Norfolk County Council
at your service

A 4 star council

Adult Social Services Overview and Scrutiny Panel

Date: **Tuesday 8 September 2009**

Time: **10.00am**

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

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

Membership

Mr B Borrett
Mr D Callaby
Miss C Casimir
Baron Chenery of Horsbrugh
Mr T Garrod
Mr P Hardy
Mr D Harrison
Ms D Irving
Mr J Joyce
Mr M Kiddle-Morris
Mr S Little
Ms J Mickleburgh
Mr J Mooney
Mr J Perry-Warnes
Mr N Shaw
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)**

To confirm the minutes of the meeting of the Overview and Scrutiny Panel held on 21 July 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 Thursday, 3 September 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 Thursday, 3 September 2009. Please submit your question(s) to the person named on the front of this agenda.

7	**Cabinet Member Feedback**		**(Page)**

Items for Scrutiny

8	**Community Meals Review-Developing a Community Meals Plus Service**	James Bullion	**(Page)**
9	**Norfolk Learning Difficulties Pooled Fund Services for People with a Learning Disability**	Debbie Olley/Stephen Rogers	**(Page)**
10	**Social Enterprise**	Hilary Mills	**(Page)**
11	**Care First Post Go Live -Progress**	Carol Lock	**(Page)**
12	**Scrutiny**	Mike Gleeson	**(Page)**

Overview Items

13	**Strategic Model of Care – Progress and Implementation**	Ann O'Leary	**(Page)**
14	**2009-10 Revenue and Capital Budget Monitoring Report**	Janice Dane	**(Page)**
15	**Adult Social Services Performance**	Colin Sewell	**(Page)**

16	**Update Report- CareForce and the Provision of Home Care Services in Norwich**	Terry Cotton	**(Page)**
17	**Safeguarding Practice Audit**	Catherine McWalter	**(Page)**

Group Meetings

Conservative	**9 am**	**Mezzanine Room 1**
Liberal Democrats	**9 am**	**Room 504**

Chris Walton
Head of Democratic Services

County Hall
Martineau Lane
Norwich
NR1 2DH

Date Agenda Published: 27 August 2009

IN TRAN
communication for all

If you need this Agenda in large print, audio, Braille, alternative format or in a different language please contact Tim Shaw on 0344 8008020 or 0344 8008011 (textphone) and we will do our best to help.

Norfolk County Council
at your service

A 4 star council

Adult Social Services Overview and Scrutiny Panel

Minutes of the Meeting held on 21 July 2009

Present:

Mr A Adams
Mr D Callaby
Miss C Casimir
Baron Chenery of Horsbrugh
Mr T Garrod
Mr D Harrison
Ms D Irving
Mr J Joyce
Mr M Kiddle-Morris
Mr S Little
Ms J Mickleburgh
Mr J Perry-Warnes
Mr A J Wright

Also Present:

Mr D Harwood, Non-Voting Cabinet Member

Officers/Others:

Harold Bodmer, Director of Adult Social Services
James Bullion, Assistant Director, Community Care, Adult Social Services
Terry Cotton, Quality Assurance Officer, Domiciliary Care, Adult Social Services
Jeremy Bone, Planning and Policy Officer, Adult Social Services
Catherine McWalter, Procedures and Quality Assurance Manager, Adult Social Services
Alan Long, Chief Executive for Care Force.
Colin Sewell, Head of Policy and Performance, Adult Social Services

1 Apologies for Absence

Apologies for absence were received from Mr B Borrett, Mr P Hardy, Mr B Long (Deputy Cabinet Member), Mr J Mooney and Mr N Shaw.

2 Election of Chairman

Resolved –

That Ms D Irving be elected Chairman of the Panel for the ensuing year.

(Ms D Irving in the Chair)

3 Election of Vice-Chairman

Resolved –

That Ms J Mickleburgh be elected Vice-Chairman of the Panel for the ensuing year.

4 Minutes

The Minutes of the previous meeting held on 9 March 2009 were confirmed by the Adult Social Services Overview and Scrutiny Panel and signed by the Chairman.

5 Declarations of Interest

Mr J Perry-Warnes, a Member of the Friends of Kelling Hospital – personal interest – Item 15.

Mr A Wright, a Member of the King's Lynn and West Norfolk Mental Health Forum – personal interest – Item 15.

Baron Chenery of Horsbrugh, an employee of the Norfolk and Waveney Mental Health NHS Foundation Trust, contracted to work 22.5 hours per week (three days) as a mental health practitioner – personal interest – Item 15.

Mr S Little, Norwich Access Forum – personal interest – Item 14.

6 Items of Urgent Business

There were no items of urgent business.

7 Public Question Time

There were no public questions.

8 Local Member Issues/Member Questions

There were no Local Member issues.

9 Cabinet Member Feedback on Previous Overview and Scrutiny Panel Comments

(a) Reviewing Supporting People Service Contracts
(b) Payment Levels for Independent Sector in 2009/10
(c) Mental Capacity Act 2005 and Deprivation of Liberty Safeguards
(d) The Continuation of the Norfolk Learning Difficulties Service
(e) Appointment of Domiciliary Care Contract

The annexed reports by the Director of Adult Social Services were received.

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

It was noted that not all the issues had previously been reported to the Panel before having been considered by the Cabinet. The Panel was of the view that the titles of the reports should in future be changed to reflect this point.

SCRUTINY ITEMS

10 Scrutiny Report

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

The Committee Officer said that the Member Working Groups, mentioned in paragraph 4.2 of the report, need not be politically balanced and could include Members who were not Members of the Panel, if the Panel was to agree to this nem con.

(a) The Working Group Monitoring the Quality of the Home Support Service

It was agreed (nem con) by the Panel that this should be a cross-party Working Group, with a membership of three Conservative, one Liberal Democrat and one Green (and names given by the Party Spokespersons after the meeting).

(b) The Working Group on Social Enterprise

It was agreed that the Panel should receive a progress report at its next meeting on the activities of this Working Group, before deciding whether to re-appoint Members to the Group for 2009/10.

(c) Scrutiny (Spokespersons) Meetings

It was noted that the Scrutiny (Spokespersons) meetings were arranged for the following dates:

29 July 2009 – 9.30am in Room 610
30 September 2009 – 9.30am in Room 610.

It was agreed that the Scrutiny Work Programme should be prioritised and rescheduled where appropriate at the next Scrutiny (Spokespersons) meeting.

OVERVIEW ITEMS

11 Service Planning Update

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

The Panel received a report that described the key elements of the recently completed Adult Social Services Plan. The report also proposed a programme for monitoring and reviewing the service plan in the coming year.

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

- The service objectives should be prioritised and have anticipated completion dates; each objective should include details of the finance and resources (including officer time) required to deliver them.

- The service objectives fitted in with the corporate objectives of the County Council.

- The service objectives included a number of significant outcomes that could only be met by effective partnership working with the voluntary/independent sector.

- Emergency plans, led by NHS Norfolk, had been prepared to deal with the current outbreak of swine flu.

- The Department anticipated that it would be able to obtain additional funding from the NHS and District Councils to improve access to a range of preventative services. Without this funding it would be difficult for the County Council to provide these services.

- It was pointed out that future Government funding levels for Adult Social Services Departments were expected to be reduced in real terms from 2011 onwards.

- The Cabinet Member said that he had recently met with Mr Phil Hope MP, the Minister of State for Care Services at the Department of Health, and representatives of the LGA, to discuss the launch of the Care and Support Green Paper: Shaping the Future of Care Together, setting out proposals for ways to reform the care and support system for adults in England.

The Panel noted the Service Planning Framework for 2009-12 and agreed that the process for monitoring and reviewing the 2009-12 Service Plan and developing the 2010-2013 Service Plan should be as set out in the report.

12 2008-09 Revenue and Capital Budget Monitoring Out-turn Report

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

The Panel noted that the revenue out-turn position for the financial year 2008-09 was a balanced budget. The capital programme variance was £9.424m, which would be carried forward to 2009-10.

Members spoke about how long it could take to obtain grant aid for some minor works and how many of the slippages in the capital programme were linked to minor estate management improvements, particularly at residential care homes.

The Director agreed to produce a report for the Panel that tracked the changes in the capital schemes that had slipped from the previous year.

It was noted that purchase of care, particularly in the area of Learning Difficulties, continued to be the main pressure on the budget. This pressure was partly attributed to changes in corporate demographic indicators and to the increasing cost of referrals from the NHS.

The Panel noted the contents of the report and agreed (nem con) to set up a cross-party Member Working Group for Learning Difficulties (three Conservatives, one Liberal Democrat and one Green). It was further agreed that officers should present a position statement regarding Learning Difficulties to the next meeting of the Panel, prior to a report from the Working Group being presented to the Panel in November 2009.

13 Adult Social Services Performance Report

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

The Panel received a report that demonstrated current Department performance activity for the year 2008/09.

It was noted that the Department continued to show improvement against nearly all the key performance indicators. The issues concerning delayed transfers of care and waiting times were well known in the department and were being properly addressed.

14 Quality Assurance Framework

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

The Panel received a report about the development of a Quality Assurance Framework, which provided standards against which assessment, care management and professional social care practice, could be audited.

It was agreed that Members should be involved in future Quality Assurance Framework practice audits by way of the following:

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

15 NHS Norfolk's Strategic Plan 2009-2014 and the Implications for Adult Social Services

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

The Panel received a report that set out the key points of NHS Norfolk's Strategic Plan for 2009-2014 and in particular highlighted the synergies with the priorities for Adult Social Care in Norfolk County Council.

It was noted that the Norfolk Health Overview and Scrutiny Committee had received a detailed presentation by Mrs Julie Garbutt, Chief Executive, NHS Norfolk, about NHS Norfolk's Strategic Plan.

Members recognised that the development of integrated care teams for older people and other priority groups was part of a major national programme.

Members commented that the implementation of the Strategic Plan would require the combined collaborative skills of all the NHS partners, including Adult Social Services and the voluntary/independent sector. Only by working with partners would the NHS be able to address the increasing gap in health inequalities across specific health issues and local communities. More detail was required as to how the NHS hoped to address this key objective. It was noted that for many people the fact that the NHS services were

mainly free and Adult Social Services were means tested was an important consideration.

The Panel noted the contents of the report and endorsed the continuation of joint working with NHS Norfolk.

16 Findings of the Care Force Survey Undertaken on Behalf of Adult Social Services by Age Concern

The annexed report by the Director of Adult Social Services was received. A revised appendix to the report was laid on the table.

The Panel received a report that introduced the findings of Age Concern Norfolk and Age Concern Norwich into the levels of satisfaction among service users of the domiciliary care service provided by Care Force and recommended future courses of action.

Alan Long, Chief Executive of Care Force, was present in the meeting to answer questions about the seriousness of the complaints that had been raised with both Age Concern organisations in the county.

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

- The survey commissioned by the Age Concern organisations had shown that almost 62% of respondents (197 out of 318) had experienced problems with Care Force at one time or another.

- The problems dated back to when Care Force had been awarded a five year contract for domiciliary care services in Norwich which ran from February 2009.

- Six months' notice was required to terminate the Care Force contract.

- The Chief Executive of Care Force said the problems started when lower than anticipated numbers of staff had transferred to Care Force from the previous provider. Staff who had initially agreed to transfer to Care Force had failed to turn up to work without notice, and there were difficulties with IT equipment and phone lines.

- Members said that a number of the mistakes made in the early days of the contract, particularly around transfer of staff, could and should have been avoided.

- The Chief Executive of Care Force said that he was determined to address the problems which were particular to the Norwich area and in many ways different to what he had experienced before.

- Complaints had come down from initial highs of around 40 a week to about eight a week.

- The Adult Social Services Purchasing and Quality Team were carefully monitoring Care Force's performance, including individual complaints.

- The County Council did not want to disrupt the care of those people who wanted to

stay with Care Force.

- The County Council would, however, be writing to all 525 people who currently received care from Care Force to ask if they wanted to continue with their existing provider or transfer to an alternative provider.

- The Cabinet Member said that he was being kept informed of developments and that he would not hesitate to take whatever action was necessary to safeguard the interests of vulnerable people receiving a domiciliary care service in Norwich if recent improvements in that service were not sustained.

The Panel noted the contents of the report and the ongoing work with Care Force to improve the level of service. The Panel also noted that the Director was to consult with all Care Force service users in Norwich to assess their satisfaction with the service being provided by Care Force and to review service options.

The Panel agreed to receive an update report at its next meeting following consultation with Care Force service users.

The meeting concluded at 16.15pm

Chairman

If you need this document in large print, audio, Braille, alternative format or in a different language please contact Tim Shaw on 0344 8008020 or 0344 8008011 (textphone) and we will do our best to help.

Report to Adult Social Services Overview and Scrutiny Panel

September 2009
Item No 7

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 two Contract Standing Order exemptions in relation to the Learning Difficulties Pooled Fund, both of these relating to services that fall within the sphere of NHS Health Services

Report	Exemptions to Standing Orders Learning Difficulties Pooled Fund
Date Considered by O&S Panel:	Not considered by the Panel
Panel Comments:	Not applicable
Date Considered by Cabinet:	June 2009
Cabinet Feedback:	The Cabinet Member for Adult Social Services highlighted that Norfolk County Council was the Responsible Authority and Commissioning Authority for the two services for which exemptions were required. These were Assessment and Treatment services provided by Hertfordshire Mental Health Partnership Trust and NHS specialist services provided by Suffolk Mental Health Partnership Trust, and were short-term exemptions. Procurement of the service from Hertfordshire was for one year and procurement of the service from Suffolk would end by November 2009. No market testing had been done but the NHS Procurement Programme had advised that these services would provide best value. Cabinet noted that exemptions to standing orders had been granted for these services.
Action Required:	Review Panel are asked to note the feedback from Cabinet

Officer Contact(s) Harold Bodmer on: 01603 223175

Background Document(s) N/A

IN TRAN 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 8020, Minicom: 01603 223242, and we will do our best to help.

Report to Adult Social Services Overview and Scrutiny Panel

07 September 2009
Item No 8

Community Meals Review - Developing a Community Meals Plus Service

Report by the Director of Adult Social Services

Summary
This report updates the Panel on the work of the community meals review, following the Review of Community Meals Report (item Number 9) discussed by the overview and scrutiny panel on the 9th March 2009 which described the key issues of the current service.

At that meeting the Overview and Scrutiny Panel agreed to support the following principles: -

To work towards a meals service that is universally available across the county

To ensure that the service is flexible and equitable and offers a diverse choice of nutritious food

To ensure that people are supported in appropriate ways to access food options that are healthy and enjoyable

This paper proposes consultation on a new service model which, in line with service personalisation and self directed support, moves away from a limited and inflexible 'block contract' approach.

The model introduces an accredited service directory of existing and new meal providers with whom both private citizens and users of social services will arrange, pay for, and receive their meals at home.

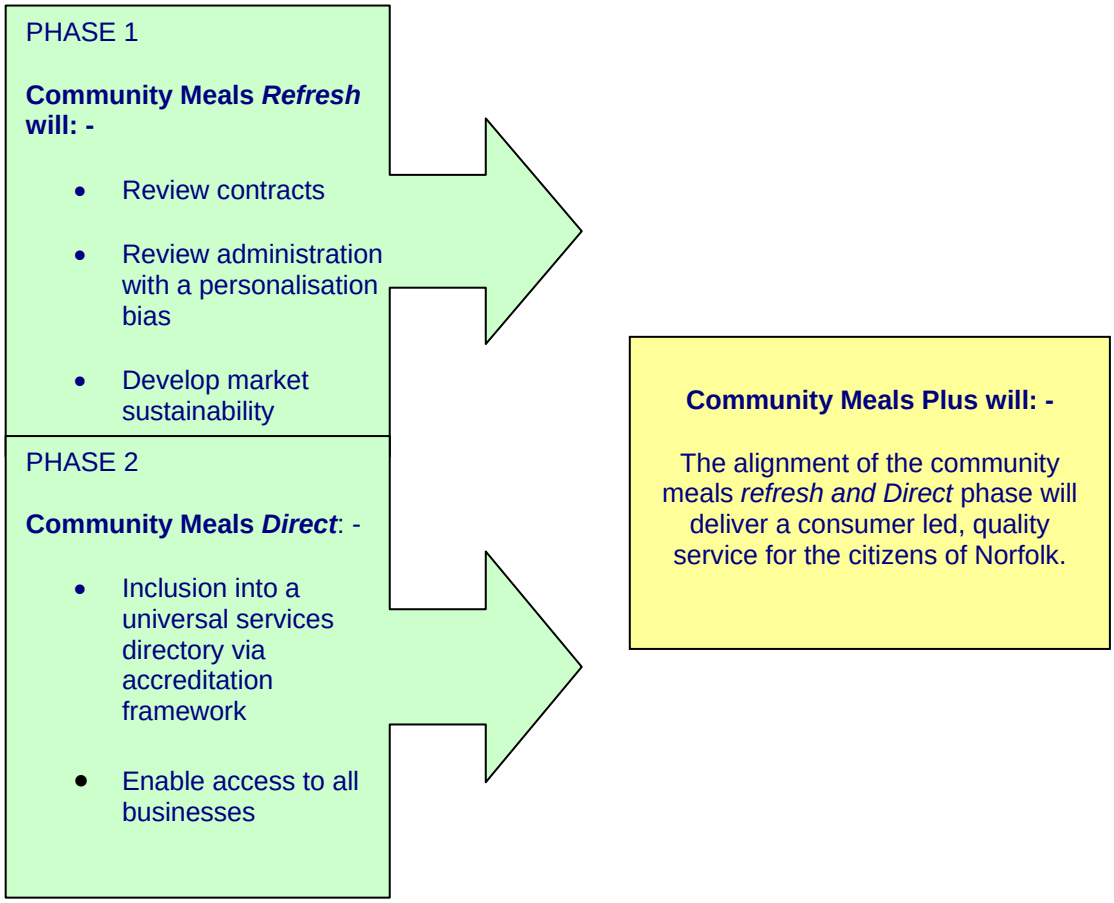
Those people who are social services users will also have a self directed support plan which addresses their social needs – meaning that any help that they need for meals preparation, for meals prompting, or for combining meals with social interaction is dealt with individually without the need for a 'standard' approach.

The model will therefore also mean that, in a phased change for new and then existing customers, the current system of meals subsidy and meals charging will cease.

The proposed new model will be delivered in two phases:-

Phase One will be a Community Meals 'Refresh' of current contracts to improve quality, efficiency and compliance with Self Directed Support. Phase two will be the development of the Community Meals Direct Service putting citizens and social service users in direct touch with new service providers, with individual Support Plans as appropriate. Whilst the two Phases will commence together, Phase two will take longer and be implemented throughout 2010-11.

Implementation of both phases collectively result in the new universal Community Meals Plus Service for all new and existing customers in 2010-11.



1 Background

1.1 On the 9 March 2009 the findings of an initial review of Norfolk's Community Meals services were reported to the Adult Social Services Review Panel.

2 Current Position

2.1 As is:-

i. The current service has a number of current key issues

ii. Inequitable with provision available in about 50% of the county, and with levels of service ranging from 2 – 7 days

iii. Limited menu choice, especially to minority ethnic communities and people with specific dietary requirements

iv. Downward trend with fewer service users choosing to use services year on year

v. Not currently meeting the needs of people with dementia

vi. Inconsistent with regard to nutritional standards

vii. Offering limited social support

viii. Cost and contract related issues including substantial unit cost variations and different contracting arrangements

ix. A need to adapt to the service 'personalisation' agenda outlined in the national protocol 'Putting People First' (DH 2008), and the proposals for Self Directed Support outlined in the Department's Assessment and Care Management Review Proposals (item 11 Cabinet 11 November 2008)

x. The need to eliminate and ongoing budget over-commitment on the current community meals budget of £0.322m (See Section 4 for further detail).

2.2 To be:-

The objectives of the proposed new model are;

i. A service that is driven by and sensitive to consumer choice

ii. A seven day service

iii. Look to suppliers to deliver a greater range of meal options including

- Culturally sensitive meals
- Vegetarian options
- Special dietary foods
- Hot & cold, fresh and frozen
- Main meals of different sized portions and nutritional content, snacks and drinks

iv. A consistent set of quality standards (for this we will utilise the National Association for Care Catering guidelines)

v. The local aim of building stronger sustainable communities by encouraging local sourcing. We will work to ensure access to all organisations including small to medium businesses, social enterprise and the voluntary sector, as well as larger national business to join our list of suppliers

vi. Ensure that all services can be used with a personal care budget and accessible to people not eligible for a social service who wishes to self fund - making the service universally available.

- Personal care budgets are provided for meeting the agreed care needs of a person, for example with help arranging or preparing food.

- Personal budgets are not available for the purchase of food (and customers currently pay a charge purchasing food).

- Suppliers will need to maintain records of customer deliveries and will be required to report concerns about client well-being in order to maintain safe and well checks

- Because personal budgets will be applied to the non-food component of the service, suppliers will be required to itemise customer invoices with food and delivery costs stated separately

vii. A fair and realistic price range for food, based on what people are willing to pay - informed by customer consultation (See appendix 1) - and with the elimination of inconsistent subsidies.

viii. A strong link to other preventative and social inclusion services (for example luncheon clubs and day opportunity services) in delivering support to maintain independence and social contact, through a renewed emphasis on community development.

ix. A commitment to develop capacity within the Third Sector develop social enterprise approaches and to deliver meal time specific befriending.

3 Introducing the Proposed Model

The proposed new model has two phases to produce a Community Meals Plus Service.

3.1 Both phases of work will need to utilise customer consultation, building on initial work that the Department carried out with Age Concern Norwich.

3.2 It is proposed that a Community Meals Consultative Council, if possible led by users, be established to inform and coordinate the customer consultation needed by the two phases of work, to look the principle of user-led commissioning for meals and luncheon services, and to help oversee implementation alongside Councillors. Appendix 2 details the Communication and Engagement Plan

3.3 Phase One - Community Meals Refresh will review all contracts with internal and external suppliers to improve the service currently in place including introducing minimum standards of nutrition, greater choice and diversity of meals and a clear pricing structure that means it can be accessed by anyone wishing to do so. This review will place all providers on notice of a change away from 'one size fits all' block contracts to a more personalised approach.

3.4 Phase two - Community Meals Direct will enable anyone who wants a delivered meals service; to access it directly via a directory of accredited suppliers. The directory will be widely available and used as a source of service information for people with a personal care budget and support plan .The County Council will monitor the quality standard of suppliers and work with service users to ensure that suppliers provide them with appropriate services. The Council will also promote a community development approach to the expansion of community dining opportunities for people which complements the choice of eating at home.

3.5 Once implemented, the Community Meals Plus service needs therefore to be seen alongside other Community Services (Appendix 3) including:

i. The Home Call accredited provider directory

ii. Norfolk Tele-shopping Service (which can purchase food and prepared meals)

iii. Tele-club for putting people in touch

iv. Tele prompting for checking that people are safe and motivated

v. Norfolk First Support, for reabling people in food preparation

vi. The Care Connect (Enhanced Access Service) Service Directory for citizens and service users (in development)

vii. Luncheon and Day Opportunity groups (which provide a place for communal dining)

viii. Voluntary and Community Sector befriending and volunteer services.

4 Other Considerations

4.1 Further information listed by the review panel (March 2009) has been taken into account with the new model. (See Appendix 4)

i. The role of community meals role in supporting people with dementia

ii. Nutritional guidelines for older people

iii. The impact of change on peoples social support

iv. Local sourcing

5 Resource Implications

5.1 The current forecast (at period four, July 2009) is that there will be a £0.322m overspend at the year-end. A large part of this is the reduction in budget of £0.250m made a number of years ago which was the savings that at the time were anticipated could be made by changing the service. The proposed model will deliver better outcomes and efficiencies. We will make a further report to Councillors once we have carried out the contract refresh and modelled the resources for the service going forwards.

5.2 Whilst this modelling is yet to be done, the general approach that Adult Social Services would wish to take is to invest additional resources in the development of community dining opportunities, so long as overspends are eliminated and if additional savings are made.

5.3 The resources required to take the project forwards are funded from existing resources including the use of Social Care Reform Grant as part of the Adult Social Services Transformation.

5.4 Under the proposed model there would be not requirement to tender with regard to provision of meal. However the department will continue to proactively engage with service users, providers and other key stakeholders through the Community Meals Consultative Council to ensure they really do inform service design.

6 Other Implications

6.1 None specific.

7 Equality Impact Assessment (EqIA)

7.1 An Assessment has been undertaken and is attached at Appendix 5

8 Section 17 - Crime and Disorder Act

8.1 The majority of people using this service are older members of the community, who can be vulnerable to certain kinds of crime, often perpetrated by confidence tricksters who pose as officials to gain access to their homes.

8.2 These issues should be considered when specifying new services and suppliers will be required to set up and maintain good levels of security when employing and monitoring their workforce. Evidence shows that home delivery services are more popular in day light hours as people often refuse to open their door after dusk. All suppliers should be subject to the same vetting process used within successful schemes like Home Call, where trusty traders provide a range of services to vulnerable people in their own homes.

9 Risk Implications/Assessment

9.1 Potential increase in costs due to

i. Quality Compliance – increase in nutritional and diversity requirements by existing suppliers

ii. Increase in the production cost of meals services provided by suppliers where the volume of cross subsidising community meals will reduce – subject to negotiation.

iii. Increase in costs as a result of collection charges.

9.2 Potential savings or efficiencies by

i. Ending Service level agreements and charging administration.

ii. Better use of resources

iii. Improved reporting processes

iv. Enhanced stakeholder relationships

9.3 These will be considered as part of the appraisal of the new model, including the financial evaluation.

10 Conclusion

10.1 The proposed model Community Meals Plus will enable Norfolk County Council to deliver

i. A fair and equitable service across the county

ii. Improved consumer choice and flexibility

iii. Targeted support to the most vulnerable people

10.2 Existing service users will be offered the option of utilising the new Community Meals Plus service if they wish to through their annual review assessment process.

11 Action Required

11.1 The Overview and Scrutiny Panel is asked to agree in principle to: -

i. The establishment of a Community Meals Consultative Council to oversee the phases of work and implementation of the Community Meals Review.

ii. The commencement of Phases one and two of the Community Meals Review.

11.2 Subject to a further report on the achievement of savings, the prioritisation for investment in a community development approach to community meals and luncheon services as part of the Community Meals Plus service.

Supporting/ background Papers

Appendix 6 – Frequently Asked Questions (FAQ)

Officer Contact

Name	Telephone Number	Email Address
Janice James, Project Manager, ASSD	01603 223420	janice.james@norfolk.gov.uk
James Bullion, Assistant Director, ASSD	01603 222996	james.bullion@norfolk.gov.uk

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

Customer Questionnaire

ABOUT YOU

Where you live (please indicate the first part of your postal code i.e. NR1)

……

Gender

Male/ Female

Age range	18-30	31- 40	41 –50	51-60	61 – 65
	66 – 70	71- 75	76 – 80	81 – 85	86-90
	91 plus				

Do you have an of the following disabilities

Tick where appropriate	
	Visually impaired
	Hearing impaired
	Physically disabled
	Learning difficulty
	Mental health issue
	Other (please describe)
	None of the above

1.Vision (please comment on the following statements)

That a community meals service should be available to anyone who needs it, regardless of where they live			
Strongly agree	agree	disagree	strongly disagree

That the individual (i.e. you) pays for food but may get financial support for the delivery and personal care element of the service if assessed as eligible			
Strongly agree	agree	disagree	strongly disagree

That the individual (i.e. you) would like an itemised bill that separates food costs (which you have to pay) from non food costs e.g. delivery which you may get help with if you have an assessed need			
Strongly agree	agree	disagree	strongly disagree

2. Quality

How important is it to have a choice of (please number in order of importance with **1 being the highest and 3 being the lowest**)	
What you eat	
When you eat	
The way you get your food e.g. supermarket deliveries/ local shops	

3. Range of provision

Is it important to have choice and control in: - (please number in order of importance with **1 being the highest and 10 being the lowest**)	
Nutritious food	
Organic food	
Vegetarian food	
Locally sources food	
Fresh hot & cold	
Frozen ready meals	
Salad and fruits	
Delivery time slots e.g. 10-12 – 12 –3	
Snack options	
Special eg diabetes, celiac	

4. Cost & meal size

This section need updating to a simple ‘range’ of prices following pre-panel consultation.

What would you be prepared to pay for the following? Please draw a **ring** around your chosen option(s)						
Main meal only	£3	£3.50	£4	£4.50	£5	£5.50
Main meal with desert	£4	£4.50	£5	£5.50	£6	£6.50

Nutritious snack*	£3.50 .£4 £4.50 £5 £5.50 £6

* e.g a sandwich and a choice of two of the following: - a cake, fresh/ tinned fruit and a pot of yoghurt plus a drink

around your chosen option/s)

Small portion meals	Medium portion meals	large portion meals

5. Flexibility of delivery

How would you prefer to order? (please number in order of importance with 1 being the highest and 5 being the lowest)	
Face to face with a regular delivery driver	
With help from a volunteer	
By Telephone	
In writing/ by post	
With help from a personal assistant (paid carer)	
Electronically (i.e. computer)	

6. Frequency of ordering and delivery

Would you like to **order** your food? (please number in order of importance with 1 being the highest and 3 being the lowest)	
Daily	
Weekly	
Fortnightly	

Would you like your **delivery** to be made? (please number in order of importance with 1 being the highest and 3 being the lowest)	
Daily	
Weekly	
Fortnightly	

7. Personal support

Do you need help to cook your meal? (please draw a circle around your answer)	Yes/ No

Do you need help with? (please draw a circle around your answer)	
Plating and cutting your food	Yes/ No
Heating your food	Yes/ No
Eating food	Yes/ No
Remembering to eat at the right times	Yes/ No

Do you eat on your own (please draw a circle around your answer)	
Every day	Yes/ No
Up to 5 days a week	Yes/ No
No more than 2 days a week	Yes/ No
Never	Yes/ No

Is company important to you while you eat?	Yes/ No

Would you like to have information on any of the following services?
(please tick as many as you wish)

Name	**Description**	**Yes/ No**
Home Call	The 'trusted trader' scheme run by Norfolk County Council to help you find the right help	**Yes/ No**
Tele-shopping	Help with making a regular or one-off telephone mail delivery order for food and other items. A small charge is made.	**Yes/ No**
Tele-club	A regular telephone call from a friendly volunteer with topical discussion, quiz and birthday/ Christmas cards. Service is free	**Yes/ No**
Befriending/ volunteer support	A variety of local schemes offering home visits, some outings and good company. Services are generally free but some outings may incur a small charge	**Yes/ No**
Paid personal support	Someone to help with different aspects of your personal care with an emphasis on promoting your independence and choice. Available subject to assessment, services are charged for depending on financial assessment.	**Yes/ No**

Luncheon Club	Organised lunch provision with other activities offered. Available locally and may be charged for	**Yes/ No**
Local social activities	Including voluntary groups, church groups and U3A where like minded people come together to share conversation and friendship	**Yes/ No**
Supported shopping	Schemes that enable people to get out to the shops. They provide a mini-bus pick up and drop off service with enough time to shop in-between. This service may carry a small charge	**Yes/ No**
Memory service	Help with remembering important daily or weekly events including prompts to take medicines. The service is provided using telephone calls to help with your memory	**Yes/ No**

8 <u>Social support health and wellbeing</u>

My current meals service gives me the chance to socialise with voluntary staff?			
Strongly agree	agree	disagree	strongly disagree

The social interaction I get from my current meals service is important to me			
Strongly agree	agree	disagree	strongly disagree

The current service helps to make me feel safe at home			
Strongly agree	agree	disagree	strongly disagree

As part of the review we would like to find out if you think that befriending services would be valuable

I would like a volunteer to visit me at home to offer company and friendship			
Strongly agree	agree	disagree	strongly disagree
I would like a volunteer to visit me			
Daily	weekly	monthly	other

9. <u>Monitoring quality</u>

Would you be prepared to complete a yearly customer satisfaction
Yes/No

10. **Name of new service**

We would like to give the *community meals* service a new name and would like your help. Please write any suggestions below (you are free to add as many ideas as you wish

11. <u>Service directory</u>

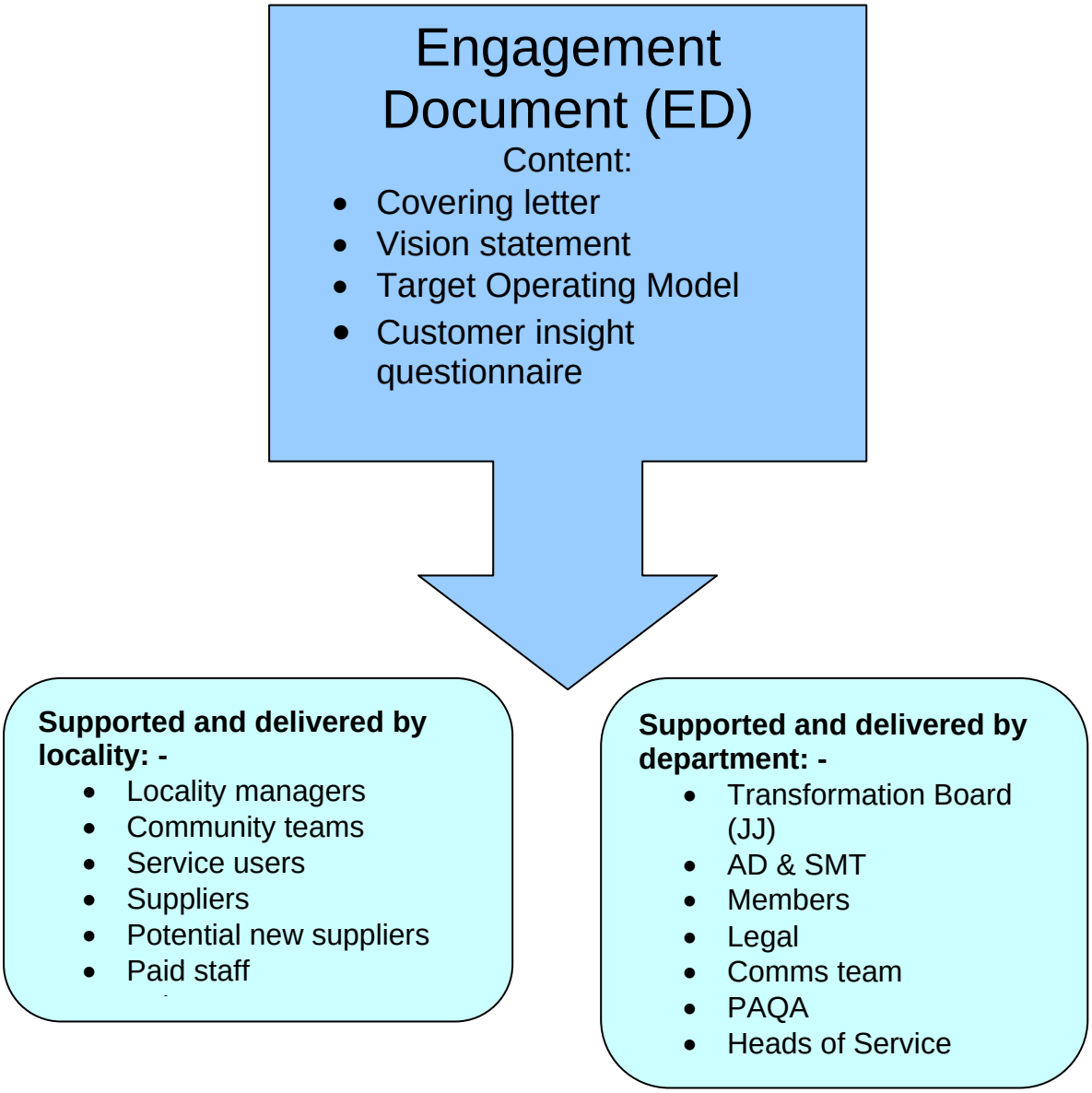
We plan to develop a 'directory' of service suppliers for meals services. The list will contain the names of accredited providers, both national and local.

In order to make sure that the information we give is right we would appreciate your help in telling us what information you would like to see go in the directory (**please tick as many as you wish**)

Where the supplier is based and delivers to	
Costs – a guide to the range of food costs	
Menu – a guide to the kinds of food options available	
Aligned to National Association Care Caterers – If the supplier has attained or is working toward national standards	
Symbols to show organic food/ ethnic food/ locally sourced produce	
Telephone/ email	

Customer Engagement Plan

Communication & Engagement Plan for customer insight



Who	Process of involvement/ engagement	Who takes this forward
Service users	1. Establish Community Meals Consultative Council 2. Send covering letter and ED 3. Follow up phone call/ visit to all customers Data consolidation	• Senior Project Manager, and Service Commissioners, in partnership with Third Sector. • Letters sent by SPM & PM
Non Users	1. 'Forums' to obtain CI 2. Editorial 3. Day service providers 4. Parish pump 5. Data consolidation	• SPM • PM • Commissioning Manager/ Officers • Day Opps PM
Locality personnel • Community Team managers and teams • Members • Commissioning officers	1. Email cover letter and ED 2. Forum/ meeting 3. Data consolidation	• AD/ PM's • Locality managers • Commissioning manager

Who	Process of involvement/ engagement	Who takes this forward
Departmental personnel <u>Group 1</u> • Legal • Comms team • PAQA • JJ & Transformation programme <u>Group 2</u> • James B • SMT <u>Group 3</u> • Members • Heads of Service • Commissioning managers • Locality Managers	1. Email cover letter and ED 2. Forum/ meeting 3. Data consolidation	• Janice James, Snr PM – Community Service Programme • Com. meals PM

Suppliers		
• Norse • Age Concern Norwich & Norfolk • Appetito	1. Letter and ED 2. Follow up meetings	• Janice James, Snr PM – Community Service Programme • Com. meals PM
Other suppliers • Letter, share vision (draft TOM) • Locality forum for smaller and local services • Data consolidation	1. Letter and ED 2. Locality forums for smaller and local suppliers offering help with capacity building especially in relation to volunteers using e.g. library's to promote volunteering opportunities 3. Data consolidation	• Locality managers • Commissioning manager
Would be suppliers	1. Networking and mail shots to: - • Chamber of commerce • Business link	• NCC Economic dev • Locality Managers & teams

	• Social enterprise support orgs • HWC and other housing providers • Direct approach to S/M sized businesses 2. Locality forums 3. Data consolidation	• Commissioning officers

Complimentary Services

- **Home Call** – a Norfolk County Council-backed scheme which accredits reputable businesses to join the Norfolk Home Call service. Accreditation involves them signing up to a strict set of standards, having references taken up and background checks carried out by Trading Standards. They also agree to maintain a minimum of £2 million public liability. Information is provided free of charge available via a directory produced in both printed and electronic formats

- **Tele-shopping** - a service operated by Norfolk County Council that offers a grocery shopping and delivery service from the comfort of peoples own home. Using the telephone, it aims to provide a flexible service including help to place an order and unpacking shopping. It offers the option of local shops as well as the big supermarkets.

- **Tele-club** - a telephone befriending service which aims to broaden social interaction of older people who may spend considerable time at home.

- **Tele prompting** - a telephone prompting service that may help people who have short-term memory and/or general confusion problems. For example, prompts are made to: - take important medication, eat meals, get ready for transport to day care / luncheon club / hospital appointments, etc. An Alarm unit is not required for this service, only a telephone

- **Norfolk First Support** - a six-week assessment and reablement service. Using an intensive support package, it aims to maximise independence by carefully assessing, monitored and supporting service users to regain former levels of independence.

Additional Information Request

Following the presentation of the *Community Meals Report to* Review Panel (March 2009), further information requested on: -

- **The role of community meals role in supporting people with dementia**
- **Nutritional guidelines for older people**
- **The impact of change on peoples social support**
- **Local sourcing**

The following is a summary of work produced to assist in decision-making. Where appropriate further information is included: -

The role of community meals in supporting people with dementia

It is generally accepted amongst the department's leads and practitioners that the current service does not offer an appropriate level of support to people with progressive dementia. Although complimentary services including home care and Tele-Prompting can enable people in the early stages of dementia to live safely at home for longer.

However, it is the department's view that the best nutritional and social outcome for many people living at home with dementia is a combination of home care, &/or befriending services combined with home shopping or ready meal deliveries. Benefits can therefore be arrived from the time a carer/befriender will spend supporting the service user. The ability to chat sociably whilst preparing food, as well as spending time encouraging and prompting clients to eat and drink sufficient quantities are unmet needs and require resources and services.

Current position

- Most people with a dementia diagnosis receive a package of care including home care
- There is no evidence that the current community meals service contributes to the wider care needs of people with dementia. Specific and practical tasks including plating and cutting up food, sitting with a service user whilst they consumed the meal in order to encourage and monitor food and liquid intake are not done at present. This task would be completed by home care personnel.

- There is general consensus amongst ASSD Care Managers that the current service does not meet the needs of people with all but the lowest level of dementia

- There is little evidence that current services meet the nutritional needs of people with dementia (as recommended by the Caroline Walker Trust, Eating well for older people with dementia

Recommendations for future services are: -

- All food meet the nutritional guidelines of people with dementia living in residential care homes

- Suppliers should be required, as part of their accreditation/preferred process to demonstrate they provide food that meets these guidelines

- Attention should be paid to the way food is presented. Food should be attractive, appetising and appropriate.

- Some older people with dementia have a delayed or diminished swallow reflex. This may make it difficult for them to eat chewy foods and to drink liquids. Because of this finger foods and textured soft foods/ pureed food should be supplied in a way that looks and smells attractive

- Effort should be made to find out about each persons specific dietary needs, and attention should be paid to the *energy* needs (calorific requirements) of people on an individual basis

- People should be encouraged to maintain good levels of hydration by offering or prompting them to have a drink

Information source:

Expert Delphi Consensus (2006)

Caroline Walker Trust

2006 Norfolk Joint Strategic Needs Assessment (2008)

Nutritional guidelines for older people

To gain a balanced view of the nutritional needs of older people in relation to current and future community meals services, the following has been considered: -

- What constitutes a nutritious meal
- The importance of making food enjoyable
- Frozen versus fresh food

There is a growing body of work that looks at catering within institutional settings such as hospitals and residential care homes. However there is significantly less about community meal services.

Some of the clear recommendations made by organisations like the *Caroline Walker Trust* and the *National Association for Care Catering* (NACC) have been noted in the paper and form the basis of the papers recommendation for quality nutrition.

These include;

- Accreditation is based on the ability to meet NACC guidelines for minimum standards in nutrition

- Consideration should be given to increasing the recommended nutritional requirements in line with those recommended by the Caroline Walker Trust

- Suppliers should have the capacity to supply meals suitable to people with smaller appetites including snacks

- Snacks such as sandwiches, biscuits, tea, milky drinks and fruit juices, fresh fruit and water should be available to service users throughout the day and during the night

- Suppliers should have the capacity to provide pureed and finger food to those who have difficulty swallowing

- Supplier should have the capacity to provide a range of food tailored to special dietary requirements and ethnically diverse needs

Current position

Most Local Authority *Community Meals* base their nutritional content on either the guidelines of the National Association of Care Catering or the Guidelines given by the Caroline Walker Trust.

Most meals provided under *Community Meals* schemes are considered the 'main meal of the day'

Conventionally a main meal would be expected to provide 33% of the estimated average requirements for energy and 33% of the reference nutrient intake for other nutrients

However in most vulnerable households older people are not likely to make up the 66% nutrition required during their breakfast and evening meal

In order for community meals to make a significant contribution to the nutritional needs of vulnerable people the Caroline Walker Trust recommend the proportion of requirements be increased from 33% to 40% for energy, calcium, iron and zinc, and to 50% for folate and vitamin C

When dealing with older people with dementia the advice that is given to the general public, for example to eat less fat and sugar, may have to be re-evaluated. As the progressive nature of dementia is likely to overshadow fears of developing for example heart disease or cancer

Making food enjoyable

It is important to remember that food needs to be consumed in order to be of any nutritional value and therefore needs to be appealing to the service users on a number of points

In the case of community meals consumed within the service users home, emphasis needs to be given to the

- Preparation
- Taste
- Variation
- Confidence
- Attentive professional presence

Preparation
Food should be produced with a high degree of skill and professionalism with ingredients cooked for the appropriate time, using the healthiest and most appropriate methods.

Taste
Food should have a good balance between bitter, sweet, sour, salt and bitter components. The smell should be consistent with the meal and it should have the right texture.

Variation
Food should reflect seasonal availability including seasonal events. There should be a variety of taste, colour, texture and ingredients as well as the way food is arranged.

Confidence
There should be a clear indication of what the food is made of, who cooked it and when it was prepared. There should also be information about the nutritional content of the meal and a choice of meals to enable individuals to eat a meal that they like.

Attentive professional presence
The meals should be as ordered, serviced at the right temperature and serviced with the right accompaniments and side dishes. The meal should have the right portions.

Finger foods and soft foods should be available for individuals with different dementia associated problems. People should be encouraged and supported to remain as independent as possible when eating, even if this is by hand only

Frozen versus fresh food

There are proven benefits in using frozen foods including health benefits as some frozen vegetables, for example contain much higher levels of vitamins than 'fresh' food.

A study published recently in the Journal of Food Chemistry found that frozen spinach and green beans, for instance, contain more vitamin C than the fresh equivalent stored in a fridge for just two days.

This is because frozen food is "flash" frozen very quickly after it's harvested, the water-soluble vitamins such as folic acid and vitamin C are preserved.'

There are, however a number of foods that do not freeze well. The flash freeze process changes the structure of some foods making their texture limp, soggy and unpalatable

There is also a simple pleasure in eating raw ingredients and distinct health benefits in consuming fresh fruit and vegetables, though people often find fruit juice and smoothies beneficial particularly where there are chewing and swallowing problems

Local Authorities looking to provide a *community meals* service have chosen to deliver services in a range of ways:

- Hot food cooked from fresh and delivered the same day
- Hot food regenerated from frozen
- Frozen food delivery (usually delivered fortnightly)
- Chilled food delivery (more frequent delivery of 3 – 4 days)
- Some delivery services incorporate fresh food or/ and snack delivery

Changes in the method of service delivery are relatively new. The **Caroline Walker Trust** point out that the effectiveness of newer methods of providing meals 'needs to be investigated further' The trust points out that deficiencies in *community services* per say may result in people's food intake not being monitored. This may be the case where either food is being delivered on an infrequent basis (where services are provided between 2 – 5 days) or where fortnightly frozen meals are available

On balance there are health benefits to both fresh and frozen foods. Information published in the Composition of Foods integrated dataset shows that health benefits can be derived from eating a mixture both frozen and fresh food.

Recommendations

- That all suppliers follow NACC guidelines for minimum standards in nutrition
- Consideration should be given to increasing the recommended nutritional requirements in line with those recommended by the Caroline Walker Trust
- Suppliers should have the capacity to supply meals suitable to people with smaller appetites including snacks
- Snacks such as sandwiches, biscuits, tea, milky drinks and fruit juices, fresh fruit and water should be available to service users throughout the day and during the night
- Suppliers should have the capacity to provide pureed and finger food to those who have difficulty swallowing
- Supplier should have the capacity to provide a range of food tailored to special dietary requirements and ethnically diverse needs

Information sources

* (1) Eating Well for Older People – practical and nutritional guidelines for food in residential and nursing homes and for community meals (2004), Caroline Walker Trust.

Eating Well for Older People with Dementia – a good practice guide for residential and nursing homes and others involved in caring for older people with dementia, Caroline Walker Trust.

The Food Standards Agency (FSA) UK Nutrient Databank.
http://www.food.gov.uk/science/dietarysurveys/dietsurveys/

The Danish Diet and Nutrition Association
Nørre Voldgade 90 DK-1358 Copenhagen K
Email: post@kost.dk

The impact of change on people's social support

In order to ascertain the level of social contact that daily delivered meals produce it is necessary to consider the over all picture of service delivery in Norfolk.

Where a daily delivery service is available, the length of visit and quality of social interaction is considered.

This report considers the view of some service users collated from quality monitoring data collected by some schemes and a consultation that took place in Norwich (2008)

It considers how effectively it delivers social support and makes recommendations for providing a targeted and better quality social support service to people living lonely and isolated lives.

Finally the paper looks at other support services available to people living lonely and socially isolated lives and considers how best to target resources in the future.

Current position

The general public value its community meals service and feel that it delivers an important social service to many frail elderly people.

There are, however a number of assumptions about the current service.

People believe that community meals deliver a countywide service that provides: -

- daily hot, nutritious meal
- friendly visit from a familiar deliverer

It is clear, however that: -

- Large parts of the county do not presently have access to a scheme
- Areas with a scheme often provide services for part of the week
- Busy schemes delivering a more comprehensive service will generally have short delivery slots. This means that social contact is limited to between 1 – 5 minutes and is for the purpose of collecting payment.

- Not all beneficiaries live in isolation – a number of them live in housing with care schemes and with other family members who are absent during traditional working hours

Customer feedback

Quality monitoring questionnaires regularly receive high levels of satisfaction from volunteers and staff delivering food and generally value the regular yet brief contact.

In a consultation document commissioned by ASSD in 2008, beneficiaries of the Norwich Meals on Wheels Scheme said of their volunteer delivery drivers

- Volunteers and very good, kind and helpful
- Have found the volunteers very cheerful

However there were comments relating to the quality of visits and the roles and qualities of volunteers: -

- They have no time to chat, in and out quickly
- Should not be expected to take on health care functions which are well catered for by the city of Norwich
- I was disappointed and angry when I learned that one helper entered my empty, unlocked bungalow and left it the same without telling anyone,

Social support networks

Older people often loose social contact as a result of physical disability, ill health, bereavement and mental health issues.

In order to help maintain social networks, the community at large needs to help facilitate social contact.

Community and church groups perform an important role in doing this and are often assisted through grant aid by local authorities.

Social services departments have also taken on the role of supporting lonely, socially isolated people with day service provision and the commissioning of befriending services.

ASSD work closely with national voluntary organisations such as Age Concern and Crossroads who offer care services including: -

- Befriending and visiting schemes - through which friendship, advice and advocacy can be offered to people in the comfort and security

of their own home. Visits are usually made weekly for about an hour, at a time agreeable to both parties.

- Tele-club - a telephone befriending service which aims to broaden social interaction of older people who may spend considerable time at home. There is usually a weekly call of about 30 minutes in duration, at a time agreeable to both parties. A quarterly magazine and birthday/ Christmas card is also sent.

- Help with outings and shopping trips - escorted door-to-door shopping service for people aged 60 or over who could not otherwise do their own shopping are offered in parts of the county

The likely impact of changes on people's social contact

Whilst the social function of current services has been considered, the *Community Meals Review* has focused on the need to provide robust meals deliveries delivering a choice of nutritious and diverse meals.

The new model/s have taken into account that some people would like to maintain their current provision and that may be in part to the value they base on a regular visit.

However, with a range of services already in place to support socially isolated people ASSD should consider the social function as a separate yet interlinked service.

Summary

The current service provided by community meals is thought to give crucial social contact to people living isolated lives, though not all beneficiaries live in social isolation

The constraints of the service mean relatively small number of people receive a frequent visit.

The length of visit is short and focuses on collecting payment for the meal.

Service user feedback is that frequent contact is values, but that a longer more meaningful visit would be preferable.

A range of alternative befriending and social networking services exist and would be a more appropriate way for those people most at risk of social isolation to receive meaningful social support

Recommendations

- Consideration should be given to further investment in befriending and social networking services

- Information about existing services should be widely disseminated during annual review and with the help and support of the community meals providers

Local Sourcing

The department recognises the opportunity for the *proposed new models i.e.* the *refreshed* Community Meals & the new, complimentary *Community Meals Nouvelle* to assist in promoting local souring (in line with fair competition guidelines) thus benefiting the local economy.

The departments aims to ensure access to a range of businesses including locally based business to meet the meals needs of local people. This is entirely consistent with both Norfolk County Council strategies such as supporting the local economy and government policy with regard to community involvement/participation.

All businesses will be encouraged to meet the needs of Norfolk's people by: -

- Inviting them to join a list of accredited &/or preferred suppliers

- Ensuring the registration process is clear, achievable and is easy for small to medium enterprises and businesses to complete

In addition the department wants to encourage local sourcing and production of food in order to benefit the local economy by: -

- Specifying that where possible food should be sourced and or produced within Norfolk and the Eastern region.

Norfolk County Council
at your service

Appendix 5

Equality impact assessment (EqIA) form for proposed or new strategies, policies, projects & decisions

Guidance notes in margin

What needs to be equality impact assessed?

You only need to equality impact assess strategies, policies, projects or decisions that are **relevant** to equality - in other words, activities that may impact on people from diverse groups.

If you are not sure whether your strategy, policy, project or decision is relevant to diverse groups in Norfolk, see here (Page 9) for a simple guide to assessing relevance.

EqIA Form (screening - guidance notes in margin)

General information		
1.	Name of proposed strategy, policy, project or decision:	A new Community Meals service.
2.	Responsible department, service & head of service:	Community Care, Adult Social Services.
3.	Are other departments or partners involved in the delivery of this strategy, policy, project or decision?	No
4.	Screening officer:	Susan Happs
5.	Date of screening:	19.02.09

Evidence base

6. This section will bring together a range of evidence that will help you to make a judgement about whether the proposed activity will support equality of access & outcome in Norfolk.

(a) What is the purpose of the strategy, policy, project or decision?

Norfolk County Council ASSD wants to develop a service that puts individuals at the centre of an excellent and responsive meals service and that will:

- provide a way for people to obtain a daily meal that is healthy, nutritious and appetising at a price that is affordable to all.
- be available across the county and offer the same quality of provision to all.
- ensure that the individual needs of all people can be met, including those with specific nutritional and dietary needs and culturally diverse requirements.
- be one of a number of support services provided to enable people to live at home. People assessed as needing help with preparing and consuming a meal would have access to further support in addition to the community meals service.

(b) Who will be affected by the strategy, policy, project or decision?

People currently using service, predominantly older people, people with physical disabilities and sensory impairment.

People requiring a service in the future, with a wide range of culturally diverse backgrounds, special dietary requirements and lifestyle choices.

Carers and families who receive a respite service through the community meals service

(c) Has evidence about the needs of diverse groups informed development of the strategy, policy, project or decision?

☐ **Yes** Please indicate which groups:

☐ Age ☐ Disability

☐ Religion & belief ☐ Race

☐ **No*** See the note below & go to Q16:

Sources of evidence could be consultation findings, research reports & evidence, expert views of stakeholders representing diverse groups, customer or staff surveys, complaints, Ombudsman, or tribunal cases, grievances, demographic profiles, benchmarking, or officer expertise.

*Public agencies have a legal duty to take account of the needs of di
commissioning services. Failure to meet this duty may expose accountable agencies to unnecessary legal risk. Proceed to Q16 & identify what measures you will take to gather appropriate information about diverse groups in Norfolk who may be affected by the proposed activity. When you have collected this evidence, return to this section (Q6), continue & complete the form.

Evidence base

(d) Please describe this evidence & identify its source

The EqIA has not consulted specific research relating to the ethnic population of Norfolk. However it is widely accepted that the counties demographic is changing as the county plays host to a growing number of settlers from Eastern European, the Indian subcontinent and South East Asia.

Demands for more culturally sensitive services are well documented particularly in health care provision, with a growth in demand for translation services and considerations as to culturally appropriate foods and personal care needs of different people.

The community meals service will endeavour to provide a more culturally responsive service, meeting the needs of groups including vegetarians, and also providing kosher and halal food.

The second group that changes will benefit are people with special dietary requirements. Disorders including diabetes, ulcerative colitis and irritable bowl syndrome can be greatly improved by an appropriate diet. Also people requiring enriched meals with a high calorific content to aid recovery after illness and to combat malnourishment will benefit from nutritionally balanced food.

Making a judgement about impact				
7.	Does your evidence base confirm that the strategy, policy, project or decision will promote equality of access & outcome for diverse groups? Give consideration to the ways in which the activity will be delivered, physical access & accessible information needs.		**Yes**	**Exemptions/notes** Not applicable
8.	**Age**	Older people (55+)	Yes	
		Younger people (-25)		
9.	**Disability**	Mobility	Yes	
		Sensory	Yes	
		Learning	No	
		Mental health	yes	
10.	**Gender**	Women	Applicable to all	
		Men		
		Transgender		
11.	**Race**[1]	Asian or Asian British	Applicable to all	
		Black or Black British		
		Chinese		
		White		
		Gypsies & Travellers		
		Other, i.e. migrant workers		
12.	**Religion & Belief**[2]	Faith Groups	Yes	
13.	**Sexuality**	Lesbian, Gay or Bisexual	Yes	
Positive community relationships ("community cohesion")				
14.	Does the strategy, policy, project or decision take account of the need to promote equality & community cohesion?		**Yes**	

[1] The categories used in the Race section are those used in the 2001 census. Consider the needs of specific communities within these broad categories such as Bangladeshi people & the needs of other communities such as migrant workers who do not appear as a specific category in the census.

[2] Faith groups cover a wide range of groupings, for example Buddhists, Christians, Hindus, Jews, Muslims & Sikhs.

Simple modifications		
15.	If your evidence base has identified any issues such as insufficient evidence, or indicates any potential inequalities of access or outcome, can this be easily remedied by a simple modification?	Yes There is a risk that unless different groups know about the range of diverse foods available through the community meals service, they will not request a service. This could be addressed with information provided in different formats and languages as is the case for many other ASSD services.
Proposed monitoring arrangements		
16.	How do you intend to monitor or assess the impact of the strategy, policy, project or decision over the medium to long term, to ensure that it promotes equality of access & outcome?	This will be done over a period of 3 years and in conjunction with the provider/s who will be asked to monitor the number of ethnically sensitive food and/ ore special diet meals supplied. We will also monitor the number of complaints in relation to the schemes ability to meet different people's needs.
Conclusions & recommendations		
17.	Following this screening EqIA, please confirm the following:	
	☐ There are no potential inequalities of access or outcome that cannot be remedied by simple modification (& plans are in place to progress this) or justified on legal grounds.	**No further action required** You do not need to conduct a full EqIA if no potential inequalities of access or outcome have been identified.
	☐ There is insufficient evidence to make a robust judgement ☐ Inequalities of access or outcome have been identified & cannot be remedied through a simple modification	**Full EqIA required** You must conduct a full EqIA if inequalities have been identified that cannot be remedied by a simple modification or you have been unable to collect adequate evidence to make an informed judgement.
	☐ It is a major strategy, policy, or decision, in terms of its scale or significance for the Council's activities	**Full EqIA recommended** It is best practice to conduct a full EqIA if the strategy, policy, project or decision is of major strategic significance to the Council.

Additional comments & completion		
18.	Please include any additional comments here:	ASSD want to promote a service that offers the widest possible choice of appropriate foods to people using services
19.	**Signed:** Screening EqIA Lead Officer:	Susan Happs

When completed, a copy of this form should be filed with the development papers for the strategy, policy, project or decision, to ensure a robust audit trail. Please note it is a public document & may be requested under the Freedom of Information Act.

EqIA Form (full - guidance notes in margin)

General information		
1.	Name of proposed strategy, policy, project or decision:	Name of strategy, policy, project or decision being assessed.
2.	Full assessment officer:	Which officer (s) is conducting this assessment?
3.	Date of full assessment:	Date assessment is being carried out.
4.	What concerns (if any) are there that the proposed strategy, policy, project or decision may be inaccessible, or that need may be unmet?	Summarise here why the policy, procedure or practice has gone forward to full impact assessment & any concerns highlighted by the screening process.

Evidence gathering & draft options	
5.	You now need to conduct a full assessment of the proposed strategy, policy, project or decision, to enhance your overall understanding of its potential impact & any concerns, & where appropriate identify options for addressing inequality or unmet need. This assessment is likely to draw upon a range of data, such as advice from experts & diverse groups, national research, benchmarking with other organisations & internal consultation with service managers.
	(a) Draft options:
	Summarise here the findings & conclusions of your assessment & **proposed options** for addressing any inequalities highlighted by the screening.
	(b) Evidence:
	Summarise here what evidence you have used to inform your conclusions & **proposed options.**

Consultation & involvement on the draft options

6. Depending on the nature of your proposed options, you may need to need to engage with diverse groups to ensure you are taking full account of all the issues, address any gaps in your knowledge & also to check that your proposals will work in practice.

(a) Do you need to engage or involve diverse groups?

☐ **Yes** (Indicate which groups)

State here with whom you need to engage (i.e., employees, service users, trade unions or stakeholders), & whether the issues you need to consult upon relate to age, disability, gender, race, religion & belief or sexual orientation. Also state whether there is anything specifically that you need to find out.

☐ **No** - relevant evidence is available & it is not necessary - go to Q6 (c)

(b) Consultation findings

Following consultation, summarise the key findings, the date it took place & who was involved:

(c) Internal consultation

Where applicable, confirm here that you have signed off any proposals for future working with relevant managers & accountable teams**.**

Your evidence gathering & consultation will have helped you identify draft options for addressing any access issues or inequalities. You now need to agree your final actions with relevant management teams to ensure they are achievable. You will also need to check which strategic document the actions will appear in - this will usually be the relevant service plan.

Conclusions & actions

7. Following this full assessment, can you confirm that the strategy, policy, project or decision:

☐ **Yes**. The strategy, policy, project or decision complies with legislation, supports equality of access & outcome, & meets need appropriately (go to Q9)

☐ **No**. In order to achieve the above, changes are required (go to Q8 below)

8. If No, what changes are required?

Briefly summarise here all final agreed actions. If you prefer you can complete the action plan form in Annex 3.

Monitoring arrangements

9.	Do you have adequate systems in place to monitor the continued impact of the policy, procedure or practice on diverse groups?	**Yes/No:** If Yes, please state. If No, what arrangements are proposed to monitor future delivery of the policy, procedure or practice? If serious gaps are present, this can be referenced as an action in Q8 above.

Additional comments & completion		
10.	If you have any additional comments to make, please include here:	
Signed: EqIA Lead Officer:		

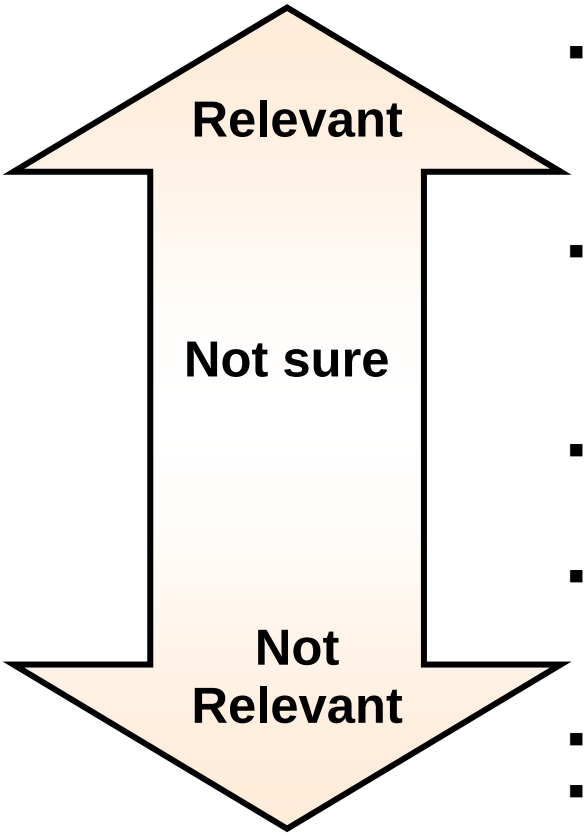
When completed, a copy of this form should be filed with the development papers for your strategy, policy or project, to ensure a robust audit trail. Please note it is a public document & may be requested under the Freedom of Information Act.

Annex 1

Guide to assessing relevance

The majority of activities will have an impact on diverse groups - even if they might not at first appear to. However, some clearly have no relevance, such as procedures for calculating office supplies, monitoring the use of solar panels or making tree preservation orders. It is important to be clear at the outset whether an activity is relevant to diverse groups, because those that are not relevant do not need to undergo equality impact assessment.

Based on the **assessment of relevance** set out below, you can decide which activities are relevant to diverse groups & should be prioritised for impact assessment:



Relevant

- Some people may be affected differently by the strategy, policy, project or decision, or find it harder to access than others, because of their age, disability, gender, faith, race or sexuality.
- It might cause tension between different communities (for example, the allocation of funding to certain geographical areas).

Not sure

- It is of major scale &/or significance to the Council's activities (even if you cannot identify any obvious impact on diverse groups)
- There is insufficient evidence or expertise to make a judgment

Not relevant

- It is a support function, i.e. data analysis
- It will not affect or have an impact on people differently, because of their background or circumstances.

Remember - if you are not sure whether the strategy, policy project or decision is relevant to diverse groups, seek the advice of your Departmental Equality Lead (see Annex 2 for details)

Annex 2

Departmental Equality Leads

Department	Officer	Tel No.:
Chief Executive's	Karen Witham, Business Support Manager	01603 22222431
Adult Social Services	Michelle Valentine/Neil Howard, Social Inclusion & Diversity Officer	01603 224195/ 224196
Children's Services	Dominic Stevens, Performance & Commissioning Manager	01603 224488
Cultural Services	Jan Holden, Assistant Head of Service	01603 774701
Fire & Community Protection	Karen Palframan, Human Resources & Development	01603 819730
Finance	Mandy Knowlton-Rayner, Principal Risk Officer	01603 223822
Human Resources	Lesley Macdonald, HR Officer	01603 222911
Planning & Transport	Sarah Rhoden, Support Manager	01603 222867

Annex 3

Equality Impact Assessment Action Plan					
	Objective/action	**Target/ Performance measure** (how will you know you have achieved this objective/action?	**Lead Officer**	**Timescale/milestones**	**Notes /resource Implications**
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Make sure your action plan is S.M.A.R.T.:

1. Specific (objectives, actions & targets must be clear & detailed).
2. Measurable (objectives, actions & targets should be measurable).
3. Agreement (the people who have to make it work need to agree to it).
4. Realistic (must be possible to achieve)
5. Time-specific (Deadlines for achievement must be set)

Community Meals Plus FAQ

What is the community meals service*?*

It combines Norfolk County Council's traditional meals on wheels service with other flexible hot and frozen food delivery services supplied by a variety of organisations both local and national.

How do I access the community meals service*?*

You can find out about the different type of services available in our directory, which you can order by telephone, pick up at your local library or GP surgery. The directory will also be available on-line at [instead hyper link here]

Once you have decided what kind of service suits your needs, you can contact the supplier direct or we can help you to do this.

Do I have to have a service every day?

The service is very flexible and has been designed to meet your needs. Therefore, if you only want the service for part of the week, it's your choice. Likewise you can cancel your meals and resume them whenever you want.

Is the service free?

The directory is supplied free of charge. You will be expected to pay for your food, but you may be able to get help towards the cost of personal care and delivery of food.

How can I find out if I am entitled to help?

You can contact us and speak to someone about your circumstances. They will arrange for you to have an initial assessment over the telephone. Our number is 0344 800 8014.

If you are entitled to extra help you may be offered an individual budget that you can use to pay for the services you need.

What is a personal budget?

It is when you are given money to purchase the kind of support that you want. Your budget will help you to fund the expense of having food delivered direct to your home and any personal care you need to help with serving and consuming your meal.

Can Norfolk County Council organise the service for me?

Yes, we understand that not everyone feels able to manage a personal budget so we are at hand to help organise the services you want.

How much does a community meal cost?

As with an ordinary shop or supermarket you can purchase a wide range of meals at a variety of prices. We are committed to ensure that the food supplied is good quality and nutritionally balanced and available at an affordable price.

I have a special diet; can I get food that meets my dietary needs?

Yes, we have made sure that suppliers are able to cater for special diets as well as ethnic foods and vegetarian options. You will find the details of what different suppliers can provide in the directory.

How do I order and pay for my food?

This will depend on the kind of service you choose, as some of the suppliers will deliver daily whilst others will deliver fortnightly (for frozen food orders).

All our suppliers will help you to place your next order and you will pay for your meals using a payment method and frequency agreed with the supplier.

If you get help with delivery costs or other support services you can choose to pay the supplier directly or we can pay the cost for you.

Who can I talk to if I am not happy with the service I am getting?

In the first instance we suggest that you speak directly with the supplier so they can deal with any problems you may have.

If you are not happy with the outcome you can use our complaints procedure, for details please call 0344 800 8014

Report to Adult Social Services Overview and Scrutiny Panel
8 September 2009
Item No 9

Norfolk Learning Difficulties Pooled Fund Services for People with a Learning Disability

Report by the Director of Adult Social Services

Summary
This report provides Members with an overview of the Norfolk Learning Difficulties Pooled Fund for People with a Learning Disability and explains the current financial pressures and the measures that are in place to manage them.

Members are asked to:

Note this report and support the strategic approach being taken to continue to deliver Valuing People Now policy within the budget available

Agree to setting up a working group to look at the Learning Difficulties budget in more detail and agree the suggested Terms of Reference at Appendix B.

1 Introduction

1.1 Valuing People Now The Delivery Plan– Making it Happen for everyone, published in January 2009 sets out the Government's strategy for people with learning disabilities for the next three years. The strategy sits within the context of the Transformation Agenda for Adult Social Care as set out in Putting People First. There are strong links with other national strategies and initiatives such as Aiming High for Disabled Children, the Carers' Strategy, the consultation on No Secrets, Local Involvement Networks (Links) and the forthcoming Adult Social Care Workforce Strategy, and Dementia Strategy.

1.2 The Delivery Plan highlights the key priorities for 2009-10, as well as the work that will continue throughout the next three years. The plan will be updated annually as part of a yearly review of the implementation of Valuing People Now.

1.3 For 2009-10 the key Valuing People Now priorities are:

- To raise awareness of Valuing People Now across national and local government, private and voluntary sectors, and wider society
- To have an effective Learning Disability Partnership Board operating in every Local Authority area.
- To secure access to and improvements in healthcare, with Strategic Health Authorities and Primary Care Trusts (PCTs) leading this work.
- To increase the range of housing options for people with learning disabilities and their families, including closure of NHS campuses.
- To ensure Personalisation Agenda is embedded within all local authority services and developments for people with learning disabilities and their family carers, which is underpinned by person centred planning
- To increase employment opportunities for people with learning disabilities

1.4 Three case studies illustrating how the Norfolk Learning Difficulties are delivering Valuing People Now are shown at Appendix A. Also listed below is an extract of some of the Services' key performance targets in 2009-10:

- Support the uptake of Health Books and Health Action Plans for 2000 people with learning difficulties, along with 104 GP surgeries and 80 acute

hospital staff trained in the use of Health Books.

- Implement the Prevention, Food and Fitness Project so that 150 people with learning difficulties, 150 carers and 65 staff are trained.
- Review arrangements for the Learning Difficulties Partnership Board and Locality Groups to ensure effective involvement and representation of people with learning difficulties and family carers in planning, delivering and reviewing services.
- All long-term NHS campus accommodation for people with learning difficulties closed by April 2010, and ensure that the 43 people with learning difficulties currently housed in Norfolk campuses and 7 people in Suffolk have secure tenancies.
- 10 more people with LD to buy their own homes through shared ownership.
- Support 27 people with learning difficulties to move to new rented homes with good tenancies through a range of housing projects with partner housing associations.
- Support people to live independently by providing access to a greater choice of community-focussed opportunities as an alternative to traditional day care provision, through a review of day opportunities and the "Getting a Life" Project.
- Support 50 people with learning difficulties into work through setting up:
    - A support into employment team of advisors.
    - Setting up further social enterprises that employ people with learning difficulties.
    - Engaging with employers.
    - Providing job-coaching support.
- Deliver training and provide start up grants so that people with LD can set up their own micro-enterprises.
- Review process and options for developing supported living to ensure that new services are more cost effective than residential care.
- Aspergers Service team set up and taking referrals from January 2010.
- Redefine respite services to provide crisis intervention and respite support to help people live at home.

2 The Norfolk Pooled Fund

2.1 The Norfolk Pooled Fund for People with Learning Disabilities was established in 2002 as a ten year Section 31 agreement between Norfolk County Council and Norfolk Primary Care Trusts. Currently (2009-10) the pooled fund totals £94.202M. Norfolk County Council contributes £51.473M, with NHS Norfolk and Gt. Yarmouth and Waveney contributing £42.729M.

2.2 The Pooled Fund pays for all health and social care services for people with a learning disability in Norfolk, with the exception of very specialised health services, which continue to be commissioned by the NHS. Examples of very specialised services include low secure services in private sector hospitals i.e. Sex Offender treatment programmes.

2.3 The £94.202M in the 2009-10 Pooled Fund is spent on the following main areas:

1) A service Level agreement with the Norfolk Learning Difficulties Service totalling £79.030M, which is mainly is used to fund:

Purchase of Care in the Independent Sector	£58.788M
In-House Day Services	£ 6.938M
County Management (Incl. Support Services)	£ 4.251M

In-House Supported Living Services and Respite	£ 3.203M
Community Support Team	£ 2.117M
Service Agreements with the Voluntary Sector	£ 1.783M
Care & Assessment	£ 1.442M
Learning Disability Development Fund	£ 0.508M
Total	**£79.030M**

2) Service Level agreements and contracts totalling £14.833M with NHS Providers. This covers the NHS staff in the integrated Community Teams, Campus Beds, NHS Respite and Assessment and Treatment beds.

3) LD Pooled Fund Management costs of £0.339M

3 Pressures on the Pooled Budget

3.1 In common with Learning Disability Services across the country, Norfolk is experiencing significant increases in demand for services. This is mainly generated by more young people coming into the service who have complex needs and the increasing needs of those people already in the service who are living to a greater age. National statistics show an average increase in service demand of 8% per annum.

4 Managing future demand

4.1 When setting the 2008-09 Pooled Fund budget, the partners agreed that additional funding would be paid into the fund to set a balanced budget on the condition that Medium Term Plans would be made to keep growth for the next 3 years at 5 percent. To develop plans to keep growth to 5%, Norfolk County Council commissioned PricewaterhouseCoopers (PwC) to use a process called Priority Based Budgeting (PBB).

4.2 The outcome of the process identified, both efficiency improvements and service changes. The recommendations resulting from PBB are currently being implemented by Norfolk Learning Difficulties Service under a Project Manager with specialist expertise in financial recovery and programme management.

4.3 The key areas that are being worked on include:

- Reviewing of high cost care packages
- Negotiating better prices for care
- Scrutinising individual support more closely
- Helping people in services to move on to employment
- Better use of Independent Living Funding (an extra funding stream received when an individual has very high support needs)
- Changing transport arrangements
- Stopping private hospital admissions

5 Current Financial Position

5.1 It is estimated that the PBB measures implemented this year will produce savings of approximately £ 3.6M. This will leave an estimated shortfall of £3.8M. The recurring effect of the PBB programme will be much higher when full year effects of the savings can be realised. Additionally the work of the programme will be used to inform changes to the models of care that are commissioned in the future.

This will include:

- Types of supported living, residential and respite care

- Future delivery of day services/day activities
- Shape of assessment and treatment services
- Shape of our community teams
- Personal budgets

6 The future

6.1 In order to continue to meet the expectations of the national "Valuing People Now" policy and keep within budget it will be important to:

- Increase the range of options for people with Learning Difficulties
- Deliver the most appropriate cost effective services to each individual
- Involve both the providers and receivers of care in the process re-design
- Provide services within Norfolk wherever possible
- Ensure we obtain Value for Money services within the constraints of our budgets
- Develop a secure, thriving and diverse provider market that is responsive to commissioning needs both now and in future years.

7 Resource Implications

7.1 The resources required to deliver this project have been met by the Social Care Reform Grant as part of the Departments Transformation Programme. The resources required are the costs for the project manager and backfill costs for staff seconded from the contracts and finance teams.

8 Other Implications

8.1 As part of the work to make the changes it is anticipated there will need to be some consultation periods with groups of people with learning disabilities who use specific services – for example making changes to the current respite resources.

9 Equality Impact Assessment

9.1 The impact of service change is considered though each workstream and any effect to other groups or workstreams is anticipated as far as possible. Equity of service across the county and access to a range of service choice is an important theme for all key areas of work.

10 Section 17 - Crime and Disorder Act

10.1 Good quality, person focused support for people with a learning disability helps manage anti social behaviours and enables people with a learning disability to contribute more fully to their communities.

11 Risk Implications/Assessment

11.1 There are risks attached to the implementation of this project and a risk log is actively maintained. Risks include the level of savings achieved, the interdependencies between projects not being well managed and poor engagement by service users and staff. The risk log enables us to manage these risks and we have a robust approach to managing them.

12 Alternative Options

12.1 There are no alternate options – the Learning Difficulties Pooled Fund is one of the most significant financial risks to the County Council and it is important we seek to achieve value for money.

13 Conclusion

13.1 The Pooled Fund for Learning Difficulties is subject to considerable financial pressure as a result of rising demand and cost pressures. Although the Pooled Fund partners have agreed increases of 5% for last year and this year, it is important to take action now to make sure the service is delivered within budget on a sustainable basis. A project has been established to achieve this financial recovery.

14 Action Required

14.1 Members are asked to

1) Note this report and support the strategic approach being taken to continue to deliver Valuing People Now policy within the budget available.
2) Set up a working group to look at the LD budget in more detail and agree the suggested Terms of Reference for the working group at Appendix B.

Background Papers

Valuing People Now – The Delivery Plan

Officer Contact

Name	Telephone Number	email
Debbie Olley	(01603) 223960	debbie.olley@norfolk.gov.uk
Stephen Rogers	(01603) 495122	stephen.rogers@norfolk.gov.uk

IN TRAN 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.

Appendix A

South Norfolk Supported Living Scheme

The three people in this scheme had originally been resident at Little Plumstead Hospital before moving in early adulthood to a new purpose built 6-bedded bungalow in South Norfolk in the late 1990's. The bungalow has remained unchanged since then and had a strong institutional "hospital ward" feel. Severe learning difficulties and restricted mobility issues had combined with a lack of staff availability to significantly restrict their community involvement.

These three people moved into a bungalow within the same locality, and one which following conversion work was more suited to their physical/mobility needs with hoists, an adapted kitchen and assistive technology. They now live in a supported living style environment with their own short hold assured tenancies and full tenancy rights. A new pattern of care and support was implemented so that whilst still offering the 24 hour care received previously, also provided for dedicated 1:1 and 2:1 day time activity support. Person centred plans were also put in place to develop and maintain their links with the local community, family and friends. Their move went well and they are enjoying their new surroundings.

Downham Market - A locally based Day Service for Service users

Some people with a leaning disability living in the Downham Market area had attended the Kings Lynn Day Services. They travelled there daily in a fleet minibus, which involved a round trip in excess of 40 miles.

At the end of 2008, a locally based service was established for the group, using Downham Market Methodist Church Rooms as a base – a facility also used as by various other groups at the same time including Adult Education, Toddler Groups and a drop in café. Provided with an ordinary family car for transport, the group now regularly access local services, giving them a closer link to the community they live in.

Support workers collect each person from their home leading to a much closer interaction with families and carers, resulting in a much more flexible service. For example:

- One of the service users has serious health issues – but can now access the service at short notice. In addition when not able to attend this service, a home visit by others in the group has been arranged. The carer has found the new service very supportive in difficult times.

- The service enabled one service user to buy and post a birthday card to his brother for the first time in his life – the brother was delighted.

As these 4 people are no longer occupying places on the fleet minibus it became possible to amalgamate 2 runs and save the costs of one vehicle. This saved £12,000 per year and after the costs of the group's lease car are taken into account a saving of £6,000 was still achieved. As a further benefit, the lease car is available in the evenings to allow other people supported in the community to access facilities, which otherwise they would have had difficulty in doing.

Independent Living Fund

Fred used to live with his mother in a cottage style house. Fred has many health and physical needs as well as having severe learning difficulties. He has no understanding of safety issues in or out of the home, why there are things he cannot eat due to digestion problems or why he has severe pain at times. He is barely able to communicate his daily needs.

His mother was eager to see him settled as she got older. Fred's mother really wanted this process to begin while she was still able to have some input into his care and needs for his future life.

Through the Shared Ownership Scheme ('This is My Home'), Fred was fully supported to part buy/part rent a property, which would be suitable for him for life. It was important that the property was level access, due to Fred's mobility needs, and have a spare room for care providers who would support Fred 24 hours a day.

Fred's Mother was able to work closely with the care manager and an application to the Independent Living Fund enabled a very necessary £25,000 per year award to help fund the additional staffing required.

Fred is now successfully living in his own single storey home with a dedicated team of staff. His home reflects his personality and he is very much part of the local community. Fred's Mother lives nearby and remains involved with his needs as she wanted, but also knows that other carers are able to successfully support Fred without her.

Appendix B

Member Working Group on

Learning Difficulties Service

Terms of Reference

Draft

1 Purpose

1.1 To examine Norfolk County Council's Learning difficulties Service and to make recommendations about changes and improvements to this.

1.2 To examine Norfolk County Council's current practice in respect of the delivery of Valuing People Now and to make recommendations about changes and improvements to this.

2 Methodology

2.1 The working group will take account of the Norfolk LD Pooled Fund for this Service and the financial pressures that are currently experienced.

2.2 The working group will look at best practice in regards to Valuing People Now delivery expectations and how these can best be met in Norfolk.

2.3 The working group will review the types of care currently provided and will consider the quality of services and associated costs.

2.4 The working group will consult as appropriate with users of the services, managers, care management staff, and representatives of Learning Disability groups in Norfolk.

3 Reporting Arrangements

3.1 The working group will report to the Adult Social Services Overview and Scrutiny Committee and if appropriate in terms of key decisions, to the Norfolk County Council Cabinet.

4 Membership

4.1 To be agreed

Report to Adult Social Services Overview & Scrutiny Panel
7 September 2009
Item No 10

Social Enterprise

Report by the Director of Adult Social Services

Summary

This report is intended to inform Overview and Scrutiny Panel of the ongoing work regarding the development of social enterprise.

Overview and Scrutiny Panel are asked to note the update regarding the development of social enterprise, the continuing commitment to this area and the development of a framework proposing the way forward for the expansion of social enterprise across Norfolk.

The Panel are also asked to consider how they would wish to be involved in ongoing work on this subject.

1 Background

1.1 Cabinet first expressed an interest in the development of social enterprise when discussions began regarding the transformation of home care. A member interest group was formed chaired by the Assistant Director Community Care and last met in December 2008.

1.2 Whilst the member interest group agreed not to proceed with a social enterprise firm for domiciliary care, recommendations were made that included consideration be given by Adult Social Services to the continued development of social enterprise firms in relation to aspects of social care and to seek wider corporate involvement in the development of social enterprise.

1.3 The rationale behind the development of social enterprise is to improve the quality of care and maximise the use of resources.

1.4 This paper identifies social enterprise as a business-like entrepreneurial organisation with primarily social objectives. Their surpluses are reinvested back into the business or the community to help achieve their objectives and change people's lives for the better. Social enterprises are not driven by the need to maximise profit for shareholders and owners.

1.5 In January 2007, the Department of Health published a resource pack for social enterprise providers and commissioners, 'Welcoming social enterprise into health and social care.' The commitment in the White paper to support social enterprise is reiterated in this pack. There are also a number of other more recent documents that support the development of social enterprise and give guidance on the number of different legal ways of establishing a social enterprise dependent on the outcomes that are to be achieved.

2 Current Position

2.1 There are already some well-established social enterprise companies in Norfolk predominately involving people with Learning Difficulties. The development of some of these social enterprise firms has been supported by Norfolk County Council Adult Social Services.

2.2 In December 2008, a paper was presented to the Adult Social Services Transformation Board outlining an employment plan for adults. This plan identified three work streams one of which was to lead on the development of Social Enterprise.

2.3 Research was commissioned from the Shaw Trust to look at opportunities for development of the social business model, and staff are currently working with this organisation to redevelop an existing service as a social enterprise firm.

3 Proposal

3.1 The Adult Social Services Transformation Board agreed proposal to fund a short-term post of a Social Enterprise Development Manager. The board agreed the Head of Commissioning and Partnerships will be responsible for the overall strategy and direction.

3.2 A job description has been drawn up and is currently awaiting confirmation of grading from Human Resources. (See Appendix1). The recruitment and selection process will commence late August.

3.3 The key purpose of this role will be to develop a strategy and framework for social enterprises that will support the delivery of effective social and healthcare services across Norfolk. The post holder will establish links with the corporate economic development team and work in partnership with other statutory organisations to develop social firms where appropriate. A work plan with clear targets and timelines will be developed in conjunction with the post holder.

4 Objectives

4.1
- To appoint to the post of Social Enterprise Development Manager
- Map all social enterprise companies in Norfolk
- To develop a framework for the development of social enterprise across Norfolk.
- To ensure that the development of social enterprise companies is considered in all projects under the transformation agenda
- To work with identified organisations to further the work on becoming a social enterprise firm
- To identify within the current day opportunities project the need to help develop social enterprise companies that will meet commissioning requirements
- To provide employment opportunities for vulnerable adults who would otherwise be totally dependent on social care funding. This saving needs to be quantified
- Develop social capital resulting in increased community empowerment
- To improve outcomes for local populations
- To ensure value for money

5 Resource Implications

5.1 **Finance**: Funding for the post of the Social Enterprise Development Manager has been identified and agreed by the Adult Social Services Transformation Board.

5.2 **Staff:** The new post will become part of the Commissioning Team supported by existing business administrative support.

6 Other Implications

6.1 **Legal**: Legal advice will be sought on the involvement of Adult Social Services in the development of Social Firms.

6.2 **Human Rights:** There are no Human Rights implications.

7 Equality Impact Assessment

7.1 Equality Impact Assessments have not been applied at this stage.

8 Section 17 - Crime and Disorder Act

8.1 The Crime and Disorder Act is not applicable.

9 Risk Implications/Assessment

9.1 Risk assessment to be carried out by post holder once appointed.

10 Alternative Options

10.1 There are no alternative options.

11 Conclusion

11.1 Work is ongoing in encouraging the development of social enterprise in the aspect of social care.

11.2 The appointment of the Social Enterprise Development Manager will explore the opportunities to work with new and existing organisations to create social firms that will support the personalisation agenda

12 Action Required

12.1 Overview and Scrutiny Panel are asked to note the update regarding the development of social enterprise, the continuing commitment to this area and the development of a framework proposing the way forward for the expansion of social enterprise across Norfolk.

12.2 Overview and Scrutiny Panel are asked to consider how they would wish to be involved in ongoing work.

Background Papers

Appendix 1 - Social Enterprise Development Manager Job Description

Officer Contact

Name	Telephone Number	email
Hilary Mills	01603 223157	hilary.mills@norfolk.gov.uk

Appendix 1

Norfolk County Council
Adult Social Services
Job Description

Job Title:	Social Enterprise Development Manager
Group:	Commissioning and Partnerships
Section:	Social Enterprise
Location:	County Hall
Job No:	
Salary range or job grade:	M3
Responsible to:	Head of Commissioning and Partnerships
Responsible for:	
Effective Date:	July 2009

Role and Context

Job Purpose	To develop a strategy and framework for social enterprises on behalf of Adult Social Services To manage the development of social enterprises which • support the delivery of effective health and social care services across Norfolk • Employ disadvantaged people, or their carers, to reduce their reliance on social care funding
Context	Norfolk County Council's ambitions include the twin goals of a 'vibrant, strong and sustainable economy'.and 'aspirational people with high levels of achievement'. Adult Social Services is working to transform the way health and social care services are delivered across the County. Our objectives include increasing community empowerment through the development of community based services, together with the creation of more employment opportunities for groups which may otherwise be disadvantaged. This includes people with mental health problems, learning difficulties, physical or sensory disabilities and older people. The development of social enterprises has been identified as one vehicle for achieving these objectives. The post holder will support independent, voluntary and community organisations to develop proposals for social enterprises and access funding, for example from the Social Enterprise Investment Fund.

Role and Context	
Dimensions	The post holder has no line management responsibility but will need to be able to influence and negotiate successful outcomes with a broad range of statutory, voluntary, commercial and community based organisations. Manage project groups and relationships with partnership organisations that can be quite complex and challenging. Budgetary management of social enterprise funding during the development and implementation period (potentially c. £100k pa)
Relationships	**Internal** • Head of Commissioning and Partnerships • ASSD Senior Management Team • Other NCC departments eg Economic Development • Members **External** • District and Borough Council staff • Regional Bodies • Shaping Norfolk's Future staff and groups • Public sector contacts NRP, UEA etc • Businesses • Partner agencies
Other Job Information:	This post is initially funded for 24 months

Principal Accountabilities		% Rating
1	To develop a strategic framework for social enterprises within ASSD	5
2	To develop ideas for sustainable social enterprises and drive these through to implementation, including access to external funding	40
3	To create a network of partners able to support the development and ongoing viability of social enterprises	30
4	To follow up on outstanding activities/actions within and outside of the organisation to ensure that outcomes are delivered in a timely manner	20
5	Promote a positive image of Norfolk and the work and achievement of the Council's Adult Social Care and Social Development activities. This will include identifying, co-ordinating and submitting applications for awards, contributing to research, publications and seminars	5

Key Performance Indicators:

- Sustainable social enterprises established and still in operation in a sustainable financial position after three years
- Strategies, reports and proposals produced and approved by relevant stakeholders, to quality and deadline specifications
- Good relationships established with partners and post holder's role in driving progress evidenced
- Permanent employment of Service Users and / or their Carers (to agreed targets) in each social enterprise created
- Social enterprises, projects and proposals the post holder is responsible for are delivered to agreed budget, quality and timescale, with appropriate monitoring evidenced
- Events that the post holder is involved in run smoothly and to the satisfaction of participants / key stakeholders

Person Specification	
Qualifications:	**Essential** A qualification equivalent to degree level
Skills/Knowledge:	• Awareness of and understanding of how local government works • An ability to establish credibility with senior managers, partners, businesses and stakeholders, influencing those over whom there is no formal authority • An ability to analyse quickly considerable information and to identify and prioritise the key issues for action • An ability to think strategically and see the 'big picture' and communicating this to relevant groups • Excellent written and verbal communications • Knowledge of current issues affecting economic development and local government • Analytical and critical reasoning skills • Ability of establish and maintain professional networks • Sound ICT skills
Experience:	• Experience of developing and implementing social enterprises • Experience of working in an economic development and/or policy environment in a county council or similar public sector organisation (3+ years) • Experience of managing and implementing projects (3 years experience)

Key Competencies

All roles in Planning and Transportation require good Self Management, Self Awareness, Self Development, Communications, Equality and Diversity and Partnership Working skills

Analysis and Judgement – Level 3	**Communication, Influencing & Relationship Building – level 4**
• Draws on others' knowledge to enhance own • Gathers information from wide-ranging sources and analyses thoroughly • Evaluates the technical, legal and resource implications of possible courses of action in the context of company culture and values • Takes decisions based on fact finding and analysis	• Anticipates the likely reactions of others and uses varying influencing styles to take account of these • Uses informal networks to mobilise support for ideas • Adapts the method or style of communication to suit the intended audience.
Business Awareness – Level 3	**Forward Planning – Level 4**
• Makes time to keep up to date with others parts of the authority and other authorities • Looks for ways to collaborate with or support other areas of the authority • Shows understanding of business issues and priorities when proposing change	• Understands and uses project management techniques • Builds key milestones, risks, resources and success criteria into plans • Has contingency plans and fall-back options in place • Regularly checks on progress against objectives and acts on the findings
Team Working – Level 2	**Improving for Excellence – Level 3**
• Puts own priorities to one side if necessary to support the greater need of the team • Questions decisions where they crucially affect the interest of the team • Allocates work based on individual abilities and skills • Holds regular team meetings to inform, educate and encourage the team	• Questions accepted practices to bring about improvements • Initiates or contributes to major change projects • Encourages others to share ideas for improvement across the service / authority • Shares achievements and improvements widely

General Information:

- The job specification details the main outcomes required and should only be updated to reflect **major changes** that impact on the outcomes for the job. Specific tasks, goals and performance criteria will be agreed through the Appraisal Scheme.
- All work performed/duties undertaken must be carried out in accordance with relevant County Council and departmental policies and procedures, within legislation, and with regard to the needs of our customers and the diverse community we serve.
- Post holders will be expected to be flexible in their duties and carry out any other duties commensurate with the grade and falling within the general scope of the job, as requested by management.

Date: July 2009

Report to Adult Social Services Overview and Scrutiny Panel
8 September 2009
Item No 11

Care First Post Go Live - Progress

Report by the Director of Adult Social Services

Summary
This report updates Members of the Panel on the implementation of the Modern Social Care project and the progress of Care First following its implementation in November 2007 in both Adults and Children's Services. It also outlines plans of future enhancements to Care First.

1. Background

1.1 The Modern Social Care project has now been live for 21 months and staff are generally more familiar with the system, its processes and what is required for recording purposes.

1.2 A training programme for managers has been running all year and is raising awareness of the importance of recording data correctly and its relationship with performance reporting.

1.3 Residual data and system problems experienced at Go Live and for a number of months following have been resolved. Data is monitored on a daily basis and is cleaned by staff in the Care First support team to ensure integrity is maintained. However, the improvement of overall data quality in the system is a issue that needs to be kept on the agenda.

1.4 The system processes implemented at Go Live are currently under going a complete review to underpin the new working practices being introduced as part of the Assessment and Care Management review in Adult Social Services. Children's Services have also made some changes to their system processes following the introduction of ICS (Integrated Children's System).

2. Current Progress

2.1 The action plan overseen by a joint Adult Social Services / Children's Services group, the Care First Management Group, who monitor progress of Care First and have overseen any outstanding issues from Go Live, has been completed.

2.2 Performance teams in both departments are using Care First data in deliver any daily or annual reporting requirements.

2.3 All system performance issues have been resolved and there are no technical difficulties being experienced currently with the Care First system, or its users based at County Council sites.

2.4 The Care First Support Team has been restructured to meet the needs of the Business use of Care First more closely.

2.5 The delivery of system training is being reorganised to align it with the Assessment and Care Management Review outcomes and the revised structure.

2.6 A new reporting infrastructure has been implemented for Care First to allow reports to be run during the day, and overnight, against up to date data, but without impacting on performance in the live system. A copy of live data is copied into the reporting database

on a daily basis. This has also had a positive affect on live system response times, as reports are no longer being run during the working day.

2.7 As part of the Assessment and Care Management Review, business processes and forms relating to CareFirst have been reviewed and updated, and consequently all staff working in Community Care and Learning Difficulties will be given one day's CareFirst training before ACMR go-live in late October.

2.8 Training sessions for managers and practice consultants will take place first in mid September and will include an extended session on Performance & Data Quality. Training Sessions for practitioners and admin will follow in late September through to November.

2.9 A revised reports development project is underway on twelve customer-facing outputs to be used at go-live, including the new Biographical Details and Overview Assessment form and a range of specialist assessments including Carer Assessment & Review, Complex OT interventions, Continuing Care Checklist, Mental Capacity Assessment, Mental Health/Psychological Wellbeing Assessment and Safeguarding Assessment & Review.

2.10 During periods of planned (or unplanned) downtime on the live system, essential staff now have access to a read-only version of the live database. This contains a copy of the previous nights CareFirst data and is used as a fall back/emergency database. This facility has been made available to essential front line staff in the Customer Service Centre, the Access Service & the Emergency Duty Team allowing key staff to access vital data, even in the event of the live system being unexpectedly unavailable. There is a further scaled down system that can be used in the event of major catastrophic failure of the main system.

3. Future Enhancements

3.1 A plan is in place to upgrade Care First to the next version (V6.8) to underpin the Assessment and Care Management Review and implementation will take place in September 2009. Children's Services will move to this version also as the data in the system is shared.

3.2 It is also planned to upgrade to CareFirst V6.9 in the early 2010. This release is expected to contain additional functionality to assist the recording of Personal Budgets. Running alongside this, will be a project with OLM, to implement the additional technology to support electronic recording relating to the personalisation agenda.

3.3 Technical plans are in place to deliver further improvements to the infrastructure and improve resilience.

3.4 Care First Management Group agreed the start of MSC (Modern Social Care) Phase Two at their meeting on 2 July 2009. The project is the implementation of the Care First finance modules: residential billing, recurring payments and home care billing. This will mean that finance and contract data relating to the people we provide services to is held on the Care First system along with the social care records. An interim project manager and a high level plan is in place to implement the finance modules of Care First. This phase of the modern social care project will streamline business processes and deliver efficiencies

3.5 There is a pilot underway in the Northern Locality to test remote working. Staff have been enabled with laptops to work from other County Council offices which are not their usual office base and from home.

4 Equality Impact Assessment

4.1 This report is not directly relevant to equality, in that it is not making proposals that will have a direct impact on equality of access or outcomes for diverse groups. The information contained in the report is valuable in determining the effectiveness of services with regard to equality.

5. Risk Implications/Assessment

5.1 Any risks around the Assessment and Care management review relating to Care First are assessed and monitored and recorded on the project risk log.

6. Alternative Options

6.1 None.

7. Conclusion

7.1 Care First continues to be embedded within both Children's and Adult Social Services, and the system is constantly monitored and reviewed to identify any areas of improvement.

7.2 A plan is in place for both departments to upgrade to the next version of Care First – V6.8, for to underpin the Assessment and Care Management Review.

7.3 A pilot is in place for mobile working in Adult Social Services, for one locality in Northern. The lessons learnt from this will feed into a larger implementation for flexible working in Adults and Children's Departments, and into the corporate project looking at accommodation.

7.4 A departmental policy on data quality is being produced and will be available in the Autumn.

8. Action Required

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

Officer Contact

Carol Lock 01603 495740 carol.lock@norfolk.gov.uk

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

Report to the Adult Social Services Overview and Scrutiny Panel
September 2009
Item No 12

Scrutiny

Report by the Director of Adult Social Services

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

1 Scrutiny Work Programme

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

Impact of new eligibility criteria under Fair Access to Care Services – Reports have been presented to Panel in October 2005 and September 2007; a Member workshop to illustrate criteria and what it means in practice was held in May 2008. A further report on Fair Access to Care Services will be presented in November.

Work with Carers – This item was referred to Panel from the Spokesperson's Meeting in September 2008. A report will be presented to the Panel in November.

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

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

1.2 Four updates are presented at this Panel:

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

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

Development of the Learning Difficulty Service - This item was agreed by the Panel in March 2008. Following proposals for a Member Working Group at July's Panel, a briefing report is presented to aid and inform the scoping process.

Member Working Group on Social Enterprise - A progress report on Social Enterprise is presented to inform the Panel before deciding whether to re-appoint Members to the group for 2009/10.

1.3 **Member Working Groups**

Two Member Working Groups are currently established:

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

Member Working Group on Social Enterprise - This item was agreed by the Panel in March 2008. The Terms of Reference were broadened to cover all aspects of Social Enterprise not just Home Support which were then presented, discussed and agreed at the May 2008 Panel. An initial meeting was held and minutes from that meeting copied to Panel in January 2009. Constitution of the group (post elections) was agreed at July's Panel.

2 Scrutiny Meetings

2.1 Scrutiny meetings are planned for 2009/10:

- 30 September
- 25 November 2009
- 27 January 2010
- 7 April 2010.

All at 9.30 am in room 610

3 Section 17 – Crime and Disorder Act

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

4 Equality Impact Assessment

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

5 Action Required

5.1 The Panel is invited to:

- Note the dates of future scrutiny meetings.
- Make nominations for the working groups.
- Comment on the progress of the programme

Officer Contact
Mike Gleeson Head of Democratic Support Tel: 01603 222292

Report to Adult Social Services Overview and Scrutiny Panel
8 September 2009
Item no 13

Strategic Model of Care – Progress and Implementation

Report by the Director of Adult Social Services

Summary
This paper provides a progress report for Councillors on the implementation of the Strategic Model of Care for residential and housing with care services in Norfolk, outlining the general approach to development and implementation.

It asks Councillors to note that detailed proposals for public consultation will be presented in February 2010 on the future use of County Council residential care homes in Kings Lynn and West Norfolk Borough Council areas.

This paper also outlines an intention to work with partners and take opportunities for the development of additional housing with care tenancies in Norfolk, in line with the commissioning needs of the Strategic Model. This work will include looking at the potential use of County Council owned buildings or land being put to alternative use.

1 Background

1.1 In October 2008, Cabinet approved the Strategic Model of Care – Care Homes Strategy. In approving this strategy Cabinet acknowledged that implementing the strategy is likely to require changes to the County Council's current twenty six care homes to meet the total identified shortfall in housing with care and specialist care homes and to comply with the agreed accommodation standards.

1.2 The Strategic Model of Care envisages that the County Council, as a commissioner, will reshape the whole residential and housing care market to maximise the numbers of care places available for purchase through publicly funded social care support or for purchase by private funders.

1.3 The strategy was informed by a consultation exercise with older people who told us that they would rather move into housing with care if they could no longer be supported at home. They also said that the accommodation currently provided in the County Council's care homes would not meet their expectations now nor in the future. They would expect to have their own en suite facilities and more space. Currently only 34 rooms out of the 873 places in the care homes owned by the County Council have their own toilet.

1.4 Cabinet therefore agreed the proposed accommodation standards:

Long term care, whether it is provided in a care home or housing with care, to have;

- bedroom, with some flats in housing with care to have 2 bedrooms: 56m^2 for a single bedroom and about 70m^2 for a 2 bed roomed unit to ensure access with a wheelchair or frame and to allow for safe working practices
- bathroom with level access shower
- sitting room and
- housing with care to have a kitchen area

Short term care to be about 25m^2 in size and to have;

- bedroom large enough to accommodate an easy chair
- bathroom and level access shower

It was recognised that these space standards were aspirational.

1.5 A feasibility study was carried out by NPS to see if the County Council's care homes could be refurbished to meet these standards. The study indicated that making changes to the homes to give all residents an en-suite toilet and shower room and a room no smaller that 12m^2 (the current minimum standard for registration but smaller than that thought acceptable by respondents to the consultation) would reduce the number of care places by 123. Additionally some of these refurbished rooms would result in some of the en-suite facilities being inadequate for people with mobility problems. Housing with care will require about 56m^2 for each unit and so would not be able to be delivered through refurbishing the current properties. Also, because of limitations in lay-out, the refurbished homes would not have the best layout to help people with dementia.

The indicative cost of refurbishment was estimated at £60M, plus VAT and plus some professional fees.

1.6 The current physical environment of the County Council care homes requires £13M backlog maintenance to be carried out but most of this will not directly lead to benefits for the residents living there. This amount is likely to increase as the fabric of the care homes continue to age.

1.7 By 2020, assuming implementation of the strategy, Norfolk will see the development of a net additional 2,450 care places to meet the needs of the projected increase in the number of older people in Norfolk. This would be made up of;

- 1350 housing with care places,
- 1050 specialist dementia care places
- 500 short stay residential care home (re-ablement, respite and intermediate care places)
- 1250 care home with nursing places.

Currently, there is a surplus of 1700 ordinary long stay residential care home places. We would hope that some providers would change the care they provide to help meet some of the above shortages but the County Council also needs to take action to ensure that move away from ordinary long stay residential care home places to the other types of care places listed above.

The implementation of the strategy will therefore lead to changes in the way older people, who need care and support, can have their needs met while retaining as much independence as possible through the development of housing with care.

2 General approach to implementation

2.1 The Strategic Model of Care is progressed as part of Adult Social Care's Transformation Programme with strong links to both housing and health commissioners, and with independent and third sector care providers.

2.2 Adult Social Services is working closely with NPS to generate detailed proposals for future use of the land and property associated with the homes, for property development, and for relationship management with external partnerships to seek opportunities to develop services with the housing associations, private and third sector organisations and the NHS.

2.3 Commissioning of care, health and housing is organised along locality and sub-regional boundaries within the County, and District Housing and Local Planning Authorities are key to both specific development proposals and market development.

2.4 It is recommended therefore that the proposals to address the shortage and reshaping of residential and housing with care services, and the future usage of the County Council's land and care homes be made on a district basis, with specific proposal developed by the County Council for each locality and approved for consultation by the Council's cabinet commencing with consultation on the first locality in February 2010.

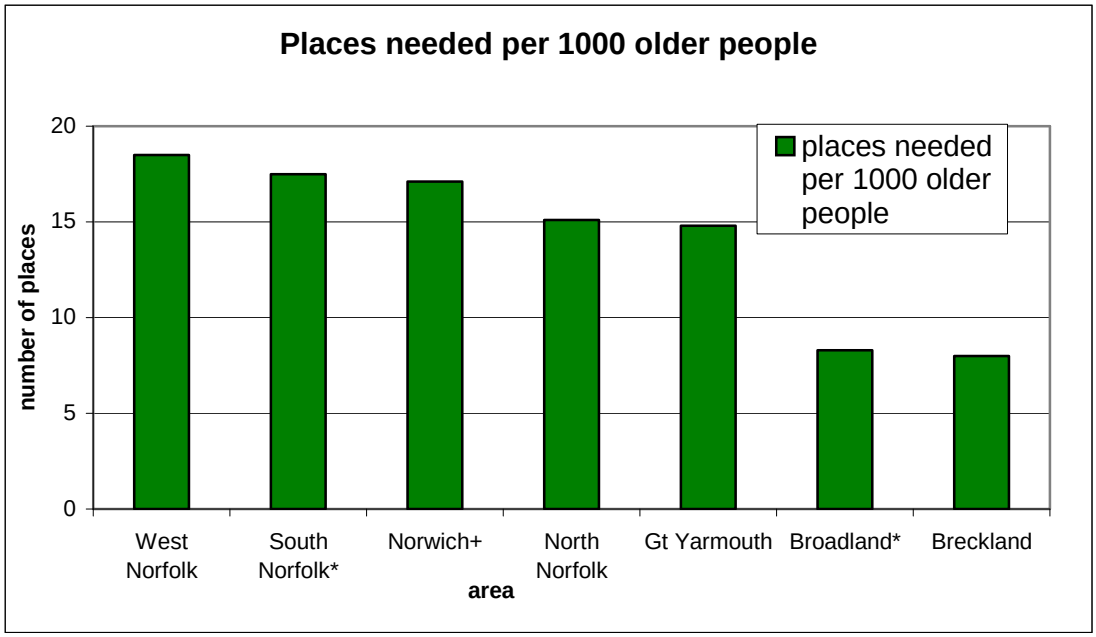
2.5 Key to achieving the transformation will be a combination of maximising the value of the assets (land), using commissioning guarantees and securing the input of strategic partners that can both provide the standard of care needed, and, have access to capital for redevelopment. We will, over coming months, engage with the market to gauge interest and to produce options for consultation that are affordable in capital and revenue terms. Following successful consultation and approval of Members, we would undertake a formal procurement exercise to secure development partners. The procurement would have to follow EU procurement regulations. The precise timing of the redevelopments will depend upon partner timescales for accessing capital, for example from the Homes and Community Agency (HCA).

2.6 The council has successfully reprovided 12 residential care homes with housing with care in the past 10 years, using a combination of capital raised from the sale of the homes and capital provided by partner Housing Associations usually from the Homes and Communities Agency (HCA). This is, for example, likely to be the proposed model for the funding of changes to the four homes in West Norfolk

2.7 When a local authority is proposing to reprovided a residential care home, the authority owes a legal duty to the residents of the home to act fairly and one aspect of this duty is the requirement to undertake a consultation exercise with residents over the proposed move from their existing accommodation. If members agree with above approach, it is proposed that the residents and families of people living in the four County Council care homes are consulted together with other stakeholders such as staff and statutory partners, once proposal have developed and submitted before the Council in February 2010. At that all of the possible outcomes for each home will be explained and consulted upon.

3 The Development of Specific Proposals for Kings Lynn and West Norfolk Borough Council

3.1 The number of places needed and the numbers of care places provided have been looked at to inform which district has the greatest needs of all care places compared to the number of older people living in that district.



* urban parts of South Norfolk and Broadland districts are included in Norwich+

This shows that West Norfolk has the highest needs at a rate of needing 18.5 places for each 1000 people aged 65+ and it is therefore proposed that the needs in this area are dealt with first.

3.2 The current provision excluding that provided by Norfolk County Council care homes and identified shortfall by 2020 in King's Lynn and West Norfolk Borough Council area is as follows;

Type of care setting	Current number of places excluding County Council places	Shortage of in places by 2020
Housing with care	60	300
Specialist short stay care home	0	100
Specialist dementia care home	260	250
Care home with nursing	226	190
Care home with nursing for people with dementia	67	140
		Surplus of places by 2020
Care home for older people without specialist needs	460	174

3.3 It is suggested therefore that members invite the development of a detailed proposal for consultation on how local authority resources will be deployed to meet the shortfalls identified above using purchase of care patterns in West Norfolk, future use of the Council's residential care homes, and the expected operation of the private purchased market.

3.4 This will be the subject of a paper to the Council's Cabinet in February 2010

4 Taking opportunities in line with the Strategic Model of Care

4.1 It is already clear, since the release of commissioning data in October 2008, that both private and third sector providers are adapting their plans to the identified levels and types of need expressed in the figures. This is to be welcomed.

4.2 As anticipated this means that there are emerging a range of development opportunities across the County using external partners which the Council, as a commissioner, would wish to encourage. In some case this will provide for an opportunity of the Council to encourage the housing and care market capacity to flourish for the benefit of private funders, and in other case it will allow the Council to consider a new purchasing relationship for additional capacity for people meeting social care eligibility. As part of the associated development and contracting, the Council may have existing resources (for example land) for – use.

5 Resource Implications

5.1 **Finance**:
The cost of implementing the strategy will be met through a combination of capital raised from the re-use of land associated with the Council and capital raised by developers and housing association partners. Subject to Cabinet's approval to proceed once the consultation results have been considered, the council will undertake a tendering exercise to seek a strategic partner or partners to take the work forward. Details of the tendering process are currently being worked up by NPS and will be presented to the Cabinet at the same time as the results of the consultation.

At current projections, the revenue funding likely to be available in future years for Adult Social Services will not be sufficient to meet the total shortfall in care placements for older people. The amount of capital the council is able to invest in the homes will affect the revenue cost of placements provided by the partners under this strategy, i.e. the more capital NCC is able to invest the lower the future revenue cost of placements should be. In addition, the strategy includes the opportunity for leasehold purchase of housing with care units and this will contribute to capital costs. Efficiencies therefore could be anticipated as a result of reprovision.

Tendering for the first set of developments under this strategy will take account of the revenue currently deployed in funding care in West Norfolk. However the exact costs, the balance between capital and revenue and final financing arrangements will not be known until the conclusion of the tendering process when a full development plan will be drawn up following an appraisal of the options, including financial evaluation.

The cost of refurbishing the homes, however, is set out in section 1 above as £60m. It is likely that the homes regulator the Care Quality Commission will place increasing demands on the homes to improve physical standards.
The consultation will be carried out within current resources with any printed materials being funded from the transformation budget.

The cost of the project manager on this project is being met from the Social Care Reform Grant."

.

5.2 **Staff:**
More specific implications for County Council staff will be outlined within the more detailed proposal expected in February 2010. In the meanwhile every effort is taken for good communication on the issues.

5.3 **Property:**
When determining the future use of County Council residential homes full consideration will be given in the proposal to be outlined in February 2010.

6 Other Implications

6.1 **Human Rights** – A decision to reprovide a home for older people and transfer them to other care provision can have a significant effect on existing residents and the implications of taking such a decision will need to be considered in the

context of the residents' human rights – which are protected under the Human Rights Act 1998 and the European Convention on Human Rights – for example, Article 8 which gives the right to respect for private and family life.

7 Equality Impact Assessment (EqIA)

7.1 Every proposed change will undergo an Equality Impact Assessment as part of that proposal. The commissioning of the proposed services (housing with care schemes, specialist short stay care homes and dementia services) will improve the range of services available to older people across Norfolk, thus providing more people with the option of living in a way that they have expressed a preference for in the recent consultation.

The consultation will be carried out within the guidelines set out in the Public Involvement Toolkit to ensure that good practice is carried out and no one disadvantaged.

8 Section 17 - Crime and Disorder Act

8.1 All new developments will be designed to reduce the risk of crime and disorder and reduce the fear of this for people living there.

There is no crime and disorder in relation to the consultation.

9 Risk Implications/Assessment

9.1 The risk of proposing making changes to the homes may be perceived negatively even though the changes are part of the strategy to increase the numbers and types of care provision in line with what people have said they would want.

10 Alternative Options

10.1 If the Strategic Model of Care – Care Homes is to be implemented there are no viable options other than making changes to the care homes.

Doing nothing will result in the current buildings becoming less acceptable to people and continue to contribute to the surplus of long stay care home places and not deliver the housing with care model that older people have said they would rather live within.

Financially, the outdated care homes will require increasing money spent on them to retain the viability of the buildings yet provide accommodation that is not a good quality. Given the comparatively high unit cost in the council's homes, continued expenditure on these homes will not represent good use of public money.

11 Conclusion

11.1 The implementation of the Strategic Model of Care will require detailed proposals to be drawn up on a locality basis for the purpose of consultation and approval.

In order for the Council, as commissioner for the whole community, to shape the

market for care and housing with care in Norfolk, it is essential that opportunities are taken to work on opportunities as they arise, alongside the locality approach, in order to maximise the pace of change.

It is proposed to start the development of detailed proposals in King's Lynn and West Norfolk and, following a more detailed report in February 2010, to consult with the residents living in the four homes in this area and their relatives and other stakeholders.

12 Recommendation or Action Required

12.1

- Members are asked to note the proposals for the development of a detailed proposal relating to West Norfolk and to agree to receive proposal for consultation in February 2010.

- Members are asked to note the intention to seek cabinet's agreement to develop other individual opportunities in addition to those in to West Norfolk.

Background Papers

Report to review panel, 14 January 2008, Strategic Model of Care – care homes

Report to Cabinet, 10 March 2008, Strategic Model of Care – Care Homes

Report to Cabinet, 11 August 2008, Strategic Model of Care – Care Homes; outcome from More Choices, Better Choices consultation

Report to Cabinet, 13 October 2008, Strategic Model of Care – Care Homes; Strategic Commissioning Proposals for Future Services

Report on the findings from the consultation, 'More Choices, Better Choices'

Officer Contact

Name	Telephone Number	Email Address
Ann O'Leary	01603 222563	Ann.oleary@norfolk.gov.uk

IN TRAN
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: 01603 638129, Minicom: 01603 223242, and we will do our best to help.

Report to Adult Social Services Overview and Scrutiny Panel

8 September 2009

Item No 14

2009-10 Revenue and Capital Budget Monitoring Report

Report by the Director of Adult Social Services

Summary

As at the end of period four (July) the forecast revenue outturn position for the financial year 2009-10 is a balanced budget. At this point in the financial year the capital programme variance is nil.

Adult Social Services has identified pressures of £+8.000m for 2009-10 at the end of period four. The department is taking various actions to manage these pressures and has a financial recovery plan with additional savings identified of £-8.000m giving a forecast position of £0m.

The financial recovery plan is necessary because it is not proving possible to achieve the savings attributed to Learning Difficulties and to Purchase of Care within 2009-10. Although we are predicting a balanced budget there are considerable risks to the delivery of services in trying to achieve these savings.

1 Introduction

1.1 This is the first budget monitoring report to Adult Social Services Overview and Scrutiny Panel for 2009-10.

2 Revenue Budget

2.1 The table below shows the forecast out-turn position by division of service:

Division of Service	Net Revenue Budget £m	Forecast Out-turn £m	Forecast +Over/- Underspend £m	Forecast +Over/- Underspend as % of budget %
Director and Finance	+2.377	-0.263	-2.640	-111.1
Commissioning and Transformation	+10.671	+11.002	+0.331	+3.1
Human Resources, Training and Organisational Development	+4.892	+4.588	-0.304	-6.2
Community Care - Locality Managed Services	+105.847	+113.134	+7.287	+6.9
Service Development	+18.947	+18.868	-0.079	-0.4
Mental Health and Drug and Alcohol	+18.031	+18.098	+0.067	+0.4
Supporting People	+0.495	+0.495	0	0
Total, excluding Learning Difficulties	**+161.260**	**+165.922**	**+4.662**	**+2.9**
Learning Difficulties (Adult Social Services)	+51.473	+54.811	+3.338	+6.5
Total, including Learning Difficulties	**+212.733**	**+220.733**	**+8.000**	**+3.7**
Less: Financial Recovery Plan			**-8.000**	
Total	**+212.733**	**+220.733**	**0**	**0**

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

Director and Finance £-2.640m forecast underspend (budget £+2.376m)

2.3 The forecast outturn is analysed below:

Area	Budget £m	Forecast +Over/ -Under spend £m	Forecast +Over/- Under spend as % of the budget	Analysis
Finance Management	+3.308	-2.755	-83.3	Underspend due to contingency provision to offset various pressures elsewhere within the department.
Other	-0.931	+0.115	+12.4	Included in this is the recharge of overheads to the Learning Difficulties service.
Total	**+2.377**	**-2.640**	**-111.1**	

Commissioning and Transformation £+0.331m forecast overspend (budget £+10.671m)

2.4 The analysis of the forecast outturn is:

Area	Budget £m	Forecast +Over/ -Under spend £m	Forecast +Over/- Under spend as % of the budget	Analysis
Logistics - Building and Supplies, Building Other and Transport	+6.460	+0.233	+3.6	Forecast overspend due to changes in office accommodation during the year.
Other	+4.211	+0.098	+2.3	Mainly due to a forecast overspend on staff budgets in the Purchasing and Quality Assurance team.
Total	**+10.671**	**+0.331**	**+3.1**	

Human Resources, Training and Organisational Development £-0.304 underspend (budget £+4.892m)

2.5 The analysis of the forecast outturn is:

Area	Budget £m	Forecast +Over/ -Under spend £m	Forecast +Over/- Under spend as % of the budget	Analysis
Personnel	+1.581	-0.242	-15.3	Underspend due to a reduction in spend on recruitment and advertising.
Training and Other	+3.311	-0.062	-1.9	There is less spending forecast than originally anticipated on training.
Total	**+4.892**	**-0.304**	**-6.2**	

Locality Managed Community Care £+7.287m overspend (budget £+105.847m)

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

Area	Budget £m	Forecast +Over/ -Under spend £m	Forecast +Over/- Under spend as % of the budget	Analysis
Purchase of Care - Older People	+46.646	+4.521	+9.7	Purchase of Care is the budget for the purchase of care from the independent sector, ie residential care, nursing care, domiciliary care, day care and supported living. As part of the 2009-10 budget the department had to include a saving of £-3.922m in Purchase of Care, representing a reduction in the number of packages we can provide. It is proving difficult to achieve these savings. The number of older people in residential and nursing placements at June 2009 was 3,050 compared to 3,002 at June 2008.
Purchase of Care - People with Physical	+13.210	-0.079	-0.6	There are some expensive packages pushing up expenditure for this group of service users.

Disabilities				This is caused by higher unit costs in this market, primarily as a result of demand exceeding supply. This is a national issue for this market and is not confined to Norfolk. The Department, in conjunction with Saffron Housing, is developing a Housing With Care scheme for people with physical disabilities. The department is also investigating the possibility of other housing schemes in the west of the county. The Department is rolling out the use of the cost analysis model as a tool for negotiation. The cost analysis model has been drawn up in conjunction with the regional Centre of Excellence using regional information, to understand what drives the costs of different packages. It enables the contracts team to compare a provider's proposed charge for a care package against a fair rate.
In-House Home Care - Older people and people with Physical Disabilities	+12.056	+0.116	+1.0	The start of the new home care contracts with external providers in February 2009 and the additional hours being provided externally, following the retendering exercise, has meant that there are now savings being made within the in-house home care service.
In-House Homes for Older People, Locality Managers, Housing With Care and Day Centres for Older People	+20.808	+1.100	+5.3	The pressure on this budget is mainly due to an increase in the staffing costs for In-House In-House Homes for Older People (£+0.865m overspend), including meeting CSCI (Commission for Social Care Inspection) requirements.
Hired Transport for Older People and people with Physical Disabilities	+1.350	+0.062	+4.6	Demand for these services continues to increase. There is a transport efficiency project in place looking at issues such as the efficient and effective use of vehicles and journeys made, which should result in savings to the department.

Other	+11.777	+1.567	+13.3	This overspend reflects that all of the £-1.562m efficiency savings from the review of Assessment and Care Management will not be realised this year.
Total	**+105.847**	**+7.287**	**+6.9**	

Service Development £-0.079m underspend (budget £+18.947m)

2.7 The forecast out-tum position for Service Development is as follows:

Area	**Budget** **£m**	**Forecast +Over/ -Under spend** **£m**	**Forecast +Over/- Under spend as % of the budget**	**Analysis**
Service Development	+18.947	-0.079	-0.4	Forecast overspends on areas such as the cost of equipment (aids and adaptations) and Norfolk Industries for the Blind are offset by underspends in other areas.

Mental Health and Drug and Alcohol £+0.067m overspend (budget £+18.031m)

2.8 The forecast outturn position for Mental Health and Drug and Alcohol is:

Area	**Budget** **£m**	**Forecast +Over/ Under spend** **£m**	**Forecast +Over/- Under spend as % of the budget**	**Analysis**
Purchase of Care - People with Mental Health problems and Drug and Alcohol.	+8.066	+8.531	+0.465	This includes £0.250m for cases being paid by Health as continuing care which may become NCC funded during this financial year.
Other Mental Health and Drug and Alcohol services	+9.965	+9.568	-0.398	This is largely due to a forecast underspend on Service Level Agreements resulting from agreements that have been ended.
Total	**+18.031**	**+18.099**	**+0.067**	

Learning Difficulties Pooled Fund £+3.338m (budget £+51.473 m)

2.9 The forecast outturn position is analysed below:

Area	Budget £m	Forecast +Over/ -Under spend £m	Forecast +Over/- Under spend as % of the budget	Analysis
Forecast -	+51.473	+4.728	+9.1	Care and Assessment (£+0.083m), Homes (£+0.119m), Day Care (£-0.107m), County Management (£-0.042m), Community Support Team (£+0.183m), Hired Transport (£-0.125m), In-House Home Care (£0m), Purchase of Care (£+4.514m), Service Agreements (£-0.050m) and Other (£+0.153m). There are pressures, particularly within the Purchase of Care budget in this area. As part of the 2009-10 budget the department had to include savings of £-6.856m in Learning Difficulties to ensure it operated within the financial constraints of the 5% growth agreed by the Learning Difficulties Pooled Fund Partners. It was highlighted that there are risks around achieving savings at this level given the pressure in demographic growth and increased need facing this area and it is proving difficult to achieve these savings.
Less: Priority Based Budgeting savings		-1.390		These are 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.
	+51.473	**+3.338**	**+6.5**	

Adult Social Services is a commissioning partner in the Learning Difficulties Pooled Fund, in partnership with NHS Norfolk and NHS Great Yarmouth and Waveney. This is an agreement between the County Council, NHS Norfolk and NHS Great Yarmouth and Waveney to provide a learning difficulties service in Norfolk. The original agreement came into effect on 1April 2002 and was with West Norfolk Primary Care Trust and Norfolk Health Authority. It has since been updated to reflect the abolition of the Health Authority and the reorganisation of the Primary Care Trusts.

Adult Social Services is the main provider of learning difficulties services to the Pooled Fund through the Norfolk Learning Difficulties Services (NLDS).

Adult Social Services carried out a Priority Based Budgeting (PBB) exercise in 2008-9 on its Learning Difficulties budget, in conjunction with NHS Norfolk and supported by external consultants. The purpose was to ensure that the pooled budget for Learning Difficulty services is used to maximum effect to support priorities. This helped to inform the budget setting process for 2009-10.

The Learning Difficulties Pooled Fund Commissioners have agreed a Medium Term Plan to ensure that annual growth for Learning Difficulties is managed within an affordable partner contribution uplift for 2009-10 and 2010-11.

Supporting People £0m (budget £+16.832m)

2.10 Supporting People is a government programme to provide good quality housing support to help people live as independently as possible. Housing support helps people set up or maintain their own homes. This can include activities and services such as: sheltered housing warden support; help to claim benefits or manage debts; help to move into accommodation with less support; refuge accommodation; help to identify and use other services. In Norfolk, Norfolk County Council manages the programme in partnership with seven District Councils, Health, the Probation Service, housing support organisations and people who use these services.

2.11 Norfolk County Council receives two grants for Supporting People: in 2009-10, a Programme Grant of £16.337m to pay for the services and an Administration Grant of £0.495m to pay for the management of the programme. Supporting People had a cumulative underspend of £4.475m at the end of 2008-9 on the Programme Grant which has been carried forward into 2009-10 and is fully committed. The underspend has accumulated over time to offset the considerable ongoing uncertainty about the future funding of the programme nationally and locally.

3	**Financial Recovery Plan**
3.1	The department has an action plan of £8.000m for the remainder of the financial year which should result in a balanced position at the year end. The Financial Recovery Plan is shown below:

Action	**Amount £m**
Social Care Reform grant income utilised to maximum effect.	-1.000
Vacancy management of posts – temporary, agency, permanent and increased hours – and a review of all current temporary posts.	-1.000

Action	Amount £m
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; - Demand management; - Continuing Health Care Assessments; - Review of number of Out of County Placements and other contract arrangements.	-4.624
Review current placements with Children's Services where people will soon be moving to Adult Social Services.	-0.100
Reduction in expenditure on Mental Health Purchase of Care.	-0.476
Reduction in Learning Difficulties staff costs.	-0.200
Targeted reduction in staff travel for each team.	-0.200
Increase income to In-House homes from Other Local Authorities and Self-funders	-0.400
Total	**-8.000**

4 Capital Programme

4.1 The capital programme is summarised in Appendix One. 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 no slippage 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	2009-10 Budget £m	2009-10 Outturn £m
Total	11.218	11.218

5 Bad Debt Fund

5.1 The Bad Debt Fund represents money set aside by Adult Social Services to pay for debts that, after lengthy investigation and, in many cases, legal action, are unlikely to be paid by the debtor. The department has a statutory duty to provide assessed care regardless of whether a person pays their contribution towards the cost of their care. The level of the Fund is based on the overall level and nature of debts owed to the Department and the forecast position is set out below.

Bad Debt Fund	**£m**
Fund as at 31 March 2009	+0.165
Plus: 2009-10 budget contribution	+0.250
Sub-total	+0.415
Less forecast write-offs during the financial year	-0.415
Balance as at 31 March 2010	0

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

6 Equality Impact Assessment

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

7 Section 17, Crime and Disorder Act, implications

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

8 Conclusion

8.1 The Adult Social Services department is working hard to manage 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 of £-8.000m to offset the pressures identified in periods three and four, through budget monitoring, giving a forecast position of £0m.

However although we are predicting a balanced budget there are considerable

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

9 Action Required

9.1 Members are invited to note the contents of this report.

Officer Contacts
Janice Dane, Head of Finance - Adult Social Services Tel: 01603 223438

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

Appendix One: Summary of 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.
Cranmer House, Fakenham Community Support Centre (2007-8)	334	334	0	The main contract was completed in January 2006 and the flooring works were completed in February 2006. Final fee accounts were outstanding at the previous financial year end. There was an underspend on final fixtures and fittings.
Thermostatic Blending Valves at In-House Homes for Older People (2007-8)	27,712	27,712	0	The programme of works within all areas accessible to residents has now been completed. The remaining amount is being used to fit thermostatic blending valves in sluice rooms and staff restrooms in line with the new hand washing hygiene legislation.

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

Scheme	2009-10 Budget £	2009-10 Outturn £	2009-10 Slippage (see Note One) £	Reasons for Variance or Comments
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.
St Nicholas House - WC and bathroom facilities (2007-8)	6,007	6,007	0	Scheme part of Essential Improvements at In-House Homes for Older People Programme. The scheme is complete. There has been a reprofile of payments following essential asbestos removals causing delay. The final accounts remain outstanding.
Sydney House – Windows (2007-8)	65,155	65,155	0	Part of the essential improvements for the in-house Homes for Older People. Phase One is complete. A reprofile of payments in respect of Phase Two was due to the need to programme and interlink works with other major capital improvements planned at the home in order to ensure minimal disruption. The works are scheduled to be completed in 2009.
Sydney House – Lift (2007-8)	15,000	15,000	0	Part of the essential improvements for the in-house Homes for Older People. Reprofile of payments attributable to design issues and need to interlink with other planned works at the Home. The scheme was completed in May 2009.

Scheme	2009-10 Budget £	2009-10 Outturn £	2009-10 Slippage (see Note One) £	Reasons for Variance or Comments
Westfields – Lift (2007-8)	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.
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. The works are scheduled to be completed in summer 2009.
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.

Scheme	2009-10 Budget £	2009-10 Outturn £	2009-10 Slippage (see Note One) £	Reasons for Variance or Comments
In-House Homes for Older People- Essential equipment (2007-8)	20,106	20,106	0	This is part of the Essential Improvements at In-House Homes for Older People. Additional profile beds ordered. Accounts outstanding at the 2008-9 year end.
In-House Homes for Older People – Redecoration (2009-10)	120,000	120,000	0	
Replacement call systems – In-House Homes for Older People (2009-10)	75,000	75,000	0	
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.
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.

Scheme	2009-10 Budget £	2009-10 Outturn £	2009-10 Slippage (see Note One) £	Reasons for Variance or Comments
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.
Westfields – Toilet and Bathroom Facilities (2008-9)	84,500	84,500	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.
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.

Scheme	2009-10 Budget £	2009-10 Outturn £	2009-10 Slippage (see Note One) £	Reasons for Variance or Comments
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. .
Linden Court – Lift (2008-9)	82,500	82,500	0	This is part of the Essential Improvements at In-House Homes for Older People. The payments were reprofiled due to interlinking with other lift schemes in the in-house homes and departmental strategic planning.
Mildred Stone House – Lighting (2008-9)	16,500	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.

Scheme	2009-10 Budget £	2009-10 Outturn £	2009-10 Slippage (see Note One) £	Reasons for Variance or Comments
Beauchamp House - WC and Bathroom Facilities (2008-9)	35,115	35,115	0	This is part of the Essential Improvements at In-House Homes for Older People.
Beauchamp House - Call System (2008-9)	47,000	47,000	0	This is part of the Essential Improvements at In-House Homes for Older People.
St Nicholas House – Lighting (2008-9)	16,500	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.
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	77,000	0	This is part of the Essential Improvements at In-House Homes for Older People. Reprofiling of payments due to interlinking with the strategic plan for Care Homes.
Sydney House – Heating (2008-9)	100,000	100,000	0	This is part of the Essential Improvements at In-House Homes for Older People. Reprofiling of payments due to interlinking with the strategic plan for Care Homes.
Woodlands – Windows (2008-9)	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.
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.

Scheme	2009-10 Budget £	2009-10 Outturn £	2009-10 Slippage (see Note One) £	Reasons for Variance or Comments
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.
Sub-Total for Projects	**2,738,263**	**2,738,263**	**0**	
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	263,602	0	
Mental Health Supplementary Credit Approval 2008-9	278,000	278,000	0	

Scheme	2009-10 Budget £	2009-10 Outturn £	2009-10 Slippage (see Note One) £	Reasons for Variance or Comments
Mental Health 2009-10	278,000	278,000	0	
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.
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	813,000	813,000	0	
Sub-Total - Capital Monies that are earmarked but not committed for specific projects at the moment	**2,968,429**	**2,968,429**	**0**	

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 matter is being followed up with 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**	**11,218,409**	**0**	

Note1: 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.

Appendix Two: Aged Debt Analysis as at 31 July 2009

	Adult Social Services Department service users £	All other debts £	Total 31 July 2009 £		Adult Social Services Department Service Users at 31 March 2009 £	Total 31 March 2009 £	
items referred to Head of Law	1,361,575	4,587,710	5,949,285	*1	1,328,371	2,152,816	
awaiting estate finalisation	915,568	0	915,568	*2	1,145,036	1,145,036	
secured debts	5,998,529	0	5,998,529	*3	4,610,681	4,610,681	
being paid by instalment	808,082	1,866,091	2,674,174		787,719	1,016,654	
items on hold/in dispute	520,018	475,801	995,819	*4	521,569	2,103,464	
items awaiting referral	0	0	0		10,112	16,254	
Items awaiting write-off	0	0	0		0	0	
Sub-total	9,603,772	6,929,602	16,533,375		8,403,488	11,044,905	
items outstanding							
under 30 days	3,492,452	15,980,338	19,472,789	*5	1,889,359	11,655,768	
31-60 days	513,388	1,547,854	2,061,242	*6	96,754	760,176	
61-90 days	149,117	389,062	538,179		147,869	765,065	
91-120 days	44,081	579,659	623,739		230,048	329,783	
121-150 days	57,335	42,965	100,301		166,338	513,787	
151-180	33,551	62,822	96,373		64,725	136,979	
over 180 days	51,527	26,816	78,344		20,135	56,946	
Total debt outstanding	13,945,224	25,559,118	39,504,342		11,018,716	25,263,409	

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

*2 Debts subject to estate finalisation at death.

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

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

*4 Debts disputed and referred back to service departments.

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

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

Report to Adult Social Services Overview & Scrutiny Panel
8 September 2009
Item No 15

Adult Social Services Performance

Report by the Director of Adult Social Services

Summary This report provides an update on the 2008/09 performance assessment of the Department and presents the current performance activity for 2009/10.

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

1 Update on 2008/09 Performance Assessment

1.1 The Performance Assessment Notebook (PAN) was received from The Care Quality Commission (CQC) on 3rd August. We had a period of time to check for corrections and evidence gaps before the final PAN enters the remaining stages of the assessment of Norfolk. These stages are:

- 14 August - Regional moderation
- 14 September - National moderation
- 16 September - Chief Inspector determination
- 26 October - Council notified of final grading (under embargo)
- End of November - Embargo lifted and results made public (along with CAA)

1.2 The final findings of the performance assessment will be reported to Overview and Scrutiny Panel once the final judgement is made and the publication embargo has been lifted.

2 Performance for 2008/09

2.1 The current 2009/10 performance outturn for each of the national indicators is illustrated below where, owing to reporting frequencies, data is available. The key to the performance ratings is as follows:

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

2.2 The current outturn for 2009/10 is as follows:

PI	Description	2008/09 Result	Current Result	2009/10 Target	Band
Local	Service users reviewed in year	86.1%	24.0%	21.7%*	★
Local	% of referrals for alleged abuse assessed within 24 hours	94.6%	100%	97.0%	★
NI130	% of service users on self directed support	6.4%	6.0%	6.1%*	●
NI131	Delayed transfers of care per population	10.05	8.44	9.0	★
NI132	% of people being assessed within 28 days	76.6%	76.8%	80%	●
NI133	% of people receiving services within 28 days	82.6%	93.0%	87.0%	★
NI135	Carers supported (% against community based service users)	19.7%	18%	17%	★

* this represents target at this point of the year rather than the end of year target.

2.3 An exceptions commentary is usually provided on the indicators above that have been identified as under performing (▼). There are no instances at the moment; however, NI132 is detailed below owing to the nature and priority of this NI.

2.4 **Waiting Times – NI132**
Improved performance is evident but given the high volumes of cases progress is relatively slow. The redesign of the Department's Access Service (front door), as part of the Assessment and Care Management Review, will enable us to meet the demand of initial contacts, as well as assessing people more quickly.

3 Resource Implications

3.1 There are no resource implications.

4 Equality Impact Assessment

4.1 There is no impact on equality within this report.

5 Section 17 - Crime and Disorder Act

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

6 Risk Implications/Assessment

6.1 Any risks to achieving improvement in performance are identified within the risk register, which sets out what actions are required to minimise those risks.

7 Conclusion

7.1 We are continuing to build on our performance and have achieved a positive direction of travel for every indicator at quarter one compared to the previous year. Projects and actions will continue to improve during the rest of the reporting year and will be monitored monthly by the Performance Board.

8 Action Required

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

Officer Contact

Name	Telephone Number	Email
Colin Sewell, Head of Policy and Performance	01603 223672	colin.sewell@norfolk.gov.uk

IN TRAN 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.

Report to Adult Social Services Overview and Scrutiny Panel
8 September 2009
Item No 16

Update report –

CareForce and the provision of Home Care Services in Norwich

Report by the Director of Adult Social Services

Summary
This report provides an update to the Overview and Scrutiny Panel on the performance of CareForce and its provision of home care to service users in the Norwich locality.

Members are asked to note:

The continuing improvements in the overall performance of CareForce and confirm that the contract between the County Council and CareForce will remain in force and will continue to be monitored.

The outcome of the service user survey and the actions being taken by CareForce and Adult Social Services in respect of those service users who wish to remain with CareForce as long as the service improves and those service users no longer wishing to remain with CareForce

The ongoing work with CareForce to ensure the quality of the service is sustained.

1 Background

1.1 At its meeting on 21 July, the Overview and Scrutiny Panel received a report from the Director of Adult Social Services setting out the results of a survey commissioned by the Department and undertaken by Age Concern. The survey was sent to all service users in Norwich who were receiving home care services from CareForce, following high levels of complaints regarding the quality of care being provided.

1.2 The survey indicated that a large number of service users had experienced problems and that complaints primarily related to missed calls, late calls, constant changes in care worker and poor communication.

1.3 The Chief Executive of CareForce also attended the Panel and answered questions from Members. He gave the Panel assurances in respect of CareForce's performance improvements in Norwich.

1.4 The Panel agreed that the Director of Adult Social Services consult with service users of CareForce in Norwich to assess their satisfaction with the service being provided by it and to review service options.

1.5 The Panel also requested that a further report be presented to it, updating CareForce's performance in Norwich.

2 Monitoring the Performance of CareForce

2.1 Since the last Overview and Scrutiny Panel, Officers from the Purchasing & Quality Assurance Team and the Norwich Locality Management continue to meet with Senior and Operational Managers from CareForce, on a weekly basis, to review overall performance and to consider each individual complaint received that week.

2.2 CareForce's performance is measured against a number of key indicators, including missed and late visits, hours provided, complaints resolved, staff training and development, recruitment and retention, invoicing, equality and diversity issues and communication.

2.3 CareForce's performance continues to improve and as at the time of writing this report, there are now comparatively few complaints. They have averaged out over the past four weeks as between 1 and 2 a week. This is a welcome improvement.

2.4 CareForce has offered all it's care staff guaranteed hours of employment. This is to be welcomed and should enable greater stability for existing care workers and therefore continuity of care.

2.5 CareForce has recently published a new newsletter for it's service users in Norfolk and as part of an awareness campaign offered new safe slippers for all service users who needed a new pair. There has been a good response from service users.

2.6 CareForce is also implementing new documentation in service user's homes (including assessments and care plans), which will be easier for service users and staff to read and follow.

3 Departmental Survey to service users of CareForce in Norwich

3.1 During the week of the 27 July, some 525 questionnaires were sent to service users of CareForce in Norwich. The surveys were due back on the 14 August. Service users were asked if they were satisfied with the service being provided by CareForce. If they were not, they were advised that the Council would make contact to discuss alternative service options. The survey is attached as Appendix 1. The results of the survey are set out below:

3.2 The Council will follow up people who have not responded to the questionnaire..

3.3 **CareForce Survey**

Number of returns	**238** **(45% return rate)**
Satisfied with the service	**145**
Not satisfied with the service	**93**
Wish to continue with CareForce	**153**
Not wishing to continue with CareForce	**66** **(This includes 18 service users who had already ceased having a service)**
Not satisfied but prepared to consider staying with CareForce if service improves	**19**

3.4 The home care service in Norwich is provided under 2 contracts - Norwich East and Norwich West. The results for each contract area is as follows:

Norwich East – Satisfied with CareForce – 54, Not satisfied – 56

Norwich West –Satisfied with CareForce – 85, Not satisfied – 35

(Not known – 6 Satisfied and 2 not satisfied)

19 service users were not happy with the service they received, but were prepared to stay with CareForce as long as the service improves. A number of these service users who had indicated a wish to change in the survey had now advised CareForce that they were willing to continue as long as the recent improvements were sustained. These service users are being re-visited by CareForce to review current service provision and attempt to resolve any ongoing concerns.

The 48 service users who do not want to continue with CareForce are being written to, to advise that they will be contacted by the Norwich Locality Social Work Team to arrange a time for a home visit to review service options.

3 Service Users did name the organisation they wished to transfer to

36 Service Users (or their advocate) also provided written comments and letters and extracts are attached as Appendix 2.

28 positive comments were made about the quality of the Care Worker

2 Care Workers were named by several service users as being exemplary

20 negative comments were made about CareForce and it's local management

5 comments were made about recent improvements in service

4 New referrals to CareForce

4.1 On 21 July 2009 the Council received a letter from CareForce requesting that for a four week period, no new referrals be made by the Department to CareForce for provision of home care services in Norwich. CareForce stated that this was to allow for a period of consolidation and for CareForce to concentrate on the improvements it is determined to make.

4.2 The Council considered the request and agreed to suspend new referrals for a period of 4 weeks. The impact of this action will not be known until after 1 September 2009 and will be reported to the Panel.

5 Equality Impact Assessment

5.1 There are no direct equality issues in this report.

6 Conclusion

6.1 The performance of CareForce continues to improve. The council will continue a robust approach to monitoring the service provided by CareForce in Norwich to ensure that recent improvements are sustained.

6.2 The Department will now be reviewing those service users who are dissatisfied with the service from CareForce to consider other options.

6 Action Required

6.1 Members are asked to note and comment about:

- The continuing improvements in the overall performance of CareForce and confirm that the contract between the County Council and CareForce will remain in force and that it will continue to be monitored.
- The outcome of the service user survey and the actions being taken by CareForce and Adult Social Services in respect of those service users who wish to remain with CareForce as long as the service improves and those

service users no longer wishing to remain with CareForce

- The ongoing work with CareForce to ensure the quality of the service is sustained.

Officer Contact

Terry Cotton 01603 222610 terry.cotton@norfolk.gov.uk

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

NORFOLK COUNTY COUNCIL
ADULT SOCIAL SERVICES
PURCHASING AND QUALITY ASSURANCE UNIT

SERVICE USER SURVEY AUGUST 2009

CARE FORCE SATISFACTION

FIGURES AS AT MONDAY 7TH SEPTEMBER 2009

NUMBER OF RETURNS	**246 (47% return rate)**
SATISFIED WITH THE SERVICE	**147**
NOT SATISFIED WITH THE SERVICE	**99**
WISH TO CONTINUE WITH CARE FORCE	**180 (includes the 33 service users listed below)**
NOT WISHING TO CONTINUE WITH CARE FORCE	**66 (includes 17 service users who have already ceased having a service)**
NOT SATISFIED, BUT PREPARED TO STAY IF RECENT IMPROVEMENTS REMAIN	**33**

6 Service Users named the organisation they wished to transfer to

Terry Cotton
Quality Assurance Officer, Domiciliary Care
7th September 2009

Appendix 1

Norfolk County Council
at your service

Home Care Satisfaction Survey
CareForce Group

	Please Tick	
Are you satisfied with the quality of the Home Care Service you receive from CareForce Group?	**YES**	**NO**
Do you wish to continue having your Service provided by CareForce Group?	**YES**	**NO**

If you have indicated 'NO' to the above questions a representative from Adult Social Services will contact you and offer you the opportunity to consider alternative provision.

Name ……

Address ……
……
……
……
……

Tel: No. ……

Appendix 2

CareForce Survey

Extracts of Comments Received from Service Users and their Advocates

“Wide range of times, carers very good”
“Staff good, management rubbish”
“ The carers have boosted my morale in a way they could not have envisaged, I am so grateful to them all”
“Got better lately”
“ Friendly carers”
“ Room for improvement”
“ Carers provide good care, CareForce management abysmal
“ Some carers are better than others”
“More than happy with the carers, the local office needs to get its act together”
“ Feel for the weekend workers, who are battling with the lack of realistic scheduling”
“ I want to stay with CareForce”
“ Will remain only if I keep my carer”
“ All is well at the moment”
“ I am happy with CareForce”
“ More than happy with Carers, CareForce local office is not good”
“ I have no quibbles with the carers. It’s the management that is the problem”
“ I am very satisfied”
“ Will stay as long as we keep our carer!”
“ Carer is very hard working and professional, the office is disorganised”
“ I am happy with the care as long as they turn up on time”
“ Good at the moment”
“ Carers very good, CareForce too disorganised”
“ Carers very good, CareForce Management Rubbish”
“ Carers very good, Management Poor”
“ Carers all very considerate, continuity is a big weakness”
“ Never the same carer”
“ Carers are good, office staff are not good at co-ordinating”
“ Will stay if I only keep my carer”
“ Things have improved recently”
“ Excellent Carer”
“ Carers good and efficient, it’s the office that is the problem”
“ Mums regular carers are great. The office does not fill you with confidence”
“Regular Carers are excellent. The Office is the weakest link”

Report to Adult Social Services Overview & Scrutiny Panel

8 September 2009
Item No 17

Safeguarding Practice Audit

Report by the Director of Adult Social Services

Summary

Background:

- The aim of the audit was to evaluate the way in which internal policies, procedures and practices for the protection of vulnerable adults are working
- The audit has involved case file checks, staff questionnaires and interviews with staff and the Police.

Key findings:

- Initial alerts are dealt with very promptly and allocated to case workers well within target timescales
- Strategy discussions are held soon after allocation and involve appropriate professionals
- Working relationships with the Police are rated highly by specialist staff, locality and learning difficulties workers and the Police alike
- There are extensive training opportunities and training delivered to date was well regarded by staff
- Case recording is very inconsistent – there is a great deal of confusion about how to record Safeguarding information on CareFirst
- Final outcomes of cases are rarely recorded on CareFirst.

The Panel is asked to note and comment on the findings of the audit.

The Safeguarding Practice Audit report is attached.

1 Background

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

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

1.2 This audit has been carried out using the Quality Assurance Framework which the Panel considered at its meeting on 21 July 2009.

1.3 The report has been considered by the Adult Social Services Performance Board which has commissioned an action plan to implement the improvement suggestions contained in the report.

1.4 The audit report, which is attached, contains a full account of the methodology, findings and suggestions for improvement.

2 Resource Implications

2.1 After every practice audit, the relevant service(s) will need to develop an action plan in response to the audit's findings. Depending on the findings of the audit, there may be resource implications attached to the delivery of the action plan.

3 Equality Impact Assessment

3.1 The Quality Assurance Framework, on which this audit is based, has been subject to a screening assessment. A full equality impact assessment will be undertaken on the framework in 2010. In addition, each audit in turn will consider issues of equality in the standards against which practice is evaluated.

4 Section 17 - Crime and Disorder Act

4.1 The Safeguarding practice audit includes consideration of the ways in which Adult Social Services works with partners – significantly Norfolk Constabulary – to address safeguarding issues, both at a strategic and case level.

5 Risk Implications/Assessment

5.1 In common with other practice audits, the Safeguarding Audit highlights possible risks and puts forward suggestions for improvements which will mitigate the risks.

6 Alternative Options

6.1 This is the first practice audit to be carried out by the Procedures and Quality Assurance Team. Each audit will be evaluated to inform and develop future audits to ensure they provide an effective method of assessing social care practice.

7 Action Required

7.1 The panel is requested to note and comment on the Safeguarding Practice Audit report.

Background Papers

Safeguarding Practice Audit – attached.

Officer Contact

Name	Telephone Number	email
Peter Bland	01603 224142	peter.bland@norfolk.gov.uk
John Holden	01603 228957	john.holden@norfolk.gov.uk

IN TRAN 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.

Norfolk County Council

Adult Social Services

Safeguarding

Practice Audit

April – June 2009

Final Report

'All persons have a right to live their lives free from violence and abuse. This right is underpinned by the duty on public agencies under the Human Rights Act 1998 to intervene proportionately to protect the right of citizens' [National Framework – Safeguarding Adults]

Audit sponsor	Lorrayne Barrett Head of Service [Community Care] Norfolk Safeguarding Adults Board
Audit undertaken by	John Holden Quality Assurance Officer Peter Bland Quality Assurance Officer
Audit scope	To audit and evaluate the way in which policies, procedures and practices for the protection of vulnerable adults are working.
High Level Objectives	1 To identify current practice and support best practice. 2 To evidence practice via a set of quality standards which will be tested as part of the audit and then issued to support practitioners and their managers. 3 To offer a service user focus regarding the process, support and services offered. 4 To evidence the current promotion of regular and clear feedback to staff on how they are performing their safeguarding role. 5 To explore preventative measures and options.
Other Benefits	1 To assist the Norfolk Safeguarding Adults Board in building a tool that will effectively audit the safeguarding system. 2 To offer comments on current multi agency working and levels of understanding of safeguarding across partner agencies. 3 To comment on in-house training available to assist staff develop the appropriate levels of competence for the job they are undertaking. 4 To link current practice alongside implications resulting from the Personalisation agenda, risk alongside an outcomes focus. 5 To test the respect for cultural differences within safeguarding practice.

Contents

Introduction

'Abuse is a violation of an individual's human and civil rights by any other person or persons.

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or omission to act, or may occur when a vulnerable person is persuaded or enters into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse may occur in any relationship and may result in significant harm, or exploitation of, the person subjected to it' (No Secrets)

This practice audit focuses primarily on the role and performance of social care staff. It bases its investigative approach using and testing standards created from existing protocols. These standards are in Section 2 of the Quality Assurance framework (extract at Appendix 1).

Background

'Good procedures on their own do not keep people safe – the way they are understood, implemented and checked out -could' – Paul Snell Chief Inspector CSCI April 2008.

'No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse', published by the Department of Health in 2000, outlined a multi-agency responsibility for the protection of vulnerable adults from abuse. The aim was to create a framework within which responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse. In doing so it recognised that a local code of practice should endeavour to prevent incidents of adult abuse.

Norfolk published its Joint Policy and Procedures in 2003. These were revised in June 2006 ('Safeguarding Adults Joint Policy and Operational Procedures', Interim Version/ Revised June 2006 - Norfolk Safeguarding Adults Committee).

The lead responsibility for responding to abuse lies with Norfolk Adult Social Services but successful adult safeguarding is critically dependent on multi-agency partnerships working well.

In 2008 Norfolk Adult Social Services commissioned a Review which was undertaken by Roger Hadingham. The review aimed at addressing:

- How well Norfolk Adult Social Services was fulfilling its contribution towards protecting vulnerable people from abuse
- What adjustments might further enhance its effectiveness

At the time of this review there was a view, without exception from managers and fieldwork staff that the prevailing mood was one of pride and optimism for the future of safeguarding. People were committed to the task and believed that the local safeguarding system was generally effective, particularly in maintaining awareness and in investigating allegations. Some shortfalls were acknowledged.

Roger Hadingham's report contained a number of recommendations for the Safeguarding Board to consider. One was that the Safeguarding Board should give priority to the building of tools to audit the safeguarding system. This recommendation has been built into the high level objectives for this practice audit.

During the past year and a half most Councils in the region have received an inspection from CSCI (now the Care Quality Commission) which has focussed on safeguarding. In anticipation of Norfolk being inspected, this audit will help the Department ensure its practice meets the highest standards.

Executive Summary

This audit has been the first full scale audit across Adult Social Services for some years. It has had an impact on a large number of staff and has affected each Locality, Specialist Adult Protection Social Worker Team, Access Teams and Learning Difficulties Services. Over 100 staff have either been interviewed, completed questionnaires or otherwise assisted with the audit. Police, Adult Social Services Training and Staff Development and Purchasing and Quality Assurance representation has also been included. However this has not been a full multi-agency audit but has been sponsored by Adult Social Services [Community Care] and supported by the Norfolk Safeguarding Board. Its focus has been to look at how Adult Social Services carries out its operational responsibilities for safeguarding adults.

The approach and receptiveness from staff is to be commended. The organisation and preparation for our visits and requests has been thorough and welcoming.

The main aim has been to focus on Adult Social Services processes, identify current practice, develop quality standards, comment on training and staff development and offer links with the personalisation agenda.

A full detailed case sampling process has been undertaken alongside questionnaire completion and staff interviews.

Issues concerning contact with service users and a means of including mental health services, integrated with Norfolk and Waveney Mental Health Foundation Trust, have not been achieved and remain outstanding.

It is clear that there is awareness, commitment and understanding of safeguarding, signs and symptoms and reporting processes amongst key social care staff and assessors.

Relationships between Specialist Adult Protection Social Workers (SAPSWs) and Locality staff are positive. There appears to be good levels of understanding and cooperation. The relationships within the Adult Protection Units (APUs), where SAPSWs are co-located with the Police, are also positive and contribute to effective multi-agency work. There were also two positive examples where Health took the lead regarding Continuing Care home support care packages and allegations.

However, record keeping is very inconsistent, and this makes it difficult in some cases to easily evidence the quality of the work being carried out. As a consequence, monitoring information is inaccurate and does not reflect the true level of activity.

Final outcomes are rarely recorded on CareFirst which means that records do not clearly show the complete progress of safeguarding investigations.

Findings and Suggestions for improvement

Alerting

Good Practice	Speed of response. Lead workers in Access team.
Areas for Improvement	Notifications are not always made in accordance with procedures. Referrers are not given advice about what would happen next or advice, if given, is not recorded.
Improvement Suggestions	Reinforce procedures for notifying Safeguarding alerts. Ensure that all referrers are given advice about what will happen next and ensure this advice is recorded.

Referral

Good Practice	Speed of response, content of referrals, cases allocated quickly to workers.
Area for Improvement	Inconsistent approach to allocation of cases.

Improvement Suggestion	Consider a consistent approach to allocating safeguarding cases within locality teams.

Strategy Discussion

Good Practice	Discussions held quickly. Outcomes clearly recorded.
Area for Improvement	Records of discussions are often very sketchy and contain little detail of the content of the discussion or the rationale for the conclusion.
Improvement Suggestion	Reinforce the need to make a full record of strategy discussions including the reasons for any decisions taken.

Strategy Meeting

Good Practice	Strategy meetings are held formally. Outcomes tend to be monitored and reviewed.
Area for Improvement	Filing of Strategy Meeting minutes – they are often difficult to locate.
Improvement Suggestion	Review how Strategy Meeting minutes are recorded and filed.

Safeguarding Plan

Good Practice	Use of the AA2 to record the safeguarding plan.
Area for Improvement	See Section 4 – filing of Strategy Meeting minutes.
Improvement Suggestion	Review how the protection plan is recorded and filed.

Review

Good Practice	Strategy review meetings held to check progress against safeguarding plan.
Area for Improvement	There are few records on other cases of agreed actions being checked for success.
Improvement Suggestion	Reinforce the message that all safeguarding actions

	should be reviewed for effectiveness and the outcome of the review should be recorded.

Case Recording

Good Practice	There are some examples of record keeping which can be seen as a basis for developing best practice standards to support and assist all staff. On occasions there were distinguishing features that indicate a model for how to record under observations such using the Adult Protection subject, prefixing the Observation text with “Strategy Discussion” and stating the outcome of the strategy discussion. There was no evidence of any breaches of confidentiality.
Areas for Improvement	There are inconsistencies in terms of the level of detail of record keeping and the locations of records with little or no detail of the rationale behind decisions. Use of first names only in Observations leads to a lack of clarity. There is poor recording of case closures which makes it difficult to trace the narrative of a safeguarding case from the records. Case records are not held separately from other records. Documentation on CareFirst does not facilitate accurate record keeping and leads to inaccurate monitoring.
Improvement Suggestions	Give clear and unambiguous instructions to staff about where and how to record safeguarding information, including the rationale behind any decisions. Do not use only first names in Observations. Ensure all safeguarding cases are formally closed and include an explanation on CareFirst of why the case has been closed. Review how safeguarding information is held on CareFirst to enable records to be identified

	separately from other records. Review the documentation available on CareFirst with particular regard to the current AA2 and AA3 paper forms to facilitate accurate record keeping and more accurate monitoring. Safeguarding should be explicitly considered as part of any updates to CareFirst made as part of the Assessment and Care Management Review and processes and procedures reviewed in the light of changes to information systems. Create a best practice factsheet for case recording.

Training and Staff Development

Good Practice	Safeguarding training is readily available and most Adult Social Services staff have been trained to a level relative to their role. Positive feedback concerning the range and focus of the training. Frequent mention was made of the inspirational approach of one of the key trainers. Staff were aware of the training programmes.
Areas for Improvement	There is no refresher training for staff who completed their training some years ago. Changes to processes and procedures are not always incorporated into safeguarding training. Feedback to staff tends to focus on progressing cases through formal supervision. There are few opportunities for reflective feedback on skills and practical performance.
Improvement Suggestions	Consider how best to meet the ongoing needs for staff who completed their training some years ago including the concept of refresher training. Any changes to the processes and procedures laid down by the department following this audit should be incorporated into Safeguarding training. Consider how to introduce skills and practice performance feedback within the support offered to all staff engaged in safeguarding investigations. Consider whether certain key staff particularly the SAPSWs should have more formal ‘debriefings’

	which cover what has been achieved, lessons learnt and any personal considerations. Create a best practice factsheet for Safeguarding. Consider using the Locality Safeguarding Partnerships as a vehicle for disseminating updates to practice and procedures.

Strategic Management

Good Practice	The new Board now has an appropriate membership to take a lead role in the strategic management of safeguarding in the county. The sub-groups and locality partnerships will offer a good basis for carry out tasks.
Areas for Improvement	Job descriptions and clear terms of reference for Board members need to be finalised. The sub-groups are not yet fully functional. More work is needed to implement all the recommendations from the earlier audit.
Improvement Suggestions	Finalise the job descriptions and clear terms of reference for Board members. Ensure the sub-groups are fully functional. Formally review the implementation of the recommendations from the earlier audit and put a time-limited plan in place to complete any outstanding actions.

Serious Case Review

Good Practice	The new protocol will give clear guidance in when and how to conduct a serious case review.
Areas for Improvement	There needs to be a clear and effective mechanism in place to implement changes following a review.
Improvement Suggestion	Develop an effective mechanism to respond to the outcomes of serious case reviews and implement changes without delay.

Multi Agency Working

Good Practice	Co-location of social work staff and Police. This was an innovation in Norfolk which is still highly regarded by those involved.
Areas for Improvement	The Norwich APU does not have a co-located SAPSW. Staff do not always respond quickly to requests to contact the Police. Referrals from health partners are low.
Improvement Suggestions	Examine how the Norwich APU can return to having a co-located SAPSW. Reinforce with the staff the need to respond urgently to the Police when they ask for information about a safeguarding case. The Safeguarding Board should keep under review the progress of the Health sub group in increasing the referral rate from health partners.

Purchasing and Quality Assurance

Good Practice	Purchasing and Quality Assurance Team representation is achieved at Strategy Meetings. They co-ordinate information about the home including any previous concerns and help weigh up risks and the competencies of residential homes.
Areas for Improvement	There are concerns about the current levels of understanding of and need for information regarding safeguarding awareness across accredited day services and unregulated services. There is no means in CareFirst to enable comments and concerns about Providers to be recorded. There is no facility to store Strategy Meeting records centrally on CareFirst where the case has involved a number of residents of the same home.
Improvement Suggestions	Carry out an exercise across accredited day services and unregulated services to explore the current levels of understanding of and need for information regarding safeguarding awareness. Consideration should be given to introducing within CareFirst a means of recording comments and concerns about Providers rather than just against

	individuals. Devise a way of holding Strategy Meeting minutes in CareFirst against a Provider record where a case involves a number of residents of the same home.

Personalisation and Safeguarding

Good Practice	SAPSWs offer support and advice to other staff on safeguarding issues.
Areas for Improvement	There is a need for a consistent County-wide approach regarding the SAPSW role within the personalisation agenda. This has even greater significance with plans to expand the Team. The personalisation agenda and changes in the assessor's role will offer a challenge to SAPSWs if they are to introduce or adjust support packages as part of their role.
Improvement Suggestions	Establish a consistent County-wide approach regarding the SAPSW role within the personalisation agenda. Consider how SAPSWs will be able to introduce or adjust support packages in the light of the personalisation agenda and changes in the assessors role.

Data supporting the evidence of safeguarding

Areas for Improvement	Inconsistent inputting of safeguarding information onto CareFirst. More accurate monitoring and checking of safeguarding activity.
Improvement Suggestions	See improvement suggestions for Record Keeping. Review how information is collated for monitoring purposes and develop a mechanism for regular cross-checking with information held by the Police.

Service User Focus on the impact of Safeguarding Processes

Areas for Improvement	Service user focus should not be overlooked even

	though it has not been achievable from this audit.
Improvement Suggestion	A short dedicated sampling exercise should be undertaken.

Safeguarding Audit Methodology

To help us investigate safeguarding practice we used the following techniques:

Case file checks

This involved looking at the blue files and CareFirst records for a total of 96 cases to check whether the records of cases confirmed they had been dealt with in accordance with best practice. Each case was reviewed against a series of quality criteria (see Appendix 1).

Staff interviews and questionnaires

We carried out detailed interviews with 61 staff in a variety of roles to gain some understanding of their practice and their views about the quality of safeguarding work. We used a standard interview checklist (see Appendix 2) but in a small number of cases the nature of the interview targeted specific areas of responsibility and practice which meant that not all the questions were asked in these interviews. A further 36 staff completed questionnaires (Appendix 3).

Interviews with the Police

The Police are our key partners and co-staff the Adult Protection Units with Specialist Adult Protection Social Workers. We interviewed Police Officers at two of the Units to gain feedback on how they see the performance of Adult Social Services and the effectiveness of partnership working.

Time period

The audit has concentrated on looking at current and recent practice. The case sample focused on cases over the period October 2008 to February 2009, although some earlier cases were included in the file audit to increase the number of cases.

Audit Findings

Section 1 - Alerting

In this section we were looking at how a safeguarding case is dealt with at the point at which an initial contact is made. We were concerned with whether cases were correctly identified as raising safeguarding concerns and how quickly these contacts were translated into actions. We were also interested to see how much information and advice was given to the person making the initial contact, be it the person concerned or someone making a referral on their behalf.

1.1 We found that initial contacts are dealt with quickly by the Council's Customer Service Centre (CSC). Staff are given training in what to look out for and are able to contact the Access team if they are unsure. The Access Team provides a prompt response, information, advice and support to everyone contacting the department. They advise on possible courses of action for people, refer on to specialist teams and respond immediately in an emergency situation, arranging provision of services where necessary.

1.2 Concerns are passed through to Access quickly. Access has a number of lead workers for Safeguarding who are on duty each day to deal with any referrals. This ensures a speedy response to referrals and we found no evidence of delays in responding to concerns. There was one case which had not been identified by CSC as a possible abuse which was re-classified within Access. The short delay did not place the individual at any further risk.

1.3 We found little evidence that people making referrals were given advice about what would happen next. This may be done, but there is rarely a written record.

1.4 Where safeguarding concerns were raised in the localities in relation to ongoing cases, there is some inconsistency in response. Although cases were dealt with rapidly, they were not always handled in accordance with procedures and the correct notifications to Access and the Adult Protection Units were not always made.

1.5 Staff interviewed were very clear about their responsibilities for Safeguarding and saw it as an integral part of their work. They understood its importance and the priority that needed to be attached to raising any concerns.

'It is always at the back of my mind. Issues around risk, harm, capacity and ability need to be looked at all the time.' – Social Worker

'It is at the forefront of practice - recognising the signs and the ways people are acting.' – Assistant Practitioner

1.6 Lead workers in Access have received enhanced training and support their colleagues in the team.

Summary

Good practice:

Speed of response. Workers in the Access team with specific responsibility for safeguarding.

Areas for improvement:

Notifications are not always made in accordance with procedures. Referrers are not given advice about what would happen next or advice, if given, is not recorded.

Section 2 - Referral

The referral stage covers the time between a referral being received by the Access Team or (with an existing case) the Locality team and the case being allocated to a Social Worker. We were looking to see whether alerts were dealt with quickly and passed on to the correct staff. We also checked whether, where it was necessary, that immediate steps were taken to offer protection to individuals.

2.1 The Access team completes a Background and Initial Contact Assessment (BICA) for each referral and this goes through to the Adult Protection Units (APUs) or to the locality teams if it is a live case. We found that 80% of cases were dealt with the same day, usually within a few hours. Of the remainder, others were dealt with within 24 hours. The only incidences of delays were where referrals came in late on Friday and were not actioned until the following Monday, although these cases were subject to an assessment of their priority. For example, a case involving a vulnerable adult at risk of physical abuse was dealt with on receipt of the referral late on a Friday afternoon, and work continued into the evening until the individual was found a place of safety. Where referrals came in out of hours we found evidence of action being taken to assess risk e.g. arranging for the Police to carry out urgent welfare checks.

2.2 The information contained in the BICAs was usually detailed and comprehensive and demonstrated why there were safeguarding concerns.

2.3 Once cases were passed through to the APUs these were dealt with by the Specialist Adult Protection Social Worker (SAPSW) for that area. Where cases were passed through to the locality teams we found that there were rarely delays in allocating the cases to a Social Worker. There were examples when safeguarding referrals were retained by managers and practice consultants while they undertook liaison, strategy discussions and possibly a visit, before allocating the case. The individual was not in any greater risk and this method of case management was more likely to be applied to scenarios involving residential care that ultimately led to a strategy meeting.

2.4 In most cases there was no need for action to provide immediate protection, however, in urgent cases steps were taken including visits on the same day or provision of alternative accommodation.

2.5 We found variations between teams in how cases were allocated. In one locality they have a Practice Consultant who deals with all Safeguarding referrals and co-ordinates the response. Staff in this locality were very supportive of this arrangement. In other teams managers hold cases prior to allocation and do strategy discussions, in others managers allocate to workers straight away and the worker holds the strategy discussion.

2.6 There was also variation in who was allocated the cases. In some localities cases are only allocated to level 2 social workers, whereas in others Assistant Practitioners are allowed to lead cases with the support of a Social Worker or Practice Consultant.

2.7 Concerns were expressed by staff in locality teams that from time to time SAPSWs are unable to take on new cases which then are picked up by the teams who themselves have high case loads.

Summary

Good practice:
Speed of response, content of referrals, cases allocated quickly to workers.

Areas for improvement:

Inconsistent approach to allocation of cases.

Section 3 - Strategy Discussion

'*There is no point in having a strategy discussion without outcomes' – Practice Consultant*

This stage concerns the initial action taken once a case has been referred through to a worker. We wanted to see if strategy discussions happened within agreed timescales and that the right people were involved. We also wanted to check that the discussions were recorded accurately and had meaningful outcomes which were also clearly set down. As part of our investigation of this stage of the process we wanted to see whether individuals were involved in any further assessments and that these assessments were formally recorded.

3.1 We found that strategy discussions took place for nearly all cases, although there were some exceptions. Discussions tended to be recorded on Observations on CareFirst. Whilst outcomes were recorded in most cases, the content of the discussion was often missing from the record. Some Observations only recorded that a discussion had taken place without any reference to the outcome. Strategy discussions tended to involve the Social Worker, a manager and the Police, although there were examples where other agencies were also consulted. Without more detailed record keeping, however, it is hard to make an assessment of the quality of strategy discussions.

3.2 Strategy discussions nearly always took place within 3 days of the case being allocated and often were held much sooner than that.

3.3 Outcomes could be inferred from other records on CareFirst. In most cases it involved visiting the individual, often jointly with the Police. These visits were usually recorded on CareFirst in Observations. However, the Adult Protection Assessment (AA5) document on CareFirst was rarely used – usually only by the SAPSWs.

3.4 Most cases (60% of the sample) led to a home visit, of these 68% were joint visits with the Police. This helped to ensure that the individual concerned was involved in the assessment. Although these visits were prioritised according to the level of risk identified in the strategy discussion they were usually carried out within a few days of the discussion taking place. In urgent cases they happened the same day.

3.5 Where the alleged abuse related to general care practice within a residential home and potentially affected a number of residents, the investigations may have proceeded without direct contact with the individuals who were alleged to have suffered abuse.

Summary

Good practice:

Strategy discussions are held quickly. Outcomes are clearly recorded.

Areas for improvement:

Records of discussions are often very sketchy and contain little detail of the content of the discussion or the rationale for the conclusion.

Section 4 - Strategy Meeting

These meetings are held where the cases are more complex. We wanted to see that meetings were held for more complex or contentious cases and that they were formally recorded, with clear actions and responsibilities identified.

4.1 Most cases were handled effectively following an initial strategy discussion and in our sample, just 17 cases went to Strategy Meeting.

4.2 Where Strategy Meetings were held, we found that meetings were conducted formally with detailed notes taken. Attendance at the meetings included representatives from organisations relevant to the case for example and minutes were shared in accordance with the procedures.

4.3 However, it was often difficult to locate the notes of Strategy Meetings. Occasionally they were placed on the blue file, and the content sometimes cut and pasted into an Observation. Sometimes there was only a reference in Observations to the Strategy Meeting having taken place and no indication given where the papers were held.

4.4 Cases which went to Strategy Meetings were formally reviewed to monitor the implementation of the safeguarding plan. This happened either through a subsequent Strategy Review Meeting or through an explicit review of progress by the case worker.

Summary

Good practice:

Strategy meetings are held formally. Outcomes tend to be monitored and reviewed.

Areas for improvement:

Filing of Strategy Meeting minutes – they are often difficult to locate.

Section 5 - Safeguarding Plan

Where cases are the subject of Strategy Meetings, there should be a formal safeguarding plan, which clearly sets out the risks involved, actions to be taken and arrangements for monitoring the plan.

5.1 Where the AA2 form was used to record Strategy Meetings, then the safeguarding plan was well recorded and it was much more likely for formal reviews to take place. In these cases there were clear actions ascribed to individuals.

5.2 Cases were resolved in a variety of ways. For example, people were moved to safer accommodation, services were put in place or assistive technology was used to reduce risk. Sometimes individuals refused further involvement and others were assessed as having the capacity to make decisions which were not in their best interests.

Summary

Good practice:

Use of the AA2 to record the safeguarding plan.

Areas for improvement:

See Section 4 – filing of Strategy Meeting minutes.

Section 6 - Review

We wanted to check that where safeguarding plans were put in place, the outcomes were monitored.

6.1 Where cases were handled without the need for a strategy meeting it was less likely for a review to take place.

6.2 In some cases there were subsequent strategy meetings to review cases and we saw good examples of these in relation to cases involving care homes. However, in other cases there was no process put in place to review the success of the actions agreed at the strategy meeting. There was often no explicit record of outcomes being checked for success.

6.3 There was little evidence of efforts being made to check the efficacy of interventions in the long term – e.g. calling back on someone a few months later to see if they were still safe.

Summary

Good practice:

Strategy review meetings are held to check progress against the safeguarding plan.

Areas for improvement:

There are few records on other cases of agreed actions being checked for success.

Section 7 - Case recording

'*I record facts not perceptions in observations' – Assistant Practitioner*
'We have a procedure so we need to follow it. It gives confidence to practitioners and managers and is defendable' – Team Manager

There is the following guidance about case recording within Operational Instruction 671:

- *If it hasn't been recorded it hasn't been done.*
- *The casefile will clearly reflect on the quality of practice of the worker(s) involved. It gives a clear indication as to whether or not the practice of the responsible worker(s) meets both Departmental and professional standards. A poorly organised or presented file with incomplete or absent documentation will lead to the conclusion that the practice is of a poor standard.*
- *The person looking at the file will not know the user and will not be familiar with the file. However, they will expect to locate the information they are looking for quickly. If they cannot find it, they are likely to conclude that it is not there. It helps, therefore, if the documentation is filed properly and according to current procedures.*

(Casefile Quality Assurance: A Guide for Staff and Managers - Operational Instruction 617 (2006))

We wanted to make sure that case recording is thorough and accurate and that information is shared only in accordance with procedures and the individual's confidentiality is maintained. Information needs to be stored in a discrete way, be it on paper or computer files.

7.1 In summary we found record keeping to be very inconsistent. In the main information is no longer stored on blue files. However, recording on CareFirst is often confusing and sketchy.

7.2 Initial contacts were recorded on CareFirst with summary information about the safeguarding concerns. Access recorded initial assessments on BICA forms on CareFirst, often in significant detail.

7.3 There is a lack of clarity about how Safeguarding information should be recorded on CareFirst. Previously the procedures specified clearly how information was to be recorded and standard forms were used for each stage in the process. These forms have not been replicated on CareFirst and this appears to have led to a situation when information is recorded in a variety of places.

7.4 Most information is recorded in Observations. However, this can be hard to track when there are large numbers of Observations. For example, one case had over 500 individual Observations. Recently an Adult Protection subject has been added to CareFirst Observations which will identify those which relate to Safeguarding, but of those staff interviewed only about half were aware of its existence, and there were few examples seen of its use. Some staff started their Observations with “ADULT PROTECTION”, but others did nothing to distinguish these Observations from any others. As time goes by and the number of Observations increases it will become more and more difficult to follow the narrative of any events using Observations.

7.5 The use of first names in Observations could be confusing and sometimes made it hard to be certain who was involved in the discussion. This made it difficult to quickly understand the context of the Observation.

7.6 Some Observations were very lengthy which suggests they should have been recorded elsewhere. The impression was that staff were anxious to make sure information was recorded but in lieu of a dedicated place to record were filling in lengthy Observations.

7.7 CareFirst events and activities were often not used correctly. This made it hard to extract data on safeguarding cases. It was clear from discussions with staff and from monitoring of AA1 forms that there were considerably more cases than initially identified on the data extract from CareFirst. Where FACE standard assessments, unscheduled review forms and Observations were used to record safeguarding information there was no way of using CareFirst to identify them as Safeguarding cases.

7.8 An investigation of Police records confirmed that there is severe under reporting of safeguarding cases. During May 2009 the Police recorded 99 cases, whereas the Access team only recorded 52. Reconciling the Police’s cases with CareFirst confirmed that most of these cases had records relating to Safeguarding somewhere on the case record. There were also some cases recorded by Access which were not on the Police report. This analysis confirmed there were at least 98 cases during the month when ASSD had responded to adult protection concerns.

7.9 Until now, Safeguarding Alerts have been recorded using a BICA, but this is not ideally suited to the task. The existing Alert Form (AA1) has now been written for CareFirst and will be implemented shortly. No work has been done to consider whether the remaining forms (AA2 and AA3) should be implemented on CareFirst. It is likely that they would assist the clarity of recording of strategy discussions and meetings, and make safeguarding plans easier to identify.

7.10 Whilst the outcomes of strategy discussions were usually clearly recorded, there were rarely comprehensive records of the content of discussions and the rationale behind decisions. This meant for example that although the decision was made that a case did not raise Safeguarding concerns, the reasons why the facts in the referral were considered thus were not recorded.

7.11 Written records of Strategy Meetings were not always placed on the blue file but there was rarely any indication on CareFirst of where they were held. There are particular issues regarding multi-resident allegations within residential homes. Clearly these cannot be filed on an individual's blue case file as this would breach the confidentiality of the other residents mentioned in the meeting. In one locality they were kept in a separate filing cabinet and this could have been indicated on CareFirst records.

7.12 Because of the confusion around record keeping there was no discrete section of an individual's record which related to Safeguarding. On old paper files AP papers were held in a separate section of the file. At present there is no way of easily viewing the entirety of a safeguarding investigation, nor of restricting access to that information.

7.13 Information was treated sensitively and we found no evidence that individuals' confidentiality was breached.

7.14 Recording of case closures was sketchy in most cases. The outcome of the case was often not clear. Closure sometimes appeared "out of the blue" some time after the alert had been raised with no note of why the case had been closed, whether interventions had been successful or why no further action was required.

Summary

Good practice:

There are some examples of record keeping which can be seen as a basis for developing best practice standards to support and assist all staff.

On occasions there were distinguishing features that indicate a model for how to record under observations such using the Adult Protection subject, prefixing

the Observation text with “Strategy Discussion” and stating the outcome of the strategy discussion.
There was no evidence of any breaches of confidentiality.

Areas for improvement:

There are inconsistencies in terms of the level of detail of record keeping and the locations of records with little or no detail of the rationale behind decisions.

Use of first names only in Observations leads to a lack of clarity.
There is poor recording of case closures which makes it difficult to trace the narrative of a safeguarding case from the records.
Case records are not held separately from other records.
Documentation on CareFirst does not facilitate accurate record keeping and leads to inaccurate monitoring.

Safeguarding should be explicitly considered as part of any updates to CareFirst made as part of the Assessment and Care Management Review.
Greater clarity in the processes and procedures in the light of changes to information systems.

Section 8 - Training and Staff development

Staff dealing with Safeguarding need to be adequately trained. We were concerned to check whether there were accurate records of which staff had been trained. We also wanted to see if the competencies required to carry out various stages in the safeguarding process had been identified and applied to staff and whether staff training need were formally assessed.

We also wanted to consider how safeguarding is included in other development activities and to assess how effective was the training.

We looked at how learning could be derived from actual cases, both in terms of serious case reviews and through regular staff supervision.

8.1 Norfolk Adult Social Services provides various development opportunities for social work staff that have a role in safeguarding assessments and investigations. Each learning programme has clearly laid out learning objectives which enable exploration of safeguarding policies alongside the challenges and the complexities of this area of work.

8.2 The range of courses available during 2008/09 were:

- Basic Awareness
- Advanced Skills & Risk Assessment
- Management Responsibilities
- Chairing Strategy Meetings and Case Conferences

- Video Interviewing*

Title of Course	Number of Courses	Numbers attended
Basic Awareness half day	97	1319
Advanced Skills two day	3	57
Risk Assessment one day	3	38
Management Responsibilities one day	4	63
Chairing Case Conferences two day	1	13

*The video interviewing course is run on an ad hoc basis when there are sufficient numbers. It is run and coordinated by the Police and is available to Adult Social Services and Children Services. One course was run specifically for Adult Social Services staff during 2008/09.

8.3 As part of this audit key staff both at practitioner and management level were invited to complete a questionnaire based around some of the learning objectives. This focused on the training received and feedback on their performance and skills within their safeguarding role. 36 staff across the five Localities completed the questionnaire.

8.4 The questionnaire asked staff to rate their knowledge and confidence against a number of criteria. The following table shows the results:

Rate your knowledge and confidence	yes	no	unsure	would like more info
You know the **various types of abuse** of vulnerable adults	33			5
You know the **various signs and symptoms** of possible/actual abuse	28		1	11
You know **what to do** when signs and symptoms come to light	32			7
You know your **role in prevention** of abuse	28		3	11
You have developed **knowledge of relevant best practice** approaches	23	1	3	17
You have **knowledge of the legal framework**	13	2	5	18
You are **aware of personal impacts and support mechanisms**	20	3	5	14

(Please note some members of staff did not answer every question and some staff said they would like more information in addition to answering yes to some questions)

8.5 Evidence from the questionnaire and from those staff who were separately interviewed endorses that awareness of abuse and signs and symptoms appear embedded in staff practice and approach to their work.

'*Being able to recognise when there may be safeguarding issues from my normal casework' – Social Worker*
'Seeing adult protection as a possible element of every assessment/contact' – Social Worker
'Every time I see someone it's something I need to be watchful about and be aware of' – Assistant Practitioner

8.6 From the questionnaire staff appear less confident on best practice approaches, the legal framework and personal impact and these were also the areas with the greatest request for more information. Some staff completed their training some years ago and the concept of 'refresher training' was raised during the course of several staff interviews. A positive example from one locality where their lead safeguarding Practice Consultant carries out regular briefings may be an achievable alternative within other work settings. On a more informal level the SAPSWs do offer considerable support to Locality based staff on an ad hoc basis. In the course of interviews several staff expressed their appreciation of this support.

8.7 During interviews staff were asked to contribute a key skill or approach from their own practice which they saw as best practice and which could be shared by creating a best practice factsheet. A few examples are as follows;

'*The importance of accurate record keeping and correct cascading to relevant people' – Senior Care Management Assistant*
'If in any doubt or suspicious check it out with a manager' – Practice Consultant
'Refresh your knowledge of procedures regularly' – Carer Assessor
'Record- record-record' – Social Worker
'Being clear and firm and keeping people on side' – SAPSW

8.8 During interviews, staff were specifically asked about the feedback received regarding their skills and performance. In general terms opportunities within the supervision and appraisal processes were the most frequently highlighted. However there were significant numbers of comments to suggest there was an opportunity for some improvements in this area including;

'*It is no different to any other case' – Social Worker*
'Not sure if I get specific feedback' – Assistant Team Manager
'Cases are talked about in supervision- more about process than practice' – Social Worker

8.9 Staff felt that there were few opportunities for reflective feedback to review how they had performed in dealing with a specific case. Staff in the Access team told us they did have a formal process for doing this. Mandatory debriefings are undertaking by Police colleagues within Adult Protection Units three times per year.

8.10 Recently, positive work has been undertaken to further develop and promote a competency framework that underpins the multi-agency training programmes.

Summary

Good practice:

Safeguarding training is readily available and most Adult Social Services staff have been trained to a level relative to their role.

Positive feedback concerning the range and focus of the training. Frequent mention was made of the inspirational approach of one of the key trainers. Staff were aware of the training programmes.

Areas for improvement:

There is no refresher training for staff who completed their training some years ago. Changes to processes and procedures are not always incorporated into safeguarding training. Feedback to staff tends to focus on progressing cases through formal supervision. There are few opportunities for reflective feedback on skills and practical performance.

Section 9 - Strategic management

There is a multi-agency strategic Safeguarding Board in Norfolk. We looked at whether there was clarity among its members about its role. We also considered whether the membership was appropriate for its role and the degree to which the Board effectively oversees safeguarding work in the County.

9.1 The activities of the Safeguarding Board had been subject to an audit in September 2008 which made a number of recommendations. These recommendations have been implemented in part, but it is too early to assess whether they have had the desired impact.

9.2 The Board has reviewed its membership which is now more focussed on strategic management, whereas previously there was a mixture of strategic managers and operational staff. It plans to appoint an independent chair and job descriptions for this role and for the Board members are being drafted. Whilst progress has been made, there is still more work to be done to make sure all Board members are clear about their role.

9.3 The Board has set up four sub-groups covering Legislation (including revising the joint protocol), Performance, Risk (focussing on prevention work) and Health. Of these only the Health group has met so far and there have been relatively few expressions of interest from partners to participate in the three other groups.

9.4 Locality Safeguarding Adults Partnerships have also been set up in each of the five ASSD localities. With one exception, they are also at an early stage of development although four of the five have met. The exception is a well established partnership with a good attendance.

Summary

Good practice:

The new Board now has an appropriate membership to take a lead role in the strategic management of safeguarding in the county. The sub-groups and locality partnerships will offer a good basis for carry out tasks.

Areas for improvement:

Job descriptions and clear terms of reference for Board members need to be finalised. The sub-groups are not yet fully functional.

More work is needed to implement all the recommendations from the earlier audit.

Section 10 - Serious Case Reviews

We wanted to see whether serious case reviews were held and if so how they were used to improve practice.

10.1 There has only been one serious case review – in February 2009. The review was independently chaired and produced a report with a number of recommendations. There is no record of a formal response to these recommendations nor an action plan to implement changes.

10.2 There is a new Serious Case Review Protocol (Jan 2009) which clarifies the role of the Safeguarding Board in relation to reviews. There have to date been no referrals for serious case reviews so we have not been able to assess the efficacy of the process.

10.3 Serious case reviews are an important and useful tool to test practice and make improvements. It is therefore important that the implementation of the protocol is monitored to ensure that serious case reviews do take place.

Summary

Good practice:

The new protocol will give clear guidance in when and how to conduct a serious case review.

Areas for improvement:

There needs to be a clear and effective mechanism in place to implement changes following a review.

Section 11 - Multi-agency Working

We looked at the extent of multi-agency working, information sharing and the extent to which partner agencies are committed to safeguarding.

11.1 The co-location of specialist social workers and the Police works well and enhances the relationship between the two agencies. However, at present, staff are only co-located at two of the three APUs. The SAPSW covering the Norwich locality is based in the Adult Social Services locality team.

11.2 The Police value the work done by NCC, especially the support they receive from the specialist workers. They said that joint visits with NCC staff are very effective. Conversely the Police are also highly regarded by ASSD staff who find them approachable and supportive. The Police are less likely to get involved in cases which do not involve criminal activity than they once were, but case files indicate a high proportion of cases involved joint visits with the Police.

11.3 The Police did have a concern that they find it hard to track down staff when the SAPSWs are away, they leave messages but don't always get a response.

11.4 The NHS Health sub-group of the Safeguarding Board has commenced meeting. It has representation from the whole health community with clear terms of reference, aimed at addressing training and awareness, policy and process and leadership.

11.5 Referral rates from health organisations are low in comparison to other areas. However, the Health sub-group is putting in place a series of actions to address this.

Summary

Good practice:

Co-location of social work staff and Police. This was an innovation in Norfolk which is still highly regarded by those involved.

NHS Health sub group.

Areas for improvement:

The Norwich APU does not have a co-located SAPSW. Staff do not always respond quickly to requests to contact the Police.

Referrals from health partners are low.

Section 12 - Purchasing and Quality Assurance

12.1 The case file sample did produce a significant number of people who were living in residential care. In these cases there was more likely to be a strategy meeting including representation from the Purchasing and Quality Assurance Team. Their role included coordinating information about the specific residential home including any previous concerns. The Team commented that residents within specialist dementia care units were often identified under safeguarding procedures. In addition they had a key role when considering risks to decide whether it was safe for new residents to be admitted and the competence of the Home to deliver services to existing residents. There was a need to be clear about the QA role and the Care Quality Commission's role. In all cases the Team expected to receive records of the strategy meeting.

12.2 The Team was concerned that there is no capacity within CareFirst to record any Home specific information. This would enable separate concerns to be pulled together more easily.

12.3 40% of residents are now self funding or not from Norfolk. These people are not subject to the same monitoring processes as those placed under a contract with Norfolk County Council. This raises some concerns about identification of causes for concern including possible safeguarding issues particularly when there is some evidence that the risk of abuse may be 9 times greater in residential care than living at home [Action on Elder Abuse 2004]. The team felt that training available to staff was a key factor in limiting abuse.

12.4 In addition with 350 accredited Day Services providers and unregulated services [e.g. befriending services] across the County, there is a view that there is a lack of awareness and updating of skills and knowledge regarding safeguarding amongst many of these services.

12.5 The Team commented very positively regarding the SAPSWs. In addition they offered a view that there appears to be potential for omission of referrals from Community Mental Health Teams [adults] who now sit

outside Adult Social Services structures. They were interested to know if the profile of safeguarding had changed.

Summary

Good practice:

Purchasing and Quality Assurance Team representation is achieved at Strategy Meetings. They co-ordinate information about the home including any previous concerns and help weigh up risks and the competencies of residential homes.

Areas for improvement:

There are concerns about the current levels of understanding of and need for information regarding safeguarding awareness across accredited day services and unregulated services.

There is no means in CareFirst to enable comments and concerns about Providers to be recorded. There is no facility to store Strategy Meeting records centrally on CareFirst where the case has involved a number of residents of the same home.

Section 13 - Personalisation and Safeguarding

'Personalisation will make new demands on safeguarding systems' – Paul Snell Chief Inspector CSCI April 2008
'I think you should let people live with the risks they are aware of. This takes us onto issues regarding mental capacity' – Practice Consultant

13.1 At the time that any individual is being helped to assess their needs, there is still a clear duty on Norfolk Adult Social Services to identify any possible risks, including the risk of abuse and act when the situation demands it. Historically there has been evidence to support that good care management correlates with positive safeguarding. Individual vulnerability to abuse, risk and concerns about mental capacity are often seen as scenarios, when combined, where some staff feel the personalisation agenda may not offer sufficient 'protection'.

13.2 Self directed support processes need to offer a means for quality assurance where checks for risk can be made and where alterations in arrangements can be made. A process of first contact- assessment- capacity test- support planning- sign off- outcomes review should '*demonstrate that self directed support is not a simple transfer of cash to the individual…in no way does it weaken the duty of care' – Simon Duffy and John Gillespie In Control discussion paper January 2009.*

13.3 Comments from staff during this audit illustrate that the SAPSWs are held in high regard and are frequently seen as a point of contact for advice on a whole range of professional and practical issues. Their skills are clearly recognised and the proposed increases within their Team will further reinforce the specialist nature of their work. Locality practitioners were asked to comment on the numbers of actual safeguarding cases they had been involved in the last year and the figures were in a range of 1-5 cases. Cases arose from their own caseload or when decisions were reached that the SAPSWs simply had too much work or there were gaps due to sickness or vacancies.

13.4 There are issues to consider with the changes taking place as part of the Assessment and Care Management Review. The increase in the number of SAPSWs may lead to fewer cases being handled in locality teams. This, combined with the focus on new ways of working under personalisation, may lead to a degree of deskilling among locality workers. Similarly, there will be a challenge for SAPSWs to maintain their knowledge of personalisation so that the whole process of arranging care and making adjustments to support plans does not become a task that always requires the introduction of a co-worker [assessor] due to lack of knowledge.

Summary

Good practice:

SAPSWs offer support and advice to other staff on safeguarding issues.

Areas for improvement:

There is a need for a consistent County-wide approach regarding the SAPSW role within the personalisation agenda. This has even greater significance with plans to expand the Team. The personalisation agenda and changes in the assessor's role will offer a challenge to SAPSWs if they are to introduce or adjust support packages as part of their role.

Section 14 - Data supporting the evidence for safeguarding

14.1 During this audit we heard from a number of sources about the unreliability of simple data to evidence the number of cases of abuse over any given period. The most public example was under-reporting which appeared in April 2009 in an Action on Elder Abuse national report that placed Norfolk bottom of their league table. There is under-reporting linked to inputting information via an 'activity' into CareFirst. Access and Police figures, which were not specifically asked for, are hugely different to data available from CareFirst. One recent Police return apparently recorded 99 incidents at the same time that Adult Social Services identified 52 incidents. Police information relies on their own database.

14.2 Information is held on CareFirst and also by the Access team in a separate spreadsheet. Until the quality of case recording on CareFirst improves, monitoring of safeguarding activity will not be accurate. In the meantime, regular cross-checking and reconciliation (subject to data protection restrictions) with data provided by the Police could help produce more reliable information.

14.3 It is vital that actual figures are accurate particularly in an area of work where there are many factors that make it difficult for those concerned to talk about abuse and for others to believe that it might be present. These factors include family cultures, individual fears and circumstances, social values and professional cultures.

Summary

Areas for improvement:

Inconsistent inputting of safeguarding information onto CareFirst.

More accurate monitoring and checking of safeguarding activity.

Section 15 - Service User focus on the impact of safeguarding processes

15.1 There was a genuine hope that this audit would enable contact to be made with alleged victims. It is a regret that in spite of looking at a large number of case records that we did not find cases where we felt our contact would guarantee no adverse impact on the individual. Contacting someone who had moved from one residential care setting to another following an allegation and investigation could have been the type of situation that would have realistically been possible for follow up. However this scenario, coupled with mental capacity and time lapse factors resulted in it not being felt appropriate. It is considered that this piece of work remains outstanding.

Summary

Areas for improvement:

Service user feedback should not be overlooked even though it has not been achievable from this audit.

A short dedicated sampling exercise should be undertaken.

List of Appendices

Appendix 1

Quality criteria

Appendix 2

Interview checklist

Appendix 3

Staff questionnaire

Appendix 4

Summary of staff interviews

Appendix 1 – Extract from Quality Assurance Framework

2. Safeguarding Vulnerable Adults			
Activity	**Quality Standard**	**Evidenced by…**	**Evidence source**
2.1 Alert	2.1.1 Alerts are correctly identified	Contacts which imply adult protection concerns are treated in accordance with procedures	CareFirst records AA1 forms
	2.1.2 Alerts are passed on in a timely manner	Time taken from initial contact to pass on alert	CareFirst
	2.1.3 Alerts are passed on to the correct people	Alerts are passed on to a suitable Access staff member	
	2.1.4 Front line staff are aware of and understand risk thresholds	Staff are able to identify risks and deal with alerts accordingly	Evidence of training and awareness of Safeguarding procedures evidenced from staff interviews
	2.1.5 The individual or the person making the referral understands what action will be taken next.	Record of individual or referrer being given information about what the next step will be	BICA and AA1 forms
2.2 Referral	2.2.1 Referrals are actioned the same day	CareFirst records show the time taken to deal with the alert once it has been received by the Access team (new case) or the Locality team (current case)	CareFirst
	2.2.2 There is accurate assessment of whether there are adult protection concerns	The case record shows the reasons why there are concerns or why the circumstances do not constitute an adult protection issue.	Observations, BICA, AA1
	2.2.3 Referrals are made in	The staff who receive referrals	Staff interviews, training records

	accordance with procedures and to suitably qualified staff	meet the qualification/training requirements in the procedure.	
	2.2.4 Initial assessment is completed in a timely manner	CareFirst records show the time taken to allocate the case to a suitably qualified worker.	CareFirst, paper file
	2.2.5 Adult protection concerns are recorded on CareFirst	A CareFirst event is recorded with a context of Adult Protection	CareFirst
	2.2.6 Steps taken to provide immediate protection are recorded.	Any action taken pending a full assessment is recorded on CareFirst	Observations, BICA
2.3 Strategy discussion	2.3.1 Strategy discussion is organised within agreed timescales	Date of discussion	CareFirst, paper file
	2.3.2 All relevant parties included in strategy discussion	The record of discussions show that all relevant parties have been included in the discussions	Observations, Assessment, AA1
	2.3.3 There is an accurate record of strategy discussion	The record of the discussion is consistent with the recollections of all parties involved.	Observations, Assessment, AA1
	2.3.4 Outcome of strategy discussion is clearly recorded and reflects the facts of the case	Record of strategy discussion	Observations, Assessment, AA1
	2.3.5 The individual is involved in any further assessment	Further assessment includes a visit to the victim	Observations, paper file
	2.3.6 Further assessment is recorded as a formal Adult Protection Assessment	Recorded on AA5 on CareFirst	CareFirst Assessment
2.4 Strategy meeting	2.4.1 A safeguarding strategy meeting is arranged where: • There are issues of mental capacity	Minutes of strategy meeting	AA2, paper file or CareFirst

	• There is an increased level of risk or abuse • The person is refusing help or access to them is denied • Where there are ongoing concerns following criminal proceedings • The case is complex • The case has required repeated review • Where there is disagreement between agencies about the proposed course of action		
	2.4.2 The strategy meeting includes all relevant parties	Minutes of strategy meeting	AA2, paper file or CareFirst
	2.4.3 All participants receive a copy of the record of the case conference	Record of distribution	Paper file or CareFirst
	2.4.4 Quality of the outcomes of the case conference	Minutes of strategy meeting	AA2, paper file or CareFirst
2.5 Safeguarding Plan	2.5.1 The safeguarding plan is recorded on AA2 or AA3 forms	Recorded on AA2 or AA3 forms	Paper file or CareFirst
	2.5.2 The plan includes the following: • Analysis of level of risk • Action to be taken • Who is responsible for each task • Monitoring and review arrangements	Recorded on AA2 or AA3 forms	Paper file or CareFirst

	2.5.3 The individual understands the safeguarding plan	Views of people who use our services	Questionnaires and interviews
	2.5.4 The individual feels safe and protected	Views of people who use our services	Questionnaires and interviews
2.6 Review	2.6.1 Action and outcomes are reviewed in accordance with the safeguarding plan	Contents of the review form show that action agreed as part of the strategy discussion or meeting has taken place and its efficacy has been assessed	Review form on CareFirst or observations
2.7 Case recording	2.7.1 The individual's confidentiality is maintained.	All records	CareFirst and paper file
	2.7.2 Information is shared appropriately and in accordance with procedures	Records of strategy meetings and discussions show that information has been shared in a professional manner and in the best interests of the individual	AA2 or 3 and CareFirst
	2.7.3 Safeguarding records form a discrete part of the client file.	File records held separately from other records	Paper file and CareFirst
2.8 Training/HR issues	2.8.1 There are comprehensive records of training carried out.	Training records show the different training available and who has attended it	Training records
	2.8.2 There is a comprehensive training plan.	Training plan	Training section
	2.8.3 There is a joint assessment of training needs	Training plan	Training section
	2.8.4 There is a competency framework which identifies: • minimum standards for each specialist role; • knowledge and experience required to carry out each stage in the safeguarding	The competency framework is published to be accessible to all members of staff. There are records of staff's qualifications and experience being assessed against the competency framework.	Training section

	process.		
	2.8.5 Safeguarding is included in staff induction, other development training, recruitment and selection.	Induction and other training materials	Training section
	2.8.6 Training is effective and appropriate to the role being carried out.	Feedback from training	Training section
	2.8.7 Assessment of training needs features in staff appraisals.	Staff appraisal records	Interviews with staff and managers
	2.8.8 Serious case reviews are held and the findings inform operational practice.	The records of case reviews include recommendations for action. The actions are reflected in team/service plans	Reports to Safeguarding Board
	2.8.9 Safeguarding cases are discussed in staff supervisions.	Feedback from staff	Supervision records and staff interviews
2.9 Strategic management	2.9.1 There are clear terms of reference for the Safeguarding Board and its members are clear about its role.	Terms of reference	Board documents and interviews with board members
	2.9.2 Membership of the board is at an appropriate level.	Members of the board are able to represent their organisations and take decisions in most cases without referral back to their own management	Interviews with board members
	2.9.3 The Safeguarding Board has a strong level of oversight of safeguarding work.	The Board has a good awareness of the issues around safeguarding, understands how services are delivered in Norfolk and takes decisions to improve safeguarding practice	Minutes of Board meetings, summary of information the Board receives, decisions made by the Board
	2.9.4 The Safeguarding Board	Performance reports given to the	Minutes of the Board, copies of

	receives monitoring reports on a regular basis	Board	performance reports
	2.9.5 There are sub-groups of the Board which are tasked with implementation.	There are subgroups covering key areas of delivery including quality assurance, training and development	Minutes of sub-groups, interviews with sub-group members
	2.9.6 The Safeguarding Board produces an annual report which brings together evidence of performance and clear targets for improvement.	Annual report	Published document
	2.9.7 The Safeguarding Board encourages a strategic approach to risk	Consideration of risk is explicit in decisions taken by the Board and is reflected in work it commissions	Minutes of Board meetings, analysis of work commissioned by the Board
2.10 Serious case reviews	2.10.1 Serious case reviews are held: • When a vulnerable adult who is receiving community care services dies • When a vulnerable adult is subject to a serious injury when there is suspected or actual abuse • Serious abuse takes place in an institution or when multiple abusers are involved	The serious case review protocol is followed There is an action plan resulting from the serious case review Improvements result from the implementation of the action plan	Records of case review Examples of changes made as a result of a serious case review
2.11 Multi-agency working	2.11.1 There is effective multi-agency working at different levels	Joint working, involvement of various agencies in discussions and subsequent actions	CareFirst, paper files, minutes of strategy meetings, minutes of Safeguarding Board, interviews with partner agencies
	2.11.2 Information sharing protocols operate effectively	Information is shared to promote effective action to protect	AA1, AA2 and AA3 forms, analysis of outcomes

		individuals	
	2.11.3 Partner agencies demonstrate commitment to safeguarding	Partner agencies	Minutes of Safeguarding Board, interviews with partner agencies

Appendix 2

Adult Social Services
Safeguarding Practice Audit
Staff interviews
April – May 2009

Locality	
Name	
Job Title	
Length of time in post	

1 Can you **describe** the impact that safeguarding vulnerable adults has on your workload?
2 What **views** do you have about the current **safeguarding procedures**?
3 What are your key roles in relation to safeguarding adults?
4 How would you describe **your confidence and knowledge** in dealing with safeguarding? [specific training undertaken - independent reading etc]

5 Where do you/or where do you expect your staff to **record specific** investigation and assessment information? [a specific assessment on Standard or BICA – the specific AP assessment tool – observations- strategy notes from discussion or meeting]
6 Can you illustrate some examples where **joint involvement** has been a key feature? [consider Police, Health, Housing]
7 If you were asked to contribute a **key skill or approach** from your own practice which you see **as best practice** what would it be? [something you believe you do well – a hot tip – a golden rule]
8 How do you **offer/receive feedback** regarding your skills and performance regarding your work in safeguarding adults?
9 Is there **anything else** you would wish to tell us?

Appendix 3

Adult Social Services
Safeguarding
Practice Audit
April – May 2009
Staff Questionnaire

As part of this audit we would very much welcome your comments on your role and experience[s] in working with vulnerable adults where issues of adult protection have needed consideration.

Name	
Job Title	
Length of time in current job	

What do you see your key areas of **responsibility** around safeguarding vulnerable adults?	

What **training** you have undertaken specifically in safeguarding adults?	Basic Awareness Yes/No Advanced Skills Yes/No Risk Assessment Yes/No Video Interviewing Yes/No The following may also apply depending on role: Management Responsibilities Yes/No Chairing Strategy Meetings Yes/ No

What key **skills/knowledge** have you developed in your role in safeguarding vulnerable adults?	

How has attending the **training made a difference to your practice?**	

Roughly **how many situations** have you been involved with in the last year where you have needed to follow safeguarding adults' procedures?	

In the type of situations noted above would you have undertaken a **specific piece of investigation and assessment**	
and **How and where** would you **record** the information?	

If you were asked to talk to someone new to your Team and new to adult social services what would be your **top three key best practice hints** that you would wish to pass onto them?	1 2 3

Finally please could you rate your knowledge and confidence

You know about the various **types of abuse** of vulnerable adults? Yes No Unsure More information would be beneficial
You know the **signs and symptoms** of possible/actual abuse? Yes No Unsure More information would be beneficial
You know **what to do** when signs/symptoms come to light? Yes No Unsure More information would be beneficial
You know your role in **prevention** of abuse? Yes No Unsure More information would be beneficial
You have developed knowledge of relevant **best practice** approaches? Yes No Unsure More information would be beneficial
You have knowledge of the **legal framework**? Yes No Unsure More information would be beneficial
You are aware of the **personal impact** of this type of work and are aware of **support mechanisms**? Yes No Unsure More information would be beneficial

Many thanks for your time and interest.

Appendix 4

Staff interviews

Team manager	5
Asst Team Manager	4
Team Leader	1
Practice Consultant	5
OT Practice Consultant	1
SAPSW	3
Senior Occupational Therapist	1
Social Worker	24
Occupational Therapist	3
Asst Practitioner	7
Access Worker	4
Carer Support Worker	1
Community LD Nurse	2
Total	61

Staff questionnaires

Asst Team manager	2
Practice Consultant	4
Social Worker	20
Occupational Therapist	1
Senior Care Management Asst	1
Asst Practitioner	8
	36