, and are now putting in place the recommendations emerging from this – though it is critical that we keep monitoring progress in this area.
- **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**. Improvements have been made in terms of the time taken for people to be assessed and receive care. Attention is being focussed on Learning Difficulties and Occupational Therapy services, where most improvement needs to be made. The high volume of cases coming through continues to pose a challenge to progress. The launch of the enhanced access service, Norfolk Care Connect, should help by arranging more low level services immediately so that people can be dealt with quicker. This is an area we will continue to monitor closely

1.5 The following service objectives are the areas of greatest concern, and where we are focusing our efforts:

- **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. Despite good performance historically, we are currently missing our targets for the number of people with personal budgets and direct payments. Slower than anticipated progress has been because of a number of factors, and action plans are in place to improve performance. These details are outlined in the Performance Indicators section (Section 2) looking at NI130 – Self directed support..

- **CP05.05 Increase the range and number of services for carers to support them in their role and ensure their own wellbeing** Whilst we are on course to deliver all of the actions that support carers, some have progressed at a slower rate than hoped, and we have identified this as an area where we need to improve performance. Respite for carers is increasing and we are raising carers' awareness of this. The joint social care and health carers' consultation has now ended and an action plan for improvement is being drawn up. This will lead to the development of a new carers' strategy next year. Work is being undertaken with the voluntary sector to see if they can make an increased contribution to supporting carers, and an audit of carers' care management is underway.

1.6 Performance against the actions in the service plan are monitored, along with performance indicators and risk, by Senior Management Team regularly. Along with identifying where we need to make changes in the short term, this process helps us review our plans. Progress in developing the next Adult Social Services service plan is described in the Service and Budget Planning paper.

2 Performance indicators

2.1 Please see Appendix A for the latest performance results. Exceptions within the appendix that require further explanation, i.e. under performing, are:

2.2 **NI130 – Self Directed Support**
We have historically shown strong performance in Norfolk in increasing the number of service users opting for self-directed support (eg direct payments and personal budgets), and have recently been announced as a finalist for the Accolades Awards 2009 - an awards scheme run by Skills for Care and the Department of Health - in recognition of our commitment to give people choice and control over the support they receive.

2.3 Despite this we are now starting to fall short of the target for self-directed support (NI130). There are several reasons for this. Firstly, the way the indicator is calculated has changed to measure the percentage of our service users receiving self-directed support, rather than the percentage of the local population. Because we have relatively high numbers of service users compared to other areas, this means we have to achieve a higher number of users to get an

equivalent result. In addition, Norfolk has a higher number of older service users, reflecting our overall ageing population. Older people are less likely to take up self directed support and require significantly more support to do so. Finally, we are aware of the need to be particularly sensitive when moving people who may be worried about personal budgets and direct payments, to ensure that they are properly supported to make decisions about their care. We are also aware that some people may not be able to make this move straight away, or may need an advocate to support them. These considerations ensure that people experience the best outcome but may compromise our ability to meet the target in the short term.

2.4 A programme of training is ongoing, helping social workers to provide the right help, so that people move to self-directed support in the right way and at the right time. In addition, staff are being consulted to identify new and supportive ways to increase the take-up of self directed support. This is likely to mean a further increase in people moving to self-directed support towards the end of the year, and we will continue to monitor the situation.

2.5 It is important to remember that this indicator does not only include direct payment and personal budgets. It also counts those people who have gone through the Self Directed Support process, have a support plan put in place and choose to use ‘traditional’ ASSD in house or commissioned services.

3 Revenue budget

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

Division of service	Approved budget £m	Forecast Outturn £m	Forecast +Over/- Underspend £m	Forecast +Over/- Underspend as % of budget %	Variance in forecast from last report (Period Six) £m
Director and Finance	+2.401	-0.473	-2.874	-119.7	-0.159
Commissioning and Transformation	+10.834	+10.903	+0.069	+0.6	-0.081
Human Resources, Training and Organisational Development	+4.892	+4.373	-0.518	-10.6	-0.092
Community Care - Locality Managed Services	+107.261	+113.576	+6.315	+5.9	-1.436
Service Development	+17.318	+17.293	-0.025	-0.1	+0.377
Mental Health and Drug and Alcohol	+18.031	+17.790	-0.241	-1.3	+0.055
Supporting People	+0.523	+0.523	0	0	0
Total, excluding Learning Difficulties	+161.260	+163.984	+2.724	+1.7	-1.338
Learning Difficulties (Adult Social Services)	+51.473	+54.978	+3.504	+6.8	-0.419
Total, including	+212.733	+218.962	+6.228	+2.9	-1.757

Division of service	Approved budget £m	Forecast Outturn £m	Forecast +Over/- Underspend £m	Forecast +Over/- Underspend as % of budget %	Variance in forecast from last report (Period Six) £m
Learning Difficulties					
Less: Financial Recovery Plan (see Paragraph 5)		-2.430	-2.430		+5.555
Total	+212.733	+216.532	+3.798	+1.8	+3.798

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

4 Capital programme

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.

At this point in the financial year slippage of £-1.136m 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	+11.218	+10.082	-0.876	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

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 is shown below:

Action	Amount £m	Change from last report (Period Six) £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 savings have been achieved through the revised Vacancy Management process and these are incorporated in the budget monitoring position.	-0.177	+0.808
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.	-0.660	+3.964
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 an increase in forecast income is reflected in the budget monitoring.	-0.093	+0.383
Reduction in Learning Difficulties staff costs.	-0.200	0
Targeted reduction in staff travel for each team.	-0.200	0

Action	Amount £m	Change from last report (Period Six) £m
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 is included in the budget monitoring,	0	+0.400
Total	**-2.430**	**+5.555**

6 Other performance information – Our final 2008-9 judgement

The Care Quality Commission (CQC) completed its annual performance assessments of the 148 social services departments in England and have published their findings for 2008/09.

The assessment consists of routine meetings with CQC, a self assessment of ourselves, performance information and a review meeting (ARM), which includes interviews with some users of our services and carers. Inspections also inform their judgement but Norfolk did not have any during that year.

The assessment consists of seven outcome areas which are then combined to award an overall rating. The ratings mean the following:

Grading	Description
Poor	Not delivering the minimum requirements for people
Adequate	Only delivering the minimum requirements for people
Well	Consistently delivering above the minimum requirements for people
Excellent	Overall delivering well above the minimum requirements for people

Norfolk did not receive any poor or adequate ratings. The judgements of each of the seven outcomes, and the overall judgement of the Department, are:

Number	Description	Judgement
1	Improved Health and Well-Being	Well
2	Improved Quality of Life	Well

3	Making a Positive Contribution	Excellent
4	Increased Choice and Control	Well
5	Freedom from Discrimination and Harassment	Well
6	Economic Well-Being	Excellent
7	Maintaining Dignity and Respect	Well
Overall	**Judgement of the Department**	**Well**

The full Care Quality Commission report on Norfolk's performance is publicly available on their website. It identifies our strengths and areas for improvement against outcome.

Broadly the strengths included:

i. Supporting people into employment
ii. Carers emergency respite
iii. Use of Assistive Technology
iv. Service users and citizen involvement
v. Integrated safeguarding teams

The areas for improvement included:

- Increase respite provision
- Tackling health inequalities
- Continue to improve community safety

To see the full CQC report see Appendix C.

7 Equality Impact Assessment

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

8 Section 17 – Crime and Disorder Act

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

9 Conclusion

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.

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.

10 Action Required

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.

Officer Contacts

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

Appendix A
Performance Indicators

Performance indicator	Description	Previous year-end result	Current performance (as at November 2009)	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%	90%	76%	★
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 being assessed within 28 days of first contacting us	76.6%	76.3%	80%	●
NI133	Percentage of people receiving all of their services within 28 days of their assessment being completed	82.6%	88.5%	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%	99.2%	98.7%	★
	Percentage of vulnerable people who are supported to maintain independent living (Floating Support Services)		96.0%	96.1%	●
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% ye 50.2% td	★

Appendix B
Division of Service – More Detailed Analysis of Variances

Director and Finance £-2.874m forecast underspend (budget £+2.401m)

Area	**Projected Variance Total £m**	**Movement From last report (Period Six) £m**	**Variance as % of approved budget %**	**Reasons for movement since last report**
Finance Management	-2.797	-0.014	-83.9	Underspend due to contingency provision to offset various pressures elsewhere within the department.
Other	-0.077	-0.145	-8.3	
Total	**-2.874**	**-0.159**	**-119.7**	

Commissioning and Transformation £+0.069m forecast overspend (budget £+10.834m)

Area	**Projected Variance Total £m**	**Movement From last report (Period Six) £m**	**Variance as % of approved budget %**	**Reasons for movement since last report**
Logistics - Building and Supplies, Building Other and Transport	+0.178	0	+2.8	
Other	-0.109	-0.081	-2.5	Mainly because of reduction in forecast expenditure to support struggling homes.
Total	**+0.069**	**-0.081**	**+0.6**	

Human Resources, Training and Organisational Development £-0.518m forecast underspend (budget £+4.892m)

Area	**Projected Variance Total £m**	**Movement From last report (Period Six) £m**	**Variance as % of approved budget %**	**Reasons for movement since last report**
Personnel	-0.321	-0.061	-20.3	Underspend due to a reduction in spend on recruitment and advertising.
Training and Other	-0.197	-0.031	-5.9	There is less spending forecast than originally anticipated on training.
Total	**-0.518**	**-0.092**	**-10.6**	

Locality Managed Community Care Services £+6.315m forecast overspend (budget £+107.261m)

Area	Projected Variance Total £m	Movement From last report (Period Six) £m	Variance as % of approved budget %	Reasons for movement since last report
Purchase of Care - Older People	+4.395	-0.197	+9.5	Increase in forecast income from peoples' contributions towards the cost of their care.
Purchase of Care - People with Physical Disabilities	+0.591	+0.312	+4.4	Increase in forecast spend on day care. Decrease in forecast income from peoples' contributions towards the cost of their care.
In-House Home Care - Older people and people with Physical Disabilities	-1.081	-0.920	-9.0	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	+0.513	-0.838	+2.9	Increase in forecast income from peoples' contributions towards the cost of their care.
Hired Transport for Older People and people with Physical Disabilities	+0.309	+0.007	+23.0	
Other	+1.588	+0.200	+11.6	
Total	**+6.315**	**-1.436**	**+5.9**	

Service Development £-0.025m forecast underspend (budget £+17.318m)

Area	Projected Variance Total £m	Movement From last report (Period Six) £m	Variance as % of approved budget £m	Reasons for movement since last report
Service Development	-0.025	-0.377	-14.4	Increase in forecast spend on Service Agreements with the voluntary sector.

Mental Health and Drugs and Alcohol £-0.241m forecast underspend (budget £+18.031m)

Area	Projected Variance Total £m	Movement From last report (Period Six) £m	Variance as % of approved budget %	Reasons for movement since last report
Purchase of Care - People with Mental Health problems and Drug and Alcohol.	+0.092	+0.010	+1.1	Small increase in net expenditure on packages of care purchased from the independent sector.
Other Mental Health and Drug and Alcohol services	-0.333	+0.045	-3.3	Increase in forecast expenditure on service agreements with the voluntary sector.
Total	-0.241	+0.055	-1.3	

Learning Difficulties £+3.504m forecast overspend (budget £+51.473m)

Area	Projected Variance Total £m	Movement From last report (Period Six) £m	Variance as % of approved budget %	Reasons for movement since last report
Purchase of Care	+4.339	-0.484	+7.8	Revised estimate of forecast expenditure on packages of care for the remainder of the financial year.
Homes, Day Care, In-house home care and Community Support team	+0.017	-0.185	+0.1	Mainly due to savings on salaries because of reduced use of agency/relief staff, lower overtime and some vacancies.
Other	-0.852	+0.250	-5.3	This includes the £-1.030m 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	**+3.504**	**-0.419**	**+6.8**	

Appendix D – 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.
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.

Scheme	2009-10 Budget £	2009-10 Outturn £	2009-10 Slippage (see Note One) £	Reasons for Variance or Comments
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.
Ellacombe Home for Older People Refurbishments - Corporate Minor Works (2007-8)	57,739	57,739	0	See above.

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

Scheme	2009-10 Budget £	2009-10 Outturn £	2009-10 Slippage (see Note One) £	Reasons for Variance or Comments
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.
Westfields – Lift (2007-8)	67,500	67,500	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.

Scheme	2009-10 Budget £	2009-10 Outturn £	2009-10 Slippage (see Note One) £	Reasons for Variance or Comments
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)	34,699	34,699	0	Part of the essential improvements for the in-house Homes for Older People. Delays due to design stage, planning permission and need to programme works amongst other capital schemes at the home.
Munhaven - WC and bathroom facilities (2007-8)	4,867	4,867	0	The scheme was part of Essential Improvements at In-House Homes for Older People Programme. The scheme is complete. Final Accounts were outstanding at the 2008-9 year end.
In-House Homes for Older People- Essential equipment (2007-8)	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.

Scheme	2009-10 Budget £	2009-10 Outturn £	2009-10 Slippage (see Note One) £	Reasons for Variance or Comments
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	75,000	0	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)	16,357	16,357	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 interlinked 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)	16,500	16,500	0	This is part of the Essential Improvements at In-House Homes for Older People.
Sydney House – Lighting (2008-9)	13,200	13,200	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.
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.

Scheme	2009-10 Budget £	2009-10 Outturn £	2009-10 Slippage (see Note One) £	Reasons for Variance or Comments
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	16,500	0	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)	85,000	85,000	0	This is part of the Essential Improvements at In-House Homes for Older People.
Ellacombe Windows (2008-9)	22,000	22,000	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)	27,209	27,209	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	45,000	0	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	20,000	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
Sub-Total for Projects	**2,910,623**	**2,594,263**	**316,000**	
Capital Monies that are earmarked but not committed for specific projects at the moment				
Other Housing With Care Schemes (2007-8)	84,000	84,000	0	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	206,204	0	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	

Scheme	2009-10 Budget £	2009-10 Outturn £	2009-10 Slippage (see Note One) £	Reasons for Variance or Comments
Mental Health 2009-10	278,000	0	-278,000	
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	24,777	24,777	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	641,000	641,000	0	
Sub-Total - Capital Monies that are earmarked but not committed for specific projects at the moment	**2,796,429**	**1,976,827**	**-819,602**	

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	**11,218,409**	**10,082,807**	**1,135,602**	

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 Overview and Scrutiny Panel
5 January 2010
Item No 11

Service and Financial Planning 2010-13

Report by the Director of Adult Social Services

Executive Summary

At its November meeting, the Panel considered a detailed report on proposals for service and financial planning for 2010/11-2012/13. This report updates the Panel on further information and changes affecting proposals. It includes confirmation of the Provisional Grant Settlement, information from the recent 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 this Panel.

The main issues and areas for consideration affecting the services covered by this panel include:

· The significant change 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';
· 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;
· The draft revenue proposals contained in Appendix A of the report;
· The potential risks identified from the Department of Health Consultation document on the Proposal for Free Personal Care – see paragraph 5.4.

Overview and Scrutiny Panel members are asked to consider and comment on the proposals contained within this paper and to consider the prioritised bids for capital funding, in order to inform Cabinet discussion at its meeting on 25 January.

1 Background

1.1 Budget planning is part of an integrated approach to overall service planning, including reviewing and updating the County Council Plan. The proposals in this paper are part of that overall approach.

1.2 Overview and Scrutiny Panels received service and budget planning reports in November 2009 identifying key contextual issues and service challenges together with Cabinet Member and Chief Officer proposals towards delivering the County Council's Objectives within the agreed financial planning framework. Planning carried out during the year and prior to the announcement of the Provisional Grant Settlement has been based on financial planning assumptions, which included:

- Cash uplift for services 2.5% (adjusted for pay assumptions);

- Price inflation - 2% general prices and 4% transport prices;
- No uplift for independent and voluntary sector care providers;
- Pay freeze for 2010-11.

1.3 Decisions on the final allocation of resources will reflect the delivery of the County Council's Objectives and improvement priorities. At the Panel meetings in November, Members were asked to consider and comment on the revenue budgets and capital programme proposals in light of the information then provided, in order to help inform Cabinet Members' discussions.

1.4 This paper updates Members on the Government's financial settlement for Norfolk. It also reports further work to prioritise bids for capital funding. Overview and Scrutiny Panels are asked to consider the implications in relation to their own service areas for report back to and consideration by Cabinet at its meeting on 25 January 2010.

2 Council Objectives and Service Planning Preparation

2.1 The Panel regularly receives relevant performance information against the current corporate objectives. In addition, progress against actions in the County Council Plan and service plans is reported regularly and the latest report is included elsewhere on this agenda.

2.2 The significant pressures and drivers for Adult Social Services were highlighted in the November report to Overview and Scrutiny Panel. The 2010-13 Adult Social Services Service Plan is currently under development. Based on the assumptions, drivers and financial pressures identified in this and previous papers, services are planning how they will use their resource to best deliver improvements for people who use our services. We propose to present a draft service plan to the March Overview and Scrutiny Panel.

2.3 In preparing the Service Plan we are not proposing to change the set of 22 service objectives in the current 2009-12 plan, agreed by this Panel in July 2009. Adult Social Services Senior Management Team has, however, highlighted five priority areas to drive our planning. These are the five objectives that we must deliver improvements against, and in developing our plans service managers will be required to show how proposals are delivering these objectives. The priority areas are as follows:

- 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'**). Ensuring, in all that we do, that we are clear about the risk of abuse to vulnerable adults, and take all reasonable and appropriate steps to manage this risk. We will consider the safeguarding of vulnerable adults in decisions at all levels – from commissioning new services, to record keeping and considering whether to trigger adult protection measures.

- 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**'). Preventing people from needing support and care in the first place is the most sustainable way to improve outcomes for people whilst reducing the overall cost of care. We must do all that we can to help people remain independent and prevent them from needing ongoing support. We must make sure people are able to access all of the information they need, from

whichever organisation, to make good decisions about their health and wellbeing. Our approach will focus on enabling people to retain or regain the confidence, support and information to remain independent.

- 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**'). Personal budgets must become the way we respond to the care and support needs of all service users. People will be given the right help to make sure they are comfortable and confident about the decisions they make. Self-directed support will deliver real choice and control and we will ensure that there is a range of support to enable people to benefit from this opportunity regardless of need.
- Joined up services (service objective CP05.14 **Deliver seamless, integrated care between adult social care services and health services**). We will continue to improve the way we work with health services, the voluntary sector and other agencies so that people receive consistent and seamless services, no matter what their needs. Staff will work closely with staff in other agencies to make sure we work efficiently and effectively together. People will get the same, high quality services no matter who they go to first.
- Meeting demands for services within budget (service objective CPOOB.03 '**Sustainably manage expenditure and capacity to ensure we can meet demand for social services**'). We must deliver service improvements whilst reducing costs in real terms. In planning terms we will look closely at the way we design and commission services. In delivering services we will identify better ways of working and keep the costs of the services we provide and commission under constant review.

3 Provisional Local Government Finance Settlement 2010/11 and the Pre-Budget Report 2009

3.1 The Provisional Settlement was announced on 26 November 2009 covering the single year 2010-11. It has been issued for consultation with responses due back to Communities and Local Government by 6 January 2010. The final Settlement is usually announced towards the end of January/early February.

3.2 This confirms the position for Norfolk County Council announced in the three-year settlement in January 2008 and previously reported to this Panel. The only change relates to some redistribution of the funding totals for shire counties and districts reflecting local government restructuring decisions. This has not affected the Norfolk total, which for 2010/11 is £238.25m – an increase of £12m (5.3%).

3.3 The settlement confirmed funding for Area Based Grant and specific government grants. Changes in specific grant to Area Based Grant are shown in Appendix A.

3.4 One matter within the Settlement is drawn to Member's attention. A new grant formula was introduced in 2006-7 for education and social services authorities, which produced both winners and losers under the revised set of indicators. Norfolk gains under the new formula allocation. However, because there were some councils which would have suffered significant loss of grant and because of the implications on council tax levels in those 'losing' councils, the Government introduced a transitional 'damping' mechanism to phase in the impact of the new formula. The damping adjustment is self-funding, with gaining

Councils having their grant abated to support the 'losing' Councils.

3.5 In practice, the damping mechanism has not been phased out and Norfolk's grant has been abated by a total of £96.8m over the four years 2006-7 to 2009-10. The reduction in grant for 2010-11 is £21.973m. In other words, but for damping, we would receive close to £22m more grant, with that higher level of grant properly reflecting the Government's own calculation of what Norfolk should be receiving. To put this sum into context, £22m equates to over 6% on Council Tax.

3.6 The Chancellor's Pre-Budget Report 2009 was announced 9 December. In the report the Chancellor set a cap on public sector pay of 1% from 2011. In addition he plans to increase National Insurance contributions by a further 0.5% from April 2011. This is in addition to the 0.5% increase previously announced. Our budget plans for future years are therefore amended to reflect these changes and the total additional cost pressures shown within in Appendix A are based upon a 1% increase in pay inflation in 2011-12 and 2012-3 and a 1% increase in national insurance contributions in 2011-12.

3.7 The Pre-Budget Report does not provide local authority level detail of our future grant settlements. However, the prospects for public spending set out in the Report endorse the assumed grant freeze on which the Council is planning for 2011-12 onwards.

4 Overview and Scrutiny Panel Comments

4 On the basis of the planning context and budget planning assumptions, Panels in November considered planning proposals and issues of particular significance. The Panel noted that the economic recession and age related demands were placing significant pressures on the Adult Social Services budget. The current economic downturn and a likely reduction in government grant aid could mean that the Department had to find £15m-£16m in savings in the next financial year and similar significant levels of savings in the two years thereafter.

4.1 Earlier comments and any arising from this meeting will be reflected in the budget report to Cabinet on 25 January.

5 Revenue Budget Proposals

5.1 The attached proposals set out the proposed cash limited budget. This is based on the cost pressures and budget savings reported to this Panel in November adjusted for the removal of the proposal to save £-0.059m by ceasing the non-statutory HIV/AIDS service as this is wholly funded by a Department of Health ring-fenced grant.

5.2 Appendix A shows:

- Total Cost pressures which impact on the Council Tax;
- Total Budget Savings;
- Transfer of specific grants to Area Based Grant;
- Transfers of responsibility from Central to Local Government;

Cost neutral changes i.e. budget changes which across the Council do not impact on the overall Council Tax, but which need to be reflected as part of each service's cash limited budget. Examples are depreciation charges, changes to area based grant and changes to office accommodation charges.

5.3 All budget-planning proposals have been considered in light of their impact on corporate objectives, performance, risk, value for money, equalities and community cohesion and sustainability. This has included a high-level single

impact assessment. Key implications for consideration were reported to this Panel in November

5.4 As previously reported, there remains an overall shortfall between allocated budget uplift and identified budget pressures. Together with the overall issues affecting the financial strategy, the shortfall position will be considered by Cabinet at its meeting on 25 January 2010 and addressed within the Cabinet recommendations to County Council on 15 February 2010.

5.5 Since the November Panel the Department of Health has issued a Consultation Document on a Proposal for Free Personal Care ("Personal Care At Home - A consultation on proposals for regulations and guidance"). The proposal is that from 1 October 2010 free personal care would be available to those people not in residential care who meet the following criteria:

- people over 18 years of age;
- people Adult Social Services provide care to;
- people who arrange and pay for their own care
- people falling into the Critical band of Fair Access to Care Services, those needing significant help with four or more Activities of Daily Living (ADLs).

5.6 The initial estimated direct financial impact for the financial year 2010-11, the first year if the proposal is implemented, is approximately £5m of additional pressures for Adult Social Services in Norfolk. This is for six months. These figures take into account the indicative extra grant income included in the document. However this is only the initial estimate which is based on various assumptions and further work needs to be carried out to gain a more accurate assessment of the financial impact, eg getting more accurate information about the number of people in Norfolk sourcing and paying for their own care There would also be additional issues arising from this proposal including having to assess people currently sourcing their own care against the social care eligibility criteria and ascertaining which parts of the care they have that fulfil the criteria, ie personal care and meeting their needs. The potential financial risk has not been included in the budget plan as it is still a proposal

6 Capital Programme

6.1 In accordance with the Capital Strategy, departments have submitted bids for capital funding to the Corporate Capital and Asset Management Group (CCAMG). Overview and Scrutiny Panels considered these bids at their November meeting and comments were passed to CCAMG.

6.2 CCAMG has prioritised these bids using the Council's Capital Prioritisation Model. The prioritised list is shown in Appendix B, including the scores achieved by each bid. Following the Government's announcement of capital grant for 2010/11 all sources of funding for capital schemes are being assessed to ensure the most cost effective use of capital funding. Any changes to the submitted bids may affect the current scores and prioritisation. Cabinet will consider the prioritised list on 25 January 2010, where the prioritisation will be reviewed (and may be amended). Cabinet will also consider, alongside revenue requirements, the level of funding that can be made available to fund the bids, and will recommend to Council which bids are included in the capital programme.

7 Resource Implications

7.1 The implications for resources including, financial, staff, property and IT are set out in Sections 6 and 7 of this report and within the Appendices.

8 Other Implications

8.1 **Legal Implications:** As the department is proposing to review its policy for charging for day care and is looking to rationalise day centre buildings for people with Learning Difficulties, people who use day centres and other stakeholders will be consulted and their views fed into the plans for change**.**

8.2 **Human Rights:** None.

8.3 **Communications**: Communication Strategies will be put in place, where appropriate, for projects and actions resulting from these proposals.

9 Equality Impact Assessment

9.1 This report is not directly relevant to equality in that it is not making proposals that may have a direct impact on equality of access for statutory services or outcomes. Equality Impact Assessments will be carried out as appropriate as part of those projects which will review policy, ie the Review of Charging and the Rationalisation of Learning Difficulties Day Centre Buildings.

10 Section 17 – Crime and Disorder Act

10.1 Adult Social Services commissions and/or provides a range of services, often in conjunction with partners, which support people who may be more susceptible to becoming victims and/or perpetrators of crime and disorder. The proposals are expected to enhance this further, because of the strong service development and transformation elements to them. As a result of this services will be better able to cope with future demands and expectations of service users.

11 Action Required

11.1 Members are asked to consider and comment on the proposals contained within this paper and to consider the prioritised bids for capital funding, in order to inform Cabinet discussion at its meeting on 25 January.

Officer Contact

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

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Appendix A - 2010-13 Revenue Budget Estimates

2010-13 Revenue Budget Estimates	**2010-11**	**2011-12**	**2012-13**
	£m	**£m**	**£m**
2009-10 Original Budget	**212.750**	**235.904**	**250.861**
Adjustments to Base			
Additional Cost Pressures reported to November Panel -Note 2	15.945	16.204	15.589
Budget Savings reported to November Panel	-9.396	-1.247	
Changes to Savings -removal of proposal to cease the non-statutory HIV/AIDS service as this is wholly funded by a Department of Health ring-fenced grant	0.059		
Total Budget Savings	-9.337	-1.247	
Sub-total - Additional Cost Pressures less Savings	**6.608**	**14.957**	**15.589**
Budget Uplift for Planning Purposes	**-4.061**		
Shortfall of savings	**-2.547**	**14.957**	**15.589**
Service Transfers			
Transfer of specific grants to Area Based Grant - Supporting People Programme	16.337		
Increase in Area Based Grant above the 2009-10 grant	0.149		
Cost Neutral Changes, including Budget Transfers - these do not impact on the overall Corporate Budget or on the overall Council Tax			
Budget Transfer to E-Services - PC Desktop Refresh	-0.113		
Depreciation Charges*	0.056		
REFCUS charges* - see Note 1	0.278		
Grant on REFCUS charges*	-0.278		
Debt Management Expenses	-0.001		
Grant and Contributions Deferred	0.125		
Office Accommodation	-0.007		
Cash Limited Budget	**235.904**	**250.861**	**266.450**

Key:

*These are required to comply with the Local Authority Accounting Code of Practice but do not impact on the Council Tax Calculation. They are self-balancing notional adjustments to ensure the department's accounts show the true cost of the assets it uses.

Note 1: REFCUS is the abbreviation for Revenue Expenditure Funded by Capital Under Statute. This is expenditure that legislation allows to be classified as capital for funding purposes when it does not result in the expenditure being carried on the Balance Sheet as a fixed asset, for example improvement grants.

Note 2: The cost pressures for 2011-12 and 2012-13 have been amended since the November Panel report to reflect: a 1% pay inflation assumption for 2011-12 and 2012-13; a 1% National Insurance assumption for 2011-12; and the demographic growth pressures and increased need in 2012-13.

Appendix B - Corporate Bids considered by Corporate Capital Asset Management Group

Dept	Capital Bids	CCAMG moderated score	Profile of Requirements for NCC Capital (£M)				
			2010/11 £m	2011/12 £m	2012/13 £m	2013/14+ £m	Total All years £'000
Corporate Property	Corporate Minor Works 2012/13	400	-	-	1.230	-	1.230
Corporate Property	Carbon & Energy Reduction Fund (CERF)	367	2.900	3.125	3.350	4.550	13.925
Corporate Property	Disability Discrimination Act (DDA) Works	364	0.130	0.130	0.130	-	0.390
Children's Services	Norwich Professional Development Centre - Accessibility Improvements	361	0.175	-	-	-	0.175
Planning & Transportation	Hethel Engineering Centre - Extensions	294	0.950	-	-	-	0.950
Planning & Transportation	North Norfolk Centre for Enterprise	275	0.250	0.250	-	-	0.500

Corporate Property	Seven Primary School Development Projects - Supplementary Improvements in BREEAM Specification	227	0.400	0.250	-	-	0.650
Adult Social Services	Church Green & Faro Lodge Respite Care Development	210	1.000	-	-	-	1.000
Planning & Transportation	Great Yarmouth Railway Sidings	186	0.035	-	-	-	0.035
			5.840	3.755	4.710	4.550	18.855

Council Name: Norfolk

This report is a summary of the performance of how the council promotes adult social care outcomes for people in the council area.

The overall grade for performance is combined from the grades given for the individual outcomes. There is a brief description below – see Grading for Adult Social Care Outcomes 2008/09 in the Performance Assessment Guide web address below, for more detail.

Poorly performing – not delivering the minimum requirements for people

Performing adequately – only delivering the minimum requirements for people

Performing well – consistently delivering above the minimum requirements for people

Performing excellently- overall delivering well above the minimum requirements for people

We also make a written assessment about

Leadership and **Commissioning and use of resources**

Information on these additional areas can be found in the outcomes framework

To see the outcomes framework please go to our web site: Outcomes framework

You will also find an explanation of terms used in the report in the glossary on the web site.

Delivering Outcomes Assessment

Overall Norfolk council is performing: **Well**

Outcome 1: Improved health and emotional well–being	The council is performing:	**Well**
Outcome 2: Improved quality of life	The council is performing:	**Well**
Outcome 3: Making a positive contribution	The council is performing:	**Excellent**
Outcome 4: Increased choice and control	The council is performing:	**Well**
Outcome 5: Freedom from discrimination and harassment	The council is performing:	**Well**
Outcome 6: Economic well-being	The council is performing:	**Excellent**

Outcome 7:
Maintaining personal dignity and respect The council is performing: **Well**

Click on titles above to view a text summary of the outcome.

Assessment of Leadership and Commissioning and use of resources

Leadership

Performance management has been enhanced and embedded and the council has set clear targets. Staff understand the performance system and information that is provided and are able to support monthly monitoring, relating the information to work undertaken to improve services and outcomes for people who use services. Members of the performance board take action to support improvements in performance. General training in performance has been provided and is valued by staff.

Planning reflects findings of the joint strategic needs analysis (JSNA) and the views and opinions received through feedback from people who use services and partners. Priorities have been informed by the JSNA and have been agreed in partnership with NHS Norfolk and NHS Great Yarmouth and Waveney. Voluntary sector organisations are also involved in planning to address priorities.

The Director, Councillors and Senior Managers demonstrate a clear vision for adult care services that is focussed on transformation and delivery of personalised services that meet peoples needs.

Training and support is being rolled out to staff to ensure that they are able to provide personalised support.

The management of financial resources and resource implications have been agreed by the council and evidence was provided of effective oversight and risk management action to mitigate a significant financial risk that emerged in 2008/09

Commissioning and use of resources

The council is making good use of the joint strategic needs assessment to inform commissioning priorities and identify gaps in service provision. Contract compliance in respect of commissioned social care packages has been used to better manage provision of quality services and encourage development to meet specific needs of people. Regulated services commissioned by the council are mostly rated good or excellent at meeting the needs of people.

The council has ensured that people who use services and partner organisations are involved in shaping and developing services to ensure that services provide improved outcomes for people. Good use is made of voluntary agencies and the council is engaged in evaluating voluntary sector provision to ensure that support services are available county wide and meet known needs. The council has plans in place to develop additional housing-with-care schemes in the county, further promoting independence across the county.

The council has increased its understanding of the social care market throughout the past year and the council is ambitious to ensure that with market development and contract management

improved outcomes from commissioned services will deliver more personalised services and meet future demands.

Summary of Performance

Brief overview of performance and progress

The council benefits from strong leadership and a clear focus on delivery of services that meet the needs of people living in the county. The council has an understanding of the needs of the people it serves and works well with partner organisations to address the health and social care needs.

Collaborative working is being utilised to improve the health and well being of sections of the council area targeting health inequalities. Partnership working with health and voluntary sector organisations is well developed in some areas of service provision. People who use services are supported by the council to only go into hospital when they need to. Hospital discharge delays continue to be experienced although steps have been taken to try and reduce these.

A specific initiative to reduce falls experienced by people in residential care homes has reduced the overall number of falls. In addition a falls action team provides support to people who have fallen.

Support for carers of people who use services continues to be a focus of the council and the level of support available contributes to helping people to remain in their own communities and lead full lives. There is a programme of intensive rehabilitation offered which has successfully supported people to become independent with a significant number of people requiring less care and intervention in the long term. Waiting times for housing adaptations have continued to be a challenge and the council has plans to improve these to support people who need changes to their home environment to remain independent.

Some specific schemes and support is provided by the council in partnership with others which is specifically designed to meet the needs of the largely rural communities within the county. Active support for social enterprise schemes and support for carers to continue in employment has contributed to the development of pathways to employment for a number of people who use services.

A range of advocacy services are available and the council has increased spending on advocacy in line with supporting more people to have increased choice and control. There has been increased support to help people to maximise their income and there has been increased take up of benefits. The council has improved support provided to help people with debt and money management.

Areas of improvement identified from the assessment of performance in 2007/08 has been monitored throughout the year and progress has been maintained on most areas as well as priorities and developments that the council had identified itself.

Outcome 1: Improved health and emotional well–being

The council is performing: Well

The council has demonstrated a strong commitment to improving the health and well being of people in Norfolk. Overall, people in Norfolk enjoy longer and healthier lives than the average for people living in England. However the council and partners are aware of significant health inequalities between areas within the county. Targeted actions and services are in place to minimise and address inequalities and the impact of specific conditions or disabilities. Useful information and advice on physical health and well being is widely available.

People who use services in care homes or in their own homes have meals provided that meets their cultural needs and preferences whilst the overall nutritional value is reported as good. Intermediate care services have been increased to both prevent hospital admission and facilitate early discharge. A particular focus has been given to supporting people to leave hospital when they are fit to be discharged, preventing them from staying in hospital longer than is necessary. However, the number of people; admitted to hospital has increased, and although the number of people who have delayed discharge have reduced, they are high and the council remain high within the group of comparator councils. The Council, with it NHS partners, is a pilot site for the Integration of Health and Social care Services. The council has ensured that good use is made of assistive technology and aids & equipment to enable people to remain independent in the community. Extensive work has been undertaken on falls prevention and the council and partners have successfully prevented high numbers of people being referred to hospital as a result of a fall at home.

Services to support people who use services at the end of life, and carers, have been extended with a focus on dignity and care provided at home. Standards in respect of this area of care have been enhanced by specific training and support provided to community and residential care staff.

The plan to move people from long stay NHS campus accommodation is ongoing and everyone has a person centred plan.

What the council does well.

- Specific support provided to help people to improve their health and well being.
- The use of assistive technologies to reduce falls in domestic settings and in residential homes.
- Work of the drug and alcohol team to help people become alcohol aware.
- Safe driving initiatives aimed at young men and older people

What the council needs to improve.

- Need to undertake further work to reduce the number of people who have experienced delayed discharge from hospital
- Implement the review of the community meals service
- Further develop strategies to reduce health inequalities across the county
- Continue to ensure that all people living in campus accommodation are supported to leave and move into community accommodation

Outcome 2: Improved quality of life

The council is performing: **Well**

The council is committed to supporting a good quality of life for people who use services. Support is provided to help people to stay independent. Carers have a broad range of services to support them with a high percentage feeling better supported in their caring roles. People are able to use local services to provide access to leisure activities. People advised that access to support is very good in Norwich but is less accessible in rural parts of the county.

Equipment is supplied to support independence but the length of time waiting for adaptations to homes impacts on independence. Joint working between the council and partners provides support for people with specialist support needs. Progress has been made to ensure that specialist support is available across the county. The use of assistive technology has been promoted across the county, with a high number of people benefiting from the equipment to enable them to remain independent and safe. The council supports people to continue living in their own homes.

The number of care homes in the county that meet quality of life standards is above the national average. It is reported that social and leisure opportunities offered to people who live in care homes are of a good standard.

The council is active in addressing poor accessibility in rural areas and in addition to specific projects to support drivers and provide transport with partners – there is ongoing county wide work to improve and upgrade bus stops and provide poor-weather shelters.

What the council does well.

- New carers emergency respite service – this needs to be promoted to ensure all carers are aware and record an agreed emergency plan
- Promotion of equipment to support people to live safely at home

What the council needs to improve.

- Continue to work with partners to improve transport and access to services that are available in the county.
- Continue to ensure that people know about locally available provision of support services.
- Work with housing authorities to reduce length of time people wait for adaptations that support them to remain independent and at home.
- Further increase the provision of respite care for carers
- Complete implementation following the review of day opportunities for people with mental health problems.

Outcome 3: Making a positive contribution

The council is performing: **Excellent**

The council has ensured that people who use services are able to contribute and help service development. A number of organisations are led by people who use services and their carers.

Opportunities exist for people to take part in community life and express their views on services, with voluntary groups and advocacy services providing support to those unable to participate independently. People who use services from minority and hard to reach groups are represented through voluntary groups and through the citizens' panel are involved in shaping and designing services to meet the needs of different communities.

Volunteers are active across the county and help to ensure that the views of people who use services are included in consultation activities and to provide feedback and evaluation. A number of voluntary groups who work to ensure that the organisations or groups have some stability are supported by the council. Representation from BME communities is actively supported by the council. Carers have opportunities to contribute to and influence services.

What the council does well.

- People who use services are enabled and encouraged to contribute to shaping and developing services through a number of forums and partnership boards.
- Well established mechanisms are in place for people to become involved in service development

What the council needs to improve.

- Complete and utilise the findings from evaluation of council work with the voluntary sector.
- Continue with plan to develop a new multi agency social care register of service users, carers and citizens who are happy to be consulted.

Outcome 4: Increased choice and control

The council is performing: **Well**

The council ensures that advice and information about services is available to support people in their decision making. People are supported and enabled to exercise a degree of autonomy in planning their own personal support.

Advice about costs is provided to ensure that people are empowered to take control and maintain varying degrees of independence. Information about options includes information about the use of self directed support and direct payments which affords and promotes independence and choice. The level of support available from statutory and voluntary services ensures that people are able to remain in their own communities and lead full lives. The single point of contact helps people to access information. People who use service and carers know how to make a complaint. Complaints are handled promptly by the council are well managed and meet people expectations in a timely way.

Advocacy is available to support people to make decisions about care options, with specialist support available to meet the needs of people who are not able to communicate their wishes without support. The advice and information is available in a variety of media outlets and on line. People are involved in their assessment and any proposed long term support arrangements to help them planning for the future.

What the council does well.

- Increased use of advocacy to support people to exercise choice and control
- People receiving services benefit from having timely reviews
- There is good access to the customer service centre

What the council needs to improve.

- Introduce and implement the electronic social care record
- Increase further the number of carers receiving an assessment and review in line with Local Area Agreement (LAA) Targets
- Continue to promote the range of out of hours support available to carers ensuring that existing and new carers are aware of the support.
- Reduce admissions into permanent residential of people with mental health problems and physical disabilities
- Further develop person centred planning and self directed support.

Outcome 5: Freedom from discrimination and harassment

The council is performing: **Well**

The council has ensured that people who use services have fair access to services. The criteria for fair access to care services are clearly published and explanations are provided to ensure people understand what this means. Support is provided to enable people who are not eligible for care services to be signposted to suitable alternatives. People are encouraged to use services that they are entitled to and the take up of services is monitored.

Support is available outside usual working hours to ensure that people who use services are not disadvantaged at times of crisis. However, comments were made by people who use services about access to the mental health foundation trust's crisis service during the night when phone lines are not answered. Partnership working is in place to support arrangements to address discrimination and work has contributed to a greater understanding of the needs of vulnerable people. The council reports that most people who use services and carers are free from discrimination or harassment.

What the council does well.

- Involving people who use services to sense test equality impact assessments
- Providing a flexible and responsive service - ensuring that staff are available in most key services or positions to meet out of hours demands
- Has given clear guidance on eligibility criteria

What the council needs to improve.

- Continue to improve engagement with BME communities
- Continue to develop guidance so that people with learning difficulties know what to do if they are victims of harassment or hate crime
- Ensure that reporting and handling data about harassment or discrimination is accurately maintained

Outcome 6: Economic well - being

The council is performing: **Excellent**

The council has established services which have successfully helped people to maximise their income and increase take up of benefits.

A range of support services are in place to help people to access employment and the council has been active in supporting social enterprise schemes which support individuals to gain employment and has developed pathways to employment for a number of groups of people who use services. Carers are supported by the council to combine caring roles alongside employment and / or training, although more needs to be done to ensure that such opportunities are widespread across the county. The council has provided a response to meeting the needs of carers by offering flexible contracts of employment and has identified a need for a staff focus group to address early on any issues or developments to support carers.

Standards in respect of financial interests of people who use residential services were met in the majority of registered services commissioned by the council thereby safeguarding individuals' money. Advice and support on debt issues and money management has been introduced across the county.

What the council does well.

- Helping people who use service to commence training and onto pathways to employment
- Support and creation of employment opportunities
- Supporting carers to maintain employment
- Increased support to help people to maximise income and increase take up of benefits
- Providing support to help people with debt and money management

What the council needs to improve.

- Progress plans to contribute to the development of joint Eastern Region Core Principles and Disputes Procedures for continuing care
- Continue with support to help people to remain safe in their own homes

Outcome 7: Maintaining personal dignity and respect

The council is performing: **Well**

The council has recognised that safeguarding is a key feature of their service and safeguarding arrangements are established and comprehensive.

Relationships between the agencies that work together ensures that referrals and assessments related to safeguarding are handled promptly. The multi agency working arrangements enhance the focus on protection of people who are vulnerable and all referrals are subject to a joint assessment or consideration. Procedures ensure that responsibility for any action is known to the agency / individual. The council needs to ensure that data is maintained to accurately reflect the safeguarding referrals that are received by the council and partners and that it also captures the work of the unit that has been set up to protect people who find themselves in an abusive situation. Action to address awareness and training as identified by the health sub-group of the safeguarding board needs to be monitored against the rate of referrals. The quality of

safeguarding in care homes and other regulated services is high and the council is proactive when quality standards are not maintained.

The council is committed to promoting dignity in all aspects of care, staff training in respect of safeguarding and dignity and respect is provided to the majority of staff. It is reported that partners are also committed to the promoting safeguarding and the protection of people who are potentially in a vulnerable situation. It is reported that the safeguarding board together with the five locality partnership groups and sub groups have a focus on all aspects of the service to ensure that safeguarding is comprehensive.

What the council does well.

- Multi agency safeguarding teams are co located with police officers
- Established processes are in place to consider safeguarding of people who choose to have self directed support
- Independently commissioned review of safeguarding arrangements

What the council needs to improve.

- Ensure that more staff in the independent sector receives high quality safeguarding training.
- Continue to improve recording of safeguarding issues ensuring accurate data is available
- Action the recommendations of the health sub group and monitor against the rate of referrals received
- Continue with work to help improve community safety

Report to Adult Social Services Overview and Scrutiny Panel

January 2010
Item No 12

Norfolk's Draft Joint Dementia Commissioning Strategy

Report by the Director of Adult Social Services

Summary
This Report presents Norfolk's proposed Draft Joint 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. Panel is invited to comment as part of the public consultation. An overview of the context is followed by a description of how the Norfolk response has been constructed. The proposed Norfolk Joint Dementia Commissioning Strategy is attached as an **Appendix**.

1 Background

1.1 The term "dementia" is used to describe a syndrome which may be caused by a number of illnesses in which there is progressive decline in multiple areas of function, including decline in memory, reasoning, communication skills and the ability to carry out daily activities. Alongside this decline, individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering. The causes of these illnesses are not well understood. The greatest risk factor and association is age so that older people are disproportionately affected, although it can affect adults of working age such as people with learning disabilities. Regardless of the cause, the dementias all share the same devastating impact on those affected and their carers.

1.2 There are currently 700,000 people in the UK with dementia. Dementia is thought to cost the UK economy £17billion a year. This is more than the combined similarly-based costs associated with stroke, heart disease and cancer. These costs are spread across health and care services, as well as individual costs borne by people with dementia and their carers through loss of earnings and payment for personal support. The number of people with dementia is set to double to 1.4 million in the next 30 years and the cost predicted to treble

1.3 In addition to the cost issue, there is national evidence that people with dementia are associated with;

- under-diagnosis, with up to two-thirds never receiving a formal diagnosis;
- increased delayed discharges from and readmission to hospital;
- premature admissions to care homes; and
- a general lack of appropriate services.

1.4 In response to these concerns the National Dementia Strategy was published in February 2009, following widespread public consultation. The aim of the National Dementia Strategy is to ensure that significant improvements are made to dementia services across three key areas: improved awareness, earlier diagnosis and intervention, and a higher quality of care. It lists seventeen

Strategic Objectives, 12 of which relate to services that should be available locally to all people with dementia, and 2 to underpinning local action on workforce development and joint commissioning. The 14 objectives have been used as the framework for the Norfolk Strategy. Ideally the strategy should take 5 years to implement, but given variations across the country there is no expectation nationally that all areas will be able to implement the strategy within this timescale.

2 Local Development of the Strategy

2.1 With a projected increase in the number of older people in the general population and the proportion of people with dementia remaining constant, the number of people with dementia is set also to rise locally. In 2008 the number of people aged 65 and over in Norfolk predicted to have dementia stood at 12,714. By 2025 this figure is predicted to rise to 20,312 – a 62% increase. This compares with a predicted national increase over the same period of 51%

2.2 Currently, around 29% (49,400) of people aged 65 (150,000) and over in Norfolk have some level of social care needs, with 6% (10,400) having very high needs. With the prevalence of dementia ranging from 1% of women (1.5% of men) aged 65-69 years to 25.2% of women (19.7% of men) aged over 85 years of age, a significant proportion of all the older people receiving a service through Adult Social Services have a dementia as a factor leading to them and their carers need social care support.

2.3 In advance of the National Dementia Strategy, a local interagency team was established in the autumn of 2008 by both Norfolk and Great Yarmouth and Waveney Primary Care Trusts (PCTs) and Norfolk Adult Social Services. The team consisted of commissioners, providers, users and carers. They developed an integrated joint commissioning framework for the delivery of dementia services across Norfolk, using regional work published by NHS East of England and the Association of Directors of Adult Social Services (ADASS) on an integrated approaches.

2.4 The framework listed the issues, current position, priorities and recommendations for action, on each of the fourteen nationally set strategic objectives for the Norfolk Strategy (see 2.5 below). These were shared with a wider group of stakeholders at a “Stakeholder’s Workshop” in early September attended by 120 people. The draft Strategy was further revised in light of the comments from the workshop, and it is that document which is attached to this Report.

2.5 The national strategy states that priorities for improvement are for local determination but suggests that particular attention should be paid to early diagnosis and intervention, workforce development, and improving care in care homes. Norfolk’s draft priorities are:

- Early diagnosis and support such as information and treatment in primary care
- Raising awareness and understanding amongst professionals working with older people and the public so that people come forward for earlier diagnosis
- Providing support and breaks for carers

- Improving the quality of care for the third of people with dementia who live in care homes
- Improved quality of care for people in general hospitals

Underpinning these priorities are workforce development and taking forward joint commissioning.

3 Resource Implications

3.1 As up to two-thirds of people with a dementia do not have a formal diagnosis, it is difficult to establish the overall current spend by Adult Social Services where a dementia might be a contributory factor to a persons social care need. The overall "Purchase of Care" spend on services for older people for 2008/09 was £78 million. Within this, £21.5 million relates to specialist dementia care home placements.

3.2 There is limited national funding for implementation and some of it is being used to pilot and evaluate new approaches. Norfolk was successful in obtaining funding to pilot the dementia adviser role to provide ongoing information, advice and signposting to people who are newly diagnosed.

3.3 The National Dementia Strategy (NDS) impact assessment included information on the financial benefits (and costs) of its proposals. These assume that:

- The additional costs of early diagnosis and support would be offset by savings elsewhere, especially in social care. In addition there is evidence that such support and early carer support and diagnosis could reduce care home admissions by over a fifth.

- The costs of people inappropriately being cared for in general hospitals costs on average around £6m for each hospital annually, as well as leading to poorer outcomes for people with dementia.

- Good quality care homes for people with dementia have the same unit costs as poor quality homes.

3.4 Further work is being undertaken to model the financial implications of the Norfolk joint commissioning strategy using a Dementia Commissioning Toolkit provided by a third party. This will enable Adult Social Services and the PCTs to identify where additional resources are needed and where efficiency savings can be made to fund investments. In addition many of the recommendations link to current plans for service development such as carers services or end of life services. Others can be achieved by staff training.

3.5 It is clear that improving services for people with dementia will require additional training for all groups of health and social care staff working with people with dementia. More work will take place with existing workforce development groupings to develop a programme to support the implementation of local priorities.

4 Equality Impact Assessment (EqIA)

4.1 The NDS produced an equality impact assessment and this strategy has taken account of that. Norfolk's draft strategy will take account of the diversity of

Norfolk's population, and apply to under 65's and people with learning difficulties. The dementia adviser pilot, for example, will link with BME and migrant worker communities. If implemented, the strategy should:

- Improve early diagnosis rates for up to two-thirds of those with dementia, improving the quality of life for them and their carers, whether people are under or over 65 years of age

- Improve the quality of life for the thirds of people with dementia who live in care homes

5 Section 17 - Crime and Disorder Act

5.1 People with dementia, especially the one third of people with the syndrome who live alone, are vulnerable in a range of ways. For example, people who wander may be at risk of falling or accidents, but contact with appropriate services eg assistive technology could support people to live safely in their own homes

5.2 People with dementia are known to be an 'at risk' group in terms of abuse, particularly through financial exploitation and theft. Earlier diagnosis again can enable action to be taken. There will be a clear link between the strategy and wider work on adult protection, as well as the development of advocacy services and services to support people who lack capacity.

6 Risk Implications/Assessment

6.1 The NDS was developed in light of a national assessment of the effect that dementia has on people with dementia, their families and on health, social care and wider public services. It is evidence based and some initiatives eg dementia advisers will be subject to further evaluation of effectiveness.

6.11 The draft local strategy has been developed by a wide range of people. The risks are that:

- The local priorities and actions are wrongly targeted and therefore a 3 month consultation period is proposed. During that period, as well as the widespread public consultation, there will be workshops to develop service models and plans in more detail eg.around models for early diagnosis.

- The proposals are unaffordable. The use of the Dementia Commissioning Toolkit will enable all commissioners to evaluate the potential impact of additional activity in terms of funding required. This will support funding decisions as it will also enable identification of major areas of spend where efficiency savings can be made. Further work is planned around key actions to ensure affordability by Adult Social Services and the PCTs.

- Actions are taken unilaterally by one commissioning partner. The strategy development has improved joint working and one of the underpinning areas for ongoing development is joint commissioning. The strategy, once agreed, will provide a focus for service development.

8 Alternative Options

8.1 Alternative options have been considered as outlined below.

8.2 'Do nothing' is not a viable option. Many people with dementia and their carers have a quality of life which is adversely affected by the fact that their illness is undiagnosed and they do not receive appropriate support. The cost to both individuals and to public services is high now and will increase greatly with population increases unless more effective, integrated and holistic services are developed now. Delivering on the national strategy will assessed as part of Norfolk's comprehensive area assessment.

8.3 Another option is to try to prioritise all the 12 objectives equally. This is not considered achievable or necessary as there are areas where Norfolk is already providing good services eg assistive technology, or where significant service development is in train eg end of life care. The intention is to ensure that the needs of people with dementia are fully integrated into other development work.

9 Conclusion

9.1 There is a requirement on health and social care commissioners in Norfolk to develop a joint commissioning strategy so that the National Dementia Strategy is implemented. This will enable people with dementia and their families to have more choice and control and improved quality of life. It will also enable better use of resources in a situation of increasing demand. There has been good stakeholder involvement in drafting the strategy to date and a period of public consultation is required to check priorities and actions.

10 Action Required

10.1 Comments by the Panel on the draft strategy are requested as part of the consultation process.

Background Papers

Living Well with Dementia: A National Dementia Strategy DoH 2009 Impact Assessment of National Dementia Strategy DoH 2009 Equality Impact Assessment of National Dementia Strategy DoH 2009 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058
Commissioning Dementia Services -an Integrated Commissioning Strategy Commissioning Dementia Services- Commissioning Dementia Education and Training. NHS East of England/ Association of Directors of Adult Social Services (ADASS) September 2008

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communication for all

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

Living well with dementia:

Transforming the quality and experience of dementia care for the people of Norfolk

A draft joint commissioning strategy for consultation

30 November 2009 to 22 February 2010

Norfolk County Council

NHS Norfolk
and NHS Great Yarmouth and Waveney

Reader Information Box

Title	Dementia Joint Commissioning Strategy
Description	This strategy sets out Norfolk County Council, NHS Norfolk and NHS Great Yarmouth and Waveney's plan for implementing the National Dementia Strategy
Other relevant approved documents	National Dementia Strategy Joint Commissioning Strategy for Carers in Norfolk NHS Norfolk long term conditions strategy. NHS Norfolk end of life strategy. NHS Norfolk Single Equality Scheme The use of antipsychotic medicine for people with dementia: Time for action
Date of issue	November 2009
Review date and by whom	November 2010 – Norfolk County Council, NHS Norfolk, NHS Great Yarmouth and Waveney
Prepared by	Maureen Begley, Commissioning Manager, Norfolk County Council. Stephen McCormack, Commissioning Manager, NHS Norfolk. Chris Humphris, Deputy Director of Commissioning, NHS Great Yarmouth and Waveney and Laura McCartney-Gray, Engagement Manager, NHS Norfolk
Impact Assessment	Impact Assessment carried out in accordance with the guidelines
Consultation	Norfolk Interim Local Involvement Network (LINk) NHS East of England
Approved by	Norfolk County Council Cabinet – 12 October 2009 NHS Norfolk Board – 24 November 2009
Authorised by	Harold Bodmer, Director, Adult Social Services. Julie Garbutt, Chief Executive, NHS Norfolk. Dr Sushil Jathanna, Chief Executive, NHS Great Yarmouth and Waveney
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Foreword

Foreword by Director of Norfolk Adult Social Services, NHS Norfolk Chief Executive and NHS Great Yarmouth and Waveney Chief Executive

In developing Norfolk's response to the challenges of improving services for people with dementia, now and in the future, we have worked with a wide range of people. Most importantly, we have been able to draw on the views and experience of people with dementia and their carers

The challenges are many – including tackling the stigma that surrounds dementia and improving and joining up the wide range of services needed by people with dementia and their carers. With Norfolk's large and growing population of older people, dementia will affect more and more lives.

There is a need for both members of the public and professionals to have, understand, and appreciate the full facts about dementia and for more tailor made education and training for professionals.

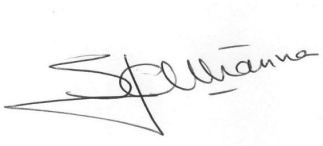
By diagnosing people earlier and providing them with the support they need, we will ensure people will have more choice and control over how they live with dementia, this will also enable them to live life to the full.

Recognising that people with dementia are first and foremost individuals will mean that people are treated with respect and dignity. Services will therefore become 'person-centred'.

We have identified a number of key priorities for Norfolk over the next five years and the purpose of this consultation is to check these priorities and their related actions have wider support.

Feedback on the strategy is via our public mailbox or by letter using our freepost address.

During the consultation period we will be holding five public meetings across Norfolk to ensure as many people as possible are able to let us know if we have got our priorities right. The location and details of the meetings are on page 18.

Chief Executive NHS Norfolk	Director of Adult Social Services	Chief Executive NHS Great Yarmouth & Waveney
		
Julie Garbutt	Harold Bodmer	Dr Sushil Jathanna

Executive summary

The term "dementia" is used to describe a number of illnesses or symptoms in which there is a progressive impact in a person's ability to take part in day to day activities, including a memory loss, reasoning, communication skills and the ability to carry out daily activities. Alongside this, individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering. The causes of these illnesses are not well understood. The greatest risk factor is age, although this can affect adults of working age.

This draft joint commissioning strategy is Norfolk's plan for implementing the National Dementia Strategy. The five year National Dementia Strategy (NDS) was published in February 2009 following widespread public consultation. The National Dementia Strategy can be found at; www.dh.gov.uk/en/socialcare/deliveringadultsocialcare/olderpeople/nationaldementiastrategy/index.htm

The aim of the NDS is to ensure that significant improvements are made to dementia services across three key areas:

- Improved awareness,
- Earlier diagnosis and intervention, and
- A higher quality of care.

The NDS lists 17 Strategic Objectives, 12 of which relate to services that should be available locally to all people with dementia, and two underpinning local action on workforce development and joint commissioning between public sector organisations. We have used 14 objectives as the framework for Norfolk's joint strategy in order to ensure that dementia services in the future are more 'person-centred'.

There are currently estimated to be 700,000 people in the UK with dementia. Dementia is thought to cost the UK economy £17 billion a year. This is more than the combined similar costs associated with stroke, heart disease and cancer together. These costs are spread across health and care services, as well as individuals and their carers. The number of people with dementia is set to double in the next 30 years and the cost predicted to treble.

In 2008 the number of people aged 65 and over in Norfolk predicted to have dementia stood at 12,714. By 2025 this figure is predicted to rise to 20,312 – a 62% increase, compared with a predicted national increase of 51%.

There is national and local evidence that people with dementia experience:

- Under-diagnosis, increased delayed discharges from acute and community hospitals and multiple re-admissions,
- Premature admissions to care homes, and
- A general lack of appropriate services.

The NDS suggests that local strategies should pay particular attention to:

- Early diagnosis and intervention - up to two-thirds of people with dementia never receive a formal diagnosis,
- Workforce development, and
- Improving care in care homes, where a third of people with dementia live.

The priorities for Norfolk were developed with people who use services, their carers, NHS and social care staff and key partners such as voluntary organisations and housing agencies. The priorities are:

- Early diagnosis and support - such as information and treatment,
- Raising awareness and understanding amongst professionals working with older people, and the public, so that people come forward for earlier diagnosis,
- Providing support and breaks for carers,
- Improving the quality of care for people with dementia who live in care homes, and
- Improved quality of care for people in general hospitals.

The NDS looked at the financial benefits (and costs) of its proposals and highlighted that:

- The additional costs of early diagnosis and support would be offset by savings elsewhere, especially in social care, and reduced care home admissions,
- The cost of people inappropriately being cared for in acute hospitals – perhaps from 'emergency' or 'crisis' treatments especially where dementia is not diagnosed - is on average around £6m for each hospital annually, as well as leading to poorer outcomes for people with dementia, and
- Good quality care homes for people with dementia have the same unit costs as poor quality homes.

We will only improve the quality and range of services for people with dementia and their carers through strong partnerships working together to make changes. The development of the joint commissioning strategy with extensive stakeholder involvement underpins the partnership approach. This also includes working together to identify where savings can be made to invest in our priority for new or expanded services without losing current effective services. Overall, implementing the strategy we believe will enable people with dementia and their carers to live well with dementia.

1. Introduction

Dementia is a term surrounded in stigma, often misunderstood and those with dementia are often not diagnosed quickly enough, leaving individuals with dementia, their families and carers in difficult circumstances.

It is predicted that the number of older people with dementia will rise in Norfolk from 12,714 in 2008 to 20,621 in 2025, an increase of 62% over this period (3.6% per annum). However dementia also affects people under 65 (an estimated 400 people plus 31 under 65s who have Down's syndrome and dementia).

In Norfolk we know that we are spending a significant sum of money across the agencies on people with dementia. It is difficult to produce an exact figure because a lot of people have multiple needs, and therefore many of their needs are met by a wide range of services.

It has been recognised nationally that dementia has not had the same high profile as other illnesses. A National Dementia Strategy (NDS) "Living well with dementia" was produced early in 2009.

Following the publication of the national strategy, Norfolk County Council, NHS Norfolk, and NHS Great Yarmouth and Waveney, worked with colleagues from primary care, Norfolk and Waveney Mental Health Partnership Foundation Trust (NWMHFT), Norfolk Local Involvement Network (LINks), local voluntary sector organisations and carers to develop a local strategy for Norfolk.

To ensure full involvement in the design of the strategy a "stakeholder" event was held to help us decide on the priorities for Norfolk. This included a wider range of partners such as people with dementia, their carers, housing and social care providers.

We have jointly developed and agreed this strategy to transform the quality and experience of dementia health and social care services for the people of Norfolk. It will be important for all those affected in Norfolk, whether it be those who develop dementia themselves, or family carers who do such a valiant job caring for and supporting loved ones.

The strategy is underpinned by the National Dementia Strategy, which focuses on three themes:

- Raised awareness and understanding of dementia,
- Early diagnosis and support, and
- Giving people the ability to live well with dementia.

Our strategy has been divided into the same 14 objectives that are found in the national strategy. For each objective we have put together information about the current situation, recommendations for improvement and plans for the development of future services. The **12 week consultation** will ensure everyone, who would like to have an opportunity to comment on the plans in the draft document, has an opportunity to share their views before the strategy is adopted in spring 2010 by NHS Norfolk, NCC, and NHS Great Yarmouth and Waveney.

During the consultation period we will also be working with partners to develop and agree new innovative models of how we will deliver changes, in line with stakeholder recommendations on key priorities.

The project delivery team is also in the process of talking more extensively with people with a dementia diagnosis and their carers to ensure we take their views fully into account. The research is due to be completed by December 2009 and the results will be published in January 2010. NHS Norfolk, Norfolk County Council and NHS Great Yarmouth and Waveney have made a commitment to ensure that the results of the research will be reflected in the final joint commissioning strategy.

But this is only the beginning. What will be most important is how all the agencies and organisations in Norfolk will work together in a strong partnership to deliver the plans contained in the strategy over the next five years in line with the national strategy.

Dementia – key facts

It is a little known fact that much can be done to delay the onset and progression of dementia. Lifestyle changes, such as cutting down on alcohol, having a good diet and not smoking can reduce the risk of an individual developing dementia in the future.

Dementia can be caused by a number of illnesses in which there is progressive decline in memory, reasoning, communication skills and the ability to carry out daily activities. Changes in behaviour are not uncommon, such as depression, psychosis, aggression and wandering.

Dementia is a long term condition that impacts on a person's health, social circumstances and family life and has accordingly been given specialist consideration in long-term commissioning strategies. Dementia accounts for more years of disability than almost any other condition, including stroke, cardiovascular disease and cancer. It accounts for 10 per cent of deaths in men over 65, and 15 per cent of deaths in women over 65.

The risk factors for dementia are complex and vary according to the type of dementia. However, there is a higher risk of dementia:

- With age - about one in 14 people over 65 and one in 6 people over 80 has some form of dementia,
- In women - who are slightly more likely to develop dementia than men,
- In smokers,
- In those who consume alcohol to excess,
- With an unhealthy diet,
- In obesity and in those who do little physical exercise, and
- If the mind is not kept active.

Fundamental principles

We believe that the principles that should underpin all services should be that they are:

Integrated	• The whole care system, health and social services, should be joined up to help people living with dementia and their carers.
Patient/person-centred	• The person with dementia and their carers should be the focal point of commissioning. • The care provided should be focused on the individual, not the environment in which it is provided. • Promotes independence through the personalisation programme, assistive technology, housing and community based services.
Family-orientated	• An approach that works in partnership with, and takes account of, the needs of family members caring for loved ones.
Recognition for all services	• Full recognition given to the importance of third sector services. The people responsible for commissioning (buying) services from voluntary sector providers will balance cost with affordability.
Housed well	• Housing options should be flexible and promote choice and independence, including care homes.
Offering help and prevention	• If there is a crisis, then services should be able to respond quickly and, where possible, prevent problems cropping up in the first place. This will reduce the likelihood of reoccurrence.
Targeted	• Commissioners will ensure that services find and target populations with a higher prevalence of developing dementia, for example, coronary heart disease and alcohol related conditions, as well as specific communities with increased risks such as Black Minority and Ethnic Communities (BME).
Knowledgeable workers	• All areas of care and health should be aware of dementia. Specialist practitioners must be available with the skills to manage younger people with dementia and people with learning disabilities and dementia, and
	• The 'specialist', whether they are registered professionals or trained staff, must be able to provide suitable evidence of the knowledge they have in caring for people with a diagnosis of dementia. They may be employed by a variety of agencies but work together to form a specialist service within given geographical areas.
Enough workers	• Commissioners and providers need to make sure there are enough trained and experienced workers to meet demand.
Equal	• Services should not discriminate on the grounds of age, race, gender, disability, culture, faith or sexual orientation. Recording of age and ethnicity of service users should be emphasised as an inherent part of all quality monitoring systems.
	• Adherence to legislation on mental health, the Mental Health Act (2007), Mental Capacity Act (2005) and the Single Equality Act (2008), and • Providers need to demonstrate how all services treat people with equal dignity and respect.
Meets national standards	• Services must comply with national drivers.

Norfolk – current resources

As part of the preparation to inform this strategy, a mapping exercise was undertaken to find out what we have already in Norfolk. It is recognised that there are constant changes in the county and that we may have missed some services. We will build on this as we extend the work over the next five years. The mapping has proved to be difficult as many of the services provided to people with dementia do not specifically record dementia as part of the needs of the individual. Outline details of services are listed in a supporting document which is on the website or available on request; this information is also summarised under each objective in the full strategy document.

There is limited national funding for implementation and some of it is being used to pilot and evaluate new approaches. Norfolk for example was successful in obtaining funding to pilot the role of dementia advisor across Norfolk. The dementia advisor role is to provide ongoing information, advice and signposting support to people who are newly diagnosed with dementia.
The NDS impact assessment included information on the financial benefits (and costs) of its proposals. These highlighted that:

- The additional costs of early diagnosis and support would be offset by savings elsewhere, especially in social care. In addition there is evidence that such support, and early carer support, could reduce care home admissions by over a fifth,
- The costs of people inappropriately being cared for in acute hospitals – perhaps from 'emergency' or 'crisis' treatments especially where dementia is not diagnosed - costs on average around £6m for each hospital annually, as well as leading to poorer outcomes for people with dementia, and
- Good quality care homes for people with dementia have the same costs as poor quality homes.

Whilst encouraging, this means that we will have to work together to significantly redesign services in order to realise savings to be reinvested for example in improved diagnosis and improved support services prioritised by Norfolk stakeholders.

Further work is being carried out to identify the financial implications of the Norfolk joint commissioning strategy using a Dementia Commissioning Toolkit (DCT). This tool provides the ability to better understand the health and care needs and services required for Norfolk. As well as supporting the development of care pathways for selected patients it outlines the financial and service implications of planned changes across health and social care.

The DCT will enable Adult Social Services and primary care trusts to better identify where additional resources are needed. We will also be able to see where savings can be made with no loss of service, to fund vital investments to implement the Norfolk Joint Commissioning Strategy.

In addition, many of the recommendations link to current plans for service development such as for carers' services or end of life services. Work on these dementia objectives will be taken forward as a vital part of the carers and end of life strategies and plans.

Other benefits can be achieved by commissioning more training in staff skills and staff awareness – which was very clearly highlighted as a priority through the involvement events.

2. Pathways and Priorities

National and local pathways

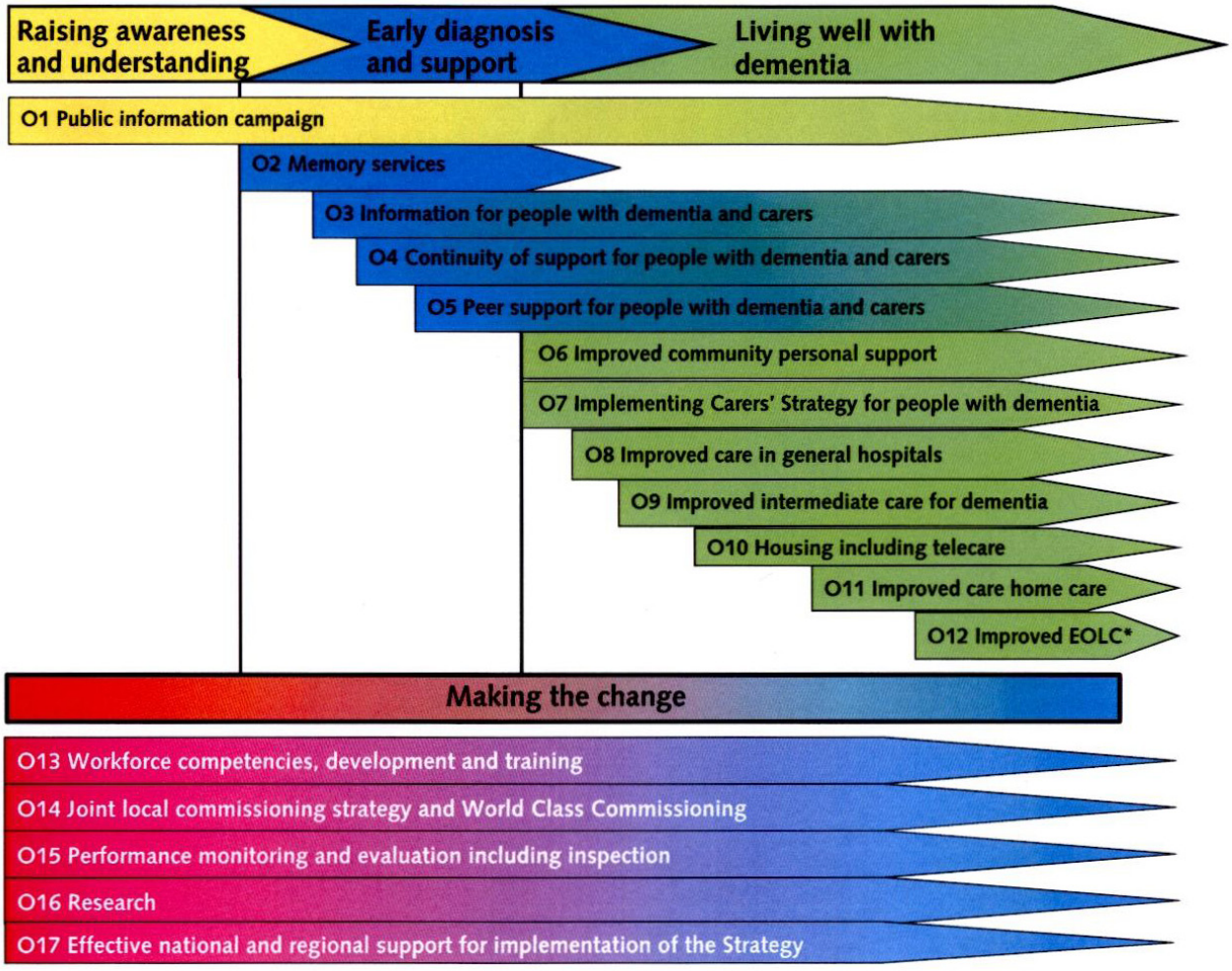
The National Dementia Strategy (NDS) sets out a three part framework to deliver the overall aim that all people diagnosed with dementia and their carers are helped to live well with dementia.

The three parts are:

- Encourage people to seek help and for help to be offered earlier,
- Make early diagnosis and treatment the rule rather than the exception, and
- Enable people with dementia and their carers to live well with dementia by providing good quality care from diagnosis to the end of life.

Figure 1 below shows how the national objectives fit within this framework.

Figure 1: Delivering the National Dementia Strategy – joint commissioning of services along a defined care pathway to enable people to live well with dementia

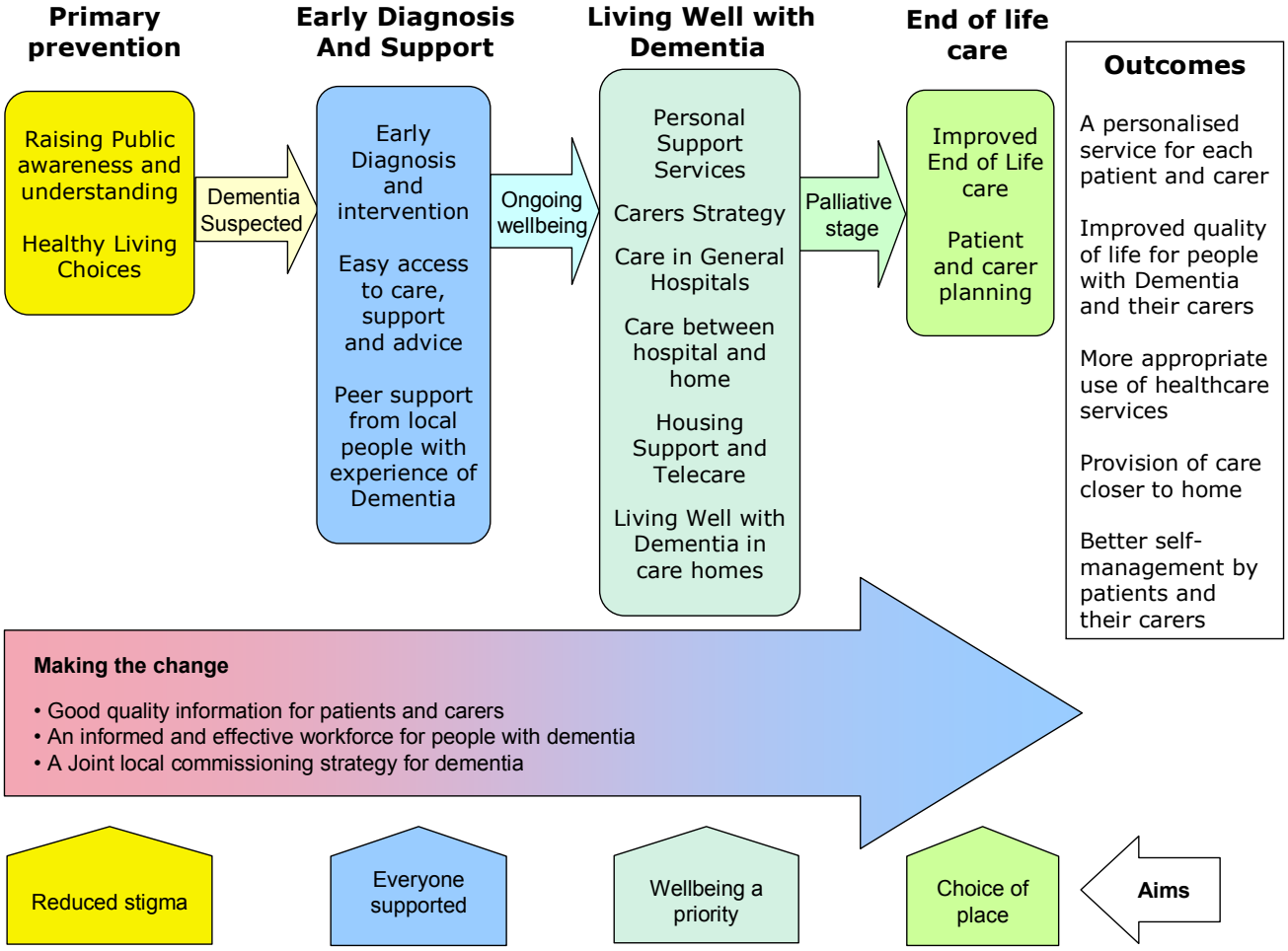


*End of life care

The work which has been undertaken in Norfolk has included developing a draft local care pathway and this is shown in Figure 2.

This is consistent with how we have developed pathways across Norfolk for other long term conditions, especially in NHS Norfolk. This means that we can join care pathways together, for example, where a person has both dementia and diabetes. This should make care and treatment more person-centred.

Figure 2



Priorities for action

The national strategy states that priorities for improvement should be decided locally, but suggests that particular attention should be paid to early diagnosis and intervention, workforce development, and improving care in care homes.

Norfolk's draft priorities have been developed through working with a wide range of people in public and third sector services who work with people with dementia and their carers in health, social care and housing.

The priorities have been shaped through more detailed discussions with people diagnosed with dementia and their carers. We have also drawn on public consultation and development work on carers' services, end of life services, housing options for older people, and day opportunities.

From all this work the Norfolk priorities for action from 2009 to 2012 have been identified as:

- Early diagnosis and support around information and treatment.

Improved services in these areas need to be in place before we move forward on a related priority:

- Raise awareness and understanding amongst professionals working with older people. However the people who were involved in developing priorities are aware that they must not forget people who are already living with dementia.

As a result our other priorities are:

- Providing support and breaks for carers,
- Improve the quality of care for the third of people with dementia who live in care homes, and
- Improve the quality of care for people in acute hospitals; this will also make better use of resources.

Underpinning these priorities are two key areas which will support improvement:

- Workforce development, and
- Taking forward joint commissioning.

Members of the project group have linked into regional and national dementia work on workforce and joint commissioning issues.

In setting the priorities, the members of the project group have also taken into account that there are areas where Norfolk is already providing good services, for example, assistive technology, or where significant service development is planned. Examples of these include intermediate care to pro-actively avoid acute hospital admissions, end of life care and carer strategy developments. We will make sure that the needs of people with dementia are fully integrated into these areas.

This consultation document is a summary of the full strategy, and outlines the priorities of for Norfolk. Details of how to get a copy of the draft strategy are on page 17.

3. Action plans

The following recommendations are aimed at making sure the Norfolk Joint Dementia Commissioning strategy deliver major improvements prioritised over the next two to three years (Please note, the numbering relates to the actions for each of the national objectives in the NDS.)

- Objective 1: Raise awareness and understanding amongst professionals and the public.
- Objective 2: Good quality early diagnosis and intervention for all.
- Objective 7: Providing support and breaks for carers.
- Objective 8: Improved quality of care for people in acute hospitals.
- Objective 11: Living well with dementia in care homes.
- Objective 13: Workforce skills development; training around dementia issues.
- Objective 14: A joint commissioning strategy for dementia.

The national strategy is designed around a five year plan. We will review Norfolk's priorities after two years and the delivery of plans annually. More detail can be found in the appendices on each objective in the full strategy, which can be accessed at:
http://www.norfolk.nhs.uk/consultations/joint-dementia/index.html

Action 2009/2010

2.1 A protocol to be agreed and adopted for primary care services within Norfolk on the screening, early diagnosis and referral pathways for people with symptoms which may be mild, moderate or severe dementia. This will involve developing more effective screening tools for GPs, which also take account of people's diverse backgrounds.

2.2 We are currently checking on the numbers of clients currently being seen in Norfolk at memory clinics. This service can vary and there is a need to link with national and international developments to make be sure that memory clinics deliver the same services and high standards across Norfolk in order to improve the rate at which people are diagnosed.

2.3 The 'best practice' around delivering services recommended by the NDS is through a multi disciplinary team (MDT) working between primary care services and specialist older peoples mental health services. Further work will need to be undertaken to decide if this is the right model for Norfolk, building on existing services, and to agree roles, skill mix and staffing levels. This will link into investment plans.

7.2 Agree a joint health and social care model for day opportunities which will support joint commissioning and the expansion of services to meet needs of people within a person-centred approach and work towards commissioning more social care places.

8.4 Review the potential impact of specialist liaison older people's mental health staff in local acute hospitals and voluntary sector mental health staff. There is a need to look at national work to see if the nature or coverage of the role needs to be extended, for example from medicine for older people into other 'specialist areas' and to provide support to patients and staff. We will also look at the training and education of health staff to make sure they involve family members more, for example when supporting the discharge process alongside social services staff.

8.5 Implement nutrition action plans in acute and community hospitals for people with dementia, where they are not already in place, including visible ways to ensure supported feeding always occurs.

11.1 Complete the review of the local anti-psychotic drug initiative, and share the learning on the management and guidelines for the use of drugs and medication in the treatment of dementia with all care homes in Norfolk.

11.3 Maximise the capacity to deliver in-reach services to care homes by Norfolk and Waveney Mental Health Partnership Foundation Trust (NWMHFT) to prevent crises and preventable hospital admissions.

11.4 Continue to test the potential of telecare and assistive technology within the care home setting and consider the opportunities from award winning tele-health and tele-care services already operating across Norfolk.

14.1 Develop an agreed integrated pathway for dementia with new service models as required to underpin investment decisions in joint commissioning.

14.2 Develop the use of the dementia commissioning tool (DCT) to support dementia services investment decisions in joint commissioning.

14.3 Work with the NHS programme boards and clinical networks covering primary care, planned and unplanned acute care, long term conditions and end of life care so that they meet the needs of people with dementia and their families in their commissioning decisions. Make sure it is embedded in the performance management of providers.

14.4 Work with partners in the Local Area Agreement to ensure that mainstream services take full account of the needs of people with dementia and their carers.

14.5 Strengthen the locality focus on dementia by working innovatively with Practice Based Commissioners (PBC). Increase the participation of people with dementia, their carers and service providers in the Norfolk mental health locality groups. Use these groups to shape the potential future development of the dementia advisor service currently being piloted, and to coordinate with a long term condition (in joint commissioning).

Action 2010/2011

1.1 Undertake high profile media campaigns across Norfolk to back up the raised public awareness following the launch of the National Dementia Strategy. A campaign of this nature must have a phased approach, developing and continuing over time, this needs to be linked to the joint strategy.

1.2 Accurate, accessible, evidence based information will be made available to all people in Norfolk. This will be in a variety of formats through the INTRAN partnership and development of health and social care information networks. The information will meet the health and social care needs of individuals and their carers and be culturally sensitive.

1.3 Organisations will be encouraged to use existing networks to broaden the distribution of information relating to issues around dementia, diagnosis, help and the support available. Joint commissioning from the third sector should be expanded as a source of information. Commissioners will seek partner organisations to develop and to distribute information packs needed to inform the general public, individuals with dementia and their carers.

2.2 Monitoring will take place to ensure GP practices increasingly and routinely screen patients with known risk factors for dementia, such as coronary heart disease and stroke, during their annual review (early diagnosis).

2.6 Work with Practice Based Commissioning to develop primary care services, for example through awareness skills training, GPs with special interest in dementia, older people's mental health services, and specialist nurses carrying out screening (early diagnosis).

7.1 Information packs - these will be increasingly available for family carers.

7.3 Short-breaks. Improving the variety and flexibility of short break services available for families of people with dementia, both current bed-based within residential settings, and home based services and those developed in the future. This will utilise both social care and health funding and increasingly will be supported by the introduction of personal budgets and personal health budgets to offer greater flexibility and choices and innovative opportunities.

8.1 Each acute hospital should identify a senior clinician to lead a task force of staff for quality improvement in supporting those with dementia in hospital. This could be a shared appointment with for example NWMHFT.

8.2 Acute hospitals should develop an explicit care pathway for the management and care of people with dementia in hospital, from a task force of staff, possibly led by that senior clinician.

8.3 Extended assessment in acute hospitals to include specific information from both family carers and paid carers to better assist with the care of the person with dementia.

8.6 Develop awareness training for all hospital staff on the health and social care support needs and requirements of those with dementia and their carers. This could potentially include information displays throughout the hospital.

8.7 Implement training of hospital staff in order to better understand the needs of people with dementia. This will ensure positive outcomes from all around involvement with patients with dementia and their carers.

11.2 Establish a Norfolk Dementia Provider Forum, building on the existing Norfolk County Council Adult Social Services Dementia Provider Forum and other forums including Norfolk Mental Health Provider Forum. This will encourage leadership in each area, including in each care home, and act as a network to promote good practice.

13.1 Develop a Norfolk workforce strategy through local networks, and linking with regional plans to take on board the implications of the dementia strategy. This will ensure a coordinated approach to staff training and development around dementia issues for all staff in health, social care and the housing sectors especially, who are in contact with people with dementia.

13.2 Commissioners, with input from people with dementia and their carers will specify the necessary potentially mandatory dementia training across the whole care pathway, including end of life for service providers. This will also cover training those who care for people with dementia, including family carers and services in the community.

13.3 Require all providers who support or care for people with dementia or their carers to have a baseline awareness of their current staff in relation to dementia, and to develop an action plan to reach the overall required standards through training.

Action 2011/2012

2.3 Routine screening in GP practices will be expanded, using a phased approach, to target the generic older population. Screening will be carried out by professionals such as practice nurses trained in a core set of competencies (early diagnosis).

13.4 Influence training for staff in universal services for example, receptionists, help desk staff, porters, and clerical teams. This will ensure there are more skills and awareness training around dementia across the widest possible range of staff that may be in contact either directly or indirectly with people diagnosed with dementia or their carers.

Plans for other objectives

The key plans for the remaining seven objectives are shown below. As with the NDS they are considered to be very important but have been seen by stakeholders as being as of lower priority than those focused upon already. Many of them are developments of existing work. More information on all the objectives, the current situation and local plans can be found in the full strategy which is available on the website: **www.yournorfolkyoursay.org**

You can also get a copy by phoning **01603 228847**.

Objective 3. Good quality information for people with dementia and their carers.
We will improve the co-ordination and access to information about dementia and services for people with dementia and their carers, both at diagnosis and during their care.

Objective 4. Easy access to support and advice after diagnosis.
We will pilot the dementia advisor role to provide information, support and advice and decide on its long term future.

Objective 5. Develop structured peer support and learning networks.
We will develop existing services so that people with dementia and their carers will be able to get support from local people with experience of dementia and take an active role in developing local services.

Objective 6. Improve community personal support services for people living at home.
We will develop flexible services to support people with dementia living at home and their carers. This will include crisis response services, day opportunities, advocacy services and domiciliary care.

Objective 9. Improve intermediate care for people with dementia.
We will ensure that services designed to avoid hospital admissions and help people leave hospital quickly are able to meet the needs of people with dementia.

Objective 10. Consider how housing support, housing-related services, technology and telecare can help support people with dementia and their carers.
Services will consider the needs of people with dementia and their carers when planning housing and housing services and try to help people to live in their own homes for longer.

Objective 12. Improve end of life care for people with dementia.
We will consider the needs of people with dementia and their carers when planning local end of life services.

4. Consultation events

During the consultation period we are holding five public meetings from November 2009 to February 2010.

Venues

North Walsham Community Centre, New Road, North Walsham, Norfolk, NR28 9DE,
Tel: 01692 403594

30 November 2009, 10.00 am – 12.30 pm

West Norfolk Professional Development Centre, School House, Kilhams Way, King's Lynn, PE30 2HU,
Tel: 01553 466872

3 December 2009, 2.00 pm – 4.30 pm

The Assembly House, Theatre Street, Norwich, Norfolk, NR2 1RQ,
Tel: 01603 626402

10 February, 2010, 4.00 pm –7.00 pm

Attleborough Town Council, Town Hall, Queens Square, Attleborough, NR17 2AF,
Tel: 01953 456194

14 January 2010, 2.00 pm – 4.30 pm

The Kings Centre, Great Yarmouth

27 January 2010, 4.00 pm – 7.00 pm

5. Have your say?

We want to know what you think, so please answer the questions on pages 19-21. You can either visit **www.yournorfolkyoursay.org** to complete and submit the form online or send pages 19-21 to us in an envelope (no stamp needed) to:

Living well with dementia,
Freepost,
PLZE-CLES-GKSL,
Norwich,
NR1 2SQ

6. About you

These questions are about you. We are asking these because they help us make sure that our consultation is reaching everyone it needs to. We treat this information as confidential and do not keep it or use it for any other purpose. We are grateful if you complete these questions as fully as possible.

1. What is your postcode? (we need the first part only)

2. Are you?

Please tick one box only

Female ☐ Male ☐ Transgendered ☐

3. What age were you last birthday?
Please write in the box

4. Are you responding as? (Please tick as appropriate):

Person with dementia ☐

Carer for someone who has used services (family member or friend)

Member of the public ☐

Social worker/paid carer ☐

GP/other primary care/secondary care worker ☐

Consultant/Psychologist ☐

A member of an organisation or group (please give the name) ☐

Other - please state: .....

.....

5. Which of the following options best describes how you think of yourself?:

Please tick one box only

- ☐ Heterosexual or Straight
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Other
- ☐ Prefer not to say

6. Which of the following best describes you? Please tick one box only

White

- ☐ White British
- ☐ Irish
- ☐ Eastern European
- ☐ Any other white background

Mixed

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other mixed background

Asian

- ☐ Asian British
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Any other Asian background

Black

- ☐ Black British
- ☐ Caribbean
- ☐ African
- ☐ Any other black background

Chinese or other ethnic group

- ☐ Chinese
- ☐ Any other ethnic group

- ☐ Unable to understand
- ☐ Prefer not to say

Other, please state

.....

.....

7. Questionnaire

1. Do you think we have chosen the right priorities for Norfolk? (These are - early diagnosis and support, awareness raising, support for carers, improved quality of care in care homes and acute hospitals)

Please tick one box only

Yes ☐ No ☐ Don't know ☐

2. Please give your reasons for your answer

3. Do you think the actions we propose will help us raise understanding and awareness of dementia, improve early diagnosis and support and help people live well with dementia.

Yes ☐ No ☐ Don't know ☐

What are your reasons for saying this?

4. Is there anything else you would like to say about the proposals?

8. Appendix one

What the words mean

Word or phrase	Meaning
Carers	A family member, friend or neighbour who looks after someone and is not paid.
Commissioning	'Buying' the right services to meet health and social care needs. Then checking that what you bought was the right care.
NHS Norfolk, NHS Great Yarmouth and Waveney	NHS organisations commissioning and providing health services to patients.
Stakeholders	Organisations and individuals with an interest in the activities of the NHS. Stakeholders are often involved in partnership working and are engaged for consultation purposes for example Alzheimer's Society, Age Concern and Help the Aged.
Norfolk Local Involvement Network (LINk)	This is a network of people and groups who are involved in ensuring that health and social services organisations are more accountable by listening to people and empowering change. LINk organisations have a number of statutory powers.

If you would like this document in large print, audio, Braille, alternative format or in a different language, please contact Norfolk County Council on 01603 228847 and they will do their best to help.

IN TRAN
communication for all

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373VP

Report to Adult Social Services Overview and Scrutiny Panel

January 2010
Item No 13

Update on the Norfolk Integrated Care Pilots

Report by the Director of Adult Social Services

Summary
This report updates Members on the progress of the piloting of integrated care for older people and people with physical and sensory disabilities between Adult Social Care (ASSD) and NHS services provided by GPs and the provider arm of NHS Norfolk, Norfolk Community Health & Care (NCHC).

The pilot areas are:

- Kings Lynn
- Swaffham and Downham Market
- Mid Norfolk (Dereham, North Elmham, Watton & Mattishall)
- Norwich
- Fakenham, Wells and Holt
- Thetford

The high level objectives of the project are:

- To achieve an increase in user satisfaction
- To reduce current levels of emergency admissions to secondary care
- To reduce waiting times for assessment
- To reduce levels of placements into long term residential care
- To increase support available to carers
- To support more people to live at home utilising Personal Health and Social Care Budgets
- To reduce waiting times for assessment
- To achieve an increase in staff satisfaction

Norfolk us one of 16 successful bids for participation in the national pilot from an original field of 108.

The Norfolk Integrated care project has made significant progress since it was approved by Cabinet in January and has met all of the key milestones on the Project Plan.

The Panel is asked to note the progress and issues reported and to give their support to the project and aims to better integrate health and social care in Norfolk.

1 Background

1.1 Cabinet have previously given support to the piloting of integrated care for older people and people with physical and sensory disabilities between Adult Social Care (ASSD) and NHS services provided by GPs and the provider arm of NHS Norfolk, Norfolk Community Health & Care (NCHC).

1.2 The purpose of this report is to update Review Panel members on the progress of the pilot including the relevant policy context and key achievements.

2 Integrated Care in Norfolk

2.1 Norfolk County Council Adult Social Services has long had highly effective working with local NHS services in areas such as Learning Difficulties and Mental Health. In Learning Difficulties, both commissioning and provision are fully integrated between the Council and NHS Norfolk and, over the past year, integrated Mental Health teams have been implemented across the County. In both of these services, integration has made a real difference to the lives of people who use those services.

2.2 With regard to services for older people and adults with a physical or sensory disability, there are many excellent examples of good joint working: for instance, the ongoing work on reducing the number of delayed transfers of care from the Norfolk & Norwich University Hospital, but generally these services historically are not as well aligned between ASSD and the local NHS as they could be.

2.3 NHS Norfolk and NCC are therefore piloting integrated teams in 6 areas of the county in which a “virtual” team comprising GPs, Adult Social Care staff, and Community Health staff are being established. The teams are able to draw upon the resources of each partner organisation and the range of multi-professional skills available to improve the quality, responsiveness and personalisation of care to individuals living in the locality. Some of the features of the pilots include the development of a single point of access for users, more streamlined assessment processes, allocation of a key worker to individuals with complex, long term needs and the pro active identification of people at risk of falling into crisis. The populations served by each team are defined by those people registered for general practice at participating practices.

2.4 The pilot areas are:

- Kings Lynn
- Swaffham and Downham Market
- Mid Norfolk (Dereham, North Elmham, Watton & Mattishall)
- Norwich
- Fakenham, Wells and Holt
- Thetford

2.5 The high level objectives of the project are:

- To achieve an increase in user satisfaction
- To reduce current levels of emergency admissions to secondary care
- To reduce waiting times for assessment
- To reduce levels of placements into long term residential care
- To increase support available to carers
- To support more people to live at home utilising Personal Health and Social Care Budgets
- To reduce waiting times for assessment
- To achieve an increase in staff satisfaction

In addition to these each of the 6 pilots have developed some additional local objectives whilst working within objectives set out in Norfolk Ambition targets and other strategic plans within NHS Norfolk and the Council.

3 Progress to Date

3.1 National Pilot Status

At the time of the last Cabinet paper in January 2009 Norfolk was pursuing inclusion in a major national pilot of integrated care being sponsored by the Department of Health (DoH). This pilot was a direct response to the views of the public expressed in Lord Darzi's review of Community and Primary Care "*High Quality Care for All*" (2008) which highlighted the public's demand for more joined up services between the NHS and social care. The policy of seeking greater integration can also be clearly seen in this summer's Green paper on social care "*Shaping the Future of Care Together*" (July 2009).

Norfolk was one of 16 successful bids for participation in the national pilot from an original field of 108. The application process was completed in April 2009 with the announcement of the successful applicants. A DoH booklet "*Integrated Care Pilots: An Introductory Guide*" has been circulated to Members with this paper.

Though the application process was lengthy and probably delayed the project launch by 2 months there are several benefits from inclusion:

3.2

- The DoH is contributing £220,000 per annum towards the cost of the project for 2009/10 and 2010/11.
- The DoH is fully funding a major national evaluation of the integration pilots which avoids NCC and NHS Norfolk from having to fund a local evaluation.
- By participating in the pilot Norfolk gets access to the learning from the other 15 sites and the ability to influence policy making in this important area.
- The pilot is attracting a good deal of interest nationally and provides Norfolk an opportunity to profile its work in this area.

3.3 Project Infrastructure

Given the size and scale of this project robust Project Infrastructure is important. To that end a Programme Board comprising senior representatives of NHS Norfolk, Practice Based Commissioners, ASSD, Norfolk Community Health & Care, as well as representatives of the Voluntary Sector, and patients/users has been established which reports into the Adult Partnership Board. The Programme Board is chaired by the Programme Director for Integrated Care who acts as Senior Responsible Officer and is jointly accountable to ASSD and NHS Norfolk. The Programme Board membership is replicated in each of the 6 local pilots with the addition of representatives of local General Practice. Much of the membership of the local project teams is drawn from frontline practitioners such as GPs, social workers and nurses. The Project has a detailed overall Project Plan drawn up as well as individual plans for each of the 6 pilots which are monitored by a dedicated Project Manager**.**

3.4 Stakeholder Engagement

3.5 Though the pilot is formally the responsibility of NCC and NHS Norfolk it is well recognised that integration will only succeed if there is strong engagement of stakeholders**.**

3.6

Patients/Clients/Carers

The whole project is being driven by a set of principles for integration (See Appendix 1) agreed with a group of patients/clients and carers at an event in November 2008. There is also user representation on the Programme Board and on each of the 6 local project teams with people nominated by the Local Involvement Networks (LINks).

Independent and Voluntary Sector

Though services provided by GPs, ASSD and NHS community services are central to the pilot the vital role of services delivered by the Independent and Voluntary sector in local communities is very important to successful delivery. Accordingly there is nominated representation from the Voluntary sector at Programme Board level and developing links with local organisations in each pilot. We will also engage with key independent sector providers in each local area.

NHS & Foundation Trusts

The Norfolk and Norwich University Hospital Foundation Trust, Queen Elizabeth Hospital NHS Trust and Norfolk & Waveney Mental Health Partnership Foundation Trust are all giving support to the pilots where relevant.

3.7 **Local Project Objectives**

One of the principles of the programme is to engender local ownership of the health and social care agenda. Each of the 6 local pilots commenced with a launch event aimed at frontline health and social practitioners in that locality. Each of the events was well attended and feedback universally positive. Following these events local core project teams have been agreeing a set of local project initiation documents which in effect represent an agreement between the local project and the Programme Board regarding aims and actions.

Though the focus of many of the projects is similar it is important that these have been locally developed in order to gain the buy in of local practitioners. The main areas of focus for the 6 areas are:

- Kings Lynn & Norwich: Unplanned Care/Crisis services for vulnerable Older People
- Rural West Norfolk, North Norfolk & Mid Norfolk: Services for vulnerable older people with complex care needs
- Thetford: Older people at risk of a fall and a separate project on Teenage Pregnancy.

Though these are locally developed they all contribute to strategic objectives contained in NHS Norfolk's 5 year plan, "*Bold & Ambitious 2009-14*", the Norfolk Local Area Agreement, "*Norfolk Action 2008-11"*, and ASSD's annual service plan.

3.8 **Evaluation**

Though there is intuitively much to be gained from integration the published evidence base, particularly around its impact on costs and activity is sparse. The

DoH programme is therefore carrying out a major evaluation of the programme with a view to hopefully providing such an evidence base to inform future policy direction. The evaluation covers patient/user experience, staff experience and financial impact on for instance, hospital admission and packages of care. The baseline data is currently being collected which will then be retested at the end of the pilot to test for its impact. In order to fulfil our obligations as a national pilot much work has been carried out to ensure that we can report NHS and social care data to create a joined up picture of individual and population level use of health and social care services.

3.9 **Early Results**

In one General Practice at North Elmham a pre existing pilot has been running which has seen a named Social Worker and Assistant Practitioner based in the Practice for part of their time. The initial results have indicated they this has achieved a reduction of 17.6% on emergency hospital admissions and net savings of at least £30,000 to the health and social care system over a 9-month period as the team have been able to develop better, local responses to people who might otherwise have been unnecessarily admitted to hospital. Similarly, feedback from the professionals involved is very positive. A full copy of this evaluation is available upon request.

4 Next Steps

4.1 The priority for the projects are now to move quickly to an operational status which will firstly see identification of patients/clients suitable for an integrated service followed by introduction of new ways of working such as allocation of key workers, quicker and simpler access routes to service, and the development of personal health and social care plans. It is anticipated that for the First Phase sites this will begin in January, with an estimated go live date for the Second Phase sites being April.

4.2 Alongside this NHS Norfolk and ASSD are considering how to develop locally responsive, joint commissioning across both organisations which will further drive forward integrated working and seek to achieve better commissioning outcomes for local people.

5 Resource Implications

5.1 Though the aim of the pilot is to make better use of existing resource by avoiding duplication there are short-term costs associated with setting up and running the pilots for their duration. These are the costs of the central project management team, specialist advice and support on integration and information, and the costs of backfilling clinical and social care professionals whilst they are working on this project. The project budget is £422,000 in 2009/10 and £253,000 in 2010/11. This cost is being met by ASSD – using the Social Care Reform Grant - NHS Norfolk, and the DoH in recognition of Norfolk's place in the national pilot programme.

5.2 Looking longer term one of the key aims of the pilots will be to test out whether this way of working delivers not only better outcomes for people but also ones which are more cost effective for ASSD and NHS Norfolk, for example by finding local care solutions for people which avoid unnecessary hospital admission or long term care home placement. The brief project at North Elmham referred to above demonstrates that this is deliverable and, given the financial context facing all public services, would be a very great benefit if it can be delivered systemically

across the county.

6 Equality Impact Assessment

6.1 All of the pilots have had Equality and Diversity Impact assessments carried out.

7 Section 17 - Crime and Disorder Act

7.1 Not relevant

8 Risk Implications/Assessment

8.1 The scale of ambition and size of the Norfolk pilot is considerable and hence there are some significant risks which the Programme Board are managing. The highest rated risks at present are:

1. **Competing Organisational priorities.** Both ASSD and NCHC have very demanding agendas whether other organisational changes such as the Assessment and Care Management Review, or operational pressures such as the current Swine Flu pandemic which is impacting NCHC.

   Both ASSD and NCHC senior leadership continue to actively support the project despite these pressures and local project team members have had time funded to dedicate to the project.

2. **The worsening financial climate for public services.**

   Though this has been a major change since the inception of the project, the more challenging financial climate actually increases the argument for effective integration of services to deliver efficiencies through both better processes and more cost effective outcomes for people.

3. **Accommodation and I.T Infrastructure**. Integration would be greatly assisted by both co location of key staff groups and availability of a single I.T system.

   Though shared accommodation is not universally available opportunities to co locate ASSD, Primary Care and NCHC staff will be taken where possible and currently opportunities in both Fakenham and Thetford are being taken forward with NPS and NHS Estates.

   Though ASSD staff will continue to use Carefirst, NCHC staff SystemOne, and GPs a variety of primary Care based systems and ability for each staff group to access data on another system is being pursued underpinned by a common agreement across the all NHS and ASSD to share data where appropriate.

9 Conclusion

9.1 The Norfolk Integrated care project has made significant progress since it was approved by Cabinet in January and has met all of the key milestones on the Project Plan. Of particular significance is the successful application to the national Integrated Care Pilot Programme and the establishment of a robust project structure with the support of a wide range of key stakeholders.

9.2 The new year will see the project focus on the operational delivery of integrated care alongside development of integrated commissioning.

10 Action Required

10.1 The Panel is asked to note the progress and issues reported and to give their support to the project and aims to better integrate health and social care in Norfolk.

Officer Contact

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

Appendix 1

Principles for Integrated Care
Agreed with Service Users/Patients and Carers December 2008

- They want better co-ordination of services
- They see the General Practice as the natural focus for care
- They want care locally
- They want one person to act as their key worker & know their story
- They do not want to have repeat assessments
- They want clear easy to use information such as a single telephone number