

Adult Social Care Committee

Date: **Monday, 02 July 2018**

Time: **10:00**

Venue: **Edwards Room, County Hall,
Martineau Lane, Norwich, Norfolk, NR1 2DH**

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

Membership

Mr B Borrett (Chairman)

Miss K Clipsham Mr W Richmond

Mr D Harrison Mr M Sands

Mrs S Gurney (Vice-Chair) Mr T Smith

Mrs B Jones Mr H Thirtle

Mr J Mooney Mr B Watkins

Mr G Peck Mrs S Young

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

Hollie Adams on 01603 223029
or email committees@norfolk.gov.uk

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A g e n d a

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

2. **Minutes**

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To confirm the minutes of the meeting of the 14 May 2018

3. **Declarations of Interest**

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects

- your well being or financial position
- that of your family or close friends
- that of a club or society in which you have a management role
- that of another public body of which you are a member to a greater extent than others in your ward.

If that is the case then you must declare such an interest but can speak and vote on the matter.

4. **Any items of business the Chairman decides should be considered as a matter of urgency**

5. **Public QuestionTime**

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm Wednesday 27 June 2018**.

For guidance on submitting public question, please visit www.norfolk.gov.uk/what-we-do-and-how-we-work/councillors-meetings-decisions-and-elections/committees-agendas-and-recent-decisions/ask-a-question-to-a-committee or view the Constitution at

6. Local Member Issues/ Member Questions

Fifteen minutes for local member to raise issues of concern of which due notice has been given.

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm on Wednesday 27 June 2018**.

7. Executive Director's Update

Verbal Update by the Executive Director of Adult Social Services

8. Chairman's Update

Verbal update by Cllr Borrett

9. Update from Members of the Committee regarding any internal and external bodies that they sit on.

10. Adult Social Care Finance Monitoring Report Period 2 (May) 2018-19 **Page 24**

A report by the Executive Director of Adult Social Care

11. Norfolk Learning Disability Strategy 2018 – 2022; My Life, My Ambition, My Future **Page 43**

A report by the Executive Director of Adult Social Care

12. Adult Social Care Annual Quality Report 2017/18 **Page 99**

A report by the Executive Director of Adult Social Care

13. NorseCare Contract Review **Page 130**

A report by the Executive Director of Adult Social Care

Group Meetings

Conservative	9:00am	Leader's Office, Ground Floor
Labour	9:00am	Labour Group Room, Ground Floor
Liberal Democrats	9:00am	Liberal Democrats Group Room, Ground Floor

Chris Walton
Head of Democratic Services
County Hall

Martineau Lane
Norwich
NR1 2DH

Date Agenda Published: 22 June 2018



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Adult Social Care Committee

**Minutes of the Meeting Held on Monday, 14 May 2018
at 10:00am in the Edwards Room, County Hall, Norwich**

Present:

Mr B Borrett (Chairman)

Miss K Clipsham

Mr J Fisher

Mrs S Gurney (Vice-Chair)

Mrs B Jones

Mr J Mooney

Mr W Richmond

Mr E Seward

Mr T Smith

Mr H Thirtle

Mr B Watkins

Mrs S Young

1. Apologies

- 1.1 Apologies were received from Mr D Harrison (Mr E Seward substituting), Mr G Peck (Mr J Fisher substituting) and Mr M Sands.

2. To confirm the minutes of the meeting held on 05 March 2018

- 2.1 The minutes of the meeting held on 5 March 2018 were agreed as an accurate record and signed by the Chairman.

3. Declarations of Interest

- 3.1 Mrs B Jones declared a non-pecuniary interest as her husband worked for the Mental Health Trust.

4. Urgent Business

- 4.1 There were no items of urgent business discussed.

5. Public Question Time

- 5.1 No public questions were received.

6. Local Member Questions / Issues

- 6.1 No local member questions were received.

7. Executive Director's Update

- 7.1 The Executive Director of Adult Social Care updated Members on:
- Recruitment to senior roles in the Senior Management Team; he would keep the Committee informed as this progressed
 - The Carers' task and finish group which had met the previous week to discuss employment for carers: a meeting would be held about support for young carers. A

Committee representative was needed for the group to replace Cllr Storey.

- Press coverage about Allied Healthcare: the Local Government Association had issued a statement to say that Allied Healthcare had applied for a Company Voluntary Arrangement to restructure their debts; if this was not successful they would consider contingency arrangements. Officers in Yarmouth and Suffolk colleagues in Waveney had been working with Allied Healthcare; contingency plans were in place should the arrangement not proceed as planned.
- Media coverage about Brundall care home, who were rated inadequate by the Care Quality Commission (CQC): Placements into the home had been suspended and the Council were supporting them to improve.

8. Chairman's Update

8.1 The Chairman gave an update to Members from his role as Chairman of the Health and Wellbeing Board:

- Antek Lejk had moved to the Norfolk and Suffolk Mental Health Trust; Melanie Craig, Chief Executive of Great Yarmouth and Waveney CCG, had taken over the role of Norfolk and Waveney STP (Sustainability and Transformation Plan) Executive Lead
- At the last meeting of the Health and Wellbeing Board it was agreed to introduce provision for public questions at meetings
- The Health and Wellbeing Board website now had reports available for the public to view, separately to agendas, making them more accessible

8.2.1 In response to a question about engagement with the STP, the Chairman replied that a key area the Council were looking at was aligning service delivery around GP practices as discussed by the Leader in February 2018. The Chairman did not have a timescale for delivery but felt services were being made more patient centred and money being used more efficiently.

8.2.2 Mr Mooney wished to pass his sentiments to Patricia Hewitt for her good work as Chair of the Sustainability and Transformation Partnership.

9. Update from Members of the Committee regarding any internal and external bodies that they sit on

9.1 The Vice-Chair was due to meet with the Making it Real Group regarding them trialling assistive technology.

9.2 Mr Thirtle had:

- Attended a governors' meeting at the James Paget hospital
- Been approached by the chief executive of Centre 81 in Great Yarmouth about their vision for the future; a pamphlet was distributed, see Appendix A. The Vice Chair had visited Centre 81 before and was keen to visit again.

9.3 Mrs Jones had attended trustee meetings of the Norfolk and Norwich Association for the Blind, Making it Real meetings, and visited the proposed site for the Anchor House assistive technology flat.

9.4 Mrs Young had attended:

- A seminar at the Theatre Royal on combatting loneliness
- Board meetings of the Queen Elizabeth Hospital Trust and West Norfolk Clinical Commissioning Group (CCG)
- A visit of the Fermoy centre at the Queen Elizabeth hospital which had made

positive improvements

- A meeting of the Norfolk Older People's Strategic Partnership
- A dementia pathways meeting in West Norfolk; the West Norfolk Carers Group had received funding to allow them to support carers in rural communities
- A meeting of the Norfolk and Suffolk Foundation Trust

10. Internal and External Appointments

- 10.1.1 The Committee considered the report asking them to review and make appointments to external and internal bodies and Champions positions.
- 10.2.1 The Chairman reported that one representative of the Independence Matters Enterprise Development Board was required to be the Chairman of the Committee; he proposed that the Vice Chair of the Committee remain in the other position.
- 10.2.2 The Committee **AGREED** this proposal, and **APPOINTED** Cllr Bill Borrett and Cllr Shelagh Gurney as the Adult Social Care Committee representatives on the Independence Matters Enterprise Development Board.
- 10.3.1 The Chairman had received a nomination for Mrs S Young for the Norfolk Council on Ageing and proposed her for this position. Mrs Jones nominated Mrs K Clipsham.
- 10.3.2 With 2 votes for Mrs Clipsham, 7 votes for Mrs Young and 3 abstentions, the Committee **APPOINTED** Cllr Sheila Young as the Adult Social Care Committee representative on the Norfolk Council on Ageing.
- 10.4.1 The Committee **DULY APPOINTED** Cllr Greg Peck as the Adult Social Care Committee representative on the Norfolk Safeguarding Adults Board.
- 10.5.1 The Committee **DULY APPOINTED** Cllr Julie Brociek-Coulton as Carer's Champion.
- 10.6.1 The Chairman reported that the Older People's Champion was usually the Member appointed to the Council on Aging and therefore proposed Mrs S Young. Mrs Jones nominated Mrs Clipsham.
- 10.6.2 With 2 votes for Mrs Clipsham, 7 votes for Mrs Young and 3 abstentions, the Committee **APPOINTED** Cllr Sheila Young as Older People's Champion
- 10.7.1 For the Learning Difficulties Champion Role, Mrs S Squire was nominated by the Chairman and Mr D Rowntree nominated by Mrs Jones.
- 10.7.2 With 7 votes for Cllr Squire, 4 votes for Mr Rowntree and 1 abstention, the Committee **APPOINTED** Mrs S Squire as Learning Difficulties Champion.
- 10.8.1 Cllr Brenda Jones was **DULY APPOINTED** as Physical Disability and Sensory Impairment Champion.
- 10.9.1 Mr C Foulger was proposed for Dementia Champion by the Chairman, and Mrs Jones nominated Mrs Clipsham.
- 10.9.2 With 7 votes for Mr Foulger 7 and 5 votes for Mrs Clipsham, the Committee **APPOINTED** Cllr Colin Foulger as Dementia Champion.
- 10.10.1 Mrs Clipsham requested regular updates from Champions; the Chairman **agreed** all Committee Champions provide updates for future meetings.

- 11. Norfolk's Better Care fund and Integration Plan 2017-19: Progress Report for 2017-18**
- 11.1.1 The Committee reviewed the report outlining progress with Norfolk's Better Care Fund (BCF) and Integration Plan and initiatives funded through BCF, and heard a presentation by the Executive Director of Adult Social Services; see Appendix B
- 11.2.1 Benefits brought to the market by the Improved Better Care Fund (iBCF) were queried; initiatives to support the market and providers were summarised in appendix 3 of the report and the Director of Integrated Commissioning was also working with a company to look at micro-commissioning. iBCF funding had been earmarked to support providers with sleep-in care costs and when in financial difficulty.
- 11.2.2 A Member queried whether Officers had the resources to support more people with learning difficulties to live independently as reported. The Executive Director of Adult Social Services was confident in the model as there were too many people living in residential care who could be helped to live in supported housing, and felt that the department could work with the housing sector to provide appropriate levels of suitable housing, but felt the pace of change may be a challenge.
- 11.2.3 The first phase of the new unit mentioned on page 19 of the report would be in Swaffham; Officers were working with colleagues to identify additional units in the West of the County.
- 11.2.4 The Commissioning Manager reported variance in the handy person services in Districts was caused by some choosing to fund the service more than others. District Councils were encouraged to move beyond the facility of disabled facilities grant and provide more innovative schemes and had met to share ideas.
- 11.2.5 A query was raised about funding of Swifts and Night Owls and extending these services; the Executive Director of Adult Social Services clarified this was funded by the Council, not iBCF, and felt a conversation was needed with the NHS in Norfolk to identify how well the system supported people in crisis.
- 11.2.6 North Norfolk's poor performance in the enhanced health care at care homes framework compared to other Districts was queried. The Director of Integrated Commissioning clarified performance had been variable due to care homes' starting points. Officers were working with North Walsham care home on recruitment issues, and national and local initiatives were underway to address staff retention in the care sector. The Director of Integrated Commissioning **agreed** to bring back data on staff recruitment and retention in Districts.
- 11.2.7 A Member requested more information on social prescribing, including what evidence was being gathered about its efficacy. The Director of Integrated Commissioning reported that activities prescribed depended on infrastructure in areas. Obtaining evidence on its success elsewhere had been difficult as studies had varying results, however, Officers were confident that the evidence they had gathered was robust; she could provide further information from Public Health for Members on this.
- 11.2.9 The Director of Integrated Commissioning was working with Norfolk and Suffolk Foundation Trust and CCGs to develop additional units in Norwich for people across Norfolk with mental health issues stepping down from hospital, before going to independent housing.
- 11.2.10 Some members felt reports were not accessible as they were long and contained lots of information. They asked for appendices to be incorporated into the report in some

way. The Chairman was keen for Officers to keep information simple but recognised that the issues discussed were sometimes complicated. He noted that Members decided to move away from paper copies for environmental and cost reasons. It was **suggested** that hyperlinks be put into reports to take the reader to information elsewhere in the report, referred to by the author.

- 11.2.11 A Member was concerned about possible closure of 12 step-down flats; the Director of Integrated Commissioning clarified that not all of these flats would close.
- 11.3 The Committee **REVIEWED** and **AGREED** the report, noting progress had been made with integration.
- 11.4 The Chairman informed Members that a presentation would be given to the Committee about Liquid Logic after the formal meeting had finished.

12. Adult Social Care Finance Outturn Report Year End 2017-18

- 12.1.1 The Committee received the report giving a review of the budget position for the last financial year, 2017-18, based on information to the end of March 2018.
- 12.2.1 A Member queried how the underspend would be regarded in light of cuts to the resilience budget. The Chairman clarified the funding position related to these services.
- 12.2.2 An update on efficacy of the new targeted approach was requested; the Executive Director of Adult Social Services **confirmed** this information would be in the quarterly “Promoting Independence” report.
- 12.2.3 A concern was raised that the review of day-care services may leave those with less acute needs behind; the Executive Director of Adult Social Services was confident the right process was being followed. He clarified that “alternative approaches” referred to moving away from a buildings based approach and towards more community based activities, taking individual need into account.
- 12.2.4 Variances in the table on page 89 of the report were queried. The Finance Business Partner, Adult Social Services, clarified that more income had been received than budgeted for because the number of people in residential care had decreased less than expected. Expenditure and income related to shared arrangements with health had also generated more income than anticipated.
- 12.2.5 The Finance Business Partner, Adult Social Services, confirmed for Members that overall debt provision had not decreased, however, most NHS debt was not long term and debt related to care was improving.
- 12.2.6 Reductions in salary costs through delays in recruitment were queried as savings moving forward; the Finance Business Partner, Adult Social Services, clarified that the service had budgeted for these posts to have been filled.
- 12.3 A training session for Committee Members on Adult Social Care finances was **requested**; the Chairman **AGREED** that a training session for Members be arranged.
- 12.4 With 9 votes for and 3 against, the Committee **RESOLVED** to **AGREE**:
 - a) The outturn position for 2017-18 Revenue Budget of an underspend of £3.696m
 - b) The outturn position for the 2017-18 Capital Programme

13. Performance Management Report

- 13.1.1 The Committee considered the report giving the latest available performance position for Adult Social Services using data from the new Liquid Logic system.
- 13.2.1 The predicted effect of the new social work model on care and cost implications was queried. The Assistant Director of Strategy & Transformation replied that care need at different levels and times of the year had been modelled, and less assessments should be needed due to working with people more effectively. Reablement services claimed to give an 80% reduction in demand for ongoing services; £27m would be saved in 2018-19 due to social work services preventing need from arising.
- 13.2.2 Referencing page 111, paragraph 2.4.2b, it was queried what was being done for people with dementia and also asked what happened to individuals who had to wait for the availability of staff to undertake double up visits. With regards to the latter the Director of Norfolk Adult Operations and Integration replied that each person was assessed and suitable alternatives discussed. They may wait in a community unit, or a short term bed until care was available. It is anticipated that there should be fewer declines to requests for double-ups of care with the increased investment.
- 13.2.3 A Member asked if people with mental health needs received the same standards of care following an acute admission as those with physical needs; the Assistant Director of Strategy & Transformation reported that work with the Norfolk and Suffolk Foundation Trust was underway to ensure mental health support was in place for people at discharge. A Multi-Agency Discharge Event in July 2018 would look at the discharge process across the system.
- 13.2.4 The Director of Norfolk Adult Operations and Integration reported that there had been some additional national investment in mental health services such as liaison posts in the acute hospital. The A and E Delivery Boards at each acute hospital had representation from various partners and included a focus on people with mental health needs.
- 13.2.5 The Vice Chair would accompany the Executive Director of Adult Social Services to the Norfolk and Norwich Hospital on 4 June 2018 to discuss support for people with mental health needs.
- 13.2.6 The Assistant Director of Strategy & Transformation **agreed** to circulate data on the backlog of holding list work from each District.
- 13.2.7 It was queried where Norfolk's Social Care ranked out of statistically similar Counties. The Business Development Manager (Adult Social Services) **agreed** to circulate this information to Committee. Statistics were produced by the NHS and the Chairman was not happy they represented an accurate figure of Norfolk.
- 13.2.8 A Member queried what actions had been taken to ensure issues discussed in the Ombudsman's Report would not happen again. The Assistant Director of Social Work replied that communications had been issued to staff about discussing and recording conversations about financial implications with families. Finance teams were due to talk with operational teams about how to raise this issue with families.
- 13.2.9 The backlog of annual reviews in districts was discussed; additional social work practitioners and managers had been recruited to tackle the backlog of work in Adult Social Care, including annual reviews; 4 of the additional social care posts remained vacant; 2 teams had been created to tackle the backlog of reviews for adults in care, people with learning disabilities and people with mental health issues.

- 13.3 The Committee unanimously:
- a) **AGREED** the overall performance position for adult social care as described in section 2 of the report
 - b) **CONSIDERED** the findings of the Local Government Social Care Ombudsman's report included in full in Appendix 2 of the report.

13.4 There was a break from 12:05 until 12:15

14. Risk Register

- 14.1.1 The Committee received the report presenting the full departmental risk register, for information on the department's risks for 2018/19.
- 14.2.1 Risk 13925 would be updated to reflect the change from CareFirst to LiquidLogic.
- 14.2.2 Page 147 of the report about the Cheshire West ruling showed NCC was not meeting responsibilities around deprivation of liberty safeguards (DoLS). The Assistant Director of Social Work clarified that this was in common with all Councils, who had not been able to keep up with the ruling. Information from Government on the DoLS white paper was delayed so Officers were looking for ways to reduce the backlog.
- 14.2.3 It was queried why risk scores related to care providers had not changed since the last review; it was reported that problems with some care providers had been assessed as not causing a risk to the overall market.
- 14.2.4 The Director of Norfolk Adult Operations and Integration clarified that the Department was refreshing how it utilised the professional skills of Occupational Therapists. In Norwich a trial was to begin whereby health and social care Occupational Therapists would blend their skills and target their resources in a more integrated way, which it was hoped would benefit individuals and be a more efficient way of working.
- 14.2.5 The Executive Director of Adult Social Services clarified that the Council's strategy for care home providers was to work with fewer, larger care providers; the Department urged small providers to expand their capacity to support the Care System.
- 14.2.6 It was suggested that the Business Support position in the DoLS action plan should be extended. The Assistant Director of Social Work confirmed DoLS vacancies were due to go out to recruitment again
- 14.2.7 Future reports were **requested** without acronyms, or with acronyms explained.
- 14.3 With 8 for and 4 abstentions, the Committee:
- a) **CONSIDERED** the main changes since the first Risk Management report of 2017/18 and the last Risk Management report presented in January 2018
 - b) **DISCUSSED** and **AGREED** the risk register as set out in Appendix B of the report
 - c) **AGREED** to the removal of risk RM14290 as set out at paragraph 1.3 of the report

15. Norfolk Against Scams Partnership

- 15.1.1 The Committee received the report from Norfolk Trading Standards Scams Team who were looking to form a partnership with Norfolk County Council to prevent people becoming victims of financial abuse through mass marketing scams.
- 15.1.2 The Manager of the Norfolk Safeguarding Adults Board reported that from April to September 2017, 2678 scam related crimes were reported, 42% of which were against

individuals.

- 15.1.3 A Member highlighted that there were also hidden victims who did not report crimes due to feelings of shame.
- 15.1.4 The 85th scam referred to in the report was queried; the Head of Trading Standards could not give specific details as the case was ongoing, however reported that it involved an individual accumulating direct debits to different scammers, which was fairly common. Scammers were often based overseas and flooded the UK market. Work was underway to stop supply and remove mail from the system before delivery. Call blocking devices were available from trading standards.
- 15.1.5 Work with banks about 'drives', where scammers drove people to banks to withdraw money, was queried; the Safeguarding Adults Board Manager/Business Lead replied that a protocol was in place between banks, police and trading standards, to detect this type of scam.
- 15.2 The Committee unanimously **RESOLVED** to:
- a) **SUPPORT** the development of a Norfolk Against Scams Partnership (NASP) with the National Trading Standards (NTS) Scams Team and communities in our County
 - b) **SUPPORT** Norfolk County Council becoming one of the flagship Friends Against Scams local authorities.
 - c) members **RESOLVED** to **BECOME** a Norfolk "Scambassador" as part of the Friends Against Scams network

16. **Integrated Community Equipment Service (ICES) provision into Waveney Health and Social Care**

- 16.1.1 The Committee considered the report discussing expanding the provision of community equipment to Waveney, to align with the Sustainable Transformation Partnership's Norfolk and Waveney footprint

The Committee unanimously **APPROVED** that:

- a) Norfolk County Council **ACCEPT** the delegation of powers from Suffolk County Council for the purchase of community equipment for social care in relation to the Waveney area
- b) Norfolk County Council **ACCEPT** the inclusion of Waveney health into the contract and for Norfolk County Council to extend its purchase of community equipment for health in relation to the Waveney area
- c) The delegation in 1 and agreement in 2 would be **SUBJECT** to the execution of the relevant agreements which would include the contributions that Suffolk County Council and Great Yarmouth & Waveney CCG would make towards the contractual and management costs of the wider ICES arrangements. The completion of this agreement would be **DELEGATED** to the Head of Integrated Commissioning (Norwich)

The meeting finished at 12.45

**Mr Bill Borrett, Chairman,
Adult Social Care Committee**





Backing for the future

Centre's "supporters club" is vital to promotion push and fund raising



Centre enriches people's lives - thanks to our supporters

Centre 81's activities and community transport services are run to transform and enrich people's lives.

The Centre encourages members with disabilities to try new things, and enjoy fun experiences - from cooking and crafts to sailing and sport.

Our fleet of fully-accessible minibuses provide affordable door-to-door transport to people who would otherwise struggle to get out and about to medical appointments, shopping and social visits.

But we cannot carry out these vital functions in the heart of the

community without the help of the community.

Yes, we have our paid staff, but the range of activities Centre 81 runs is only possible because of the generosity of our supporters - from fundraisers and sponsors to hands-on volunteer helpers.

This newsletter is an appeal for more people to join our "supporters' club" - at an important time in the Centre's history, as we work towards the vision of rebuilding our headquarters at Tar Works Road.

That vision will create a pioneering landmark complex that offers many new facilities

for the community.

And we would like the public, including local businesses, to join us in our exciting new chapter, by linking arms with us as valued supporters.

Our newsletter highlights the many things Centre 81 does each day, benefiting 70 skills and activities members and more than 500 community transport passengers. If you are inspired to join us, see the back cover for contact details.

Diana Staines, chief executive officer.



Cash boosts fuel bus fleet

Public votes have helped land two big grants to boost the lifeline community transport fleet run by Centre 81.

People clicking on online polls have secured us £13,000 from two charity pots, which shows how important community support and funding is to the Centre's work.

Centre 81 topped a Norfolk-wide public vote to be chosen as Hopkins Homes' Norfolk charity of the year. It saw us win a £7000 top prize which will be put towards a new bus.

It came hard on the heels of a £6,000 grant from a national charity pot marking the 300th anniversary of the Freemasons, which will go to core running costs for the transport service.

Chief executive Diana Staines said: "People see our buses on their journeys all over the



Members turn cheerleaders to back the online vote campaign for grant cash.

borough, but may not realise the good work they do and the high cost of keeping this lifeline service running.

"So we are absolutely delighted with these grants, which will help our vital transport service, and hopefully has also raised awareness of our work.



Centre 81 chief executive Diana Staines (left) and her PA Jackie James, collect the Masonic cash from Norfolk Provincial Grand Master Stephen Allen.

"We are very grateful to the Masonic Charitable Foundation Community Awards and the public for their support."

The buses help with a range of door-to-door transport trips including: journeys for everyday shopping, medical appointments, or club meetings; day trips to museums, gardens, tea rooms and local attractions; and dining club visits to a range of Broads eateries.

Passengers say that without the Centre 81 buses they would feel isolated, lonely and unable to see friends, family or to carry out volunteering work. They call it their "social club on wheels."

Ms Staines stressed that community bus services were not just for the elderly and infirm, but helped a wide range of people with transport needs.

Skills and activities

Fun and fulfilment come in many shapes and forms at Centre 81. A solo sailing success and panto production have been among the highlights of recent months.

Trophy success is plain sailing for Lynn

Lynn Jackman has the wind in her sails after winning a top trophy for learning new skills on the water.

She is a long-standing member of Centre 81 whose skills and activities mix for members includes sailing sessions at the

She first boarded a dinghy in 2009 and during weekly summer sessions has improved so much that she can now sail solo.

is now a volunteer at the centre helping members, in the office and at the tea bar."



Lynn Jackman receives her sailing trophy from Centre 81 chairman Karl Jermyn (right) and Rob McCartney who is a committee member at Waverney Sailability and member at Centre 81.



Lynn Jackman enjoying a sailing session at Waverney Sailability.

Waverney Sailability Centre at Oulton Broad.

Lynn, 39, from Bradwell and who has cerebral palsy, has just won the Sailability Centre's most improved sailor award.

Centre 81 skills and activities manager Julie Charles said: "It is a tremendous achievement

for Lynn. We have seen her gain in confidence over the years on the water and in general - so much so that she

The Centre, whose ethos is "ability not disability", encourages members to explore activities that enrich their lives. Other sessions - which are chosen to fulfil the wishes of members - include art, drama, gardening, singing, swimming, pool, archery and visits to shops and tourist attractions.

Waverney Sailability, a charity run by volunteers, uses specially-adapted dinghies to give summer sailing experience to people with a range of physical and learning disabilities.

Beanstalk tall story mixes panto fun with serious message

An all-ability cast from Centre 81 staged a panto with a point to make - about being "different."

Members of Centre 81 performed their home-spun version of the classic Jack and the Beanstalk tale.

But, amid the fun and jokes, the production questions whether the giant is really a "baddie" after all - or is just treated like one because he is different to other people.

The cast members have a range of physical and learning disabilities. Some are wheelchair users, others

"It takes about a year to prepare. The members help write the script, make the scenery, props and costumes," he added.

The show involves a 13-strong cast who are supported by staff and volunteers.

There is even a bit of reality TV laced in, with a scene where the giant goes on a lie detector on the Jeremy Kyle Show to prove he is a good guy after all.

Mr Caley added: "The giant has had a bad press over the years. But he is actually someone who is actually minding his own business then has people come along and steal his possessions."

After the traditional tale of beans, stalks and golden eggs, there is a happy-ever-after ending with everyone living in pantomime harmony.



Centre 81 panto cast during rehearsals.

have no sight or speech. But they are all taking part in the annual show, and enjoying it, said assistant facilitator Robert Caley.

The cast members were: John Solomon, Nicky Welsh, Wayne Brooks, Sam Potts, Carmela Ewels, Lorraine Pearce, Julie Swindlehurst, Jordan



Darren Hoare as Jeremy Kyle.



Wayne Brooks and Jordan Richardson in rehearsal.



Linda Pike with the golden egg.

Richardson, Linda Page, Darren Hoare, Paul Williams, Kathryn Hanton and Rob McCartney.

Cast member Jordan Richardson said: "It's great fun and has helped me to become more confident."

The show was staged at the King's Centre in Great Yarmouth in December and the John Grant School in January.

Community Transport

You may have seen the minibuses emblazoned with the Centre 81 signage driving around the area. But who is on board and where are they going?

Buses are a lifeline for the likes of Bill and Cathie

Centre 81's fleet of minibuses buzzing around the streets of Great Yarmouth provides a lifeline for people like Bill and Cathie Pike.

Without the service the car-less couple in their 80s would be unable to get out and about for shopping, social and medical trips.

The pair were among members of the public who supported the Centre's on-line campaign which saw them win a £6,000 share of a national £3m pot marking the 300th anniversary of the Freemasons.

Cathie, 81, and Bill, 84, from Bradwell, both lodged their votes to support the service that means so much to them.

She said: "Bill has been in a wheelchair for six years ago. He gave up driving and we gave up the car. I cannot push him so the Centre 81 bus is a god send - we could not manage without it."

The couple are both retired care home workers - a chef and nurse - so they know the value of the service.

Cathie added: "We have been married 48 years and do everything together. The Centre 81 bus service enables us to still do that."

10-strong fleet which operates across the borough. Chief executive officer Diana Staines said: "Our community bus service helps a whole range of people with transport needs, not just the elderly and

Centre 81 aims to use its grant to help with core costs for the



Cathie and Bill Pike from Bradwell using the Centre 81 bus service, with driver Mark Weavers.



A Centre 81 bus on its rounds.

infirm. Without it people can be isolated, lonely and find it harder to live fulfilling lives."

Outings add to centre's fulfilling activities

Bus outings are part of the route to fun and fulfilment at Great Yarmouth's Centre 81.

Many of the skills and activities sessions run for people with disabilities - from crafts and cookery to games and personal pampering - are at the charity's Tar Works Road headquarters.

But members also head out into the community for life-enriching outings ranging from shopping trips and pub meals to swimming, sailing and bowling.

Recent trips have included visits to Highway Garden Centre and Nursery near Norwich, and fundraising singing sessions in Sainsbury's supermarket at Great Yarmouth.

Skills and activities manager Julie Charles said: "We try to go out as much as possible. It is about people being able to do activities they like doing.

"Members decide on the activities they do and really look forward to the outings," she added.

The trips use the centre's fully accessible community transport minibuses.



Centre 81 members heading out on the bus to Highway Garden Centre.



Having fun among the fluffy toys at the Highway Garden Centre.



Centre 81's buses are accessible to all.

Vision for the Future

We have a dream - a multi-million pound new Centre 81 that will transform our work, the services we provide our members and integrate us fully into the local community.

As we work towards that vision we also have to rise to current funding challenges to enable us to carry on our activities until that new era dawns, bringing

with it new income streams.

Both now, and in the future, support, volunteering and fundraising from our community is vital and appreciated.

Our current centre sees staff and volunteers doing amazing work in a range of second hand buildings that are well past their "use by" date.

Our new centre vision includes:

- Improved space and facilities for skills and activities
- An incubator hub for start-up businesses - for the disabled and marginalised as well as the wider community
- A warm water hydro pool to aid fitness and recovery from injury
- A fitness gym
- A training facility for people wanting to work in health and social care
- Riverside shop and café open to the community
- Toilets, showers and launderette for visitors to the nearby yacht station marina.
- Undercover minibus drop-off
- Underground parking

The centre vision is backed by Norfolk County Council, Great Yarmouth Borough Council, and the Broads Authority. It is seen as a key regeneration scheme which links into road, station approach and pedestrian improvements in the area.

Most of the cost will come from national and regional funders, but community fundraising and sponsorship is also vital - and such support will be influential in gaining major grants.

The New Centre 81 will enable us to provide more services, and give members, staff and volunteers more space to deliver activities and skills. It also aims to provide facilities for use by allcomers so our members are



A café for use by all the community is also part of the vision.

fully integrated with others in their community.

The current Centre 81 is also having to deal with immediate funding pressures, including the introduction of the National Living Wage over the next four years. As core funding gets tighter because of such factors, the more important community fundraising becomes to maintain and enhance services.

You will have read about how recent funding successes have helped put £13,000 into the community transport coffers. We are closing in on being able to buy a new bus, which will be "greener" than our current vehicles.

Our green credentials will also include low-cost heat for the Centre from a heat exchange pump using water from the River Bure, as well as solar panels, and rainwater collection for washing vehicles and flushing toilets.

We hope more people will get excited by, and involved in, our vision. After reading about our work here, if you can help in any way, Centre 81 would be

pleased to hear from you. We are on an exciting journey and would love more people to join us on board.



A fitness gym is also part of the plan.



A hydrotherapy pool is planned for the new Centre.

Work and vision impresses visiting MP

The work and vision of Centre 81 has been praised by a visiting MP.

North Norfolk MP Norman Lamb, a former Liberal Democrat shadow health spokesman, met members and staff who explained what the centre does, and outlined its plans for a rebuild of its riverside headquarters at Tar Works Road.

Mr Lamb pledged to support the centre where he could, adding: "The vision is very impressive. It helps with regeneration of the area, would be a fantastic symbol for Great Yarmouth and would give members the cutting edge building they deserve."



MP Norman Lamb meets Centre 81 members Joseph Smith and Darren Hoare during his visit.

Centre 81 chief executive Diana Staines said: "We are delighted Norman Lamb found time to visit and that he was supportive of both the work that we do and our vision for the future."



A bird's eye view of the New Centre 81 vision from above the River Bure.



The river frontage of the new complex.



Back view of the new Centre 81 including the covered bus drop-off.

Help us with your time

Volunteers play a vital role at Centre 81. The time they give free of charge is priceless in the mix of activities we provide for our members. The tasks they carry out range from washing up to working with members or using their special skills to help with sessions such as sailing, swimming, baking, gardening or helping in the main kitchen. Our volunteers get satisfaction, fun and fulfilment from "giving something back" to the community, but it can also develop new skills and boost your CV when job-seeking. The members, and the Centre staff, are grateful for the help our volunteers provide.



Centre 81 member Michelle Osborne with assistant facilitator Sharon Lamb and a paper hedgehog made at the craft session.

Putting the fun into fund-raising

Community fundraising is hugely important to Centre 81's finances as an extra income source to support and enhance its services. And more people are needed to plan, organise and man money spinning events.

They will be involved in creating and running stalls such as tombolas, cake stalls, nearly-

10am until noon. And anyone with any craft skills is welcome to come along and help.

new sales and other stands at events, such as the Centre's annual fun day and summer classic car rally and show.

The need for fundraising is particularly important as the Centre channels its efforts into its vision to rebuild its headquarters - which will also seek to increase community involvement.

The Centre is also keen to hear from people involved in village fetes, events, carnivals who might be able to run a stall on its behalf.

Chief executive Diana Staines said: "Community fundraising is a vital part of our appeal, and we need more people who are willing to find out about Centre 81, those we support and how it benefits our members."

"These kind of events not only raise money, but also awareness of the work that we do."



Fundraising volunteers Mary Jex and Mary Frawley.

How community fund raising helps

Much of Centre 81's income is from members' fees - but community fundraising is vital in supporting its work.

The Centre does its own events and collections, but is very grateful to a range of organisations and individuals who generate cash for the coffers. These range from national charitable foundations to local companies and clubs. Whether they give £10,000 or £10 it all makes a difference.

Construction company builds funds

Centre 81 was the winner in a building company's big raffle - after being given the £1,000-plus proceeds.

The £1,035 sum came from the raffle held at Beccles-based Ovamill's Christmas party at Gorleston Golf Club. The money will be put towards general improvements at the Centre.

Ovamill director Mark Everard is a long-standing supporter of the centre, where his friend Joseph Smith is a member, and has raised more than £20,000 for the cause over the past five years through company-backed golf and social events.

Mr Everard, who is also now a trustee at Centre 81, said: "The centre offers a unique and valuable service in the area and



Centre 81 members gather with Ovamill director Mark Everard (front left) and estimator Liam Betts (right) to hear of the company's £1,035 donation.

Ovamill is delighted to support the work it does."

Chief executive Diana Staines said: "We are tremendously grateful for the fantastic support we get from Mark and his company."

Masonic gift was a marathon effort

A marathon-running comeback by a Freemasons member has helped give a £2000 boost to Centre funds.

Great Yarmouth's East Norfolk Lodge handed over the

cash after making the cause its adopted charity for the year. The sum came through collections and raffles, and holding an annual barbecue at the Centre.

Its Worshipful Master during the year Mark Thompson, also completed the Bungay marathon after a 15-year break to help the campaign.

Centre 81 chief executive Diana Staines said: "We are delighted to get this donation - and continuing support - from the Freemasons. The donation will help with our core costs."



East Norfolk Lodge Freemasons visiting Centre 81 members after their £2,000 donation.

What we do at Centre 81

Ability not Disability is the ethos at Centre 81 - and our members get involved in a vast range of experiences to challenge them and enrich their lives.

For one member it was simply learning to boil an egg. For another wheelchair user it was standing on her own two feet for the first time, thanks to the buoyancy of a swimming pool's water and support of the trained facilitators.

At our Tar Works Road centre activities include craft and cookery as well as personal pampering such as a bath and manicure.

We also venture out into the wider community to take part in 10-pin bowling, sailing, shopping and trips to the pub, theatre and restaurant.



Craft class member Richard Jex designed these horse brasses.



Gardening fun - with a wheelbarrow donated by the local In Bloom committee.

Other sessions enjoyed by Centre 81 members include:

- Archery
- Art and crafts
- Bingo
- Computers
- Drama
- Fundraising
- Gardening
- Karaoke
- Model railways
- Photography
- Pool
- Scrapbooks
- Singing
- Social Media
- Swimming
- Tracing ancestors
- Visiting tourist attractions
- Wii games

Activities are enhanced by the funds raised by our supporters, and the work of our volunteers. So, by helping Centre 81 with funds or time you are helping improve the lives of scores of people. Together we are really making a difference.

How to contact Centre 81

Skills and Activities 01493 852573 reception@centre81.com
Community Transport 01493 332253 transport@centre81.com
Follow us on Facebook @Centre81GreatYarmouth
Follow us on Twitter @Centre81GY

Centre 81
Tar Works Road, Great Yarmouth, Norfolk, NR30 1 QR
Registered charity number 1045514

Integrated Health and Social Care – Drivers, Development and Aspirations

James Bullion
Executive Director
Adult Social Care

Drivers for change

- Increasing demand for services – 2000-2010 hospital admissions up by 38% and for over 75s by 66% (Bosanquet 2012)
- Pressures of demography – aging population and workforce
- Improvements in health care – long term conditions and longevity-25% of patients in hospital beds don't need to be there (DOH 2009)
- A major shift to working in the community – a shift 'left' to prevent ill health and dependency by earlier intervention and building on people's own assets
- Adult Social Services – commitment to be a strong partner with health

Integration, cooperation and partnerships are not new concepts

- Health Act 1999
- Independence Wellbeing and Choice 2005
- National Health Service Act 2006
- Health and Social Care Act 2012
- Care Act 2015

“The vision is for integrated care and support that is person-centred, tailored to the needs and preferences of those needing care and support, carers and families.”

- Improve the service user experience
- Eliminate duplication
- Streamline care pathways
- Collaborate on early intervention and prevention
- Improve safeguarding

Working together: examples of integration, cooperation and partnerships

- **Strategic planning** by building better commissioning arrangements or joint commissioning teams
- **Commissioning** integrated services, or jointly commissioning specific services such as advice and advocacy services
- **Assessments, information and advice** such as integrated health, care and housing assessments
- **Delivery or provision of care** via integrated community teams, working with housing providers to ensure that adaptations support independence, reablement or recovery

Context for NORFOLK

- Norfolk County Council and the NHS in Norfolk and Waveney have a sound track record on integration
- Community health and community social care teams working within single management structure
- Mirrored by Integrated Commissioning teams with CCGs
- Integration health and social care critical to the Norfolk and Waveney Sustainability Plan Transformation Plan (STP)

Workforce Implications – improving integrated care

- Community based Support people as close to their own homes possible, particularly those with long term conditions
- Health promotion and self care Health promotion, develop individuals' families' care and communities self care and resilience
- Supported Carers Support unpaid and paid carers e.g. care plans, information, hands on

Our working model for integration

- Work with primary care partners to shape new local care services across the 5 localities
- Work closely with GPs to identify people most at risk especially to avoid admission to hospital
- Build on our existing joint management with community health services to create a joint health and social care offer to primary care
- Refresh joint commissioning arrangements for health and social care, being clear about what is commissioned locally, and what is commissioned once, at scale, across Norfolk

Our working model for integration (2)

- Work with health colleagues to build strong community mental health services and to ensure people with learning disabilities are able to live their lives to the full in their homes and communities and working with our hospitals to get people home safely and promptly
- Put in place core components to support integrated care including connected IT systems, better use of estates, co-location, information sharing

Aspirations

- A strong social care approach with strong leadership of social work
- A standard level of service across the county with delivery devolved locally
- Strong links with primary care – we don't want to first meet people in hospital
- Simple processes, swift solutions
- Saving money and avoiding demand
- Fewer organisations for the public to deal with
- Providing for the local population with a clear local budget
- Ensuring that social care does not become dominated by a medical model
- A focus on person centred care and personalisation, choice and control

Tools to support Delivery

- Workforce – senior practitioners in all caring professions to coach others and work collaborately
- Leadership – change in behaviours, doing more a local, relational and national level
- Patient, service user and people power at the centre of any model
- BCF - plays a role in bring partners together, acts as a catalyst facilitating change – one of the vehicles to drive transformation

Our core offer across all 5 localities

- Living Well: 3 Conversations approach across all social work teams
- Reablement – universal offer to help people regain skills and restore independence
- Crisis response – Swifts (NFS)
- Rapid response – escalation avoidance
- Full participation in MDTs. (Social workers, OTs and Integrated Care Co-ordinators aligned to local primary care clusters)

NCC – core commissioning

- Short term care and support – re-ablement, active assessment beds
- Maximising the offer of Norfolk County Council's care companies
- Market management and regulation
- Workforce and development of skills to support the sector
- Supported housing development
- Residential, nursing and dementia care
- Domiciliary care

Locality Delivery

- Focus on what the locality offer looks like in the new world of ICOs
- Supporting the formulation of local commissioning and delivery partnerships
- BCF – delivering at pace locally
- Brokering and facilitating local relationships
- Commissioning provision that fits the locality – health, social care and housing

Adult Social Care Committee

Item No

Report title:	Adult Social Care Finance Monitoring Report Period 2 (May) 2018-19
Date of meeting:	2 July 2018
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic impact

This report provides Adult Social Care Committee (the Committee) with financial monitoring information, based on information to the end of May 2018. The report sets out variations from the budget, progress against planned savings and details the use of the improved better care fund.

Executive summary

As at the end of May 2018 (Period 2), Adult Social Services is forecasting that it will achieve an overspend position of £1.990m at the end of the financial year, which is a 0.8% variance on the total net budget. This is after taking into account financial risks and expected achievement of savings.

Expenditure Area	Budget 2018/19 £m	Forecast Outturn £m	Variance £m
Total Net Expenditure	252.466	254.455	1.990

The key points for Committee to consider about the financial position for Adult Social Care are:

- a) There is no underlying additional pressure affecting the 2018-19 budget. The outturn position for 2017-18 was a £3.696m underspend and commitments between setting the budget in January 2018 and the start of the financial year remained largely stable and therefore have not placed additional pressures on the budget from the outset
- b) As part of the 2017-18 financial position the Committee was able to set up a business risk reserve of £4.500m. This was in addition to the business risk reserve agreed by Policy and Resource Committee of £2.600m through the use of the Adult Social Services Grant announced in January 2018. At this stage it is not proposed that this funding is used, but could be used to enable invest to save proposals or support the budget if additional savings cannot be delivered in full or the financial risks (set out in Section 4) not included in the budget materialise
- c) Plans for the use of the additional one-off social care grant, known as the improved better care fund grant (iBCF) were agreed with health partners in July 2017. As the funding was announced following the budget setting process and plans were agreed part year, not all the grant was spent in year and a reserve was set up to enable the plans to still be implemented, but with spending in both 2018-19 and 2019-20. Interventions such as accommodation based reablement, trusted assessors, enhanced home support and social prescribing have been implemented and projects will be closely tracked to establish the benefits to the health and social care system and whether these are financially sustainable longer term. This year the iBCF is supporting the cost of care and national living wage increases faced by care providers, as well as protection of social care budgets
- d) This year, Adult Social Services needs to deliver £27m savings to deliver a balanced budget. The savings programme is not without risk and this paper provides detail of specific projects,

where there could be variance to the budgeted savings able to be delivered by 31st March 2019. The forecast is based on delivery of £22.184m of the 2018-19 savings target (see Section 2.8) The service will aim to manage any variances through alternative measures. Due to the scale of the programme this year, one of purposes of the business risk reserve is to support shortfall due to slippage that cannot be mitigated during the year through alternative savings

Adult Social Services reserves at 1 April 2018 stood at £27.221m. The reserves at the beginning of the year included committed expenditure, which was carried forward in 2017/18. The reserves position is set out in Section 2.10 and Appendix D. In total the forecast includes the planned use of £7.246m of reserves in this financial year, of which £6.841m were already planned and agreed as part of the budget setting process. The variation is predominately due to the carry forward of some funding at year end for earmarked purposes.

The 2018-19 forecast outturn position for reserves is £19.975m. Provisions totalled £6.454m at 1 April 2018, mainly for the provision for bad debts.

Recommendations:

Members are asked to agree:

- a) **The forecast outturn position at Period 2 for the 2018-19 Revenue Budget of a £1.990m overspend**
- b) **The planned use of reserves of a net £0.405m above the level agreed when setting the budget**

Appendix A – Table setting out the monitoring position at Period 2 for key budgets for the service (Page 36)

Appendix B – Explanation of key variances for each budget (Page 37)

Appendix C – 2018-21 Savings Programme (Page 38)

Appendix D – Reserves and Provisions (Page 40)

Appendix E – Capital Programme 2018-19 (Page 42)

1. Introduction

- 1.1 The Adult Social Care Committee has a key role in overseeing the financial position of the department including reviewing the revenue budget, reserves and capital programme.
- 1.2 This monitoring report is based on the Period 2 (May 2018) forecast including assumptions about the implementation and achievement of savings before the end of the financial year.

2. Detailed Information

- 2.1 The table below summarises the forecast outturn position as at the end of May (Period 2).

2017/18			2018/19		
Actual net spend 2017/18 £m	Over/ Underspend compared to budget £m	Expenditure Area	Budget 2018/19 £m	Forecast Outturn at 31 st March 2019 £m	Variance @ P2 £m
10.392	(0.471)	Business Development	10.683	10.497	(0.186)
69.600	0.123	Commissioned Services	62.238	62.195	(0.043)
5.492	(0.727)	Early Help & Prevention	5.796	5.799	0.003
168.243	12.971	Services to Users (net)	198.404	201.242	2.838
1.064	(7.497)	Management, Finance & HR	(246.656)	(25.277)	(0.621)
254.791	4.399	Total Net Expenditure	252.466	254.455	1.990

- 2.2 As at the end of Period 2 (May 2018) the forecast revenue outturn position for 2018-19 is £254.455m, which is an overspend of £1.990m.
- 2.3 The detailed position for each service area is shown at **Appendix A**, with further explanation of over and underspends at **Appendix B**.
- 2.4 The forecast position does not take into account all the potential budget risks and opportunities for the service during 2018-19. These are set out in more detail at Section 4 of this paper.
- 2.5 **Additional Social Care Funding**
- 2.5.1 The Chancellor's Budget in March 2017 announced £2bn additional non-recurrent funding for social care, of which Norfolk received £18.561m in 2017/18, followed by £11.901m in 2018/19 and £5.903m in 2019/20. The funding is paid as a direct grant to councils by the government and as a condition of the grant, councils are required to pool the funding into their Better Care Fund. This fund is governed by the Health and Wellbeing Board and monitored by NHS England and the Ministry of Housing, Communities and Local Government through national and local assurance and quarterly returns.
- 2.5.2 The guidance received from the government requires that the funding is used by local authorities to provide stability and extra capacity in the local care system. Specifically, the grant conditions require that the funding is used for the purposes of:
- Meeting social care needs
 - Reducing pressure on the NHS supporting people to be discharged from hospital when they are ready
 - Ensuring that the local social care provider market is stabilised
- 2.5.3 Plans for the use of the funding were reported to Committee in July 2017 and were subsequently agreed with Norfolk's Clinical Commissioning Groups.
- 2.5.4 Norfolk County Council (the Council), in setting this year's budget, reflected the delivery of these plans, including the carried forward of unspent grant from 2017-18 to 2018-19 and expected use of reserves in this financial year.
- 2.5.5 Actions were undertaken during 2017-18 to implement the agreed plans, which in addition to funding to protect social care and support price uplifts for the care market, has led to the

following projects. Progress will be reported during 2018-19, including evaluation of the impact of the investment.

- a) Increased social work capacity
- b) Implementation of social prescribing schemes
- c) Implementation of accommodation based reablement schemes, including beds in the East, West Norfolk and at Benjamin Court in Central Norfolk.
- d) Enhanced home support service covering both an acute referral pathway and community referral pathway (including flexible dementia respite service and carer support)
- e) Establishment of trusted assessment facilitators
- f) Developing discharge to assess pathways to reduce delayed transfer of care from hospital
- g) Step down accommodation for people discharged from hospital with mental health needs
- h) Additional out of hours capacity for mental health act assessment

2.5.6 Sustainability of the actions arising from this additional investment is key. Where investment in social care is evidenced to provide wider system benefits the expectation is that financial support will be sought from across health and social care to enable new ways of working to continue beyond the project timescales. Where benefits cannot be evidenced or wider financial support from the health sector is not available, it is expected that the interventions will need to be stopped at the end of the projects. The plans have therefore been careful to ensure that actions providing support to the market through funding cost of care and price increases is ongoing.

2.6 Services to Users

2.6.1 The table below provides more detail on services to users, which is the largest budget within Adult Social Services:

2017/18			2018/19		
Actual net spend 2017/18 £m	Over/ Underspend compared to budget £m	Expenditure Area	Budget 2018/19 £m	Forecast Outturn at 31 st March 2019 £m	Variance @ P2 £m
114.650	3.481	Older People	124.328	124.190	(0.086)
24.095	0.866	Physical Disabilities	25.055	26.278	1.306
100.865	1.663	Learning Disabilities	100.730	102.600	1.929
14.616	0.500	Mental Health	14.547	15.958	1.419
5.859	(0.813)	Hired Transport	6.105	6.106	0.001
10.181	(1.571)	Care & Assessment & Other staff costs	14.584	14.425	(0.430)
270.266	4.125	Total Expenditure	285.618	289.756	3.939
(84.002)	(9.148)	Service User, NHS and other local authority income	(85.653)	(86.753)	(1.100)
(4.566)	(2.550)	Other Income	(1.561)	(1.561)	0.000
181.698	(7.573)	Revised Net Expenditure	198.404	201.242	2.838

2.6.2 Key points:

- a) The number of placements within Purchase of Care continues to show small reductions across the service. However, the rate of reduction is insufficient to meet the savings applied for 2018/19. While work is ongoing to remedy this, the service is currently showing an overspend
- b) Permanent admissions to residential care – those without a planned end date – have been consistently reducing for the last three years in both 18-64 and 65+ age groups. Rate of admissions reduced significantly from a rate of 724 admissions per 100k population in 2014/15 to 611.9 per 100k population in 2016/17. Reductions have slowed over the last two years, but continue to fall. Over the last six months permanent admissions to residential and nursing care for older people has seen a general reduction, despite a one-off increase in March 2018. In particular, admissions are reducing for the over 85 age group. More exploration of the data for the last quarter is being undertaken to evaluate this reduction alongside new short-term interventions for people leaving hospital, but the trend suggests a reduction in monthly admissions of 20 during the last year. Whilst the trend for people aged 65+ has continued to reduce, there has been an increasing trend for people aged 18-64. Total numbers had reduced over the previous two years, but rose slightly during 2017/18, however the numbers are small and the 12 month rolling trend is suggesting a static position. However, those that do go into residential care tend to be people with higher levels of need that require longer lengths of stay and more expensive care packages
- c) The forecast expenditure for purchase of care, excluding care and assessment is £14.770m more than the 2017/18 outturn, this is mainly due to the higher cost of care. The forecast reflects some readjustment for savings that are at high risk of non-delivery

2.7 Commissioned Services

2.7.1

2017/18		Expenditure Area	2018/19		
Actual net spend 2017/18 £m	Over/ Underspend compared to budget £m		Budget 2018/19 £m	Forecast Outturn at 31 st March 2019 £m	Variance @ P2 £m
4.193	(0.105)	Commissioning Team	3.041	2.900	(0.140)
12.444	(0.315)	Service Level Agreements	11.825	11.828	0.003
2.102	(0.294)	Integrated Community Equipment Service	0.145	0.182	0.038
33.266	0.672	NorseCare	33.134	33.572	0.438
5.817	0.000	Housing related support	2.564	2.168	(0.396)
13.077	0.220	Independence Matters	10.175	10.175	0.000
1.304	(0.087)	Other Commissioning	1.356	1.371	0.015
72.203	0.092	Total Expenditure	62.238	62.195	(0.043)

2.7.2 Key points:

NorseCare

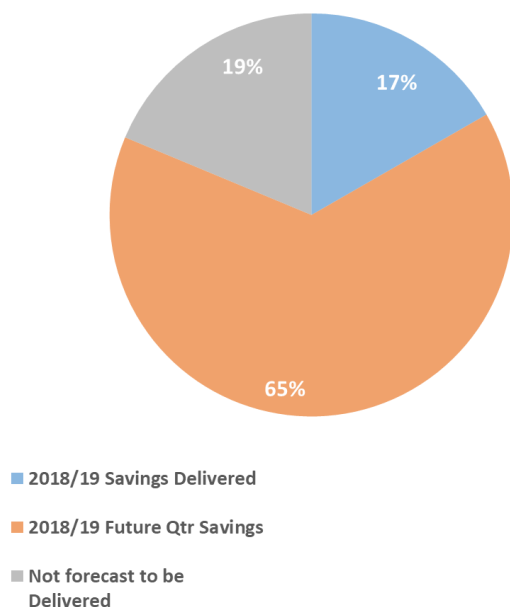
- a) Despite on-going reductions in the real-terms contract costs there remains a variation between the approved budget and the contract price. This is predominately due to increased inflation above budget assumptions. Work is ongoing to reduce this gap

2.8 Savings Forecast

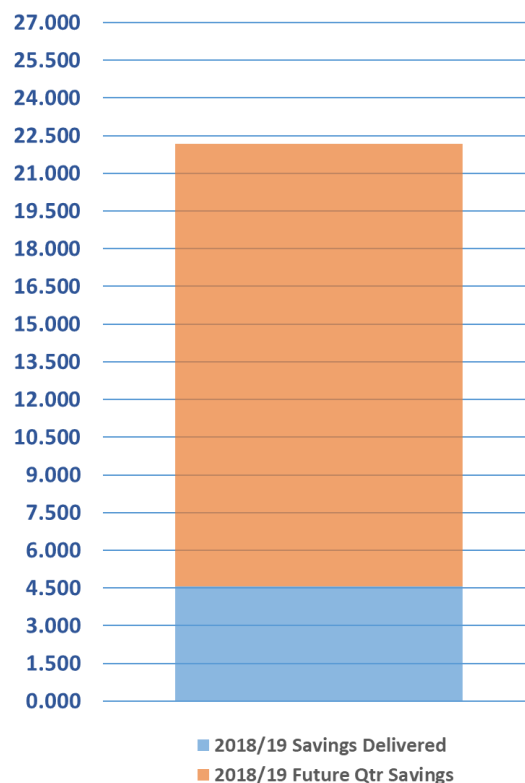
- 2.8.1 The department's budget for 2018/19 includes savings of £27.290m. The savings are predominately planned through the delivery programme for the Promoting Independence strategy.
- 2.8.2 The savings include £17m of demand management savings, which will be delivered through various projects to help prevent, reduce and delay the need for formal social care. Some £9.2m of the savings are related to the strategy for younger adults, and as reported elsewhere on this agenda £7.4m relates to projects aligned to people with learning disabilities. Some of these savings remain high risk, predominately because it requires significant changes to the social care offer, as well as helping people who currently receive services to, where appropriate, gain a higher level of independence. For some people it will enable them to live more independently and move from residential based care. Therefore, at Period 2 it is forecast that some savings will take longer to deliver and will not be achieved in full in this financial year. The programme of work will still work to deliver these in full.
- 2.8.3 After two months the forecast is that £5.106m of savings will not be achieved by 31st March 2018. The budget position therefore reflects achievement of £22.184m in this financial year. **Appendix C** sets out the delivery status of the programme by workstream and project.

Savings	Saving 2018/19	Forecast	Variance	
	£m	£m	£m	%
Savings off target (explanation below)	-15.145	-10.039	5.106	-34%
Savings on target	-12.145	-12.145	0.000	0%
Total Savings	-27.290	-22.184	5.106	-19%

ASC Savings as a % of the requirement



ASC Savings 2018/19 – Period 2



2.8.4 A brief explanation is provided below of the key variances and, where applicable, planned recovery actions.

Promoting Independence for younger adults (target £6.794m; forecast £4.076m; variance £2.718m). The department has a structured programme of work to focus on our service offer for people with a Learning Disability, which is held to account by an LD Steering Group and LD Partnership Board. This will underpin the work required to implement the new LD Strategy. The variance in savings delivery is the direct result of the time it takes to support and promote a person’s independence when they previously been receiving care services. Many of the people who access our services, may well have been in receipt of these services for a significant period. With people who are currently not receiving adult services, but may well indeed be being supported by Children’s or Education services, we are working with our colleagues in Children’s services to develop a new Preparing for Adulthood service.

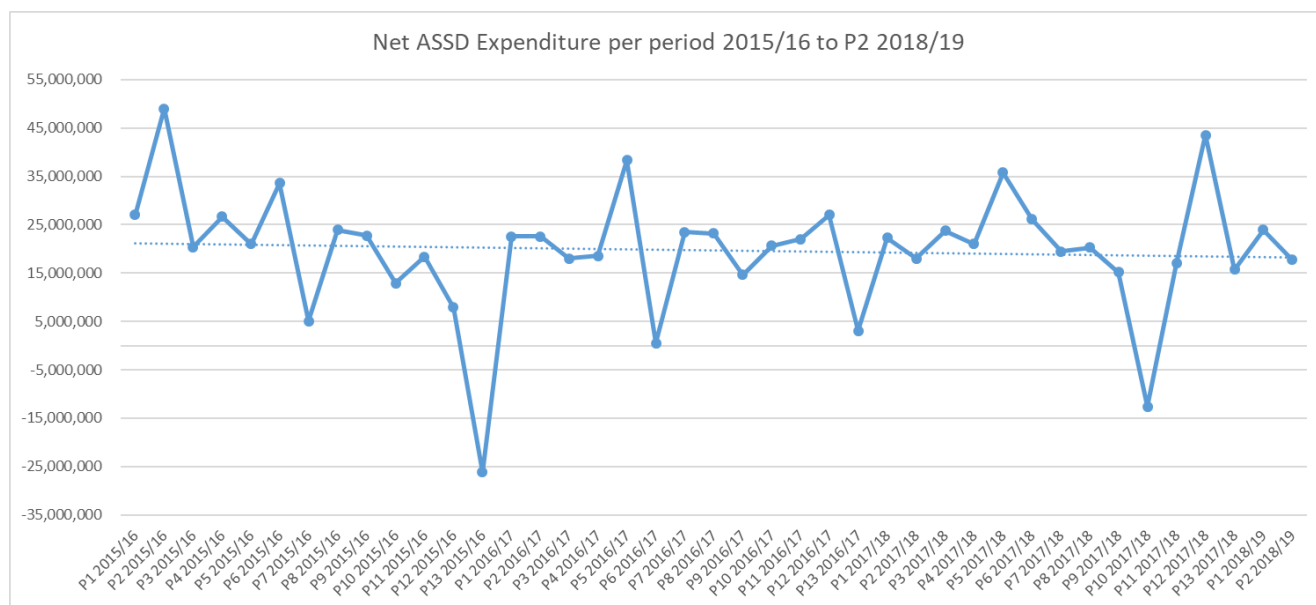
Promoting independence for older adults (target £4.665m; forecast £4.099m; variance £0.566m). The department will shortly begin to reformulate its social work offer, starting with its Community Care teams, by implementing a roll-out of the Living Well: 3 Conversations model of social work. The initial Community Innovation sites have seen promising results in terms of outcomes for people and delaying the need for formal care. The variance in savings delivery is the direct result of the time it takes to fully imbed this model and begin to realise the fully benefits of the new ways of working.

Review of day services (target £2.500m; forecast £1.265m; variance £1.235m). As part of the LD strategy, the department will have a revised Day Services offer for people with a Learning Disability. The focus will be on community participation, targeted support (with a skills and employment focus) and locality hubs for those with complex needs. To

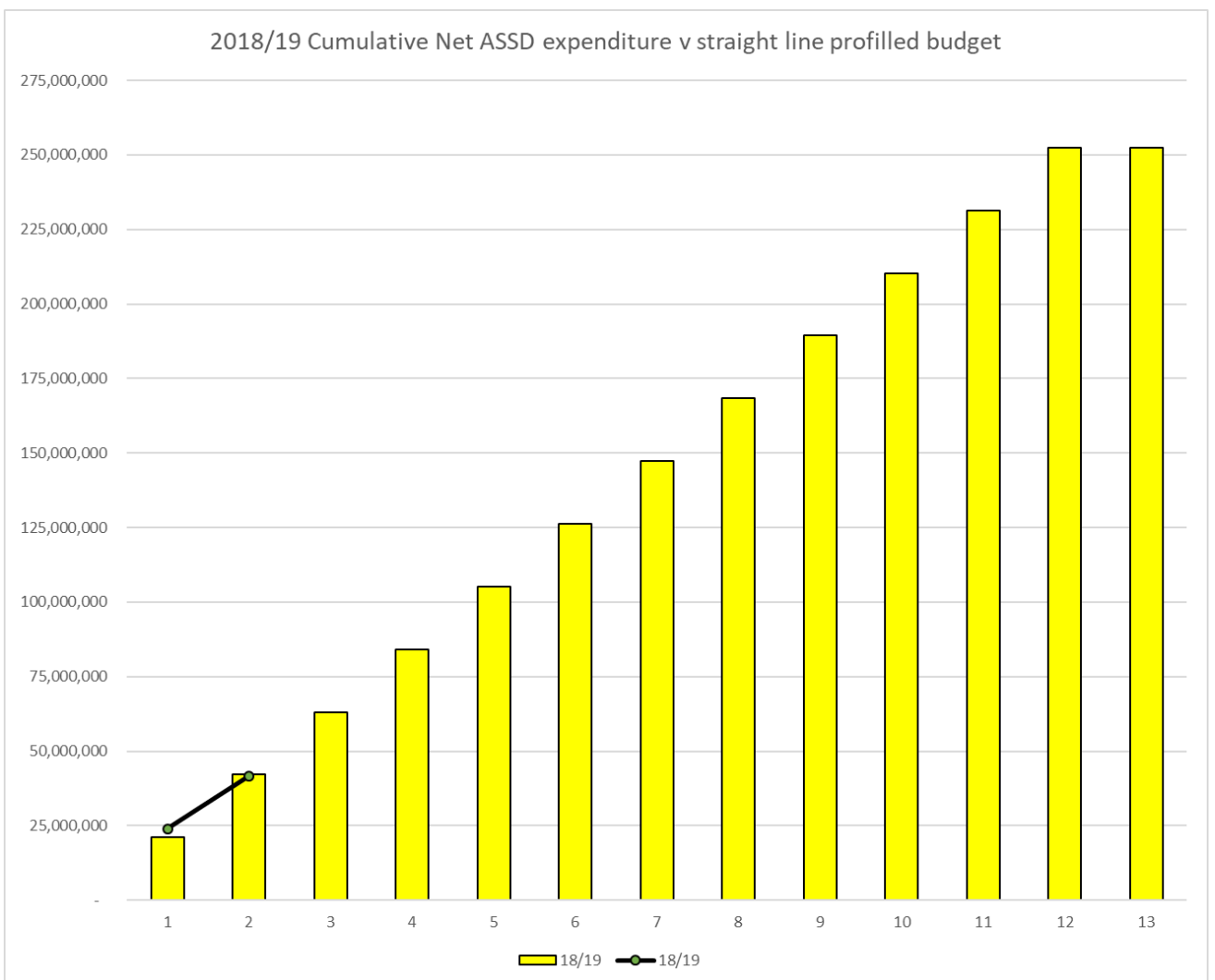
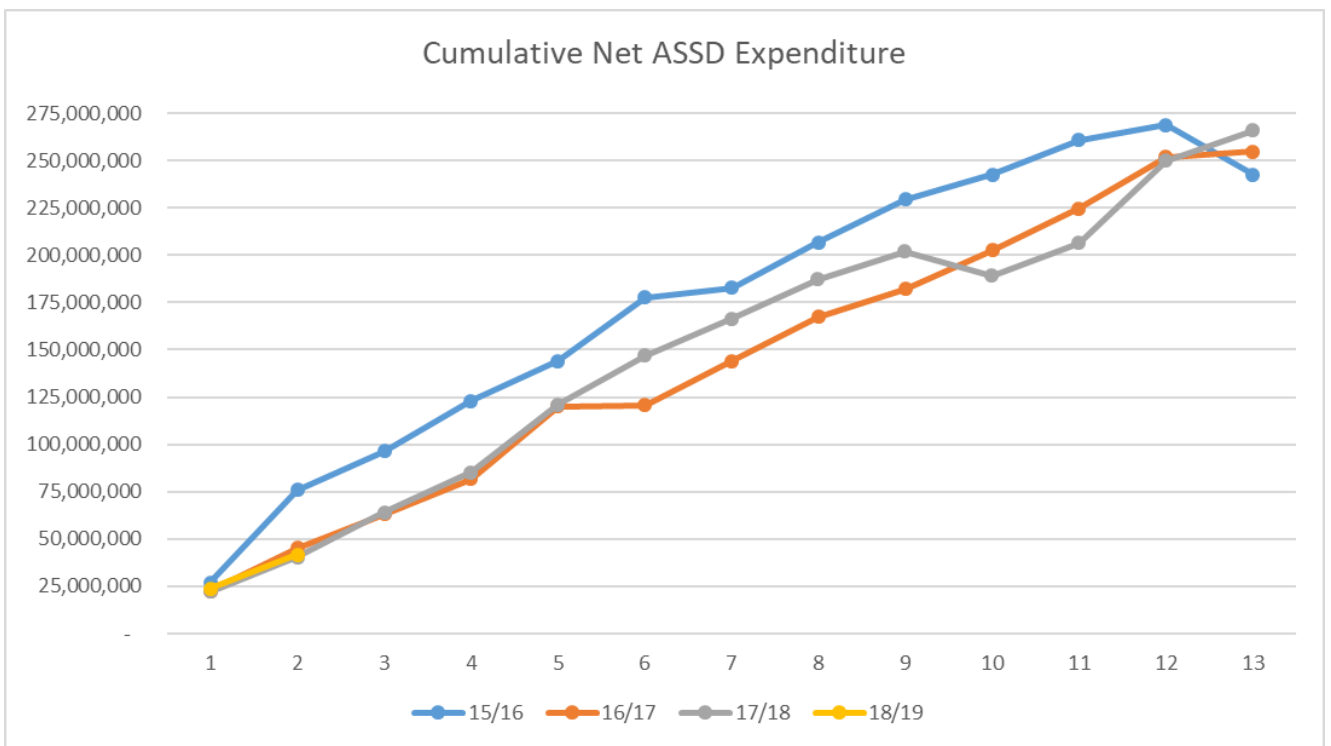
begin this transformation 5 providers will begin pilots lasting for the next 12 months to reshape the offer. The variance in savings delivery is the direct result of the time it takes to evolve these services and support and enable existing people accessing the services.

Promoting Independence - Housing with Care (target £0.500m; forecast £0.050m; variance £0.450m). The department is currently developing a robust business case and revenue model as part of the work of its newly formed Older People Housing Board. Through work between internal officers, consultants and external partners, such as the district and borough councils, we will look to develop a number of new units within Norfolk. This will provide older people in Norfolk a more independent alternative to residential care. The variance in savings delivery is again the direct result of the time it takes to develop and build these new units.

2.8.5. The department's net expenditure each period is prone to fluctuations, as evidenced by the below graphic, however, it continues to display a downward trajectory when compared to 2015/16.



Whilst early in the financial year our level of net spend is on a par with 2017/18 and below that of 2015/16 and 2016/17. Whilst we are updating our budget profile, when we initially compare our spend to date to a straight line profiled budget, we are approximately in line with our forecast.



2.9 Finance and Performance monitoring and recovery actions

2.9.1 Monthly performance and finance data is reviewed by senior management team in order to highlight key areas of focus for monthly finance and performance board meetings. This is also a forum, which enables escalation by teams of blockages to progress and priority actions for the service. In addition, quarterly accountability meetings are held, enabling scrutiny of performance and financial issues at team level and are led by the Executive

Director of Adult Social Services. Teams continue to develop actions and follow up work to scrutinise variation to forecast. Potential actions to mitigate the current forecast overspend will continue to be considered through the above monitoring process and through the Promoting Independence Programme Board.

2.10 Reserves

- 2.10.1 The department's reserves and provisions at 1 April 2018 were £33.675m. Reserves totalled £27.221m.
- 2.10.2 The reserves at the beginning of the year included committed expenditure, which was carried forward in 2017/18. At period 2 the forecast includes the planned use of £7.246m of reserves in this financial year. This mainly relates to the improved Better Care Fund (IBCF) and planned projects that will be delivered during the next two years.
- 2.10.3 The forecast reserve position at 31 March 2019 is £19.975m.
- 2.10.4 Provisions totalled £6.454m at 1 April 2018, mainly for the provision for bad debts. The projected use of reserves and provisions is shown at **Appendix D**.
- 2.10.5 As set out in section 2.6 of this report, a planned reserve is approved to enable ring fenced additional social care funding to be carried forward. This will ensure that the plans agreed as part of the Better Care Fund can be used for the agreed purposes and invest to save projects can be managed across an agreed timeframe. Plans for the use of the additional social care funding were agreed at the end of July 2017.
- 2.10.6 The outturn position for Adult Social Services in 2017/18, combined with the £2.612m ASC Support Grant, enabled a business risk reserve to be set up totalling £7.112m. This was set up to enable opportunity for investment to support the savings target and to mitigate some of the expected budget risks facing the service in future years, including delivery of a significant savings and unfunded potential risks facing the service, as set out in Section 4. The current forecast for the service at Period 2 is for an overspend of £1.990m. Potential actions to reduce the overspend will be reviewed across the service. At this early stage in the financial year there is no formal recommendation to members for use of reserves and members are asked to note the current position.

2.11 Capital Programme

- 2.11.1 The new capital programme for 2018-19 agreed within the 2018-19 budget is £4.740m. This was made up of £2.334m for Capitalisation of Equipment and £2.406m for the Social Care and Finance Information system. Subsequent to this being agreed, there was slippage on the Social Care and Finance Information system which meant that the amount brought forward into 2018-19 increased.
- 2.11.2 The remaining elements relate to slippage from the 2017-18 programme which are expected to be completed in the current financial year. Funding was brought forward for these and do not create an additional pressure.
- 2.11.3 The department's total capital programme is £17.469m. The capital programme includes £3.876m for the social care and finance replacement system. The priority for use of capital is development of alternative housing models for young adults. In addition to this, there is also £7.480m relating to Department of Health capital grant for Better Care Fund (BCF) Disabled Facilities Grant (DFG), which is passported to District Councils within the BCF. Work continues with district councils as part of the BCF programme of work, to monitor progress, use and benefits from this funding. Details of the current capital programme are shown in **Appendix E**.

3. Financial Implications

- 3.1 The forecast outturn for Adult Social Services is set out within the paper and appendices.
- 3.2 As part of the 2018/19 budget planning process, the Committee proposed a robust budget plan for the service, which was agreed by County Council. The 2017-18 outturn position for the service was an underspend of £3.696m after setting up a business risk reserve of £4.5m. This is in addition to the adult social care grant received by the Council, earmarked for adult social care business risk, totalling £2.6m. Approximately £2.1m of that underspend is considered to be ongoing, which will help manage additional budget pressures this financial year.
- 3.3 The planned use of the one-off funding through the improved Better Care Fund was agreed with health partners last year and reflected a three-year position.

4. Issues, risks and innovation

- 4.1 This report provides financial performance information on a wide range of services monitored by the Adult Social Care Committee. Many of these services have a potential impact on residents or staff from one or more protected groups. The Council pays due regard to the need to eliminate unlawful discrimination, promote equality of opportunity and foster good relations.
- 4.2 This report outlines a number of risks that impact on the ability of Adult Social Services to deliver services within the budget available. Financial estimates of the level of unfunded risk at Period 2 are £3.1m, this is based on risk assessment, including potential impact, likelihood and mitigating factors. These risks include the following:
- a) Pressure on services from a needs led service where number of service users continues to increase. In particular the number of older people age 85+ is increasing at a greater rate compared to other age bands, with the same group becoming increasingly frail and suffering from multiple health conditions. A key part of transformation is about managing demand to reduce the impact of this risk through helping to meet people's needs in other ways where possible
 - b) The ability to deliver the forecast savings, particularly in relation to the demand led element of savings, which will also be affected by wider health and social care system changes
 - c) The cost of transition cases, those service users moving into adulthood, might vary due to additional cases that have not previously been identified, particularly where cases are out of county. Increased focus on transition will help mitigate this risk
 - d) The impact of pressures within the health system, through both increased levels of demand from acute hospitals and the impact of increased savings and current financial deficits in health provider and commissioning organisations. This risk is recognised within the service's risk register and the Council's involvement in the change agenda of the system and operational groups such as Accident and Emergency Delivery Boards and Local Delivery Groups will support the joint and proactive management of these risks
 - e) The Council has outstanding debt in relation to health organisations, which could lead to increased pressures if the debt is not recovered
 - f) Increasing waiting lists and delays in recording could result in additional packages and placements incurring costs that have not been included in the forecast
 - g) In any forecast there are assumptions made about the risk and future patterns of expenditure. These risks reduce and the patterns of expenditure become more defined as the financial year progresses and as a result of the reduced risk the forecast becomes more accurate
 - h) The ability to be able to commission appropriate home support packages due to market provision, resulting in additional costs through the need to purchase increased individual spot contracts rather than blocks

- i) The continuing pressure from the provider market to review prices and risk of challenge. In addition, the Council has seen some care home closures in the first part of the year, which can lead to increased costs especially during transition
- j) The impact of health and social care integration including Transforming Care Plans, which aims to move people with learning disabilities, who are currently inpatients within the health service, to community settings
- k) Impact of legislation, particularly in relation to national living wage

5 Recommendations

5.1 Members are asked to agree:

- a) The forecast outturn position at Period 2 for the 2018-19 Revenue Budget of a £1.990m overspend
- b) The planned use of reserves of a net £0.405m above the level agreed in setting the budget

6. Background

6.1 The following background papers are relevant to the preparation of this report.

[Finance Outturn Report – Adult Social Care Committee May 2018](#) (p87)

[Norfolk County Council Revenue Budget and Capital Budget 2018-21 - County Council February 2018](#) (p49)

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, e.g. equality impact assessment, please get in touch with:

Officer Name:	Tel No:	Email address:
Susanne Baldwin	01603 228843	susanne.baldwin@norfolk.gov.uk



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

Adult Social Care 2018-19: Budget Monitoring Period 2 (May 2018)

Please see table 2.1 in the main report for the departmental summary.

Summary	Budget	Forecast Outturn	Variance to Budget	
	£m	£m	£m	%
Services to users				
Purchase of Care				
Older People	124.328	124.190	(0.137)	-0.011%
People with Physical Disabilities	25.055	26.278	1.224	4.88%
People with Learning Disabilities	100.730	102.600	1.870	1.86%
Mental Health, Drugs & Alcohol	14.547	15.958	1.411	9.70%
Total Purchase of Care	264.658	269.026	4.367	1.65%
Hired Transport	6.105	6.106	0.001	0.01%
Staffing and support costs	14.854	14.425	(0.430)	-2.89%
Total Cost of Services to Users	285.618	289.756	3.939	1.45%
Service User Income	(85.653)	(86.753)	(1.100)	1.28%
Other Income	(1.561)	(1.561)	0.000	0.00%
Net Expenditure	198.404	201.242	2.838	1.43%
Commissioned Services				
Commissioning	3.041	2.900	(0.140)	-4.62%
Service Level Agreements	11.825	11.828	0.003	0.02%
ICES	0.145	0.182	0.038	26.04%
NorseCare	33.134	33.572	0.438	1.32%
Housing Related Support	2.564	2.168	(0.396)	-15.45%
Independence Matters	10.175	10.175	0.000	0.00%
Other	1.356	1.371	0.015	1.10%
Commissioning Total	62.238	62.195	(0.043)	-0.07%
Early Help & Prevention				
Norfolk Reablement First Support	1.577	1.570	(0.007)	-0.45%
Service Development	1.155	1.142	(0.013)	-1.14%
Other	3.065	3.088	0.023	0.75%
Prevention Total	5.796	5.799	0.002	0.04%

Adult Social Care 2018-19 Budget Monitoring Forecast Outturn Period 2 Explanation of variances

1. Business Development, forecast underspend (£0.186m)

The forecast underspend is from vacancies and secondments in some teams, with roles currently being reviewed.

2. Commissioned Services forecast underspend (£0.043m)

The main variances are:

NorseCare, overspend of £0.438m. Despite on-going reductions in the real-terms contract costs there remains a variation between the approved budget and the contract price. This is largely due to inflationary pressure higher than the Council's original budget assumptions.

Commissioning team, underspend of (£0.140m). The underspend is due to staff vacancies.

Housing Related Support, underspend of (£0.396m). The underspend comes from contract review.

3. Services to Users, forecast overspend £2.838m

The main variances are:

Purchase of Care (PoC) expenditure, overspend of £4.367m. While numbers of service users are consistent with those in place at the time the budgets were set, not all savings are expected to be delivered.

Purchase of Care (PoC) income, over recovery of (£1.100m). This is due to additional income forecast above the original budget assumptions for charges from contributions towards care costs.

Staffing and Support, underspend of (£0.430m). The underspend comes from vacancies and delays in recruitment.

4. Early Help and Prevention, forecast overspend £0.003m

A pressure within Housing with Care Tenant Meals of £0.039m in Other Services is offset by underspends elsewhere.

5. Management, Finance and HR, forecast underspend (£0.621m)

The main variances are:

Management and Finance, underspend of (£0.627m). Recovery of secondment costs combines with additional deputyship income and review of previously committed costs to deliver an underspend.

2018-21 Savings Programme

The overall revised savings programme is now structured as follows:

Saving reference	Saving	2018-19	2019-20	2020-21	2018-19 forecast	2018-19 forecast variance (shortfall) / over delivery	RAG status
		£m	£m		£m	£m	
COM040 /ASC003	Service users to pay for transport out of personal budgets, reducing any subsidy paid by the Council	-0.700	-1.000		-0.700	0.000	Green
YA ASC006 /ASC011 /ASC015	Promoting Independence for Younger Adults - Customer Pathway - where the focus will be on connecting people with ways to maintain their wellbeing and independence thereby reducing the numbers of service users receiving care in a residential setting	-6.794	-5.307	-5.000	-4.076	-2.718	Amber
OP ASC006 /ASC011 /ASC015	Promoting Independence for Older Adults - Customer Pathway - where the focus will be on connecting people with ways to maintain their wellbeing and independence thereby reducing the numbers of service users receiving care in a residential setting	-4.665	-3.393	-5.000	-4.099	-0.566	Amber
ASC007	Promoting Independence - Reablement - net reduction - expand Reablement Service to deal with 100% of demand and develop service for working age adults	-0.500			-0.500	0.000	Green
ASC008	Promoting Independence - Housing with Care - develop non-residential community based care solutions	-0.500	-0.500		-0.050	-0.450	Red
ASC009	Promoting Independence - Integrated Community Equipment Service - expand service so through increased availability and access to equipment care costs will be reduced	-0.250			-0.250	0.000	Green
ASC013	Radical review of daycare services	-2.500			-1.265	-1.235	Red
ASC016-019	Building resilient lives: reshaping our work with people of all ages requiring housing related support to keep them independent	-3.400			-3.400	0.000	Green
ASC020	Remodel contracts for support to mental health recovery	-0.275			-0.275	0.000	Green

Appendix C

ASC029	Align charging policy to more closely reflect actual disability related expenditure incurred by service users	-0.230			-0.630	0.000	Green
ASC032	Review charging policy to align to actual disability related expenses	-0.400					Green
ASC033	Accommodation based reablement	-0.550			-0.550	0.000	Green
ASC034	Prevent carer breakdown by better targeted respite	-0.686			-0.549	-0.137	Amber
ASC035	Investment and development of Assistive Technology approaches		-0.300	-0.500	0.000	0.000	
ASC036	Maximising potential through digital solutions	-0.049	-0.951	-2.000	-0.049	0.000	Green
ASC037	Strengthened contract management function	-0.300	-0.300	-0.200	-0.300	0.000	Green
ASC038	Procurement of current capacity through NorseCare at market value		-0.600	-1.000	0.000	0.000	
ASC039	Capitalisation of equipment spend	-2.300			-2.300	0.000	Green
ASC040	Reduction in funding for invest to save	-0.191			-0.191	0.000	Green
ASC041	One-off underspends in 2017-18 to be used to part fund 2018-19 growth pressures on a one-off basis	-3.000	3.000		-3.000	0.000	Green

Adult Social Care net total	-27.290	-9.351	-13.700	-22.184	-5.106
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Adult Social Services - Reserves and Provisions

			2018/19 Period 2 (May)	
	Balance	Usage agreed by Feb County Council	Planned Usage	Balance
	01-Apr-18		2018/19	31-Mar- 19
	£m		£m	£m
Doubtful Debts provision	6.454	0.000	0.061	6.515
Total Adult Social Care Provisions	6.454	0.000	0.061	6.515
Prevention Fund – General - As part of the 2012-13 budget planning Members set up a Prevention Fund of £2.5m to mitigate the risks in delivering the prevention savings in 2012-13 and 2013-14, particularly around Reablement, Service Level Agreements, and the need to build capacity in the independent sector. £0.067m remains of the funding, and is being used for prevention projects: Ageing Well and Making it Real. 2013-14 funding for Strong and Well was carried forward within this reserve as agreed by Members. £0.015m remains of the funding, all of which has been allocated to external projects and will be paid upon achievement of milestones.	0.082	0.000	-0.034	0.048
Repairs and renewals	0.043	0.000	0.000	0.043
Adult Social Care Workforce Grant – forecast to be used in full	0.269	0.000	-0.269	0.000
HR Recruitment Costs – earmarked at year end for specific need	0.020	0.000	-0.020	0.000
ICES Training post for 2 years – earmarked at year end for specific post	0.080	0.000	-0.040	0.040
Change Implementation - Commissioning Manager post – earmarked funding at year end for specific post	0.025	0.000	-0.025	0.000
Unspent Grants and Contributions - Mainly the Social Care Reform Grant which is being used to fund Transformation in Adult Social Care – projection based on transformation programme at Period 2	1.309	0.000	-0.628	0.681

Appendix D

Public Health grant to support the Social Prescribing project	0.400	-0.400	-0.400	0.000
Transformation	0.475	0.000	0.000	0.475
Supporting People (MEAM and Community Model)	0.251	0.000	0.000	0.251
Information Technology - Additional funds to be placed into reserve required for project in 2019/20	0.734	0.000	0.672	1.406
Adults Business Risk Reserve	7.112	0.000	0.000	7.112
Improved Better Care Fund - requirement to carry forward grant to 2019/20 for committed projects	15.670	-6.340	-6.300	9.370
Vulnerable People Resettlement Programme - £0.520m relates to the Controlling Migration Fund Domestic Abuse Support scheme and £0.029m required for repatriation support	0.433	-0.101	0.116	0.549
Mental Health Underspend to be used to recruit 5 Assistant Practitioners for mental health reviews – earmarked at year end for specific purpose	0.159	0.000	-0.159	0.000
Carry forward to be used for NIPE team increased cohort to 15 students – earmarked at year end for specific purpose	0.150	0.000	-0.150	0.000
AMPH Backfill Carry forward for use in 2018/19	0.009	0.000	-0.009	0.000
Total Adult Social Care Reserves	27.221	-6.841	-7.246	19.975
Total Reserves & Provisions	33.675	-6.841	-7.185	26.489

Adult Social Services Capital Programme 2018/19

Summary	2018/19		2019/20
Scheme Name	Current Capital Budget	Forecast outturn at Year end	Draft Capital Budget
	£m	£m	£m
Supported Living for people with Learning Difficulties	0.015	0.002	0.000
Adult Care - Unallocated Capital Grant	5.265	5.265	0.000
Strong and Well Partnership - Contribution to Capital Programme	0.047	0.047	0.000
Winterbourne Project	0.050	0.050	0.000
Care Act Implementation	0.871	0.871	0.000
Social Care and Finance Information System	3.876	1.969	1.907
Teaching Partnership IT Equipment	0.022	0.022	0.000
Netherwood Green	0.681	0.681	0.000
Miscellaneous capital projects (not greater than £5000)	0.011	0.023	0.000
Wifi Upgrade Integrated Sites	0.010	0.010	0.000
Integrated Community Equipment (ICES)	2.334	1.872	2.380
TOTAL	13.182	10.812	4.287
<i>Better Care Fund Disabled Facilities Grant and Social Care Capital Grant – passported to District Councils</i>	<i>7.480</i>	<i>7.480</i>	<i>tbc</i>

The agreed Capital programme for 2018-19 was agreed at £4.740m. This was made up of £2.334m for Capitalisation of Equipment and £2.406m for the Social Care and Finance Information system. Subsequent to this being agreed, there was slippage on the Social Care and Finance Information system which meant that the amount brought forward into 2018-19 increased.

The remaining elements relate to slippage from the 2017-18 programme which are expected to be completed in the current financial year. Funding was brought forward for these and do not create an additional pressure.

Adult Social Care Committee

Item No:

Report title:	Norfolk Learning Disability Strategy 2018 – 2022 My Life, My Ambition, My Future
Date of meeting:	02 July 2018
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic impact

Norfolk's Learning Disability Strategy is the first to be developed in partnership and co-production with service users. It provides the single vision, agreed core principles and core priority outcomes to improve the lives, opportunities, health and wellbeing of people with a learning disability and their families living in Norfolk.

It aligns with Norfolk County Council's (the Council) strategic priorities for sustainable services for those who need them most and the Norfolk Futures Strategy:

- 1) Offering our help early to prevent and reduce demand for specialist services
- 2) Joining up our work so that similar activities and services are easily accessible, done well and done once
- 3) Being business like and making best use of digital technology to ensure value for money
- 4) Using evidence and data to target our work where it can make the most difference

Executive summary

The Norfolk Learning Disability Strategy 2018 – 2022; My Life, My Ambition, My Future has been developed through engagement and co-production with service users and has been identified as a priority by Adult Social Services and supported by Adult Social Care Committee.

A series of engagement activities have taken place since summer 2017 that identified the 10 key priorities by people with a learning disability, their families, providers of services, professionals and commissioners.

The key priorities have been translated into priority outcomes to support the identification, delivery and monitoring of key work activity and its impact over the next five years.

This includes aligning with the Council's Adult Social Care Promoting Independence Programme, Living Well: 3 Conversations and the Social Work principles and Norfolk Futures including the development of Local Area Strategies.

It also includes the local and national priorities to improve the health and wellbeing of people with a learning disability. Examples of this include the offer and undertaking of annual health checks and 'Transforming Care', preventing the use of hospitals where this can be avoided.

To support the development of a partnership approach across agencies and people with a learning disability and their families, a series of Core Principles have been developed. These Core Principles identify how the partnership will work together to inform the culture and the delivery of the learning disability services in the future.

The Adult Social Care Committee are asked to acknowledge the work undertaken and to approve the adoption of the My Life, My Ambition, My Future for the future planning and provision of services for people with a learning disability in partnership with health and other key partners.

Including the approval of the Vision, Core Principles and outcomes.

Recommendations:

Committee are asked to:

- a) **Approve the adoption and implementation of Norfolk Learning Disability Strategy 2018 – 2022; My Life, My Ambition, My Future**

Appendix 1 - Norfolk's Learning Disability Strategy 2018 – 2022; My Life, My Ambition, My Future – page 48

1 Proposal

- 1.1 Norfolk's Learning Disability Strategy 2018 – 2022; **My Life, My Ambition, My Future** is the product of a wide engagement and co-production process with service users that saw over 800 people providing their contribution, that communicates a vision that '**All People with a Learning Disability have the ambition, choice and opportunity to be equal members of the Norfolk community.**'
- 1.2 The principles within the strategy, provide a framework that can be applied to all areas of delivery, influencing the culture change required to improve opportunities for people with a learning disability, to actively participate in their local communities and reduce the need for specialist or commissioned services.
- 1.3 In order to engage with as many people as possible, different methods of engagement were used. This included the media, workshops, inclusive of members from the Adult Social Care Committee, stalls, surveys including easy read, group sessions and a drop-in session for the wider community, at the Kings Centre in Norwich.
- 1.4 As a result, there was a wide range of people that contributed to the engagement, including: people with a learning disability (LD) (including young people), parents, family carers, public, professionals of learning disability services, providers, housing, community businesses, the police, schools and education facilities, Department of Work and Pensions and commissioners across Norfolk Clinical Commissioning Groups and Adult Social Care. 58% of people who participated were identified as having a learning disability.
- 1.5 The engagement was co-ordinated by a co-production group that was co-chaired by a member of the Learning Disability Partnership Board, with an independent person from the Careology agency. The Learning Disability Partnership Board comprises family carers, experts by experience and professionals across health and social care learning disability services.
- 1.6 Further engagement with self-advocates and family carers on the LD Partnership Board translated the priorities into outcomes which will enable the development of delivery plans and measures that the Partnership can use to hold itself to account in the Transformation of LD Services over the next five years.

These include:

- a) Equality, respect and being safe
- b) Being Health and Happy
- c) Having the right place to live

- d) Develop and maintain positive relationships
- e) Having transport to get about
- f) Being part of the community, local activities and leisure opportunities
- g) Having employment, work, education, training opportunities
- h) Having a voice and choice about the right support
- i) Managing Money and Personal Budgets
- j) Support for Carers and Families

- 1.7 The purpose of the principles is to enable the development of consistent, quality services across Norfolk that can be applied to all areas of delivery. These include: influencing a culture change focusing on working together, to enable and develop people's skills and prevent people's needs from deteriorating, improving the opportunities for people with a learning disability to actively participate in their local communities and reducing the need for specialist or commissioned services.
- 1.8 For those who require higher levels of support, the strategy equally promotes positive health and wellbeing outcomes through a person-centred, preventative and enablement practice, reducing peoples' needs escalating and preventing crisis (pages 11 and 12 of the draft LD strategy refers).
- 1.9 The LD Strategy supports the delivery of the Council's corporate priorities, the delivery of the Norfolk Futures programme and social work principles and the delivery of the Council's Adult Social Care statutory duties, as outlined in the Care Act 2014. Specific focus on the needs and outcomes of people with a learning disability and their carers, are also enacted through the strategy.
- 1.10 The recommendations of *Transforming Care, Building the Right Support Service Model 2016*, with the focus of preventing the use of institutions such as hospitals and contact with the criminal justice system, are included and supported within the principles of the strategy. There is recognition of the importance of other policies and legislation and how they are applicable to people with a learning disability, including the Autism Act, Mental Health Act, and Mental Capacity Act.
- 1.11 This strategy is intended to be a public facing document and can be used as a tool for organisations, providers and commissioners in the planning of their future priorities and delivery of good quality services.
- 1.12 The LD Strategy has been shared with CCG Executive Board for comment and attended the Joint Strategic Commissioning Committee on 19 June 2018

2 Evidence

- 2.1 The general population of people with a learning disability living in Norfolk in 2017 was 16,899 (Pansi and Poppi data), with the expected population to rise by 2.3% to 17,284 by 2021. This considers the number of people with a learning disability in the older age groups increasing at a faster rate, estimated as 6.9%, within the same period.
- 2.2 Of the 16,899 general population of people with a learning disability, 2,486 people access Adult Social Care Services.
- 2.3 According to the prevalence data, the largest proportion of individuals with a learning disability also have an autism spectrum condition at 41% and this population will also benefit from the developing Autism Strategy, with both strategies recognising the needs of this population group.

- 2.4 Further work will be undertaken to better understand the future demand, which will support greater emphasis on preparing for adulthood for young people with a learning disability as they transition into adulthood.
- 2.5 National research into the projected demand for social care and disability benefit for younger adults, identified that between 2010 and 2030 there would be an increase of 32% of young people with a severe learning disability.
- 2.6 It is expected that the future approach would support young people away from the traditional service model, with greater focus on aspirations and independence.

3 Financial Implications

- 3.1 The adoption of the strategy does not have direct financial implications to the Council and we expect the strategy to be delivered within the existing budget. It provides the strategic vision that supports current efficiency and savings programmes, and the wider principles of Promoting Independence. Delivering the strategy will be dependent on other partners changing the way that they work.
- 3.2 Current spend by the Council on services for people with a learning disability is £124m inclusive of £7m for specialist health and community services (community nursing, psychiatry etc), including:
 - a) 16 million on Day Opportunities
 - b) 49 million on residential care
 - c) 37 million on supported living day services, residential and supported living
- 3.3 It is therefore important to align with the Council's strategic priorities for sustainable services for those who need them most and Norfolk Futures core principles.
- 3.4 Committed savings agreed by the Council within the Annual Budget 2018/19 to be delivered by the Promoting Independence programme projects for Learning Disabilities is £7.4m and £10.3m across 2019-21.

4 Issues, risks and innovation

- 4.1 Norfolk's Learning Disability Strategy 2018 – 2022; **My Life, My Ambition, My Future** has received a lot of interest and engagement both inside and outside of the Council.
- 4.2 There are no risks to the Council in the adoption of the strategy, however, by doing so it does communicate the intention to progress the priority outcomes identified in the strategy in partnership over the next five years.
- 4.3 The strategy has been written with key equality implications in mind for people with a learning disability living in Norfolk, who are at risk of health inequalities and social deprivation outcomes and provides positive foundations for joined up partnership working.
- 4.4 The introduction of core principles and the promotion of opportunities for people with a learning disability to access community and mainstream services, supports their Human Rights and the delivery of the Equality Act 2010 by the Council and other statutory bodies.
- 4.5 My Life, My Ambition, My Future Norfolk Learning Disability Strategy 2018 – 2022, will inform the culture for the future delivery of services to people with a learning disability, promoting their independence, person-centred practices and preventing the escalation of needs. It provides the core principles by which joint commissioning can be delivered

across social care and health for future learning disability services in Norfolk. This includes the 'LD specialist health services' offer (including community nursing and psychiatry and the development of a new community health model in collaboration with partners.

- 4.6 The strategy supports the application of operational practice, with the focus on person-centred outcomes, aligning to the Living Well: 3 conversations and Social Care Principles for people with a learning disability and Carers assessments in the delivery of statutory duties Care Act 2014.
- 4.7 It recognises the need for communities to be positive places for people with a learning disability and provides further opportunities to work in partnership in the development of local area strategies with the police, District Councils in the development of hubs, safe spaces and changing spaces.
- 4.8 The provision of a set of core principles will also support improved quality assurance and engagement with providers, by which joint commissioning can be delivered across social care and health for future learning disability services in Norfolk.

5 Recommendations

5.1 Committee are asked to:

- a) **Approve the adoption and implementation of Norfolk Learning Disability Strategy 2018 – 2022; My Life, My Ambition, My Future**

If you have any questions about matters contained in this paper or want to see copies of any assessments, e.g. equality impact assessment, please get in touch with:

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

My Life, My Ambition, My Future

Norfolk's Learning Disability Strategy 2018 – 2022

Norfolk's Learning Disability Partnership Board

In Partnership with



Great Yarmouth and Waveney
North Norfolk, South Norfolk
Norwich, West Norfolk
Clinical Commissioning Groups

Foreword

My Life, My Ambition, My Future has been co-produced with residents of Norfolk with a learning disability, families, advocates, health and social care professionals and the wider community. **My Life, My Ambition, My Future** introduces a vision and identifies the priorities that we all need to work on to achieve this vision, in partnership.

My Life, My Ambition, My Future pledges a new commitment to being person-centered in everything we do, with a focus on promoting opportunities and positive personal outcomes. It aims to promote a new journey of true partnership and co-production.

My Life, My Ambition, My Future focuses on enabling young people and adults with a learning disability to identify and achieve goals important to them and improve their quality of life through accessing a wide range of community resources and services across Norfolk.

My Life, My Ambition, My Future focuses on prevention and working together, so that collectively we can stop things from going wrong earlier and achieve equitable outcomes. This includes health and we (the partnership) all have a responsibility to promote and support the good health and positive wellbeing of people with a learning disability and their families. In doing so we will listen and notice when issues and challenges appear, so that we can help stop things from getting worse, identify the right support at the right time by the right people in the community. We will always prevent, wherever possible, the use of hospitals, residential care homes and support that is intrusive.

My Life, My Ambition, My Future sets out a clear intention for everyone involved in the lives of people with a learning disability, to work together in partnership and through co-production with people that have a learning disability, their families and the wider community in Norfolk.

My Life, My Ambition, My Future aspiration is that together we will shape a future that improves the outcomes, opportunities, choice and control of people with a learning disability, whilst delivering efficient quality local services. This will be achieved by working together across the whole system, undertaking key areas of work and by jointly working to the Learning Disability Principles.

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Introduction

My Life, My Ambition, My Future sets out the Vision for shaping and delivering opportunities for people in Norfolk with Learning Disabilities. It explains how we arrived at the vision and how we intend to achieve this vision, through identifying a series of key priorities and actions.

Our Vision

‘That all people with a learning disability have the ambition, choice and opportunity to be equal members of the Norfolk Community’

In developing **My Life, My Ambition, My Future**, The Norfolk Learning Disability Strategy for Norfolk 2018 - 2022, we have considered national and local policy and given specific focus to a co-production process.

The co-production process ensured the views and opinions of Norfolk residents with a learning disability and their families, were central to development of the priorities and principles that **My Life, My Ambition, My Future** promotes. In addition, a wide range of organisations, staff and the local community, shared their views through the co-production process, to help identify the priorities of the strategy. **My Life, My Ambition, My Future** provides the vision, identifies outcomes and identifies work priorities to achieve these, over a 5-year period.

Future papers, plans and policies will refer to **My Life, My Ambition, My Future** when considering the needs of all people with a learning disability from the age of 14, including people with other needs such as autism and dementia.

My Life, My Ambition, My Future has considered the financial challenges faced by the Norfolk County Council (the Council). It recognises the need to evolve the way we deliver services and work differently in the future, to ensure sustainable support that can promote new opportunities and maximize people’s independence.

My Life, My Ambition, My Future belongs to everyone involved in the commissioning and delivery of services for people with a learning disability, the wider community and people with a learning disability and their families.

Norfolk Context

Money, Data and People

As in many parts of the country, budgets are not keeping pace with demand and so change is needed.

Commissioners are faced with the challenge and opportunity of reshaping and evolving services to best support the residents of Norfolk and deliver efficiencies. These changes are being delivered by the Council through the delivery of a programme of work called “Promoting Independence”.

The Norfolk and Waveney Sustainable Transformation Partnership (STP) needs to make significant efficiencies across health and social care. The STP brings together key providers and commissioners across the local area to plan and deliver services for its population. There are already savings plans in place, however, assuming these are delivered, there is still a combined financial challenge for health and social care of c. £56m for 2018/19.

In the year 2017/18 the Council invested £119m in Learning Disability Services. Local NHS Clinical Commissioning Groups invested an extra £2m on specialist services as part of the Transforming Care response.

Care packages for people with a learning disability account for 93% of the investment referred to above. This includes commissioned services such as accommodation-based care packages, community-based services, including day opportunities and services commissioned by individuals using direct payments. In March 2018, the Council was running 5,676 services for 2,437 adults with a learning disability as their primary support reason.

Some people with a learning disability will also have additional needs such as sensory and communication needs with additional diagnosis of autism and dementia. We know that with the good news that the life expectancy of people with a learning disability is increasing, there is a need for a range of planned quality services and support across Norfolk that can adapt to the changing needs of people throughout their lives.

Data and People

LEARNING DISABILITIES IN NORFOLK

INTELLIGENCE AND ANALYTICS

General Population - 2017

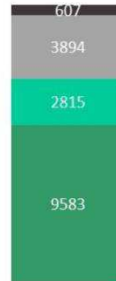
16,899
Adults estimated to have a learning disability

Estimated age of Adults with a Learning Disability



■ 18-64 (73.37%) ■ 65+ (26.63%)

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%



■ 65+ Moderate/ Severe
■ 65+ Mild
■ 18-64 Moderate/ Severe
■ 18-64 Mild



Source: POPPI AND PANSI (data based on predictions). Percentages may not add up to 100 due to rounding.

Predicted change - by 2021

17,284
Adults estimated to have a learning disability

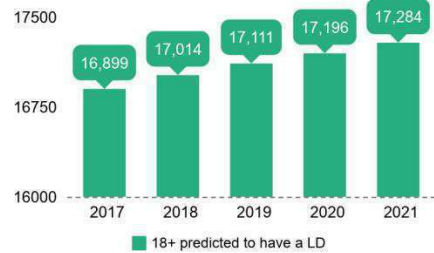
385 or 2.3% more people over 5 year period (18+)



6.9% more people aged 65+ estimated to have a learning disability

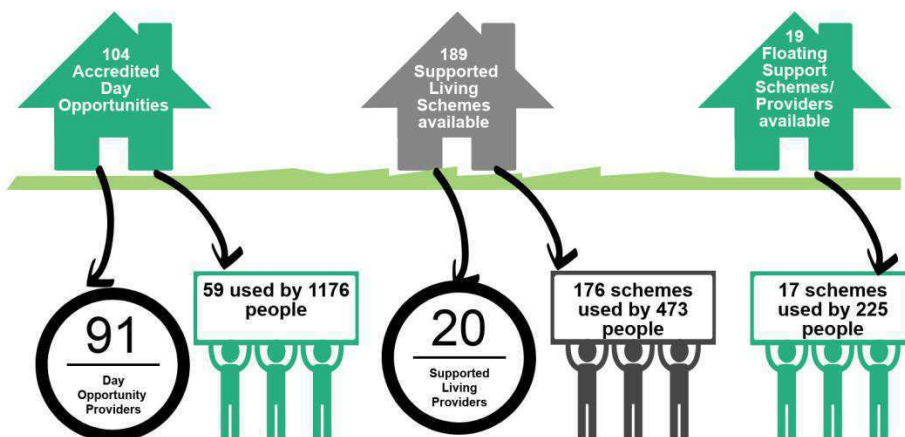


- The total number of people with a learning disability is expected to grow by 2.3% in the five years to 2021.
- The number of people with a learning disability in older age groups is growing faster than the average: in the same period the number of people aged 65+ with a learning disability will grow by 6.9%.

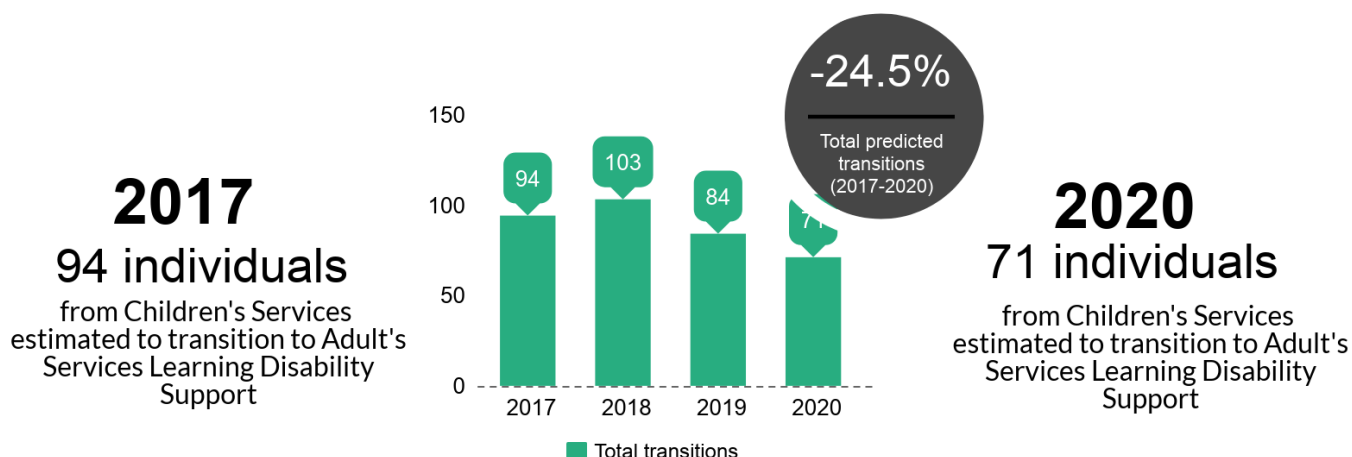


Source: POPPI AND PANSI (data based on predictions)

Providers:

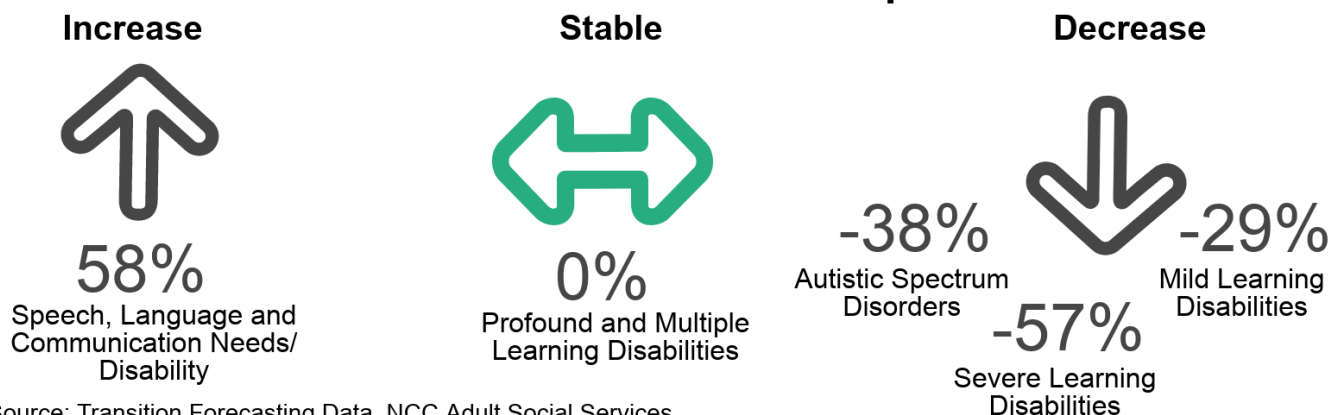


Transitions from Children's Services to Adult's Services Learning Disability Support:



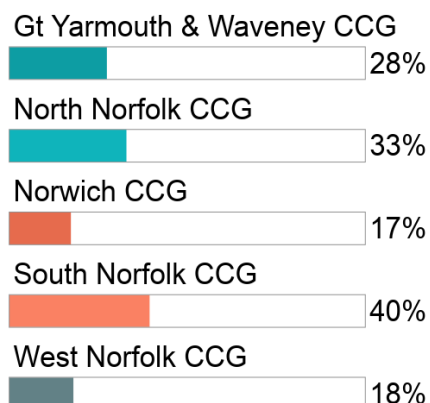
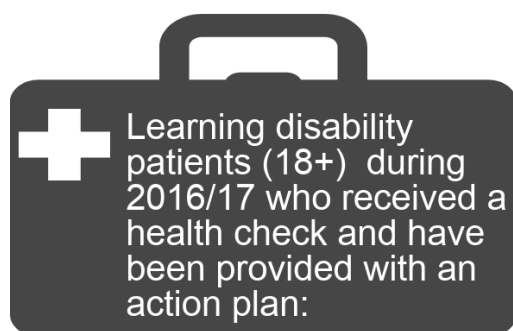
Source: Transition Forecasting Data, NCC Adult Social Services.

Health care needs of transitions in 2020 compared to 2017:



Source: Transition Forecasting Data, NCC Adult Social Services.

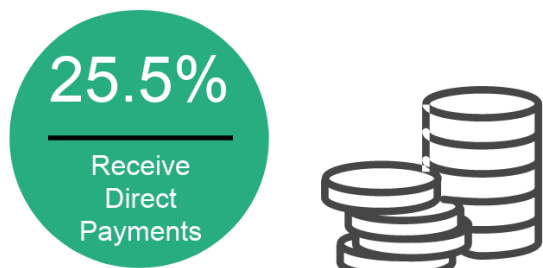
Health Checks:



Patients aged 18+ during 2016/17 financial year identified as having QCF diagnostic learning disability who received a learning disability health check and have been provided with a learning disability action plan. Note data includes Waveney. Source: NHS Digital.

Money

Direct payments:



Source: NCC Social Care System (March 2018)

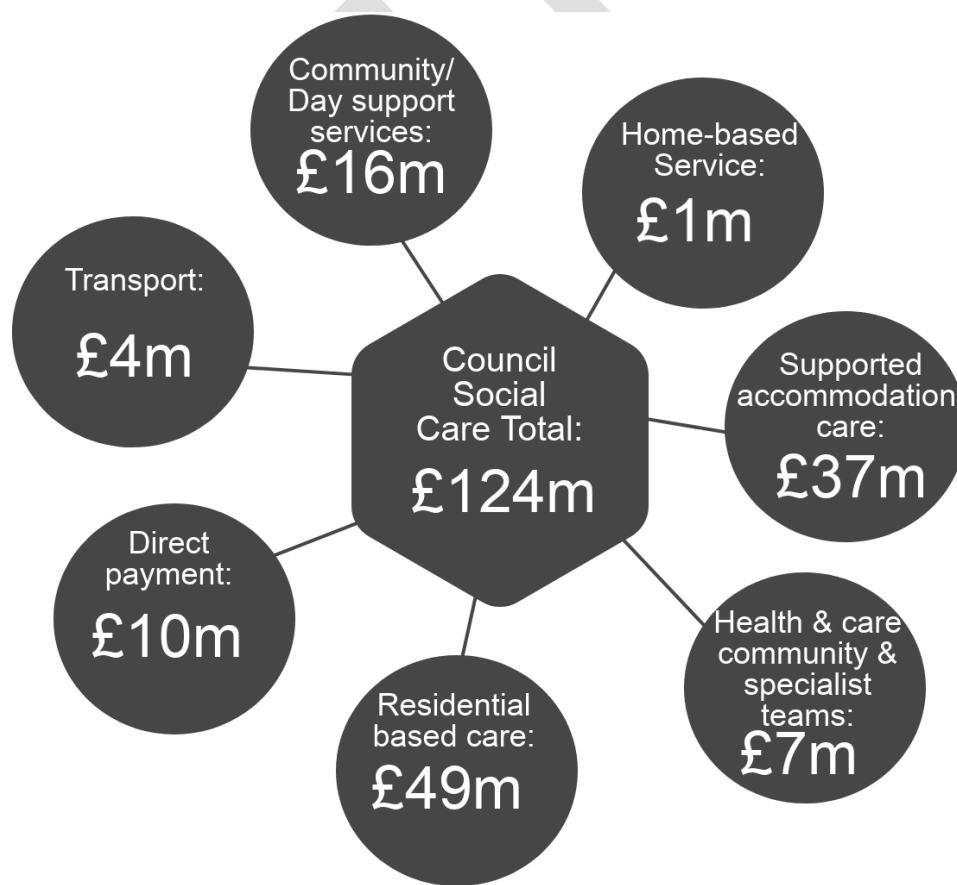
In own home or with family:



Source: NCC Social Care System (March 2018)

Financial Context:

Total amount of local Council money that will be used for adults (over 18) with a learning disability in 2017/18:



Source: NCC Finance Department

Our way of working in Norfolk

Working Together

The Equality Act 2010 says disability is a protected characteristic and organisations must make reasonable adjustments and include adults with learning disability.

We believe that it is important to work in partnership with people who experience learning disability using co-production. This way we have a better chance of improving opportunity for people with a learning disability to live more independent and self-determined lives. We will make the most of the resources and money we have available through work, which focuses on the shared priorities and principles identified during the co-production.

[My Life, My Ambition, My Future](#) recognises that, in order to put this into practice, we also have to take account of what we have to do to make Norfolk a more equal and accepting place to live with a learning disability.

In addition, the Council and the NHS must make sure that they are considering people with a learning disability in the delivery of National Policy, including the Care Act, and for some people the Autism Act, Mental Health and Mental Capacity Acts. We also need to consider the needs of people with a learning disability and deliver specific national priorities such as Transforming Care, to prevent young people and adults accessing hospitals or being in contact with Criminal Justice, when it could be prevented.

We will work together with the people responsible for delivering and developing the plans that affect the lives of people with a learning disability, by asking them to work with a renewed LD Partnership Board. This will ensure that new plans and strategies take account of the specific needs and concerns of adults across Norfolk with a learning disability and consider the Core Principles in [My Life, My Ambition, My Future](#).

We believe that young people with a learning disability should have more opportunity to gain different experiences and develop greater aspirations for their future. No matter how big or small the aspiration, we will be working with Children's Services to plan better for the support people need in the future and enable young people to develop the skills and confidence in preparation they need for adulthood.

We recognise that everyone is individual and that people will need different types and amount of support. What we think is most important is that people get the right support for them and that this is not less or more than someone needs. We recognise that needs change and so the support will need to change to best match the needs of the person and their family where required.

Working as a partnership to support better outcomes

The Learning Disability Principles in [My Life, My Ambition, My Future](#) have been developed for all partners to sign up to, so that everyone can work towards the same values and aspirations in delivering consistent services, support and opportunities. It is expected that everyone involved in the lives of people with a learning disability will agree to work together in providing a shared approach.

In addition, the partnership recognises a shared requirement to adhere to the values and principles of the Equality Act and United Nations Convention on the Rights of Persons with Disabilities. It also supports the delivery of Care Act Wellbeing Outcomes, Health Equalities and the Preparing for adulthood outcomes.

Partnership

Partnership is an important part of how we will deliver the ideas and changes outlined in [My Life, My Ambition, My Future](#). It is about everyone delivering, with people who experience Learning Disability at the centre of everything that happens.



In Partnership, we agree to shared principles



Our Shared Principles

1. Co-produce well
2. Respect differences
3. Include all
4. Value people
5. Communicate well
6. Fair opportunity
7. Be person-centered
8. Work in partnership
9. Predict need
10. Prevent crisis
11. Support health & wellbeing
12. Community resources
13. Safe communities
14. Effective services
15. Efficient services
16. Prepare for Transitions

Principle**Partnership based commitment**

- | | | |
|----|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Co-produce well | Treat all people with respect, dignity, kindness and value their contribution through co-production. |
| 2 | Respect differences | Respect people and their differences. Accept people for who they are as individuals. Don't make assumptions |
| 3 | Include all | Work to include everyone, empower and co-produce with people that have learning disabilities, their families, service providers and communities. |
| 4 | Value people | Recognise people as individuals entitled to make choices and decisions and support this with access to appropriate advocacy, communication support. |
| 5 | Communicate well | Be transparent; adjust communication to communicate effectively, including accessible and easy read formats. |
| 6 | Fair opportunity | Promote fair opportunities for everyone, maximise independence including the right equipment and support. |
| 7 | Be person-centred | Deliver person-centred practice, recognising strengths. |
| 8 | Work in partnership | Work in partnership with the person; address gaps in communication and planning. |
| 9 | Predict need | Predict needs earlier to stop things from going wrong. |
| 10 | Prevent crisis | Prevent crisis through personalised early intervention. |
| 11 | Support health & wellbeing | Work together so that people are healthy and well. |
| 12 | Community resources | Promote opportunities to use community resources. |
| 13 | Safe communities | Promote inclusive and safe communities. |
| 14 | Effective services | Provide commission and manage quality services that focus on quality and improving personal outcomes. |
| 15 | Efficient services | Make the best use of resources so that they demonstrate outcomes and are cost efficient. |
| 16 | Prepare for Transitions | Prepare for phases in people's lives in good time; including adulthood, moving home or older age. |

Co-Production

[My Life, My Ambition, My Future](#) is a big plan, and this big plan has been co-produced by lots of different people in Norfolk working in partnership.

[My Life, My Ambition, My Future](#) co-production took place between July and December 2017. People with experience of a learning disability, their families and carers, were central to the co-production. Professionals and the wider community were also involved in the co-production.

Co-production is important to help people in Norfolk live better independent lives, everyone in Norfolk is going to have to work together more, and in better ways, in the future.

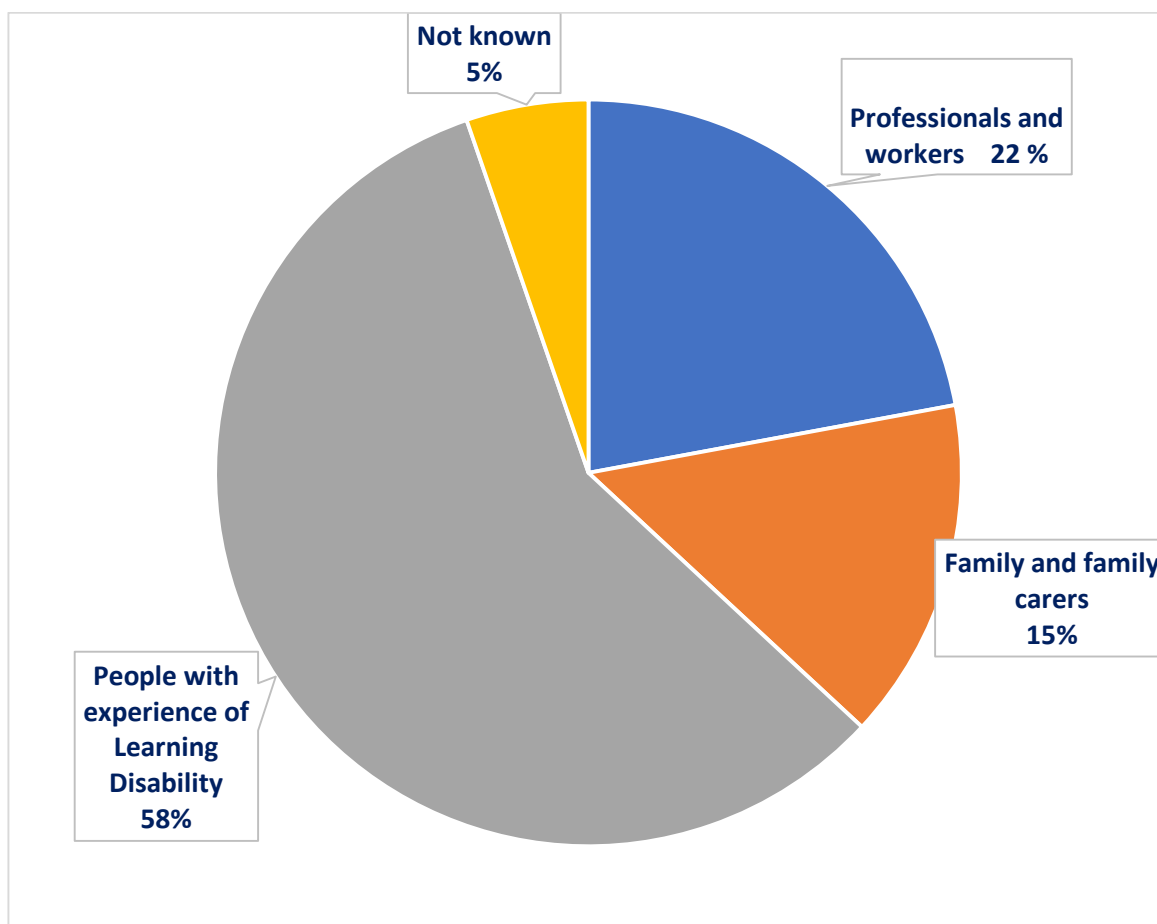
Some of the people who have helped develop [My Life, My Ambition, My Future](#) through co-production, include:

- The Learning Disability Partnership Board
- People who have experience of Learning Disability
- Families
- Learning Disability charities in Norfolk
- Norfolk NHS
- Schools and colleges in Norfolk
- Norfolk County Council/Social Care
- The Police
- Companies who provide services, like housing and day opportunities, in Norfolk
- Many other people, groups and organisations

In total, 823 people contributed to the [My Life, My Ambition, My Future](#) co-production listening and engagement activity. They did this in lots of different ways:

- 402 people completed an Easy Read survey
- 48 people filled out a non-Easy Read survey.
- 236 people shared their views through an online e-survey.
- 112 people joined a group activity
- 25 people were directly involved in the Co-Production Group itself

Different people shared their views



Giving everyone a voice

During the co-production, it was not always easy to capture everybody's view and ideas, particularly people with sensory and communication needs and those accessing criminal justice and hospital settings.

In planning and thinking about services in the future, we need to consider how we adapt our communications approaches to better include people with complex needs and are in different environments to benefit from [My Life, My Ambition, My Future](#) over the next 5 years.

What People Told Us

Through the co-production work it was established that there were key themes that were a priority for people with learning disabilities, and these themes are our priorities.



My Life, My Ambition, My Future Key Themes and Priority Outcomes



Safety, Fairness and equality

Outcome 1



Health

Outcome 2



Housing

Outcome 3



Relationships, family and friends

Outcome 4 & 10



Transport

Outcome 5



What people do in the daytime

Outcome 6 & 7



Staffing, care and support

Outcome 8



Personal Budgets and Money

Outcome 9



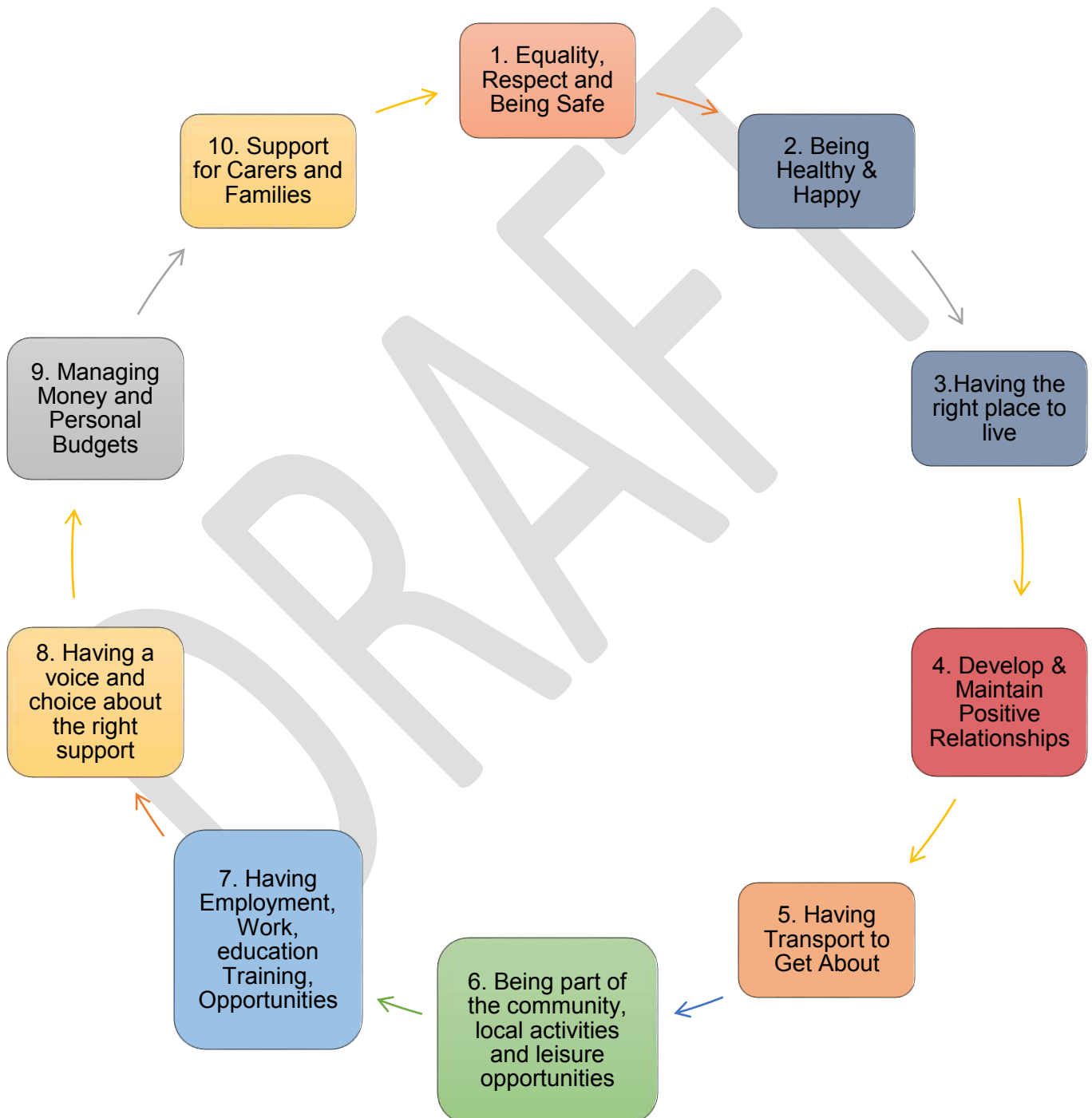
Respite and Holidays

Outcome 10

My Life, My Ambition, My Future

Priority Outcomes

The priority themes identified through co-production have been translated into Priority Outcomes. These are examples of the outcomes and opportunities that could be achieved as a result working in partnership over the 5 years of the strategy.



Delivering the Priority Outcomes

1 Promoting equality, respect and being safe



What we know

A quarter of disabled people have experienced attitudes or behaviours where other people expected less of them because of their disability.
(*Attitudes towards disabled people, Scope, May 2014*)

Having more options for support in the community would help to prevent people needing to access more formalised services. The Transforming Care Programme is reducing the number of people in long stay hospitals by the use of community resources, this means more personalised outcomes.

“We need to see past the disability to see a person with hopes and skills”

What people said

“Work with nightclubs to offer accessible discos”

“Do more to promote Buddy systems more widely (e.g. *Gig Buddies*)”

“Work with business to ensure greater development of Easy Read resources (e.g. menus)”

“It is important that the place you live is not a high area of crime that is linked to past offence – drug use, probation need to offer drink/drug courses”

“you never knew where you were in your treatment plan – telling me I am doing well doesn’t help, I need an idea of a moving out date”

What we are doing

We have introduced Safe Spaces and our Adult Safeguarding Board and Local Authority Elected Members have a better awareness of the rights and aspirations of people with a learning disability living in Norfolk.

We are fully engaged in the national review of all deaths of people with a learning disability, and are proactively implementing *Building the right support* (Transforming Care national programme 2016) to prevent the admission to hospital and to support discharge from hospitals so that people can be part of a community.

The introduction of equality legislation and improved access to public spaces will mean that disabled people have greater opportunities, visibility and aspirations than ever before.

What we will do next

We will work closely with agencies to respond to reports of safeguarding issues, and both hate and mate crime.

We will work together to raise greater awareness and challenge misinformed perceptions of learning disability, the launch of this strategy will make this easier

Promote opportunities within communities by raising awareness of learning disabilities and greater inclusion such as developing a LD-friendly Norfolk approach.

Work harder to enable people with a learning disability to access their mainstream services, including their doctor, hospital appointments.

Work with the police and liaison and diversion teams to help prevent people with a learning disability getting into trouble and accessing the Criminal Justice System. Where people do access the Criminal Justice System we will work with the police, courts and prisons to make appropriate reasonable adjustments.

What difference it could make

- More people say they feel safe when in the community
- People with a learning disability will know what to do if they experience abuse
- Carers and Families say they feel more confident in those they care for accessing their community
- People with a learning disability will be more visible and engaged in their local communities
- More people with a learning disability say they can access mainstream services

- There will be more safe havens / safe places for people to access
- There will be more people identified as at risk of falling into the criminal justice system
- Numbers of people engaged in the criminal justice system will reduce and will have appropriate support
- Police, probation and diversion teams (from accessing the CJS) will have better awareness of Learning Disability
- More people with a learning disability delivery learning disability training and awareness across services and the wider community

DRAFT

2 Being healthy and happy



What we know

People in Norfolk told us that health and happiness is important, My Life, My Ambition, My Future aims to make Norfolk a place where people with a learning disability are healthier and feel happier.

Transforming Care, Annual Health Checks and the Green Light Tool Kit all promote the importance of supporting people's physical, mental health and wellbeing. In addition, Stomp (Stopping over-medication of people with a learning disability, autism or both): seeks to prevent the 'over medication of people with a learning disability. They all recognise that identifying illness and issues at early stages will reduce the distress for people and their families. It also helps to prevent admission to hospital due to an escalation of behaviours that could be considered to be challenging behaviour.

The (LeDeR) Programme (Learning Disabilities Mortality Review) aims to improve the lives of people with learning disabilities so that any preventable conditions that could result in serious consequences are recognised earlier.

A greater focus on supporting people to have the right services and support in the community. Every effort should be made for people with a learning disability and/ or autism to go into hospital if their needs can be met in the community. It has also provided the local areas with targets to including people moving out of hospital back into the community.

When considering the needs of people with multiple and profound disabilities, physical disabilities it is understood that good postural support, sensory needs, complex health needs, (e.g. epilepsy, respiratory problems, dysphagia and eating and drinking problems) and communication are all priorities in supporting positive health and wellbeing.

"I like to go to the gym, football and dance classes"

What people said

"Develop a range of initiatives that support people with a learning disability to be able to use local community wellbeing resources".

“Sometimes help with healthy eating would be good, it can be more expensive”.

“Not being supported with weight gain and diet, no accessible information”.

“Doctors don’t always respect people with a Learning disability”.

“There is not the understanding that feeling unwell needs to be recognised and flagged up with the doctor”.

What we are doing

W Making sure that too many hospital beds are not bought or used
Working with NHSE to make sure that by March 2019 *‘all inappropriate NHS Funded placements of people with a learning disability, challenging behaviour within an inpatient setting will receive the right care in the right place.’*

Providing support to individuals, their families and providers that are at risk of admission to hospital through positive behaviour support and other services to support the individual through the challenging time and prevent an admission to hospital.

We are involved in the National LeDer Programme to learn from the reviews of people with a learning disability whose physical health needs were missed. We plan to share the learning wider so that health needs can be recognised earlier and prevent them from getting worse.

Supporting GPs and Practice Nurses to understand the importance of Annual Health Checks for people with a learning disability. NHS England provide clear guidance and expectations around the delivery of Annual Health Checks.

Supporting hospitals to make reasonable adjustments by having LD Liaison Nurses (will point to Useful Information page which is to be inserted at the end of the document)

Implementing the Green Light Tool Kit that supports people with a Learning Disability to access mainstream mental health services (will point to Useful Information page which is to be inserted at the end of the document)

Reviewing the dementia pathway for people with a learning disability so they get the right accessible support and information

What we will do next

W Ensure that the annual health checks are delivered across the County, from the age of 16, by working with GPs to improve access such as extended appointments and additional support.

Give specific thought to how all people including those people with more complex needs have improved health and wellbeing outcomes

Support use of IMCAs and reasonable adjustments so that all people with a Learning Disability receive the right health care treatment including dentistry.

To work with the community to identify more opportunities for people with a learning disability to access support on diet and wellbeing

Work with providers to notice and respond to changes in physical and emotional needs, ensuring that they have skills in positive behavioural support to provide a person-centred approach in responding to the needs of people when unwell or distressed.

Provide support across building based provider services, and in the wider community to prevent the risk of a hospital admission or breakdown of accommodation.

To understand the numbers of people with a Learning Disability that have long-term health conditions, including dementia. Working together across departments to deliver a person centred approach in meeting their needs.

To promote opportunities for health and wellbeing and healthy lifestyles such as tackling obesity, healthy eating and exercise.

What difference it could make

- More people have a recorded health check
- No one with a learning disability dies from preventable health conditions
- People don't go into hospital where it can be prevented through community support
- Fewer people, including children, go outside of Norfolk to have their health care needs met
- More young people stay in Norfolk to achieve their education aspirations and have their Health and Care needs met
- Where hospital is essential, it is for a shorter time
- More people with a learning disability and their families say they experience reasonable adjustments in accessing mainstream health services, for example hospitals
- The health and wellbeing needs of young people will be included within transition planning
- More people have their health books completed by health professionals

3

Having the right place to live



What we know

Having the right accommodation contributes to better health outcomes.

The wrong environment can have a big impact health and wellbeing, including distress that can lead to behaviours that are considered to be challenging, with the risk of losing accommodation.

There needs to be a range of housing options that meets the variety of needs and requirements. The accommodation should be in places that make it easy to access community resources as well as peoples support networks.

That the use of technology can enable people to have more independence and control in their home environment and lives.

“I want more say about who lives with me”

What people said

“Don’t want to move too far from my family, need to look at local needs”.

“No housing options on the council website for people with a learning disability”.

“Shared Lives schemes are good, more people should get involved”.

What we are doing

Working with operational teams and District Councils to develop a housing and accommodation needs list to help plan for future accommodation needs.

Working with Children Services to plan for future accommodation and housing needs for young people that also enables independence skills.

Working with developers and providers to capture opportunities for developing new accommodation options.

Working together to consider what different types of accommodation and support do people with a learning need to be happy and independent in their home. Recognising people need different types of spaces and reasonable adjustments.

Considering what type of short-term crisis accommodation that is not a hospital or residential home that a person could use when their own accommodation is causing them distress.

What we will do next

Have a single accommodation and housing needs list across Norfolk for people with experience of a learning disability accessing social care, including people who need new or different accommodation.

Work with housing developers and providers to develop new accommodation.

Review the existing supported living options to make sure it meets the needs of people now and in the future.

Review the shared lives model to offer more opportunities, focusing on enablement, young people returning from residential school, people moving out from home and respite.

Explore opportunities for the development of crisis placements when the current accommodation is not meeting needs.

What difference it could make

- More people have the right place to live that meets their specific needs
- More people say they are happy with their accommodation at their review
- Young People will have accommodation included within their transition plans
- More accommodation offers greater opportunities to develop skills and live as independently as possible, including the use of technology

4 Developing and maintaining relationships with family and friends.



What we know

Many people with a learning disability say that relationships are important to them - yet only 3% of people with a learning disability live as a couple, compared to 70% of the general adult population. (Mencap 2016)

Several barriers make it difficult for people with a learning disability to have personal and sexual relationships:

- Meeting people is more difficult
- Social isolation is more common
- The balance between risk and rights when it comes to people with a learning disability having intimate or sexual relationships is often skewed towards restricting their choices, both in the family home and other living arrangements
- Lesbian, gay, bisexual and transgender (LGBT) people with a learning disability can face 'double discrimination', with their sexual rights denied on the basis of their learning disability as well as their sexual orientation or gender identity

It is important for families to maintain positive relationships so that they are able to continue to support where appropriate. Additional support should be available when required in order to help families deal with a crisis situation or to prevent escalation of needs.

“Having friends is important”

What people said

“Recognise that for many people, family relationships are especially important and support is necessary to maintain these.”

“People think it is wrong or harmful for people with a learning disability to get married or have a family, living outside the norm is ok – love is more important”

“Time from family during the day to do activities in the community is important”

“Support for families as people move through transition and be introduced to the idea of independent living, so they are not caring for 50 years”

What we are doing

W We recognise that there needs to be more opportunities for people to develop and maintain their friendships and relationships.

We also recognise that developing an intimate relationship and potentially having a family can be important for some people.

We are asking social workers at the Council to think about how people can develop and maintain positive relationships, as this will help people stay happy, as well as providing peer support

We also recognise that relationships with family is important and sometimes that means having space. We offer a carers assessment for families that request one.

W **hat we will do next**

Offer and provide carers assessments and be mindful of changes in relationships as people get older.

Explore different ways that we can support people to develop friendship groups, so that they can access the community through pooling personal budgets and direct payments to do joint activities.

Explore ways that technology can help people feel more connected with other people when at home, such as video calling.

Ensure that there is responsive support available for families when in a crisis situation through the development of a contingency plan

W **hat difference it could make**

- More people say they are in regular contact with friends and family
- Fewer people say that they are lonely
- More people say that they have important personal and intimate relationships and are not prevented from doing so including people who are from the LGBT community
- Parents with a learning disability are supported in their parenting including making reasonable adjustments within parenting programmes

5 Having Transport to get about



What we know

Norfolk is a big county and it can be difficult to get about with some places not having access to public transport

Some people use taxis to travel a long way for activities when there could be activities and opportunities closer to home.

The Council has a transport policy that was implemented in 2017 that provides guidance on what transport can be provided. There is a free bus pass service that starts at 9.30, people can use the bus beforehand but will have to pay a reduced fare.

“Transport means independence - getting to college, work, the doctor, a friend's house”

What people said

“Need to have accessible clear signs and timetables, easy-read information”.

“The bus drivers need to have training on learning disability”.

“There needs to be more adult accessible changing spaces and toilets so people can get stay out for longer”.

“Buses need to have priority seating and ramps, kerb side buses”.

“Treating people like parcel’ with different drivers and unreliable”.

“I feel like everyone is looking at me when I am on a mini bus that has writing on it”.

What we are doing

Looking at more opportunities for people to receive travel training.

Developing a better understanding about how many people have been travel trained at school and may just need support with a new route.

What we will do next

Look at assistive technology options to support people when traveling independently so they feel more confident and know what to do. Including the use of mobile phone apps.

Work with Children's Services and include transport within transition planning as a key part of getting to training, jobs and activities.

Include travel training as part of the skills enablement offer during transition, for those people that haven't had it already or need support for new routes.

We will work with transport in co-production to raise awareness and introduce accessible information.

What difference it could make

- More people say they can travel independently
- Less money will be spent on adult social care transport, such as taxis for those people than can travel independently
- Fewer people say they feel isolated because they are able to access transport enabling them to get out and about
- More people will say they have a positive experience on public transport
- More people will say they are using technology and feel more confident

6 Being a part of the community and involved in local activities and leisure



What we know

Being involved with the local community leads to friendships and peer support and it can make people less reliant on commissioned services. It gives a sense of belonging, and leads to people being able to contribute to their community. The community is there for all, everyone has the right to use the facilities and opportunities on offer.

People who need more support to do things because they have complex impairments or challenging behaviour, have the right to the same opportunities as everyone else. People who need this additional support might benefit from having direct payments or an individual budget so they get the one-to-one support they need to do things. This would help to develop a culture of acceptance to support inclusive communities.

What people said

“I want to meet my friends outside normal times”

“Launch an initiative to promote availability of changing places and accessible toilets”.

“Recognise that high-quality independent support and access to advocacy will be important for people to get the most from person centred reviews that promote Ambition”.

“Take steps to understand, continue to plan for high-quality services that support the population of people who experience severe and complex and/or profound learning disability”.

What we are doing

We are working with providers to review their offer and think about how they can support people to develop their skills and independence.

We will continue to develop a quality assurance review for all provision.

We are working with Children’s Services so that young people identify their aspirations for the future in their transition plan, including getting a job.

Looking into different approaches to enable people to access their community include personal budgets.

We are developing more safe spaces and havens that people can access.

We will review the number of changing places available across Norfolk

We are looking into how assistive technology can help people feel more engaged and able to access their communities.

What we will do next

We will work with providers to review the existing day opportunities model and undertake people's reviews to make sure that people are being supported to achieve their personal goals.

We will work with the community to increase the opportunities for people to use their local and community resources and clubs such as gyms, community groups.

In partnership, we will think about how community hubs can bring people together in a local resource including the idea of buddies.

We will specifically consider how people with more complex needs can access new experiences and opportunities whilst recognising their personal needs.

We will promote local community activities with fewer words and more pictures.

Work with Art and Culture companies to develop opportunities for people with a learning disability to actively participate by socialising, developing their skills and opportunities in the arts; such as music, photography, drama, art and dance

What difference it could make

- More people saying they are able to be involved in their community and local activities including employment, training and voluntary work
- More people with a learning disability say they feel more confident about being in their local community, and know people in their local community
- Young people will include access to their local community in their transition plans
- Accessing the local community will be included in assessments and reviews with and without support
- More people will have personal budgets to access the opportunities and resources that help people's independence, like going to the shops

- More people will use technology to support them to access their communities
- People with complex and significant needs will have opportunities that meet their sensory needs and have positive experiences

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7 Having employment, work, education and training opportunities



What we know

People with a learning disability or autism do not have the same opportunities to access employment.

In Norfolk 3.4% of adults with learning disabilities aged 18-64 known to us were in paid employment which is below the national average.

Nationally there has been some resources identified to support local education commissioners and providers to develop supported apprenticeships to encourage more opportunities for future employment.

We understand that having a job or a purpose can lead to having greater fulfillment, less social isolation and if in paid employment in a stronger financial position to make choices.

“There needs to be greater opportunities and equality in the application and interview process”

What people said

“Need to promote the positives and challenge the misconceptions about the value people experiencing a learning disability can bring to the workplace”.

“Some employers are prepared to work with supported employment providers and schemes that can help.”

“The Council should be a role model and employ people with disabilities including a learning disability.”

What we are doing

We are working with day opportunity providers to establish what their current employment training opportunities offer is, including whether this has resulted in paid work.

We are working with Children’s Services to ensure that transition plans include developing opportunities into employment, training and further education.

We are working with mainstream employment support providers to understand what the offer is available across Norfolk, including developing skills, CVs, and access to work schemes.

We are working with Children's Services to consider the introduction of supported apprenticeships.

During assessment and reviews we are asking how people can access employment, voluntary opportunities and asking young people to think about what they would like to do in the future (their aspirations).

What we will do next

We will work with Children's Services and education to think about how they also prepare young people and adults to access employment opportunities and develop their skills to be prepared for a workplace.

We will continue to speak with the employment support agencies to understand what support can be offered dependant of needs, so that people know who can provide the right support at the right time.

Work in partnership with employment support agencies and day opportunities providers to understand what is currently available and what people need for the future.

Work with employers to promote the positives and opportunities as part of a wider employment piece of work to help change the culture and develop more opportunities.

Consider the development of a modular programme that supports people to engage in work related activities whilst supporting them to gain independent living skills. This could involve supporting people to access other mainstream services that offer advice and skills to increase independence and reduce reliance on funded care.

Work with Welfare Rights to support in accessing the right benefits and access to work and work with supported employment agencies to support people in retaining employment opportunities once in work.

Utilise the community to help make best use of the facilities, clubs and services that are already in existence in the community. We will need to work alongside colleagues, providers, other local authorities to ensure accessibility of community options.

Work with day opportunity providers to ensure that day services offer outcome focused services that are going to lead to more independence and more work-related activities.

What difference it could make

- Number of people in paid employment increases
- More young people are involved in apprenticeships
- More young people have employment, education and training included in their transition plan
- People are being given skills that make them ready for work or training opportunities
- This will ensure that people have a sense of purpose
- More people with a learning disability will be able to access mainstream national funded job support with reasonable adjustments
- The day opportunities model will reflect the future need and approach developed in partnership through the review process

8 Having a voice and choice about the right support



What we know

People with a learning disability need to have true choice to make sure that the support they receive supports the achievement of an outcome or opportunities. This can be big or small depending on the specific needs of the person.

Building the right support (Transforming Care) states within the principles that people with a learning disability and or autism should receive authentic person-centred support and be outcomes driven. This will ensure that they can determine how care and support can best meet their needs in the least restrictive way.

“Develop a workforce that focuses on values-based management and recruitment practice”

What people said

“A leaflet is not care, they have a place but people need to have guided conversations, particularly where people are less IT literate”.

“Establish a Learning disability staffing care and support task force to develop and grow the workforce in Norfolk”

“Take steps, through a range of co-produced initiatives, to address stigma and discrimination, and improve awareness and understanding, around learning a disability.”

What we are doing

Developing a workforce plan for learning disability, including transforming care and a multi-agency workforce and training plan for autism including learning disability.

Developing a multi agency autism workforce and training programme that introduces awareness, champions, and autism specific applied training that is person-centred and inclusive of LD.

Implementation of new Social Work Principles at the Council and the introduction of the 3 Conversations that focus on resolving issues earlier with short-term intervention or advice.

Reviewing advocacy services to ensure that people have a voice and are central to their planning in line with the Care Act and Transforming Care.

What we will do next

Bring together the different organisations supporting people that have a learning disability and their workforce training plans to develop a single LD Workforce plan for Norfolk.

Continue to develop the social care workforce to apply person-centred and outcome-focused assessments and practice, focusing on strengths and opportunities.

Work more closely with providers to demonstrate the continuous development of their workforce, particularly with regards to person-centred and positive behaviour support approaches, in addition to safeguarding, autism and mental capacity.

We will work with providers of commissioned services to make sure that the service they provide is of good quality and that people receiving the service provide their feedback.

We will work with the LD Partnership Board in delivering the priorities of the strategy in partnership and co-production via working groups.

There will also be the introduction of an Annual LD Show and Tell to demonstrate the progress made through the strategy and promote the positive work across Norfolk.

What difference it could make

- More people say they are involved in planning for themselves and have choice and the right support
- People will be at the centre of the care planning and have improved outcomes
- People will receive quality services and will be able to contribute to the quality assurance review
- Providers and the people in receipt of services will have a sustainable service and planned workforce
- People in receipt of services, and commissioners, will receive good value for money quality services that enable and promote independence

9 Managing money and personal budgets



What we know

The Care Act 2015 placed a duty on the Council to produce Care and Support plans and offer a Personal Budget (following an assessment), to ensure that people's needs are adequately met.

Currently 24% of people with a learning disability in Norfolk have a direct payment.

The ability to choose how support is provided in order to meet personal needs and outcomes, can make a significant improvement to the quality of life, health and wellbeing as a result. However, people with a learning disability and their families often do not feel confident in managing a budget, or feel they have the skills to choose the support, or in being an employer when appointing a personal assistant. Therefore, we recognise that good support in making decisions is essential if self-directed support is to be successful. Equally, having the choice of services is important to meet the range of needs that people have as individuals.

More people with a learning disability want to live more independent lives, accessing community services and choosing their support. This includes the management of bills, food shopping and personal finances. Many people that engaged in the strategy, communicated worries about managing their money in general, including their benefits.

“Give people choice; it needs to be okay to spend”

What people said

“Recognise the role of businesses and the wider community in supporting good practice when transacting with people who experience a learning disability”

“Increase access to and support around engagement with, services like Money Matters and DOSH (cash back application) Financial Advocacy Support”.

“Work with new and existing service providers and other partners to develop support/classes and activities focused on learning money skills”.

“Different people seem to experience different levels of choice and self-determination within agreed review priorities. This needs to be addressed”.

“There needs to be improved clarity for people who experience a learning disability, on the cost of services, so Personal Budgets can be spent well and a range of options considered when planning the delivery of agreed person-centred outcomes.

“Improved access to Direct Payments, Individual Service Funds and pooled budgets, including exploration of integrating social care Personal Budgets with Personal Health Budgets (where appropriate)”.

“More education for families/individuals/carers and professionals about support and services available and how they can access Direct Payments with a Personal Budget”.

“People need more support to use and manage Direct Payments; for example, around employing PAs. PAs and Support Workers also need support”.

“We should not expect people to fit into services; rather we need to ensure that services (and other support) are attractive and appropriate for the people who need them”.

What we are doing

The Council has undertaken a consultation on the current direct payment offer to obtain the views from users of direct payments including people with a learning disability.

It is recognised that in many cases people with a learning disability and family members have found managing direct payments difficult.

We are beginning to work with community providers to look at more personalised approaches that could be delivered through a direct payment.

We are working with the Welfare Rights team to provide greater outreach and support to people with a learning disability and autism.

What we will do next

We will learn from the response from the Direct Payment consultation with people who have direct payments, in particular what people with a learning disability and their family have said.

In addition, we will clarify what support is needed for people with a learning disability to help them consider having a Direct Payment.

We will review the take up and accessibility to personal assistants and consider how the workforce plan can support the increase in numbers of personal assistants.

We will also look at the opportunities for increasing the numbers of community volunteers and buddies.

We will work together to consider how both health and social care needs could be met via a personal budget.

What difference it could make

- More people say they are involved in planning for themselves
- More people say that they have greater choice in finding the right support
- More people say that they feel happier and able to achieve their outcomes due to having good person-centred support
- More people feel more confident to manage their money and their personal budget (with support where required)
- People are confident that they have the right welfare support advice
- More people understand their financial situation and how it works for them
- More people feel supported to plan for their future including how to deal with a financial crisis
- Young people will include managing money and the option of a direct payment as applicable within their transition plan
- More people feel that their personal budgets reflect their agreed outcomes from their personal centred reviews

10 Having support for carers and family, including respite and breaks



What we know

Family Carers provide an important role in directly providing care and support to a family member or friend. Sometimes due to the intensity of being a carer it can be difficult to look after their own health and wellbeing or just be mum, dad, sibling or spouse.

The Care Act 2015 gives Local Authorities a responsibility to provide carers assessments. This means more carers are now able to ask for an assessment of their needs and the impact the caring role has on their lives including their health and wellbeing.

“I am worried about what will happen to my son/ daughter in the future when I am not around or able to continue caring”

What people said

“Review and clarify, Norfolk’s Respite Policy; for those with direct experience of a learning disability and family carers/others who may be eligible for Respite support/access.”

“I am struggling to find support so I can go on holiday.”

“Please recognise that good respite can promote good relationships and that opportunities to access and develop relationships, beyond day-to-day activities and the home and/or family environment, are valuable.”

“Some people have a personal budget for respite, it is not clear when you can and when you can’t. Include what Respite means.”

What we are doing

We are looking at what is currently offered to carers to support them have a break and we are reviewing the number of carers assessments undertaken.

We are working closer with Children’s Services to better improve the transition arrangements for young people and their parents.

We are exploring opportunities to provide short term support at times of challenge to prevent a breakdown of the family household.

We will review the feedback provided in the carers survey every year to obtain the views and satisfaction of Carers supporting people with a learning disability.

What we will do next

We will better record the number of older carers.

We will work with older carers to plan for the future, for a time when they are unable to continue caring, including the development of a transition plan

Young people will include the support they receive from their family within their transition planning and assessment.

Carers will be included in assessments as appropriate and their views will be recognised, as well as more individual assessments of carers will be undertaken.

We will look at the development of back up plans (contingency plans) to put into place at times of emergency.

We will look at the impact of parents with direct experience of a learning disability.

What difference it could make

- More parents and carers receive carer's assessments
- More carers say their wellbeing is good
- More older parent carers, families and individuals are planning for the future
- More people will have back up plans that they can put into place on an emergency
- More carers will say that they feel listened to
- More carers will report greater satisfaction in the support they receive
- Parents of younger people with a learning disability will understand the changes in their role when the young person becomes an adult
- The role of the carer will be included in young people transition plans
- All reviews will consider the value, to families and carers, of alternative care for individuals
- Less people communicate that they are unable to continue caring
- More people are identified as providing mutual care during their reviews

Making Things Happen in Norfolk

National Influences

In addition to the Equality Act there is specific national policy and programmes and legal requirements that the partnership, in particular the Local Authority and Health Commissioners, need to consider when planning for people with a learning disability and their families. In brief these include;

'Building the Right Support' Transforming Care National service model 2017

Transforming Care is about improving the life chances of children, young people and adults with a learning disability and/or autism who display behaviours that challenge. Their support should be person-centred, planned and proactive. That people could access quality multi-agency specialist services in the community, preventing the use of hospital and other restrictive placements. People will be supported to stay out of trouble and hospital unless completely necessary, and that Care and Treatment Reviews or Care Education and Treatment Reviews for children will be used to determine this. Where hospital settings are used, discharge planning will start at the point of admission to learn and prevent things going wrong in the future.

Nice guidelines and Quality Standards, provides evidence based best practice guidance for health and social care.

Learning Disability and Behaviours that Challenge 2018, Guidance that focuses on service design and delivery best practice for children, Young people and adults with a learning disability inclusive of people with autism that have a learning disability.

Adult Autism, Guidelines and Quality Standards for diagnosis and support 2014, Autism Act 2009, Think Autism, Statutory guidance 2016

The Autism Act 2009 recognises all people on the autistic spectrum, including people with a learning disability, it also specifically identifies people without a learning disability should not be refused an assessment based on IQ.

The Autism Strategy 'Think Autism' and the National Statutory Guidance seeks to make sure that more people understand autism, that it is easier for adults to get a diagnosis of autism, (a diagnosis is when a doctor tells someone that they have autism by undertaking an assessment), make it easier for adults with autism to choose how they live and get the help that they need to do this through reasonable adjustments and by and autism aware workforce. This will help with assessments for health and social care including supporting young people plan for adulthood.

In addition to the development of Autism Aware Communities and better data for planning for people with autism

Children and Families Act 2016 Preparing Young people for adulthood

Identifies key outcomes that should be considered for young people transitioning into adulthood, these include Accessing Employment, Having Friends, relationships and community, Good Health and Independent Living. This includes all partners across

education, health and social care working with the young person and their families in preparing for adult life and identifying what support is needed to best enable the achievement of outcomes and ambitions.

The Care Act 2015

This introduces Wellbeing outcomes that all people should access including people with a learning disability and their Carers. These include personal dignity (including treatment of the individual with respect), physical and mental health and emotional wellbeing, protection from abuse and neglect, control by the individual over day-to-day life (including over care and support provided and the way it is provided), participation in work, education, training or recreation, social and economic wellbeing, domestic, family and personal suitability of living accommodation, the individual's contribution to society.

The Care Act Says

Local authorities must always put people's wellbeing at the heart of its decision making.

People with a learning disability need to be assessed in person by someone with expertise in learning disabilities. The Care Act guidance explicitly states that people with learning disabilities should receive a face to face assessment by someone with the right training and skills.

Carers have similar rights to services to the people they care for, including the right to an assessment.

Local authorities have duties to provide information and advice; for example, about how the system works, how to manage the financial aspects of meeting care needs, and especially how to help prevent, delay or reduce the need for care and support - to keep people as healthy and independent as possible.

People with a learning disability have the right to an advocate if they find it difficult to communicate or to understand something.

There are rules to make it easier for people to keep getting care and support if they relocate to a different local authority area.

If you get social care support, you will have a right to request a personal budget if you're not offered one.

Local Influences

The Council has 2 plans called '**Norfolk Futures**' and '**Promoting Independence**' that focus on increasing opportunities for people to be more independent, including using technology, targeting the resources including information to prevent people's needs from getting worse, helping people to develop their skills and have jobs. Also for some people help them recover from illness and provide services directly to those who need a lot of support to stop things from getting worse.

The Promoting Independence vision is to support people to be independent, resilient and well. It has three main elements to:

- 1) Prevent and provide early help,**
- 2) Help people to stay independent for longer**
- 3) Support people living with complex needs**

It also seeks to manage the pressure on services through the development of local community solutions for individuals and families, where this is practical and appropriate and making the most cost-efficient use of resources.

Where people do need a service, the Promoting Independence aim is to support people to be as independent of services, as soon as possible.

Norfolk Social Care Principles and the 3 Conversations

The Social Care approach is to meet the needs of the most vulnerable members of Norfolk's community. The social care staff and their partners are working together to find ways to improve people's outcomes whilst reducing the number of people reliant on commissioned services. This will include an early intervention approach providing early advice and information to stop things from getting worse, which will also help to minimise the cost of care packages for everyone.

This will include exploring how to meet people's care and support needs in other ways to ensure that the limited resources available are fairly shared. The Council has committed to ensuring that social work practice is consistent and adhere to the social work principles below:

- Comply with the legal framework for adult social care
- Timely and defensible decision making (and recording)
- Offer alternatives to traditional care services
- Always aim for outcomes that aim to maximise independence
- legal framework for adult social care

Health

Under the auspices of the Sustainable Transformation Plan is a mental health work stream taking forward specific pieces of work to support emotional wellbeing. Appropriate access to mental health services for people with a learning disability and autism through reasonable adjustments – known as the Green Light Toolkit – is being embedded into core service delivery.

Making the change happen

If we are to achieve our vision, that *all people with a learning disability are treated equally as members of their community and are recognised for their strengths*, everyone who is involved in the lives of people with a learning disability have an important role to play in making this happen.

This includes friends, family and the wider community, in addition to the local authority, social care and health commissioners of targeted and specialist services.

The types of services and support people may receive can be divided into four groups that often reflect the level of need or specialist knowledge required to address a specific issue. It would be expected that everyone should be able to access community and mainstream services even with a bit of help. However, for some people this is not enough and additional more specific or specialist knowledge it required. Most of us can receive support from more than one of the groups of support.

The 4 groups of support are:

Family, Community and mainstream: such as family members, partners, neighbours, community members and groups, self-help groups and advocates. Plus, services for all such as information and advice; general practices, leisure centres and community centres.

Targeted Support (Community Plus): Community and mainstream support is suitable and accessible through additional reasonable adjustments and short-term support. Sometimes there will be specific services in the community aimed at people with a learning disability that people and their carers / family can access.

Commissioned and Named worker: Support is case managed and coordinated by a named worker for people that have more needs such as supported housing, care packages and specific group activities and day centres.

Specialist: services such as placement in registered accommodation or specialist skilled teams with additional knowledge of people with a learning disability, associated conditions and provide support such as positive behavioural support and teams.

Every effort will be taken to prevent people going into a hospital or long term residential placement, unless it is to enable the recovery and protection of needs associated with health and wellbeing.

To achieve our goals, we must work together towards the same priorities and principles. Through co-production we have identified the priorities we want to achieve together and these are detailed below. In addition; [My Life, My Ambition, My](#)

Future also identifies the need for proactive, preventative and strengths-based approaches, in everything that we do.

The NHS and Norfolk County Council are working together to make sure that there is the right type of support in the community to help prevent more people needing specialist support by responding to needs earlier and stopping them from getting worse.

This is important as the specialist and reactive support is more expensive than preventative and enabling support and we need to as a partnership help make the resources reach as many people as possible when they most need it.

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Delivering My Life, My Ambition, My Future



The Learning Disability Partnership Board will have a **BIG** role to play in the delivery of the Key Priorities identified in [My Life, My Ambition, My Future](#) and the delivery of the agreed partnership principles.

In addition, the Learning Disability Partnership Board will provide co- production, participation and opinion on other projects where it may impact on the lives of people with a learning disability or their families as part of the equality impact assessment.

In order to do this the existing Learning Disability Partnership Board agreed the introduction of working groups to prioritise the actions and have oversight of the activity so that work doesn't happen in isolation.

The working group will link to the Local area partnership groups to ensure local delivery of priorities and receive information about the local issues. The working groups will feed into the new LD Partnership board progress and any challenges. The LD Partnership Board will include all the core partners for the delivery of [My Life, My Ambition, My Future](#) and assure themselves of the delivery of the Partnership Principles.

Engagement, Participation and co-production in everything we do

In all the above, the Council and its partners will proactively engage with people and embed Co-Production practices, in their activity, to ensure the Partnership Principle in *My Life, My Ambition, My Future* is delivered.

Thank you

Thank you to everyone that has been involved in developing *My Life, My Ambition, My Future* especially the co-production group who supported over 800 people to share their views.



Appendix I: Glossary of Terms

Term/Word	helping you to understand the words we use
actions	things we have to do
advocacy	getting your voice heard and being able to say your views and concerns
approaches	is the way of doing something and often makes sure that people all work in the same way
assessment	finding out what someone's needs are
carer/carers	a person who provides support and looks after someone - in this document we mean family carers, and this can at times include people with learning disabilities who care for other family members
commissioning	buying services
consolidating	bringing things together to make them stronger
cost effective	If something works well but is also not too expensive
direct payment	having money to buy your own services
diversity	we are all different people and everyone has their own different needs and things they believe in or are important to them
eligibility criteria	When people ask social services for support they use a guide called an 'Eligibility Criteria' which looks at the sort of situations in which people could qualify for a full assessment and services.
enabling/enabled	to make possible or to support to make something happen
framework	a plan
fuller life	a life with more choices and opportunities
high support needs	people who have a lot of health and care needs
implement	to put into action or to carry out a plan
independence	having choice and control over your own life

inequalities	people who should receive the same service, but don't
involvement	being part of something – like a meeting or having your say
Learning Disability Awards Framework	this is training that all staff who work with people with learning disabilities should do, especially new staff
Learning Disabilities Mortality Review	Also known as National LeDer Programme this aims to make improvements to the lives of people with learning disabilities so that any preventable issues or conditions such as constipation that has resulted in serious consequences are recognised earlier.
minority ethnic groups	people whose families were originally from different countries
monitor	to find out if things have been done
objectives	the things we need or want to do
outcomes	the end result
participation	to share or take part in – an example is to take part in meetings
Partnership Board	The Government's White Paper 'Valuing People' asked every Local Authority to set up a Partnership Board (which is a meeting of lots of different people) in their area to improve the lives of people with learning disabilities and to provide better support to family carers
partnership working	everybody working together
person centred	making sure that everything we do has the person involved and at the centre of everything that happens with them
personal budget	Money allocated to meet a person's unmet need as identified in their social care assessment
presence	being part of something
protocols	a plan for working together
provision	services that are provided
quality	making sure that we have good services that meet people's needs

registered social landlords	Social landlords are people who run businesses, not to make a profit, to provide homes for people to live in.
review/reviewed	looking back at the past and planning to make changes if they are needed
services	Things or help that is provided which are needed to carry on our lives. Examples are a bus service which helps people to go from one place to another or a doctor who provides a service if you are not well
specialist	somebody or a service which has a lot of experience in an area of work
strategy	a plan – often this is a main plan covering lots of different areas
supported accommodation	Having the right support to be able to live in your own home - either alone or with friends
supported employment	having the right support to be able to have a job – this could be a paid or unpaid job
transition	this is what we call a time of change – an example is moving from being a child and being at school to becoming an adult and going to work or college or planning for older age

Useful information page to be inserted. - To include the relevant websites such as Annual Health Checks etc, Nice guidance healthy living

Adult Social Care Committee

Item No:

Report title:	Adult Social Care Annual Quality Report 2017/18
Date of meeting:	2 July 2018
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic impact

The Council invested approximately £318m in purchasing adult social care services from the market in 217/180. The Council has legal duties under the Care Act 2014 to promote the effective and efficient operation of a care market securing a choice of high quality services.

Executive summary

Ensuring that the social care and support services that adults in Norfolk may require to meet their needs and to help them to live as independent a life as possible is a key priority for Norfolk County Council (the Council). The Care Act placed this priority on a statutory footing through new duties requiring it to seek continuous improvements in quality and choice of services in its promotion of the market. The Adult Social Care Committee (the Committee) approved and adopted a new quality framework in January 2015 and this report updates the Committee on its implementation and includes the third annual quality report for the Committee's consideration. Overall, improvements in quality secured in both 2015/16 and 2016/17 have been maintained through our focused support programmes. Increased demand and significant price pressures, together with the nature of the market in Norfolk, is seeing the rate of progress required to meet our improvement targets slowing. At the same time, improvements have continued to be achieved in comparable local authority areas requiring a revision to the Council's target and timescales and improved support programmes. The Annual Quality Report (**Appendix 1**) sets out the detail and the strategy for further improvement.

Key Findings:

- a) The Council invests £318m annually in the care market to support more than 15,000 adults
- b) There is a formal care market of over 700 providers of which 505 were subject to Care Quality Commission (CQC) assessments and quality ratings
- c) Across the sector, CQC inspections indicate that 75% of providers have been rated as good, 21% as requires improvement and 3% rated as inadequate
- d) Some improvements in quality have been achieved in 2017/18 with 2% more providers rated as good or better, however, there has been an increase in inadequate provision
- e) Homecare has declined from 83.6% rated as good or better to 81.6% after a very strong year previously
- f) Residential care has improved from 70% rated as good or better to 73.2%, but is still the lowest of comparable local authorities
- g) The Council implemented the Requires Improvement to Good programme (RIG) of targeted interventions to support overall sector improvement in 2016 and the 2017/18 programme has helped to secure some further improvement but further concerted effort is needed to match average performance in comparable Local Authority areas
- h) The Quality Assurance (QA) and Operational teams provide crucial support to providers and individuals in the event of market or provider failure. This can result in reduced capacity to provide proactive support to providers. Note the actions being taken to improve quality in market based provision (2.3.2)

Recommendations:

The Committee is recommended to:

- a) **Consider the findings presented and agree to publish the Annual Quality Report**
- b) **Agree to resetting the (RIG) target from 80% rated as good or better to 85% rated as good or better and extending the programme to 31 March 2020 from 31 March 2019**

Appendix 1 – Annual Quality Report – page 103

1 Proposal

- 1.1 The Quality Framework provides an opportunity for the Committee to thoroughly consider the quality of adult social care in Norfolk, the actions taken by the Council to secure quality and proposals for future actions to improve quality in adult social care.

2 Evidence

2.1 Care Act 2014

- 2.1.1 The Care Act places significant duties on Local Authorities to facilitate and shape their market for adult care and support, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or delivered direct by the Council.
- 2.1.2 The ambition is for Local Authorities to influence and drive the pace of change for their whole market leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support. This is in line with the Council's Promoting Independence strategy.
- 2.1.3 Poor quality services are not effective in supporting people to achieve their wellbeing outcomes and deliver poor value for money. It is essential, therefore, that we ensure we know that all the services we pay for are high quality and effective. This requires regular ongoing proactive monitoring of provider performance across the board and effective interventions to restore high quality services if things are beginning to go wrong. The quality framework supports this.

2.2 Annual Quality Report

- 2.2.1 The Committee originally approved and adopted the quality framework at its meeting in January 2015. Since that time, considerable progress has been made in the implementation of the framework, supported by some additional financial investment in QA staff and systems.
- 2.2.2 It is critical that the Council gains a thorough understanding of quality in the care market and a key feature of the framework lies in its governance, review and reporting arrangements that are intended to ensure that the quality of care is understood throughout the department and the Committee. To this end, the framework requires the production of an Annual Quality Report (the Report) for consideration by the Committee.
- 2.2.3 The Report is intended to be a public document and thus serves the purpose of helping the Council, key commissioning partners, stakeholders and the public understand the quality of care in Norfolk. The Report for 2017/18 is the third of its kind and is attached at **Appendix 1**. (the Report will be available through the Council's website following consideration by the Committee). This provides an opportunity to identify trends with the 2015/16 Report acting

as the baseline. Elected members also have the opportunity to track key aspects of quality through the regular performance reports provided to the Committee.

2.3 Quality improvement programme 2017/18

2.3.1 Details of the quality improvement programme undertaken in 2017/18 are set out in the Annual Quality Report itself. (**Appendix 1** section 4 and 5 outline the Improvement Programmes). In summary the work of the team and the limited proactive programme has been effective inasmuch as there was further improvement in quality overall in 2017/18 compared to the previous year. The rate of improvement, however, has slowed at the same time as the rate of improvement in comparable council areas has been maintained. This means that we need to enhance the programme for 2018/19.

2.4 Quality improvement programme 2018/19

- 2.4.1 Improvement in quality ratings from CQC remains the most significant indicator of care quality. The responsibility for maintaining good quality lies with the providers themselves although the Council remains accountable for quality of care in the market under the Care Act.
- 2.4.2 In addition to the work carried out by the QA team set out in the Annual Quality Report the Council can increase the probability of providers being rated as at least good by CQC in a number of ways and does so. These include our procurement processes when we select providers with whom we contract for services. The QA team contributes to these processes in defining pre-award quality standards and assisting in the assessment of tenders. Even this process cannot guarantee that a provider will not fall below a good rating after being awarded contracts.
- 2.4.3 Contract management helps to ensure that poor performance is picked up early and acted upon. The QA team are involved whenever a performance notice is issued and spent much of 2017/18 working with a major home care provider subject to such a notice.
- 2.4.4 The Annual Quality Report sets out the main workload of the QA team and the volume of complaints, concerns and safeguarding issues relating to providers is so great that there was very little capacity for proactively working with providers who are struggling. Whilst the team's reactive work undoubtedly prevents even poorer performance against CQC ratings it essentially operates in fire fighting mode.
- 2.4.5 The real lesson learned from the 2017/18 improvement programme is that we need to implement a proactive inspection regime that focuses on the 100 or so providers who are struggling to maintain good quality. The proactive inspections will need to reach the whole market in a three yearly cycle.
- 2.4.6 We must continue to deal with all the complaints, concerns and safeguarding issues requiring intervention by the team as in previous years. The major change will be in establishing a dedicated inspection team, initially consisting of 3.5 full time equivalent posts (from within existing resources) who will use the regional inspection, rating and improvement tool known as PAMMS to identify poor practice, formulate improvement plans and closely support and monitor the achievement of the improvements required. The team will initially focus on 40 care homes who present the highest risk of poor ratings.
- 2.4.7 The quality improvement programme will continue to use detailed market intelligence and ongoing risk assessment to target resources to support other providers and sectors which present the greatest challenges to securing good quality of care ratings from the CQC.
- 2.4.8 We will also incorporate the following initiatives in the programme for 2018/19:

- a) Workforce training – work with regional colleagues to improve and enhance training available to the existing and new members of the care workforce
- b) The Enhanced Care in Care Homes project which, in collaboration with Health colleagues, seeks to improve the quality of residential and nursing home provision
- c) Work with providers to form a formal Care Association which will provide oversight and support to providers and the care workforce
- d) Continue to invest and engage with the care market using the sector based plans and cost models
- e) A review and revision of the quality assurance offer to the market from the Council
- f) Reshaping of the market mix to ensure a solid base of trusted and quality assured providers
- g) Promoting the Harwood Charter using our revised and improved regional contract
- h) Using the customer satisfaction surveys introduced for the homecare market in 2016/17 to focus proactive activity with providers
- i) Reviewing our commissioning arrangements to free up care providers to invest in future development and expansion

3 Financial Implications

- 3.1 The costs including oncosts of all staff in the QA team including the team manager in 2016/17 was £315k and in 2017/18 was £362k. This is about 0.11% of the total spend in the market or a little under £10 per provider per week. In addition, £50k of the market development fund was used to support quality initiatives delivered by external partners.
- 3.2 Whilst there are no direct financial implications arising from the implementation of the quality framework itself, should the Council determine that further strengthening of its capacity to support proactive quality improvement is required, this would be found from within existing resources.

4 Issues, risks and innovation

- 4.1 The quality framework places the Council in a strong position to effectively discharge its duties in securing high quality adult social care and support services in Norfolk. The current quality picture, whilst showing some improvement compared to the previous year, continues to present very significant challenges to the Council and it will be important to keep the position under review taking such steps as are necessary and proportionate to secure high quality care services.

5 Background

- 5.1 The quality framework itself can be accessed via the link below

www.norfolk.gov.uk/careproviders

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, e.g. equality impact assessment, please get in touch with:

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Steve Holland	01603 638353	steve.holland@norfolk.gov.uk



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

Adult Social Care Annual Quality Report 2017/18

1 Introduction

1.1 The Care Act

- 1.1.1 The Care Act (the Act) requires councils with adult social care responsibilities to promote the wellbeing of their adult residents and to prevent, reduce or delay the need for social care services.
- 1.1.2 Norfolk County Council (the Council) is responding to its Care Act duties through its Promoting Independence strategy, which will help people maintain their independence for as long as possible obviating the need for formal funded care. When people do need social care and support, it is almost always provided through the care market consisting of hundreds of care businesses.
- 1.1.3 The Act also requires councils to promote the effective and efficient operation of its care market in which there is a choice of high quality services. The majority of the services provided are subject to national statutory quality standards which are assessed by the Care Quality Commission (CQC) who publish quality ratings. These published ratings and other intelligence gathered about the quality of services from complaints and concerns, enable the Council to target providers who are not performing well enough, as it remains the duty of the Council to ensure that the quality of services is good.
- 1.1.4 To ensure that the Council was well placed to secure quality services as required by the Act, a formal Quality Framework was adopted by the Adult Social Care Committee (the Committee) in January 2015. The framework requires the production of an Annual Quality Report and this report is the third such report since the Act came into force and the framework was adopted.

1.2 The Quality Framework

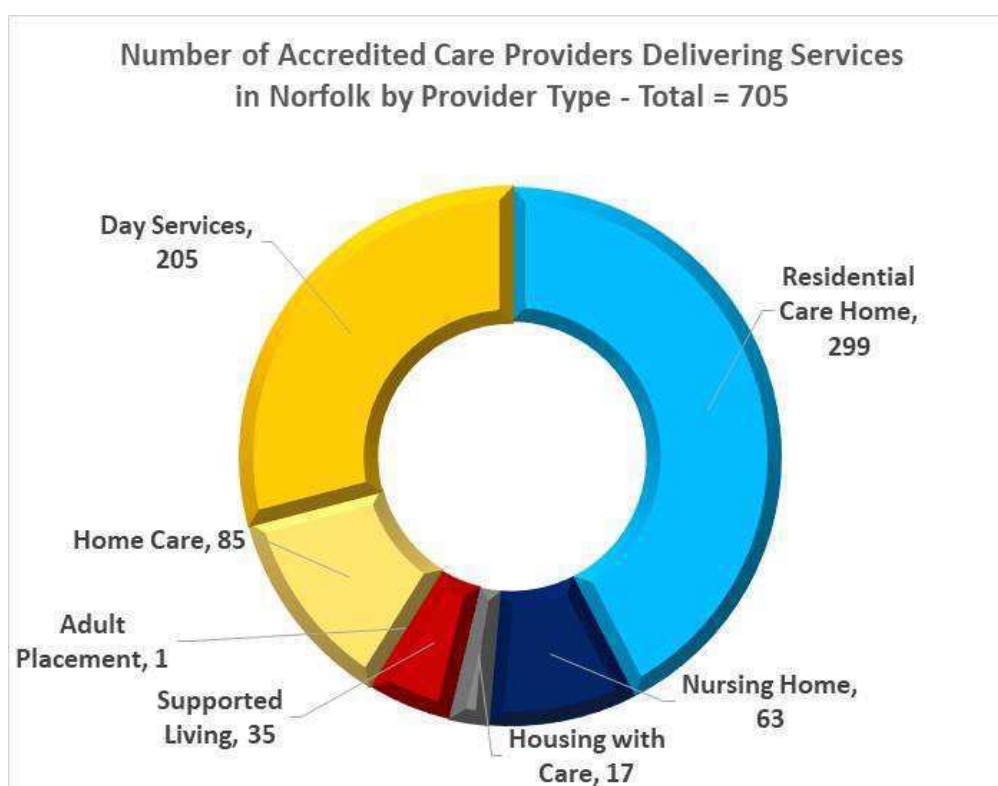
- 1.2.1 The Quality Framework (the framework) itself is a published document and can be accessed through the following link www.norfolk.gov.uk/careproviders The framework is based on a set of principles which are set out below:
- a) Supports a whole systems approach to promoting individual wellbeing and independence
 - b) Supports the development and implementation of quality standards that set out what 'good' looks like
 - c) Sets out how high-quality care provision will be secured from the market
 - d) Sets out how provider performance will be monitored and how the effective and efficient operation of the market will be promoted
 - e) Sets out governance, review and oversight arrangements that will enable the Council to judge the extent to which it is discharging its responsibilities properly
- 1.2.2 At the heart of the framework is the development of a systematic approach to quality assurance involving standard setting, securing quality, monitoring quality and intervention, and finally governance, review and reporting.

1.3 The Care Market in Norfolk

1.3.1 The care market in Norfolk is the second largest in the Eastern region, providing a vast range of services to thousands of adults whose needs vary significantly and whose expectations as to quality and choice continue to rise. (For a comprehensive overview of this market please refer to the [Market Position Statement 2017](#). An updated market position statement will be published in September 2018)

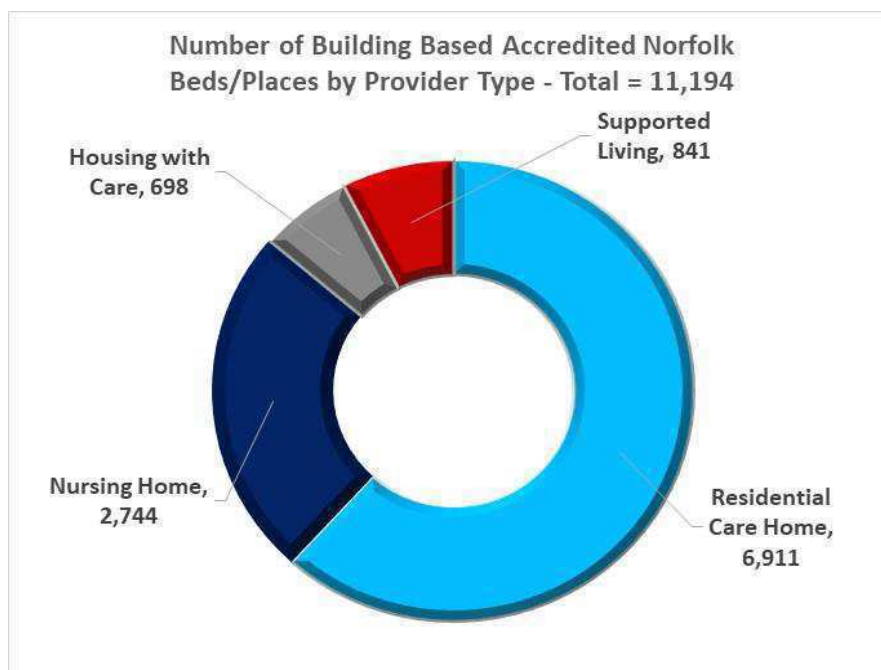
1.3.2 The Council currently invests over £320m annually in this market to support more than 15,000 adults, mainly through contracts with over 700 different care providers most of whom are independent businesses. The diagram below shows how many accredited providers there are in each of the main segments of the market. Even this, however, is not the full picture as there are increasing numbers of personal care providers directly employed by individuals using direct payments from personal budgets, not to mention community organisations, groups and more than 90,000 informal carers.

1.3.3 The Size of the Norfolk Care Market – Number of Accredited Providers - 2018



1.3.4 There are 500 providers operating from 700 sites subject to CQC assessment and a further 205 day care providers, not subject to CQC inspection, but required to pass the Council's quality criteria to be accepted on the accredited list. This makes a formal care market of just over 700 providers.

The sector employs over 27,000 care workers and relies upon an extensive bed-based care estate. The diagram below shows the distribution and number of care beds in Norfolk, which shows that the market is dominated by care homes with much lower housing based provision.



- 1.3.5 This formal care market is needed when informal social care is not available. Over 94,000 people are providing informal social care in Norfolk, together with numerous organisations and community based groups whose contributions are estimated to be worth at least £700m annually.
- 1.3.6 The Council itself still provides some formal social care directly through its reablement and first response services and operates Norse Care and Independence Matters as arm's length care companies. Nevertheless, almost 90% of formal social care is sourced through the formal care market. This makes it even more important that the Council has a systematic and effective approach so that it can be confident that it is investing in quality care. This means care that is effective in supporting the outcomes that people want and is fully compliant with national standards, irrespective of whether they fund the care themselves, or the Council does.

2 Setting standards and assessing quality

2.1 Care Quality Commission

- 2.1.1 The Quality Framework begins with standards of quality. The starting point is the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which include regulations which are the fundamental standards of care below which no registered provider should fall.
- 2.1.2 The CQC is responsible for the registration, inspection and assessment of all registered providers. It is important to understand, however, that the Act places the duty of securing the quality of care in Norfolk on the Council itself.
- 2.1.3 The CQC assessment process asks five key questions about the service:
- a) Is the service safe?
 - b) Is the service effective?
 - c) Is the service caring?
 - d) Is the service responsive?
 - e) Is the service well led?

2.1.4 Each area of enquiry is known as a domain and each of these is rated as either:

- a) Inadequate
- b) Requires improvement
- c) Good
- d) Outstanding

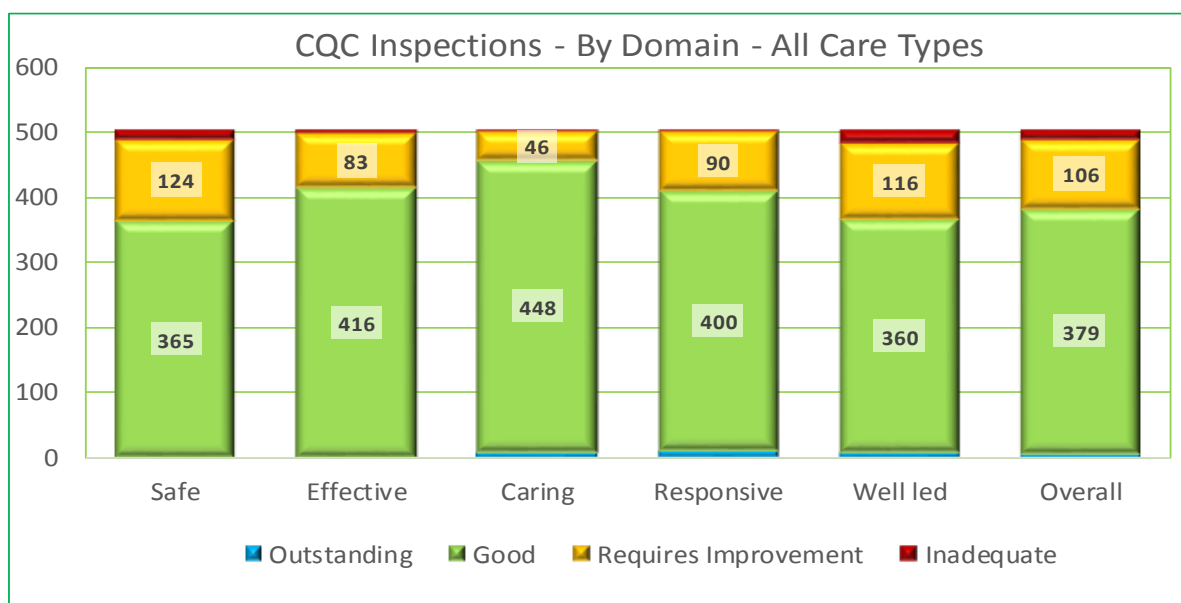
2.1.5 These domain ratings are published along with an overall rating. Some care needs to be taken as there is a delay between the assessment and publication of the assessment and there are occasions when improvements have already been made by the time of publication.

2.2 **How are providers in Norfolk doing against CQC ratings?**

2.2.1 As at 31 March 2018, 505 registered providers in Norfolk had been inspected and rated. The tables and diagrams below show how all provider types performed against the five domains:

Current CQC Ratings by Domain - All Care Types

Domain	Outstanding	Good	Requires Improvement	Inadequate	Total
Safe	0	365	124	16	505
Effective	0	416	83	6	505
Caring	9	448	46	2	505
Responsive	11	400	90	4	505
Well led	7	360	116	22	505
Overall	5	379	106	15	505

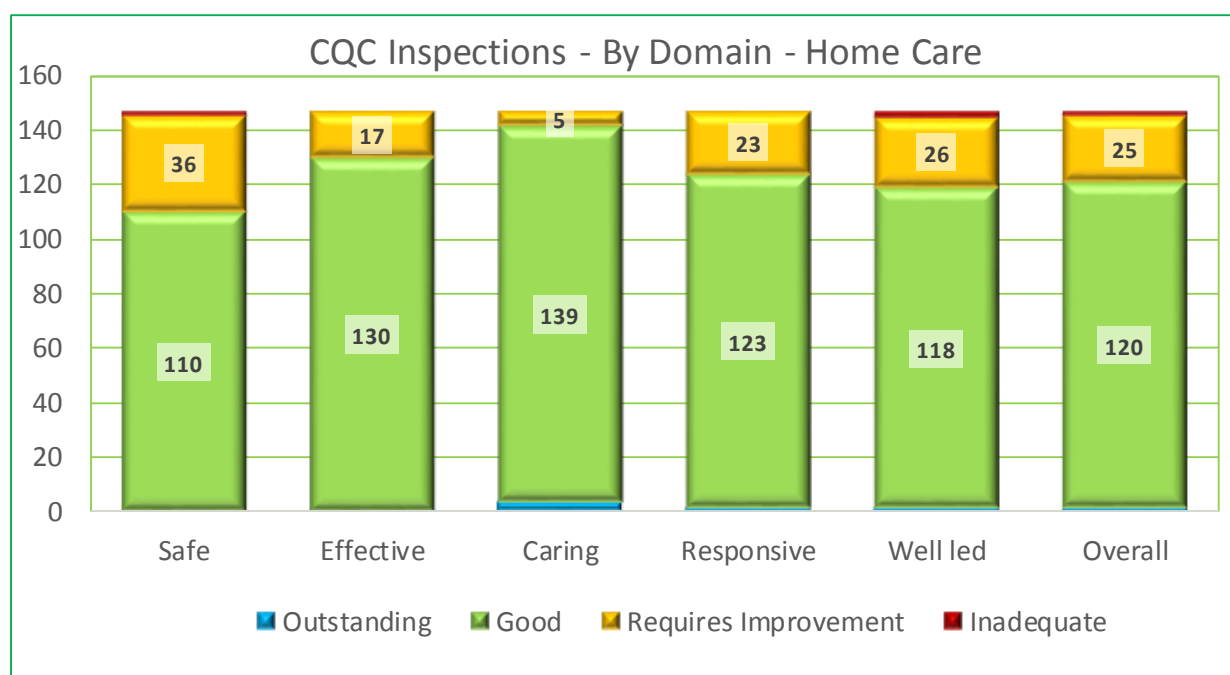


At year end, 106 providers (21%) were rated as ‘requires improvement’ and 15 providers (3%) were rated ‘inadequate’. The domains in which providers are doing less well are the ‘Well Led’ and ‘Safe’ domains. Providers perform best against the ‘Caring’ domain. The following diagrams show how providers are performing by care sector:

2.2.2

Current CQC Ratings by Domain - Home Care

Domain	Outstanding	Good	Requires Improvement	Inadequate	Total
Safe	0	110	36	1	147
Effective	0	130	17	0	147
Caring	3	139	5	0	147
Responsive	1	123	23	0	147
Well led	1	118	26	2	147
Overall	1	120	25	1	147

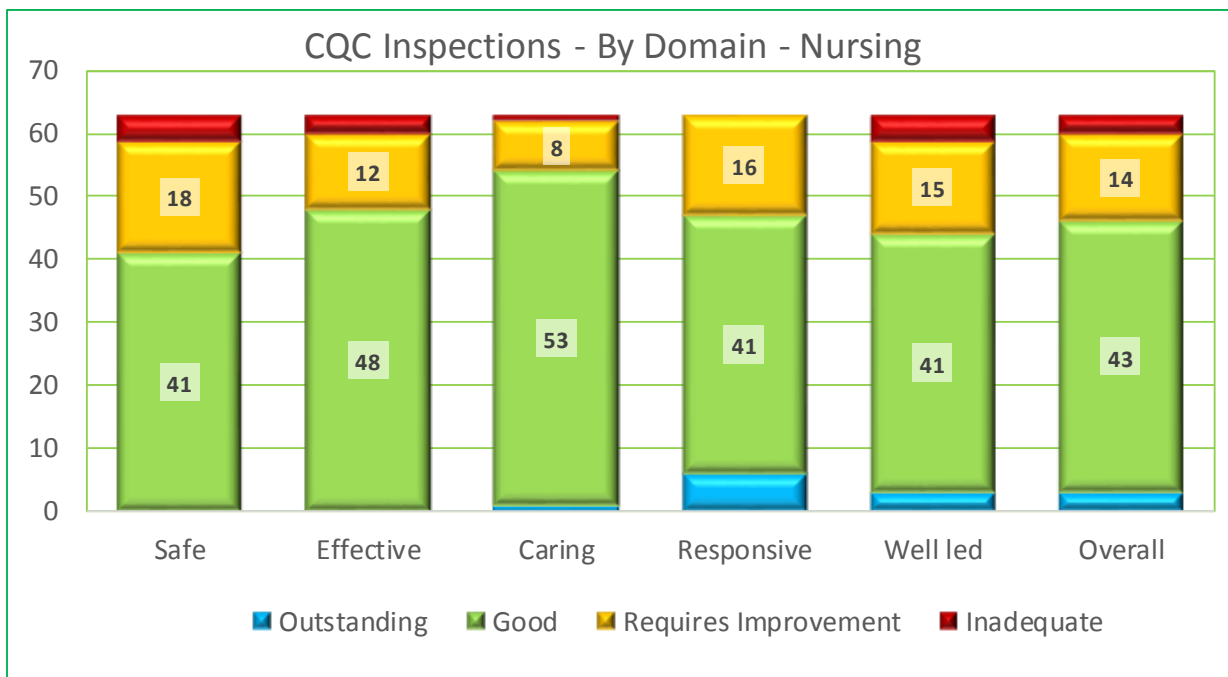


25 providers (17%) were rated as 'requires improvement' and one provider was rated as 'inadequate'. One provider was rated as 'outstanding'.

2.2.3

Current CQC Ratings by Domain - Nursing

Domain	Outstanding	Good	Requires Improvement	Inadequate	Total
Safe	0	41	18	4	63
Effective	0	48	12	3	63
Caring	1	53	8	1	63
Responsive	6	41	16	0	63
Well led	3	41	15	4	63
Overall	3	43	14	3	63

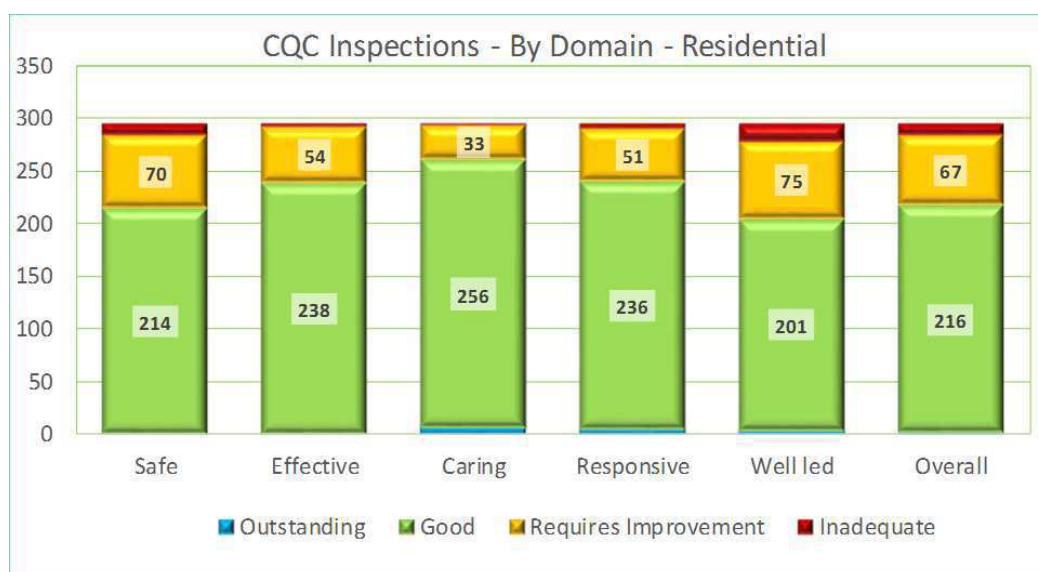


14 homes (20.6%) were rated as 'requires improvement' and three homes (4.4%) were rated as 'inadequate'. Three homes were rated as 'outstanding'.

2.2.4

Current CQC Ratings by Domain - Residential

Domain	Outstanding	Good	Requires Improvement	Inadequate	Total
Safe	0	214	70	11	295
Effective	0	238	54	3	295
Caring	5	256	33	1	295
Responsive	4	236	51	4	295
Well led	3	201	75	16	295
Overall	1	216	67	11	295



67 homes (22.7%) were rated as 'requires improvement' and 11 homes (3.7%) were rated as 'inadequate'. One home was rated as 'outstanding'.

2.2.5 Our analysis demonstrates that providers in residential and nursing care who do not achieve a rating of 'good' in the well led and safe domains are highly likely to have an overall rating of 'requires improvement' or even 'inadequate'. In home care the key domain indicators are well led and responsive. Our improvement programmes described in more detail below are therefore targetted at these particular areas.

2.3 Requires Improvement to Good programme (RIG)

2.3.1 As part of the quality improvement strategy a targeted programme called Requires Improvement to Good (RIG) was introduced during 2016/17 in which targets were set so that no more than 20% of providers would be rated as 'requires improvement' and conversely at least 80% would be rated as 'good' by the end of the 2018/19 year. We have just completed the middle year of the three-year programme.

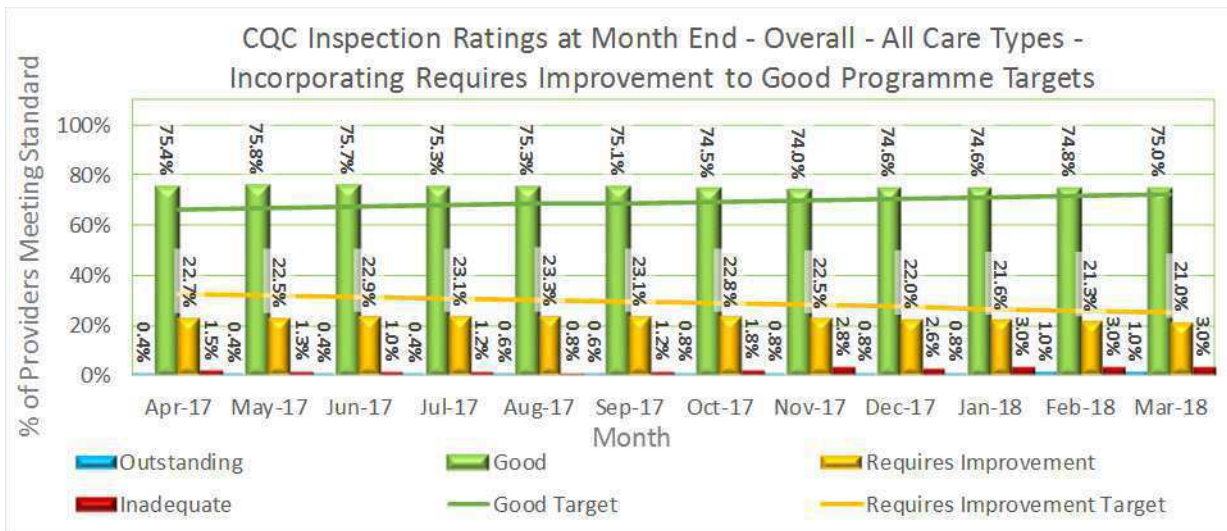
2.3.2 In the first year, targeted support resulted in significant progress from a low base in which the proportion of providers in all care types rated as 'good' or better increasing from 57% to 73% by December 2016. The diagrams below show how the programme fared in 2017/18.

2.4 Overall ratings whole market

2.4.1 The tables and diagrams below show how the market in Norfolk has performed against the RIG target.

Current CQC Ratings - Overall - All Care Types

Month	Outstanding	Good	Requires Improvement	Inadequate
Apr-17	0.4%	75.4%	22.7%	1.5%
May-17	0.4%	75.8%	22.5%	1.3%
Jun-17	0.4%	75.7%	22.9%	1.0%
Jul-17	0.4%	75.3%	23.1%	1.2%
Aug-17	0.6%	75.3%	23.3%	0.8%
Sep-17	0.6%	75.1%	23.1%	1.2%
Oct-17	0.8%	74.5%	22.8%	1.8%
Nov-17	0.8%	74.0%	22.5%	2.8%
Dec-17	0.8%	74.6%	22.0%	2.6%
Jan-18	0.8%	74.6%	21.6%	3.0%
Feb-18	1.0%	74.8%	21.3%	3.0%
Mar-18	1.0%	75.0%	21.0%	3.0%

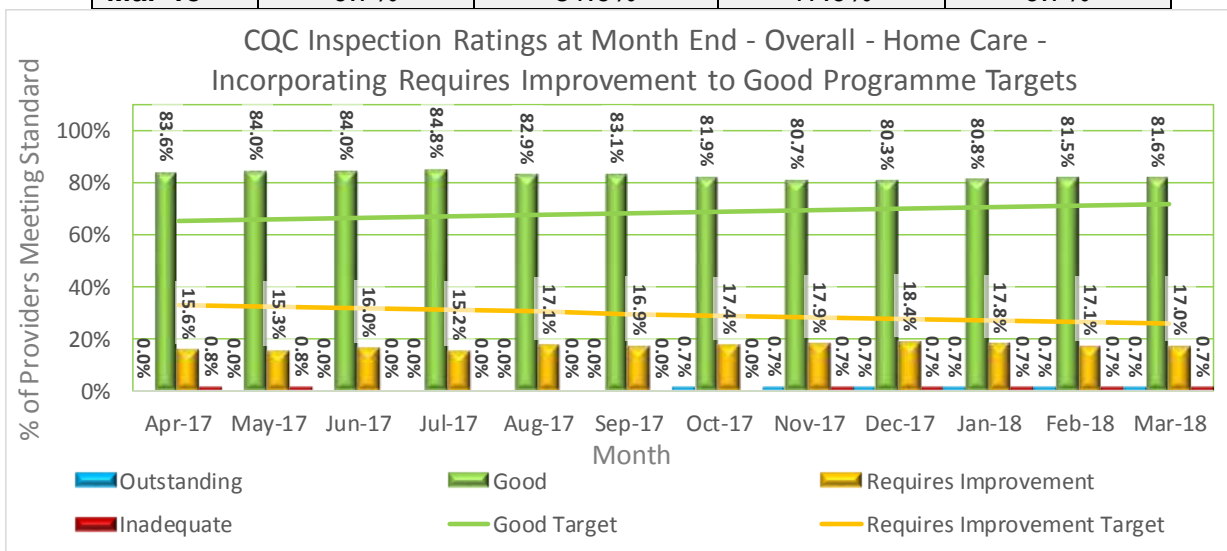


Whilst the programme is still on target, the rate of improvement has slowed. At the end of the 2017/18 year a total of 106 providers were rated as requires improvement and 15 were rated as 'inadequate'. This is almost exactly the same as at the end of the previous year although it includes more providers inspected and rated by CQC

2.4.2 Ratings for home care

Current CQC Ratings - Overall - Home Care

Month	Outstanding	Good	Requires Improvement	Inadequate
Apr-17	0.0%	83.6%	15.6%	0.8%
May-17	0.0%	84.0%	15.3%	0.8%
Jun-17	0.0%	84.0%	16.0%	0.0%
Jul-17	0.0%	84.8%	15.2%	0.0%
Aug-17	0.0%	82.9%	17.1%	0.0%
Sep-17	0.0%	83.1%	16.9%	0.0%
Oct-17	0.7%	81.9%	17.4%	0.0%
Nov-17	0.7%	80.7%	17.9%	0.7%
Dec-17	0.7%	80.3%	18.4%	0.7%
Jan-18	0.7%	80.8%	17.8%	0.7%
Feb-18	0.7%	81.5%	17.1%	0.7%
Mar-18	0.7%	81.6%	17.0%	0.7%

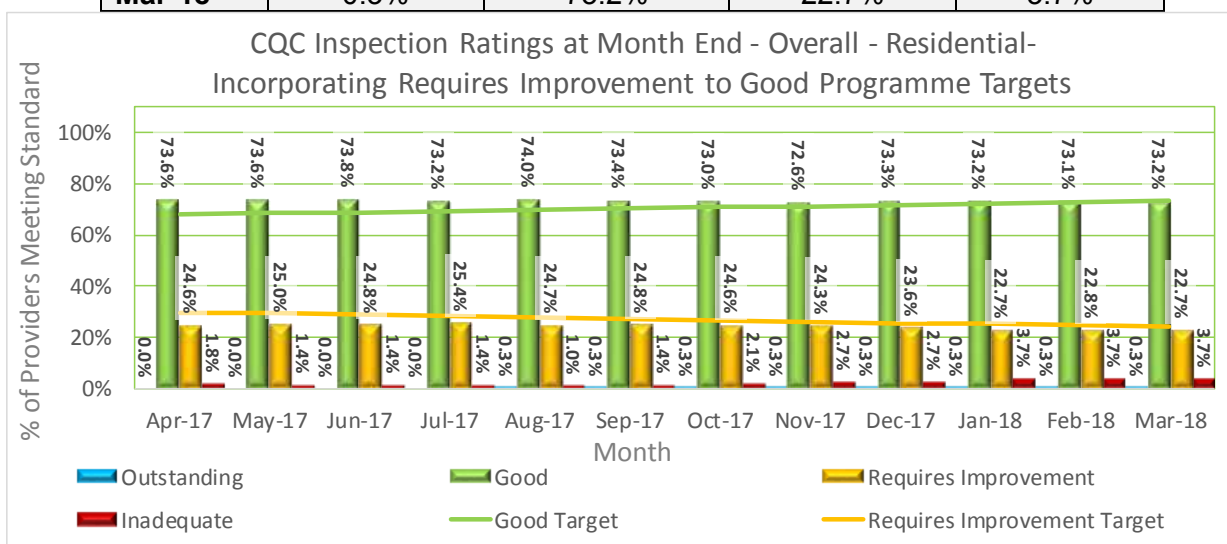


There has been further improvement exceeding the RIG target, however the rate of improvement has slowed compared to the previous year.

2.4.3 Ratings for residential care

Current CQC ratings - Overall – Residential

Month	Outstanding	Good	Requires Improvement	Inadequate
Apr-17	0.0%	73.6%	24.6%	1.8%
May-17	0.0%	73.6%	25.0%	1.4%
Jun-17	0.0%	73.8%	24.8%	1.4%
Jul-17	0.0%	73.2%	25.4%	1.4%
Aug-17	0.3%	74.0%	24.7%	1.0%
Sep-17	0.3%	73.4%	24.8%	1.4%
Oct-17	0.3%	73.0%	24.6%	2.1%
Nov-17	0.3%	72.6%	24.3%	2.7%
Dec-17	0.3%	73.3%	23.6%	2.7%
Jan-18	0.3%	73.2%	22.7%	3.7%
Feb-18	0.3%	73.1%	22.8%	3.7%
Mar-18	0.3%	73.2%	22.7%	3.7%



While still on target, performance in the residential care sector has remained broadly static. By the end of the 2017/18-year 67 residential care homes were rated as ‘requires improvement’ and 11 were rated as ‘inadequate’. This is a slight improvement on 2016/17 when 84 homes required improvement.

2.4.4 Ratings for nursing care

The diagram below shows the picture in the nursing home sector.

Current CQC ratings - Overall - Nursing

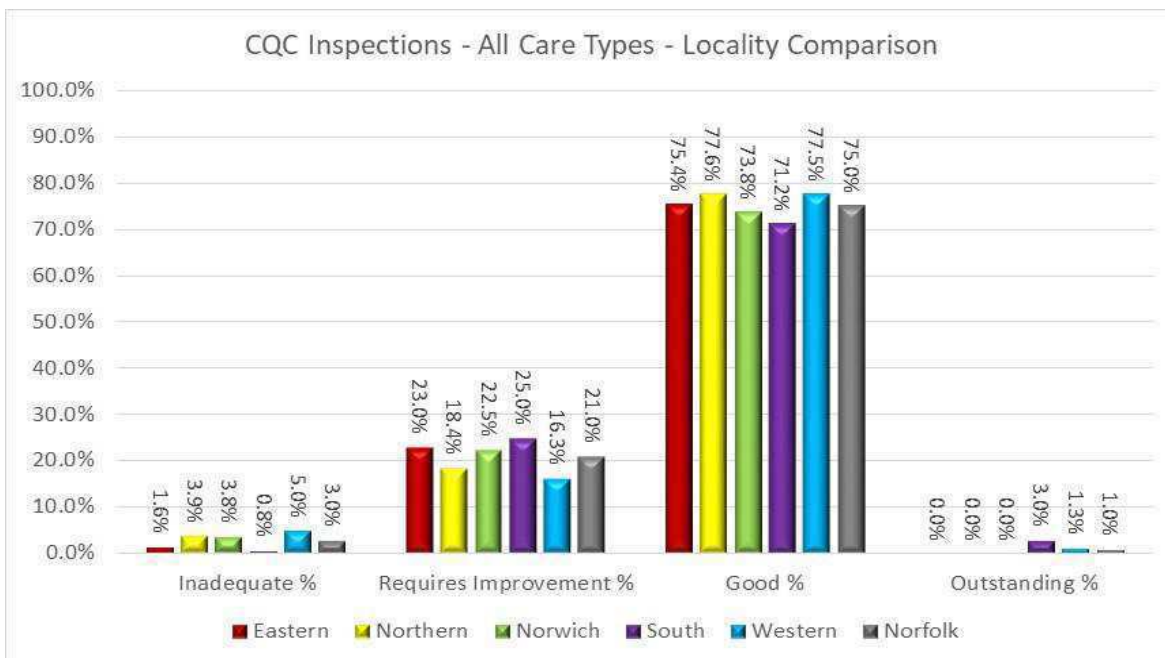
Month	Outstanding	Good	Requires Improvement	Inadequate
Apr-17	3.1%	67.2%	28.1%	1.6%
May-17	3.1%	68.8%	26.6%	1.6%
Jun-17	3.1%	67.2%	28.1%	1.6%
Jul-17	3.0%	65.2%	28.8%	3.0%
Aug-17	3.0%	65.2%	30.3%	1.5%
Sep-17	3.0%	65.2%	28.8%	3.0%
Oct-17	3.0%	65.2%	27.3%	4.5%
Nov-17	3.0%	65.2%	24.2%	7.6%
Dec-17	3.1%	67.7%	23.1%	6.2%
Jan-18	3.2%	66.7%	25.4%	4.8%
Feb-18	4.8%	66.7%	23.8%	4.8%
Mar-18	4.8%	68.3%	22.2%	4.8%



There has been a noticeable improvement in the nursing home market but again the rate of progress has slowed.

2.5 Ratings for all care types by location

2.5.1 There are variations in ratings between the five locality areas that correspond broadly to the Clinical Commissioning Groups (CCGs) as shown in the diagram below.



North and West localities do best with South and Norwich localities fairing less well. East locality performs just above the Norfolk average. Compared to the previous year there has been a noticeable improvement in all localities.

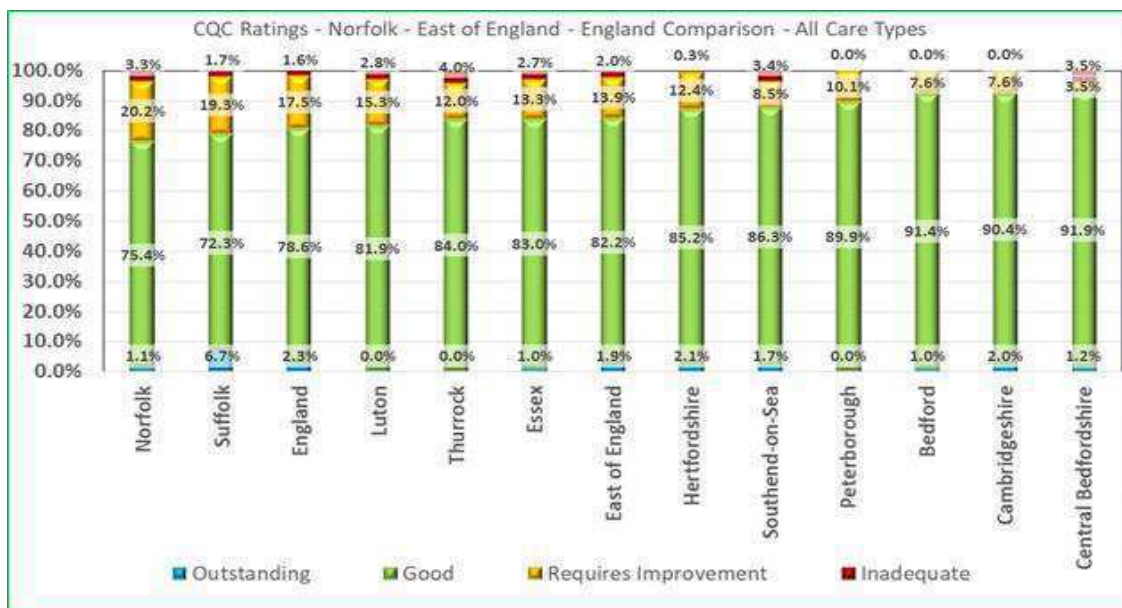
2.6 Norfolk ranking against other adult social care local authorities

2.6.1 There are 152 local authorities with adult social care responsibilities in England. Looking at Norfolk in isolation tells us how we are progressing in relation to securing good quality care. It is clearly important however that we understand our market performance against other council areas. The following diagrams show how Norfolk is performing when compared to councils in the East of England and the all England average as well as our family group of similar types of local authorities.

2.7 Norfolk comparison with the East of England and all England averages

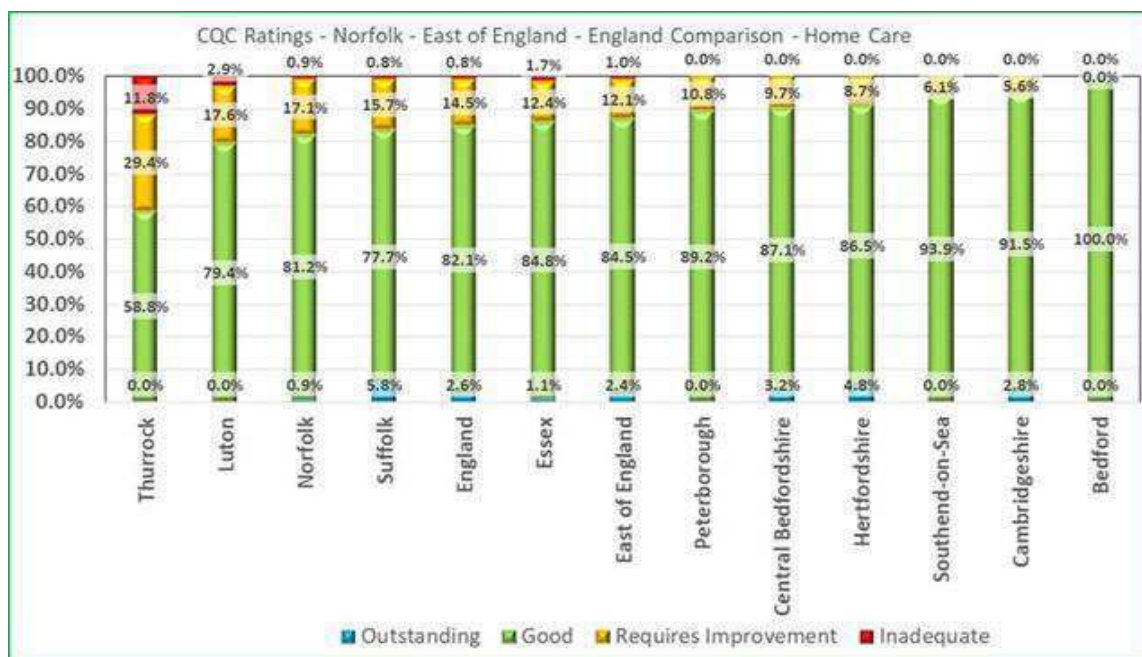
2.7.1 The diagram below shows Norfolk’s position against the other ten adult social care authorities in the East of England, the East of England average and the all England average.

2.7.2 Regional comparison all care types



With 76.5% of providers rated as ‘good’ or ‘outstanding’, Norfolk is at the bottom of the regional league table as they were in the previous year. The all England average is 80.9% and the East of England average is 84.1%. The highest performer is Central Bedfordshire at 93.1%.

2.7.3 Regional comparison home care



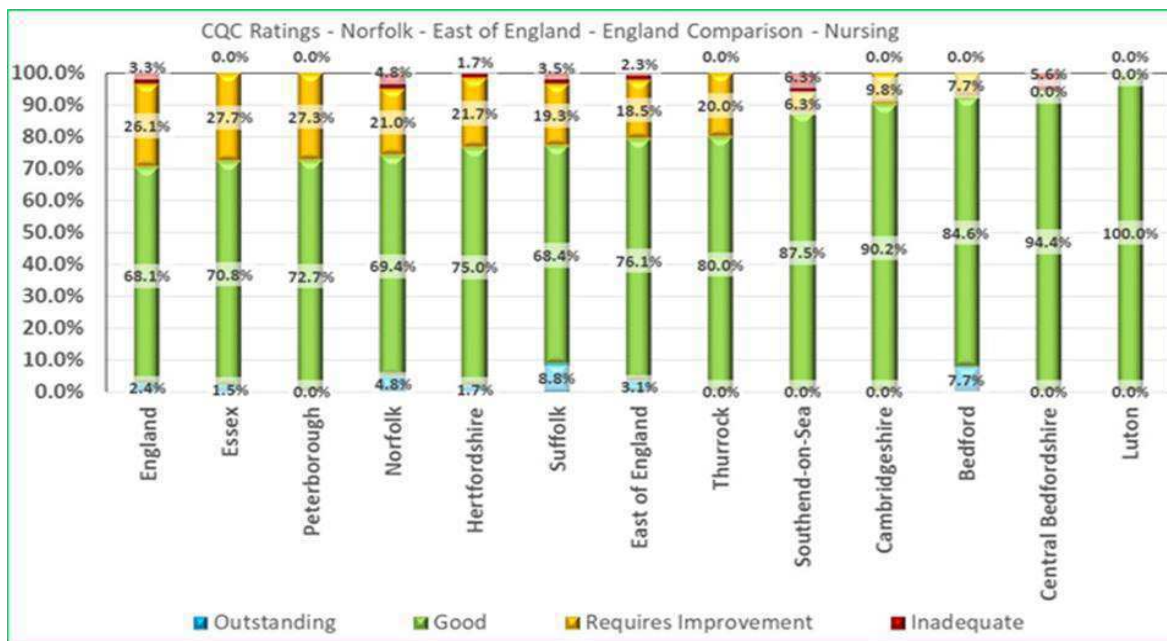
With 82.1% of home care providers rated as good or outstanding, Norfolk is third bottom in the regional league table. The all England average is 84.7% and the East of England average is 86.9%. In the previous year Norfolk were placed fifth with a rating of 88% so there has been a decline in performance.

2.7.4 Regional comparison residential care



With 74.8% of providers rated as 'good' or better, Norfolk is bottom of the league table for residential care quality as they were in the previous year in spite of a 2.4% improvement. The all England average is 82.4% and the East of England average is 83.7%. Both Thurrock and Peterborough score 100%.

2.7.5 Regional comparison nursing care

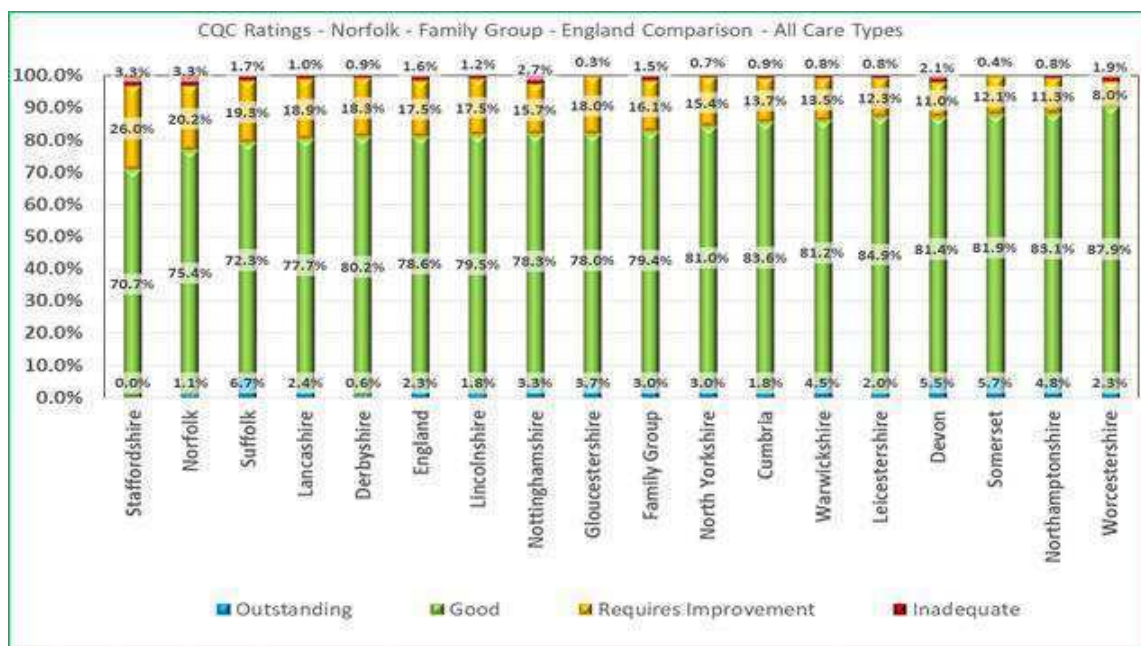


With 74.2% of providers rated as good or outstanding, Norfolk is ninth out of eleven local authorities. The all England average is 70.5% and the East of England average is 79.2%. Norfolk improved from the previous year performance of 70.5% with a number of homes gaining a rating of 'outstanding'.

2.7.6 Family group comparison

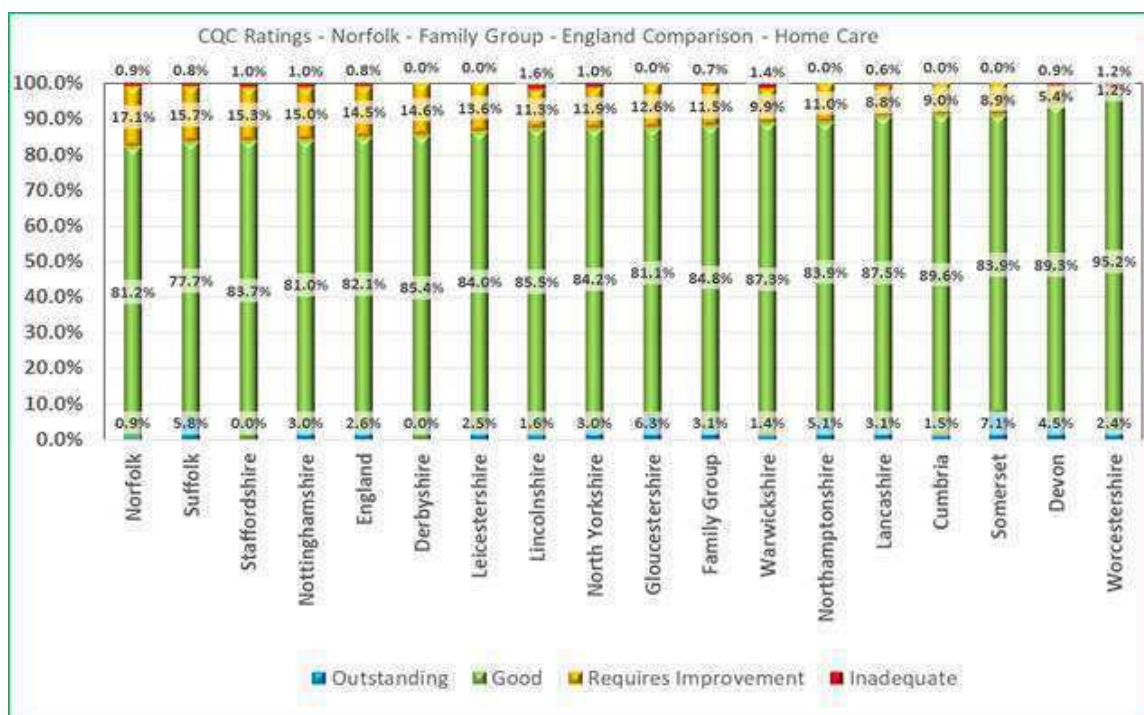
For the first time the quality report sets out comparisons with similar types of local authorities.

All care types



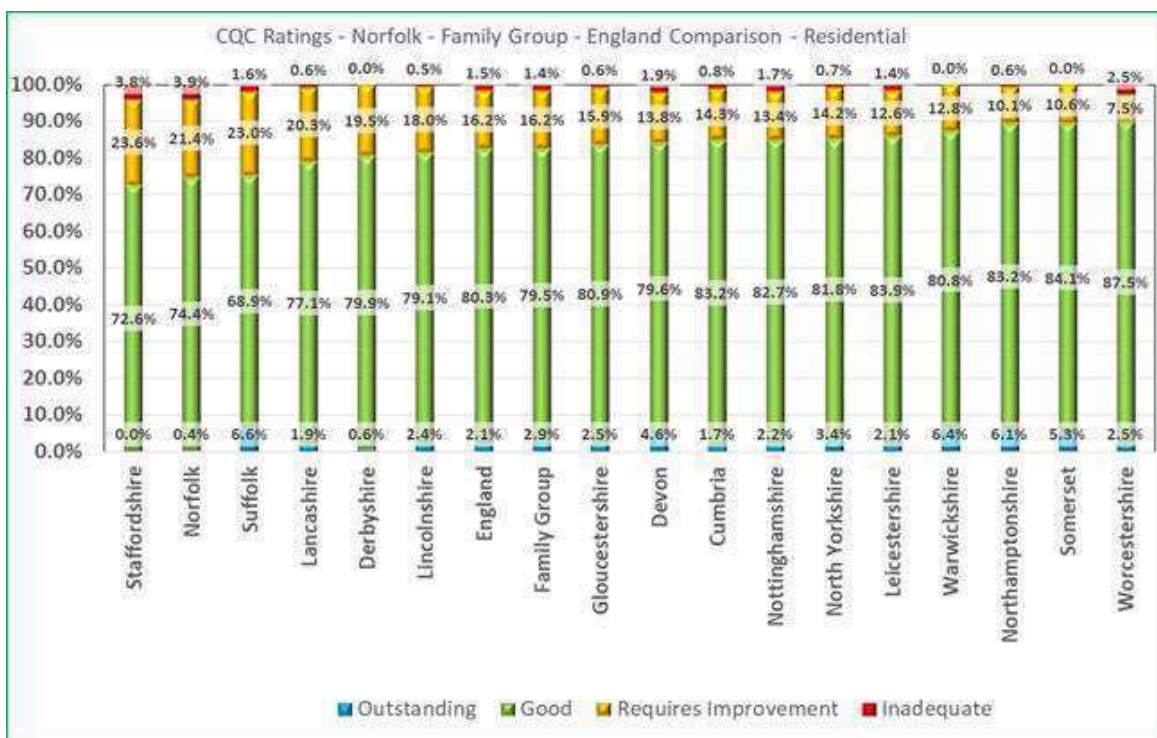
Norfolk is placed 17 out of 18 similar authorities across all care types. The median score is 83.7% meaning that there is a 7.2% gap to make up to match median performance.

Home care



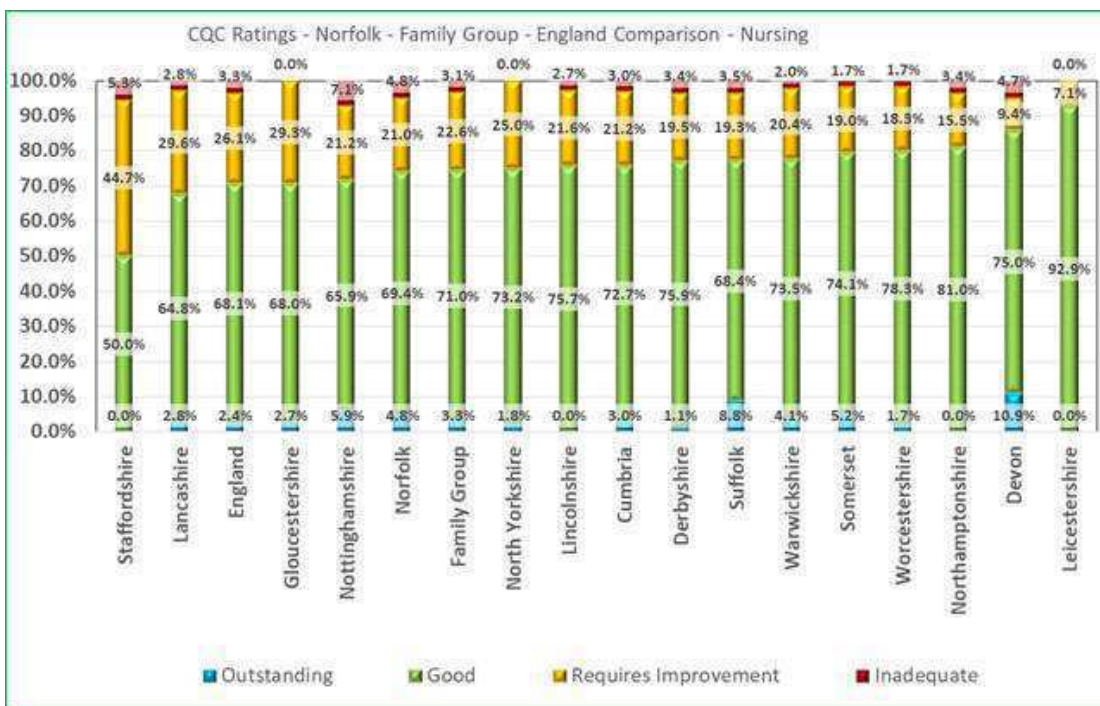
Norfolk is placed 18 out of 18 similar authorities. The median score is 87.2% compared to Norfolk at 82.1%.

Residential care



Norfolk is placed 17 out of 18 similar authorities. The median score is 83.4% compared to Norfolk at 74.8%.

Nursing care



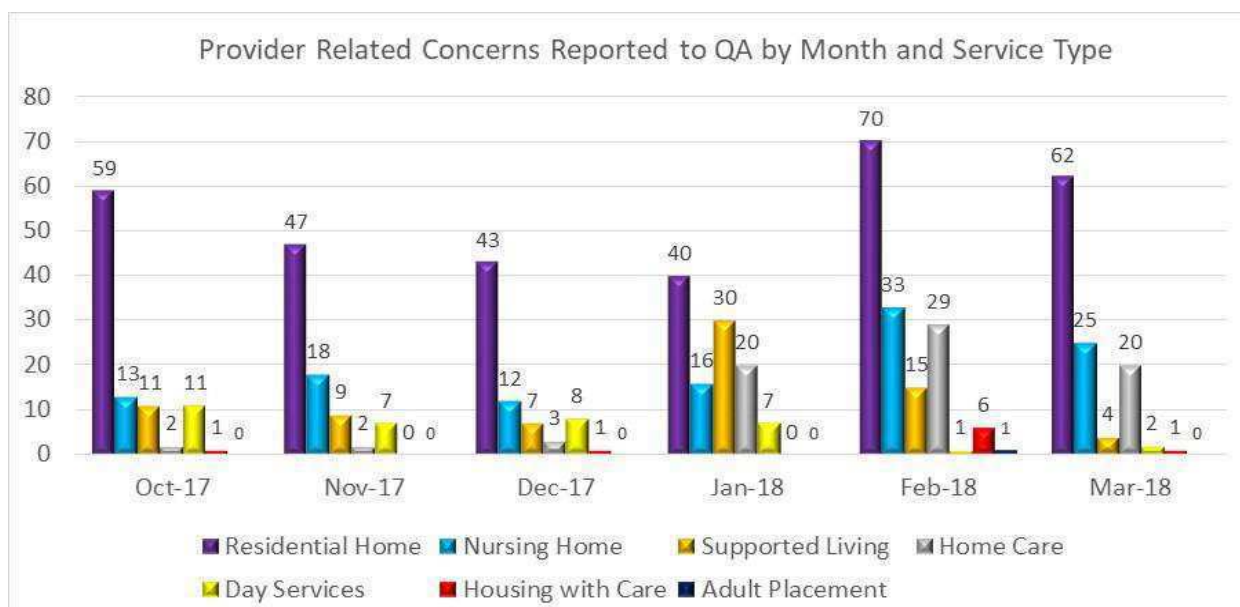
Norfolk is placed 13 out of 18 similar authorities. The median score is 75.7% compared to Norfolk at 74.2%

3 Complaints concerns and safeguarding 2017/18

3.1 CQC ratings alone only paint part of the quality picture. The Quality Assurance (QA) team receives intelligence from the public, recipients of care and providers concerning provider performance which is always assessed and acted upon in accordance with risk. It is essential that issues arising during the year that are serious enough to warrant intervention are dealt with on an ongoing basis as they occur. A failure to react would result in further down rating of providers, dissatisfaction on the part of complainants and people with concerns and reputational damage to the Council and in the most serious cases, risk of legal challenge.

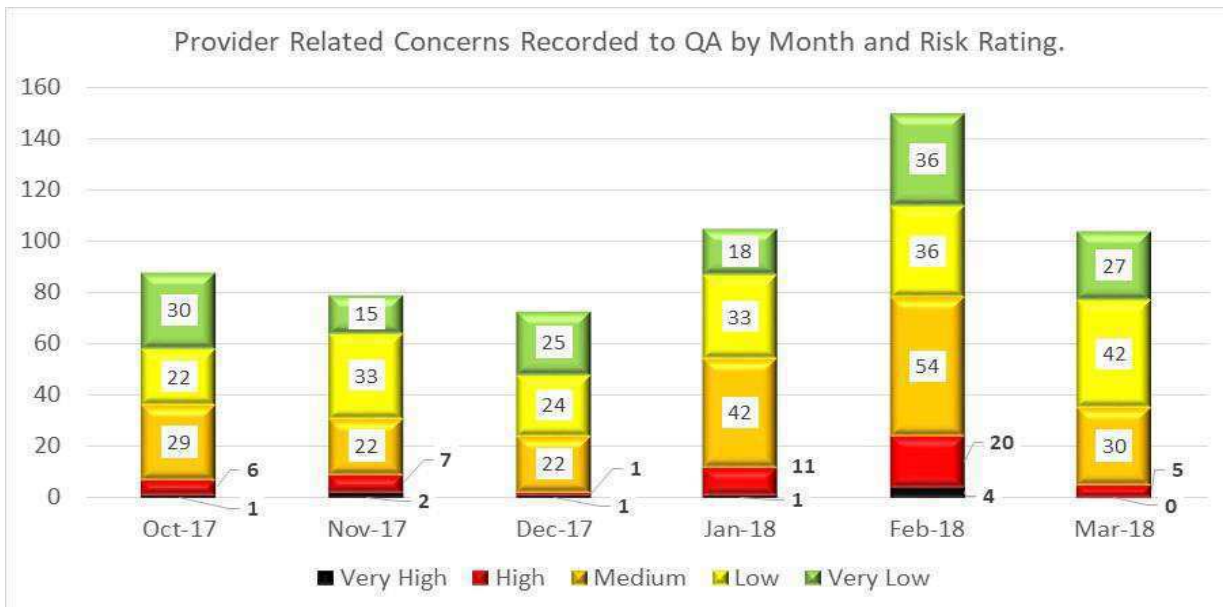
3.2 The next part of the report describes and quantifies the workload of the QA team as regards this reactive activity. The picture painted is one of increased demand for reactive interventions when compared to the previous year and little capacity being available, as hoped, for proactive improvement programmes.

3.3 The diagram below shows the number of active cases being dealt with by the QA team at month end for the last six months of the 2017/18 year.



3.4 Issues in care homes account for the majority of the concerns that come into the QA team. Home care and supported living also contribute significant work to the QA team. Not every issue is currently recorded on the Authority Public Protection (APP) system that is used for this purpose and it is estimated that 200-250 provider related concerns are reported to the team monthly.

3.5 Concerns are risk rated to ensure that the team focuses on the higher risk concerns. The diagram below shows the ratings for all recorded concerns coming in to the team.

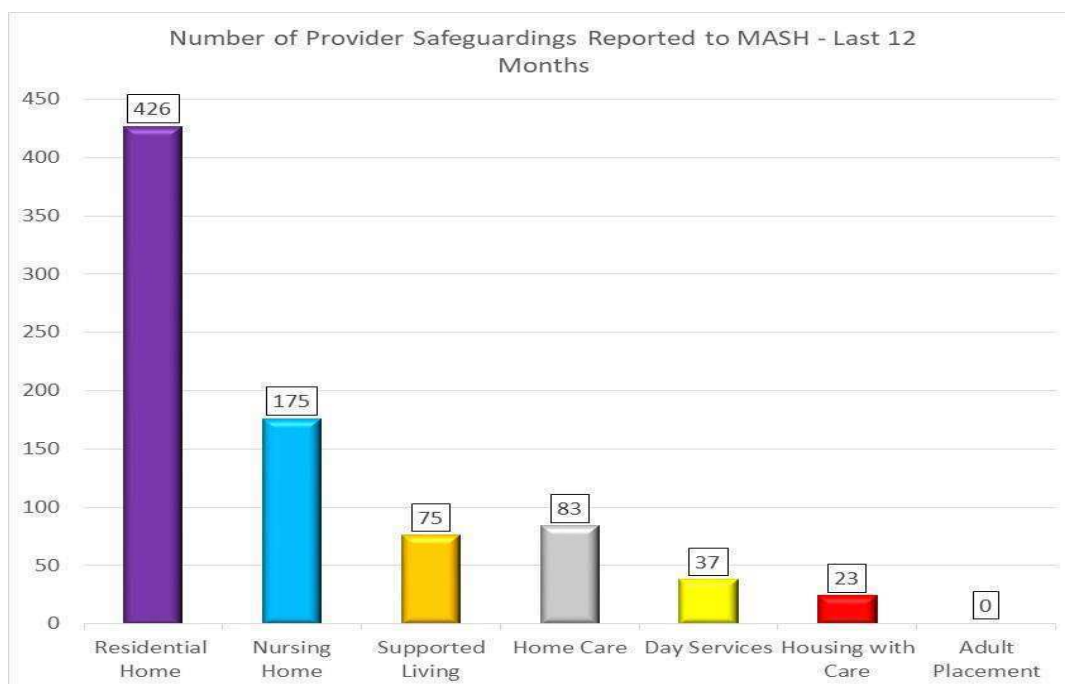


3.6 There have been 258 recorded concerns rated as medium, high or very high risk during the six month period. These concerns typically involve lengthy and complex investigation and support to providers. The team is required to always respond to concerns in these categories and set response times have to be achieved. The response rate target is 90% and the team achieved 92%.

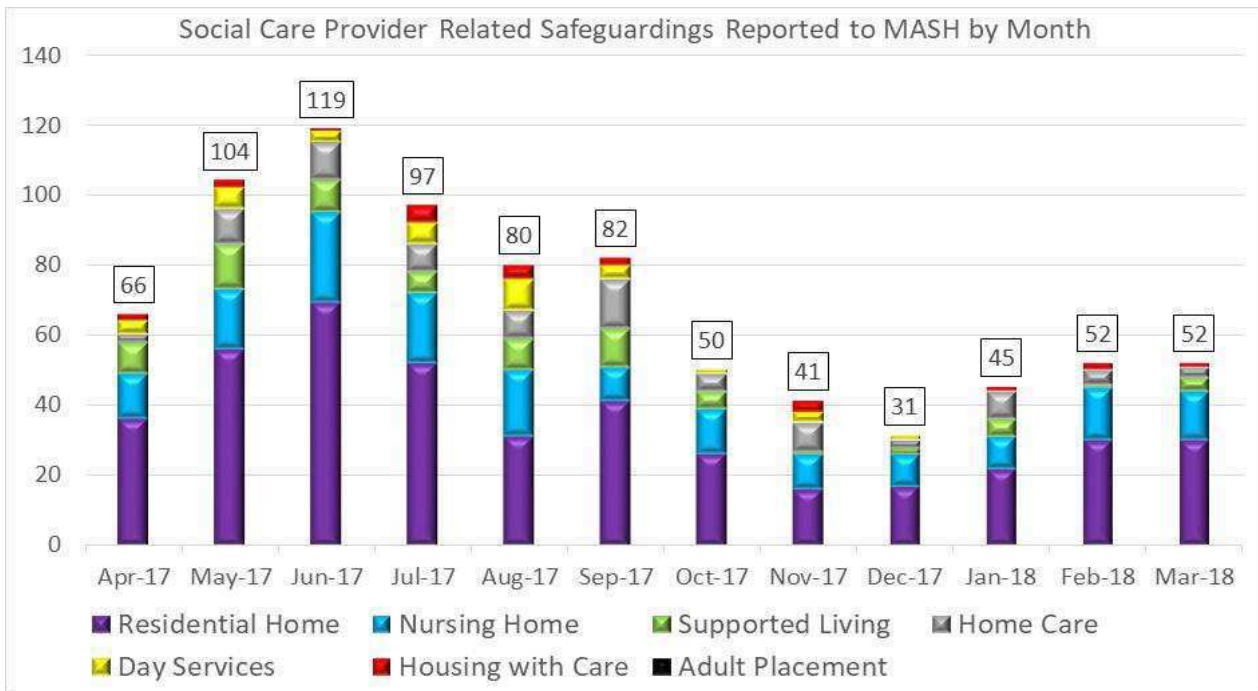
3.7 This volume of work means that there is little capacity to carry out proactive quality improvement work.

3.8 **Safeguarding**

3.8.1 About half of the QA team’s work originates from safeguarding concerns where a care provider is involved. The following diagram shows the number of safeguardings reported to the Multi Agency Safeguarding Hub (MASH) which relate to providers:

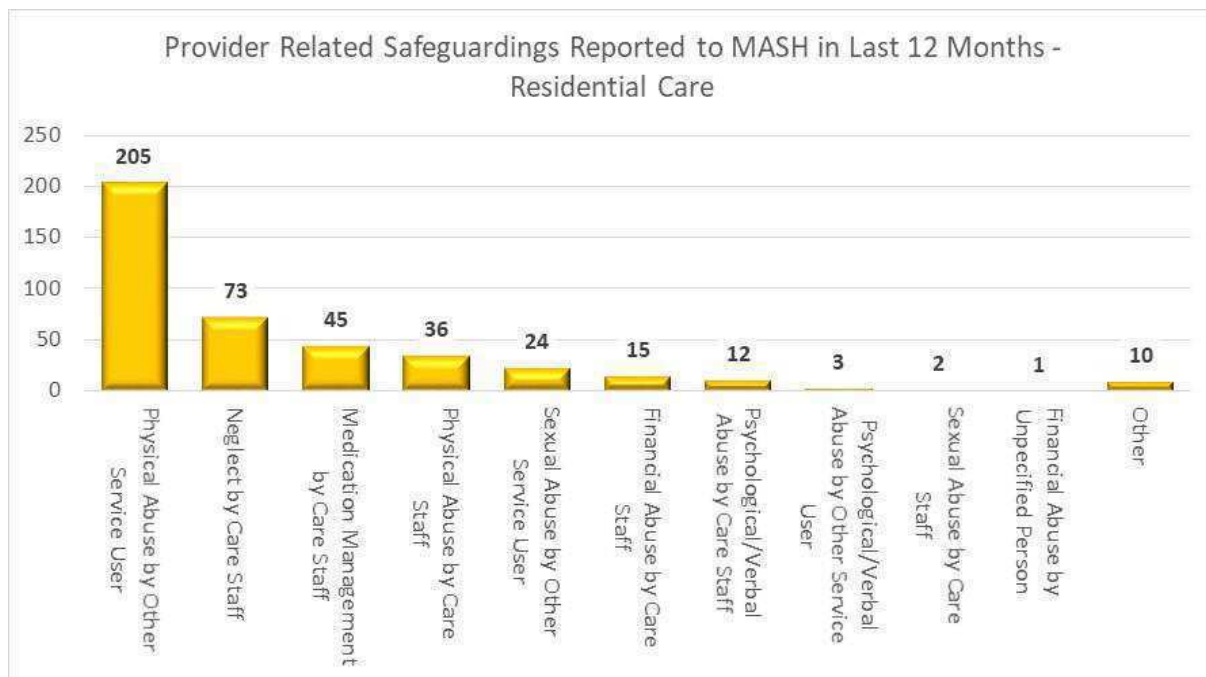


3.8.2 There is a distinct cyclical pattern which can be seen in the diagram below:



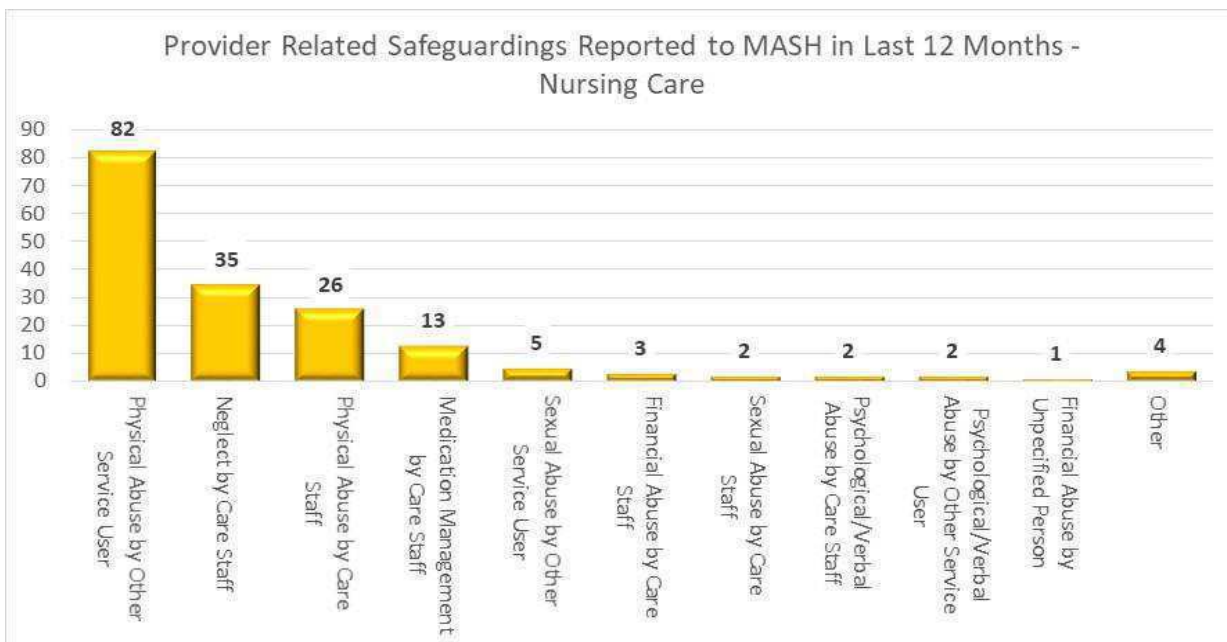
3.8.3 The following diagrams show the principle reasons for safeguarding concerns in the key market sectors:

Residential care home



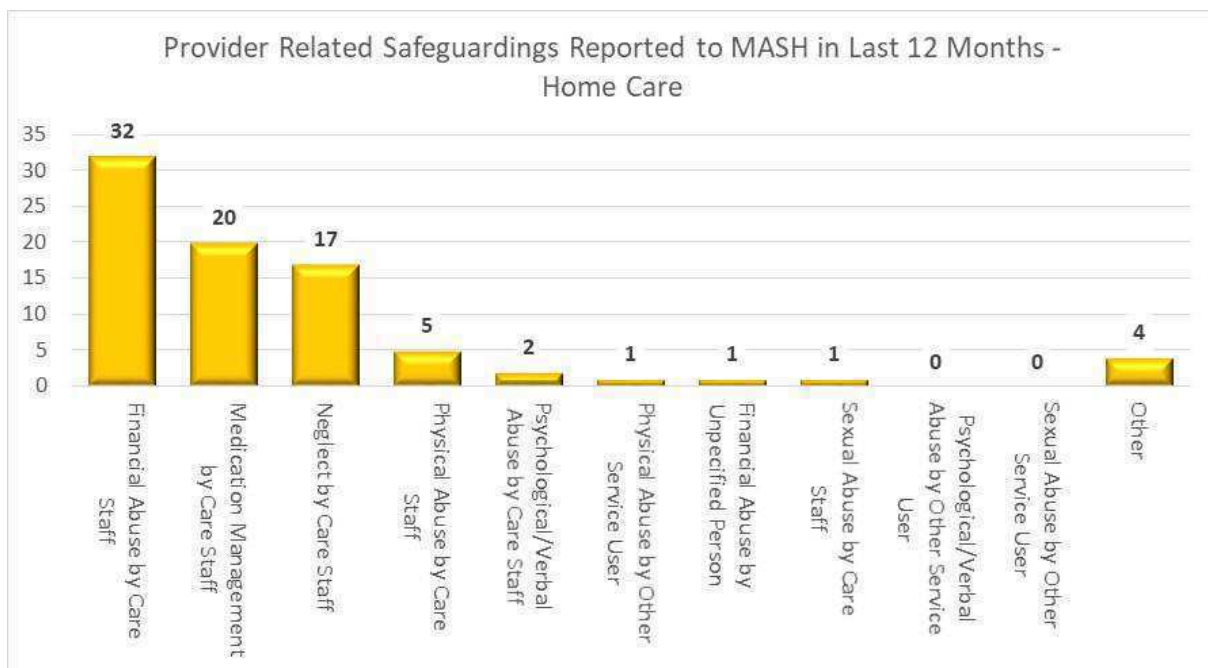
By far the greatest reason for provider related safeguardings is resident on resident abuse.

3.8.4 Nursing care home



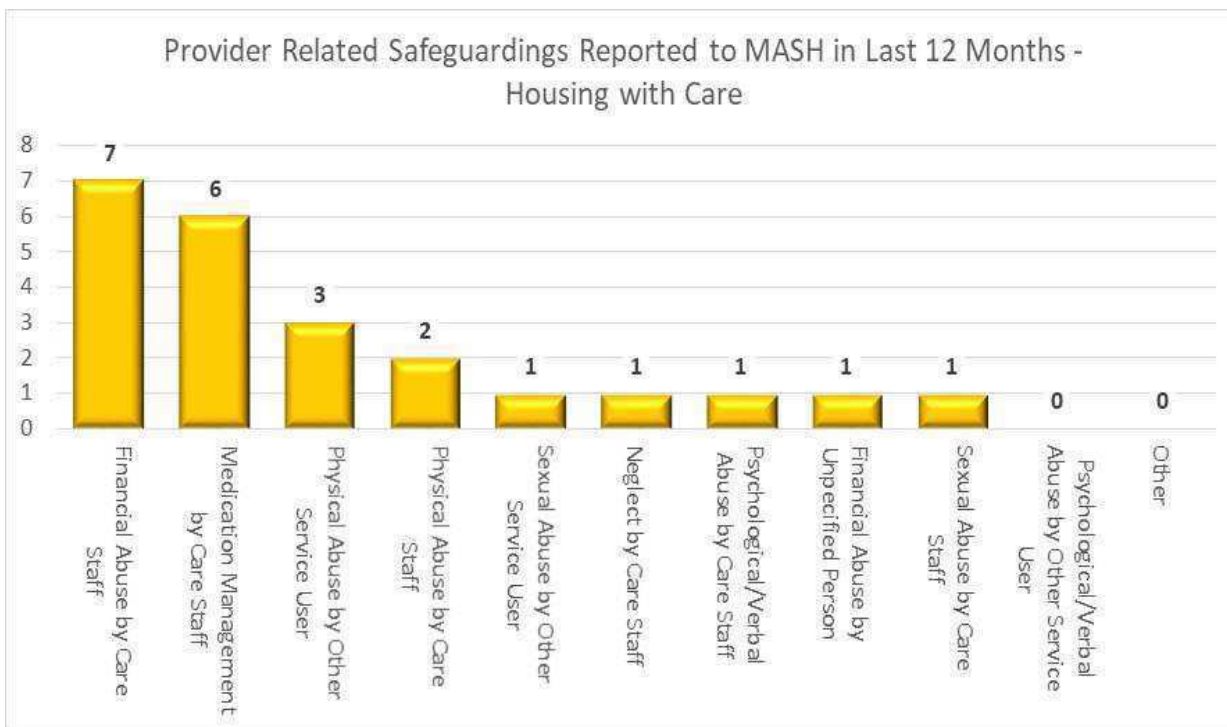
Again the most common safeguarding referral concerns resident on resident abuse

3.8.5 Home care



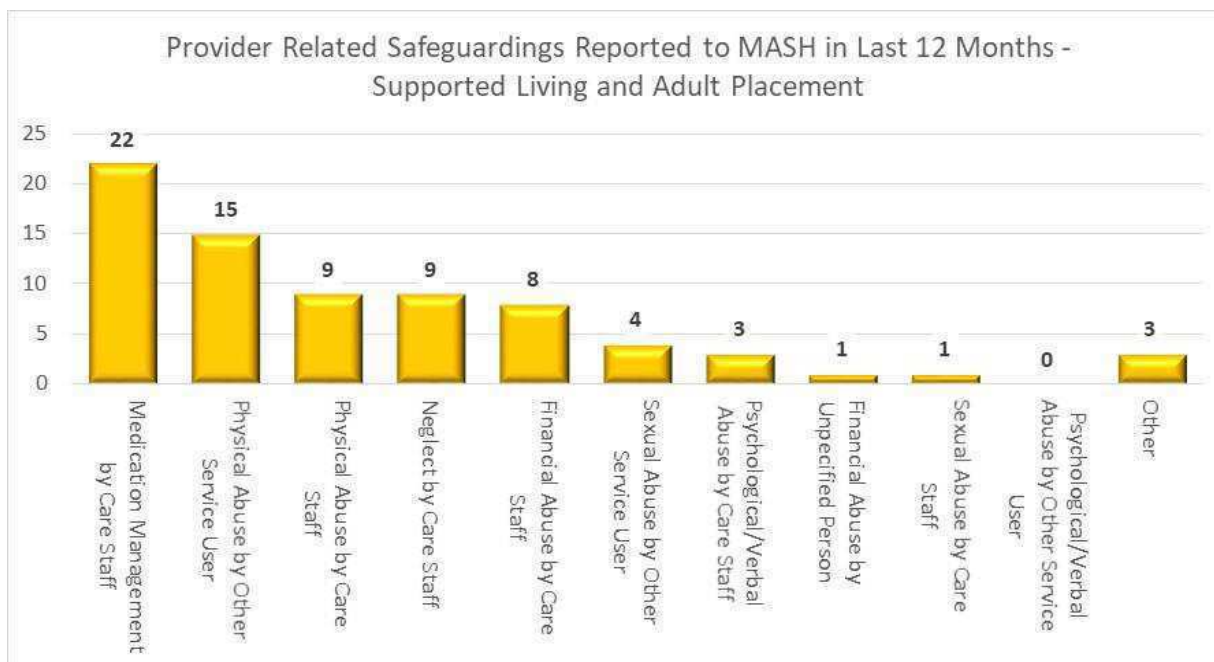
It can be seen that the biggest risks in the home care sector are in financial abuse by care workers and poor medication management.

3.8.6 Housing with care



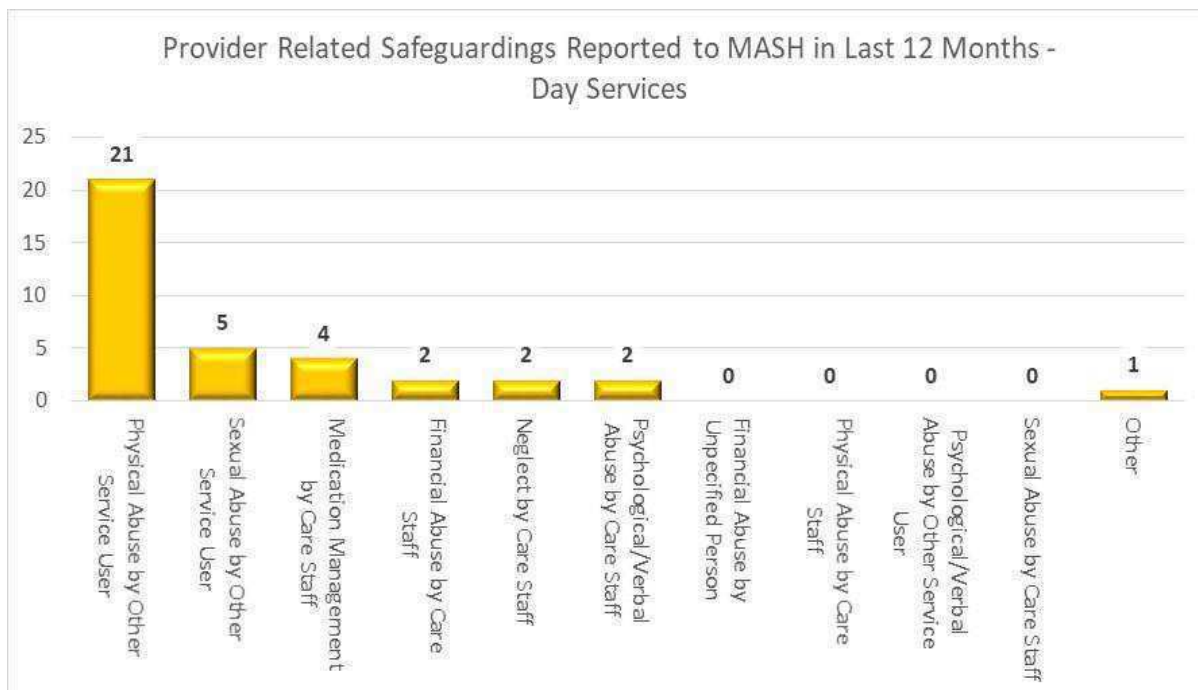
The position is similar to home care but also includes resident on resident abuse within the housing scheme.

3.8.7 Supported living



Medication management and physical abuse by other service user are the most common concerns in supported living together with physical abuse or neglect by care workers in supported living schemes.

3.8.8 Day care



Abuse by service users on other service users is the greatest concern in day services

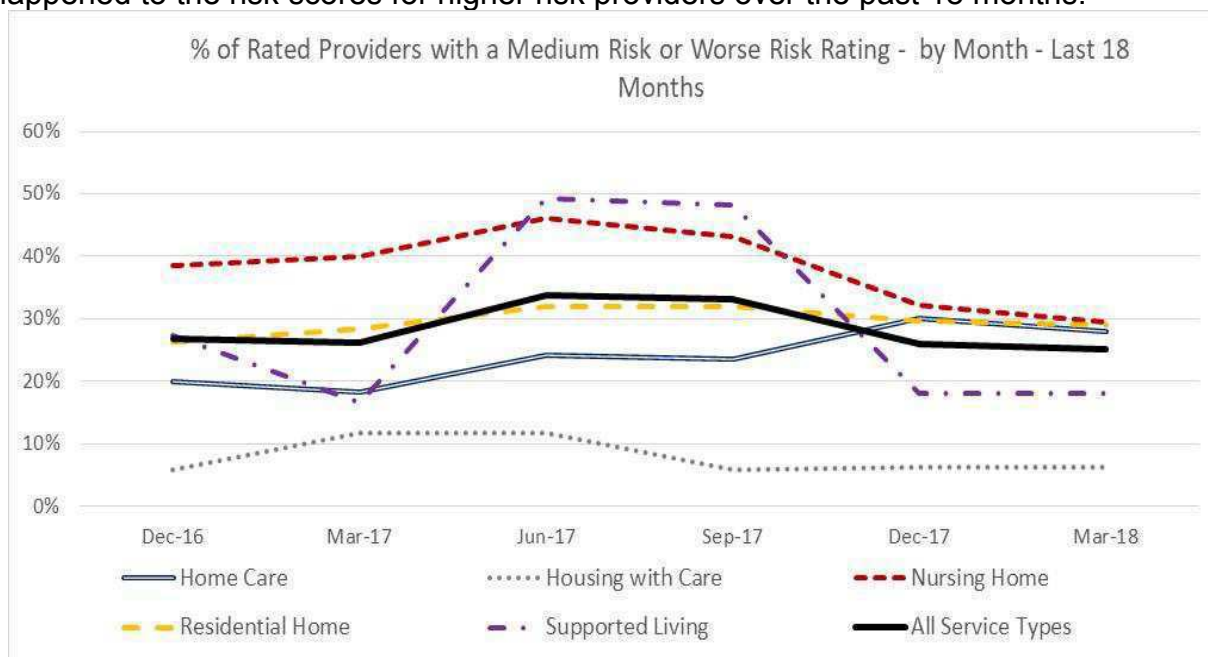
3.9 Non safeguarding concerns

3.9.1 The QA team also supported contract managers, commissioners and social work teams throughout the year working with a major home care provider under performance notice, supporting multiple provider failures, supporting procurement colleagues in setting quality standards for tenders and assessing tender bids. All these activities eat into the time available for proactive provider support programmes.

3.10 Overall provider risk ratings

3.10.1 The QA team operate the APP system that enables all intelligence about providers to be analysed to produce an overall risk score. The diagram below shows what has happened to the risk scores for higher risk providers over the past 18 months.

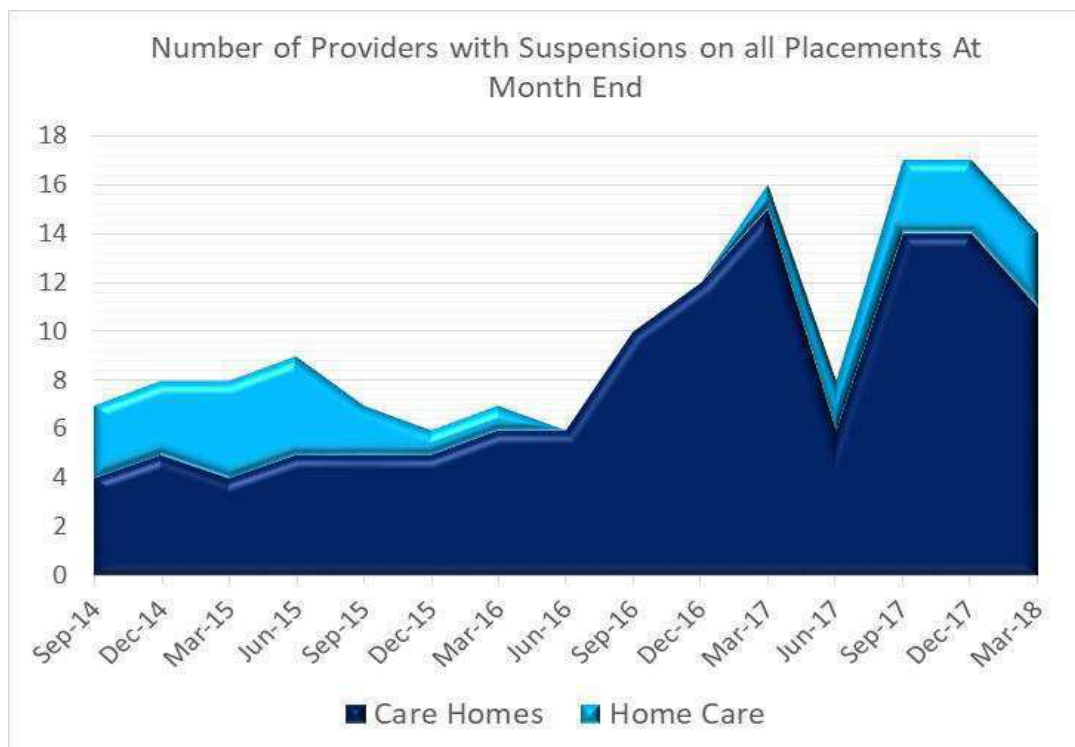
3.10.2



3.10.3 It can be seen that overall risk in the nursing home sector has reduced significantly with a very slight increase in residential care homes. Risk in home care has increased significantly and risk in supported living has fluctuated but settled at a lower rate than the beginning of the year. This performance suggests that the team is just about managing risks through its reactive programmes but has not been able to achieve significant improvement across the market that only comes through proactive work at scale.

3.11 **Suspension of placements**

3.11.1 In more serious cases the QA team will put a stop on placements. The diagram below shows the pattern of suspension on placements at month end over the past three and a half years.



3.11.2 A restriction on all placements is when the Council cannot place a service user with a care provider, usually because of serious concerns with the safety and quality of the service delivered by the provider

3.11.3 For the last 18 months there have regularly been between 10 to 15 care homes where the Council has placed a restriction on all placements.

3.11.4 The QA team works closely with providers to enable them to make the improvements required for placements to start again. Unfortunately, when one home comes off restriction another often replaces it. The continued number of care homes with suspensions on all placements requires a considerable amount of QA worker time.

3.12 **Provider loss**

3.12.1 Provider loss is an issue in the care home sector and requires QA and Operational team time when it occurs. The QA team has well tested arrangements in the event of closure and has managed ten closures over the last year with the loss of 235 beds. At the same time the private sector has built a number of new care homes, however these are all aimed at the self-funding market.

- 3.12.2 There has been a marked incidence of dual registered homes de-registering their nursing care and only catering for residential service users.
- 3.12.3 A study undertaken by the QA and Market Development team in January 2018 shows that:

Since December 2015 in Norfolk:

- a) three nursing homes have closed with the loss of 69 nursing beds
- b) two care homes have de-registered their nursing beds with the loss of 53 nursing beds
- c) four care homes are considering or are in active discussions with the Council about de-registering their nursing beds, with the potential loss of 120 nursing beds
- d) during the same period the number of people with the Council's funded nursing care has increased from 502 to 539
- e) the above followed a 13-month period where five homes de-registered their nursing

Reasons given for closure/de-registration/potential de-registration included:

- a) fee levels paid for nursing care not allowing financial viability/delivery of a safe nursing service
- b) difficulty in recruiting nursing/care staff resulting in reliance on (expensive) agency staff.
- c) high bed vacancy levels (sometimes following quality issues/restrictions on placements) causing financial viability issues

- 3.12.4 In nursing homes, Norfolk has significantly higher annual staff turnover than regional and national averages.

Care Workers:	Norfolk - 50%	East of England - 39%	England - 35%
Registered Nurses:	Norfolk - 40%	East of England - 32%	England - 32%

- 3.12.5 Collaboration with health colleagues on the quality of clinical provision happens in a number of forums; notably within the Enhanced Health in Care Homes project. In addition, the team is entering into a Memoranda of Understanding with clinically led quality assurance colleagues to support information sharing, joint visiting and risk management.

3.13 **Securing quality at local level 2017/18**

- 3.13.1 As explained earlier in this report the scope for carrying out proactive work with providers has been limited and we believe that it is this work with providers that really makes the difference in quality improvement. The reactive work serves in the main to preventing further deterioration in quality.
- 3.13.2 The picture painted in this report is of a market which is struggling to secure further improvements in quality ratings and a market that is improving more slowly than comparable Local Authorities across the board. There continue to be particular quality issues in the care home market and there has been a decline in the rate of improvement in the home care market. The Council's RIG target of 80% of providers rated as 'good' or better appears unambitious, when compared to similar Local Authorities who are already exceeding that level of performance. A target of 85% is now needed to get Norfolk to median performance.
- 3.13.3 Concerns, compliance and safeguarding referrals involving care providers are running at over 2,000 per year. Proactive support to providers, who we know are struggling

through our market intelligence, has been provided by using the Market Development Fund.

3.13.4 Compared to other Local Authorities with social care responsibilities in the East of England region, Norfolk has a significantly higher number of providers resulting in higher case loads and surveillance for officers. The implementation of the regional quality tool and a review of the QA function for the market will result in a more structured approach to quality within the market and greater capacity for proactive quality work and provider performance.

4 Quality improvement programme 2017/18

A quality improvement strategy for 2017/18 was set out in the 2016/17 Annual Quality Report and the following initiatives were delivered:

4.1 Care homes

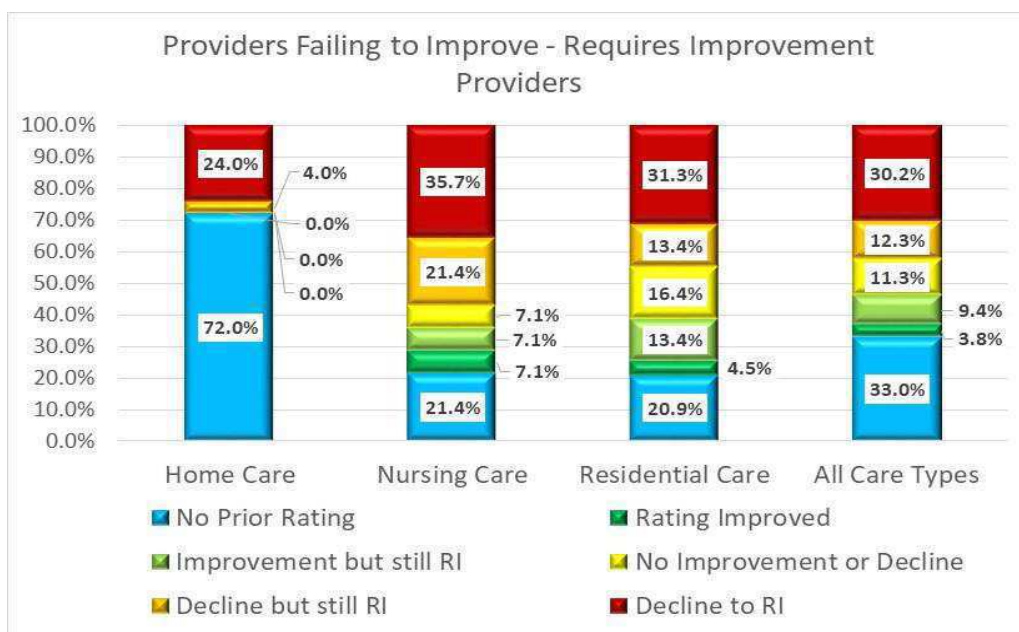
The embedding of the the Enhanced Health Care in Care Homes (EHCCCH) programme has been a priority for Norfolk as part of the Better Care Fund. Significant reductions have been acheived in admissions from care homes, indicating an improvement in quality of care, however this is yet to be reflected in CQC ratings. This programme will be enhanced and expanded by additional resource deployed in 2018/19.

4.2 Using market intelligence to target quality improvement

The team was able to use its APP system to target high risk care homes. During the year, the team helped in the development of a self assessment tool that will be used as part of the 2018/19 programme.

4.3 Delivering the ‘requires improvement’ to ‘good’ (RIG) programme

The team had a modest RIG programme resourced through the Market Development Fund operating throughout the year, focusing on 20 care homes who were struggling to achieve or maintain good quality. At the time of writing we are waiting for the formal evaluation of the programme and the full results. We can say, however, that there were improvements in 65% of providers who were reinspected by CQC across all five domains but this did not result in overall improvement to ‘good’ in all cases, we however, are expecting mixed results in line with our analysis of the shift in ratings in the market as a whole. The diagram below shows the shift in ratings over the past year:



30.2% of providers rated during the year across all care types who started the year rated good were downgraded to requires improvement. This trend is most noticeable in residential and nursing care but is beginning to happen in the home care sector also.

32.6% of providers rated during the year who began the year rated as 'requires improvement', failed to improve to a 'good' rating. Only 3.8% of providers rated during the year improved their rating.

4.4 **Promoting the Harwood Care Charter**

The team has re-promoted the use of the charter card and highlighted the charter at the Care Convention. Take up by providers has, however, remained low and we will need to re-think the effectiveness of this particular way of promoting person centred care with a proposal to embedding the principles in future contracts

4.5 **Using service user feedback**

We introduced customer satisfaction surveys in some of the home care market during 2016/17. At the time of writing early results are being evaluated.

4.6 **Delivering a sector skills plan to support the workforce**

A sector skills plan has been developed together with a free to use website that links people who want to work in the care market with providers who have vacancies. It is clear, however, that more will need to be done to tackle the very challenging recruitment and retention picture in the market.

4.7 **Investing in and engaging with the care market**

Good progress had been made in implementing our market engagement strategy as well as engaging providers in developing cost models for use in the home care market. The provider dialogue process in which we work with providers to agree inflationary pressures has worked well and has underpinned our fee uplift proposals, ensuring that providers are sustained and able to focus on provision of quality services.

4.8 **Innovative commissioning, market shaping and integration approaches**

Commissioners increasingly take a quality based approach to the procurement of new services; sourcing services solely on price does not support quality in the market for social care.

Management of the market to support an optimum number of quality providers is proactively being taken in the home care market and is currently being explored in the residential and day care market. This approach is expected to yield an improvement in the quality of overall provision but it is too early in the cycle to tell at this time.

4.9 **Care Convention**

A new style Care Convention was successfully held in November 2017, bringing together providers and consumers of care for the first time. Quality of care was to the fore in the speeches and discussions that took place throughout the day.

In 2018/19 the organisation and promotion of care and carers is increasingly being managed by care providers themselves, which again promotes awareness of the importance of this sector and the quality of provision.

4.10 **Norfolk care awards**

The Council supported the celebration of high quality care at the annual Care Awards event that took place in February 2018. This event showcases the very best practice in the market and enables the Council to promote best practice and recognise top quality care.

4.11 **Review of QA function**

An external review of the QA function was carried out during the year. This review will feed into a fundamental review of QA arrangements and capacity as part of the overall review of the commissioning function which is expected to be completed later in the year.

5. Quality improvement programme 2018/19

5.1 The Council must continue to respond to ongoing complaints, concerns and safeguarding referrals in a proportionate and effective manner to avoid deterioration in quality, address the concerns of individuals, minimise reputational damage, and in the most serious cases minimise the risk of legal challenge. It is clear from evaluating other Councils in the region and seeking advice through the regional networks that the most effective way to improve quality is through a structured risk-driven proactive inspection programme that drives improvement planning and implementation.

We are realigning the team to focus on delivering a programme supported by the use of the regional quality improvement tool known as Provider Assessment and Market Management System (PAMMS).

5.1.1 **PAMMS proactive inspections**

Within existing resources the QA team will use its two Market Assurance Officer posts to focus exclusively on a proactive risk driven programme targeting and working with providers to help them improve CQC ratings. Additional resources will be focused on securing further 1.5 full time equivalent Market Assurance Officer posts for 12 months to focus exclusively on proactive inspections.

These staffing resources will be used to target providers identified at greatest risk of poor quality scores. They will use the regional PAMMS quality inspection and rating tool to proactively work with providers focusing in on the precise areas that need improvement. The officers will rate providers both before and after the support that we will provide. In a full year we estimate that up to 140 providers can be supported.

The Market Assurance Officers will focus on 40 care homes who are at greatest risk of failing to improve from their current 'improvement' rating to a rating of 'good' and some homes who are at risk of slipping back to a 'requires improvement' rating from a rating of 'good'.

While the new proactive inspection team represents the most radical change in direction regarding quality improvement the following improvement initiatives are also planned for 2018/19:

5.1.2 **Enhanced health care in care homes programme (EHCCH)**

The EHCCH programme has demonstrated excellent results in driving down admissions to hospital from care homes; this improvement demonstrates the improvements in care that occurred. We will continue with the EHCCH programme to further support the care home sector and support them to demonstrate these improvements.

5.1.3 **Skills for Care registered managers networks**

We know that good leadership through registered managers is key to achieving and maintaining high quality services. Skills for Care provide support to registered managers through a networking programme that enables these key leaders to share best practice and provide mutual support. We have negotiated a very favourable rate with Skills for Care that will enable all registered managers to benefit from this support at no charge to providers.

5.1.4 **Customer feedback programme**

We will carry out surveys of all service users in receipt of care services in a new customer feedback programme focussing initially on home care and care homes and use this to help identify areas for improvement and to target providers who are not performing well.

5.1.5 **Care Association**

We are working with key organisations in the market to establish a Care Association for Norfolk which is intended, among other things, to help members improve quality and sustainability. A formal Care Association will help promote and develop the highest standards of care.

5.1.6 **Reshaping the care market**

The nature of the care market in Norfolk itself provides challenges of a different nature and scale compared to many other local authority areas.

For example, Norfolk has a residential and nursing care market which is dominated by a very large number of non-purpose-built care homes (90% of all provision) that can be difficult or economically non-viable to improve to modern standards and this can reflect in CQC ratings.

Carer turnover rates are higher in Norfolk than anywhere else in the Eastern region and this impacts on continuity of care which impacts on CQC ratings. We are working with New Anglia, the Local Enterprise Partnership to implement our workforce and skills plan as well as developing a broader long-term strategy to tackle the need for significant investment in a new care estate in Norfolk.

5.1.7 **Commissioning and market shaping framework**

The Committee has already approved the commissioning and market shaping framework and we are now in the process of implementing the framework through a three-year prioritised programme of market shaping. The process will focus on the outcomes that people want, the achievement of which is key to how care consumers perceive quality. In addition to this, using the best market intelligence, the process will result in a better balance of supply and demand and right-sizing all key market segments, so that we do not have an excessive number of regulated providers and without infringing our duties regarding choice.

5.2 **In addition to these actions the following will be continue as business as usual:**

Using market intelligence to target quality improvement
Promoting the Harwood Charter through the contracting process
Driving up focus on workforce through the realigning of the team
Investing in and engaging with the care market

Adult Social Care Committee

Item No:

Report title:	NorseCare Contract Review
Date of meeting:	2 July 2018
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic Impact

NorseCare is the largest single provider of Residential and Housing with Care (HwC) services in Norfolk. Norfolk County Council (the Council) spends over £320 million a year in the care market, of which £33.5 million is with NorseCare.

Summary

Since the contract was started, the operating context for the Council, and the wider care market has significantly changed and, in November 2017, the Adult Social Care Committee (ASCC) agreed that contractual arrangements between the Council and NorseCare should be refreshed and the revised ambitions for a new contract set out.

It was agreed that the Executive Director would take forward discussions with NorseCare on the revision of the contractual arrangements. This paper reports progress on renegotiation of the contract, identifies the enabling factors that will ensure the successful refresh of arrangements between NorseCare and the Council.

Recommendations:

Committee is asked to:

- a) **Agree the Contracting Principles between NorseCare and Norfolk County Council Outlined in Section 3 of this report**
- b) **Delegate to the Executive Director the contract variation based on those principles**

1 Context and background

- 1.1 In 2011 the Council transferred all the Council's care homes to NorseCare as it had decided to withdraw from direct provision in this area.
- 1.2 At the ASCC meeting on 6 November 2017, Committee agreed the following principles:
 - a) A move to a unit-cost basis
 - b) Release more capacity for self-funders
 - c) Redefine the transformation programme in line with the needs of Norfolk residents

2 Factors for Change

- 2.1 Since the start of the NorseCare contract, the Council and NorseCare have aimed to reshape service provision and seek further efficiencies. In addition to this work a number of factors have necessitated the review and reset of contractual arrangements with NorseCare:

- a) Duties under the Care Act (2014) to promote the wellbeing of the whole population and the Council's responsibility to shape, facilitate and support the care market
 - b) *Promoting Independence*. which is the Council's key strategy to support people to stay independent, resilient and well
 - c) Renewed emphasis on the role that HwC plays in supporting people to stay independent and development of a model of care that supports HwC to be fit for the future
 - d) Changing demographics and financial constraints on the public sector
- 2.2 The Council has a statutory responsibility to support and develop the market for care – not just for those eligible for Adult Social Care, but for all citizens in Norfolk. At the same time, it is also our responsibility to purchase care in the most cost-effective way for the Council's tax payers.
- 2.3 Recent developments in the national care market emphasise the need for the Council to secure and develop care provision with the market to ensure a diverse and sustainable supply that meets projected demand.

3 Contracting Principles agreed between NorseCare and Norfolk County Council

3.1 Contract Price - move to unit cost basis

- 3.1.1 The Council and NorseCare have agreed a contract price for 2018-19. The unit prices will continue to be updated on an annual basis.
- 3.1.2 To reduce complexity and improve transparency it is proposed to separate elements of the contract from this point forward. This separation will include a defined premium paid for legacy and transformation costs, which will reduce over time. It has also been proposed to separate out the contractual costs for residential care services- where NorseCare have the responsibility for the property and provision of care - and HwC services where NorseCare have the responsibility for care but individual landlords have responsibilities to tenants and the property. This will facilitate consideration of new models of care which will be needed to ensure that HwC plays its full role in the prevention agenda.
- 3.1.3 The Council and NorseCare have agreed an estimated trajectory of legacy cost reductions but these are dependent on factors for which the business does not have direct control including future National Joint Council pay uplifts and hence could be subject to significant variation.

3.2 Legacy costs

- 3.2.1 Reduction of legacy costs is a key component in NorseCare realising price parity with the commercial care market. NorseCare and The Council has agreed a timeframe of five years for NorseCare to reach contractual terms comparable to the market.
- 3.2.2 Agreement of the 2018-19 contract price also comprises discussions about adjusting the mechanism for calculating inflation and overall contract price and considering the level of profit/margin to be made on the Council's work. Discussions about the enabling factors necessary to facilitate agreement here are ongoing, however, we expect to have agreement on this by the end of Quarter 2.
- 3.2.3 The identification of unit costs for all types of provision within the NorseCare contract supports the achievement of continued efficiencies as well as the introduction of new

models of care as outlined in the Promoting Independence strategy and Norfolk Futures work on older people housing.

3.3 Releasing more capacity for self-funders

- 3.3.1 Agreement on capacity has been reached for 2018-19 with an assessment of the balance required on an annual basis. A trajectory for the release of additional capacity to the market will be agreed over a five-year period which will assist NorseCare in achieving market parity by 2023. NorseCare and the Council continue to operate in the wider market assessing opportunities to work with other partners.
- 3.3.2 The completion of the HwC strategy, which sets out a model of care, will ensure HwC remains fit for the future and will guide the development of new and existing provision. A review of residential provision across the county is in train and will be complete in Autumn 2018; this will detail the changing needs of the county's population and propose actions for a whole market approach which will ensure needs can continue to be met.

4 Conclusion and Next Steps

- 4.1 NorseCare plays an important role in delivering Adult Social Services' strategy for change, Promoting Independence. To ensure that NorseCare provision is fit for the future and closely aligned to support that strategy, a refresh of the original contract has been completed. On agreement by Committee, appropriate contract variations/issues will be completed.
- 4.2 Discussions between NorseCare and the Council, work on market capacity and analysis of wider economic factors, have resulted in agreement on the key changes to the existing contract between the Council and NorseCare. Broader market interventions have been identified which will ensure the whole market continues to meet the needs of Norfolk residents.
- 4.3 It was agreed to rebase contract price based on unit costs, identify the legacy and transformation costs and a reshape the contract to reflect the differing role that NorseCare plays in residential and HwC.

5 Financial implications

- 5.1 Re-negotiating the contract based on the above principles, has effectively re-set financial expectations on both sides and ensures that future savings are robust and deliverable. The three key areas agreed and detailed above are critical to achieving both the savings and transformation required.
- 5.2 The mechanisms to achieve market parity are now agreed, which will ensure that the NorseCare contract is aligned with the Council's efficiency and investment targets.

6 Issues, risks and innovation

6.1 Legal

6.1.1 Care Act 2014

Market shaping is a key duty under the Care Act 2014. The Council has the responsibility of promoting the efficient and effective operation of the care market to support needs. This work will support the Council's market shaping responsibilities under the Care Act.

6.2 Risks

- 6.2.1 Agreement of the refreshed contract reduces the risk that relationships with the provider market will be adversely affected by current arrangements with NorseCare.
- 6.2.2 There is a risk that Adult Social Care will not deliver against its budget if changes are not undertaken in relation to current arrangements between NorseCare and the Council.

6.3 Equality

- 6.3.1 By redefining the Norse transformation programme, services can be developed to meet the needs of Norfolk's most vulnerable older people particularly those diagnosed with dementia.

7 Governance of the Contract

- 7.1 The NorseCare Liaison Board oversees and monitors the company's activities ensuring that the strategic objectives detailed in the contract are met.
- 7.2 NorseCare submits reports of its activities, its performance against the Key Performance Indicators and its business plan and management accounts to the Board.
- 7.3 The Executive Director considers recommendations arising from the Board in managing the Norse Care contract.

8. Recommendations

8.1 Committee is asked to:

- a) **Agree the Contracting Principles between NorseCare and Norfolk County Council Outlined in Section 3 of this report**
- b) **Delegate to the Executive Director the contract variation based on those principles**

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, e.g. equality impact assessment, please get in touch with:

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