Norfolk County Council

Adult Social Care Committee

Date: **Monday, 05 November 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 G Peck
Mr E Connolly	Mr M Sands
Mr D Harrison	Mr T Smith
Mrs S Gurney (Vice-Chair)	Mr H Thirtle
Mrs B Jones	Mr B Watkins
Mr J Mooney	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

Under the Council's protocol on the use of media equipment at meetings held in public, this meeting may be filmed, recorded or photographed. Anyone who wishes to do so must inform the Chairman and ensure that it is done in a manner clearly visible to anyone present. The wishes of any individual not to be recorded or filmed must be appropriately respected.

A g e n d a

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

2. Minutes **Page 5**

To confirm the minutes of the 8 October 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, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
    - Exercising functions of a public nature.
    - Directed to charitable purposes; or
    - One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);

Of which you are in a position of general control or management.
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 31 October 2018.**

For guidance on submitting a 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

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 31 October 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. Norfolk Safeguarding Adults Board Annual Report 2017-18 **Page 11**

A report by the Executive Director of Adult Social Care

11. Adult Social Care Finance Monitoring Report Period 6 (September) 2018-19 **Page 30**

A report by the Executive Director of Adult Social Care

12. Winter Resilience Planning **Page 53**

A report by the Executive Director of Adult Social Care

13. Market Position Statement 2018/19 **Page 74**

A report by the Executive Director of Adult Social Care

Group Meetings

Conservative	9:15am Conservative Group Room, 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: 30 October 2018

IN TRAN communication for all	**If you need this document in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020, or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help.**

Norfolk County Council

Adult Social Care Committee

Minutes of the Meeting Held on Monday, 08 October 2018 at 10:00am in the Edwards Room, County Hall, Norwich

Present:

Mr B Borrett (Chairman)
Mr T Adams
Miss K Clipsham
Mrs S Gurney (Vice-Chair)
Mr D Harrison
Mrs B Jones
Mr J Mooney
Mr G Peck
Mr W Richmond
Mr M Sands
Mr H Thirtle
Mr B Watkins
Mrs S Young

1. Apologies

1.1 No apologies were received.

2. Minutes

2.1 The minutes of the meeting held on 03 September 2018 were agreed as an accurate record and signed by the Chairman.

3. Declarations of Interest

3.1 Mr H Thirtle declared an "other interest" under item 12, "Living Well" related to his property portfolio; disabled people lived in two of the units he owned.

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 the Committee on:

- Work by Cllr Brociek-Coulton to develop the Carers' Charter for Norfolk, which would be presented at the next meeting of Full Council on 15 October 2018
- Extra winter money announced by the Secretary of State at a recent Conservative Party Conference; this one-off funding would be to help the NHS free up beds and was likely to have conditions attached. Norfolk would receive approximately £4m

from the funding; the Executive Director of Adult Social Services welcomed this but felt it was not a substitute for sustainable medium-term funding for social care

- The findings of the Adult Social Care peer review; the review had found services were safe, with good collaboration with NHS colleagues. There was more work to do with transfers of care and developing a "home first" culture. A report and plans from this would be brought to a future Committee meeting
- Social Care recruitment had not changed over the past month; social work vacancies were at 39 full time equivalent and vacancies for occupational therapy had stayed the same, but there was low use of agency workers. Work had started on recruitment of apprentices for social work; 10 would be recruited at first

7.2.1 The Executive Director of Adult Social Services **agreed** to send information to Mrs B Jones about the size of the waiting list for the SCCE (Social Care Centre for Expertise).

7.2.2 The Autism Strategy had been reviewed by the Autism All Age Partnership Board; they would sign it off before it went to the Health & Wellbeing Board and Adult Social Care Committee in early 2019.

7.2.3 Recruitment to social work vacancies continued to be promoted including by targeting people at events, working with universities and through raising the profile of Norfolk.

8. Chairman's Update

8.1 The Chairman updated the Committee on:
Findings from the peer review; the peers had found political leadership to be strong and consistent and he thanked the Committee for their role in this
His attendance at STP (Sustainability and Transformation Partnership) meetings since the Committee last met; he noted the challenges of bodies working together to focus on patients / residents. An update would be given at the next Health and Wellbeing Board meeting

8.2 There was concern raised about the delay in bringing the Autism Strategy to Committee. The Chairman noted that co-production could cause timescale delays as other bodies had their own timetables to meet; he pointed out that the Autism All Age Partnership also had an interest in getting the strategy in place

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

9.1 Mrs B Jones had attended meetings of the Norfolk and Norwich association of the Blind, the first Pride event for disabled people, and a Making It Real Group meeting.

9.2 Mr M Sands had attended a meeting with the Chair of the Trust for Bowthorpe workshops; at the meeting, concerns were discussed about the level of financial support trainees were given to attend workshops. In response to the question, the Director said that there should be no reason for any change in the support trainees were given.

9.3 Mrs S Young:

- Had attended a Board Meeting of the Queen Elizabeth Hospital Trust who had a robust programme of improvements planned
- Was involved in the "Falls Prevention Strategy", now called "Healthy Aging", to address the risk of falls, frailty and loneliness in the elderly and put in place strategy for prevention. A hackathon was planned for November

9.4 Mr H Thirtle visited Centre 81, who ran day care for people in Yarmouth; they had re-identified their ambitions and core values and now focussed on providing good quality,

9.5 affordable training and good quality care for disabled people in the Yarmouth area.

The Vice Chair:

- Had attended the NorseCare awards on behalf of Norfolk County Council
- Would be a judge for the Norfolk Care Awards in November 2018
- Was planning with Officers a Making It Real group meeting for November
- As local Cllr for Hellesdon had given a talk to the Salvation Army about welfare and access to care

9.6 Mr T Smith would circulate a written update to the Committee following a meeting he was due to attend later in the week.

10. Adult Social Care Finance Monitoring Report Period 10 (January) 2017-18

10.1.1 The Committee considered the financial monitoring report based on information to the end of August 2018, showing variations from the budget, progress against planned savings and a summary of the use of the improved better care fund (iBCF).

10.1.2 The Finance Business Partner, Adult Social Services, reported that the business risk reserve at paragraph 2.10 was not forecast at that time to be needed with risks anticipated to be mitigated in-year; there was a related "invest to save" which could draw down £150,000.

10.2 Officers responded to queries from Members:

- The Finance Business Partner, Adult Social Services, clarified that 13,000 service users were being supported at the time; the number had steadied after a decrease in recent years, projections going forward were different for each service and demand management would not necessarily be met through service user reductions in all cases. For some services, such as services for people with mental health needs, there was unlikely to be a reduction in service users, but different approaches would lead to reductions in the average cost of packages of care.
- Teams responsible for purchase of care had developed recovery plans to focus actions to manage within the agreed budget. Some savings may not be made in the planned timescale. Mitigation included increase in income through more shared care packages with health organisations and closer working with clients which had led to more contributions towards care
- The Executive Director of Adult Social Services confirmed that trusted assessors were funded through the iBCF. They were in hospital teams to act on behalf of independent care providers as a point of contact and to assess people's readiness to move back into a care environment
- Personal budgets were provided to meet a person's needs, therefore some "wants" may not be able to be provided for; this was recognised as an area of difficulty
- It was confirmed that estimates for the NorseCare inflation gap could be a challenge as assumptions had to be made early in the year, which can lead to variations against the budget
- The Finance Business Partner, Adult Social Services, reported that there was no backlog for achieving the financial assessments for service users. For various reasons, some people did not disclose all their benefits which could lead to complaints later; the overall number of complaints to the ombudsman were small
- In response to a concern that assessment facilitators were not in Mental Health Hospitals, the Executive Director of Adult Social Services replied that all primary care services could hold mental health cases. Dedicated Mental Health initiatives were shown in the report
- The Director of Integrated Commissioning confirmed that the 6 extra mental health beds created were to support people coming out of hospital before returning home

- Mrs B Jones was concerned that some providers were unwilling or didn't provide appropriate services for people with Mental Health issues to spend their personal budget. The Director of Integrated Commissioning asked for examples so this could be followed up
- The Director of Integrated Commissioning confirmed that additional staff under the new service from "Together" was for an integrated housing community for mental health support, provided at an earlier stage in people's lives; supported housing remained for people with long term issues
- The Executive Director of Adult Social Services confirmed that Norfolk County Council did not have a scheme which punished or rewarded senior managers' pay if targets were or were not met
- The announcement by the Prime Minister that austerity would end was raised and queried whether the Committee would look again at how to help those in greatest need if funding became available. The Chairman agreed that it was the role of the Committee to protect the vulnerable people of Norfolk and whilst the fun was welcome, he noted that one-off funding was not a substitute for long term funding from Government and would have to be used carefully to mitigate against future budget gaps

10.3 With 8 votes for and 5 abstentions the Committee **RESOLVED** to **AGREE**

a) The forecast outturn position at Period 5 for the 2018-19 Revenue Budget of a £1.990m overspend

b) The planned use of reserves totalling £6.038m, which was below the original level agreed

11. Risk Management

11.1 The Committee received the risk report with risks shown on an exception basis; since the last meeting the risk register had been reviewed by the Senior Management Team and the Risk Management Officer.

11.2 Officers responded to queries from Members:

- Concern was raised about RM14247 (Failure in the Care Market) being rated Amber. The Director of Integrated Commissioning reported there was a national shortage of nurses; there had been a loss in nursing beds and an increase in residential beds as nursing beds had converted to residential. Norfolk had appropriate resource in the market and Norfolk County Council were working with the CQC (Care Quality Commission) so Officers felt this risk could be rated Amber
- A Member raised the issue of Burnham House, which the CQC had rated excellent, being proposed for closure; the Chairman clarified that the home was run by NorseCare who had put this proposal forward and he suggested Members fed comments into their consultation
- In relation to risk RM023 (failure to respond to changes to demography, funding & Government policy, with particular regard to Adults Services) a Member asked how well Adult Social Care tracked policies, trends and forecasts; the Executive Director of Adult Social Services felt Officers understood demography and demand very well and confirmed there was a detailed demand management model in place.
- In relation to RM13926, (failure to meet budget savings) a Member asked why it had been necessary for Operational teams to create in-year recovery plans to address the forecast overspend; the Executive Director of Adult Social Services replied that these would help to ensure the department mitigated against the risk of being further overspent in 2018-19. In further support of this, an Assistant Director of Hospital Systems would help reduce Delayed Transfers of Care
- It was noted that RM14237 (Deprivation of Liberty Safeguarding (DoLS)) was red;

the Assistant Director of Social Work confirmed that the Council understood the risk caused by backlog of this work and had adopted e-DoLS to help them take on the high-priority cases. All Councils were awaiting the ruling on DoLS and the Mental Capacity Act Amendment Bill, which should pass through the House of Commons by March 2019; Norfolk's DoLS policy was in line with other Councils'

- The Executive Director of Adult Social Services noted that the Green Paper should now also contain proposals for young disabled people
- The importance of instructing staff at failing care homes such as Gorselands about DoLS was queried; the Director of Integrated Commissioning confirmed that staff had been working with this home and continued to do so

11.3 With 8 votes for, 3 against and 2 abstentions the Committee **RESOLVED** to**:**

a) **AGREE** to the closure of Risk RM019
b) **AGREE** to the change in the title and description for Risk RM023
c) **AGREE** to the increase in the target risk score from 6 - 9 for Risk RM14247 for the target likelihood of meeting the risk by the target date
d) **NOTE** Adult Social Services' input into Risk RM022 which was on the corporate Risk Register

12. Living Well – Homes for Norfolk

12.1.1 The Committee considered the report outlining the strategy for a range of housing options to help people maintain independence and have appropriate supported housing available in the right locations, at the right time and with the right characteristics to support the department fulfil its vision of keeping people independent

12.1.2 The Director of Integrated Commissioning reported that the project would run over five years; money had not been allocated to each year as Officers wanted providers to approach them with proposals. The programme was a proactive response to the risk of the private housing sector not providing enough accommodation.

12.2.1 Members discussed the positives this project would provide for older people by giving alternatives for those who did not wish to go into a care home.

12.2.2 The Director of Integrated Commissioning confirmed that housing schemes would be developed with a bespoke business case and mixed tenure; this meant social care would use some of the units while others would be for market rent or shared ownership. Work carried out had found that more care was needed around market towns. A detailed strategy had been developed showing the need for care and homes across Norfolk. If unaffordable care or care outside the strategy area was proposed, the Council could choose not to support it.

12.2.3 The Director of Integrated Commissioning reported that Officers were looking at the principles for a housing programme for younger people; it had been suggested that it may not be cost effective to subsidise working age accommodation.

12.2.4 The Chairman applauded the scale and ambition of the project, developed as a direct result of the strategy adopted by the Committee,

12.3 The Committee unanimously **AGREED**:

a) To set up a housing programme to encourage and speed up the delivery of extra care housing in Norfolk:
b) On privately owned land, setting up a capital contribution process to support the development of extra care housing.
c) On publicly owned land, following the most appropriate process when bringing forward extra care schemes. This may include the establishment of a

developer/provider framework or individual procurement process depending on the source of the land and stakeholders involved.

d) To fund programme costs of £150k per year

e) To **RECOMMEND** to the Policy and Resources Committee that Norfolk County Council funds capital investment up to £29m over the life of the programme

13. Strategic and Financial Planning 2019-20 to 2021-22

13.1.1 The Committee received the report giving an update on the Committee's detailed planning to feed into Norfolk County Council's budget process for 2019-20 and Adult Social Care Committee's specific proposals for savings for developing options agreed at the Committee's meeting in September 2018 to be considered and recommended to Policy and Resources Committee.

13.2.1 A Member raised concern about the minimum income guarantee being amended in line with government guidance and the impact this would have on peoples' independence and social inclusion.

13.2.2 Some Members were concerned about what they perceived as being cuts being described as savings, and about these cuts to Adult Social Care department budgets.

13.2.3 The Chairman responded to these concerns that the Committee had a duty to use the funds they were given to the best effect for the people of Norfolk; as the demographic increased, demand would continue to increase.

13.3

1) with 8 votes for, 4 against and 1 abstention, the Committee **RESOLVED** to **CONSIDER** the continuing progress of change and transformation of adult social care services
2) with 8 votes for and 5 against, the Committee **RESOLVED** to **NOTE** the Council's latest budget assumptions and pressures, including revised council tax planning assumptions, and the resulting revised forecast budget gap of £45.322m, which had been updated by Policy and Resources Committee to reflect the latest available information and following Service Committee input in September 2018 (paragraph 4.3 and table 1 of the report)
3) with 8 votes for and 5 against the Committee **RESOLVED** to **APPROVE** the proposed savings for the 2019-20 budget round for recommendation to Policy and Resources Committee in October (table 6 of the report), in particular confirming those savings that were recommended to require consultation as set out in paragraph 6.4
4) with 8 votes for, 4 against and 1 abstention, the Committee **RESOLVED** to **CONSIDER** the key areas of risk in relation to 2019-22 budget planning for the Committee's budgets, including any extra/more pressures and the robustness of existing planned savings as set out in table 4 of the report, **NOTING** that any changes may impact on the overall budget gap and would require extra/more offsetting savings to be found
5) with 8 votes for, 4 against and 1 abstention, the Committee **RESOLVED** to **AGREE** the budget planning timetable (section 7 of the report)

The meeting finished at 11.27

Mr Bill Borrett, Chairman,
Adult Social Care Committee

Adult Social Care Committee

Item No:

Report title:	**Norfolk Safeguarding Adults Board Annual Report 2017-18**
Date of meeting:	**5 November 2018**
Responsible Chief Officer:	**James Bullion, Executive Director of Adult Social Services**

Strategic impact

The annual report at **Appendix A** summarises the work of the Norfolk Safeguarding Adults Board (NSAB) during 2017-18.

It illustrates the delivery by the multi-agency partnership of the statutory requirements for safeguarding adults as set out in the Care Act.

The local authority along with the police and health commission form the three statutory partners for safeguarding adults, with the local authority holding lead responsibility.

Publication of an annual report is a statutory requirement (14.136 Care Act Guidance 2016).

Executive summary

The purpose of Norfolk Safeguarding Adults Board is to help and safeguard adults with care and support needs. It does this by:

a) assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance
b) assuring itself that safeguarding practice is person-centred and outcome-focused
c) working collaboratively to prevent abuse and neglect where possible
d) ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred
e) assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area

The NSAB leads adult safeguarding arrangements across Norfolk and oversees and coordinates the effectiveness of the safeguarding work of its member and partner agencies. This requires the NSAB to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles contained in Making Safeguarding Personal. It also concerns itself with a range of issues which can contribute to the wellbeing of its community and the prevention of abuse and neglect, such as:

a) the safety of people who use services in local health settings, including mental health
b) the safety of adults with care and support needs living in social housing
c) effective interventions with adults who self-neglect, for whatever reason
d) the quality of local care and support services
e) the effectiveness of prisons in safeguarding offenders
f) making connections between adult safeguarding and domestic abuse

The Care Act 2014 introduced a legal requirement for Safeguarding Adults Boards to complete an annual report once a year, covering its activities. A copy is required to be sent to the chief executive and leader of the local authority, the police and crime commissioner, the chief constable and the local Healthwatch.

Norfolk County Council, Norfolk Constabulary and the NHS (Clinical Commissioning Groups) are statutory partners on NSAB. NSAB has a wider membership covering a range of agencies active in safeguarding adults in the county. These include health provider organisations from both acute and community settings, Norfolk Fire and Rescue, Healthwatch, probation, representatives of the voluntary and independent sectors, prisons, CQC, district councils and the police and crime commissioner's office.

Key issues to note from the reporting period are:

a) This report has been reshaped and is considerably shorter than previous reports. This has been a proactive step to make the report more attractive and accessible to the widest possible audience
b) In the middle of 2017 Adult Social Care implemented its new recording system. This changed how information about safeguarding adults was collected. Information for this report has come from both the old and new systems. This has meant that information for this report is limited because it has involved bringing together data from the old and new systems, and as a result, we cannot compare the reports like for like.
c) There was a total of 992 completed Section 42 enquiries
d) The highest number of completed Section 42 enquiries were concerning physical abuse (438), followed by financial (215) and neglect (192)

Key highlights for NSAB during 2017/18 were:

a) In September 2017 over 230 delegates from 90 organisations attended a very successful multiagency conference focused on financial abuse and scamming during safeguarding adults awareness week
b) NSAB had a presence at Norwich Pride in July 2017, promoting the safeguarding message to many members of the public
c) An increase in social media presence: 500 Twitter followers and over 800 new visitors to the website each month
d) Safeguarding has been embedded in Norfolk County Council's 'In good company' campaign, which is aimed at tackling loneliness in the county.
e) NSAB launch of a survey on LGBT+ awareness in providers' settings

In the past 12 months a Safeguarding Adults Review (SAR) using the pseudonym 'Louise' has completed been but not published, as the person concerned lives in the local area. The report contains facts and evidence which may identify the person, so a decision was made by NSAB not to publish.

There have been 15 referrals to the Safeguarding Adults Review group within the past year. Many of these require further investigation, and the review group are awaiting reports and advice from other agencies before deciding whether the referrals meet the criteria for a SAR.

Capacity to deal with all the work required to improve safeguarding for adults in Norfolk remains the most significant problem for NSAB. This will continue be the subject of discussions throughout this coming year.

NSAB has a range of promotional materials and a growing social media presence. Members of the Committee are invited to disseminate this report within their networks to help raise the profile of NSAB's work. If any members would like promotional materials, then please contact please contact Andrea Smith (01603 223085) andrea.smith@norfolk.gov.uk

Recommendations:

The Committee is asked to

a) agree the content of the report
b) proactively share this report with partner organisations with whom they have contact and actively encourage their involvement with NSAB's work

Officer Contact

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

Officer Name:	**Tel No:**	**Email address**:
Walter Lloyd-Smith	01603 223422	walter.lloyd-smith@norfolk.gov.uk

IN TRAN
communication for all

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

Norfolk Safeguarding Adults Board

Annual Report 1 April 2017 – 31 March 2018

www.norfolksafeguardingadultsboard.info

@NorfolkSAB

Speaking up about abuse in our community

Norfolk Safeguarding Adults Board

Contents

Our vision

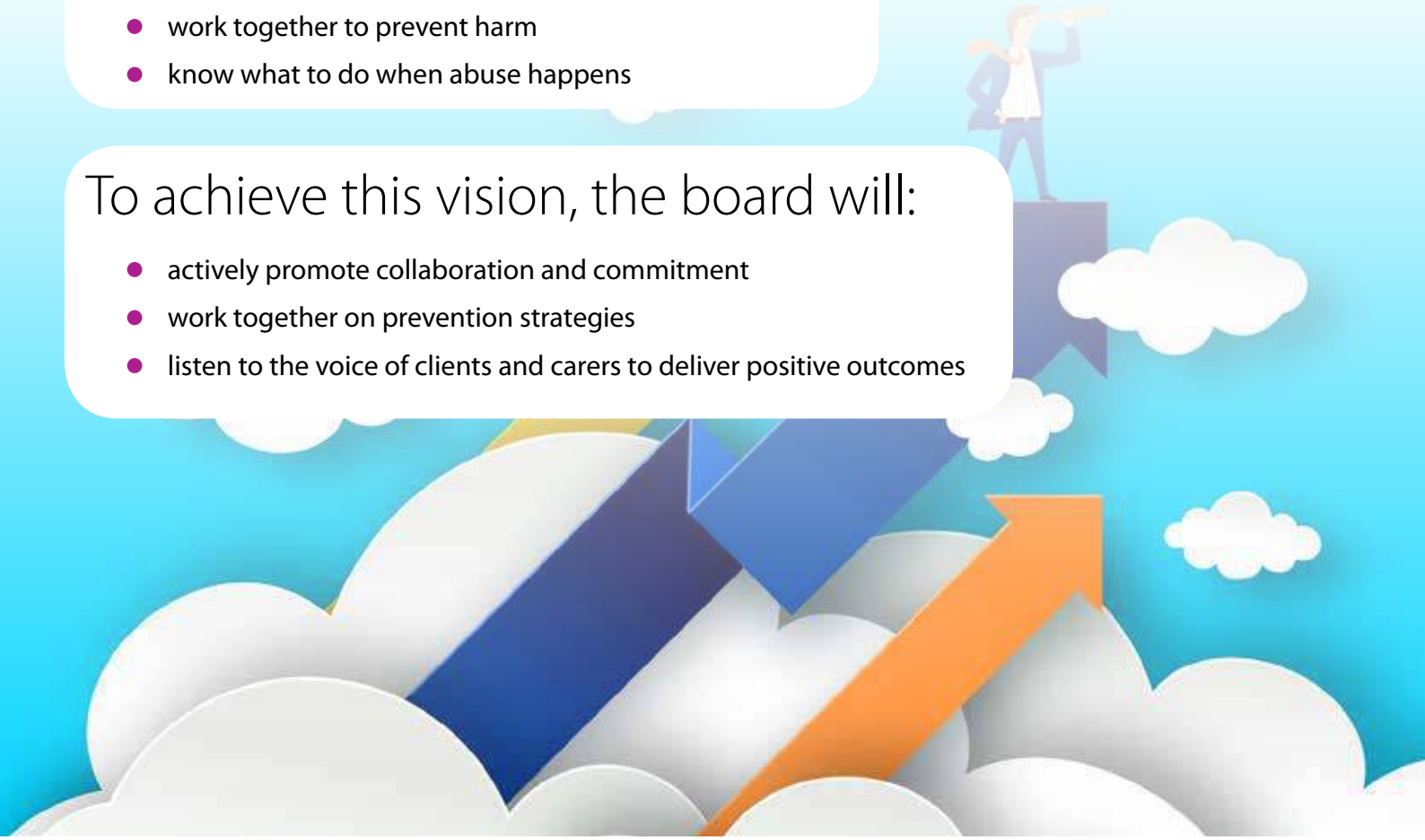
> "Our vision is for everyone to work together effectively to enable the people of Norfolk to live free from abuse and neglect, and to promote widely the message that safeguarding is everybody's responsibility."

Our aim is for people to live safely in communities that:

- have a culture that does not tolerate abuse
- work together to prevent harm
- know what to do when abuse happens

To achieve this vision, the board will:

- actively promote collaboration and commitment
- work together on prevention strategies
- listen to the voice of clients and carers to deliver positive outcomes



Our values

NSAB will actively collaborate and develop partnerships that expand the capacity of the board to ensure the people of Norfolk remain safe and the board achieves its outcomes.

- **Abusive behaviour in any environment is never accepted**
- **We will promote a positive approach to information collection, analysis and sharing because we believe this is an important protective measure**
- **We will recognise Norfolk's diverse communities in everything we do.**

About the board

The Care Act 2014 makes a safeguarding adults board a statutory requirement. The purpose of the Norfolk Safeguarding Adults Board is to help and safeguard people who have care and support needs. We want to ensure that we focus on the individual as well as learning from the outcomes of investigations. We need to make sure that any agencies or individuals respond quickly when abuse and neglect have happened, and that safeguarding practice continues to improve the quality of life of adults in Norfolk. The board's main objectives are set out in section 43 of the Care Act 2014.

By law, the board must have three members: these are Norfolk County Council, Norfolk Constabulary and the Norfolk NHS Clinical Commissioning Groups.

The board has three core duties:

- develop and publish a strategic plan setting out how we will meet our objectives and how our member and partner agencies will contribute
- publish an annual report detailing how effective our work has been
- commission Safeguarding Adults Reviews (SARs) for any cases that meet the necesssary criteria.

Care Act 2014

Message from the chair

Once again, I am very pleased to welcome you to the annual report for NSAB for 2017/18. I want to take the opportunity afforded by the annual report to extend my personal thanks and those of Walter Lloyd-Smith, the Board Business Manager, and Andrea Smith, the Board Coordinator, to all our partners who have supported the work of the board throughout the year.

Our thanks are also due to those colleagues who attend and support the work of the Locality Safeguarding Adults Partnerships and the subgroups. Without their commitment there would be little chance of addressing the wide ranging and complex safeguarding issues that involve vulnerable adults. There is more information on their work in the body of the report.

I believe our strategy of targeting awareness raising in the workforce of both statutory and voluntary sector organisations has paid dividends. Given the thousands of staff who work with vulnerable adults across Norfolk in those organisations, they represent the **'eyes and ears'** of safeguarding, as well as being aware citizens of the communities in which they live. Walter and I have begun a programme of work to address the safeguarding needs of those whose voices are seldom heard. That work will continue to be a priority over the life of the next three-year strategy.

Safeguarding week in 2017 was, again, very successful with many events and activities going on throughout the county. The board worked closely with Trading Standard colleagues both nationally and locally, and hosted a major conference on financial abuse and financial scamming. The conference attracted a full house of participants, including some from out of the county.

The Safeguarding Adults Review (SAR) group continues to have a very full schedule of work. While not all referrals result in a **'full blown'** SAR, many require further investigation through single and multiple agency reviews. SARs are a **'must do'** activity under the requirements of the Care Act 2014 and demand very significant commitment from the agencies involved.

Although we have done our best with the limited capacity available to the board to share the lessons from SARs, we have identified this is an area of required improvement going forward and it is a priority for our 2018/19 business plan. We are actively involved with other national colleagues to identify good practice and to determine what will work well for Norfolk.

So as this year's report closes our first three-year strategy, I believe we can confidently say that we have made a difference. However, there is much more to do.

Joan Maughan

Independent chair

NSAB

Safeguarding Adults Reviews published

Section 44 of the Care Act states that we must carry out a Safeguarding Adults Review (SAR) if certain criteria are met.

This is so that we can learn lessons where an adult, in vulnerable circumstances, has died or been seriously injured, and abuse or neglect is suspected.

The aim is not to apportion blame to any individual or organisation.

In the past 12 months, SAR Louise has been completed but not published, as the person concerned lives in the local area. The report contains facts and evidence which may identify the person, so a decision was made by the board not to publish.

There have been 15 referrals to the Safeguarding Adults Review group within the past year. Many of these require further investigation, and the review group are awaiting reports and advice from other agencies before deciding whether the referrals meet the criteria for a SAR.

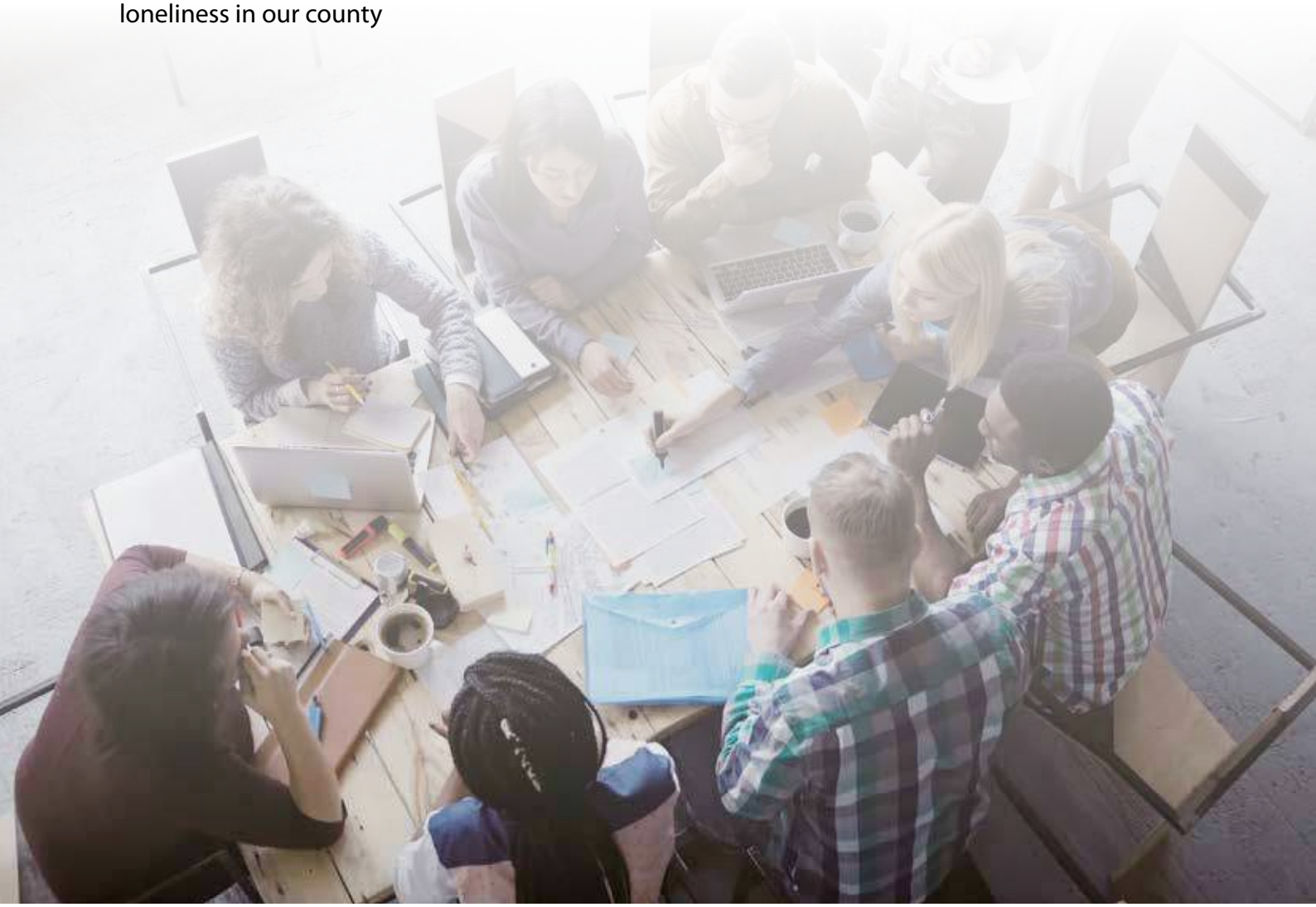
Two SARs are nearing completion. SAR C refers to a young female who died from anorexia nervosa. This **'intellectual review'** uses previous investigations and reports to identify gaps and seek assurance that services have changed.

The review of an elderly resident who died of hypothermia in a Norfolk care home is expected to conclude shortly. There were many parties to bring together for this review, so it is important to ensure that all views are heard and agreement is reached on the content of the report.

Recommendations from all reviews commissioned by the Safeguarding Adults Review group are collated on a composite action plan and monitored during meetings held three times a year. During each meeting, the Safeguarding Adults Review group and a representative from the Learning, Improvement and Policy subgroup will review the actions to see where progress has been made. Where appropriate, recommendations are allocated to subgroup chairs and work is coordinated to ensure that learning is disseminated across the county to all relevant parties.

The work of Norfolk Safeguarding Adults Board and its subgroups

- In September 2017 over 230 delegates from 90 organisations attended a very successful multi-agency conference focused on financial abuse and scamming during Safeguarding Adults Awareness Week
- We had a presence at Norwich Pride in July 2017, promoting the safeguarding message to members of the public
- Our social media presence is growing: 500 Twitter followers, and over 800 new visitors to the website each month
- Safeguarding has been embedded in Norfolk County Council's **'In good company'** campaign, which is aimed at tackling loneliness in our county
- We launched a survey on LGBT+ awareness in providers' settings
- Following a recommendation from a Safeguarding Adults Review, GP surgeries have been engaged in a campaign to promote the importance of keeping contact details for family and representatives up to date
- Subgroups are working closer together to strengthen links
- We will continue to work on a revised self-neglect and hoarding strategy; a new approach will use early help hubs to forge strong inter-agency relationships



Locality Safeguarding Adults Partnerships (LSAPs)

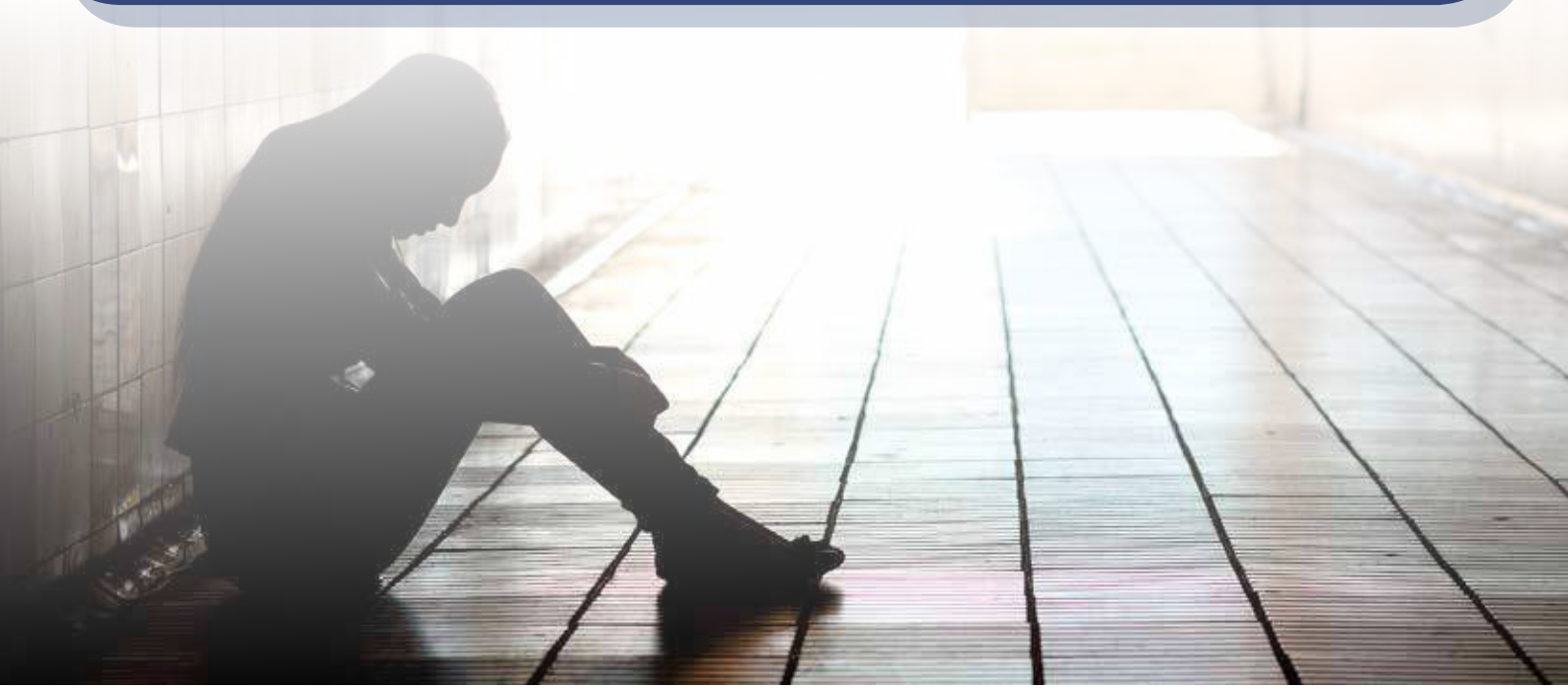
We have five partnerships that help the board deliver its work. They are based in the north, east, south and west of Norfolk, and one in Norwich.

The LSAPs have received several presentations this year. In the north, these have covered suicide prevention, Prevent awareness, POhWER, Homeshield (Trading Standards) and the Safeguarding Adults Review into Mrs BB. In the west, presentations included Stop Loan Sharks, equality and diversity to reach those communities that are harder to engage with, and 'Making Safeguarding Personal.' These provide an excellent basis for further discussion and can identify areas of work, that are fed back to the board. This year it has been self-neglect and hoarding.

The meetings are attended by a range of people from all fields, including the council, social services, safeguarding specialists, library services, local acute NHS hospital, care homes, nursing homes, hospices, police and voluntary and charitable organisations. We are hoping to have mental health representation this year too.

The eastern locality has seen a change of chair in the last 12 months. The partnership has also seen its membership challenged by staffing and organisational changes. It is currently reviewing its membership as well as raising its profile.

'Safeguarding Friends' is underway in west Norfolk and supported by the western LSAP. These are experienced safeguarding professionals who, in a voluntary role, visit nursing homes and care facilities to meet residents and staff and discuss any safeguarding concerns in a supportive and informative way. We are hoping to roll out this scheme to other parts of the county in the coming year.



Partners' Contributions

Norfolk County Council, Adult Social Services

Safeguarding services in adult social services are strategically led by James Bullion, Executive Director of Adult Social Services and Lorna Bright, Assistant Director, Social Work who represents Norfolk at the ADASS safeguarding group, with operational leadership through Helen Thacker, Head of Service, Safeguarding.

Safeguarding adults remains a high priority for adult social services, with **'increased focus on quality and safeguarding'** identified as a key priority in the 2017/18 and 2018/19 departmental service plans. The Executive Director takes a keen interest, regularly attending NSAB meetings, and this year, the Senior Management Team commissioned a practice audit and review of the model for safeguarding in Adult Social Services. The audit yielded no significant concerns in terms of Norfolk County Council's overall duty to keep people safe, and an action plan will be developed for improvement in some areas, such as increasing confidence in safeguarding across the wider department, and reviewing, consolidating and publicising information, advice and guidance for staff on safeguarding and best practice.

The audit and review have led to additional resource of two full time equivalents for the specialist safeguarding adults team. This will give the team capacity to develop an intensive rolling programme of safeguarding support and guidance to managers and practitioners across the department, reinforcing the message that safeguarding is **'everyone's business'.** The additional capacity will also support intensive preventative safeguarding work and increased use of data to identify county safeguarding **'hot spots'** for targeted input.

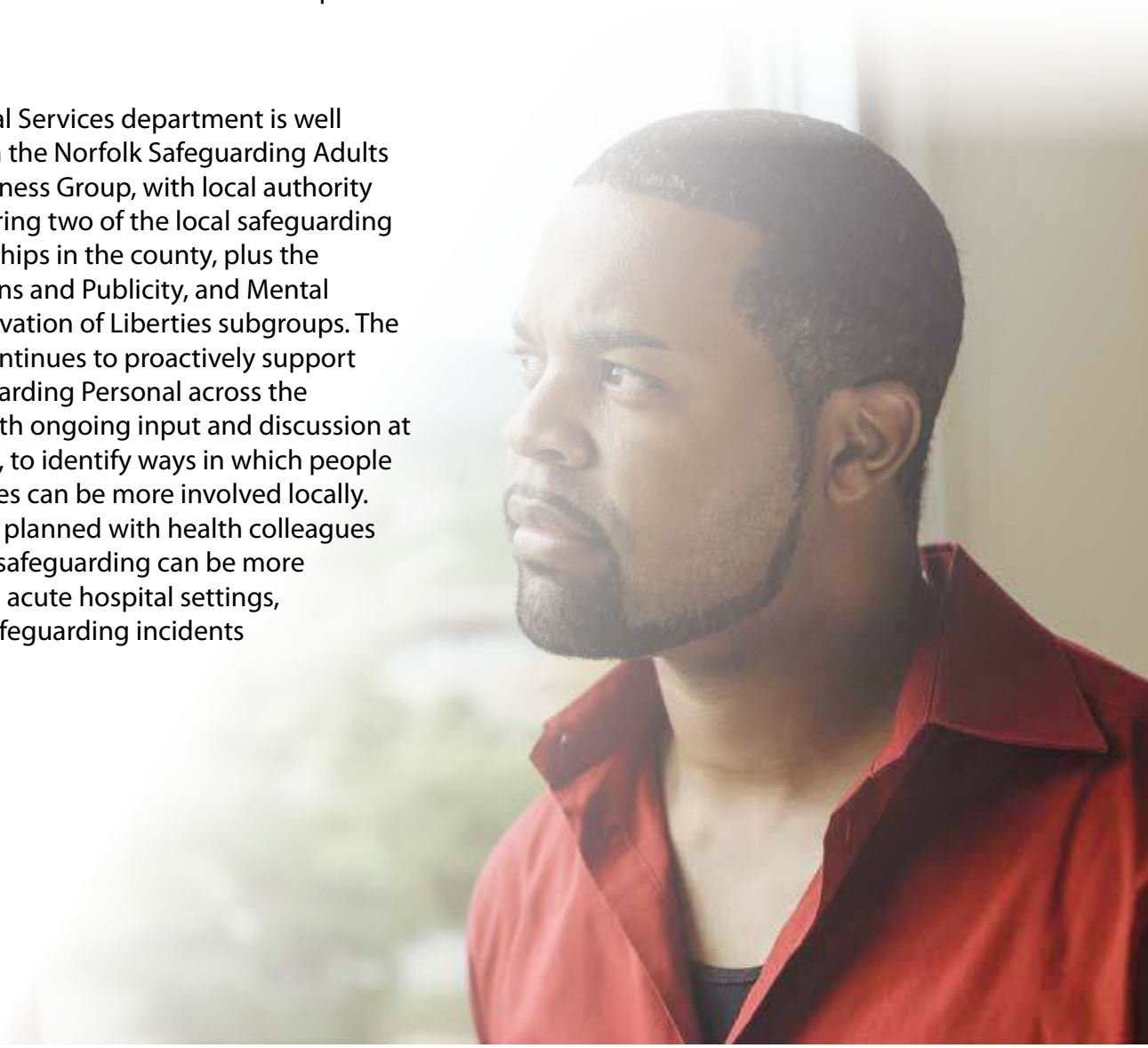
In terms of partnership working, Adult Social Services are a key partner in the Multi-Agency Safeguarding Hub (MASH) and are actively participating in a multi-agency review of the MASH. The department is one of the six funding partners for the Safe Lives Beacon Site project which will develop a collaborative and pre-emptive response to safeguarding and domestic abuse, known as **'one front door'; 'connect'** interventions offering holistic support tailored to the varying needs of those who have experienced domestic abuse; and the **'drive'** programme, which is a proactive, targeted response for high risk perpetrators of domestic abuse. The department led a piece of work to develop a multi-agency procedure for **'managing professional difficulties'** this year. This introduced a formal escalation policy for professional challenge and resolution of disagreements between agencies, reducing the risk to people using services while disagreements are resolved.

In 2017, Adult Social Services ran a pilot for a self-neglect support service in the Norwich locality, in partnership with Stonham Homegroup, to test out the value of a service to support those most difficult to engage and **'at risk'** people who exhibit self-neglect behaviours. The pilot was very successful and it was agreed that the approach was of value and to commit to a similar service, once a funding source can be identified.

Safeguarding adults training continues to be delivered by St Thomas' Training. The content of the popular course **'Learning from Safeguarding Adults Reviews',** which incorporates learning from both local and national reviews, has been refreshed and updated. The course has been opened to multi-agency partners to foster a shared understanding and learning across the partnership. The department is very proactive in disseminating **'Organisation Wide Learning'** to publicise learning from SARs and other serious incidents, and developing action plans for improvement. Training is provided at all levels of the National Competency Framework for Safeguarding Adults, including a course for provider managers and a course aimed at those who use services, to support a better understanding of what safeguarding and abuse are and how to report concerns.

The Adult Social Services department is well represented on the Norfolk Safeguarding Adults Board and Business Group, with local authority managers chairing two of the local safeguarding adults partnerships in the county, plus the Communications and Publicity, and Mental Capacity/Deprivation of Liberties subgroups. The department continues to proactively support Making Safeguarding Personal across the partnership, with ongoing input and discussion at LSAP meetings, to identify ways in which people who use services can be more involved locally. Further work is planned with health colleagues to review how safeguarding can be more personalised in acute hospital settings, where many safeguarding incidents are reported.

The department continues to co-chair a joint safeguarding forum with children's services, to ensure safeguarding messages are cascaded across the council, and there are particularly good links between safeguarding and Trading Standards. This year the group has reviewed departmental safeguarding policies; contributed to changes in safeguarding induction material for new starters; discussed our public welfare responsibilities and how to implement them, for example around child sexual exploitation and domestic abuse; and has been upskilled in a variety of aspects of safeguarding work such as human trafficking, financial scamming and illegal money lending.



Clinical Commissioning Groups (CCGs)

Clinical Commissioning Groups (CCGs) were established in April 2013 to ensure clinical involvement at all levels of healthcare commissioning. All GP practices are members of their local CCG, allowing them to better influence how local healthcare is commissioned for their patients.

The five Norfolk and Waveney CCGs commission most of the hospital and community health services within Norfolk, and have been fully commissioning GP services since April 2017. This coordinated approach supports the future commissioning of services through a planned programme of transformation known as the Sustainability and Transformation Partnerships (STPs).

In line with the requirements of the Care Act 2014, CCGs act as commissioners of local health services and need to assure themselves that the organisations from which they commission services have effective safeguarding arrangements in place. This process is supported by the hosted Safeguarding Adults Team, which ensures that compliance and quality are closely scrutinised and where appropriate, challenged. The team also supports the safeguarding response and recovery plans for those organisations falling short of these essential standards.

As statutory partners of the Norfolk Safeguarding Adults Board, the CCGs have maintained a presence at board meetings and appropriate subgroups, significantly contributing to the work these groups plan and deliver. The duty to participate in and oversee the health contributions to Safeguarding Adult Reviews and Domestic Homicide Reviews has been fully met.

The CCGs have now recuited for the Adult Safeguarding Lead Nurse and administrative support posts after a significant period of vacancy. The coming year will see challenges as key personnel within the team approach planned retirement or are redeployed as part of Sustainability and Transformation Plan (STP) restructuring. The Executive Leads for the five CCGs have been advised of the emerging situation to minimise this risk and ensure that the CCGs remain compliant with their adult safeguarding statutory function.

The CCG's Adult Safeguarding Team continues to work cohesively and in collaboration with other partner agencies, with a shared commitment to safeguard those at risk of harm and abuse in Norfolk.

Norfolk Constabulary

Norfolk Constabulary is committed to the services delivered to vulnerable adults in Norfolk and continues to invest in its resourcing capacity in this area. The force provides an integrated service with other partners in the county via the **Multi Agency Safeguarding Hub** (MASH), where it commits resources to review and discuss referrals with partners. Norfolk Constabulary's role is not purely focused on the identification of criminal offences, but also identifies risk, vulnerability and safeguarding opportunities. This work is undertaken with colleagues in adult social care and a range of health representatives to offer support to those adults who find themselves in need across the county.

Once a referral has been reviewed by the MASH, it may be allocated for further investigation by the Adult Abuse Investigation Unit (AAIU). The co-location of Norfolk's AAIU with colleagues from adult social care enables improved levels of partnership working and secures the best service for the individual concerned. The AAIU investigates all manner of offences, but primarily focuses on the abuse of vulnerable adults in relation to ill treatment, physical abuse, financial abuse and neglect.

Safeguarding adults is a key priority for Norfolk Constabulary, with strategic leadership from Assistant Chief Constable (ACC) Paul Sanford, Head of Local Policing for the county, and Detective Superintendent Andy Coller, Head of Safeguarding and Harm Reduction. The latter is a permanent member of the NSAB.

Attendance at the **Local Safeguarding Adults Partnership** meetings has proven a challenge for the constabulary at times, but closer liaison with operational partnership teams in localities has improved join up at this operational level.

Alongside working with partners to secure the most appropriate interventions for individuals, the force is committed to the enforcement of criminal offences and to taking positive action to prosecute offenders.

The AAIU continues to secure a number of successful prosecutions. This year the workload of the team has continued to grow and it manages, on average, 80 cases at any one time. Many of these investigations relate to financial offences, where people in positions of trust have stolen from adults who relied on them for support. It is always rewarding to see positive outcomes on these crimes, and the team works hard to secure positive results wherever possible.

Norfolk Constabulary is committed to continuing to support and be an active member in the work of the NSAB.

SAC Return 2017/18

Completed safeguarding enquiries compared with the population of Norfolk

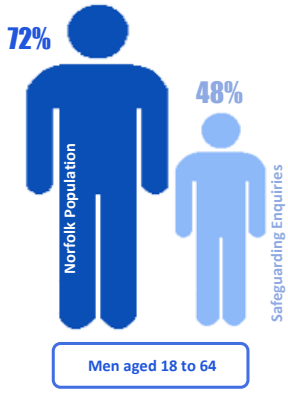
	Norfolk population				Safeguarding enquiries completed			
Age	Male	Female	Male	Female	Male	Female	Male	Female
18 - 64	252,978	256,769	72%	69%	200	197	48%	34%
65 - 84	87,988	95,557	25%	26%	134	189	32%	33%
85+	10,687	18,700	3%	5%	83	189	20%	33%

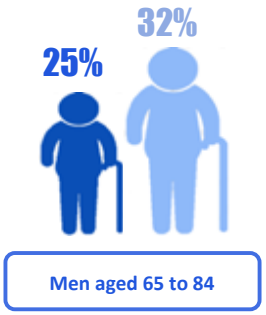
Completed safeguarding enquiries by age

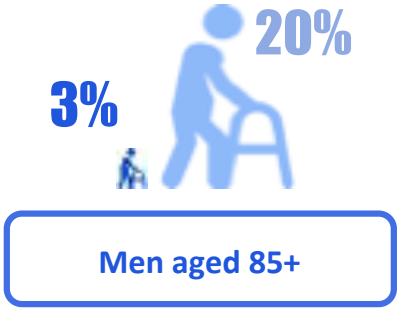
Age 18 - 64	397
Age 65 - 84	323
Age 85+	272

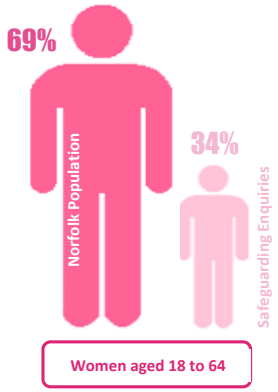
Completed safeguarding enquiries by gender

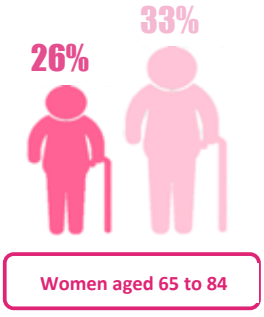
Male	417
Female	575

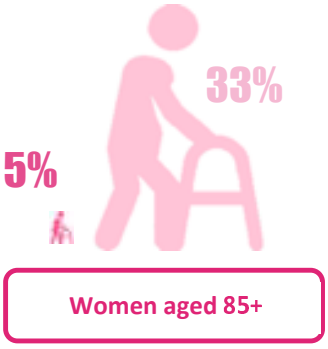






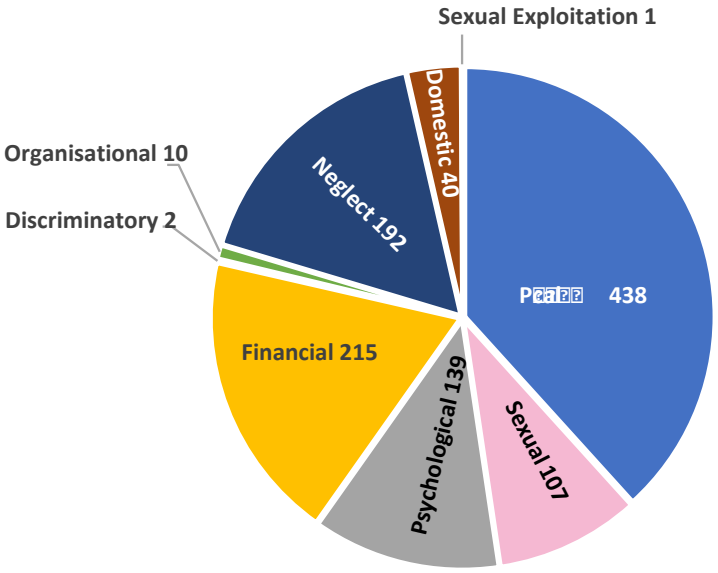




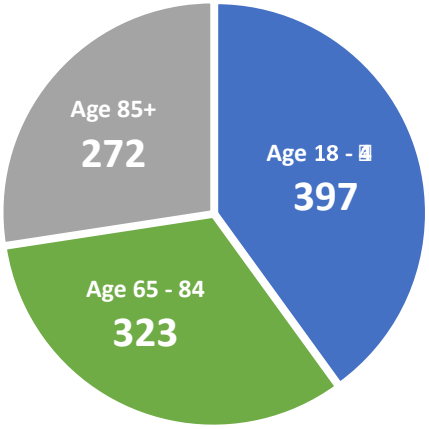


Completed safeguarding enquiries by type of abuse

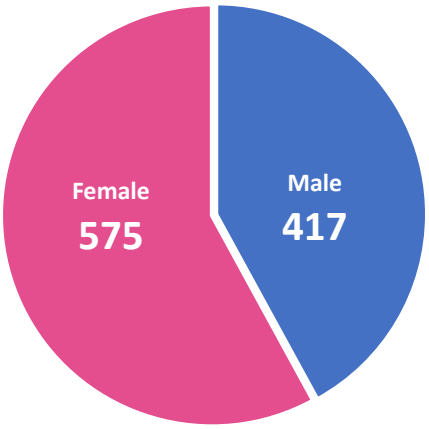
Physical	438
Financial	215
Neglect	192
Psychological	139
Sexual	107
Domestic	40
Organisational	10
Self-Neglect	6
Discriminatory	2
Sexual Exploitation	1
Modern Slavery	1



Completed safeguarding enquiries by age



Completed safeguarding enquiries by gender



Information about safeguarding adults

In the middle of 2017 Adult Social Care changed its record system. This changed how information about safeguarding adults was collected. Information for this report has come from both the old and new systems. This has meant that information for this report is limited because it has involved bringing together data from the old and new systems, and as a result, we cannot compare the reports like for like.

Norfolk
Safeguarding
Adults Board

Contact Details:

Tel: 0344 800 8020 **Ask for Andrea Smith, NSAB Board Coordinator**

Email: **nsabchair@norfolk.gov.uk**

Original Document Name:

Norfolk Safeguarding Adults Board
Annual Report 2017-18

Version Control: 1

Date of publication: November 2018

Availability: Hard copy on request, please email **nsabchair@norfolk.gov.uk** or at http://www.norfolksafeguardingadultsboard.info

IN TRAN®
communication for all

If you need this information in large print, or in an alternative version, please contact Norfolk County Council on 0344 800 8020.

Adult Social Care Committee

Item No ……

Report title:	**Adult Social Care Finance Monitoring Report Period 6 (September) 2018-19**
Date of meeting:	**5th November 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 September 2018. The report sets out variations from the budget, progress against planned savings and provides a summary of the use of the improved better care fund.

Executive summary

As at the end of September 2018 (Period 6), Adult Social Services is forecasting an overspend position of £1.108m at the end of the financial year, which is a 0.44% variance on the total net budget. This is after considering known financial risks and expected achievement of savings.

Expenditure Area	Budget 2018/19 £m	Forecast Outturn £m	Variance £m
Total Net Expenditure	252.747	253.854	1.108

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 did not place additional pressures on the budget from the outset

b) As part of the 2017-18 financial position the Committee 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 using the Adult Social Services Grant announced in January 2018. This can 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 2017-18 and a reserve was set up to enable the plans to still be implemented, with spending in both 2018-19 and 2019-20. New services 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. Progress was reported to the October Adult Social Care Committee

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 £21.753m of the 2018-19 savings target (see Section 2.7). The service is working to manage variances through alternative measures, but the forecast outturn position is based on the reduced delivery. Due to the scale of the programme this year, one of the purposes of the business risk reserve is to support shortfall due to slippage that cannot be mitigated during the year through alternative savings, but use of the reserve for this purpose is not currently planned

e) In October, the Secretary of State for Health and Social Care announced that councils will receive additional one-off funding for social care for winter. Norfolk will receive £4.179m. Norfolk County Council (the Council) is awaiting more detail about the funding conditions, but the aim is to support winter resilience and activities to help discharge people from hospital. Further information regarding the use of this funding is set out within the Winter Resilience planning paper elsewhere on this agenda.

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 from 2017/18. The reserves position is set out in Section 2.10 and Appendix D. In total the forecast includes an expected net use of £6.184m of reserves in this financial year, compared to £6.841m which was planned and agreed as part of the budget setting process.

The 2018-19 forecast outturn position for reserves is £21.037m. Provisions totalled £6.454m at 1 April 2018, mainly for the provision for bad debts. This is expected to have reduced to £5.959m by 31 March 2019, reflecting the recovery of some bad debts.

Recommendations:

Members are asked to agree:

a) The forecast outturn position at Period 6 for the 2018-19 Revenue Budget of a £1.108m overspend
b) The planned use of reserves totalling £6.184m, which is below the original level agreed

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 6 (September 2018) forecast including assumptions about the implementation and achievement of savings before the end of the financial year.

2. Detailed Information

2.1 Winter funding for social care 2018-19

2.1.1 Last month the Secretary of State for Health and Social Care announced £240m of additional one-off funding for councils nationally, to spend on adult social care services to help councils alleviate winter pressures on the NHS. Allocations were based on the relative needs formula for adult social care, resulting in an allocation of £4.179m for

Norfolk. Detailed funding criteria is awaited but it is anticipated that the funding will build upon the key areas identified for the improved better care fund grant, to protect, sustain and improve social care. Further information about how the funding could support adult social care services in Norfolk this winter is set out the Winter Resilience paper elsewhere on this agenda. The forecast at Period 6 does not take into account the use of one-off winter funding of £4.179m, however, it is anticipated that priorities for the system will include supporting financial pressures within adult social care.

2.1.2 The table below summarises the forecast outturn position as at the end of September (Period 6).

2017/18			2018/19			
Actual net spend 2017/18 £m	**Over/ Underspend compared to budget £m**	**Expenditure Area**	**Budget £m**	**Forecast Outturn £m**	**Variance to Budget**	**Variance @ P5 £m**
11.659	(0.313)	Business Development	10.961	10.728	(0.234)	(0.163)
72.203	0.092	Commissioned Services	58.955	60.157	1.202	1.148
7.845	(0.093)	Early Help & Prevention	6.398	6.582	0.184	0.173
181.698	(7.573)	Services to Users (net)	197.550	198.236	0.685	1.985
(7.822)	4.190	Management, Finance & HR	(21.118)	(21.848)	(0.730)	(1.152)
265.585	**(3.696)**	**Total Net Expenditure**	**252.747**	**253.854**	**1.108**	**1.990**

2.1.3 As at the end of Period 6 (September 2018) the forecast revenue outturn position for 2018-19 is £253.854m, which is an overspend of £1.108m.

2.1.4 The detailed position for each service area is shown at **Appendix A**, with further explanation of over and underspends at **Appendix B**.

2.1.5 The forecast position does not consider 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.

2.2 **Services to Users**

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

2017/18	Purchase of Care (POC)	2018/19

Actual net spend £m	Over/Under spend £m	Expenditure Area	Budget 2018/19 £m	Forecast Outturn at 31st March 2019 £m	Variance £m
114.65	3.481	Older People	120.678	124.833	4.156
24.095	0.866	Physical Disabilities	25.055	27.231	2.176
100.865	1.663	Learning Disabilities	101.295	105.370	4.075
14.616	0.500	Mental Health	17.608	18.118	0.510
254.226	**6.510**	**Total POC Expenditure**	**264.636**	**275.552**	**10.915**
-84.002	-9.148	Service User, NHS and other local authority income	-85.861	-94.646	-8.785
-4.566	-2.550	Other Income	-1.561	-2.191	-0.630
-88.568	**-11.698**	**Total POC Income**	**-87.422**	**-96.837**	**-9.415**
165.658	**-5.188**	**Total Net POC**	**177.214**	**178.715**	**1.500**
5.859	-0.813	Hired Transport	6.105	5.977	-0.128
10.181	-1.571	Care & Assessment & Other staff costs	14.231	13.544	-0.687
181.698	**-7.573**	**Total Service for users**	**197.550**	**198.236**	**0.685**

2.2.2 Key points:

a) The number of people being supported with ongoing purchased care packages has plateaued in the last quarter. This means that although demand is being managed this is not sufficient to meet the savings applied for 2018/19. Whilst work is ongoing to mitigate this, the service is currently showing an overspend

b) The department's Promoting Independence strategy continues to seek to support people to maintain their independence; where possible within their own homes and communities. This is integral to the demand management requirements embedded within the service budget. Permanent admissions to residential care – those without a planned end date – are therefore a vital area of focus for the service. As such, both the 18-64 and 65+ age ranges form two of the six key metrics reported to this Committee as part of the Performance Management report. **Appendix B** provides more details on the progress and actions for this area of budget

c) The generation of income is an important aspect of managing the budget for Adult Social Care. In addition to changes to charging agreed as part of the budget, the Council continues to ensure it offers robust financial assessments for service users and works closely with Health partners to agree shared packages of care or funding relating to people on the Transforming Care Programme pathway

2.3 **Commissioned Services**

2.3.1

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 31st March 2019 £m**	**Variance £m**
4.193	(0.105)	Commissioning Team	3.187	3.023	(0.164)
12.444	(0.315)	Service Level Agreements	9.031	9.143	0.113

2.102	(0.294)	Integrated Community Equipment Service	0.145	0.140	(0.005)
33.266	0.672	NorseCare	33.134	33.579	0.445
5.817	0.000	Housing related support	2.564	2.181	(0.383)
13.077	0.220	Independence Matters	9.550	10.677	1.127
1.304	(0.087)	Other Commissioning	1.345	1.414	0.069
72.203	**0.092**	**Total Expenditure**	**58.955**	**60.157**	**1.202**

2.3.2 Key points:

a) **NorseCare**

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

b) **Independence Matters (IM)**

The Council and IM have been working together to review services. The scope of this work has included benchmarking and unit prices, review of usage and occupancy levels and review of contract arrangements. Plans are progressing to jointly deliver these saving, with the aim to reduce the variance during 2018/19

2.4 Savings Forecast

2.4.1 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.

2.4.2 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 £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 6 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 seek to deliver these in full.

2.4.3 At period 6 the forecast is that £5.537m of savings will not be achieved by 31st March 2019. The budget position therefore reflects achievement of £21.753m in this financial year. **Appendix C** sets out the delivery status of the programme by workstream and project.

Savings	**Saving 2018/19**	**Forecast**	**Variance**		***Previously Reported***
	£m	**£m**	**£m**	**%**	***£m***

Savings off target (explanation below)	-15.145	-9.608	5.537	-37%	5.537
Savings on target	-12.145	-12.145	0.000	0%	0
Total Savings	**-27.29**	**-21.753**	**5.537**	**-20%**	**5.537**

Chart 1:
ASC Savings as a % of the requirement

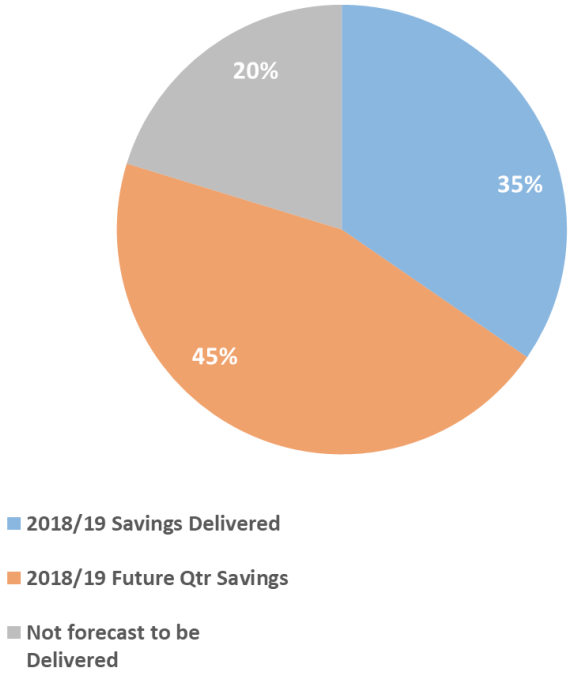
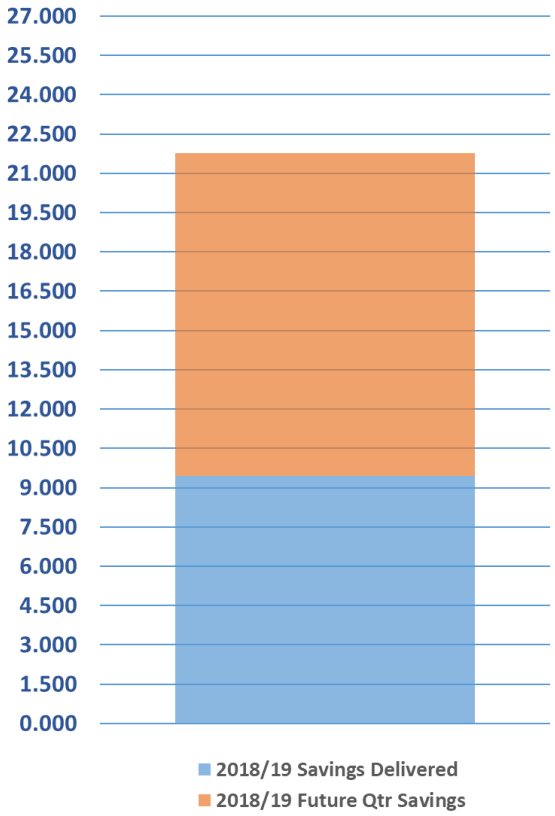


Chart 2:
ASC Savings 2018/19 – Period 6



2.4.4 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 £2.727m). The department has a structured programme of work to focus on our service offer for people with a Learning Disability (LD), which is held to account by an LD Steering Group and LD Partnership Board. This underpins the work required to implement the 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 have previously been receiving a different type or level of 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 be supported by Children's or Education services, we are working with our colleagues in Children's services to develop a new Preparing for Adult Life service.

Promoting independence for older adults (target £4.665m; forecast £4.099m; variance £0.566m). The department is reformulating 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

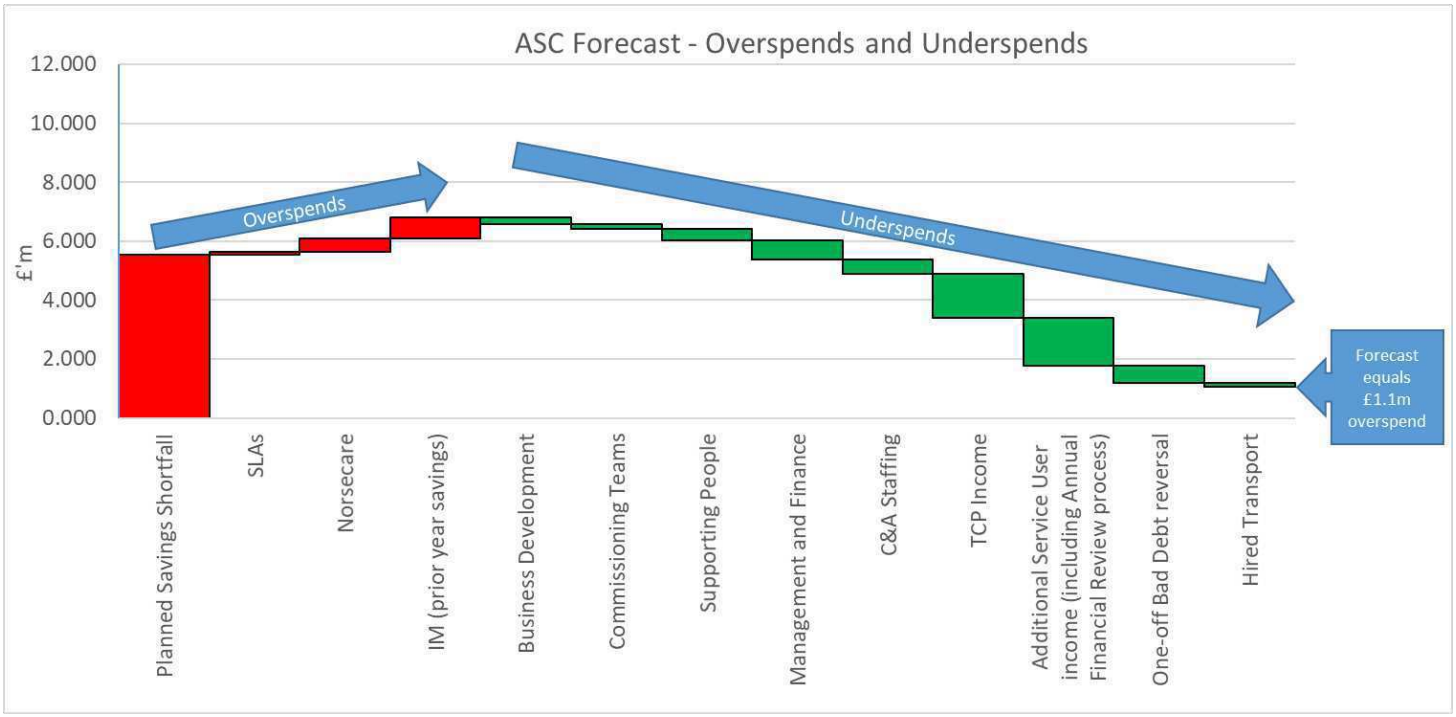
in terms of outcomes for people and delaying the need for formal care. The variance in savings delivery is the direct result of the time it takes to fully imbed this model and begin to realise the full benefits of the new ways of working.

Review of day services (target £2.500m; forecast £0.843m; variance £1.657m). As part of the LD strategy, the department is delivering transformation to support a sustainable range of day opportunities to meet the diverse needs of people and their families. The focus will be on community participation, targeted support (with a skills and employment focus) and locality hubs for those with complex needs. We are working with existing day opportunity and employment providers alongside people with a learning disability and their families to develop and pilot new models. 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 has developed a business case and revenue model as part of the work of its newly formed Older People Housing Board. This paper was presented at the October Committee meeting. Through work between internal officers, consultants and external partners, such as the district and borough councils, we will develop 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.

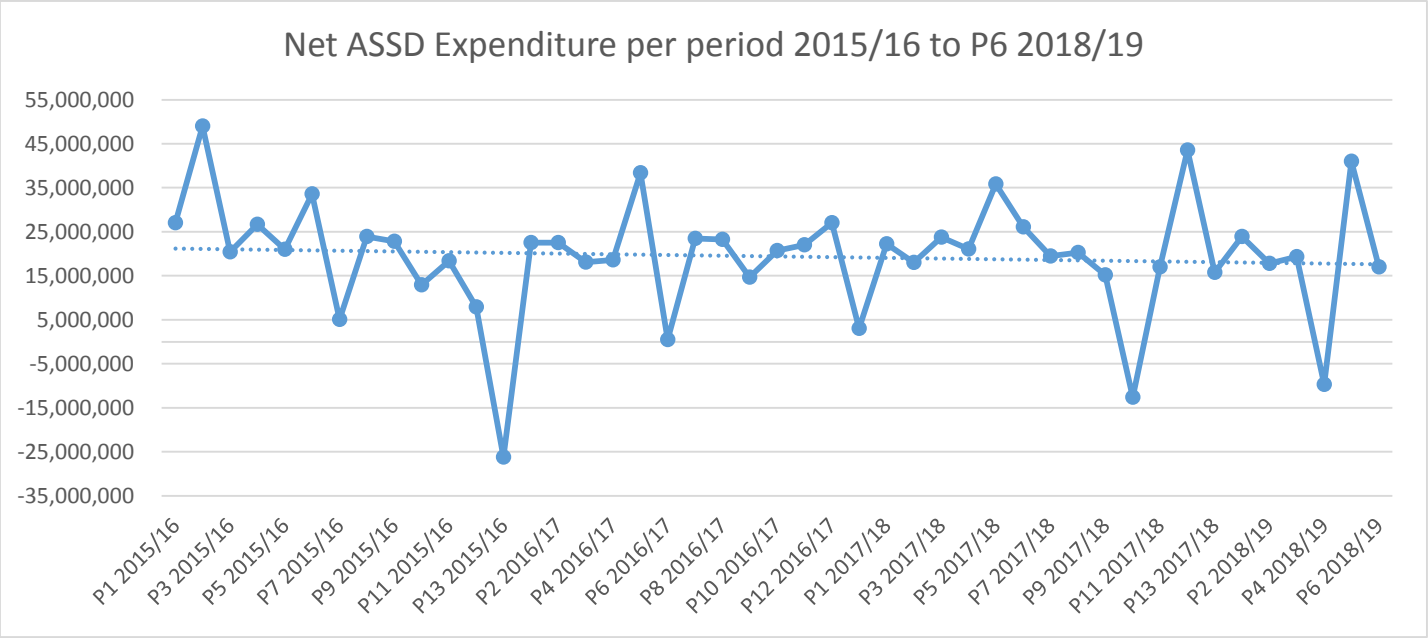
2.4.5 Whilst the service has savings items that are not planned to deliver in full within this financial year, it does have several mitigating actions that will partially close the financial gap. These areas are displayed in Chart 3.

Chart 3:



2.4.6 The department's net expenditure each period is prone to fluctuations, as evidenced in chart 4, however, it continues to display a downward trajectory when compared to 2015/16.

Chart 4:



2.4.7 As we approach the middle of the financial year, our level of net spend is on a par with 2017/18 and 2016/17. Graphically, Chart 5 gives the appearance of net spend position at Period 6 more favourable to the previous financial years, however, this is due to the timing of the accounting entry relating to the BCF pooled funds. In 2017/18 this adjustment took place in period 10, whilst this financial year it has taken place in period 4. This BCF adjustment gives the department an appearance of an influx of income and significantly reduces the net spend for that period. The actual billing for the BCF is more evenly distributed and takes place within the BCF pooled accounts rather than that of the department.

2.4.8 When we initially compare spend to date to a considered profiled budget (chart 6), we are approximately in line with our forecast, displaying a small underspend at this point in the financial year.

Chart 5:

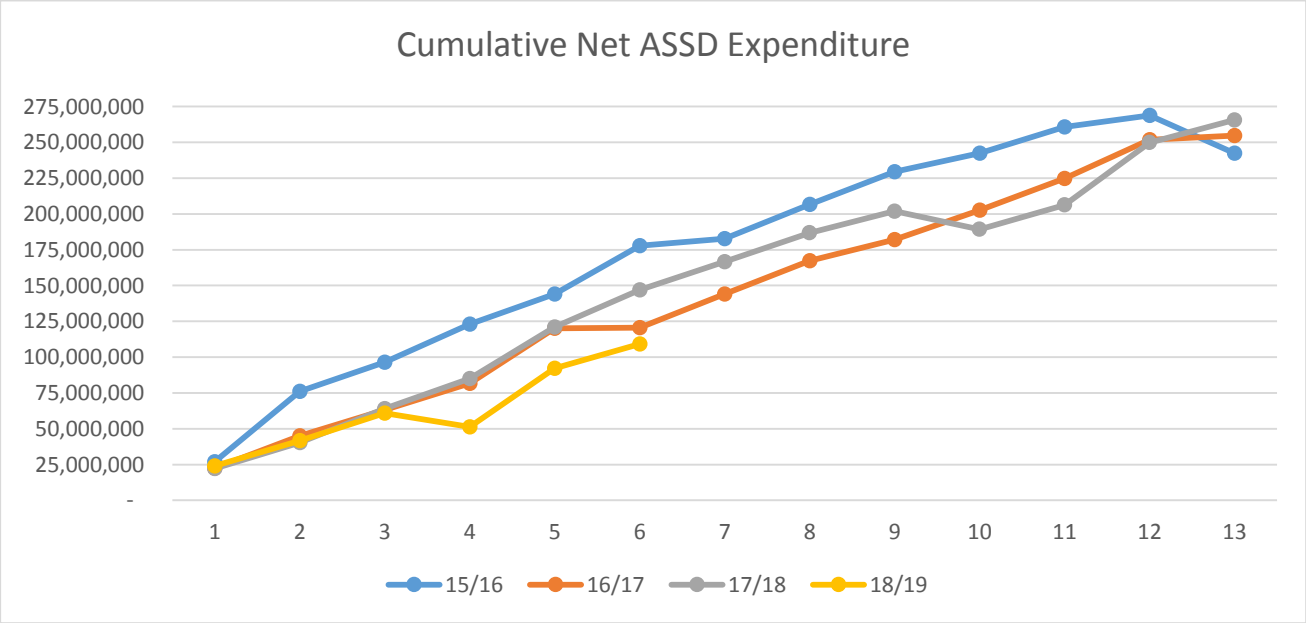
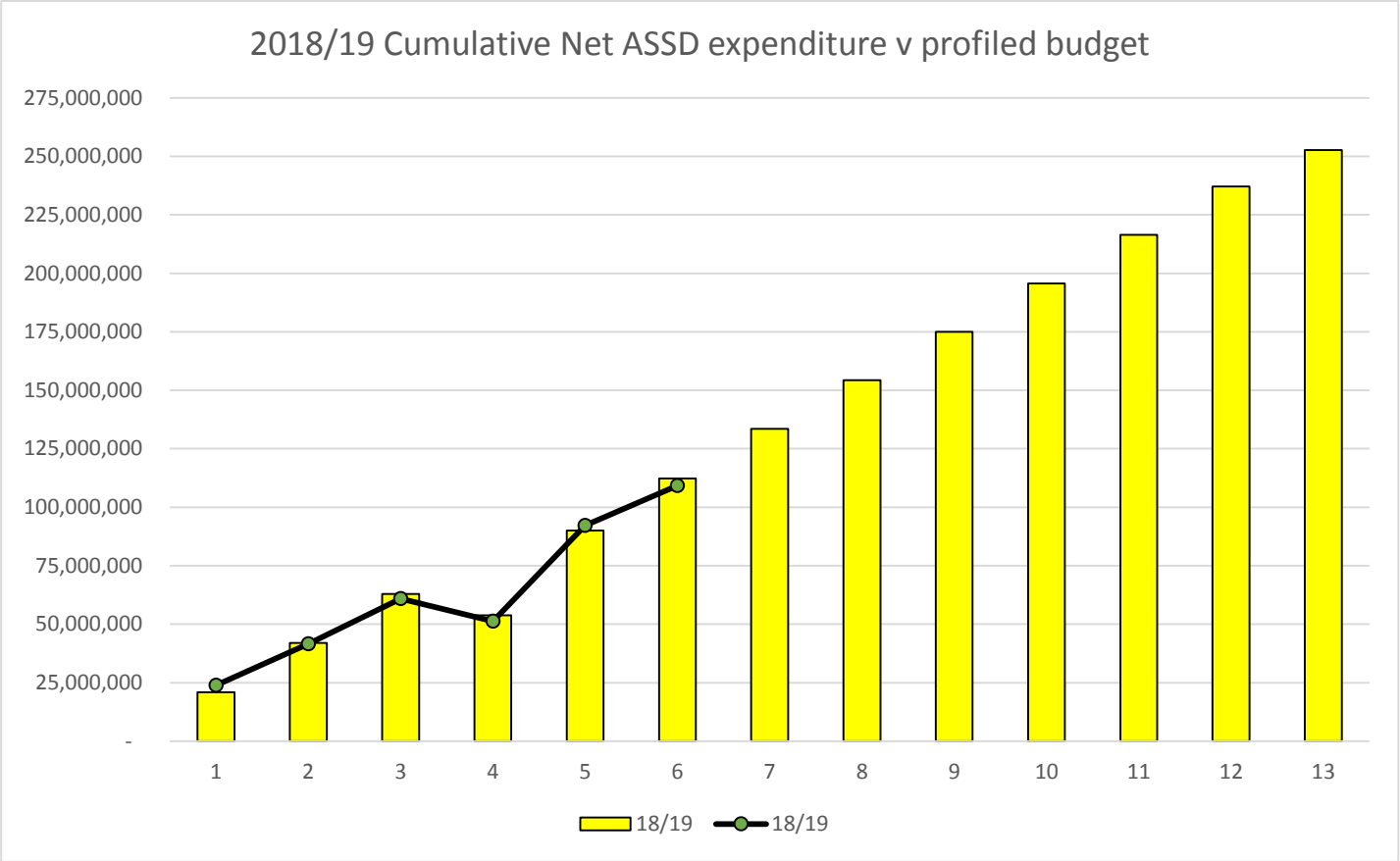


Chart 6:



2.5 **Finance and Performance monitoring and recovery actions**

2.5.1 Monthly performance and finance data is reviewed by senior management team 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. Due to the current overspend position all teams responsible for purchase of care budgets are implementing in-year recovery plans. These focus on areas of variation, demand management and priority actions relevant to each team, which could improve the financial position during the year. These actions will be reviewed through the above monitoring process and through the Promoting Independence Programme Board.

2.6 **Additional Social Care Funding (improved Better Care Fund)**

2.6.1 As a reminder to the Committee, the Improved Better Care Fund money includes both ongoing grant and one-off grants (for the three year period 2017-20). 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.

2.6.2 The Council, in setting the 2018/19 budget, reflected the delivery of these plans, including both usage of the 2018/19 grant of £27.728m and the carry forward of £15.670m of unspent grant from 2017-18. The usage of the new grant and prior year funds are reflected in the reserve forecast in this financial year.

2.6.3 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. Detailed progress on the iBCF investment programme was reported to this Committee in October, but key actions included:

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 and additional out of hours capacity for mental health act assessment

2.6.4 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.

2.7 **Reserves**

2.7.1 The department's reserves and provisions at 1 April 2018 were £33.675m. Reserves totalled £27.221m.

2.7.2 The reserves at the beginning of the year included committed expenditure, which was carried forward in 2017/18. At Period 6 the forecast includes the expected use of £6.184m of reserves in this financial year, compared to £6.841m which was planned and agreed as part of the budget setting process. This mainly relates to the Improved Better Care Fund (iBCF) and planned projects that will delivered during the next two years. The variation is predominately due to the carry forward of some funding at year end relating to potential cost associated with payments for sleep-ins that are no longer needed for the original purpose.

2.7.3 The forecast reserve position at 31 March 2019 is £21.037m.

2.7.4 Provisions totalled £6.454m at 1 April 2018, mainly for the provision for bad debts. This is expected to have reduced to £5.959m by 31 March 2019, reflecting the recovery of some bad debts. The projected use of reserves and provisions is shown at **Appendix D**.

2.7.5 As set out in section 2.9 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.

2.7.6 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, as set out in Section 4. Investment to support the Living Well Homes for Norfolk programme will be funded from this reserve.

2.8 **Capital Programme**

2.8.1 The 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. Subsequently, there was slippage on the Social Care

and Finance Information system which meant that the amount brought forward into 2018-19 increased.

2.8.2 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.

2.8.3 The department's total capital programme for 2018-19 is £12.994m. The capital programme includes £2.276m for the social care and finance information system replacement. The priority for use of capital is development of alternative housing models for older people and younger adults. The programme includes £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**. Where projects have been delayed and will slip into future, the budgets have been amended to reflect this.

3. Financial Implications

3.1 The forecast outturn for Adult Social Services is set out within this 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.

3.3 The existing forecast does not assume use of the business risk reserve for general spend in 2018/19.

3.4 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.

3.5 The recurrent financial implications resulting from this paper will be fully considered and their impact assessed as part of the 2019-22 budget setting process. The budget planning assumptions for 2019-22 are based on a balanced budget position, therefore any recurrent overspend or non-delivery of recurrent savings during this financial year, will result in an additional unfunded pressure for 2019-20.

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 several 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 6 are £1.8m, 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. 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) Any delays in recording and management authorisations 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 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 6 for the 2018-19 Revenue Budget of a £1.108m overspend
b) The planned use of reserves totalling £6.184m, which is below the original level agreed

6. Background

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

Finance Monitoring Report – Adult Social Care Committee October 2018 (p13)

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

Performance Management – Adult Social Care Committee September 2018 (p55)

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.

Key Budget Variances at Period 6

Summary	Budget	Forecast Outturn	Variance to Budget		Variance at Period 5
	£m	£m	£m	%	£m
Services to users					
Purchase of Care					
Older People	120.678	124.833	4.156	3.44%	3.167
People with Physical Disabilities	25.055	27.231	2.176	8.69%	2.447
People with Learning Disabilities	101.295	105.370	4.075	4.02%	4.414
Mental Health, Drugs & Alcohol	17.608	18.118	0.510	2.90%	1.124
Purchase of Care Expenditure	**264.636**	**275.552**	**10.916**	**4.12%**	**11.151**
Service User Income	-85.861	-94.646	-8.785	10.23%	-7.787
Other Income	-1.561	-2.191	-0.630	40.36%	-0.630
Purchase of Care Income	**-87.422**	**-96.837**	**-9.415**	10.77%	**-8.417**
Net Purchase of Care	**177.214**	**178.715**	**1.501**	0.85%	**2.734**
Hired Transport	6.105	5.977	-0.128	-2.10%	-0.128
Staffing and support costs	14.231	13.544	-0.687	-4.83%	-0.621
Services to users Total	**197.550**	**198.236**	**0.685**	**0.35%**	**1.985**
Commissioned Services					
Commissioning	3.187	3.023	-0.164	-5.15%	-0.142
Service Level Agreements	9.031	9.143	0.113	1.25%	0.119
ICES	0.145	0.140	-0.005	-3.12%	-0.010
NorseCare	33.134	33.579	0.445	1.34%	0.413
Housing Related Support	2.564	2.181	-0.383	-14.95%	-0.387
Independence Matters	9.550	10.677	1.127	11.81%	1.137
Other	1.345	1.414	0.069	5.14%	0.017
Commissioning Total	**58.955**	**60.157**	**1.202**	**2.04%**	**1.148**

Early Help & Prevention					
Norfolk Reablement First Support	2.177	2.220	0.043	1.97%	0.038
Service Development	1.153	1.172	0.019	1.64%	0.058
Other	3.068	3.190	0.122	3.98%	0.077
Prevention Total	**6.398**	**6.582**	**0.184**	**2.88%**	**0.173**

Net Purchase of Care at specialism level (Purchase of Care less Service User Income):

Summary	Budget	Forecast Outturn	Variance to Budget		Variance at Period 5
	£m	£m	£m	%	£m
Purchase of Care					
Older People – Expenditure	120.678	124.833	4.156	3.44%	3.166
Older People – Income	-66.158	-70.630	-4.472	-6.76%	-3.75
Older People – Net	**54.520**	**54.203**	**-0.317**	**-0.58%**	**-0.584**
People with Physical Disabilities - Expenditure	25.055	27.231	2.176	8.68%	2.447
People with Physical Disabilities – Income	-5.027	-5.185	-0.158	3.14%	-0.154
People with Physical Disabilities – Net	**20.028**	**22.046**	**2.018**	**10.08%**	**2.293**
People with Learning Disabilities - Expenditure	101.295	105.370	4.075	4.02%	4.414
People with Learning Disabilities – Income	-11.103	-14.812	-3.709	33.41%	-2.894
People with Learning Disabilities – Net	**90.193**	**90.558**	**0.365**	**0.40%**	**1.52**
Mental Health, Drugs & Alcohol – Expenditure	17.608	18.118	0.510	2.90%	1.124
Mental Health, Drugs & Alcohol – Income	-5.134	-6.210	-1.076	20.96%	-1.619
Mental Health, Drugs & Alcohol – Net	**12.474**	**11.908**	**-0.566**	**-4.54%**	**-0.495**
Total Net Purchase of Care	**177.214**	**178.715**	**1.501**	**0.85%**	**2.734**

Adult Social Care
2018-19 Budget Monitoring Forecast Outturn Period 6
Explanation of variances

1. Business Development, forecast underspend (£0.234m)

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

2. Commissioned Services forecast overspend £1.202m

The main variances are:

NorseCare, overspend of £0.445m. 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 (£0.164m). The underspend is due to staff vacancies.

Housing Related Support, underspend of (£0.383m). The underspend comes from contract review.

Independence Matters, overspend of £1.127m. The overspend is due to savings planned for the service that will not be delivered in 2018-19.

3. Services to Users, forecast overspend £0.685m

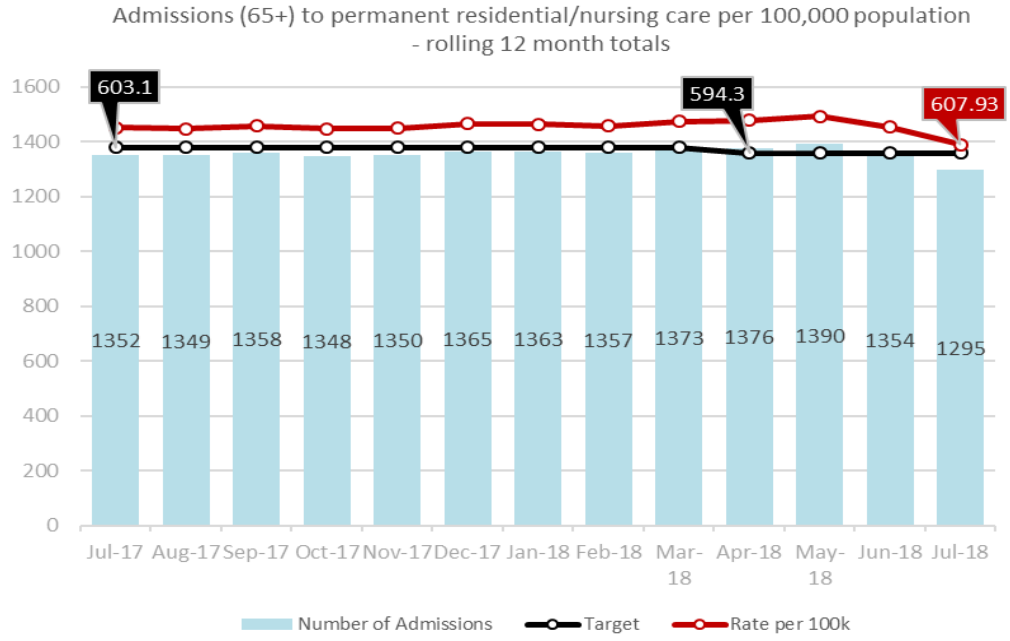
The main variances are:

Purchase of Care:

- Older People

The budget was based on a strategic aspiration to make a step change in the levels of support being provided in a residential/nursing care setting, with more provision being sourced to enable people to remain at home.

Progress has been made in this area over the past 3 years where we were a clear statistical outlier in our rate of permanent admissions per 100,000 of our population when compared to comparator local authorities. Over the last 12 months our rate has stayed consistent at this improved level but has not continued its downward trajectory as expected within the budget.



As stated in the September 2018 Performance Management Committee paper, a recent sample study undertaken by the intelligence and analytics team within the Council has reconfirmed our understanding of the drivers of this demand. Dementia, a fall or the breakdown of existing support arrangements are still amongst the main/primary life changes that may lead to a residential placement. As a result of this we are beginning to see a shift between standard residential care and enhanced (dementia) related care.

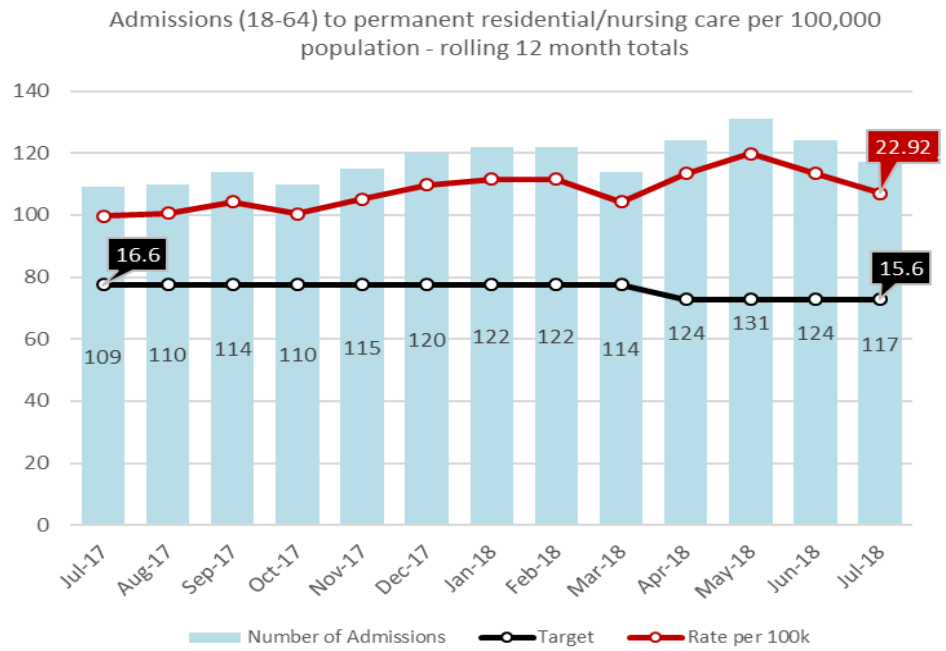
Another significant area driving permanent residential care, is in relation to discharge from hospital. The same performance management paper suggests that if a short term residential placement is made that over 50% of these placements will lead to a permanent admission, with 80% these being in the same residential home. In response, we are continuing to invest in alternative discharge pathways, including Accommodation Based Reablement. Furthermore, to enhance our response time to those supported in temporary placements, we are recruiting a dedicated social work team who will focus on supporting people home from their temporary accommodation.

Our level of spend relating to Home Support has not grown as much as anticipated despite our unit rates increasing as we implemented our new framework pricing model for the Central Norfolk belt. Whilst we seek to further understand and explain this trend in more detail, this movement in cost has come at a time when our preventative offer in reablement services has expanded.

The difference in the balance of our care mix for expenditure has also impacted our budgeted income levels. As residential and non-residential care operate under different charging policies, service users, on average, tend to be financially assessed as being required to make larger income contributions towards the cost of their care within a residential setting. This has led to us forecasting to exceed our income target for residential care. We have invested in our Finance Exchequer Services team to ensure every service user has their financial assessment reviewed annually, which is helping to ensuring the charging policy is consistently applied.

- Younger Adults (Physical and Learning Disabilities and Mental Health)

As with our support to Older Adults, Residential Care makes up a significant proportion of our expenditure for vulnerable younger adults. Again, benchmarking our rate of permanent admissions against other local authorities indicates we are a statistical outlier with higher levels of admissions. The recently published Learning Disabilities Strategy sets Norfolk's vision and aspirations over the next 5 years with our Promoting Independence programme set up to specifically look to support the change in our reliance on residential care with a more enabling range of commissioned services being sourced.



For those people with the most complex of conditions, including those within the Transforming Care Partnership, we continue to work closely with our NHS partners agreeing shared funding arrangements as Norfolk and Waveney's Sustainability and Transformation Plan pursues more community support arrangements.

Staffing and Support, underspend of (£0.621m). As we enhanced our establishment with 50 new practitioner roles and 15 team manager positions, we have seen a short-term spike in vacancies as internal applicants were successful in obtaining some of the new roles. Our NIPE cohort remains full and is our route to continue to ensure Norfolk secures talented social care staff.

4. Early Help and Prevention, forecast overspend £0.184m

A pressure within Housing with Care Tenant Meals of £0.045m in Other Services, together with pressures in N-Able for equipment costs and the Care Arranging Service for staffing costs to cover project requirements.

5. Management, Finance and HR, forecast underspend (£0.730m)

The main variances are:

Management and Finance, underspend of (£1.180m). Recovery of secondment costs combines with additional deputyship income, release of bad debt provision and review of previously committed costs to deliver an underspend.

2018-21 Savings Programme - Forecast Period 6

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	-4.067	-2.727	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 day-care services	-2.500			-0.843	-1.657	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
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**	**-21.753**	**-5.537**	

Appendix D

Adult Social Services - Reserves and Provisions

			2018/19 Period 6 (September)	
	Balance	Usage agreed by Feb County Council	Planned Usage	Balance
	01-Apr-18		2018/19	31-Mar-19
	£m	£m	£m	£m
Doubtful Debts provision	6.454	*0.000*	-0.495	5.959
Total Adult Social Care Provisions	**6.454**	***0.000***	**-0.495**	**5.959**
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*	-0.837	0.472
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*	-0.100	0.151
Information Technology - Additional funds to be placed into reserve required for project in 2019/20	0.734	*0.000*	0.189	0.923
Adults Business Risk Reserve	7.112	*0.000*	-0.150	6.962
Improved Better Care Fund - requirement to carry forward grant to 2019/20 for committed projects	15.670	*-6.340*	-4.512	11.158
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*	0.173	0.606
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*	0.000	0.150
Care and Assessment Hospitals	0.000	*0.000*	0.009	0.009
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*	**-6.184**	**21.037**
Total Reserves & Provisions	**33.675**	*-6.841*	**-6.675**	**27.000**

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	0.000	0.000	0.000
Adult Care - Unallocated Capital Grant	0.000	0.000	7.188
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	0.000	0.000	0.871
Social Care and Finance Information System	2.276	1.827	1.600
Netherwood Green	0.681	0.681	0.000
Wifi Upgrade Integrated Sites	0.006	0.006	0.000
Oak Lodge Attleborough	0.120	0.120	0.000
Integrated Community Equipment (ICES)	2.334	2.196	2.380
TOTAL	**5.514**	**4.927**	**12.039**
Better Care Fund Disabled Facilities Grant and Social Care Capital Grant – passported to District Councils	*7.480*	*7.480*	*tbc*

The 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.

Projects continue to be reviewed and the forecast amended when appropriate.

Adult Social Care Committee

Item No:

Report title:	**Winter Resilience Planning**
Date of meeting:	**5 November 2018**
Responsible Chief Officer:	**James Bullion, Executive Director of Adult Social Services**

Strategic impact

There are extreme pressures on health and social care during the winter months – and increasingly at other times in the year. Joint planning across the health and social care system has improved significantly, and the contribution that Adult Social Services makes towards supporting a stable system over winter is fully recognised.

Executive summary

Norfolk Adult Social Services plays a critical role in ensuring the health and social care system runs as effectively as possible during winter and other periods of intense pressure. Whilst much of the focus is naturally on the NHS, the contribution made by Adult Social Services and the wider voluntary and community sector is significant.

This report asks members to agree the Norfolk Adult Social Services winter plan which sets out, in a single view, the department's arrangements for the winter period. The plan prepares the organisation to maintain Adult Social Care services during winter whilst at the same time, supporting system partners in maintaining good patient flow and safety. Alongside the plan, there is a series of improvement activities, which are summarised in this report.

In October 2018, the Government announced additional one-off funding for Adult Social Services nationally to support winter pressures. For Norfolk, the allocation is around £4.179m. This paper sets out the principles for allocating that additional funding to protect, sustain and improve health and social care.

Recommendations:

Committee are asked to:

a) **Agree the Adult Social Services Winter Plan – attached at Appendix A**
b) **Agree the priorities for allocating additional one-off monies as set out in section 4 of this report and delegate final sign-off to the Executive Director in consultation with the Chair of the Committee**

Appendix A – Adult Social Services Winter Plan (page 60)

1. Background

1.1 An ageing population combined with increasing numbers of people with a long term health conditions means that demand for both health and social care is increasing, and we know that these pressures increase during winter months, particularly across the urgent care system. As we head into winter with an already pressured position across the Norfolk wide system, this winter will prove challenging for all stakeholders.

1.2 Adult Social Services is committed to playing its full role in supporting the health and social care system and will be contributing to system-wide resilience plans co-ordinated by the NHS Urgent and Emergency Care board.

1.3 However, in addition, there is a need to have a single view of how the department will marshal its resources and prioritise interventions in line with a 'home first' culture and in line with our strategy Promoting Independence.

2. Review of Winter 2017/18

2.1 Winter 2017/18 saw a long period of intense activity for the health and social care system. Winter, in effect, lasted until April, with a late surge of activity as a result of the 'Beast from the East'. The prolonged summer heat also continued to see high levels of demand for hospital and community services.

2.2 As previously reported to Committee, the health and social care system struggled to meet challenging delayed discharges of care targets, despite greater investment in prevention and reablement, admission avoidance schemes, and stronger liaison with care homes.

2.3 In July, Adult Social Services organised a two-day system-wide event to look at what more could be done by health and social care to ensure people ready to leave hospital could do so without unnecessary delay. Over 80 representatives from the Norfolk and Waveney system were joined by experts from the Local Government Association (LGA) in partnership with the Better Care Support Team, National Health Service England (NHSE) and National Health Service Improvement (NHSI). Key findings from the event were:

a) A need to break away from 'linear' ways of working which are driven by processes and not people
b) A need to work at all levels with a culture of 'home first' so that all professionals involved are working towards getting people home
c) Better communications at all levels – between different professionals, with care providers and particularly residential and nursing homes, and with individuals and families

2.4 The findings were reflected in the initial feedback from the Peer Review which found there was not a shared single understanding of recording of delayed discharges of care, nor of the practice to reduce and challenge current ways of working. The team's view was that there was an over prescription of care packages, particularly at the point of discharge, without timely review so the opportunities for rehabilitation and were sometimes lost.

3. Winter planning and improvement for 2018/19

3.1 The main objectives of our winter planning are to:

a) Assure the continuity and successful response of adult social care and health services during periods of high demand and enable effective contingencies to be implemented in a planned and managed basis
b) Provide solutions that are not based on placements
c) Provide a strategic approach to demand & capacity management within the organisation by implementing new initiatives in time to deliver additional capacity to support the delivery of services to meet high levels of demand
d) Ensure that social care and health teams have sufficient staff and access to care capacity and that commissioned providers, specifically home support services, have their own capacity management plans in place
e) Undertake capacity planning across all hospital, community care and social care teams to ensure staff across Norfolk can be used flexibly to support elements of the system depending upon priorities
f) Ensure effective communication with staff including those of external providers where there are forecasts of increased demand or potential adverse weather

events affecting service delivery to support service planning and caseload management

g) Maintain effective flows and pathways of care to ensure that people receive care in the most appropriate setting and in a timely manner
h) Engage key staff to embed proactive winter planning across all services including non-statutory services
i) Work collaboratively with other partners to ensure the winter plan meshes with other key providers including external providers to provide a coordinated and well managed response to winter pressures

3.2 To strengthen Adult Social Services the following improvement themes are being implemented

3.2.1 **Operational leadership** – a senior post with accountability for adult social services hospital discharges across the Norfolk system has been assigned. 3.2.2 As well as the remit to make changes in ways of working within the hospital discharge teams, the Assistant Director will have an influential voice on A&E Delivery Boards covering the county, and work closely with the health and social care Winter Director – a new appointment for the NHS this year.

3.2.2 **Brokering and arranging care** – whilst the vast majority of people go home from hospital, we know that delays happened because of the difficulty of finding a place in a care home for people who need it. Good quality, reliable information about vacancies is critical, and this year we have invested in an improved 'Bed Tracker' – an online system where care homes can record vacancies. Bed Tracker is the first point of call for adult social services in looking for vacancies, so there is an obvious incentive for homes to use that site. Analysis over the summer of ways of working have cut out duplication and ensured that valuable social worker time is not taken up with ringing around homes for vacancies – a practice which had become too frequent.

3.2.3 **Communication and liaison with care homes and providers** – trusted assessors began their roles last winter and have developed trusted arrangements which avoid the need for care homes to carry out their own assessments before they accept patients. A joint health and social care group is working specifically on a set of actions to improve working with care homes, this will address the importance of GP alignment to care homes, medicines management for people returning to their care homes, and contractual arrangements to ensure people's places are still there for them to return to after a stay in hospital.

3.2.4 **Reablement** – the expansion of reablement both home based and in special accommodation makes a significant impact on people's independence. As well as more capacity, we will be ensuring front-line social work staff are considering reablement as the default option for most people. In addition, we will be looking at how other short-term beds are used. Our research has showed that beds we commission in care homes for a short-term stay, invariably turn into a permanent admission. On occasions, this may be appropriate, but we believe with more reablement and therapy input, more people could return to their home.

3.2.5 **Prevention and early intervention** – investments made last year in social prescribing, reducing social isolation, will be fully felt this winter. There is now a network of community connectors across the county, working in alignment with our own Integrated Care Co-ordinators alongside primary care. Each CCG area has in place a dedicated service designed to avoid admission to hospital and address crisis. Norfolk's Enhanced Home Support Service helps individuals to regain their independence, confidence and resilience following a crisis.

3.2.6 **Data recording and intelligence** – our discharge teams in hospitals were last winter required to produce many returns and requests for data. This was sometimes as many as 30 different reports in a single week. Despite this level of activity, the intelligence has remained weak. Adults will be seeking to influence NHS colleagues to consolidate reporting and to have a common, consistent set of metrics collected and reported across all hospitals.

3.2.7 **Communications** – the MADE event in July urgent the Norfolk system to address the need for good communications. This was within and between different professionals in hospital setting, between primary care and hospitals, and between social work teams and others in the system. There is also a need to ensure that conversations with families are handled effectively, and that people receive consistent messages about maximising independence from different professionals within the system.

3.3 Attached at **Appendix A** is the most recent Winter Plan. This continues to be developed and will be updated to implement decisions arising from the additional funding.

4. Additional one-off monies for Adult Social Services from the Department of Health and Social Care

4.1 In a pre-budget announcement in October, the Secretary of State for Health and Social Care announced additional one-off funding for social care for winter. For Norfolk, this translates into £4.179m. Whilst specific funding conditions are awaited, we know the funding will need to be used to support winter resilience, specifically activities which reduce and delay the need for formal care and support the safe discharge of people from hospital.

4.2 We anticipate the funding will build upon the key areas identified in 2017 to protect, sustain and improve social care. Key priorities for the system are:

a) Supporting financial pressures within ASC
Ensuring that the budget is managed sustainably and ensuring that expertise and capacity is available in the event of market/provider failure

b) Supporting capacity to manage winter pressures including embedding D2A
Embedding a culture of 'home first' and ensuring that services to support that are in place and effective

c) Bolstering short term capacity in the care market - homecare and care home markets to ensure sustainable care provision and managing potential market failures.
Investment in the market to increase capacity and recruitment

4.3 **Early proposals are:**

4.3.1 **Invest and improve £730k**

a) Measures to avoid unnecessary delays in hospitals for people with mental health difficulties, for people with dementia and for people who are at the end of their life and want to die at home

b) Additional intensive help for people in their own homes for the first critical period when they are discharged from hospital

4.3.2 **Sustain £2.2m**

a) Additional locally targeted recruitment campaign for the independent care sector to maximise the impact of the national campaign due to be launched shortly

b) Better system-wide real time information, particularly for home care to speed up discharge and sustain efficient use of capacity

c) Additional reablement – expanding accommodation based reablement and reaching in to short-term housing with care beds to build confidence and skills to help people home

d) Additional swifts to take on more preventative work – in addition to their highly valued reactive service which saves the NHS money through avoiding admissions

e) Change management to embed the 'home first' culture identified as critical by the MADE event for the system as a whole

4.3.3 **Protect £1.1m**

a) Additional protection for Adult Social Services budget in the face of sustained pressures, ensuring sufficient packages of care to meet anticipated increased demand

b) Bolstering short term capacity in the care market - homecare and care home markets to ensure sustainable care provision and managing potential market failures

4.4 Whilst the additional grant has been made to local authorities, there is an expectation that proposals for how it is best used will be shared with health partners, and the Executive Director of Adult Social Services will ensure this takes place.

4.5 The Health and Wellbeing Board was due to consider the Adults winter plan at its October meeting and the outcome of that will be fed into Committee.

4.6 The additional monies complement the existing Better Care Fund and Improved Better Care Fund.

4.7 The Better Care Fund was set up by the Department for Health and Social Care in 2013 to further accelerate the join up health and care services so that people can manage their own health and wellbeing and live independently in their communities for as long as possible. Whilst there was no new money from the Government for the fund, both CCGs and local authorities were asked to pool some of their existing funds and agree a single spending plan for the pooled fund.

4.8 The improved Better Care fund was a feature of the 2017 budget and was an allocation over three years to local authorities. In Spring 2017 a further one-off grant element of the improved Better Care Fund was announced, covering the three years 2017-2020 with an expectation that it would be used along similar lines to the core better care fund to protect, sustain and enhance the social care and health system.

4.7 Taken together, these funds target a range of system improvements across these themes:

a) Strengthened community based services which help people stay at home and avoid the need for a hospital admission

b) Strengthened working with care homes to support the overall sustainability of independent care homes and to use their expertise to help their residents avoid

the need for hospital admission and return back to their home after an episode of acute care

c) A system-wide culture of 'home first' which improves joint working between different professions in and out of hospitals

4.8 The Better Care Fund and the iBCF will together see £57m in 2018/19 aligned towards these joint health and social care objectives.

5. Issues, risks and innovation

5.1 The key risks the department is managing this winter are:

5.1.1 **Recruitment, retention and wellbeing** – sustaining staffing levels over winter in the whole care sector is vital, together with staff wellbeing which minimise short-term sickness absence. Arrangements are in place for all Norfolk county Council front-line social care staff to have a free flu jab. Nationally, there is provision for all care home staff and home care staff to access the flu jab.

5.1.2 **Market capacity** – the majority of delays attributed to Adult Social Services has been people waiting for a support package. Homecare continues to be difficult to access in some parts of Norfolk.

5.1.3 **Holding lists** – the department has made good strides in reducing the holding list over the last year; however, urgent demand from acute hospitals to support people back home can increase workloads for community teams, and allow less urgent requests to build up.

5.1.4 **Maintaining our strategy** - at peak periods, the very high numbers of people seeking urgent medical care puts strain on the capacity we have to prevent and reduce the need for formal care. We know from previous years that increased numbers of people are admitted to residential and nursing care during winter months, and whilst for many this will be the right outcome, there could be those for whom alternatives might have been possible.

5.1.5 **Financial** – at times of pressure, there is a risk that a 'safety first' culture leads to more intensive packages of support for people. If these are not reviewed there is a risk that we build in greater dependency for longer which, in turn, is more costly to the department.

5.1.6 **Reputation** – as a system Norfolk did not perform well last winter against key measures from the Department of Health and Social Care. It is important for the confidence of people who use our services, that the contribution of Adult Social Care is not overlooked.

6. Recommendations

6.1 **Committee are asked to:**

a) Agree the Adult Social Services Winter Plan – attached at Appendix A

b) Agree the priorities for allocating additional one-off monies as set out in section 4 of this report and delegate final sign-off to the Executive Director in consultation with the Chair of the Committee

Officer Contact

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

Officer Name:	**Tel No:**	**Email address**:
Debbie Bartlett	01603 222475	debbie.bartlett@norfolk.gov.uk

IN TRAN communication for all

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

Norfolk County Council

Norfolk County Council

Winter Plan

Introduction

Winter creates an annual challenge for the local health and social care systems by placing additional pressure on services. Therefore, it is essential for organisations within the health and social care systems to create and share their plans to address and mitigate these pressures in order to maintain the safety of the local population.

The winter period is between 1 October and 31 May. While winter will have ended as a season, the system remains in an escalated state until the end of May due to the two May Bank Holidays and the added pressure experienced at these times.

This Adult Social Services Department (ASSD) wide winter plan sets out the organisation's arrangements for the winter period. Winter is not an emergency or considered an unusual event but recognised as a period of increased pressure due to demand both in the complexity of people's needs and the capacity demands on resources within the Trust and the local health and social care system.

In addition, the winter period often brings with it untoward events such as widespread infectious diseases including Norovirus and there is the risk of the onset of the unusual such as pandemic flu which can affect patients and staff alike.

The Winter Plan prepares the organisation to maintain its service during winter and support system partners in maintaining good patient flow and safety.

- Focus on prevention
- Create the capacity to meet increased demand
- Link the Winter Plan to the West and Central System Resilience Plan
- Robustly performance manage the system to maintain quality, activity, safety and experience

Norfolk County Council (NCC) ASSD provides an assessment and care arranging facility and contracts care from the region's care market. It also provides a number of in-house services such as Norfolk First Support (NFS) which aid the system to operate as smoothly as possible and minimise cost. The top four interventions within this report are:

- Reduction of social care attributed DTOC (Delayed Transfer of Care) in acute and community hospitals
- The reduction and avoidance of admissions through greater co-operation between NCH&C (Norfolk Community Health & Care NHS Trust) and services within the community, CAS (Care Arranging Service) and other ambulatory pathways within primary & community care
- Building the resilience of teams to meet demand
- Developing operational infrastructure

This document should be read in conjunction with the NCC Adverse Weather Policy, Major Incident and Business Continuity Plan, Emergency Preparedness Resilience & Response (EPRR) Policy and Service Business Continuity Plans.

Key Lessons Learned from winter 2017/18

Links with the care market

The Trusted Assessors and incentive schemes were deployed during winter 2017/18. While incentives were welcomed, their efficacy is yet to be proven. However, working with the market has identified issues which need addressing to improve access to care, especially at weekends. Homes and care providers express a lack of confidence in the quality of discharge which is heightened at weekends when accessing support from health services is perceived to be challenging.

Resilience and Escalation Plans

Norfolk County Council ASSD did not report OPEL (Operational Pressures Escalation Level) status throughout the previous winter therefore, there was no standard means of measuring operational pressures within the department from which to base decisions to take escalation actions. A learning event conducted in spring, identified the importance of conducting a regular systematic review of operational pressures linked to an escalation framework to ensure consistent responses to escalation which is communicable to other system partners.

Approach to Operations Management for Winter 2018/19

Operations Centre

Norfolk County Council, in partnership with NCH&C, will establish an Integrated Winter Operations Centre in order to create a common operational picture, monitor performance and activity, coordinate and manage escalation, and act as liaison with other system providers regarding system performance.

During winter 2018/19, the operations centre will be operational five days a week between 09.00 and 17.00 and existing on-call management will be available between 17:00 and 09:00 each day and 24 hrs a day at weekends and Bank Holidays. A request for winter funding has been made to extend the Winter Operations Room to seven days a week. The outcome of the request is unknown at the time of writing this plan.

The Operations Centre will be responsible for collating information and sharing operationally relevant information with system partners on the daily silver calls and will manage any response to service escalation. In the event of a Significant Incident or Major Incident, the Operations Centre will work alongside the incident control room.

The STP (Sustainability and Transformation Plan) will deploy a winter operations room to oversee service delivery and resilience across the region. The integrated NCC and NCH&C operations room will report into the STP operations room.

Capacity Planning and Operational Control

Operational and commissioning teams will remain accountable for the development and delivery of their capacity plans, set during annual planning, and ensure their operating models and processes are in line with the local system they are supporting. These capacity plans may be represented as rosters and will remain responsible for the coordination of the daily work activity to deliver services. The Operations Centre will monitor these capacity plans and escalate issues, such as roster gaps or gaps in market provision, to relevant senior managers for resolution. In addition, the Operations Centre will monitor the daily work activity to ensure it meets required productivity requirements and escalate any issues, such as an increase in DTOC, to relevant senior operations and commissioning managers for resolution.

OPEL

For winter 2018/19 NCC will provide the system with a daily OPEL report which will be coordinated through the Winter Operations Centre.

All operational teams within ASSD will be required to create a daily OPEL report and submit this to the Operations Centre by 09.30. The service will be expected to take action in-line with their local escalation plans and for SITREPs (Daily Situation Reports) to be provided to the Operations Centre by 15.00 if the service has escalated to OPEL 4.

Services

Contact Service Centre (CSC) and Social Care Centre of Expertise (SCCE)

The CSC, which is also home to SCCE, provides a vital access point for those who need social services support. The department receives approximately 350,000 contacts per year via telephone, email, web and, increasingly, social media channels. Around 90% of these are managed and dealt with in the department, without the need to involve other teams.

The Social Care Centre of Expertise is managed by qualified social care staff which enables social care assessment and reviews to be conducted by phone. In addition, SCCE provides a weekend and Bank Holiday Emergency Duty Team.

The role of CSC and SCCE means it is an essential part of the service offer as well as an integral part of Adult Social Services resilience. The CSC and SCCE will monitor staffing regularly to ensure adequate staffing is available to maintain service outcomes.

ASSD support to Acute Services

Norfolk County Council provides three acute social work teams to facilitate a person's timely discharge back to their normal place of residence or the least restrictive, least costly option for long term care as well as supporting safeguarding investigations.

In-line with NCC Promoting Independence plans, the responsibility for supporting discharges from the James Paget Hospital Foundation Trust, and the staff supporting this process, will transfer to the locality team in the East and Suffolk. This change was expected to take place in August 2018, prior to winter pressures starting. The change in the East of Norfolk will be reviewed prior to changes to other teams.

The team based at the NNUHFT (Norfolk & Norwich University Hospital Foundation Trust) will work collaboratively with the acute Trust to improve current multi-disciplinary working within the Discharge Hub, particularly in respect to patients who do not clearly fit existing discharge pathways. In addition, the team will work directly with wards known to be high referrers, to introduce the 3 Conversations approach in order to reduce the number of assessment and discharge notices being issued and rejected.

To support and maintain flow through the acute hospitals during winter 2018/19 additional assessment capacity will be required. The services will aim to maintain 80% of their establishment to be at work to ensure the service is resilient.

A standard definition for DTOC will be in place across all NHS Trusts and a DTOC validation process will be fully embedded before the start of winter.

Trusted Assessors, part of the Promoting Independence and iBCF (Improved Better Care Fund) plans, were introduced during 2017/18 and continue to develop relationships with the care market to reduce DTOC. Learning from the pilot will be used to develop new action plans and business cases for the winter of 2018/19.

The Enhanced Home Support Service (EHSS) and Short Term Beds have been seen as a positive addition to the system by the acute based social work team. This will continue throughout 2018/19 to contribute to a reduction in DTOC. The capacity of these discharge options will be reviewed prior to winter.

Community Social Care Teams

The community Social Care Teams (East, North, Norwich, South and West) provide assessments for older people, people with physical disabilities and working age adults.

In-line with the Care Act and the NCC Promoting Independence strategy, the community social work teams focus on people's strengths and look for community based opportunities to support individuals and carers to maximise their wellbeing. The teams are currently trialling the Living Well: 3 Conversations approach, which is a strengths focused and preventative model supporting people to maximise their independence. These teams provide in-reach to community wards to support discharge.

The teams work closely, in an integrated way, with primary care and community health services. The teams include Integrated Care Coordinators, Assistant Practitioners, Social Workers, Practice Consultants and Social Workers. Social work is a key component of developments within community and primary care.

Priorities

For winter 2018/19 the Community Social Care Teams are focusing on prevention. This includes maximising work already underway:

- 3 Conversations (Promoting Independence)
- Reducing holding lists (Promoting Independence)
- Reducing reviews list (Promoting Independence)
- Engaging with local development groups and GP practices

There will be a specific focus on the following to help reduce pressure on acute Trusts during winter:

- Falls
- Dementia
- Social Isolation

Teams will plan to be at or above 75% of their establishment at all times to ensure they have sufficient capacity to respond to community based needs. Additional capacity in Social Work and Occupational Therapy is being recruited in order to increase responsiveness of the teams and further improve outcomes.

The Community Social Work Team supports community hospitals to safely discharge patients. In early 2018/19 the model of support was changed, and each ward has now been assigned a social worker. The ward attached social worker works as part of the Ward MDT (Multi-disciplinary Team) and is part of the daily Red to Green meetings which enables good communication and ensures long term needs are identified early in line with the HICM (High Impact Change Model).

LD and Mental Health

Learning Disabilities (LD)

The Integrated LD team works to improve the quality of life for people with learning disabilities, in their homes and communities. During winter, people supported by this team will need ongoing support from a resilient service. Like many community based services, the LD team will be affected by weather and service users will be taken ill and access acute care. The Acute Support Team (AST), which also offers support out of hours, is particularly at risk due to adverse weather and learning from winter 2017/18 could benefit from closer working with other out of hours services. A comprehensive resilience plan will be in place before winter 2018/19.

There will be times when people supported by the service will be admitted to acute care. The three acute Trusts in Norfolk are supported by a liaison nurse and acute pathways are in place to provide support and facilitate discharge back home. The pathway will be checked to ensure all parties are fully aware of how to access it prior to winter 2018/19.

Adult Mental Health

Supporting people with their mental health to remain well throughout winter is challenging. Avoiding crisis and supporting people when they are in crisis is essential for their wellbeing, as well as avoiding placing pressure on other services which, in many cases, are not always set up to meet their specific needs.

For winter 2018/19 requests for winter funding have been made and approved to support people to avoid crisis and, if they do escalate, for alternatives to the emergency department to be available.

These requests are:

- Increase day centre-based step-down capacity in Norwich to support mental health discharges for working age adults by providing a safe space for patients who need more intensive support than can be provided in their own home. This aims to enable earlier discharge and prevent unnecessary admissions
- Additional dedicated AMHP (Approved Mental Health Professional) cover to meet expected increase in demand over winter in order to improve response to requests for MHAs (Mental Health Assessments)

Older People's Mental Health

Norfolk has a rapidly aging population and is experiencing a growth in age related mental health needs. Older people's mental health is supported by the community care social work teams who work closely with Norfolk and Suffolk NHS Foundation Trust (NSFT). The social work team provides essential support to maintain flow through NSFT beds and work to avoid DTOC.

Named social workers are linked to NSFT older person wards and attend regular discharge meetings. Many cases are complex and require significant effort to identify suitable long term care. Many patients present with both physical and mental health needs and identifying discharge opportunities is challenging.

Winter funding has been requested and approved to procure additional short term beds to specifically provide step down and admission avoidance for older people with both physical and mental health needs.

Commissioning and Care Market

The care market for both home care and residential care is a dynamic environment. The NCC Market Development Team and commissioners work closely with a wide range of private providers to enable access to high quality long term care.

To enable a response to meet the highly variable demand upon the market a number of initiatives have been put in place.

- **Commissioning Manager; Transfer of Care** – this post works closely with social workers to address issues affecting discharges and causing DTOC
- **Enhanced Home Support Service** – provides flexible and enabling support for up to seven days to help support the individual at home following discharge or to prevent admission
- **Short Term Beds** – provide bed based short term placements to enable Care Act assessments to take place outside of a hospital
- **Norfolk First Support** – increases the capacity for home based re-enablement
- **Accommodation Based Reablement Units** – provide short term bed based reablement to facilitate hospital discharge and prevent avoidable admissions
- **Enhanced Health in Care Homes** – a support to providers to understand how and when to seek health intervention and training to enable providers to safely meet needs within care home settings
- **Social Prescribing Project** – provides additional community connector roles aligned to GP practices enabling GP access to VCSE (Voluntary, Community and Social Enterprise) services in the community
- **ICES – Integrated Community Equipment Service** – access to equipment for both health and social care staff will be made more responsive over the winter period

A bed tracker is available to capture available residential and nursing home capacity. This relies on homes providing their bed availability. Approximately 60% of the market is currently actively inputting their available capacity. This information is used by the Care Arranging Team to quickly locate potential placements. A new version is due before winter 2018/19 which will enable a greater range of information to be captured and enable a more efficient brokerage process. A longer term plan is in place to move to an eBrokerage system which will be developed following winter 2018/19.

The Trusted Assessors and the Commissioning Manager for Transfer of Care are working with providers to increase their confidence and address concerns. They are working with acute services with the aim of reducing the need for homes to conduct assessments and ensure appropriate health services are available and accessible in the community when required.

Service Brokerage is undergoing a review as part of the Promoting Independence Programme. The output of the review was not available at the time of writing this plan. This plan will be updated once the review is completed and published.

Norfolk County Council ASSD provides in house services under the brand of Norfolk First Response (NFR). These include:

- Norfolk First Support (NFS) – home based reablement service

- Swift Response – 24-hour unplanned needs service
- Benjamin Court – accommodation based reablement

These services aim to support people to return to independence and reduce the need for long term care.

During 2018/19 NFS received additional funding to increase their capacity by 15%. Recruitment is underway and aims to be complete by winter 2018/19. Ensuring NFS is responsive and resilient is a key action for this coming winter and work to enable rapid step down to long term care providers is underway. The additional capacity includes salaried relief staff to provide an additional level of service resilience.

Norfolk First Support is introducing an electronic capacity monitoring system which will improve efficient use of capacity. The system is expected to be in place prior to winter.

Benjamin Court will continue to provide bed based re-enablement throughout winter 2018/19; recent recruitment has enabled all 18 reablement beds to be available.

The NFS service recognises how important the relationship is between their service and the acute Trusts. A team of hospital liaison practitioners provide a critical link with all three acute Trusts in Norfolk.

Norfolk County Council ASSD requires service providers to operationally provide to the full terms of their contractual agreement. This includes having the level of staff required to deliver the service fully and safely, having a plan in place for the event of significant service impact including staff illness and inclement weather, and ensuring service users are not impacted by a reduction in regular service provision. All service providers are required to have business contingency/continuity plans in place. In the event of serious impact on service delivery, providers are required to inform the Council of the situation as soon as practical to do so.

Providers will be informed and reminded of key periods of pressure (for example, Bank Holidays) and updated on how they can help and what support is available to them.

Historically, NCC has supported local care providers to remain resilient through offering advice and support online. This information will be reviewed prior to winter and updated as part of the Winter Communication Plan.

Advice is available for vulnerable people and those looking after them (https://www.norfolk.gov.uk/what-we-do-and-how-we-work/campaigns/stay-well-this-winter). This advice includes:

- Tips for staying well this winter
- How to make homes energy efficient and safe
- How to claim financial help
- What to do if you are worried about a friend or relative

Social isolation is a significant issue throughout the year; however, winter can bring additional challenges. Norfolk County Council is working with local businesses to help combat social isolation through the "In Good Company" campaign (https://www.norfolk.gov.uk/what-we-do-and-how-we-work/campaigns/in-good-company).

District Councils offer a number of local initiatives, such as slipper swaps, access to handyperson services, benefit checks and electric blanket checks. These initiatives vary across district councils and more information will be made available as information is released.

Factors Affecting Service Delivery during Winter

Change Programme

There are no significant change projects planned that will impact on operational capacity during winter 2018/19. Programme leads have been requested to inform the Assistant Director of Operations and Patient Flow of any projects which will have an impact on operational capacity.

Infections

Infections, such as flu and Norovirus, can affect staff and access to care homes. If teams contract illnesses, then assessment capacity is adversely affected. Norfolk County Council provides Public Health services for Norfolk and ensures information regarding predicted risks and outbreaks are shared across the health and social care system.

Flu Plan

Acute based teams aim to ensure all staff are immunised against flu in-line with advice from Public Health. Care and nursing homes are encouraged to protect their staff and are provided with advice on how to access free flu vaccinations for paid carers. Clinical Commissioning Groups (CCGs) and local primary care providers are required to ensure their "at risk" populations have access to vaccinations which include those living in nursing and care homes.

Winter Plan Action Log

NOTE – actions under review by the Assistant Director Hospital Systems and monitored through the Winter Resilience Group

Ref	Issue	Required Outcome	Action Needed	By When?	Progress (18/10/18)
OPS A1	Operational reporting is not currently standardised across operational teams.	For operational reporting to be standardised and automated where possible.	Review of current operational reporting practice. Standard reporting framework established.	September 2018 October 2018	Information from all localities and acute teams has now been received. Review of reporting requirements underway. To progress once above is completed.
OPS A2	NCC does not report OPEL states.	For NCC to report daily OPEL states in line with system partners.	Development of OPEL reporting framework. Deploy framework.	September 2018 October 2018	Triggers and action cards being reviewed by Central, West and East. Changes to be made and agreed W/C 29 October. Progress on daily monitoring/reporting delayed due to OPS A1.
Acute A1	Additional assessment capacity will be required to meet demand.	Increase of assessment capacity for winter 2018/19.	Recruitment of additional social workers or agency social workers.	1 Oct 2018	Funding request has been made to use pay budget underspend or one-off funding routes. Awaiting response.
Acute A2	The NNUHFT discharge hub has not fully integrated.	For the NNUHFT discharge hub to be effective and reduce DTOC.	Form an Integrated Discharge Hub leadership group with rotating chairperson to lead discharge hub and provide cohesive leadership for teams operating in the hub. Set up senior MDT to take place x three per week to agree group plans on discharging highly complex cases with clear escalation routes if consensus cannot be achieved. Work with high referring ward to deploy 3 Conversations and	August 2018 August 2018 August 2018	In place – further work needed to improve how the collaborative team works together. In place. Delayed due to operational pressure on the NNUHFT social work team.

			collaborative working (avoidance of transactional management of discharge).		
LD A1	AST is a small team which works independently of other out of hours services which means it may struggle to meet service user needs during adverse weather.	For the AST to be resilient out of hours.	To link AST to other out of hours services such as Night Owls and NCHC OOH Nursing Service for support and resilience.	October 2018	In place – AST linked to NCHC out of hours team who will provide a "buddy" system for the AST team.
LD A2	LD discharge pathway not fully established in NNUHFT.	For LD pathway to be fully established in NNUHFT.	LD team to ensure NNUHFT Discharge Hub are aware of LD pathway and it is fully established.	October 2018	Pathway written and agreed within LD team. To engage with NNUHFT team.
MH A1	There are an insufficient number of short term beds for older people with mental and physical health needs.	Three additional beds for 22 weeks	Submit winter funding request. Commission beds.	July 2018 October 2018	Bid submitted but not approved by AEDB.
MH A2	There is insufficient capacity within day services to meet the winter need.	Additional AMHP capacity.	Submit winter funding requests. Source additional AMHP.	July 2018 Oct 2018	Bid submitted by not approved by AEDB.
Com A1	There is a delay in the discharge of nursing and residential care home residents from hospital as care home managers are not able to do assessments before agreed discharge dates.	Patients from and going to nursing and care homes are actively managed with TAFs (Trusted Assessment Facilitators) and discharge co-ordinators working closely with Nursing and Care home managers who have confidence in assessments completed by TAFs to facilitate speedy discharges.	TAFs will have visited the top 50 LGA funded and high-risk care homes across Norfolk and Waveney and be competent to complete assessments on their behalf so that DTOC are minimised.	1 October 2018	TAFs have visited and are competent to assess on over 60 care homes across Norfolk and Waveney. They are now promoting the use of the bed tracker with the care homes who have the most LGA funded beds so that we know where bed vacancies are.
COM A2	Availability of providers who will accept EMI patients (Elderly Mentally ill) particularly OoHs and over the weekend.	Increase number of EMI beds available in each locality with the expectation that they can accept referrals and trusted assessments seven days a week, and referrals up until 20:00 for returning residents.	To undertake a procurement exercise to test and put in place arrangements in each locality for EMI beds over the winter period.	Mid November 2018	Procurement exercise complete; currently work with Procurement to explore options for competitive process and putting in place block contracts.
COM A3	Supporting effective system working and business continuity through periods of system pressure and severe weather.	Ensure social care providers are kept informed of operational, commissioning and quality issues/opportunities/resources through the winter.	Produce a communications calendar for winter that will deliver key messages on actions (held by social care) in the Winter Plan with a clear.	1 October 2018	Winter communications underway, focusing in October on the flu vaccine, Bed Tracker and TAFs, communication plan is almost complete, and will be shared with Corporate Comms Team and STP.

			communication lead for operational teams		
COM A4	There are many care providers in the region and greater intelligence on their services will enable timely action to take place.	For NCC to have detailed intelligence in place for each provider to support efficient sourcing of care and prompt hospital discharges. To include: • Availability of beds and prices (if not accepting NCC rates) • Mobile contact details for current assessor • Availability for accepting discharges	Update bed tracker to include this information requirement; Trusted assessors to help compile local intelligence.	October 2018	Bed Tracker due to be launched 30 October for care and nursing homes across Norfolk and Waveney; all required outcomes achieved; vacancy report to be shared with brokerage teams in CCGs; engagement planned throughout Winter to secure providers use the tool.
COM A5	Lack of availability of equipment is causing delays in discharge from acute hospitals.	Access to equipment will be facilitated so that delays waiting for equipment are minimised.	Same day deliveries made to acute hospitals over the Christmas period. Prescribers able to prescribe equipment for people going into care homes. NFS able to access peripheral stores and collect equipment from care homes.	December 2018	Setting up process for same day delivery around seasonal Bank Holidays; new 'Equipment in Care Homes' process in development; working with Peripheral Stores and Providers to improve resilience and communications.
COM A6	EHSS is benefiting the system, further work is required to ensure up-take of current capacity and strong links to admission avoidance teams.	For EHSS to support admission avoidance work and ensure that the service capacity is utilised to support step down referrals.	Continue to promote the EHSS Service and ensure that the service is used to its full capacity. Continue to simplify and streamline EHSS systems including the referral process.	November 2018	Engagement work with acute social work teams, Brokerage Service and other operational teams underway and ongoing; planning underway to simplify EHSS community and referral process.
COM A7	NFS are holding packages of care. This is using capacity which could be used to avoid admissions, avoid DTOC and reduce amount of long term care being commissioned.	For commissioners to review unmet needs list and find solutions to areas of unmet need working in tandem with NFS.	To reduce holding list so that unmet needs are resolved within seven days per locality	November 2018	Unmet needs list has validated so now have clarity on where 'real' unmet needs are.
COM A8	NFS is not fully established.	For NFS to be fully established, including the additional 15% and BCU staffing.	Recruit to establishment.	October 2018	Northern and Southern SCS teams brought into NFS team to meet immediate demand; recruitment campaign underway to meet future demand; currently working on establishing a career pathway and introducing an apprenticeship framework.

Appendix 1 – Domiciliary, Residential and Nursing Capacity across Norfolk

Provider Type	Number of Providers Across the County	Number of Hours/Beds	Notes
Domiciliary Care		Approx. 63,000 hours per week across the county	
Residential/Nursing Care	**Norfolk:** 362 Homes 299 Residential 63 Nursing **East:** 47 Homes 38 Residential 9 Nursing **Central (North/Norwich/South)** 258 Homes 212 Residential 46 Nursing **West** 57 Homes 49 Residential 8 Nursing	**Norfolk:** 9,655 Beds 6,911 Residential 2,744 Nursing **East:** 1,014 Beds 767 Residential 247 Nursing **Central (North/Norwich/South)** 6,855 Beds 4,812 Residential 2,043 Nursing **West** 1,786 Beds 1,332 Residential 454 Nursing	Nursing = home is registered for nursing, estimate is that c.50-60% of beds only are "nursing" beds in these homes Geographic area = CCG derived, Norfolk only

Adult Social Care Committee

Item No:

Report title:	**Market Position Statement 2018/19**
Date of meeting:	**5 November 2018**
Responsible Chief Officer:	**James Bullion, Executive Director of Adult Social Services**

Strategic impact

The strategies for shaping the care market in Norfolk are set out by Norfolk County Council (the Council) in its Market Position Statement (MPS) included at **Appendix A**.

Executive summary

The Care Act requires councils with adult social care responsibilities to promote the effective and efficient operation of the market in social care and support services for adults in their areas. The Council is also a key partner in the Sustainability and Transformation Partnership (STP) which provides system leadership to the development of integrated care at system, place and neighbourhood levels. The MPS provides the most comprehensive picture of the care market as it is now and describes how we intend to shape the market to meet the needs of people going forward. This activity needs to increasingly compliment and be fully aligned with developments in community and primary care as well as prevention strategies.

This market position statement draws on four key guiding principles:

- Every effort will be made to facilitate a person's care needs without resorting to formal care services
- Where formal care services are required these will initially focus on returning the person to a level of independence where the need for formal care services is removed or reduced
- Where people need longer term services the focus will still be on enabling the person to retain as much independence as they can while ensuring that they remain safe
- Where possible services should be home and community based. All services should be high quality, good value for money, offer choice and be sustainable

Market Headlines

(a) 95,000 people provide unpaid care worth more than £500m a year
(b) More than 30,000 people benefited from over 350,000 items of community equipment
(c) More than 2,800 new extra care housing units will be needed by 2028
(d) 90% of people aged 65+ who receive our NFS reablement service are still at home more than three months later
(e) In 2018 30% of service users were aged 85+ whist accounting for less than 3.5% of the whole population. By 2041 the 85+ population will increase to 6% of the population as a whole
(f) In 2018 8117 people had a diagnosis of dementia which is 58% of expected prevalence
(g) In Norfolk two in three adults are overweight
(h) As at 31 March 2018 76.5% of care providers were rated by CQC as good or better

(i) In 2017/18 services for nearly 17,000 adults were commissioned at a cost of almost £300m
(j) There are about 10,000 beds in care homes in Norfolk
(k) The Council purchases over 2m hours of home care every year
(l) There are 27,000 jobs in the care market

Recommendations:
Committee is asked to consider and approve the Market Position Statement 2018/19 for publication.

Appendix A – Market Position Statement (page xxx)

1. Background

1.1 The Care Act (2014) introduced new duties for local authorities to facilitate and shape a diverse, sustainable and quality market, emphasising that local authorities have a responsibility for promoting the wellbeing of the whole local population, not just those whose care and support they currently fund. This is known as market shaping.

1.2 The MPS is a key document to support the Council's market shaping responsibilities. The Council has always had broad responsibilities to promote the wellbeing of its citizens and, as a strategic commissioner of services, has a direct impact in shaping the care market upon which thousands of people rely.

2. The Market Position Statement 2018/19

2.1 The MPS sets out for providers of care and support, commissioners and care consumers detailed information on the current context in Norfolk for delivering care and support services linking with the work of the Sustainability and Transformation Partnership (STP). The MPS also explains how our Promoting Independence and Living Well strategies fit with our market shaping ambitions. The MPS itself is available as a standalone PDF document linked to this report.

2.2 The document is arranged so that each key market segment relating to both older people and working age adults as well as people transitioning to adulthood is described in terms of current demand and supply, levels of investment and future intentions. The document also looks at markets through the lens of the Clinical Commissioning Group geographies.

2.3 The ambition is to make all the information available by sector on line which would be searchable in multiple ways with the information itself being updated on an ongoing basis. We also plan to make the information available at a more granular level to support the development of an integrated care system across the Norfolk and Waveney footprint.

3. Financial Implications

3.1 There are no direct financial implications in publishing the Market Position Statement the costs of which are contained within existing budgets.

4. Recommendations

4.1 **Committee is asked to consider and approve the Market Position Statement 2018/19 for publication.**

Officer Contact

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

Officer Name:	**Tel No:**	**Email address**:
Steve Holland	01603 638353	steve.holland@norfolk.gov.uk

IN TRAN
communication for all

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

Appendix A

Norfolk County Council

Market Position Statement

2018-19

Contents

Introduction

The Care Act came into force in April 2015 requiring councils with responsibility for adult social care to promote individual wellbeing to maintain independence and to prevent, reduce or delay the need for formal care. This duty applies to all adults irrespective of who may eventually have to pay for any care or support required. Where formal care is required councils are either obliged to arrange it or to support people to source their own care.

In common with all other councils, Norfolk County Council (the Council) purchases most of the care and support that people require from a care market consisting of hundreds of independent businesses and organisations. The Care Act requires councils to promote the effective and efficient operation of their care market so that services are of good quality, value for money, sustainable in the longer term, and provide a choice of providers and provision.

The Market Position Statement (MPS) is intended to set out how the care market is operating against the requirements of the Care Act and what steps a council is taking to shape the market so that it can effectively promote individual wellbeing and prevent, reduce or delay the need for care and support as well as providing effective care and support when it is needed.

The Council has responded to these Care Act duties by setting out a new vision captured in the headline Supporting People to be Independent, Resilient and Well. The Council has already begun to implement its Promoting Independence strategy, shifting the focus towards strengthening prevention and early help, supporting people to stay independent for longer and to live at home with complex needs.

The Council has also introduced a new strengths-based approach to its social work practice called Living Well and recruited more social workers to develop approaches to care and support. This emphasises the use of family networks and assets in communities that enable people to recover any reduced independence wherever possible and to be able to manage long term conditions in their own homes.

For all major social care services, we have introduced new contractual arrangements under framework agreements which allow us to deliver services more flexibly, and develop contracts with providers to offer a more person-centred approach.

James Bullion
Executive Director,
Adult Social Care

Summary of the Council's Position on the Future Care Market

The Market Position Statement is a summary of the care market as it currently stands and how the Council intends to shape the care market to meet people's needs.

The Council will do so using the following guiding principles:

1. Every effort will be made by the Council to meet a person's care needs without resorting to formal care services

2. Where formal care services are required these will focus on returning the person to a level of independence where the need for formal care services is removed or reduced

3. Where people need longer-term services, the focus will still be on enabling the person to retain as much independence as they can while ensuring that they remain safe

4. Where possible, services should be home and community based. All services should be high quality, good value for money, offer choice and be sustainable

2

Sustainability and Transformation Plan

The Plan

The Council is a major partner in the Norfolk and Waveney Sustainability and Transformation Plan (STP). Sustainability and Transformation Plans (STPs) were introduced in NHS planning guidance published in December 2015. NHS organisations in different parts of England were asked to come together to develop plans for the future of health services in their area, including by working with local authorities and other partners.

The STP for Norfolk and Waveney, In Good Health, was published in November 2017 and sets out a number of key intended outcomes by 2021 whose success will require new ways of working for commissioners and providers of care and support in the health and social care system. These key outcomes include but are not limited to:

A sustainable, integrated primary care model which meets locally defined minimum standards and is easily accessible to all.

Primary care and community care services are being brought together to support local populations as part of the STP. Good access to primary care services (e.g. GPs) is fundamental to sustaining wellbeing and maintaining independence. The relationships between care providers in the market, health providers and primary care is being redrawn by Local Delivery Groups in each Clinical Commissioning Group (CCG) area. In many cases the most effective intervention is better sourced from the formal care market, organisations in the voluntary and charitable sector, or community groups active in the local area or a combination of these. It will be important for these organisations to become fully engaged with developments in their local areas.

This broader range of provision, including the formal care market, needs to become much more closely and directly connected to our GP surgeries so that timely and tailored support can be accessed locally throughout Norfolk and Waveney.

The other “prescribers” in any local area are the Council’s own adult social work practitioners and closer links are needed with both GP surgeries and the local provider base. We need to work on ensuring that both GPs and adult social work practitioners are fully aware of all care and support provision and community assets that are available in any local area and commissioners need to ensure that any gaps are filled. There are clear opportunities here for providers to develop a flexible and diverse care and support offer to meet local need and to be part of new supply and provision chains.

Reduce accident & emergency (A&E) attendances and non-elective (NEL) admissions by at least

20%

Our acute hospitals continue to be under significant pressure as a result of ever increasing A&E and NEL admissions. Organisations and agencies providing support to people in their own homes, for example, have a big part to play in helping the system to reach its reduction target. This can be achieved through more flexible and responsive services, particularly in emergency and crisis episodes, and through providing 24-hour cover.

The use of technology by these organisations and agencies to monitor and identify deterioration in someone's condition at an early stage and to prompt early intervention needs to become the norm as does the widespread use of assistive technologies and equipment by people in their own homes. Care homes also have a key role in reducing admissions to hospital that can be avoided.

The full adoption of the Enhanced Health Care in Care Homes programme together with the more widespread use of assistive technologies and significant improvements in service quality (again technology aided) will be critical.

Reduce NEL acute bed days by at least

35%

The prerequisite requirement to support shorter acute, mental health and community hospital stays is immediate access to the care and support needed by people following a hospital admission. Care is typically provided in both care homes and by organisations and agencies providing care in people's own homes. We need these organisations to work more closely together and seven days a week tailoring their offer in line with improved independence and health.

Providing physical, mental and social care through integrated place or locality-based teams who work together to help the most vulnerable people manage their physical and mental health better and remain in their community.

Ensuring that people with health or social care needs are able to manage their conditions or needs in their community is a key aim of our health and wellbeing strategies. This requires person-centred coordinated care which brings together health and social care professionals and provider organisations working seamlessly at local level. Providers in the independent care market and voluntary sector providers need to become part of these local arrangements working alongside health and social care professionals. Future commissioning will need to support such arrangements.

Towards a Single Integrated Care System

The health and care system in Norfolk and Waveney is multi-layered and we envisage a move towards a single integrated care system that provides a joined up approach to commissioning and delivering coordinated person-centred services. In our system we have one Norfolk & Waveney STP, three acute hospitals and a number of community and mental health hospitals, five clinical commissioning groups and about 19 populations of about 50,000 people supported by clusters of GP practices operating locally.

When the Council's spend on adult social care is mapped the places where care and support is provided can be clearly seen:

Our market shaping will increasingly be led at local level to reflect the needs of local populations and access to services where people live. The person and population centred approach will determine people's needs, and current levels of provision in all of these areas. This will identify shortages and gaps in health, social care and informal services and will inform planning of future services going forward. We want to ensure that the services that people require, whatever form they take, are available in the community they live in. We want a market and places that enable people to live in their own homes for as long as possible. We want to eliminate avoidable admissions to our acute hospitals and ensure that people can return home as soon as they no longer require an acute hospital bed.

GP led local delivery groups have been set up in each of the five CCG areas and will lead the delivery of a range of programmes within their local areas and for each of their population groups.

Our Commitment to Collaborative Working

The key way to ensure that the services that are available to help people meet their needs is to ensure that people who use these services, their unpaid carers and family, people in these communities and care providers are engaged in the planning of these services. The Council has been undertaking planning work collaboratively with these groups and some examples are given below:

The Council is undertaking a collaboratively produced multi-agency carers charter for Norfolk and Waveney. The intention is to put the voice of carers centre stage. The strategy is being developed in collaboration with carers and agencies who provide these services.

The Council is a partner in the development of an all age autism strategy to inform the vision and the priorities in the delivery of improved life outcomes and opportunities for people with autism and their parents or unpaid carers. The Norfolk All Age Autism Partnership Board met for the first time in April 2018 with membership from:

- Unpaid carers
- Not for profit voluntary providers
- People with autism
- Parents
- The Police
- Adults' and Children's Social Care
- Health commissioners and providers
- Education

The Council is a leader and partner in setting up a care association for Norfolk. A series of consultations took place in October 2018 to consult widely with the adult social care sector to understand what services providers would want from a care association. Following these events, the University of East Anglia and the University of Suffolk will analyse provider responses and use them to inform an online survey to be sent to all social care providers in Norfolk. The results of the survey together with all the other data gathered will be used to make recommendations on how a care association might be structured, how it might operate and what services it might provide.

3

Enabling People to Remain in their Own Homes

Promoting Independence
Our Vision for Social Care

Promoting Independence is the Council's approach to adult social care in Norfolk. Social care needs are viewed in the context of people's lives within their families and communities. The Council's response to social care needs will be firmly rooted in maintaining and restoring people's ability to live independently.

Prevention and early help...

empowering and enabling people to live independently for as long as possible through giving people good quality information and advice and helping people stay connected with others in their communities, tapping into help and support already around them, such as friends, families, local voluntary and community groups.

Staying independent for longer...

for people who are most likely to develop needs, we will try and intervene earlier, looking at what extra input could help people's quality of life and independence – this might be some smart technology or access to specialist tailored advice. When people do need a service from us, we want those services to help people gain or re-gain skills. These services could be a spell of intensive reablement after a stay in hospital to restore their confidence and their ability to do as many day to day tasks as possible.

Living with complex needs...

for some people, there will be a need for longer- term support. This might mean the security of knowing help is on tap for people with conditions like dementia, and that carers can have support. We will look at how we can minimise the effect of disability so people can retain independence and control after say a stroke or period of mental illness. For some people, moving into residential care or to housing where there are staff close by will be the right choice at the right time, but such decisions should be made with good information and not in a crisis.

At the heart of our Promoting Independence strategy is the Living Well approach to embed strengths-based social work across all our social work and occupational therapy teams.

Living Well starts by looking at people's strengths – what they can and would like to do, rather than focusing on what they can't. We know that this is how our social care staff want to do their job, because it is the best way to support people to live independently and bring about improved outcomes. Living Well boldly strips away unnecessary bureaucracy and processes and instead focuses on 3 Conversations:

Conversation 1: **Listen hard and connect**

Understand what really matters to the person. Connect them with resources and support that allows them to get on with their chosen life independently.

Conversation 2: **Work intensively with people in crisis**

What needs to change urgently to help someone regain control of their life? "Stick to them like glue" and make the most important things happen. Put in an agreed action plan.

Crucially, anyone needing support will be put through to a social care professional who will become a single point of contact.

They will keep the individual informed and involved in the decisions about what is going to happen next. The approach depends on social care professionals spending more time with individuals and having an excellent knowledge of local neighbourhoods and community resources, including any "hidden gems" (community resources) that they can connect people to. It does away with process driven 'hand-offs' and signposting, and encourages workers to assist an individual to connect with the things that will make their lives work.

Conversation 3: **Build a good life**

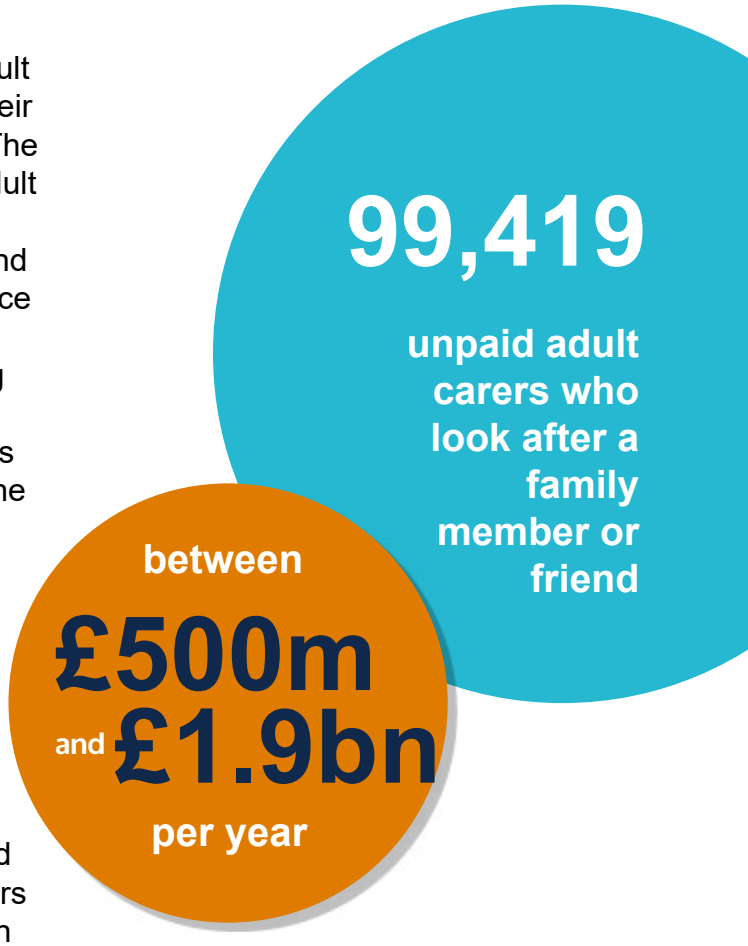
What does a good life look like? What assets, strengths, resources (including personal budgets) does someone have to support their chosen life? How can I help you organise your life?

Living Well has been built up from small innovation sites since September 2017 which were designed and implemented by front-line social care teams. Using feedback and learning from these sites we are currently agreeing an optimum approach which will be rolled out across Norfolk in 2019.

Supporting Unpaid Carers

Through Promoting Independence, the Council is committed to supporting unpaid carers to maintain their own health and wellbeing and feel confident in their caring.

In Norfolk there are an estimated 99,419 unpaid adult carers who look after a family member or friend. Their contribution to health and social care is immense. The value of the care provided in Norfolk by our local adult carers is estimated to be between £500m and £1.9 billion a year. Supporting carers brings economic and social benefits, helping carers to care with confidence and enabling them to live healthier lives, taking account of their own physical and mental well-being whilst benefiting the communities and the local economy. The Council values carers and recognises that doing so supports carers, their cared for, and the local communities that are taking greater responsibility for their residents.



In recognition of the importance of supporting unpaid carers in Norfolk, a refreshed system-wide strategy for carers of all ages is currently being scoped. This will be jointly produced with carers and will provide a medium-term framework for all partners within the Health and Wellbeing Board to strengthen and improve their support for all carers.

In November 2018, Norfolk County Council also launched the co-produced Norfolk Carers Charter.
This recommends standards for:

- Carer friendly practices employers should put in place to help and support employees with caring roles
- Support that schools (and other places of learning) could provide to young carers and young adult carers whose studies and involvement in school and college life might be affected by caring
- Support that the County Council can offer, or be part of, to help all carers, regardless of who they are caring for, access their local community and support services

4,000

unpaid carers caring for adults accessed Council commissioned services in 2017-18

In 2017-18 over 4,000 unpaid carers who were caring for adults accessed Council delivered and commissioned services. This included information and advice, carer's assessments and support plans, respite services to give the carer a break from caring, and direct payments to assist carers with their caring role.

The new outcomes based commissioned service for unpaid carers, Carers Matters Norfolk launched in October 2017. Carers Matter Norfolk offer a comprehensive information, advice and support service to unpaid carers, which is tailored to meet what matters to carers, enabling them to stay independent, resilient and well. Support can be accessed online, on the telephone or in person. The service provides an information and advice line, accessible via phone call, text or through web chat on the website. The extensive operating times were determined by people who are unpaid carers. Carers can also access telephone or online counselling; face to face support from the Carer Connectors; a programme of education and training sessions in their area including an e-learning portal; and support for their Carers Group amongst other services.

Carers Matter Norfolk will work with carers to help them explore 'What Matters to Me', using a tool collaboratively produced by carers with Carers Voice Norfolk and Waveney. The tool helps carers think about how caring works with all aspects of their life, and to identify what support they need to remain independent, resilient and well.

As part of the digital offer the Council and the CCGs have also collaborated with Carers UK to create Carers UK Norfolk, a dedicated web space offering both national and local resources to Carers (www.norfolk.gov.uk/care-support-and-health/looking-after-someone/carers-uk-norfolk).

As part of this offer unpaid carers can access 'Jointy', a digital care co-ordination app, which allows everyone involved in an individual's care access to the same information about past and upcoming appointments, up to date medications and health information, tasks that need completing and other relevant information.

Information, Advice and Advocacy

Provision of information and advice is a key part of the Council's Promoting Independence strategy. Some of these services are jointly planned and funded with health. The Council has specialist contracts with various organisations to provide information and advice services for the following areas:

- **Older** people
- People with **dementia**
- People with **disabilities**
- People with **hearing impairment**
- People with **mental health problems**
- People with **learning disabilities**

Adult Social Services invests
£1.9 million
per year to fund a wide range of services
to offer information advice and advocacy

In 2017-18 specialist information and advice services managed...

were used to deliver these services

In 2017-18 specialist information and advice services helped people contacting them to achieve the following:

- Additional welfare benefit take-up
- Take part in education and training
- Debt recovery
- A reduction in personal debt
- Take part in group work and peer support sessions

The Council has also recognised and supported the provision of generalist advice which is often used by people in work to manage a range of pressures which if not dealt with could tip them into crisis.

Future demand for these services is expected to increase. Organisations providing these services estimate that there has been as much as a 10% increase in the last 12 months. Providers also report an increase in the complexity of cases that are being referred. Effective and accessible information and accredited advice is a cornerstone for the drive within Adult Social Services to enhance local community based support.

The Norfolk Community Directory provides residents and families with information, advice, services and activities across Norfolk. The Council welcome listings from local providers and organisations, and we include information about any clubs, events and support services which help Norfolk people lead active, healthy and fulfilling lives.

Sensory Support Unit

The Council's Sensory Support Unit is a specialist team of practitioners who work with people with sensory impairments. They carry out a range of assessments and provide services, early support and short-term interventions to help people to stay independent for as long as possible.

The main services are:

- Assessments carried out in sign language
- Equipment and access needs for people with hearing impairments
- Rehabilitation and learning new skills for visually impaired people
- Assessment and provision for people with dual sensory loss

Place Shaping and Social Prescribing

Through Promoting Independence, the Council is committed to supporting and increasing activities and services (community assets) in every geographical area of the county to provide people with the means to remain more active, get support when they need it and to feel less lonely and isolated. This is part of place shaping. Our Living Well strategy is committed to putting people into contact with resources in their local area to help them to maintain their independence.

The Council is committed to social prescribing. This is when a person visiting a GP practice or contacting a social care practitioner is referred to a 'connector' who can help them make a plan to deal with immediate issues and, where helpful, access activities provided by voluntary and community groups, as well as, or instead of, medical interventions or formal social care services.

The Council has provided funding for two years to develop social prescribing. This will enable primary care services (GPs) to refer patients with social, emotional or practical needs to a range of local, non-clinical services. This is being undertaken on CCG boundaries, working with districts councils, CCGs and the voluntary sector. Locality plans have been developed. Services commenced between January and June 2018.

Living Well Workers and Connectors will offer additional support to people whose health needs and long term conditions are made worse by practical pressures such as debt, being in the wrong housing or because they feel lonely. Furthermore, the Council's "In Good Company" campaign is an initiative to tackle loneliness in the county.

The Council has put additional funding into community support to help people build confidence and overcome loneliness.

Assistive Technology

Part of the Council's Promoting Independence programme is the roll-out of a new social work model Living Well, incorporating the '3 Conversations'. Increasing the use of technology, including assistive technology (AT), is seen as a key enabler of this approach.
The vision is that:

- AT plays a major role in supporting people to live independently for as long as possible, and in helping carers to continue caring for as long as they are able and willing to do so
- AT will be widely accessible, easy to use, and available for people when it can make most difference to maintaining independence
- Our own staff are champions for AT and use it widely to mitigate the need for and support formal care services
- Providers embrace technology to help people stay independent in all types of settings

£1m spend in 2017/18

The Council's AT team currently assesses approximately

2,000

people per year

About 7,000
people are currently receiving
AT in Norfolk

The AT team works with a mix of more traditional type AT equipment as well as new technologies. The provision of the equipment is person- centred and is based on the best way of providing a solution to the problem that needs to be addressed. Current equipment provided by the AT Service includes:

- Sensors and detectors linked to a community alarm so that they send alerts to a monitoring centre
- Non-linked devices that prompt or alert the vulnerable person or a nearby carer
- GPS location devices for locating people accessing their community
- Home activity monitoring: provided for short term assessment of activity within the home to inform care and support planning (monitoring a person's behaviours and associated risks)
- Special bespoke types of technology
- Mainstream technology: Ring video door bell, wi-fi enabled sensors, smart speakers linked to a voice-controlled intelligent personal assistant service, and use of apps

The Council is actively engaged in trials and pilots of assistive technology and digital solutions to enable people to remain safe and independent. Some examples are:

- The AT team is working with Norfolk Police and the Council's Safeguarding Team on the re-launch of the Herbert Protocol in Norfolk for vulnerable people who go missing. For each person who has been visited by Norfolk Constabulary following a missing person incident, the police will make a direct referral to the AT team for assessment and where appropriate provision of suitable equipment, which may include GPS location devices
- The AT Service is currently working with the Social Work Team at the Norfolk and Norwich University Hospital to look at how AT can support timely discharge from hospital. This will look at ways of ensuring that any delays in accessing AT are minimised as far as possible
- Further work is also planned to explore opportunities to maximise the use of AT by working with providers of care and support, health partners and colleagues in Children's Services
- The Council is actively testing the potential benefits of various types of assistive technology, designed to support elderly and vulnerable adults to remain living independently at home and in their community

Equipment

Thorough Promoting Independence, the Council is committed to supporting people to maintain their independence for as long as possible, and equipment is a key enabler of this. Norfolk's Integrated Community Equipment Service (ICES) is a health and social care partnership, based in Norwich but covering all of Norfolk. Equipment is provided by a contracted rehabilitation equipment company.

The equipment provided by ICES helps to prevent, reduce or delay conditions worsening and encourages people to be independent for longer by, for example, avoiding pressure ulcers, preventing falls, aiding mobility and balance, and supporting end of life care. Providing a person with community equipment can aid discharge home from hospital or to another care setting such as a care home. It can also support the home care market by enabling some care that would usually have to be delivered by a double up (two carers) to be delivered by a single carer.

In 2017 ICES helped over 30,000 people of all ages

80% were aged 65+

Over
350,000
ICES supplied pieces of equipment are in the community

Over
113,000
pieces of equipment supplied in 2017

The cost of providing ICES in 2017-18 was more than..

£6m

split between health and social care

Direct Payments

Through Promoting Independence, the Council is committed to more people using direct payments to choose their own bespoke care solutions. Direct payments can be paid through a pre-paid card to an adult social care service user to spend on meeting their eligible care and support needs.

The amount given is determined at assessment (for people with no current adult social care services) or review (for people with current adult social care services). This is part of the personal budget calculation that determines the amount an individual has available to spend on their care and support services and uses a resource allocation system (RAS).

Direct payments give individuals choice in the care services that best meet their needs and the freedom to make these arrangements themselves (with support if required). Direct payments are most frequently spent on:

Home care

Day services

We are reviewing current arrangements to provide information and help people to plan and manage their own care. We have introduced pre-payment cards and new arrangements for people who require support to manage the money which pays for their care arrangements.

We have been reviewing the current systems for supporting people to make decisions about the way their care should be provided and enabling people to manage their own care. In doing this we have been talking with people receiving direct payments about what options would work well for them. We plan to introduce clearer and more joined up support arrangements for people who may choose to manage their own care needs through use of direct payments.

The Council's commitment to the choice that direct payments give individuals is demonstrated by the

£27 million

of direct payments used by Norfolk adult social care service users in 2017-18

Home Support

The Council is committed through Promoting Independence to helping people to maintain their independence in their own home for as long as possible and reduce the number of people being admitted to permanent placements in care homes. An effective home care market providing the required level of service across all areas of Norfolk is key to supporting people to be independent, resilient and well, and to remain in their own home and community.

An effective home care market enables people to to receive an appropriate home care service in the area where they live:

- They need to return home after a hospital stay or a temporary residential placement (after hospital or a crisis)
- They need to continue to maintain their independence after a period of home-based reablement, but need a home care service longer-term
- They require a home care service for the first time to help maintain their independence

Framework of Home Support Providers and Banded Pricing

The Council implemented a home care provider framework in Norwich, South Norfolk and North Norfolk CCGs in 2018. Included in this is banded pricing to recognise the higher cost of providing this service in rural areas. This has been implemented at a cost of £2.1 million per year.

The purpose of setting up a Provider Framework and trialling a banded pricing structure is to:

- Reduce unmet need (people not being able to find a suitable home care package in their area)
- Pay a banded price to providers
- Stabilise and consolidate the home support market
- Support the creation of effective and efficient home support rounds through greater collaboration between providers
- Encourage more flexible and responsive services that focus on maximising independence

Extra Care Housing

The Council is committed through Promoting Independence to helping people to maintain their independence in their own home for as long as possible and reduce the number of people being admitted to care homes on a permanent basis. The provision of extra care housing for older people is a desirable option for people as they get older and their needs change and has many benefits over residential care.

Extra care housing is an effective way of supporting people to be more independent in their own homes, providing safety, security, social interaction and care.

40% **of older adults find themselves needing or wanting to move home at least once after the age of 65**

25% **of adults over the age of 60 prefer specialist housing for their future accommodation**

Current provision of extra care housing in Norfolk is low, and the Council is committed to the creation of additional schemes to meet the needs of Norfolk's population. The population-based evidence and the Council's plan to support more people to stay independent in their own community calculates that by 2028 Norfolk needs more than 2,800 additional extra care housing places. This estimate needs to be further refined in conjunction with district councils and other stakeholders to create area-based plans for each district council and market town area to feed into the planning process.

2,843

additional extra care housing places required by 2028

Extra care housing needs to be attractive, well designed and allow integration into an existing community. The accommodation will need to appeal to a range of ages and needs including a variety of care needs. The accommodation should not feel clinical, it should be bespoke, flexible and offer choice where possible. Innovative design is critical in meeting the diverse needs and aspirations of society today. This accommodation can encourage people to downsize with attractive, affordable options.

The Council's vision of extra care housing is that it is more flexible than the current provision, including:

- Mixed tenure (owned, rented, social housing)
- Not being limited to people funded by the Council – an offer to Norfolk as a whole
- Being dementia friendly in design and capable of supporting people with complex needs
- Being technology enabled to enable the person to maintain their independence
- Having places for people with different care and support needs; physical disabilities, mental health and learning disabilities
- Offering short-term or recuperative placements for those who leave hospital and require a period of re-enablement and assessment for a good recovery
- Being able to meet diverse needs, such as accommodating same sex couples, or catering for people who have religious needs
- Being able to house couples

Reduce Unnecessary Hospital Admission, Delayed Transfers of Care and Length of Stay in Hospital

Through Promoting Independence, the Council is committed to reducing unnecessary hospital admission, delayed transfers of care (DTOC), length of stay in hospital and permanent admissions to care homes.

Any avoidable admission to hospital is a poor outcome for the individual concerned and increases demand on health and social care services. Spending longer than is necessary in hospital (DTOC), whatever the reason, can have the effect of reducing the skills a person has to maintain their independence and increasing their dependence on formal care services.
49% of permanent admissions to care homes of older people funded by the Council follow an acute hospital admission.

Unnecessary admissions increase permanent care home placements as a consequence. Once the need for acute hospital treatment is over people need to be moved swiftly and safely along an appropriate pathway that should include the path to reablement and independence as the first option. The person is expected to achieve the maximum possible level of independence, even where they require longer-term services.

49%

of permanent admissions to care homes of older people funded by the Council follow an acute hospital admission

£7.5m spend in 2017/18

Norfolk First Response

Norfolk First Response (NFR) can provide assistance with short-term care needs, onward referrals and advice and information to help the customer receive the right help or service at the most appropriate time. The service assists with timely and safe discharges from hospital and acts to prevent unnecessary admissions to hospital and residential care.

Norfolk First Response brings together two highly successful services - Norfolk Swift Response and Norfolk First Support – to enable customers to get a fast, efficient solution to their care needs. Norfolk First Support provides planned reablement support for up to six weeks in a person's home. Norfolk Swift Response responds to unplanned non-medical emergencies in a person's home. NFR also comprises Supported Care (a hospital admission avoidance service) and Accommodation Based Reablement (described below).

90% of people aged 65+

discharged into the Norfolk First Support reablement service are still in their own homes three months later

Accommodation Based Reablement

As part of our Promoting Independence programme, we have commissioned Accommodation Based Reablement beds in 2018. This service is designed to maximise people's independence and reduce permanent admissions to residential care, reduce hospital admissions and support safe and timely hospital discharge. These units are for individuals with care and support needs (including those needing to regain skills and confidence) who are medically fit but unable to return to or stay in their home safely. This can be due to physical/functional ability and concerns around night time safety, and the person could benefit from a period of short-term accommodation based reablement to then return to or remain in their own home.

These providers are located in North Norfolk, Norwich, South Norfolk CCGs and Great Yarmouth and Waveney and West Norfolk CCGs and are staffed by specially trained reablement workers. There are currently 24 beds, and this will increase.

The provider in the East is in Great Yarmouth and has **4 beds**

The provider in Central Norfolk is in Cromer and has **18 beds**

The provider in the West is in Swaffham and has **2 beds**

Enhanced Home Support Service

The Enhanced Home Support Service (EHSS) commenced in February 2018 for referrals from the three acute hospitals and for referrals from the community from April 2018. This small and targeted social care initiative aims to reduce delayed discharges from the three acute hospitals, as well as prevent unnecessary admissions from the community.

The service provides a responsive and flexible service which offers enabling support to individuals with short term needs i.e. to avoid going into hospital or residential care to settle in at home following a hospital stay.

The service provides the following:

- Unplanned, same-day, short term home support across all five CCG areas in Norfolk
- Home support visits over a 24 hour/7 day period (not continuous)
- Access for new referrals between 9am-8pm, seven days per week
- Person-centred, enabling support in the person's home, which is focused on stabilising and supporting the individual so they can live safely and independently at home

Trusted Assessment Facilitators

The Council, with Suffolk County Council, has created a new team of five Trusted Assessment Facilitators (Trusted Assessor) based at the three acute hospitals in Norfolk. This role focuses on unblocking and streamlining processes to reduce DTOC and improve the experience of patients as they move into a care home or return to their home. The project is currently funded by the Improved Better Care Fund (iBCF). Funding from the project has also supported the development of a bed capacity tracking system to identify available care home beds in Norfolk. This gives the Trusted Assessment Facilitators and the Council's Brokerage (formerly Care Arranging) service more accurate information to help prevent delayed transfers of care.

Escalation Avoidance Teams

The escalation avoidance team (NEAT) is running in Norwich with the aim to establish one (or a similar model) in each adult social care locality. The purpose is to have a central point in each locality to meet urgent and unplanned health and social care needs. These will be for patients/ people at risk of admission to hospital or step-up beds. This will be provided via an integrated coordination centre and the teams will receive referrals from agreed professionals who require an urgent, but not emergency community response. Referrals will be received by telephone and processed by an Integrated Care Coordinator. Similar initiatives have been trialled or are being scoped in other localities across Norfolk.

Other Initiatives to Reduce Admission to, and Facilitate Discharge from Hospital

The Council has commissioned three independent flats within a 24-hour housing with care setting in Norwich, supporting people who have been assessed as being medically fit for discharge from hospital, but who are unable to return to their home safely. The flats are fully contained and have been equipped to replicate a home from home environment. Referrals to the service commenced in early February 2018.

The Council is a partner in the implementation of Discharge to Assess. This is where a person is discharged from hospital to their own home or a temporary setting (e.g. an accommodation based service) with the decision about their long-term care not being taken within a hospital setting.

One-off additional funding of £100k in 2017-18 was used to develop seven places in step down accommodation and support for people with functional mental health needs leaving mental health hospital. All seven places are in Norwich but serve Norfolk and are funded to the end of March 2019. The Council is looking at the need for on-going step down accommodation. There are also three places in a partner scheme funded by the CCGs. These places provide short term supported accommodation for people leaving hospital, most of whom had significant issues around housing which could not be resolved to allow a timely hospital discharge.

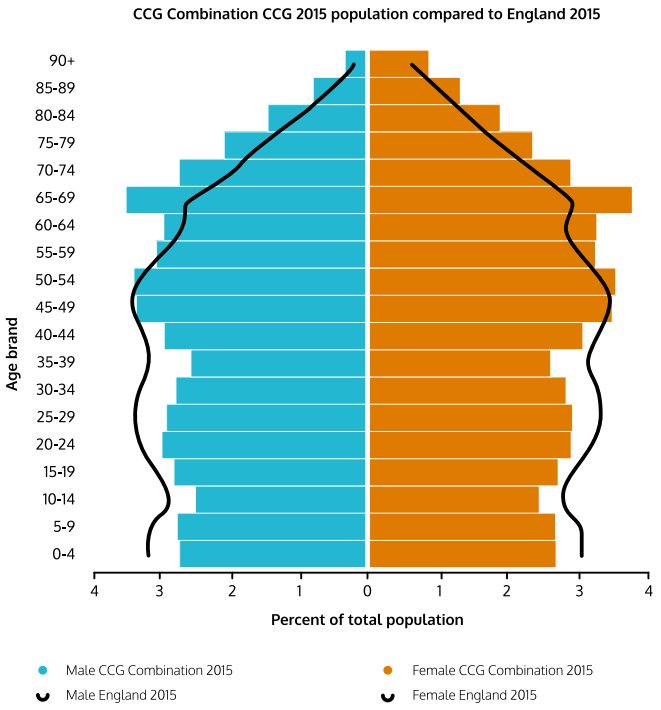
To inform planning we have engaged with care home staff and owners through workshops on topics which affect the local health and care system. This has included ensuring people are able to go back home in a timely way after a hospital admission.

4

The Social Care Economy and Shaping the Care Market

Demographics in Norfolk Driving Demand for Care Services

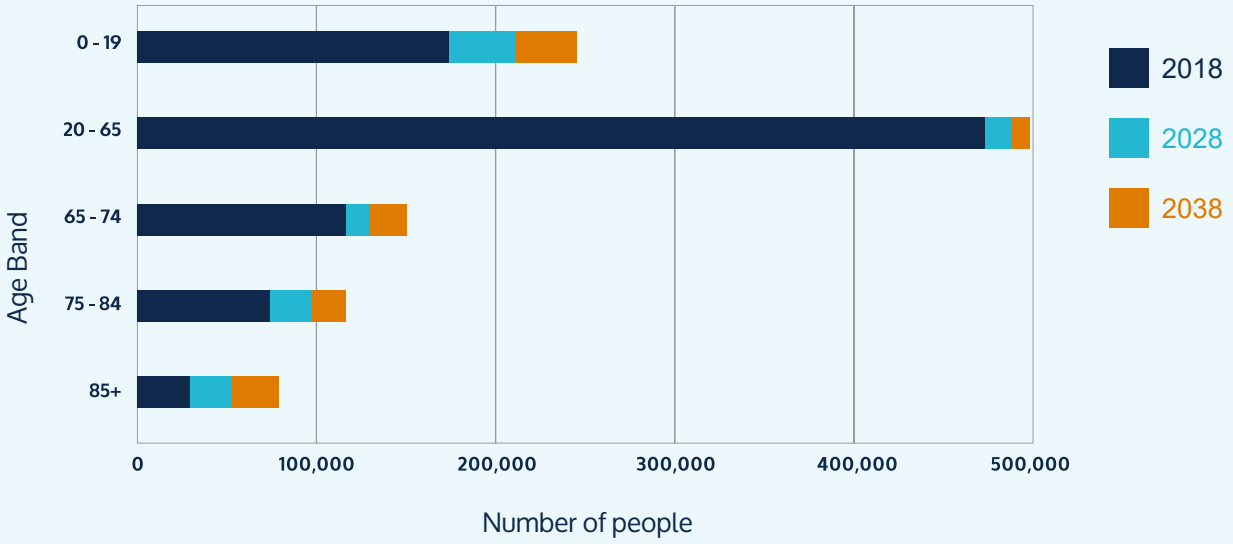
Anticipated Population Growth



Norfolk and Waveney has a higher percentage of people in all the 65+ age bands than the England average

Norfolk and Waveney also has a lower % of its population in the under 50 age bands than the England average

The estimated Norfolk population is **902,033 rising to 1,011,073 in 2038**. The Norfolk population is generally older than average for England and the largest increase in population between 2015 and 2038 is anticipated to be in the older age bands (age 75+).



People Aged 85+ as a percentage of Population – Change Over Time

2021
Norfolk - 3.5%
East of England - 2.9%
England - 2.6%

2031
Norfolk - 4.7%
East of England - 3.8%
England - 3.4%

2041
Norfolk - 6%
East of England - 5%
England - 4.5%

The percentage of 85+ people in Norfolk is significantly higher than in the East of England and England. The percentage of the 85+ age group in the general Norfolk population is 3.3% of the total population. This is predicted to rise to 6% by 2041.

This increase is greater in Norfolk than the East of England and England. Projected increases in this group will put considerable pressure on the Council's ability to meet this increasing care need, especially when this is occurring at the same time as reduced funding from central government. As the older age groups increase in size the associated number of people with dementia in Norfolk will also increase.

In 2018 in Norfolk

30%

of Council funded service users aged 18+ are aged 85+, seven times the rate of this group in the adult population

The difference between the health and life restrictions faced:

At 65...		At 85...
8.4% chance of living in a household without a car	→	55.5% chance of living in a household without a car
26.2% chance of day to day activities being "limited"	→	82.6% chance of day to day activities being "limited"
66% chance of living in a couple, and 4.9% chance of being widowed or a surviving partner	→	24.6% chance of living in a couple, and 65.3% chance of being widowed or a surviving partner

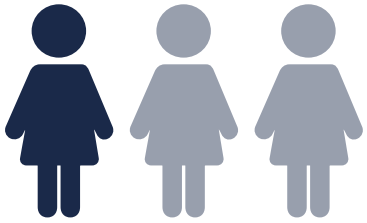
This has a significant implication for the Council as a provider of social care services and the individuals and families affected and demonstrates the loss of independence associated with ageing.

Despite a large care home estate, if we continue with historic practices for placing people the Council could run out of care home places for 65+ Council funded service users in around five years, with some areas experiencing shortages sooner. Similar shortages are expected for people who fund their own care. The Council needs to find solutions and alternatives to meet this increasing need.

Dementia

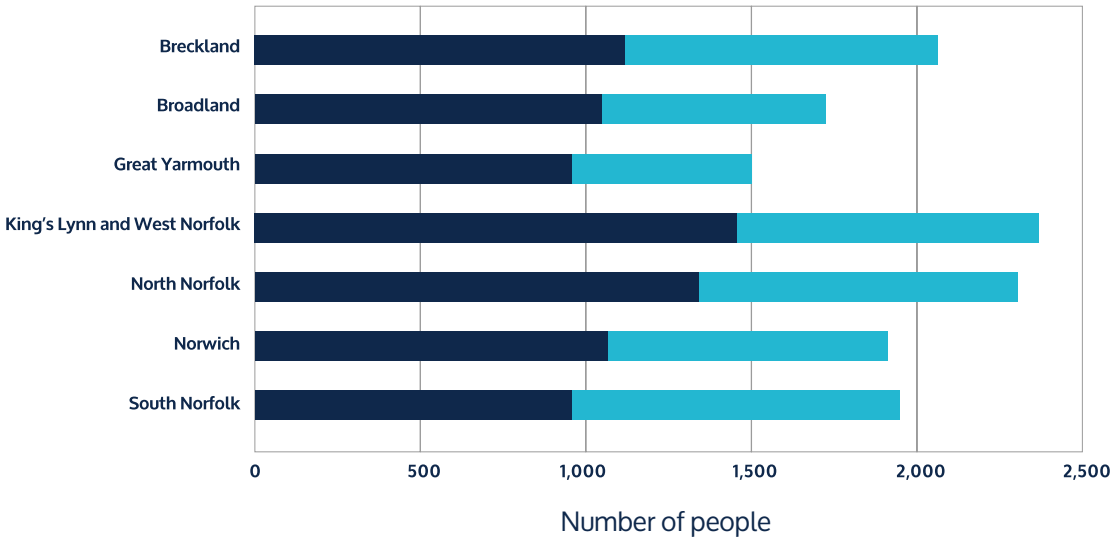
8,117

people with a dementia diagnosis in Norfolk

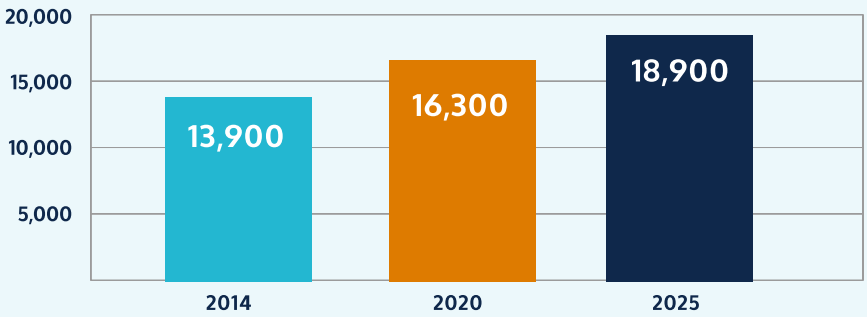


1 in 3

females in Norfolk over the age of 90 is estimated to have dementia



Projected dementia prevalence 2014-2025



Around 58% of the older people that the Council funds in care homes are funded at the "enhanced" dementia rate. As indicated by the statistics around diagnosis rates, this is lower than the actual number of people with dementia in care homes. The number of people in care homes with dementia is predicted to increase as the number of people with dementia in the population increases. Care homes and other types of care provision will need to have a greater capacity for dementia service users in future.

Social Care and CCGs in Norfolk are working together to improve the provision of timely dementia diagnosis, access to advice and information and community based and specialist support. It is key to ensure that people affected by dementia and their family and friends feel informed and supported and able to live an independent life in their local community.

58%

of the older people that the Council funds in care homes are funded at the "enhanced" dementia rate

Through the Norfolk and Waveney Dementia Partnership commissioners from health and social care are working with researchers and the voluntary sector to develop services and support for people with dementia initiatives include:

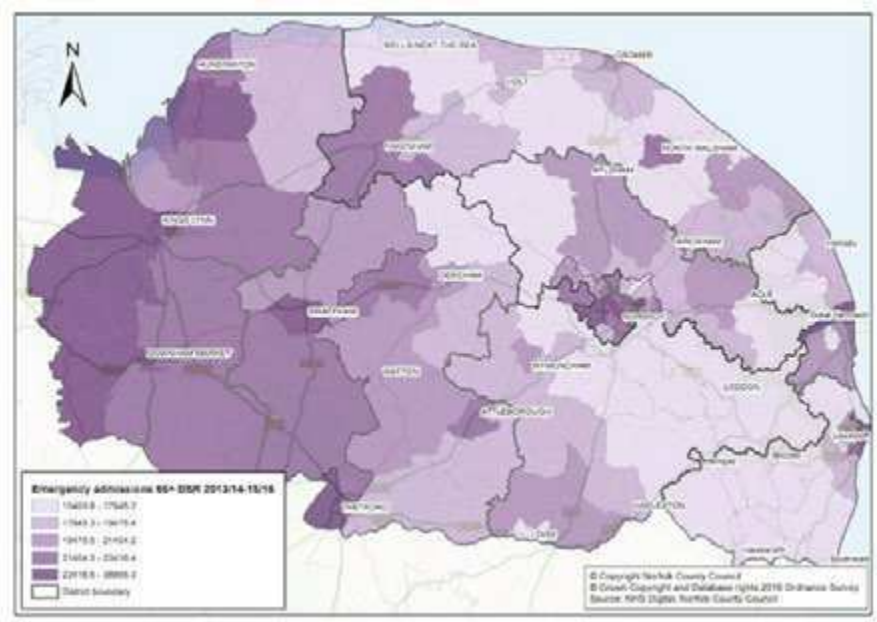
- Dementia friendly Norwich
- Working with care homes to support their work with residents who have dementia
- Dedicated respite care for people with dementia
- Enhanced Home Support Service which includes a flexible dementia support service
- Use of assistive technology
- Ensuring occupational therapy and reablement services provide early support for people with dementia

We recognise that there is more work to do and as we develop our commissioning solutions for the market sectors we will be developing and extending provision for people with dementia, this includes:

- Carers services
- Dementia advice and support
- Residential and nursing care
- Extra care housing

Hospital Admissions

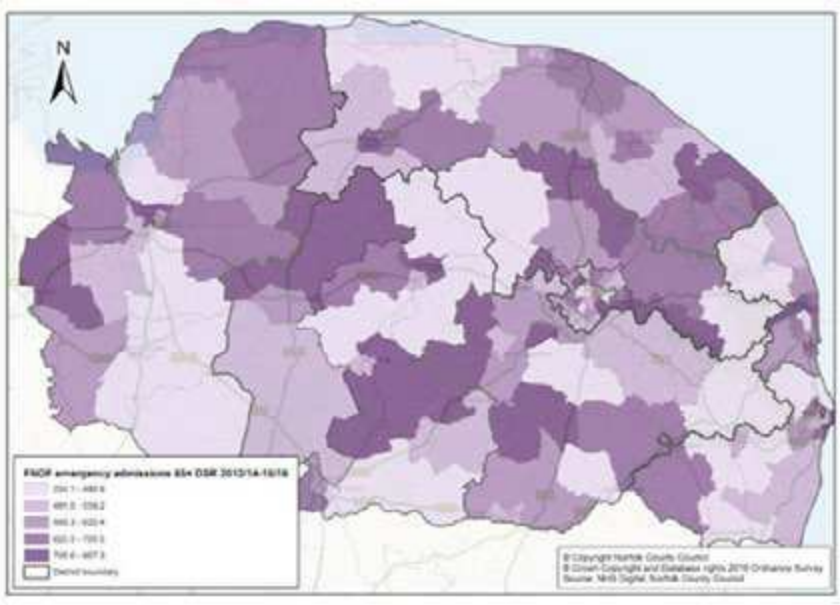
Parts of Norfolk have a high rate of emergency hospital admissions for people aged over 65 generally and for hip fractures specifically. Reducing unnecessary hospital admissions is a key Promoting Independence intention for the Council, especially considering that almost half of older people being permanently admitted to a care home do so after an acute hospital admission.



Emergency admissions 65+

Darker colour = higher hospital admission rate

Fracture of neck of femur admissions 65+



Darker colour = higher level of deprivation

The Council has several initiatives to reduce unnecessary hospital admission and length of stay described earlier in the document, namely:

- Norfolk First Response
- Accommodation Based Reablement Escalation
- Avoidance Teams
- Enhanced Home Support
- Service Trusted Assessment Facilitators

General Health Factors

The Council's Public Health strategy for for Norfolk is to help the people of Norfolk live in healthy places, promote healthy lifestyles, prevent ill-health and reduce health inequalities through:

- Promoting healthy living and healthy places
- Protecting communities and individuals from harm
- Providing services that meet community needs
- Working in partnership to transform the way we deliver services

The lifestyles and habits of the Norfolk population will place an increasing pressure on Council services if they continue. This is not just an issue in the most deprived areas, for example two in three adults in Norfolk are overweight. This ratio is the same in the least deprived CCG (South Norfolk) as it is in the most deprived CCG (Great Yarmouth and Waveney).

2 in 3

adults in Norfolk are overweight

The effect that this will have in social care is to increase the demand for bariatric services and generally as people live for a longer period of their lives in poorer health this will place increasing demands on health and social care services.

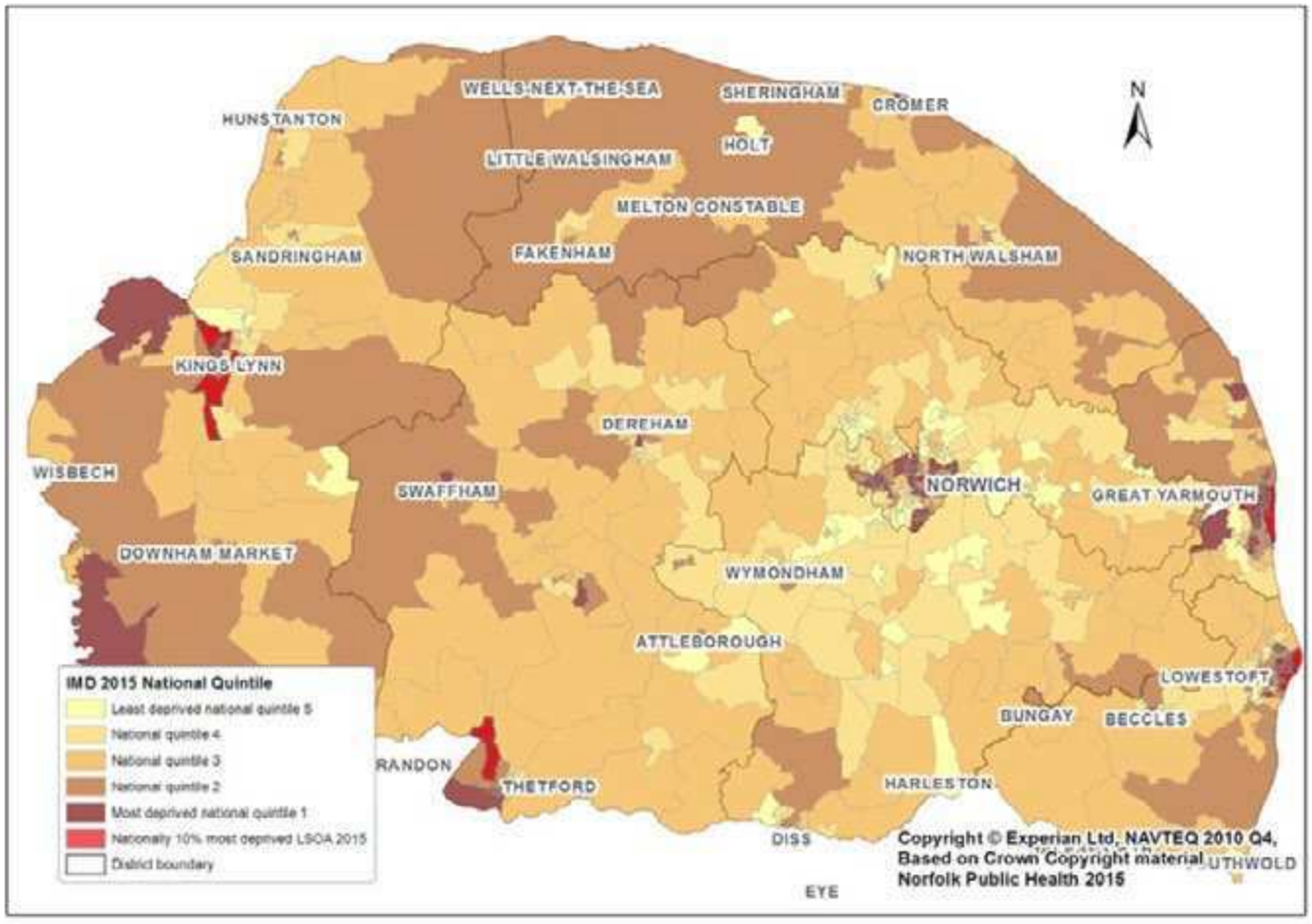
Deprivation

Out of **152** local authorities in England

Norfolk ranks as the **64th** least deprived

The variations of deprivation in Norfolk are vast ranging from Great Yarmouth and Waveney CCG (44th most deprived of 209 CCGs in England), to South Norfolk CCG (52nd least deprived of 209 CCGs).

The picture of deprivation in Norfolk is hugely varied, with Norfolk containing some of the most and least deprived wards in England. This is shown in the graphic below with the darkest colours representing the most deprived areas and the lightest areas the least deprived. Often these exist side by side. This poses challenges to the Council in terms of delivery of services.



Care Act Balanced Assessment of Care Provision

Councils have a duty under the Care Act to ensure that the care market provides:

Good Quality Care, in Norfolk we interpret this as:

- Care provided needs to be at least CQC rated good, or meet an equivalent standard for services not yet inspected and "non-regulated" services
- Quality is determined by CQC ratings, PAMMS (East of England monitoring tool) assessment or where these are not available, through evaluation by other quality assurance tools and methods

Value for money:

- This means fair prices for good quality care

Choice:

- People have choice in the provider delivering their care, and the care they receive in their community
- Choice should be more than just the same care provided by a different organisation

Sustainability:

- The money that providers receive should enable them to continue providing services of good quality and with choice
- The care market needs to be sustainable from a recruitment and retention perspective. Staff turnover and vacancies in the care market need to be at an acceptable level and the number of care workers needs to be sufficient to meet changing demand
- The financial structure of care providers should be sustainable
- The physical locations where care is delivered (care homes, extra care housing, supported living, day services and people's homes) need to be sustainable

The Council's Quality Assurance and Market Development Team views the care market in this way.

Care Market Summary

Care Quality – Care Quality Commission (CQC) Ratings

The Care Quality Commission are the independent regulator of health and social care services. The regulated service types (residential, nursing, home care, supported living, extra care housing) are all subject to periodic inspection and more frequent inspections if they are falling below the required standard. The percentage of providers rated by CQC as good or better is a strong indicator of care quality in a local authority area. The market as a whole in Norfolk is currently underperforming in this area with no significant improvement during 2017-18.

At 31 March 2018:

Only **76.5%** of Norfolk's CQC registered providers were rated good or better

Norfolk ranked **11/11** of East of England local authorities

Norfolk ranked **15/16** of similar authorities (large mostly rural non-unitary authorities)

Norfolk's CQC Ratings Across All Care Types Showed Little Improvement in 2017-18:

	March 2017 % of providers rated	March 2018 % of providers rated
Outstanding	0.5%	1.1%
Good	75%	75.4%
Require Improvement	22.2%	20.2%
Inadequate	2.3%	3.3%

Norfolk's CQC Ratings Across Care Types at 31st March 2018:

Community Based Services

82% of providers were rated good or better. Norfolk ranked 9/11 against other authorities in East of England, 16/16 against similar authorities

Nursing Care:

74.2% of providers were rated good or better. Norfolk ranked 9/11 against other authorities in East of England, 12/16 against similar authorities

Residential Care:

74.7% of providers were rated good or better. Norfolk ranked 11/11 against other authorities in East of England, 15/16 against similar authorities.

The Council is taking proactive action to address quality issues in the care market:

- The Council has set a target that a minimum of 85% of regulated providers are rated as good or outstanding by the end of the 2019/20 financial year

- The Council is strengthening its Adult Social Care Quality Assurance Team so that it can support improvement through a proactive planned inspection regime focused on providers whose overall rating requires improvement. Providers are expected to improve their performance so that they would be capable of achieving a rating of good or better within six months of the published CQC rating

Target = Minimum of

85%

of regulated providers are rated as good or outstanding

- We recognise the need to support providers and will do so through the new proactive inspection programme and the use of a new rating tool called the Provider Assessment and Market Management Solution (PAMMS). Providers rated requires improvement by CQC are being prioritised for PAMMS assessments by a member of the Quality Assurance Team.

  - *If the PAMMS assessment results in a rating less than good the market assurance officers will specify the areas requiring improvement and will require a credible quality improvement plan to be developed and implemented by the provider. The officers will support providers in this process as much as possible, but it is the providers' responsibility to make the improvements that are necessary.*

  - *There will be a second PAMMS assessment within a period not exceeding six months. If the PAMMS rating or a subsequent CQC inspection taking place within this six-month improvement period results in a rating of less than good the Council reserves the right to implement proportionate sanctions for breach of contract including but not limited to:*

    - **Suspending further placements**
    - **Decommissioning existing placement**
    - **Removal of accreditation**

- The Quality Assurance Team is undertaking a pilot of the Quiq Solutions provider self-assessment tool with targeted care homes rated requires improvement by CQC. The offer from the Council to the pilot providers is:

  - *Free use of the online self-assessment tool for providers requested to take part in the pilot. The tool contains tailored guidance on what is required by CQC*

  - *Quiq Solutions enables providers to rate themselves through the Red/Amber/Green (RAG) system and provide commentary and evidence of how they feel they are meeting the CQC key lines of enquiry (KLOEs)*

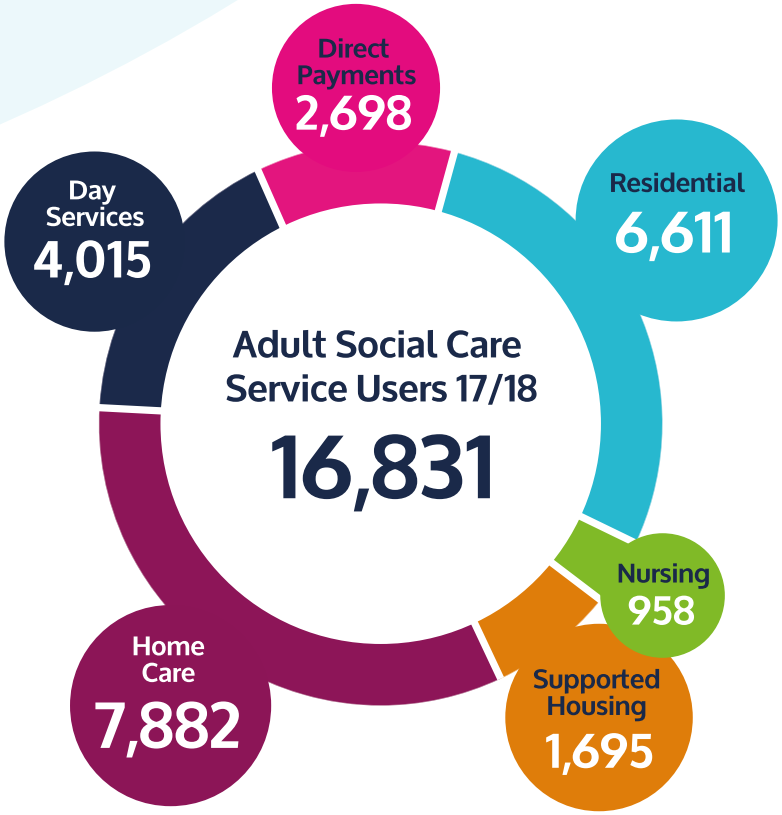
  - *Providers rate themselves against the KLOEs in all CQC domains (Safe, Effective, Caring, Responsive, Well-led)*

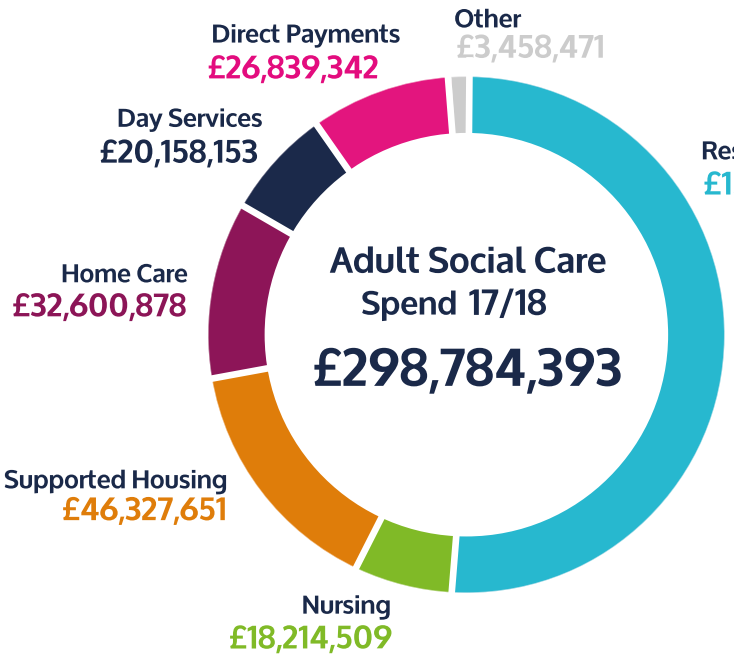
  - *Providers have been invited to complete a self-assessment on Well-led first. The rating the provider gets for Well-led is usually the same as the rating they get overall*

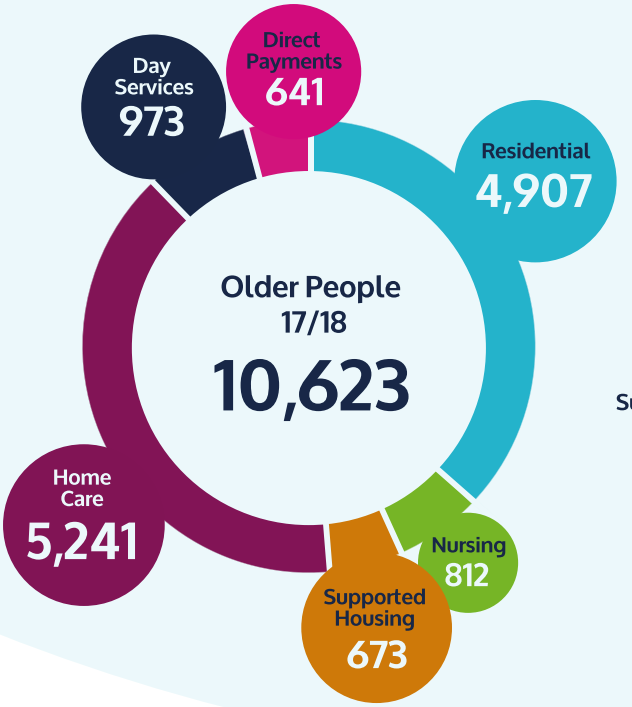
  - *NCC's Quality Assurance Team receives a copy of the provider's RAG ratings, comments and evidence, and can then RAG rate and make comments that the provider can then see and use to make improvements*

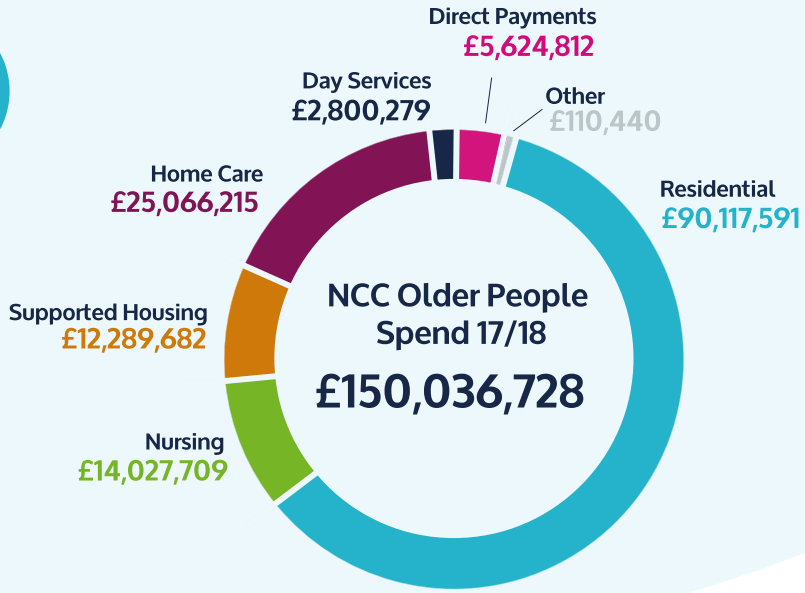
Demand for Care and Support

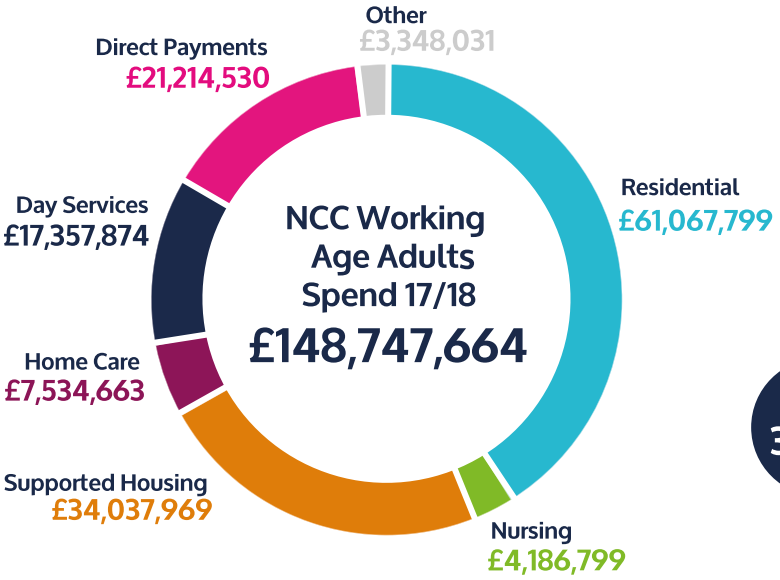
In 2017-18 the Council commissioned services for nearly 17,000 adults at a cost of just under £300 million. This is the spend from the Purchase of Care Budget and does not include other spend such as reablement, community equipment and assistive technology. The amount that the Council spends on care services plus the number of people receiving services increases each year. The Council's proactive attempts to reduce costs and manage demand (as set out in the Care Act) through Promoting Independence currently mitigates this increase in the face of the demographic pressures.

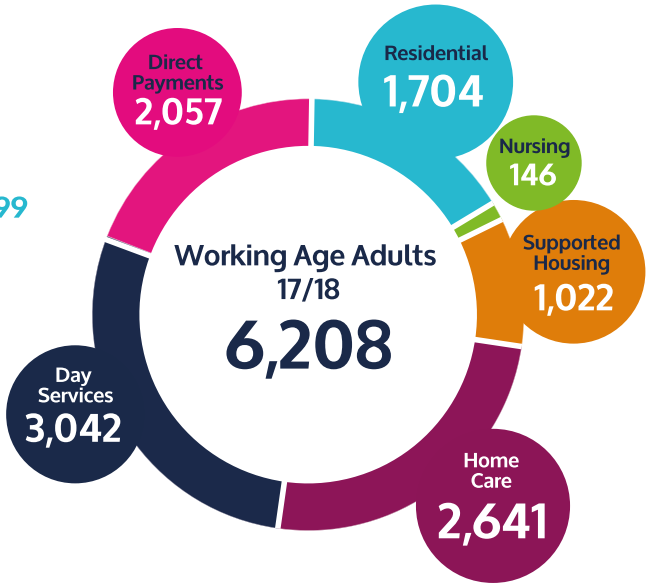




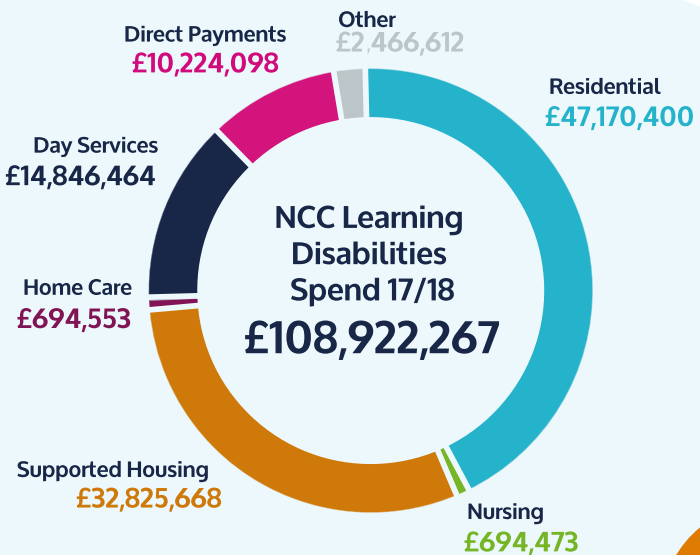

Older People
17/18
10,623
Day Services
973
Direct Payments
641
Residential
4,907
Nursing
812
Supported Housing
673
Home Care
5,241


NCC Older People
Spend 17/18
£150,036,728
Direct Payments
£5,624,812
Day Services
£2,800,279
Other
£110,440
Residential
£90,117,591
Home Care
£25,066,215
Supported Housing
£12,289,682
Nursing
£14,027,709

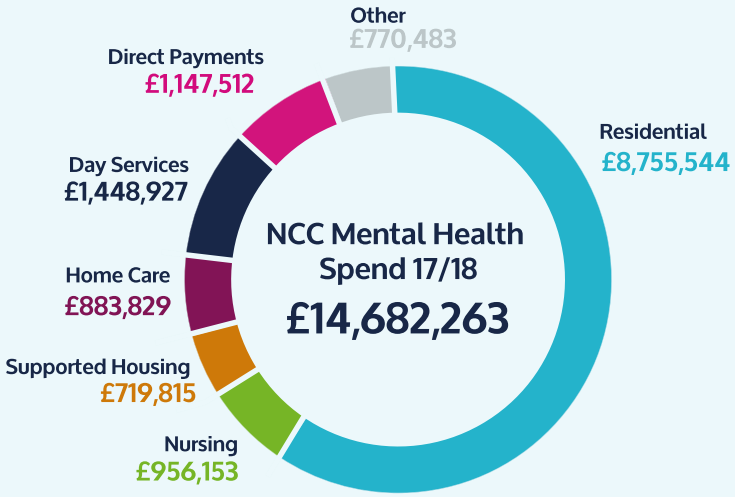

NCC Working
Age Adults
Spend 17/18
£148,747,664
Other
£3,348,031
Direct Payments
£21,214,530
Residential
£61,067,799
Day Services
£17,357,874
Home Care
£7,534,663
Supported Housing
£34,037,969
Nursing
£4,186,799

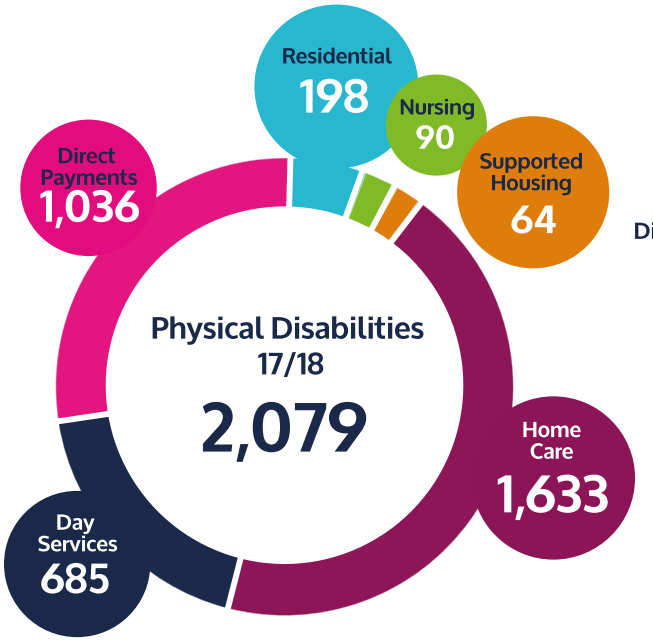

Working Age Adults
17/18
6,208
Direct Payments
2,057
Residential
1,704
Nursing
146
Supported Housing
1,022
Day Services
3,042
Home Care
2,641

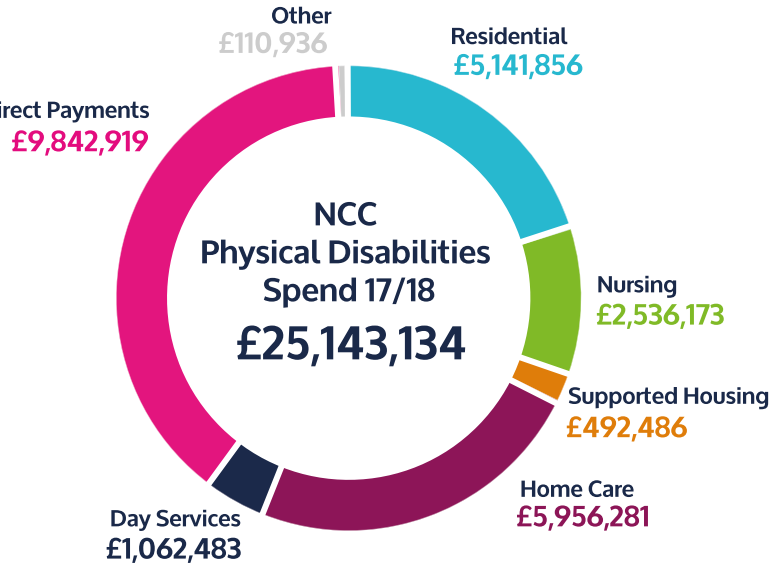

Learning Disabilities
17/18
2,809
Direct Payments
786
Residential
1,114
Nursing
22
Supported Housing
800
Home Care
580
Day Services
1,790


NCC Learning
Disabilities
Spend 17/18
£108,922,267
Direct Payments
£10,224,098
Other
£2,466,612
Residential
£47,170,400
Day Services
£14,846,464
Home Care
£694,553
Supported Housing
£32,825,668
Nursing
£694,473


Direct Payments
235
Residential
392
Nursing
34
Supported Housing
158
Home Care
428
Day Services
567
Mental Health
17/18
1,320


Other
£770,483
Direct Payments
£1,147,512
Residential
£8,755,544
Day Services
£1,448,927
Home Care
£883,829
Supported Housing
£719,815
Nursing
£956,153
NCC Mental Health
Spend 17/18
£14,682,263


Residential
198
Nursing
90
Supported Housing
64
Direct Payments
1,036
Home Care
1,633
Day Services
685
Physical Disabilities
17/18
2,079


Other
£110,936
Residential
£5,141,856
Direct Payments
£9,842,919
Nursing
£2,536,173
Supported Housing
£492,486
Home Care
£5,956,281
Day Services
£1,062,483
NCC
Physical Disabilities
Spend 17/18
£25,143,134

Provision of Care and Support Services

Norfolk has a vast, varied and complex care estate with variations across CCGs, within CCGs and across different service user groups. In early 2018 the Council undertook a significant study of the care market to provide adult social care decision makers with information to assist them in formulating their future plans. Some facts from this study:

37 beds

The average size of an older people's care home in Norfolk

11 beds

The average size of a working age adults home

41 places

The average size of an older people's extra care housing scheme

4 places

The average size of a working age adults supported living scheme

The average number of hours that a home care service user receives in a week is 11

55% of people receive less than 10 hours of home care per week and 78% receive less than 15 hours per week

The average length of stay for older people in residential care homes in Norfolk is

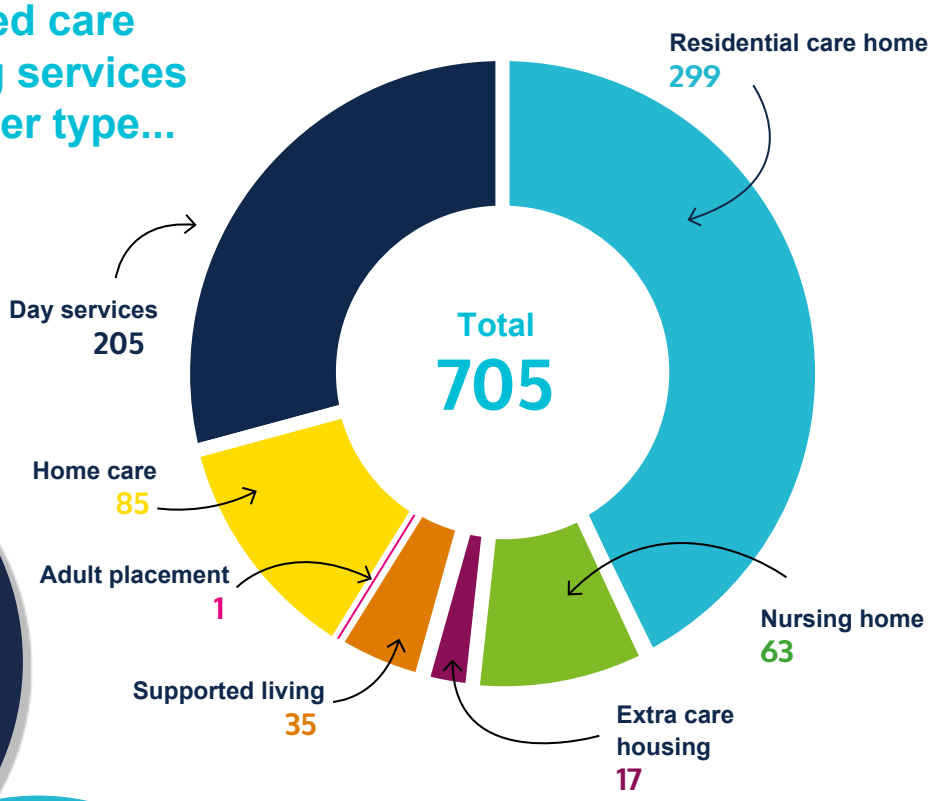
2 years and 8 months

in nursing homes

2 years and 1 month

Norfolk has a large care estate of often relatively small units with providers delivering care to a large number of service users.

Number of accredited care providers delivering services in Norfolk by provider type...



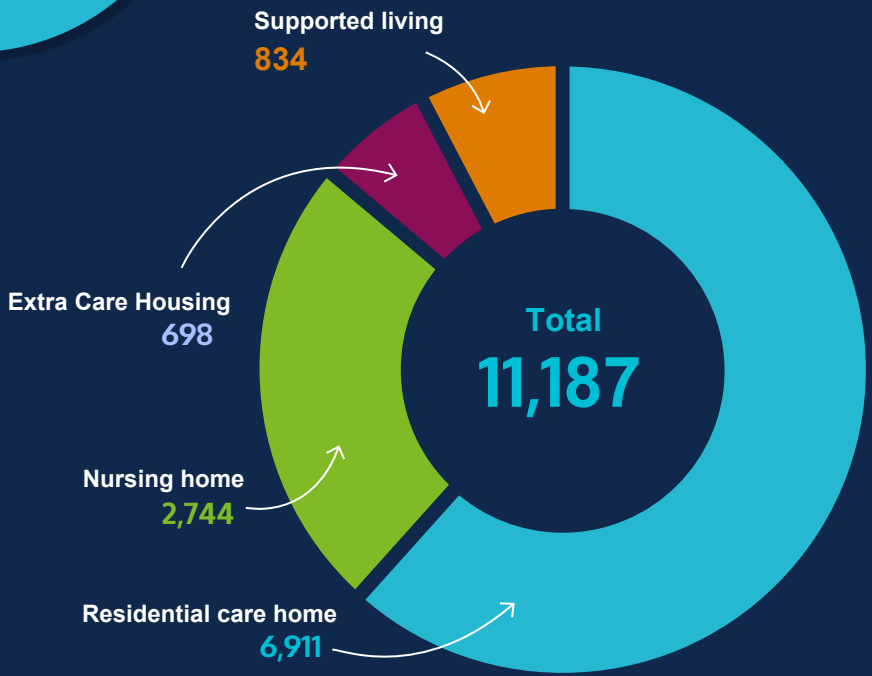
35

providers of supported living delivering care through 209 schemes and 27 floating support providers (not all located in Norfolk)

85

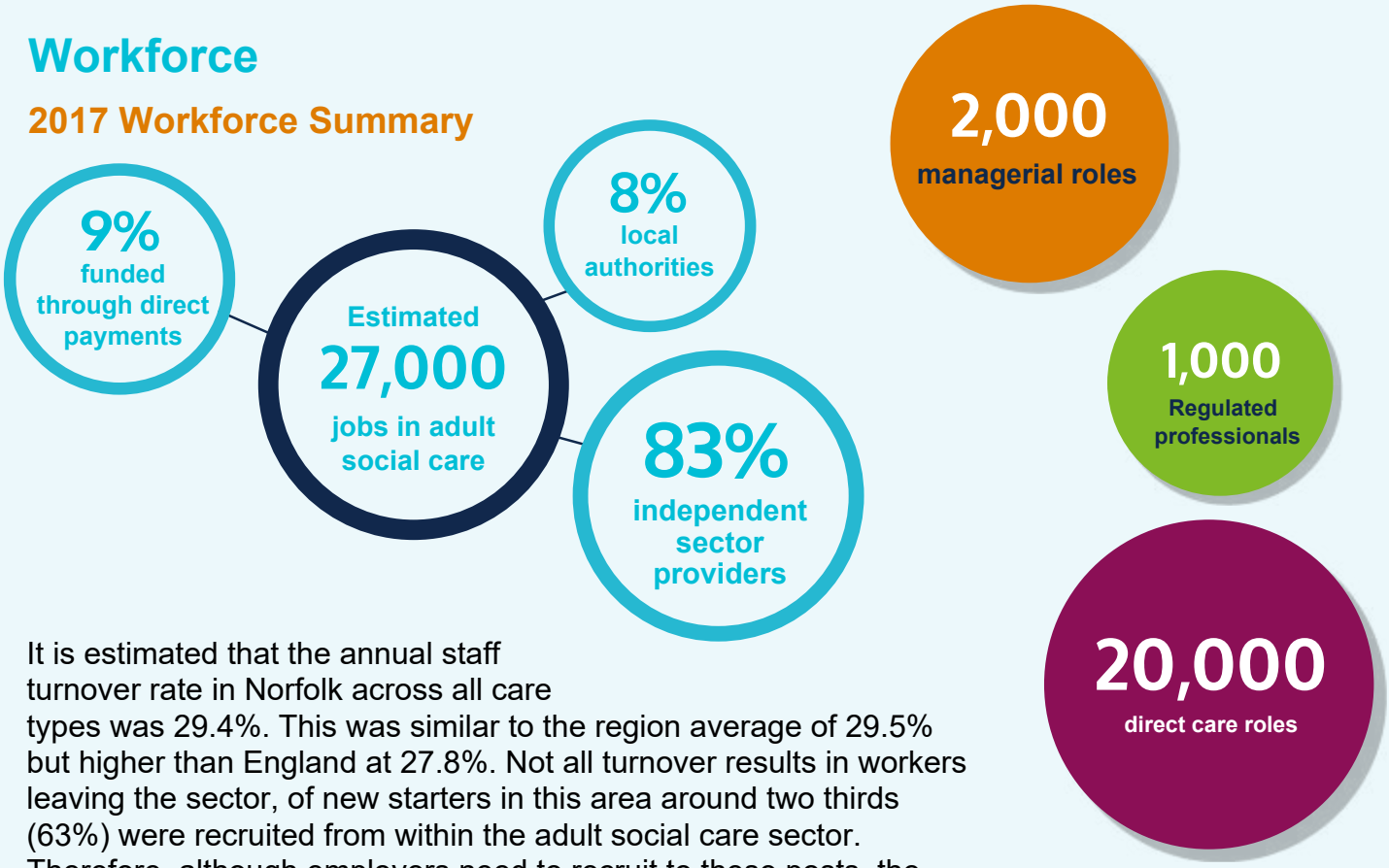
Home care providers accredited to deliver care in Norfolk, but not all located in Norfolk

Number of building based accredited Norfolk beds/places by provider type...



Workforce

2017 Workforce Summary



It is estimated that the annual staff turnover rate in Norfolk across all care types was 29.4%. This was similar to the region average of 29.5% but higher than England at 27.8%. Not all turnover results in workers leaving the sector, of new starters in this area around two thirds (63%) were recruited from within the adult social care sector. Therefore, although employers need to recruit to these posts, the sector retains their skills and experience.

Workers in Norfolk had on average

8.3

years of experience in the sector

69%

of the workforce had been working in the sector for at least three years

It is estimated that in Norfolk in 2017, 6.4% of roles in adult social care were vacant, this equates to around 1,700 vacancies at any one time. This vacancy rate was lower than the region average at 7.5% and similar to England at 6.6%.

The average number of sick days taken in Norfolk last year was

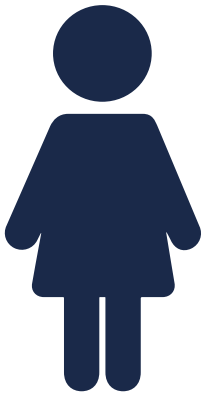
4.3

Compared to 4.3 in the Eastern region and 5.2 across England. With an estimated workforce of 27,000 this would mean employers in Norfolk lost approximately 116,100 days to sickness in 2017.

Zero
hours contracts

Less than one fifth (17%) of the workforce in Norfolk were on zero-hours contracts. Approximately half (49%) of the workforce worked on a full-time basis, 46% were part-time and the remaining 5% had no fixed hours.

81%



of the workforce in Norfolk were female

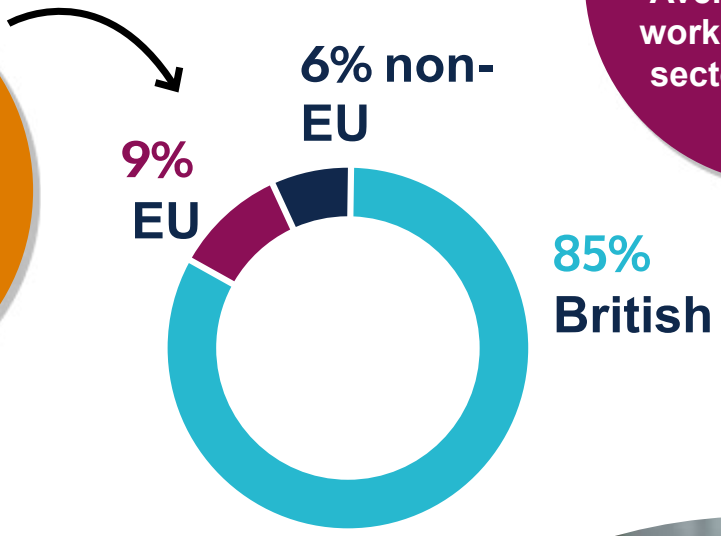
Those aged 24 and under made up 12% of the workforce and those aged over 55 represented 25%.

Given this age profile approximately 6,800 workers will be reaching retirement age in the next 10 years.

43

Average age of a worker in the care sector in Norfolk

Workforce nationality in Norfolk

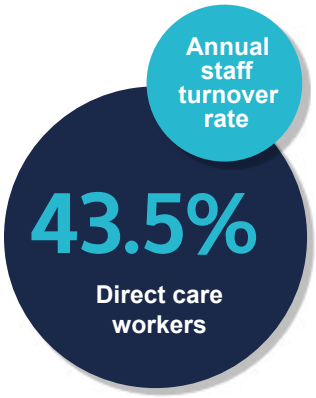


Average pay rates are not significantly different to East of England and England averages.

Older People's Workforce Summary

Home Care - Older People's

Less than East of England (66.2%) and England (60.4%)



Comparable with East of England (43.1%) and slightly higher than England (41.6%)

Higher than East of England (13.7%) and England (12.3%)

Comparable to East of England (**24%**) and England (**22.3%**)

In line with East of England (**86.5%**) and England (**86.8%**) patterns

Less than East of England (**9.3%**) but more than England (**5.6%**)

Good terms and conditions of employment means low turnover rates and vacancies

Extra Care Housing - Older People's

Comparable to East of England (91.7%) but less than England (93%)

Comparable to East of England (**25.9%**) but more than England (**22.9%**)

Day Services - Older People's

30% Annual staff turnover rate workers

Significantly more than East of England (18.0%) and England (15.1%)

29.5% of direct care staff aged over 55

Lower than East of England (36%) and England (35.4%)

82.1% of direct care staff are Female

Comparable to East of England (83.1%) and England (81.6%)

Care Homes (residential and nursing) – Older People's

36.5% annual turnover rate

Higher than East of England (34.1%) and England (31.5%)

49.5% registered nurse annual turnover rate

Significantly higher than East of England (33.4%) and England (32.9%)

7.5% of direct care staff from the European Economic Area

Lower than East of England (10.2%) but comparable to England (7.5%)

31.2% registered nurses from European Economic Area

Significantly higher than East of England (23.5%) and England (16.2%)

20% of direct care workers are aged over 55

Higher than East of England (18.9%) and similar to England (19.6%)

36.3% of registered nurses are aged over 55

Higher than East of England (31.2%) and England (33.5%)

87.7% of direct care workers are Female

Comparable to East of England (88.2%) and England (88.9%)

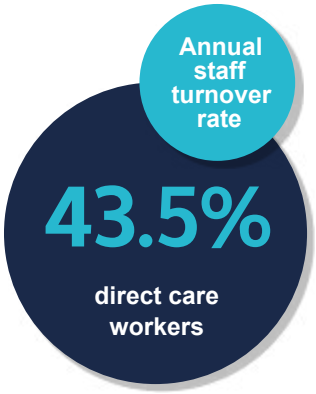
87.8% registered nurses are Female

Comparable to East of England (88.3%) and higher than England (86.3%)

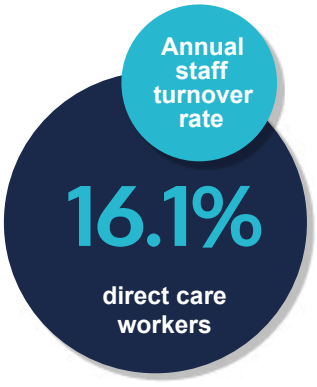
Working Age Adults Workforce Summary

Home Care - Working Age Adults

Less than East of England (66.2%) and England (60.4%)



Comparable with East of England (43.1%) and slightly higher than England (41.6%)



Higher than East of England (13.7%) and England (12.3%)

Comparable to East of England (24%) and England (22.3%)

In line with East of England (86.5%) and England (86.8%)

Less than East of England (9.3%) but more than England (5.6%)

Good terms and conditions of employment means low turnover rates and vacancies

Comparable to East of England (91.7%) but less than England (93%)

Extra care housing is used predominantly by older people with some use by working age adults.

Extra Care Housing - Working Age Adults

Comparable to East of England (25.9%) but more than England (22.9%)

Supported Living - Working Age Adults

Significantly higher than East of England (68.7%) and England (70%)

Significantly higher than East of England (22.6%), and England (23%)

Day Services - Working Age Adults

Significantly more than East of England (20.3%) and England (14.8%)

In line with East of England (28.3%) and England (28.8%)

Slightly higher than East of England (21.1%) and England (21.8%) averages

Care Homes (residential and nursing) - Working Age Adults

Comparable to East of England (9.6%) but higher than England (6.3%)

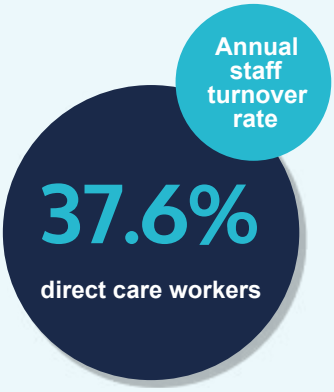
Higher than East of England (18.0%) and England (12.9%)

Comparable to East of England (18.8%) and England (19.5%)

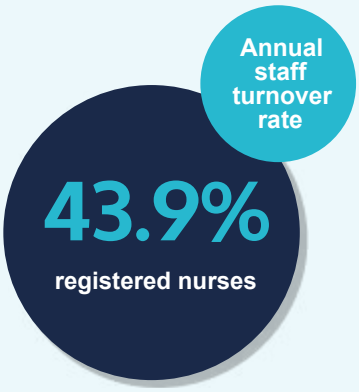
Significantly higher than East of England (31.4%) and England (31.4%)

Slightly higher than East of England (18.6%) and England (18.7%)

Comparable to East of England (86.4%) and less than England (85.2%)



Significantly higher than East of England (31.4%) and England (30.9%)



Significantly higher than East of England (32%) and England (35.9%)

One of our top priorities within Adult Social Services is to help to resolve the recruitment and retention challenges the care market faces in Norfolk. To attract more people to work in the sector, the Council created a dedicated website called Norfolk Care Careers to engage and promote working in care. It shares the stories of people who currently work in the sector and what motivates them, as well as providing a central location for employers in the sector to advertise vacancies at no cost.

Older People's Care Services

All Older People's Services

Spend
£150,036,728

Service users
10,623

Older People's Home Care

Spend
£25,066,215

Service users
5,241 in year

85 **NCC accredited providers of home care, all registered to provide older people's home care**

Summary of Issues:

- Unmet home care need in rural, semi-urban and urban areas
- Quality issues within the home care market
- Sustainability issues and market failures
- High annual staff turnover and vacancy rates
- Better links are needed between formal and informal care
- High percentage of direct care workers on zero hours contracts
- High percentage of care workers approaching retirement age
- Exposure to Brexit greater because of large number of EU workers employed in home care
- Small percentage of male carers causing difficulties providing "male only" care packages

We are...

- Operating a home care provider framework to stabilise and consolidate the home support market, paying a banded price to providers, reducing unmet need, supporting the creation of effective home support rounds and encouraging more flexible and responsive services to maximise independence
- Using banded pricing to pay a higher hourly rate in more sparsely populated areas further away from centres of population where it can be difficult to get a care package currently
- Using the Enhanced Home Support Service to enable people to avoid going into hospital or residential care and to settle in at home following a hospital stay

Older People's Extra Care Housing

Spend
£12,289,682

Service users
673
(includes people who fund their own care, but the Council arranges their placement)

17 **Extra care housing schemes**

698 **Places providing services to predominantly older people**

It is estimated that Norfolk needs to create more than 2,800 extra care housing places by 2028.

Summary of Issues:

- Considerable shortage of schemes and places to meet the needs of the Norfolk Population. More dementia places will need to be created
- Current extra care housing provision has very restrictive criteria for people who want to live there
- Large percentage of care workers approaching retirement age

We are...

- Evaluating how NCC can subsidise extra care housing to ensure Norfolk has the capacity it needs in the future
- Recruiting a Specialist Housing Programme Manager to work closely with district councils and providers to ensure that the required number of schemes are built
- Promoting a mixed tenure approach to ensure fewer restrictions on who can live in the schemes

Older People's Day Services

Spend £2,800,279

Service users 973

114 **Day Services**
Provide care to predominantly older people

Summary of Issues:

- Care is often provided in older buildings that are expensive to run and to where people have to travel
- Care is not always focused on maintaining people's independence
- High annual staff turnover rates
- Large percentage of care workers approaching retirement age

We are...

Seeking more community-based solutions to enable people to be more active and carry out enjoyable activities/tasks.

Older People's Direct Payments

People use their direct payments to arrange their own home care or personal assistant and day services (plus other services). These payments give individuals choice in the care services that best meet their needs and the freedom to make these arrangements themselves.

Spend £5,624,812

Service users 641

We are...

- Reviewing current arrangements to provide information, help people to plan, and support them to manage their own care. In doing this we have been talking with people with care needs about what options would work well for them
- Supporting the use of pre-payment cards and new arrangements for people who require support to manage the money which pays for their care arrangements

Summary of Issues:

- People need more help to manage their direct payments and spend them appropriately

Older People's Care Homes –
Residential and Nursing Care

Spend
£104,145,300

Residential	Nursing
£90,117,591	£14,027,709

Service users
5,629 (4,662 permanent long term, 967 temporary)

Residential	Nursing
4,907	812

Residential

167 **Homes** (5,520 beds)

Providing services to predominantly older people

Nursing

51 **Homes** (2,506 beds)

Providing services to predominantly older people

It is estimated that a maximum of about 1,550 of these beds are available for nursing care (and probably less than this), the rest are residential

Summary of Issues:

- Norfolk has a high percentage of older people in care homes. We understand that for many people, living in a care home is the best place they can be. However, some people can be supported to increase and maintain their independence and social connections, to keep them happy and safe in their own homes
- There are some serious quality concerns in older people's residential and nursing care. Norfolk does not compare well with other East of England or demographically similar authorities. We are working to address these issues to ensure that all homes are CQC rated `Good' or above, building on the 68% of older people's care homes that are already achieving this rating
- Analysis to predict demand for the number of care home beds in the future is being undertaken. The initial modelling highlights that more dementia places will be required in the future supported by demographic projections that dementia numbers will increase substantially
- The care estate is comprised of smaller homes (42% of older people's homes have less than 30 beds). We want to work with all homes to ensure that they are future proofed and provide a modern living environment to meet the changing care needs of people.
- High turnover of direct care staff and very high and unsustainable turnover of nursing staff
- Large percentage of registered nurses approaching retirement age
- High exposure to the impact of Brexit, one-third of nurses are from the European Economic Area
- We are working to address feedback from the market which tells us that more could be done to co-ordinate the messages and expectation that the Local Authority and NHS are placing on providers. We understand that providers would welcome a clear set of strategic intentions. Importantly, they want something practical that would inform their business plans to develop their business
- De-registration and closures of nursing homes has reduced the number of beds in nursing homes for older people and working age adults by nearly 300 in two years

We are...

- Through Promoting Independence working to reduce the number of permanent admissions to care homes for older people. However,demographic drivers are pulling in the opposite direction and the Council needs to plan for this

- Recommissioning residential and nursing care with additional resources being put in place to deliver the following outcomes:

The Council has a clear understanding and confidence in their current residential and nursing provision across Norfolk, detailed at a market town level.

The Council has a clear understanding of the future residential and nursing needs across Norfolk (especially for dementia), detailed at a market town level.

Providers have confidence and a clear idea of the current and future demand for residential and nursing provision/needs from the Council.

Providers have an open and transparent relationship with the Council with a clear communications and engagement strategy.

To achieve these outcomes we are:

- Working on updating the current service specification to meet current and future demands. This will take into account the Regional Association of Directors of Adult Social Services (ADASS) Care Home contract and the expectation that people can be placed at a residential and/or nursing home seven days a week

- Developing one engagement and communication plan across all Council departments, so we have co-ordinated and clear discussions with the market

- Developing the bed tracker, an online tool to provide up to date information about bed vacancies. This is is being used by our Brokerage Service and the Trusted Assessor Facilitators across the three Norfolk and Waveney acute hospitals. We hope the bed tracker will reduce the number of calls to providers and will better utilise the beds that we have

- Working to support the market over the winter period as demand on services is anticipated to grow

- Establishing a new framework arrangement for our providers to join. This is currently live and is the framework being used to enter into contracts with people for the provision of residential care. Developing a Light Touch Framework through which the Council will contract with the market

- Establishing with providers how to better meet the requirements of people e.g. out of hours access and linking to GPs

- Professionalising the quality assurance offer and adopting the regional standard assessment system PAMMS. We have adopted a low tolerance approach to providers who continue to fail to meet the required standard

- Piloting the Quiq Solutions self-assessment tool with targeted "requires improvement" care homes across the older people and working age adults market

Learning Disabilities Care Services

All Learning Disabilities Services

Spend
£108,922,267

Service users
2,809

Learning Disabilities Home care

Spend £694,553

Service users 580

57 **Home care**
Providers registered to provide home care to people with learning disabilities

Summary of Issues:

- Unmet home care need in rural, semi-urban and urban areas
- Quality issues within the home care market
- Lack of skilled providers to provide care for those with higher or challenging needs
- Sustainability issues and market failures
- High annual staff turnover and vacancy rates
- High percentage of direct care workers on zero hours contracts
- High percentage of care workers approaching retirement age
- Exposure to Brexit greater because of the large number of EU workers employed in home care
- Small percentage of male carers causing difficulties providing “male only” care packages
- Better links are needed between formal and informal care

We are...

- Operating a home care provider framework to stabilise and consolidate the home support market, pay a banded price to providers, reduce unmet need, support the creation of effective home support rounds and encourage more flexible and responsive services to maximise independence
- Using banded pricing to pay a higher hourly rate in more sparsely populated areas further away from centres of population where it is currently difficult to get a care package

Learning Disabilities Supported Housing – Supported Living

Spend
£32,825,668

Service users
800

189 Schemes (615 tenancies)

Providing supported living services predominantly to people with learning disabilities. 85% of schemes are of four places or less.

22 Supported living floating support

Providers registered to provide services to people with learning disabilities.

+ 1 adult placement provider

Summary of Issues:

- Current care provision is mostly schemes of four places or less, some of which are quite old. Purchase of care in this model is considerably more expensive than in schemes of five to eight tenancies
- Small and old schemes are difficult to adapt to changing needs of people and to offer activities and opportunities to increase independence
- Large percentage of care workers approaching retirement age

We are...

- Working with Children's Services to plan for future accommodation and housing needs for young people that also enables independence skills
- Reviewing the existing supported living options to make sure they meet the needs of people now and in the future
- Reviewing the adult placement/shared lives model (adult fostering) to offer more opportunities. Focusing on enablement, young people returning from residential school, people moving out from home and respite
- Developing a single accommodation and housing needs list across Norfolk for people with a learning disability accessing social care, including people who need new or different accommodation
- Going to work with housing developers and providers to develop new accommodation
- Considering the most suitable short-term crisis accommodation, not being a hospital or a residential home, when they cannot be safely supported in their own home
- Trialling the use of extra care housing for people with learning disabilities to evaluate whether this works well on an ongoing basis

Learning Disabilities Day Opportunities

Spend £14,846,464

Service users 1,790

64 **Day services**
Providing services predominantly to people with learning disabilities.

Summary of Issues:

- Care is often provided in older buildings that are expensive to run and to where people have to travel
- Care is not always focused on maintaining people's independence. For people with learning disabilities this means a lack of opportunity to develop and maintain life skills, work experience and the support to move towards employment
- There is a lack of opportunities for people with learning disabilities to undertake day activities in the community
- High annual staff turnover rates
- Large percentage of care workers are approaching retirement age

We are...

- Working 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
- Working 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
- Working with employment support agencies to understand what support can be offered to people with learning disabilities
- Working in partnership with employment support agencies and day opportunity providers to understand what employment and training is currently available for people with learning disabilities, and what people need for the future
- Working with employers to promote the positives and opportunities that employing people with learning disabilities can have
- We are working with Welfare Rights to help people access the right benefits and work with employment agencies to support people in retaining employment opportunities once in work
- Intending to 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 and other local authorities to ensure accessibility of community options for people with learning disabilities

Learning Disabilities Direct Payments

Spend
£10,224,098

Service users 786

Summary of Issues:

- The Council has undertaken a consultation to obtain 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
- Working with the Welfare Rights Team to provide greater outreach and support to people with a learning disability and autism
- Reviewing the take up of, and accessibility to, personal assistants and considering how the Council's workforce plan can support the increase in numbers of personal assistants
- Exploring 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 share joint activities
- Supporting the use of pre-payment cards and new arrangements for people who require support to manage the money which pays for their care arrangement

Learning Disabilities Care Homes –
Residential and Nursing Care

Spend
£47,864,873

Residential	Nursing
£47,170,400	£694,473

Service users
1,130 (752 permanent)

Residential	Nursing
1,108	22

115 **Residential and nursing homes**
(1,090 beds)
Providing services predominantly to people with learning disabilities

Summary of Issues:

- Norfolk has a high percentage of people with learning disabilities in care homes. Being resident in a care home when it is not the best care setting for them can have less positive outcomes
- It can be difficult to provide activities for residents to increase their skills and maintain independence in very small homes. Residents can often end up having to have these activities provided by a separate day service
- Placements in smaller homes (1-9 beds) are noticeably more expensive than placements in slightly larger homes (10-19 beds)
- 13% of care home placements for people with learning disabilities are out of county (though some are only just over the Norfolk border). This indicates that there is a lack of certain care provision in Norfolk
- Out of county placements cost the Council more on average than placements in Norfolk and even more than those in very small homes in Norfolk
- Out of county placements can mean residents are at a considerable distance from their friends, families and community and make it harder for the Council to monitor the care they are receiving.
- High annual turnover of direct care staff. The exposure to Brexit is greater because of the large number of EU workers employed in care homes

19%
of people with a learning disability in a care home are aged 65+ and many will have complex care needs

68%
of Norfolk learning disability care homes have less than 10 beds

We are...

- Through Promoting Independence, working to reduce the number of permanent admissions to care homes for working age adults
- Working to ensure completion of annual reviews of services for placements out of county. Where it is beneficial to bring people back to Norfolk we will seek to do so. With new placements we will look to keep people in Norfolk wherever possible if they have networks and relationships here
- Working with Children's Services to plan for future accommodation and housing needs for young people that also enables independence skills
- Developing a single accommodation and housing needs list across Norfolk for people with a learning disability accessing social care, including people who need new or different accommodation
- Actively considering the alternatives to residential care
- Working with housing developers and providers to develop new supported living accommodation
- Reviewing the shared lives model (adult fostering) to offer more opportunities, focusing on enablement, young people returning from residential school, people moving out from home and respite
- Trialing the use of extra care housing for people with learning disabilities to evaluate whether this works well on an ongoing basis
- Working with care homes to ensure that they provide meaningful day opportunities focused on developing skills to support independence

Mental Health Care Services

All Mental Health Services

Spend
£14,682,263

Service users
1,320

Mental Health Home care

Spend
£883,829

Service users
428

55 **Home care providers**
Registered to provide home care to people with mental health needs.

Summary of Issues:

- Drug and alcohol misuse is a big and increasing issue. People may have chaotic lifestyles which can make securing and maintaining a home care service problematic and increases unmet need for these people
- Mental health services need to have a closer relationship with home care providers so that personal care and mental health services can work in tandem
- Unmet home care need in rural, semi-urban and urban areas
- Quality issues within the home care market
- Sustainability issues and market failures
- High annual staff turnover and vacancy rates
- High percentage of direct care workers on zero hours contracts
- High percentage of care workers approaching retirement age
- Exposure to Brexit greater because of the large number of EU workers employed in home care
- Small percentage of male carers causing difficulties providing “male only” care packages
- Better links are needed between formal and informal care

We are...

- Working with commissioning and procurement colleagues to make providers with mental health expertise aware of opportunities (e.g. when procurement frameworks are open for new providers to join) in order to improve the quality of specialist supply for people with complex needs
- Working with home care agencies will involve a degree of upskilling of both sets of staff through joint working and, potentially, training
- Intending to develop closer working relationships between home care agencies and our new specialist mental health support service (see following sections)

Mental Health Supported Housing – Supported Living

Additional spend outside of Purchase of Care:

Supported Living
£1,243,000 **123 people**

Housing related floating support
£404,000 **160 people**

Spend
£719,815

Service users
158

18 Schemes

Providing services predominantly to people with mental health needs. The average size of a scheme is 12 tenancies.

4 Supported living floating support

Providers registered to provide services to people with mental health needs.

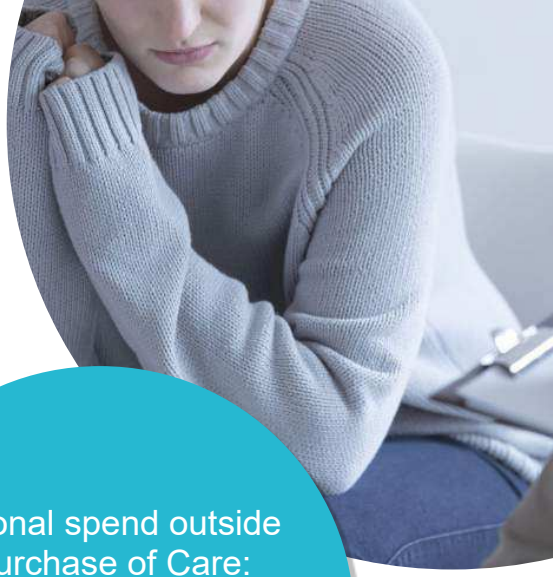
Summary of Issues:

- More supported living schemes are required for mental health service users, and these need to be larger than the smaller learning disabilities model to enable more opportunity for activities and developing skills to maintain independence
- There is a need for supported living schemes that can cater for people with early onset dementia and also Huntingtons' disease, as well as complex needs such as mental health needs coupled with drug and alcohol use
- Large percentage of care workers approaching retirement age
- It is desirable to have more extra care housing for people with serious and enduring mental health issues, including people with functional mental health needs. Mainstream housing can give greater access to the public and therefore make people with mental health issues more likely to be the victims of abuse. Extra care housing is more secure and has greater opportunities for activities, especially those that would help people maintain their independence

We are...

- Transforming supported living and associated services. In 2017-18 we completed the procurement process to bring together supported living, housing related floating support and personal assistant support provided through day opportunities. The new contract started in March 2018 and is run by five local providers working together as Norfolk Integrated Housing and Community Support Services (NIHCSS)
- Working with NIHCSS to identify potential home care partners to provide a consistent service into our supported living schemes in Norwich, Great Yarmouth and King's Lynn so that the schemes can support people with more complex physical health needs. Over time we will look to extend this partnership working to people supported by NIHCSS in the community
- Working with providers who can support disabled parents with mental health needs who need practical parenting support
- Actively seeking out opportunities for the creation of new supported living schemes
- Encouraging developers of new supported living schemes to build in assistive technology solutions at the design stage

Mental Health Day Opportunities



Spend
£1,448,927

Service users
567

18 **Day services**
Providing services predominantly to people with mental health needs.

Additional spend outside of Purchase of Care:

£57,000
25 people

Summary of Issues:

- Care is often provided in older buildings that are expensive to run and to where people have to travel
- Care is not always focused on maintaining people's independence. For people with mental health issues this means a lack of opportunity to develop and maintain life skills, work experience and the support to move towards employment
- High annual staff turnover rates
- Large percentage of care workers approaching retirement age

We are...

- Working with our provider of community outreach support NIHCSS to implement the new service model, following the contract change in March 2018. This involves more support through informal and formal groups to develop support networks and utilise assets in the community
- The new service model with the NIHCSS will involve different ways of working together e.g. joint support planning, as well as core training for support staff in recovery and psychologically informed environments
- Intending to work with other services to develop employment for people with mental health needs. Norfolk and Suffolk Foundation Trust are bidding with the CCGs for funding to run Individual Placement and Support (IPS) services
- Exploring the role of day services in providing stimulation for people with early onset dementia and respite for carers

Mental Health Direct Payments

Spend
£1,147,512

Service users
235

Summary of Issues:

- People who receive services and their families can find managing direct payments difficult. Often people rely on a provider to support them around employing people

We are...

- Reviewing current arrangements to provide information and help to help people plan, and support them to manage their own care. In doing this we have been talking with people with disabilities about what options would work well for them.
- Supporting the use of pre-payment cards and new arrangements for people who require support to manage the money which pays for their care arrangements

Mental Health Care Homes – Residential and Nursing Care

Spend
£9,711,697

Residential	Nursing
£8,755,544	£956,153

Service users
423 (299 permanent)

Residential	Nursing
392	34

Additional spend outside of Purchase of Care on specialist rehabilitative care home services:

£1,500,000
44 people

21 **Residential and nursing homes** (379 beds)

Providing services predominantly to people with mental health needs. Other people housed in shared provision with older people, people with learning disabilities and people with physical disabilities.

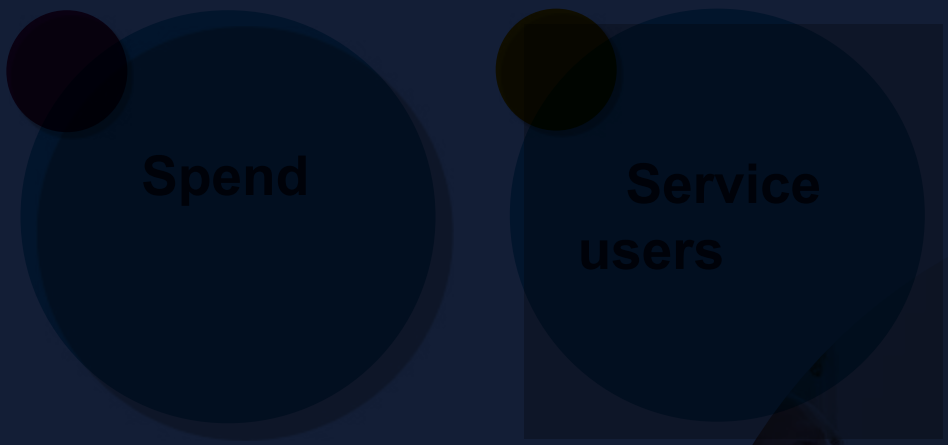
Summary of Issues:

- Significant number of people have been in care homes for a long time without the opportunity to develop skills to maintain independence. It is hard to relocate people who have been in residential care for a long time, especially if the care is inexpensive and the person does not wish to move
- More people aged over 50 are being placed in care homes. 37% of people with mental health problems in care homes are aged over 65. People aged 65+ in mental health service services often have complex issues - physical and mental deterioration
- Most new permanent care home placements in working age adult mental health services are for people with early onset dementia, however there is a lack of specialist provision for this group
- There are training needs for older people's care homes and housing with care around supporting people with functional mental health needs who are ageing or physically frail
- High annual turnover rates for direct care workers
- Exposure to Brexit greater because of the large number of EU workers employed in care homes

We are...

-
-
-
-
-
-

All Physical Disabilities Services



Physical Disabilities Home Care

Spend
£5,956,281

Service users
1,633

82 **Home care providers**

registered to provider services to people with physical disabilities.

Summary of Issues:

- Unmet home care need in rural, semi-urban and urban areas
- Quality issues within the home care market
- Sustainability issues and market failures
- High annual staff turnover and vacancy rates
- High percentage of direct care workers on zero hours contracts
- High percentage of care workers approaching retirement age
- Exposure to Brexit greater because of the large number of EU workers employed in home care
- Small percentage of male carers causing difficulties providing “male only” care packages
- Large number of home care providers for the amount of people receiving care - need to balance “choice” with provider sustainability
- Better links are needed between formal and informal care

We are...

- Operating a home care provider framework to stabilise and consolidate the home support market, paying a banded price to providers, reducing unmet need, supporting the creation of effective home support rounds and encouraging more flexible and responsive services to maximise independence
- Using banded pricing to pay a higher hourly rate in more sparsely populated areas further away from centres of population where it is currently difficult to get a care package

Physical Disabilities Supported Housing –
Extra Care Housing and Supported Living

Spend
£492,486

Service users
64

2 **Supported living schemes**
(16 tenancies)

Providing services predominantly to people with physical disabilities. Other people are receiving supported living in schemes where most people are learning disabilities or mental health service users. Older persons extra care housing schemes accommodate people with physical disabilities, but no scheme is specifically for working age adults with physical disabilities.

Summary of Issues:

- Shortage of supported living schemes for working age adults with physical disabilities, choice is invariably only between home care or residential care
- Concerns that accommodating working age adults in extra care housing schemes with frail older people may not be appropriate
- Large percentage of care workers approaching retirement age

We are...

Encouraging the development of independent accommodation for people with a physical disability. This needs to provide opportunities for activities to develop the skills required to maintain independence.

Physical Disabilities Day Opportunities

Spend
£1,062,483

Service users
685

9 **Day services**

Providing services predominantly to people with physical disabilities. Other people are receiving care in older persons, learning disabilities and mental health services.

Summary of Issues:

- Care is often provided in older buildings that are expensive to run and to where people have to travel
- Care is not always focused on maintaining people's independence. For people with physical disabilities this means a lack of opportunity to develop and maintain life skills, work experience and the support to move towards employment
- There are a lack of opportunities for people with physical disabilities to undertake day activities in the community
- High annual staff turnover rates
- Large percentage of care workers approaching retirement age

We are...

Evaluating options for more community-based day activities that increase independence and skills for employment.

Physical Disabilities Direct Payments

Spend
£9,842,919

Service users
1,036

Summary of Issues:

- People who receive services and their families can find managing direct payments difficult

We are...

- Reviewing current arrangements to provide information, help people plan, and support them to manage their own care. In doing this we have been talking with people with disabilities about what options would work well for them
- Supporting the use of pre-payment cards and new arrangements for people who require support to manage the money which pays for their care arrangements

Physical Disabilities Care Homes –
Residential and Nursing Care

Spend
£7,678,029

Residential	Nursing
£5,141,856	£2,536,173

Service users
279 (180 permanent)

Residential	Nursing
198	90

8 **Residential and nursing homes** (160 beds)

Providing services predominantly to people with physical disabilities. Other people are accommodated in older people's, learning disabilities and mental health provision and out of county.

Summary of Issues:

- Significant number of people with physical disabilities are in care homes, there are questions over whether this has good outcomes for them. We do accept, however, that care homes are the correct placement for many people (41% of physical disabilities permanent care home residents receive nursing care which is difficult to provide in another setting)
- Too many working age adults with physical disabilities are residents in homes where the other residents are frail older people
- Very high and unsustainable nursing staff turnover
- Significantly large percentage of registered nurses approaching retirement age
- Significant number of nurses are from the EU, large exposure to Brexit
- Exposure to Brexit greater because of the large number of EU workers employed in care homes as care workers

14% **of care home placements**

of people with physical disabilities are out of county (though some are only just over the Norfolk border)

- This indicates that there is a lack of certain care provision in Norfolk
- Out of county placements cost the Council considerably more on average than placements in Norfolk
- Out of county placement can place residents at considerable distance from their friends, families and communities and make it harder for the Council to monitor the care they are receiving

We are...

Looking at our model of residential accommodation for people with physical disabilities regarding:

- *Our position on out of county placement practices*
- *How to avoid placing working age adults with physical disabilities in older people's care homes*
- *Alternatives to residential placements (dedicated extra care housing, supported living and home care)*

Young People in Transition aged 14-25

What is Transition?

Transition is the move of a young person from Children's to Adults Social Services. The transfer happens at age 18 and the young person stays "in transition" until they are 25. Effective planning and management of the transition process is vital for the individuals involved and in planning the services that are required for young people entering adult social services via transition.

Young people are tracked from the age of 14, with a person's level of need being identified by their Education Health and Care Plan (EHCP). A significant number of children receiving services before the age of 18 are not eligible for adult social care services. Young people who may be eligible for adult services are currently identified as:

1. **Those who may be in need of additional support beyond mainstream services and historically face challenging transitions to adult life, or...**
2. **Those who currently hold an EHCP but are less likely to qualify for additional support beyond school age**

140 - 150
young people

An estimated 140-150 young people transfer from Children's services to Adult social services annually: learning disabilities (c.100), mental health (c.20) and physical disabilities (c.20)

We are...

- Working with Children's Services to review and improve the transition pathway, including through commissioning services which can meet the needs of people once they become 18
- Including the following in young people's Transition Plans:
  - *Health and well-being needs*
  - *Accommodation*
  - *Access to the community*
  - *Managing money and option to receive a direct payment*
  - *Aspirations for the person's future, including getting a job*
  - *Developing opportunities into employment, training and further education*

150

Summary of Issues

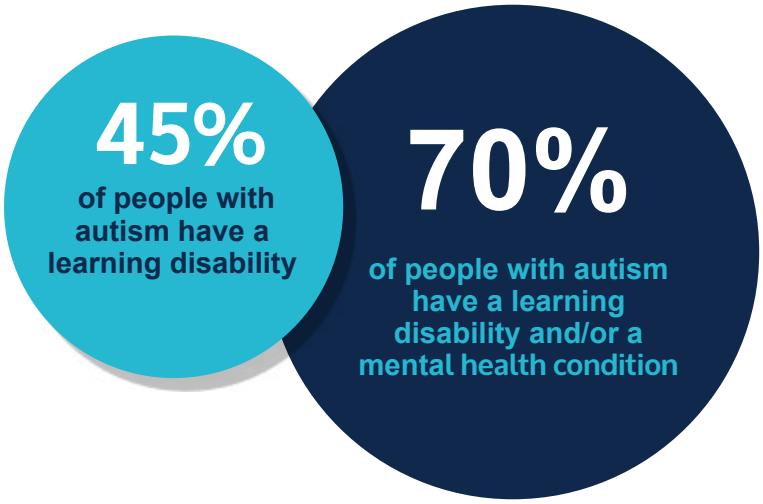
- Young people need to be prepared for adult life including the transfer to adult services or the ending of Children's Services at aged 18. This preparation needs to begin well in advance
- It can be hard to predict accurately how many people will require adult services when they reach 18

Autism

Autism is not a mental illness or a learning disability, it is a developmental spectrum condition. People with autism can have difficulties in social functioning including communication, comprehension and imagination. People with autism can also experience heightened sensory experiences with light, sound and touch all impacting upon someone's daily living experience.

The impact of autism upon an individual is unique and will be helped or hindered by their personal and environmental circumstances. Asperger Syndrome also sits within the autism spectrum in which the person does have a learning disability or is above average intelligence.

People with autism are likely to have additional needs sometimes including a learning disability and/or mental health conditions such as depression or anxiety.



The Council is a partner in the development of an all age autism strategy to inform the vision and the priorities in the delivery of improved life outcomes and opportunities for people with autism, and their parents, and or unpaid carers. A Norfolk All Age Autism Partnership Board met for the first time in April 2018 with membership from unpaid carers, parents, people with autism, the police, Adults and Children's Social Care, education, health commissioners and providers in addition to a not for profit voluntary provider.

5

Integrated Locality Commissioning

Great Yarmouth and Waveney CCG

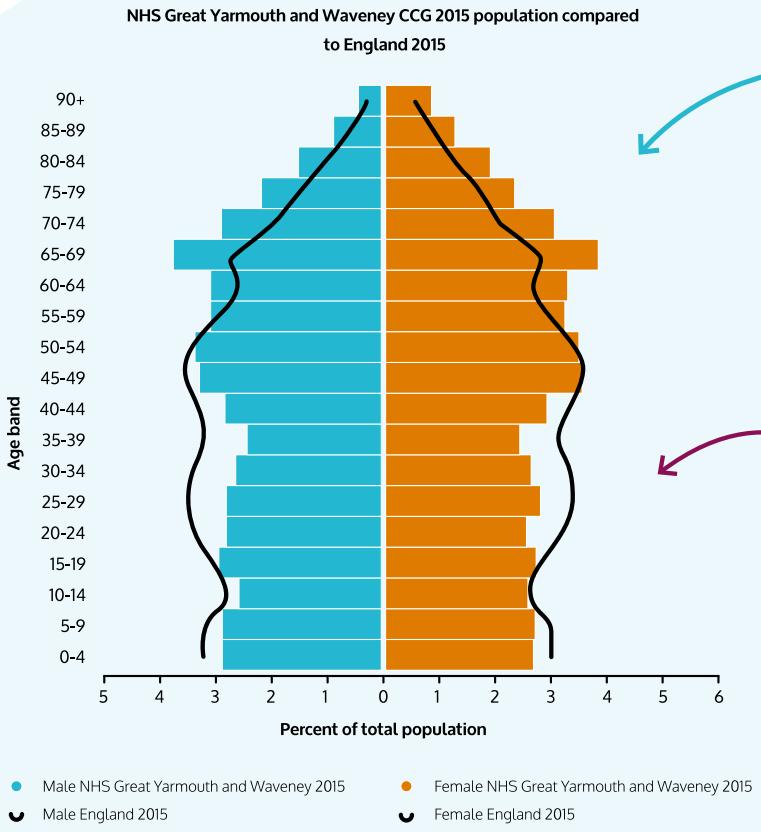
Population and Deprivation

Population analysis includes Waveney while analysis of services commissioned, service users, spend and providers includes the Norfolk part of Great Yarmouth and Waveney CCG only.

The estimated population of **Great Yarmouth and Waveney** is

215,000 rising to **226,000** in 2030

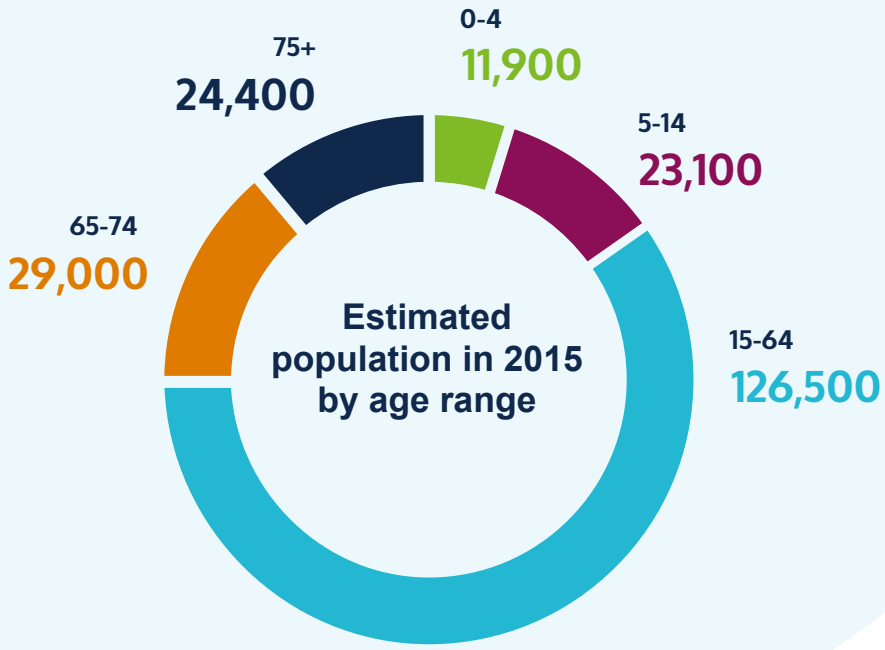
The Great Yarmouth and Waveney population is generally older than the England average and the largest increase in population between 2015 and 2030 is anticipated to be in the 75+ age band.

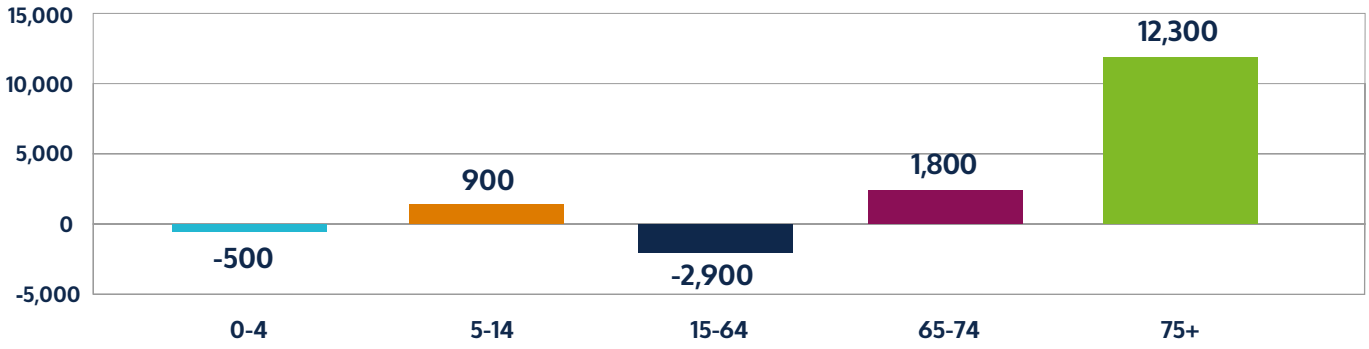


Great Yarmouth and Waveney has a higher percentage of people in the 65+ age band than the England average

Great Yarmouth and Waveney also has a lower percentage of its population in the under 45 age band than the England average

The effect of this going forward is an increasingly elderly and frail population and a limited number of working age adults to care for them.





Estimated population change between 2015 and 2030 by age range

Out of 209 CCGs in England, Great Yarmouth and Waveney ranks as the

44th most deprived

The Health of the Population -
Great Yarmouth and Waveney CCG

16-69%	70+%	All Adults	
4.9%	33.3%	-	Multiple Long Term Conditions
1.3%	5.8%	-	Severe and Enduring Mental Illness
0.8%	0.4%	-	Learning Disability
0.1%	3.4%	-	Physical Disability
-	-	67%	Mostly Healthy

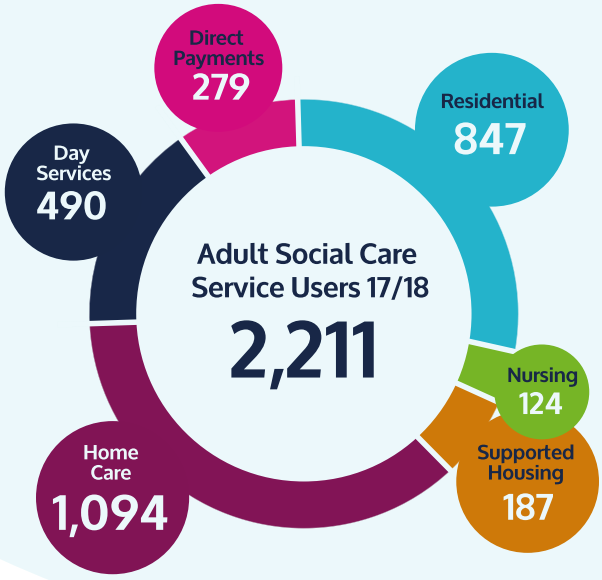
2 in 3

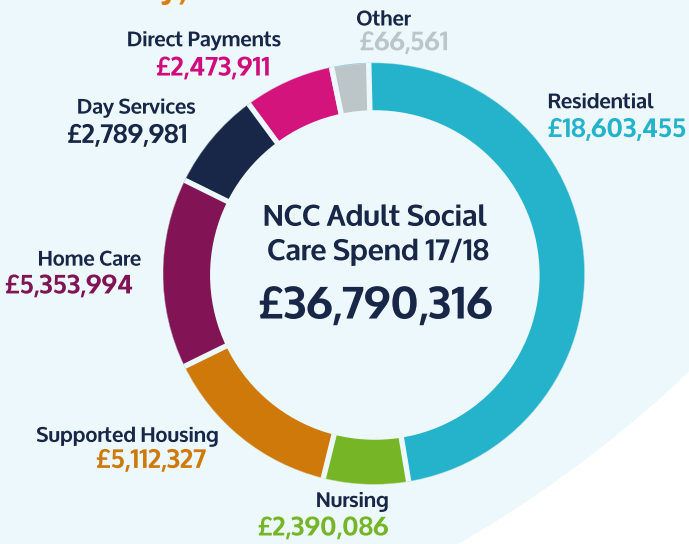
Adults in Great Yarmouth are overweight

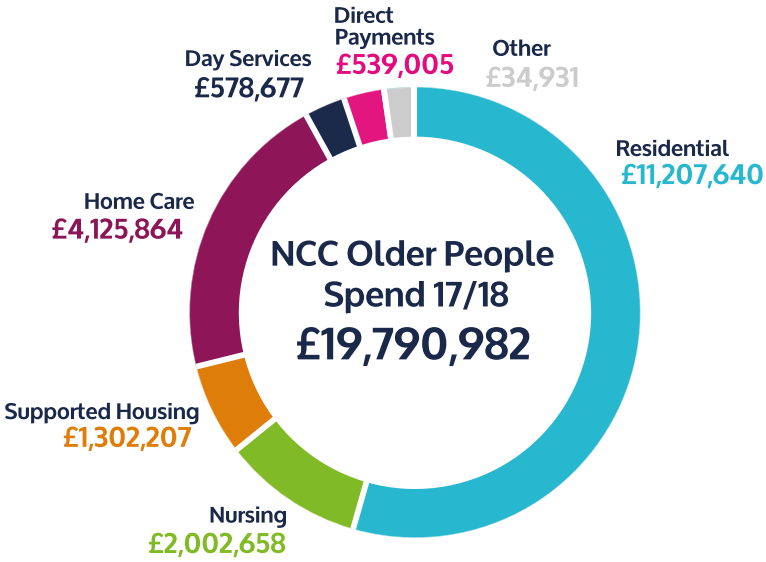
155

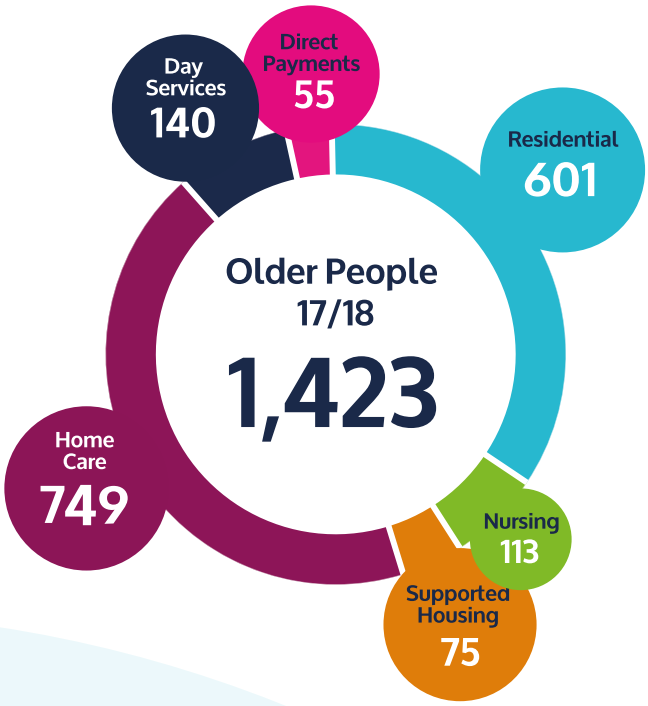
Services Delivered and Spend on Adult Social Care

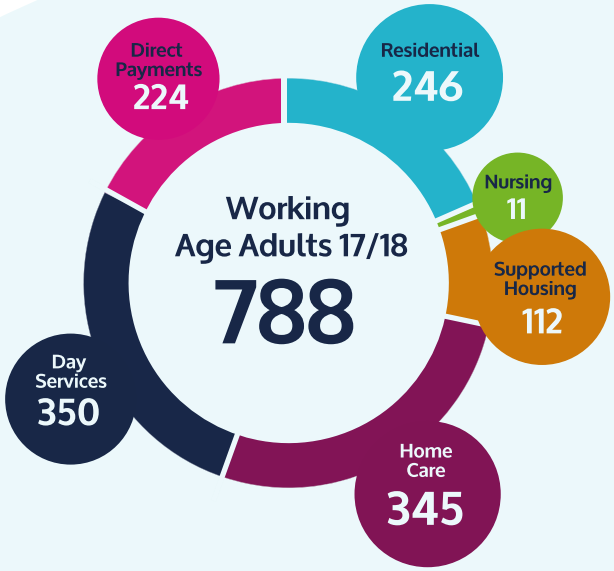
Spend by Eastern Adult Social Services (excludes Waveney)

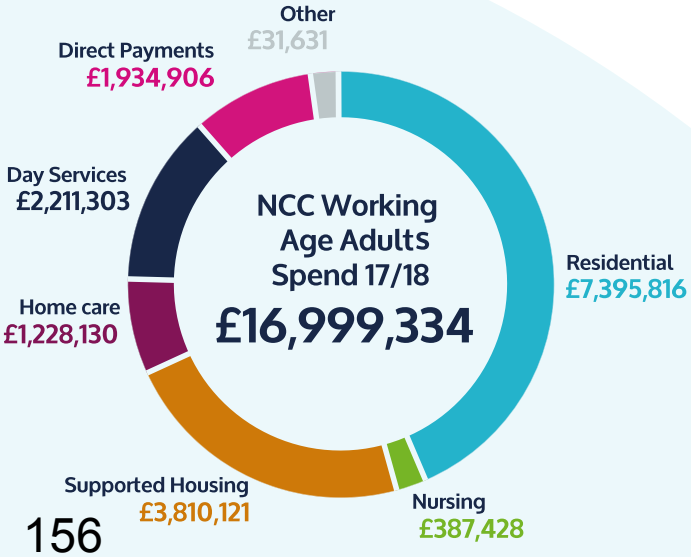




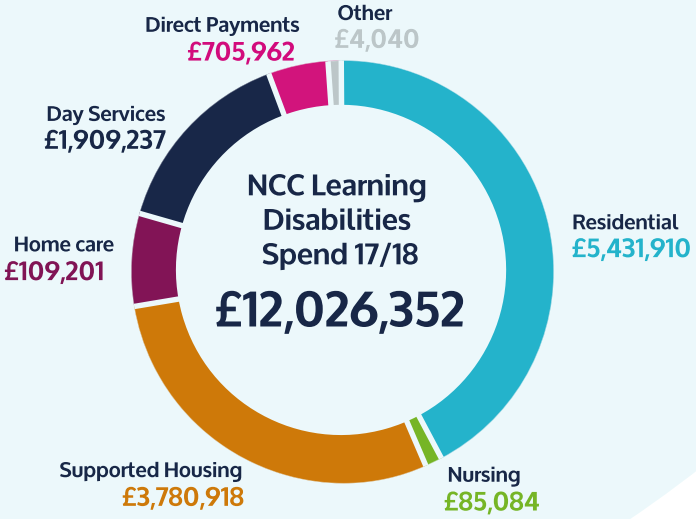




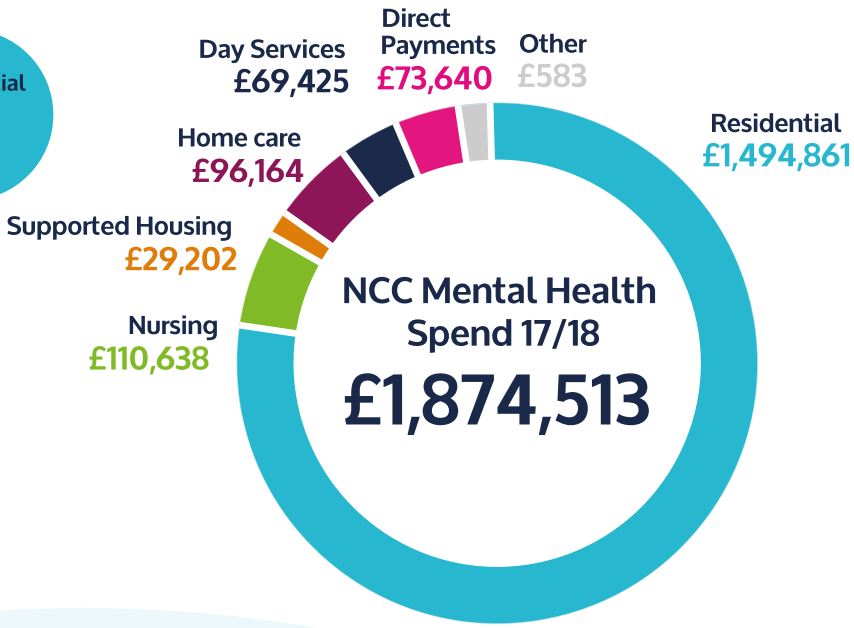


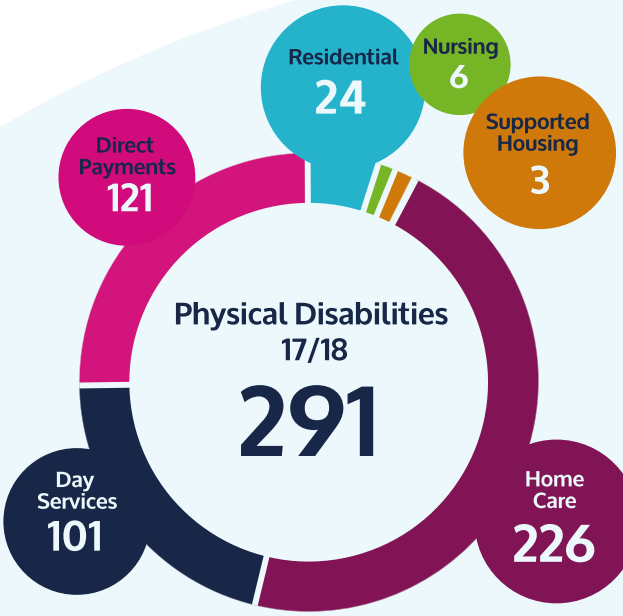


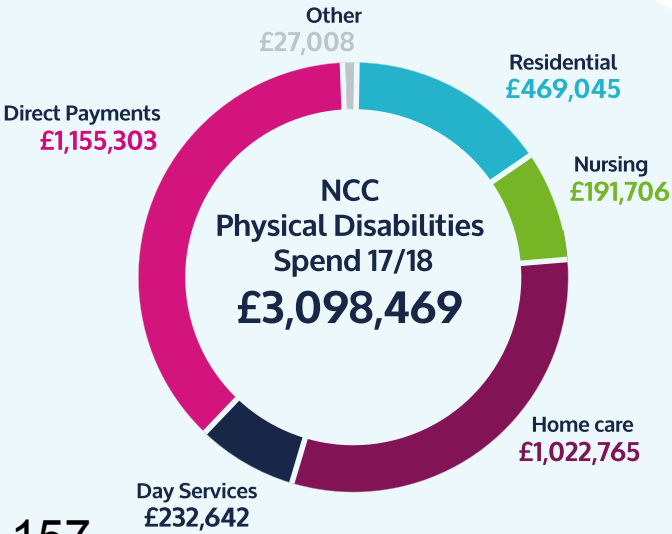

Direct Payments 79
Residential 152
Nursing 2
Supported Housing 90
Home Care 77
Day Services 210
Learning Disabilities 17/18
352


Direct Payments £705,962
Other £4,040
Day Services £1,909,237
Home care £109,201
Residential £5,431,910
Supported Housing £3,780,918
Nursing £85,084
NCC Learning Disabilities Spend 17/18
£12,026,352


Direct Payments 24
Residential 70
Day Services 39
Nursing 3
Home Care 42
Supported Housing 19
Mental Health 17/18
145


Day Services £69,425
Direct Payments £73,640
Other £583
Residential £1,494,861
Home care £96,164
Supported Housing £29,202
Nursing £110,638
NCC Mental Health Spend 17/18
£1,874,513


Residential 24
Nursing 6
Supported Housing 3
Direct Payments 121
Day Services 101
Home Care 226
Physical Disabilities 17/18
291


Other £27,008
Residential £469,045
Direct Payments £1,155,303
Nursing £191,706
NCC Physical Disabilities Spend 17/18
£3,098,469
Home care £1,022,765
Day Services £232,642

Providers of Adult Social Care - Great Yarmouth and Waveney CCG

Buildings Based Services

Residential Care Home

Working Age Adults' providers	Working Age Adults' beds	Older People's providers	Older People's beds
17 Locations	151 Beds	21 Locations	616 Beds

Nursing Home

Working Age Adults' providers	Working Age Adults' beds	Older People's providers	Older People's beds
3 Locations	20 Beds	6 Locations	227 Beds

Extra Care Housing

Working Age Adults' providers	Working Age Adults' tenancies	Older People's providers	Older People's tenancies
0 Locations	0 Tenancies	2 Locations	65 Tenancies

Supported Living Schemes

Working Age Adults' providers	Working Age Adults' tenancies	Older People's providers	Older People's tenancies
19 Locations	80 Tenancies	0 Locations	0 Tenancies

Day Services

Working Age Adults' providers	Older People's providers
13 Locations	11 Locations

Non-Buildings Based Services - Located in CCG

Home Care	Supported Living Floating Support
Providers: 6	Providers: 0

We are...

- Commissioning accommodation based reablement beds to assist hospital discharge and prevent admission. The Great Yarmouth provider currently has four beds
- In partnership with Suffolk County Council and health partners, putting in place two Trusted Assessment Facilitators who work at the James Page Hospital to improve the experience of patients plus reduce any delays as they return to their home or move into a care home
- Working to reduce delayed discharges through the Enhanced Home Support Service (EHSS). One assessor is employed at the James Paget Hospital
- An active partner in the Health and Social Care Integrated Discharge Hub at the James Paget University Hospital in order to facilitate joined up working that improves the discharge process for social care patients
- Working with our health partners to put in place a reablement model of support across all intermediate care beds, to maximise people's independence
- Commissioning the Healthy Homes scheme which enables home adaptations to support residents to stay in their own homes for longer
- Commissioning "I'm Going Home", a service which enables patients to leave hospital with a community alarm thereby providing assurance and peace of mind to those living on their own

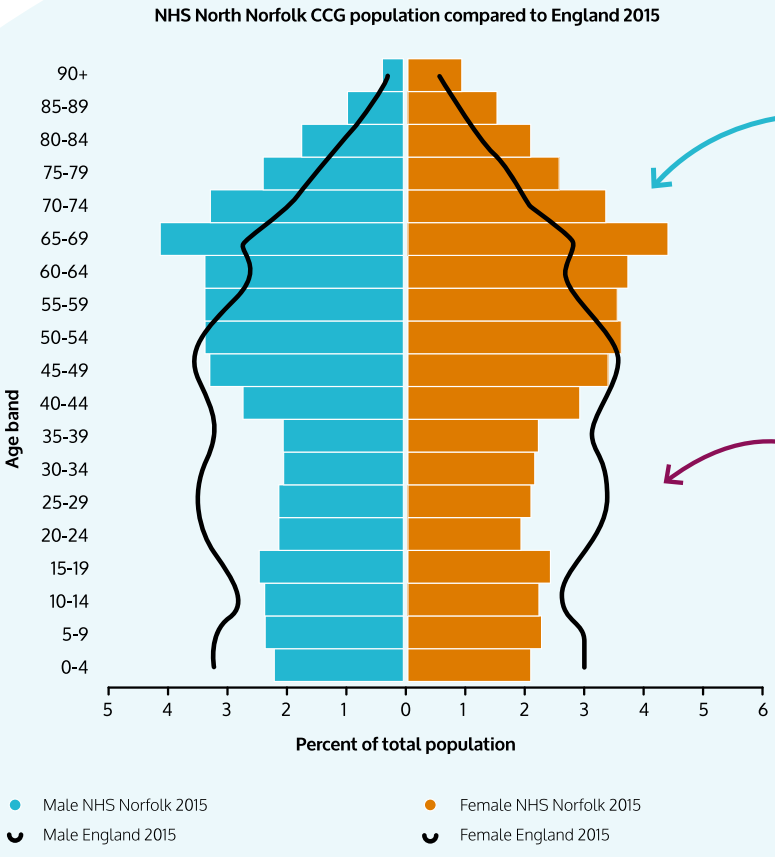
North Norfolk CCG

Population and Deprivation

The estimated population of **North Norfolk** is

171,000 rising to **184,000** in 2030

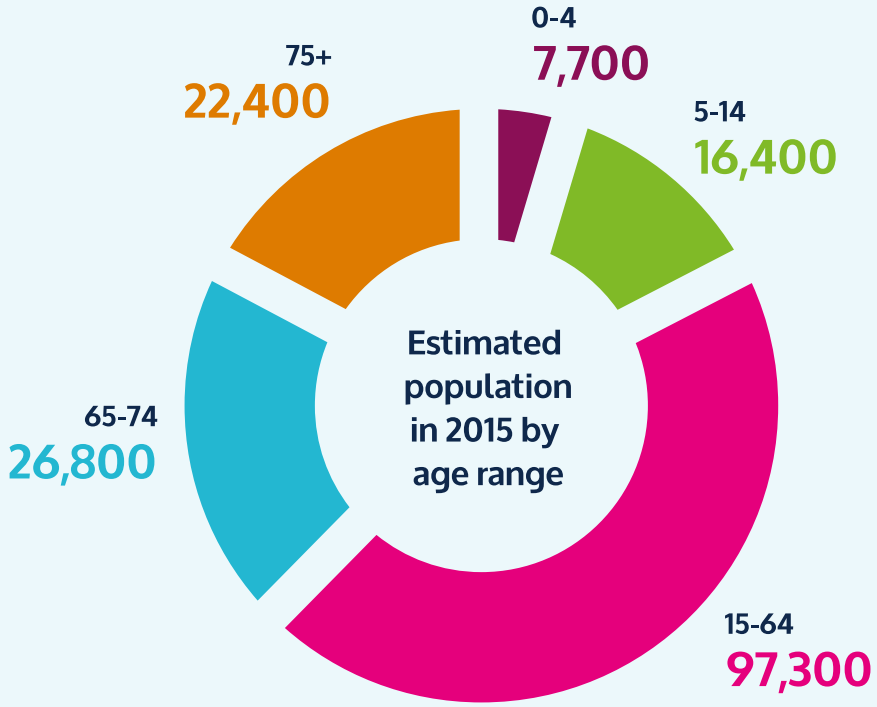
The North Norfolk population is generally older than the England average and the largest increase in population between 2015 and 2030 is anticipated to be in the 75+ age band.

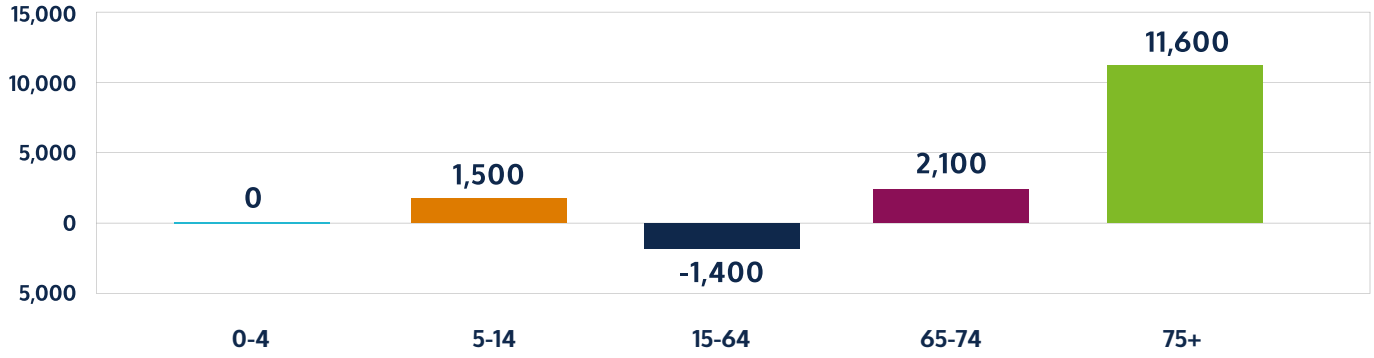


North Norfolk has a significantly higher percentage of people in all the 65+ age bands than the England average. It also has a higher percentage of people approaching retirement age.

North Norfolk also has a significantly lower percentage of its population in the under 45 age bands than the England average.

The effect of this going forward is an increasingly elderly and frail population and a limited number of working age adults to care for them. In North Norfolk this situation could be described as critical.





Estimated population change between 2015 and 2030 by age range

Out of 209 CCGs in England, North Norfolk ranks as the

133rd most deprived

The Health of the Population -
North Norfolk CCG

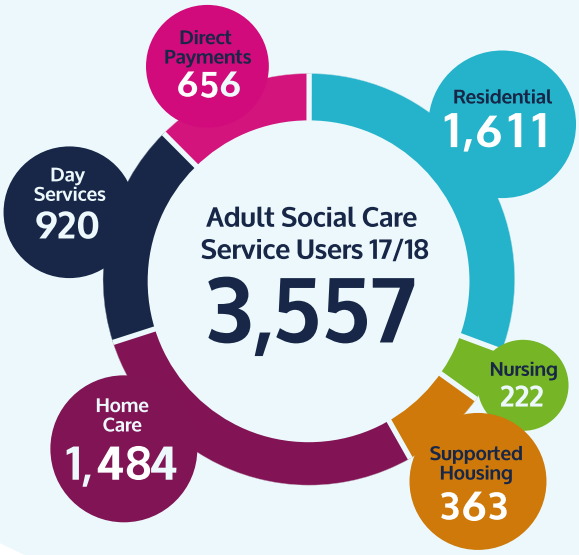
16-69%	70+ %	All Adults	
3.7%	30%	-	Multiple Long-Term Conditions
1.0 %	5.1%	-	Severe and Enduring Mental Illness
0.7%	0.4%	-	Learning Disability
0.1%	3.1%	-	Physical Disability
--		66%	Mostly Healthy

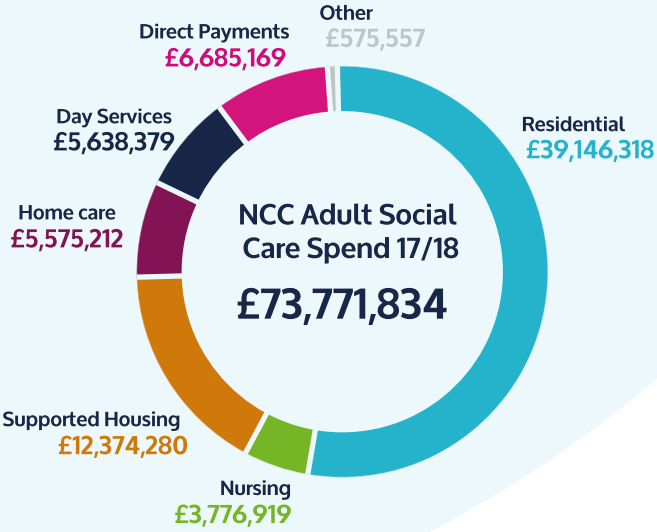
2 in 3

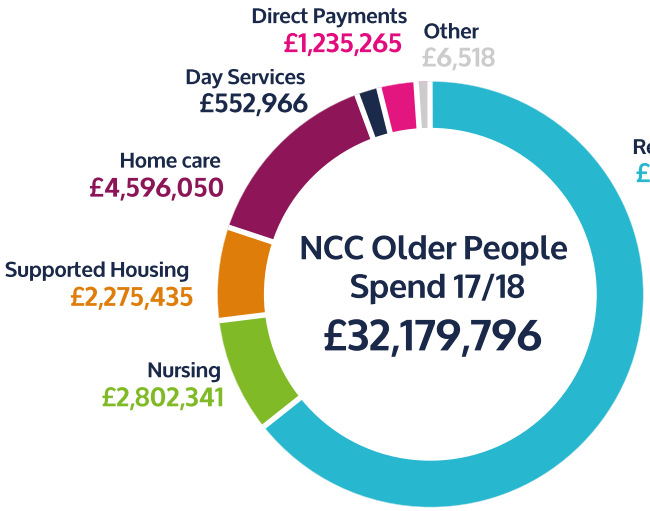
Adults in North Norfolk are overweight

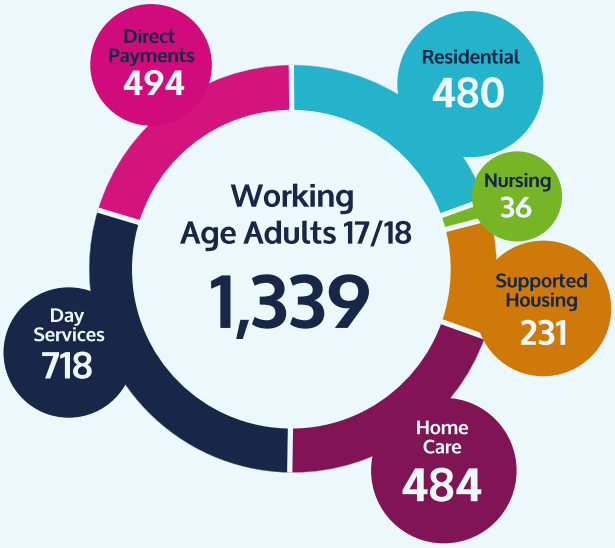
Services Delivered and Spend on Adult Social Care

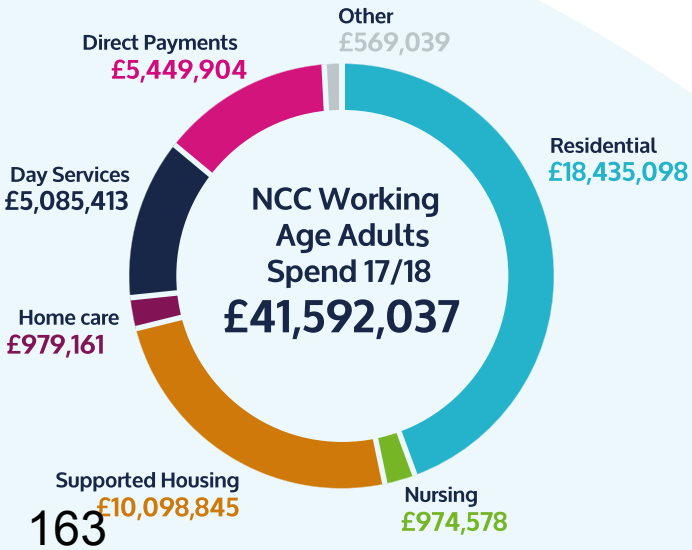
Spend by Northern Adult Social Services



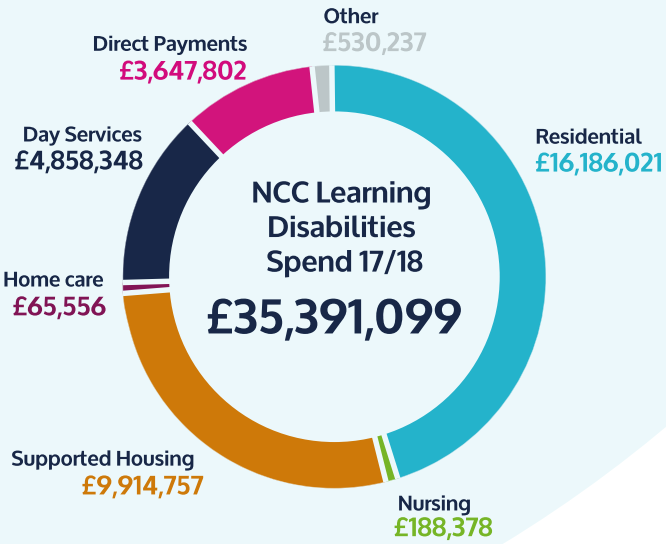


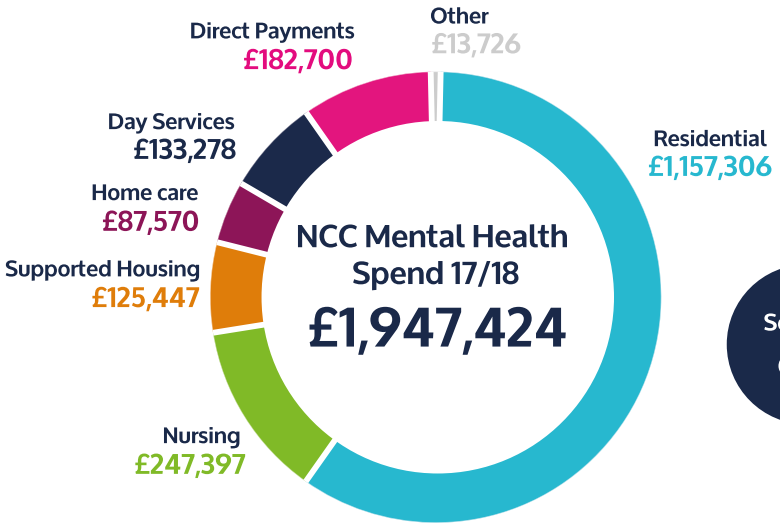




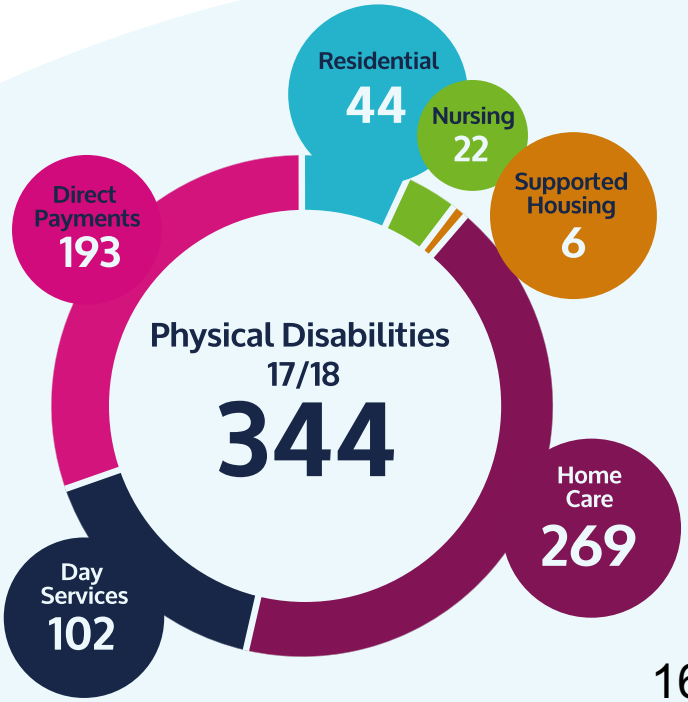


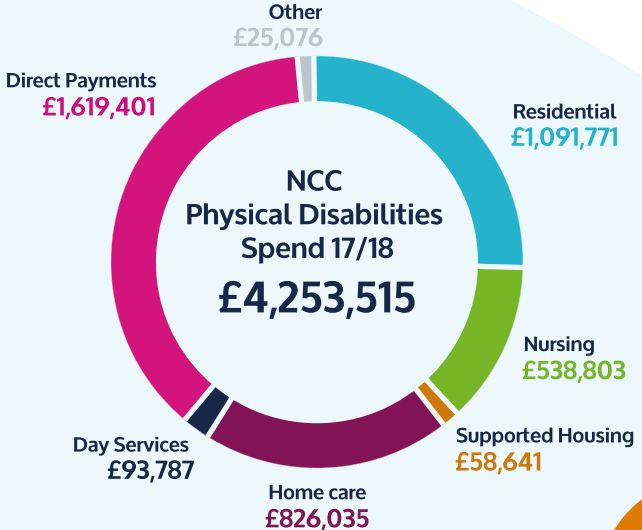

Direct Payments 258
Residential 377
Nursing 6
Supported Housing 205
Home Care 143
Day Services 552
Learning Disabilities 17/18 809


Other £530,237
Direct Payments £3,647,802
Residential £16,186,021
Day Services £4,858,348
NCC Learning Disabilities Spend 17/18 £35,391,099
Home care £65,556
Supported Housing £9,914,757
Nursing £188,378


Direct Payments £182,700
Other £13,726
Residential £1,157,306
Day Services £133,278
Home care £87,570
NCC Mental Health Spend 17/18 £1,947,424
Supported Housing £125,447
Nursing £247,397


Direct Payments 43
Residential 59
Mental Health 17/18 186
Nursing 8
Day Services 64
Supported Housing 20
Home Care 72


Residential 44
Nursing 22
Supported Housing 6
Direct Payments 193
Physical Disabilities 17/18 344
Home Care 269
Day Services 102


Other £25,076
Direct Payments £1,619,401
Residential £1,091,771
NCC Physical Disabilities Spend 17/18 £4,253,515
Nursing £538,803
Supported Housing £58,641
Day Services £93,787
Home care £826,035

Providers of Adult Social Care - North Norfolk

Buildings Based Services

Residential Care Home

Working Age Adults' providers	Working Age Adults' beds	Older People's providers	Older People's beds
45 Locations	484 Beds	48 Locations	1,407 Beds

Nursing Home

Working Age Adults' providers	Working Age Adults' beds	Older People's providers	Older People's beds
2 Locations	85 Beds	9 Locations	496 Beds

Extra Care Housing

Working Age Adults' providers	Working Age Adults' tenancies	Older People's providers	Older People's tenancies
0 Locations	0 Tenancies	3 Locations	100 Tenancies

Supported Living Schemes

Working Age Adults' providers	Working Age Adults' tenancies	Older People's providers	Older People's tenancies
47 Locations	160 Tenancies	0 Locations	0 Tenancies

Day Services

Working Age Adults' providers	Older People's providers
23 Locations	35 Locations

Non-Buildings Based Services - Located in CCG

Home Care

Providers: 10

Supported Living Floating Support

Providers: 4

We are...

- Commissioning accommodation based reablement beds for people in North Norfolk to assist hospital discharges and prevent admission
- We are introducing, a new banded pricing for framework providers in the Central Belt (Norwich, South Norfolk and North Norfolk CGG areas) The purpose of setting up a provider framework and trialling a banded pricing structure is to try to address issues such as instability in the home care market and unmet need
- Working in partnership with Suffolk County Council and health partners and have put in place two Trusted Assessment Facilitators who work at the Norfolk and Norwich University Hospital to improve the experience of people and reduce any delays as they return to their home or move into a care home
- Using the new Enhanced Home Support Service (EHSS) to reduce delayed discharges. Three assessors are employed at the Norfolk and Norwich University Hospital
- Introducing Supported Care which brings reablement and community nursing together, this has enabled more people to receive care at home and avoid the need for a community short-term bed. An escalation team is being piloted during May and June 2018 and will inform plans for admission avoidance schemes at a more localised level

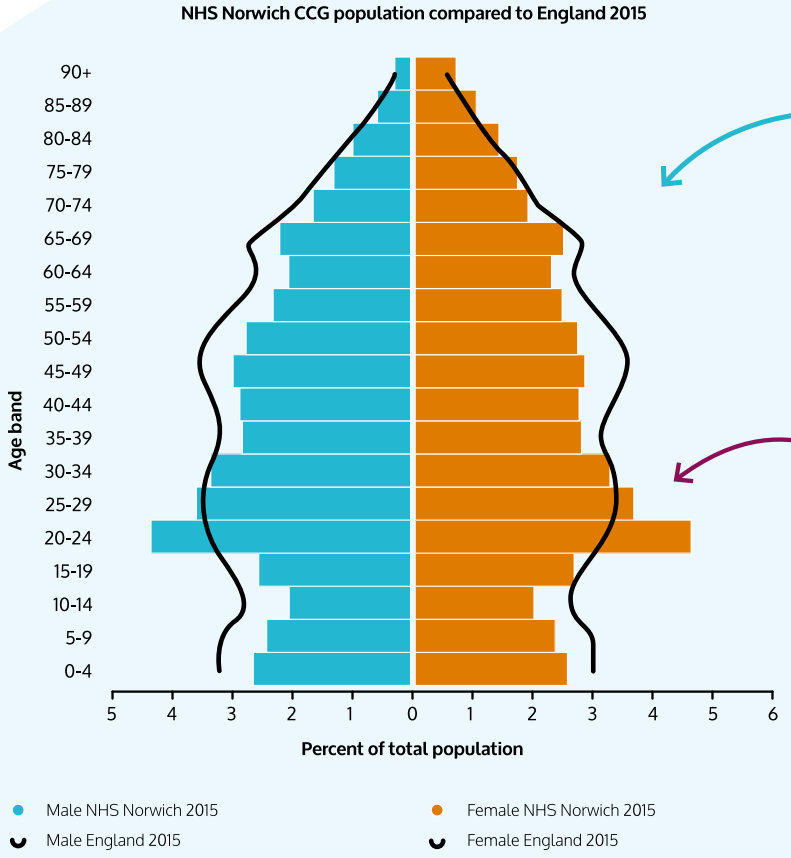
Norwich CCG

Population and Deprivation

The estimated population of **Norwich** is

198,000 rising to **219,000** in 2030

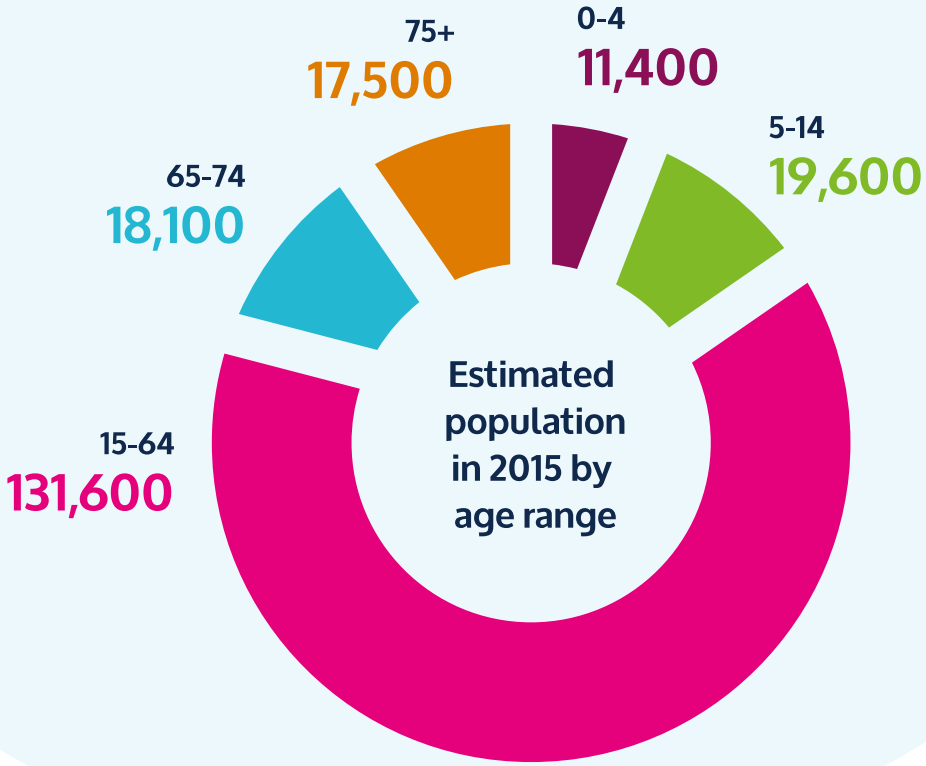
The population is generally younger than the England average and the largest increase in population between 2015 and 2030 is anticipated to be in the age bands 15-64 and 75+.

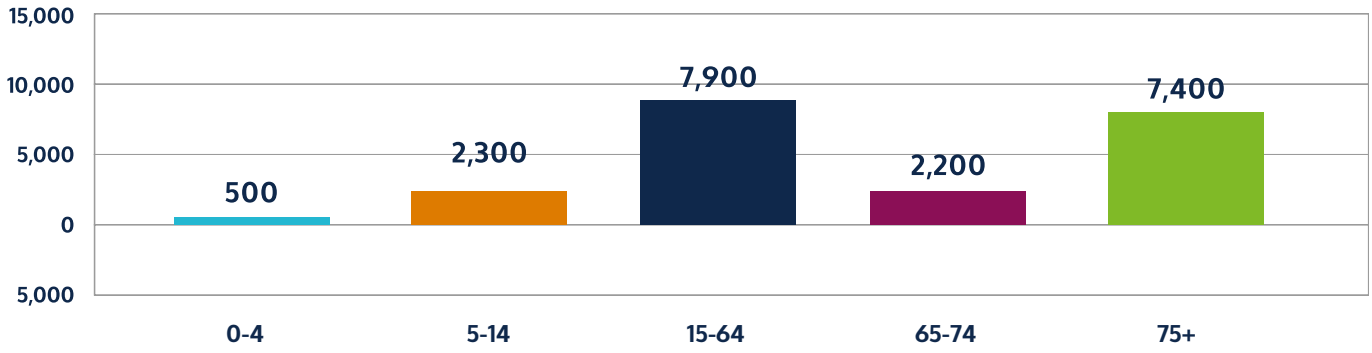


Norwich has a population age structure similar to the England average for over 35s

Norfolk also has a significantly higher percentage of its population in the age band 20-35 than the England average

Norwich therefore has an age structure that is the reverse of the general Norfolk position i.e. much younger. The effect of this going forward is smaller increased demand for older people's services and a workforce that is more likely to be able to meet increased demand. There is likely to be a greater demand for "working age adults" services (learning disabilities, mental health and physical disabilities) in future.





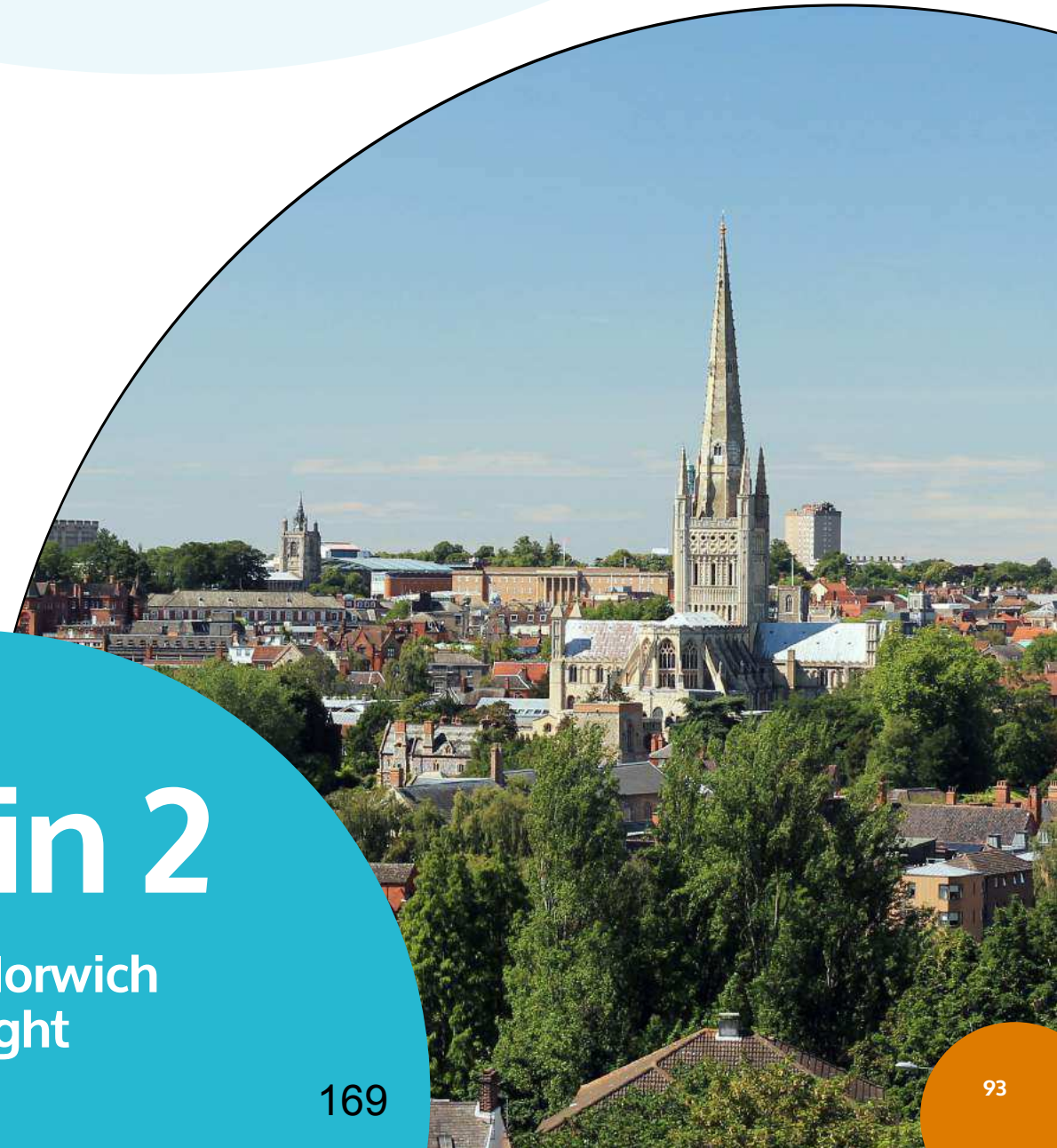
Estimated population change between 2015 and 2030 by age range

Out of 209 CCGs in England, Norwich ranks as the

88th most deprived

The Health of the Population -
Norwich CCG

16-69%	70+%	All Adults	
4.9%	24.1%	-	Multiple Long-Term Conditions
1.3%	3.7%	-	Severe and Enduring Mental Illness
0.9%	0.3%	-	Learning Disability
0.1%	2.3%	-	Physical Disability
-	-	70%	Mostly Healthy

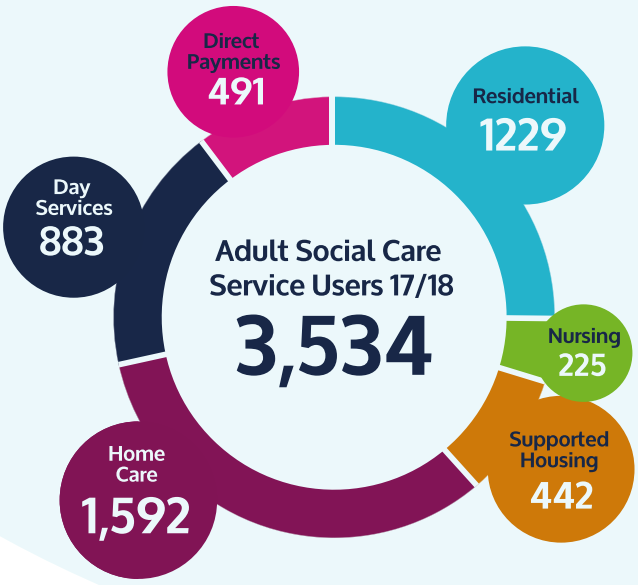


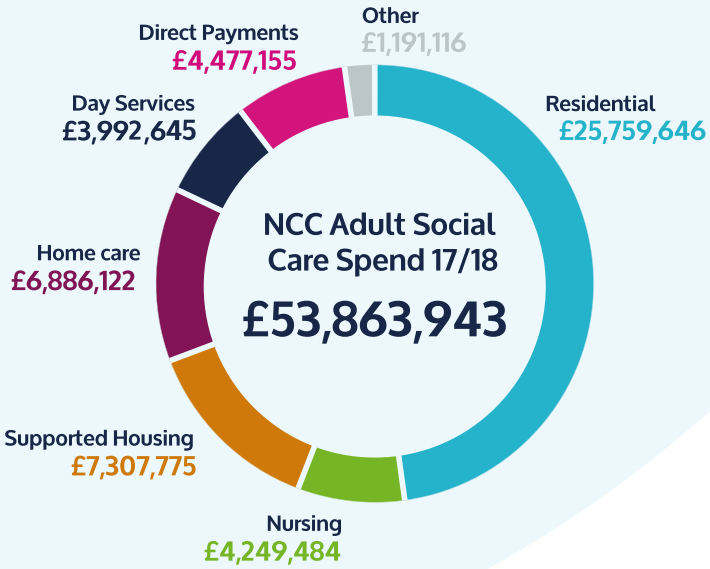
1 in 2

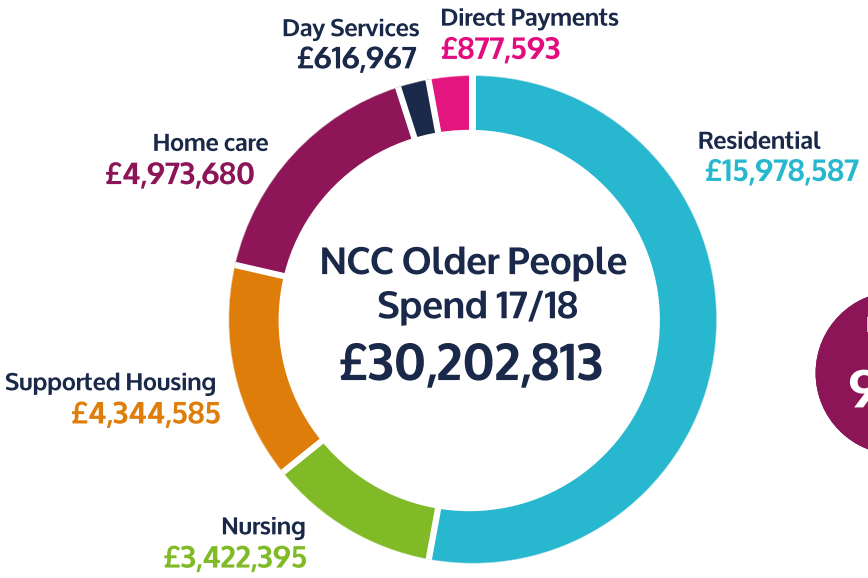
Adults in Norwich is overweight

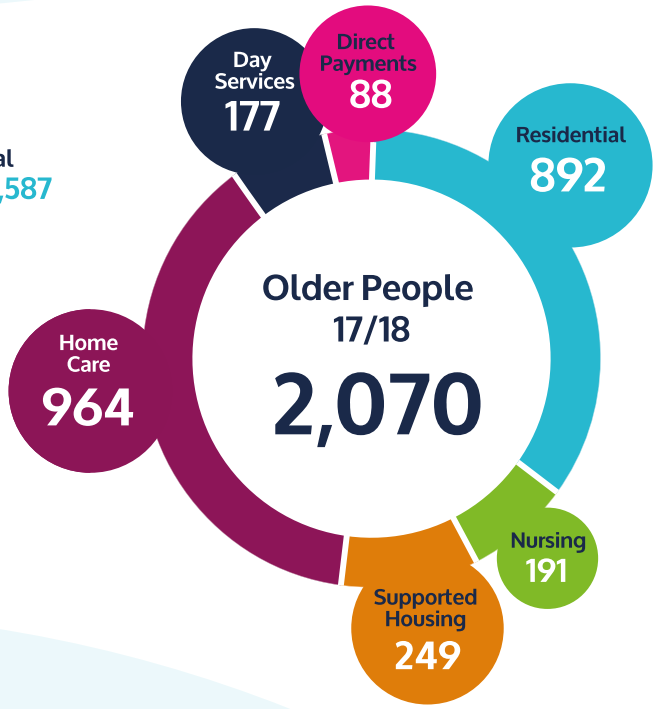
Services Delivered and Spend on Adult Social Care

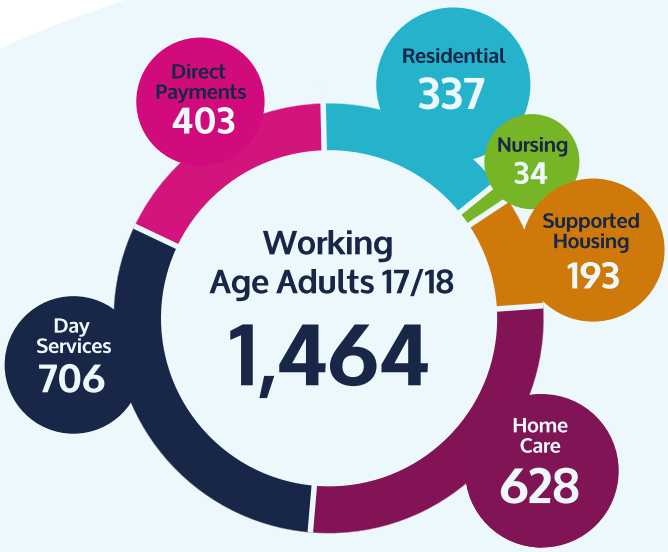
Spend by Norwich Adult Social Services

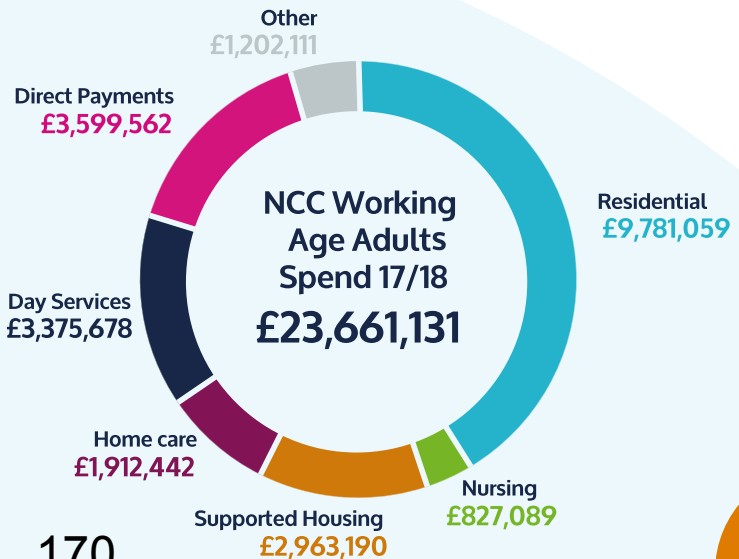




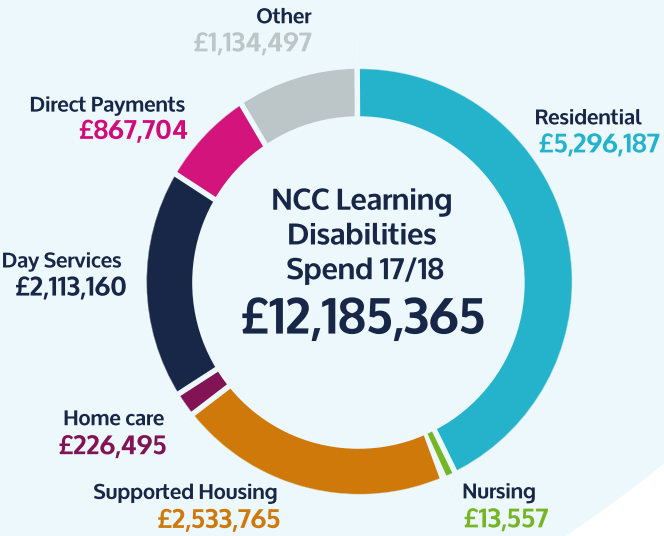


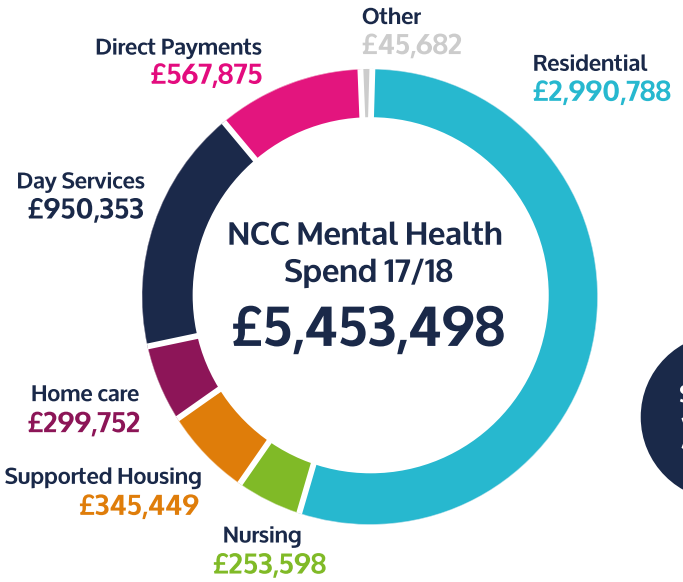


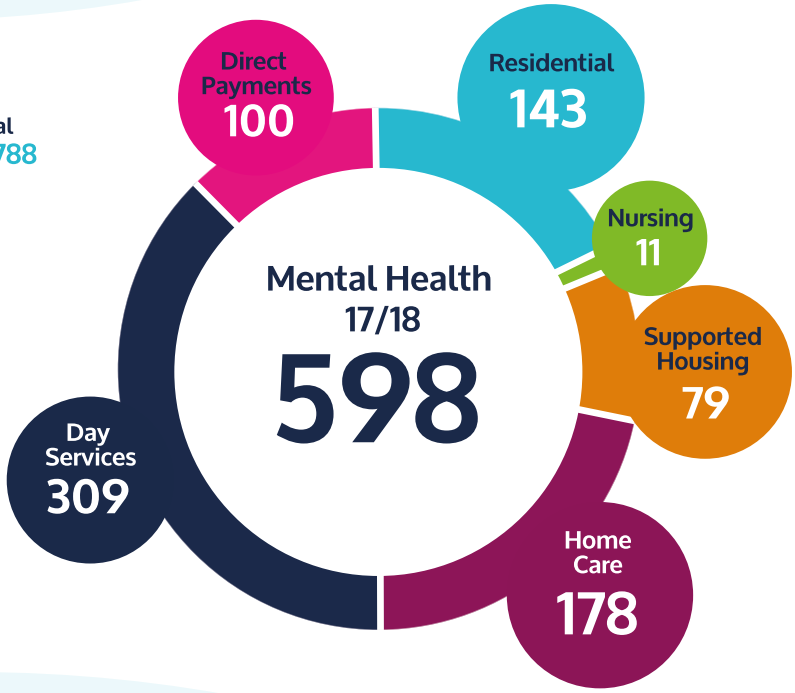


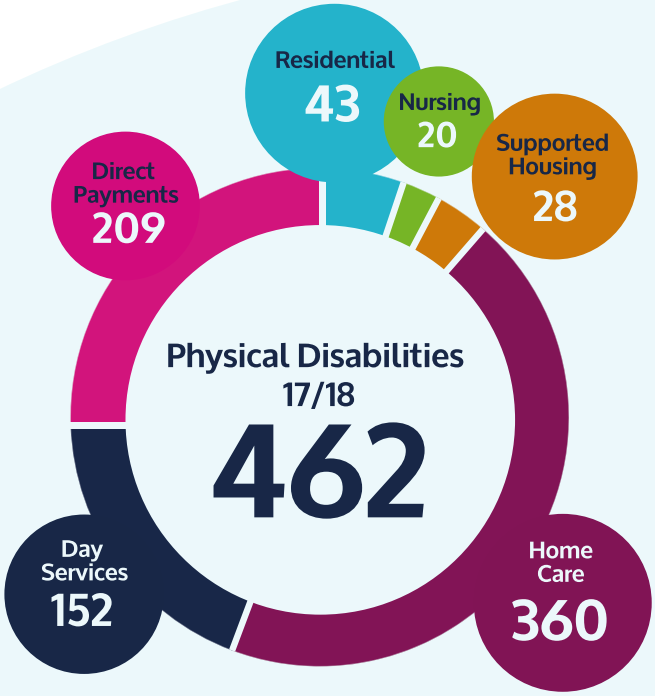


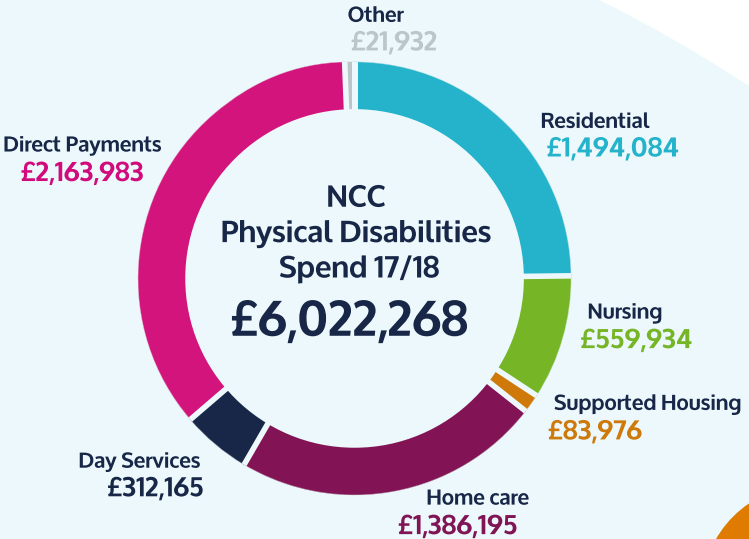

Direct Payments
94
Residential
151
Nursing
3
Supported Housing
86
Home Care
90
Day Services
245
Learning Disabilities
17/18
404


Other
£1,134,497
Direct Payments
£867,704
Residential
£5,296,187
NCC Learning
Disabilities
Spend 17/18
£12,185,365
Day Services
£2,113,160
Home care
£226,495
Supported Housing
£2,533,765
Nursing
£13,557


Other
£45,682
Direct Payments
£567,875
Residential
£2,990,788
Day Services
£950,353
NCC Mental Health
Spend 17/18
£5,453,498
Home care
£299,752
Supported Housing
£345,449
Nursing
£253,598


Direct Payments
100
Residential
143
Nursing
11
Supported Housing
79
Day Services
309
Mental Health
17/18
598
Home Care
178


Residential
43
Nursing
20
Supported Housing
28
Direct Payments
209
Physical Disabilities
17/18
462
Day Services
152
Home Care
360


Other
£21,932
Direct Payments
£2,163,983
Residential
£1,494,084
NCC
Physical Disabilities
Spend 17/18
£6,022,268
Nursing
£559,934
Supported Housing
£83,976
Day Services
£312,165
Home care
£1,386,195

Providers of Adult Social Care - Norwich CCG

Buildings Based Services

Residential Care Home

Working Age Adults' providers	Working Age Adults' beds	Older People's providers	Older People's beds
25 Locations	340 Beds	23 Locations	834 Beds

Nursing Home

Working Age Adults' providers	Working Age Adults' beds	Older People's providers	Older People's beds
4 Locations	51 Beds	13 Locations	609 Beds

Extra Care Housing

Working Age Adults' providers	Working Age Adults' tenancies	Older People's providers	Older People's tenancies
0 Locations	0 Tenancies	5 Locations	280 Tenancies

Supported Living Schemes

Working Age Adults' providers	Working Age Adults' tenancies	Older People's providers	Older People's tenancies
50 Locations	263 Tenancies	0 Locations	0 Tenancies

Day Services

Working Age Adults' providers	Older People's providers
24 Locations	14 Locations

Non-Buildings Based Services - Located in CCG

Home Care

Providers: 19

Supported Living Floating Support

Providers: 5

We are...

- Commissioning accommodation based reablement beds for people in Norwich to assist hospital discharges and prevent admission
- Introducing a new banded pricing for framework providers in the Central Belt (Norwich, South Norfolk and North Norfolk CGG areas) The purpose of setting up a provider framework and trialling a banded pricing structure is to try to address issues such as instability in the home care market and unmet need
- We are operating with two Trusted Assessment Facilitators who work at the Norfolk and Norwich University Hospital to improve the experience of people and reduce any delays as they return to their home or move into a care home. We are doing this in partnership with Suffolk County Council and health partners
- Operating a new Enhanced Home Support Service to reduce delayed discharges with three assessors working at the Norfolk and Norwich University Hospital
- Operating a new escalation avoidance team (NEAT) in Norwich. The intention is to have a central point in each locality following a similar model to meet urgent and unplanned health and social care needs. This is for people at risk of admission to hospital or step-up beds
- Running three independent flats within a 24-hour housing with care setting in Norwich, supporting people who have been assessed as being medically fit for discharge from hospital, but are unable to return to their home safely

South Norfolk CCG

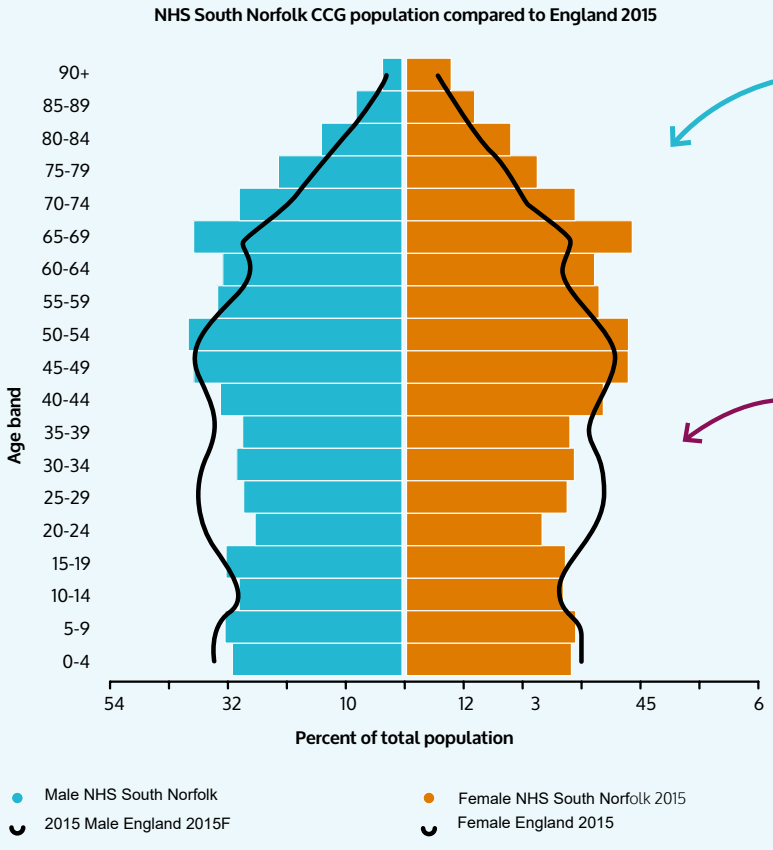
Population and Deprivation

The estimated population of **South Norfolk** is

243,000 rising to

276,000 in 2030

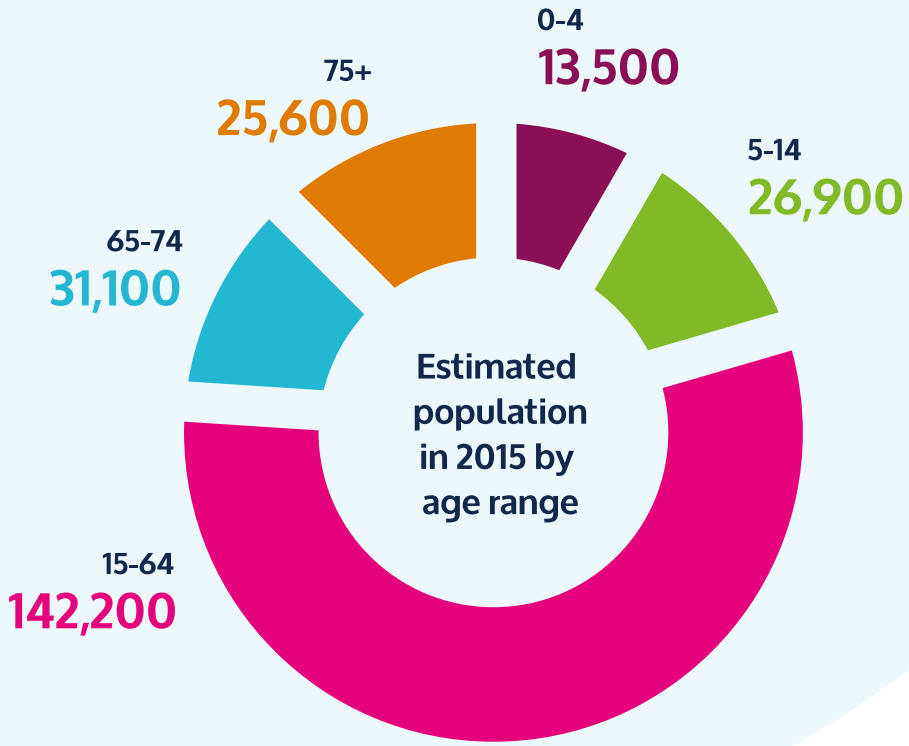
The population is generally older than the England average and the largest increase in population between 2015 and 2030 is anticipated to be in the 75+ age band.

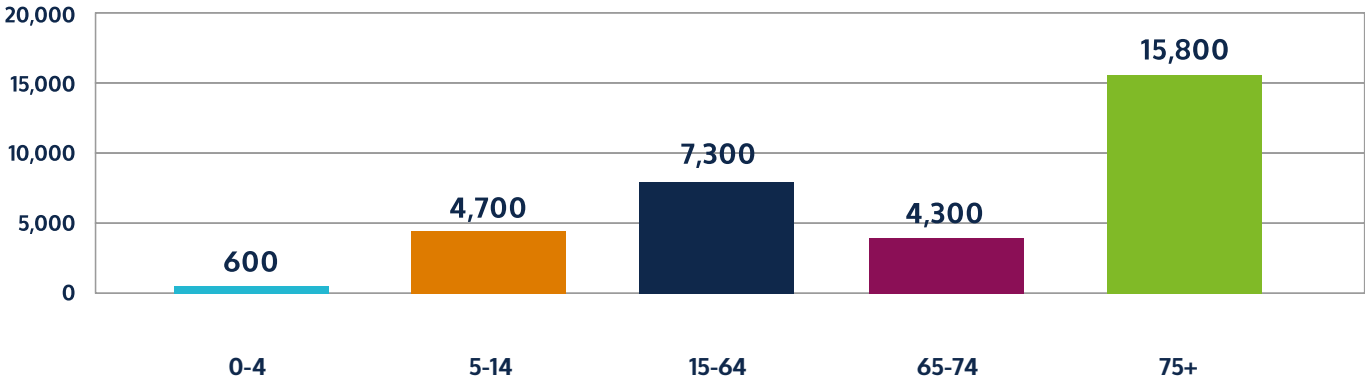


South Norfolk has a noticeably higher percentage of people in the 65+ age band than the England average and is also higher in the 50+ age band

South Norfolk also has a lower percentage of its population in the under 40 age band than the England average

The effect of this going forward is an increasingly elderly and frail population and a limited number of working age adults to care for them.





Estimated population change between 2015 and 2030 by age range

Out of 209 CCGs in England, South Norfolk ranks as the

157th most deprived

The Health of the Population -
South Norfolk CCG

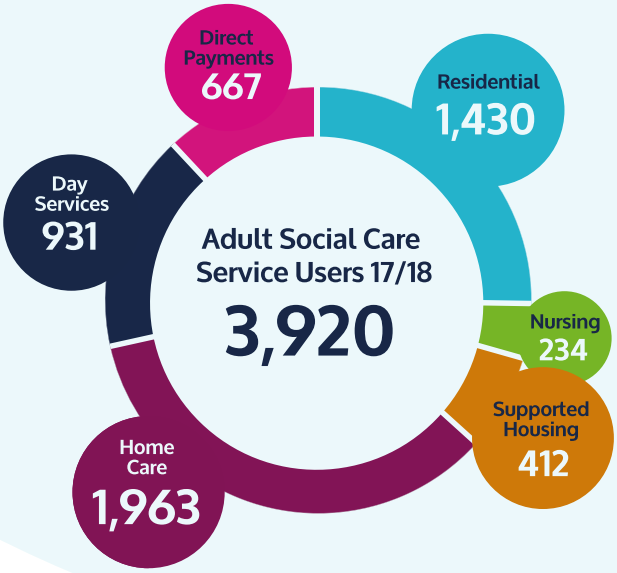
16-69%	70+%	All Adults	
5.8%	36.1%	-	Multiple Long Term Conditions
1.5%	5.2%	-	Severe and Enduring Mental Illness
0.8%	0.4%	-	Learning Disability
0.1%	3.5%	-	Physical Disability
-	-	68%	Mostly Healthy

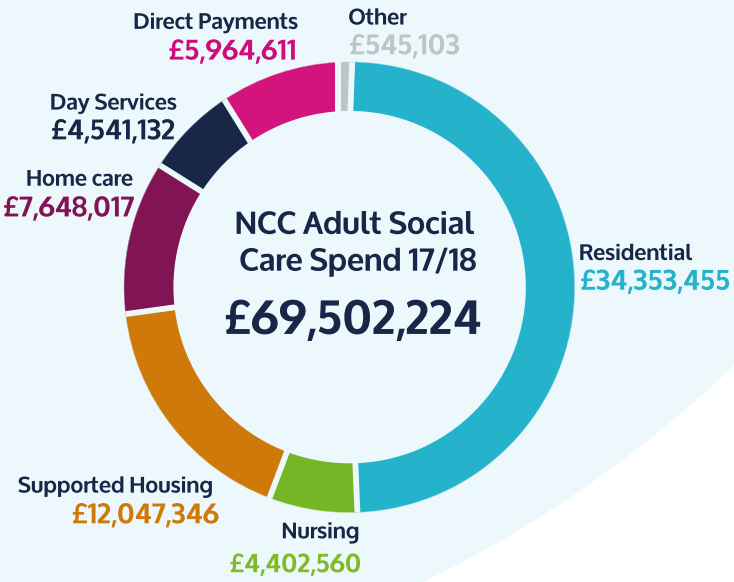
2 in 3

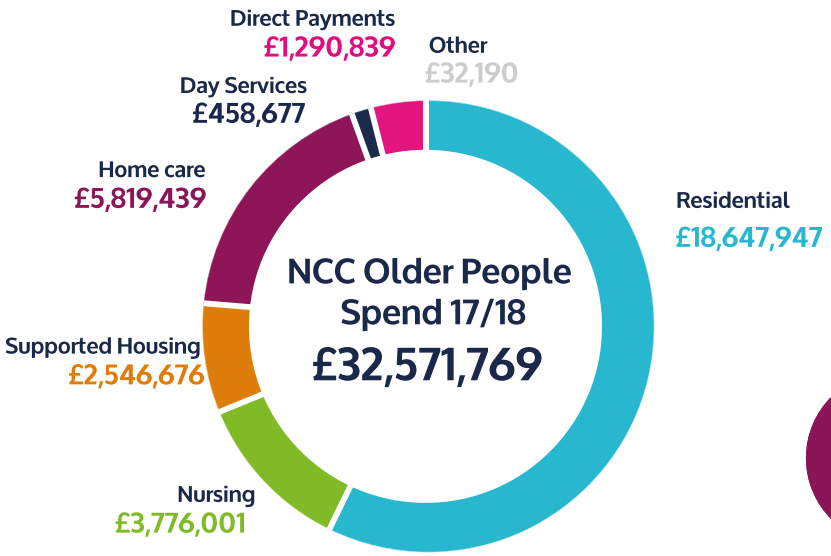
Adults in South Norfolk are overweight

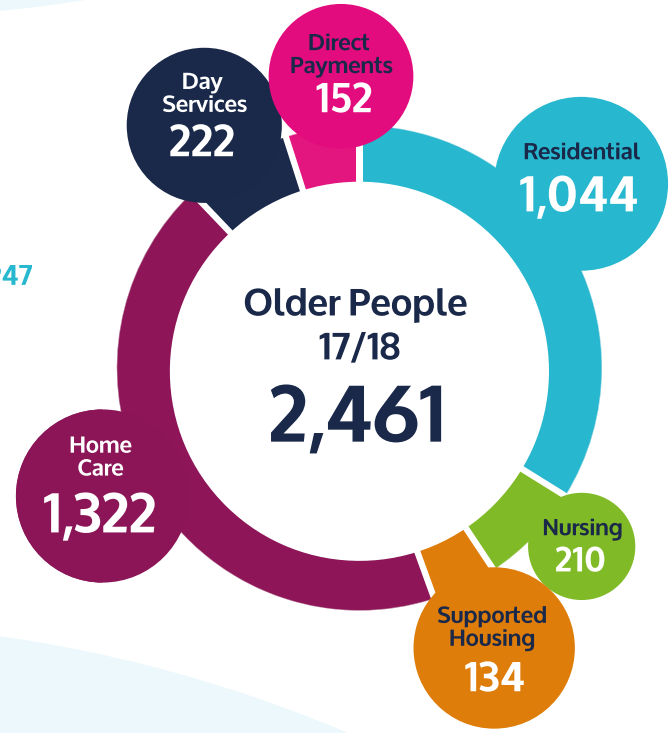
Services Delivered and Spend on Adult Social Care

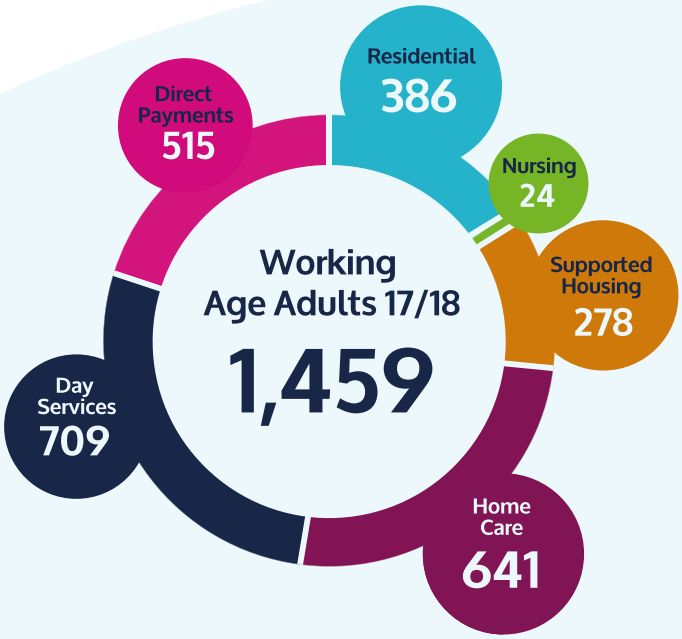
Spend by Southern Adult Social Services

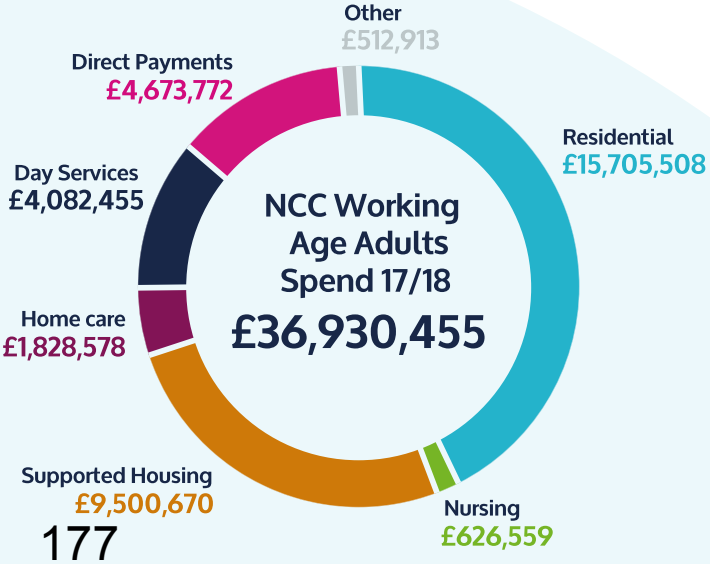




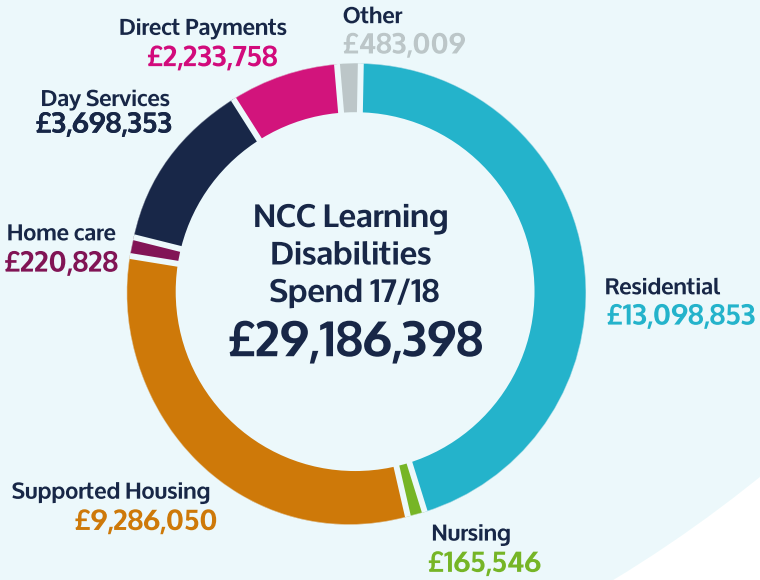


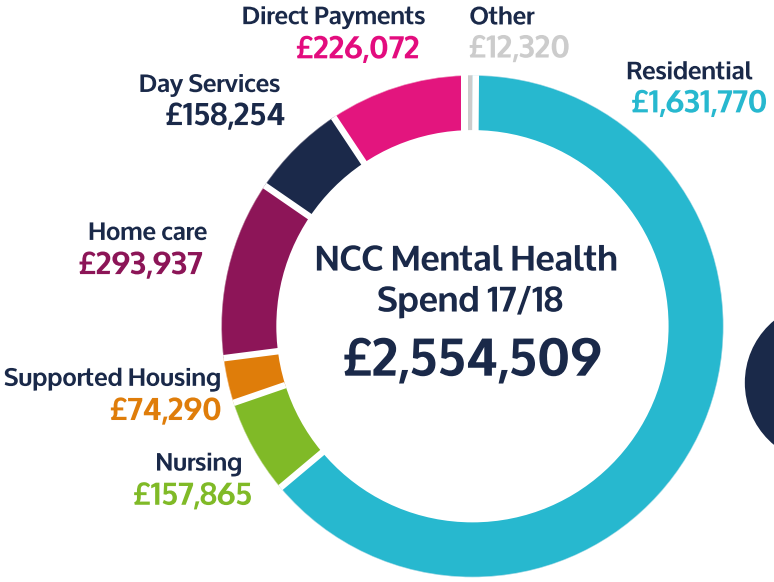




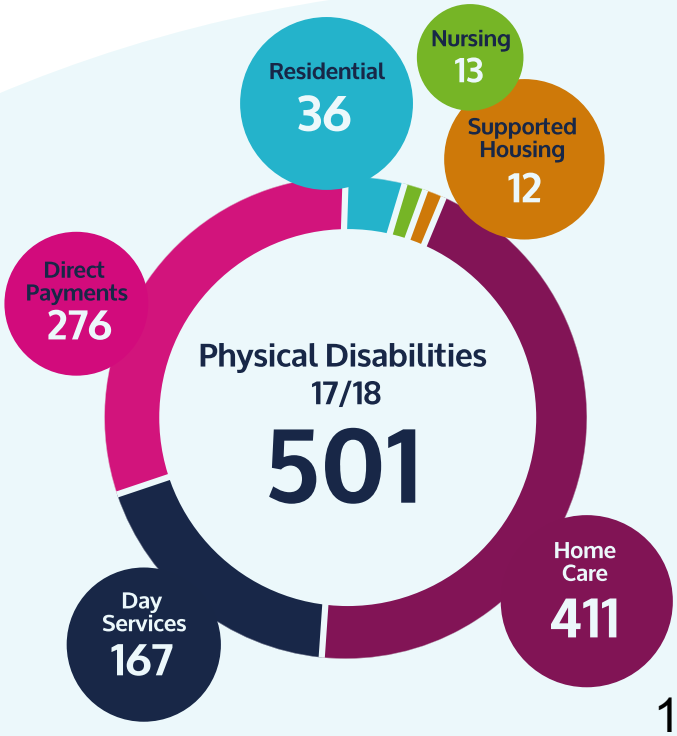


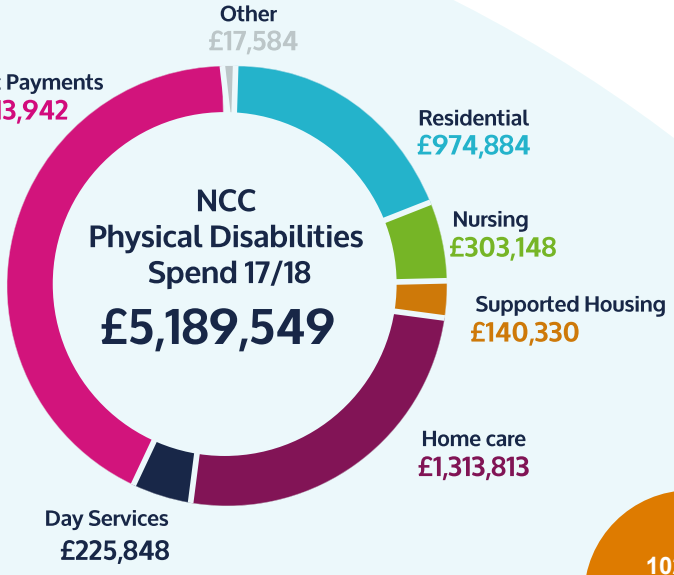

Direct Payments
196
Residential
283
Nursing
4
Supported Housing
242
Home Care
145
Day Services
459
Learning Disabilities
17/18
739


Direct Payments
£2,233,758
Other
£483,009
Day Services
£3,698,353
Home care
£220,828
NCC Learning
Disabilities
Spend 17/18
£29,186,398
Residential
£13,098,853
Supported Housing
£9,286,050
Nursing
£165,546


Direct Payments
£226,072
Other
£12,320
Day Services
£158,254
Residential
£1,631,770
Home care
£293,937
NCC Mental Health
Spend 17/18
£2,554,509
Supported Housing
£74,290
Nursing
£157,865


Direct Payments
43
Residential
67
Nursing
7
Day Services
83
Mental Health
17/18
219
Supported Housing
24
Home Care
85


Residential
36
Nursing
13
Supported Housing
12
Direct Payments
276
Physical Disabilities
17/18
501
Home Care
411
Day Services
167


Other
£17,584
Direct Payments
£2,213,942
Residential
£974,884
NCC
Physical Disabilities
Spend 17/18
£5,189,549
Nursing
£303,148
Supported Housing
£140,330
Home care
£1,313,813
Day Services
£225,848

Providers of Adult Social Care - South Norfolk CCG

Buildings Based Services

Residential Care Home

Working Age Adults' providers	Working Age Adults' beds	Older People's providers	Older People's beds
32 Locations	303 Beds	39 Locations	1,444 Beds

Nursing Home

Working Age Adults' providers	Working Age Adults' beds	Older People's providers	Older People's beds
2 Locations	44 Beds	16 Locations	758 Beds

Extra Care Housing

Working Age Adults' providers	Working Age Adults' tenancies	Older People's providers	Older People's tenancies
0 Locations	0 Tenancies	4 Locations	159 Tenancies

Supported Living Schemes

Working Age Adults' providers	Working Age Adults' tenancies	Older People's providers	Older People's tenancies
45 Locations	153 Tenancies	0 Locations	0 Tenancies

Day Services

Working Age Adults' providers	Older People's providers
15 Locations	24 Locations

Non-Buildings Based Services - Located in CCG

Home Care	Supported Living Floating Support
Providers 26	Providers 9

We are...

- Commissioning accommodation based reablement beds for people in South Norfolk to assist hospital discharges and prevent admission
- Introducing a new banded pricing for framework providers in the Central Belt (Norwich, South Norfolk and North Norfolk CGG areas) The purpose of setting up a provider framework and trialling a banded pricing structure is to try to address issues such as instability in the home care market and unmet need
- Benefiting from the two Trusted Assessment Facilitators who work at the Norfolk and Norwich University Hospital to improve the experience of people and reduce any delays as they return to their home or move into a care home. We are doing this with Suffolk County Council and health partners
- Operating a new Enhanced Home Support Service to reduce delayed discharges. Three assessors are employed at the Norfolk and Norwich University Hospital

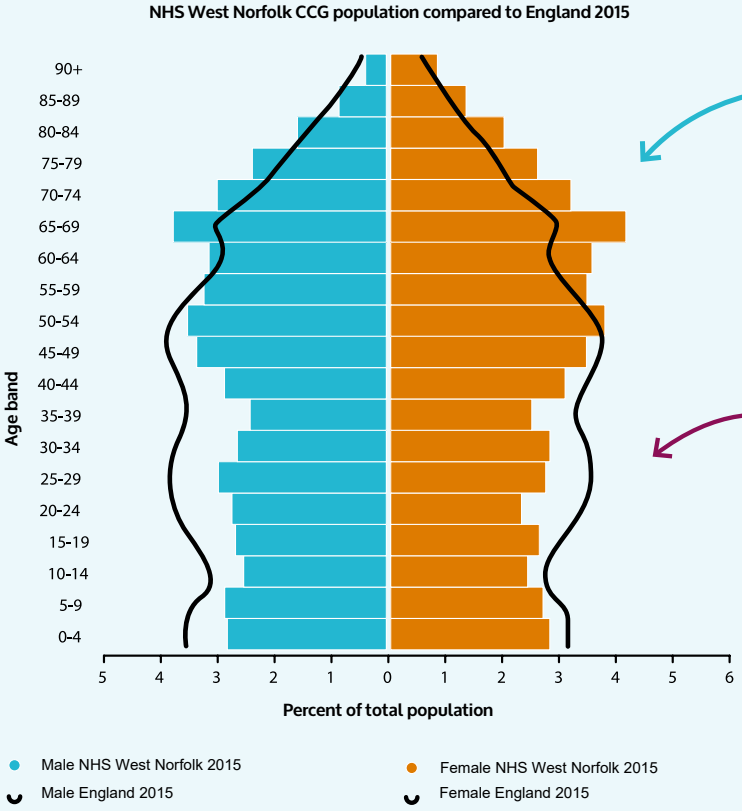
West Norfolk CCG

Population and Deprivation

The estimated population of **West Norfolk** is

174,000 rising to **189,000** in 2030

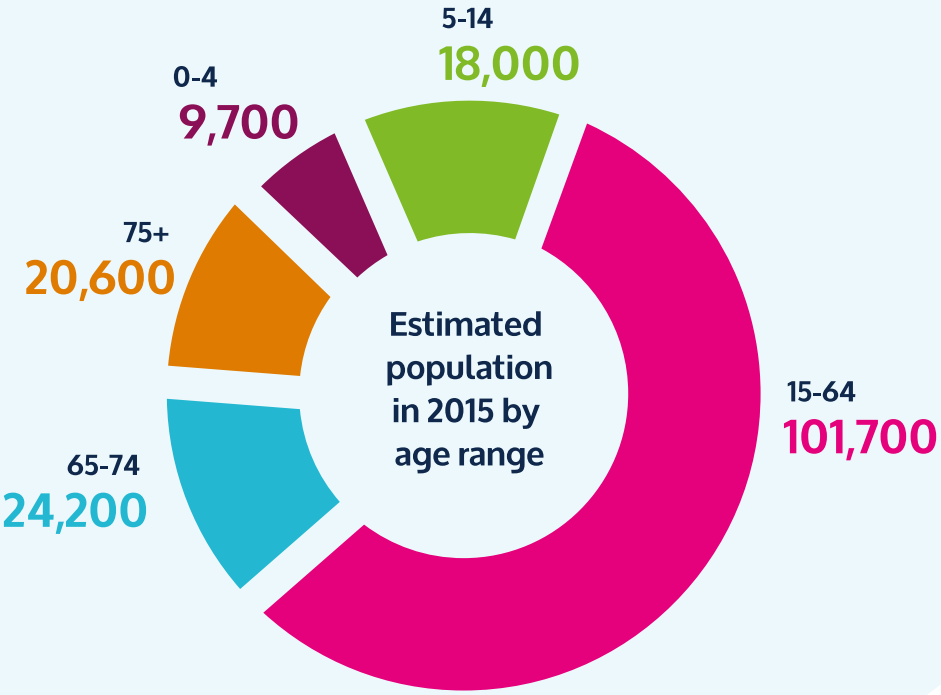
The population is generally older than the England average and the largest increase in population between 2015 and 2030 is anticipated to be in the 75+ age band.

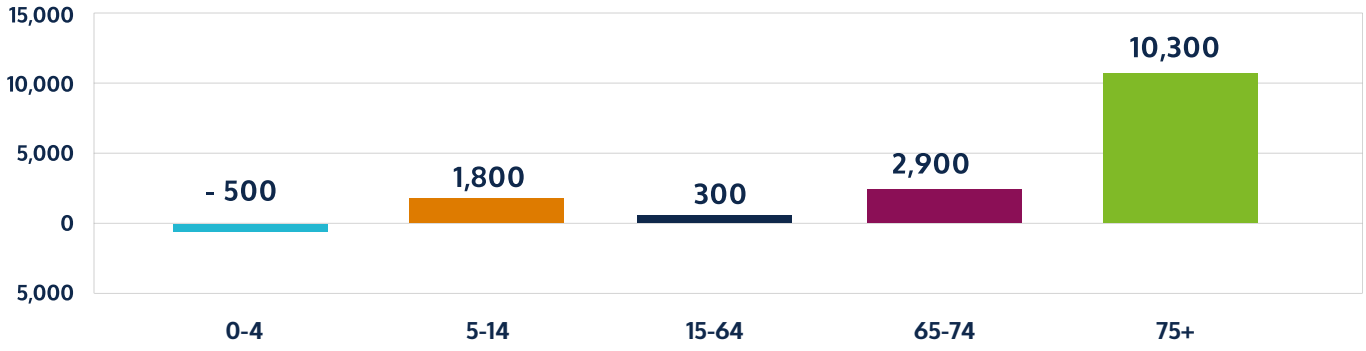


West Norfolk has a noticeably higher percentage of people in the 65+ age band than the England average and is also higher in the 55+ age band

West Norfolk also has a lower percentage of its population in the under 50 age band than the England average

The effect of this going forward is an increasingly elderly and frail population and a limited number of working age adults to care for them.





Estimated population change between 2015 and 2030 by age range

Out of 209 CCGs in England, West Norfolk ranks as the

84th most deprived

The Health of the Population -
West Norfolk CCG

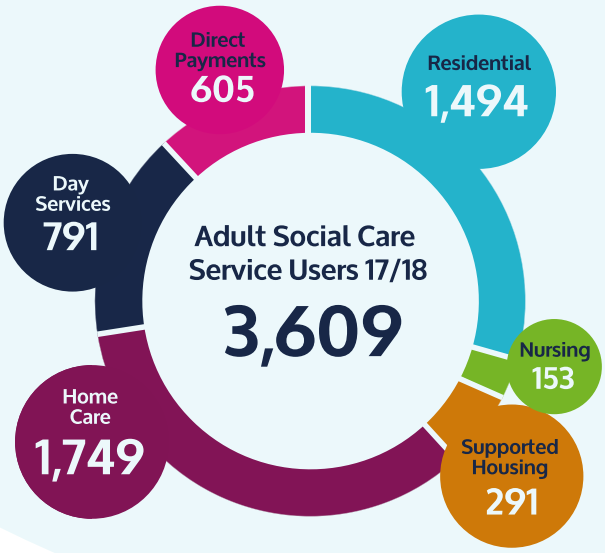
16-69%	70+%	All Adults	
4.1%	29%	-	Multiple Long-Term Conditions
1.1%	4.2%	-	Severe and Enduring Mental Illness
0.5%	0.3%	-	Learning Disability
0.1%	2.8%	-	Physical Disability
-	-	67%	Mostly Healthy

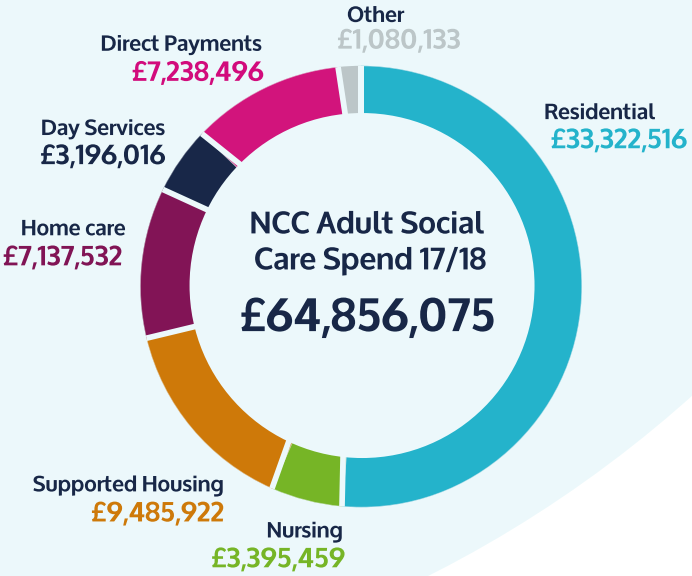
2 in 3

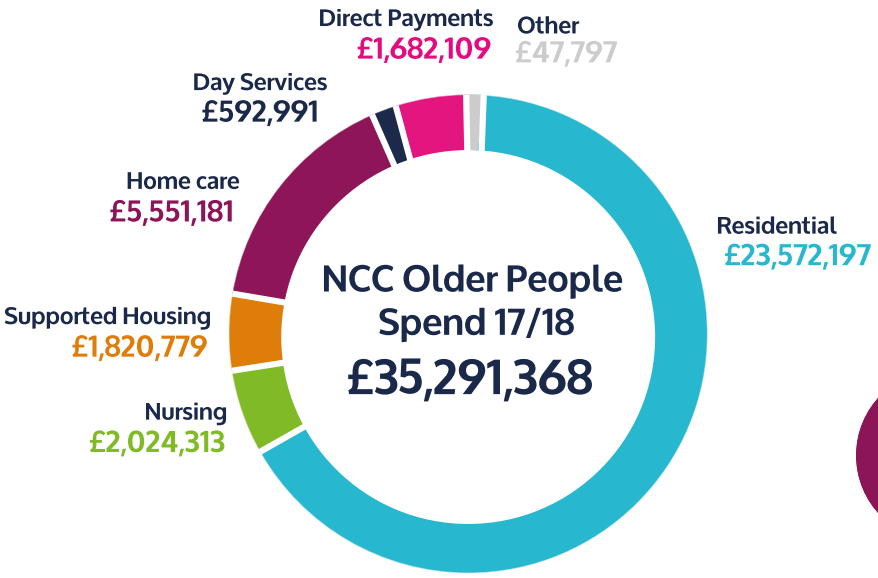
Adults in West Norfolk are overweight

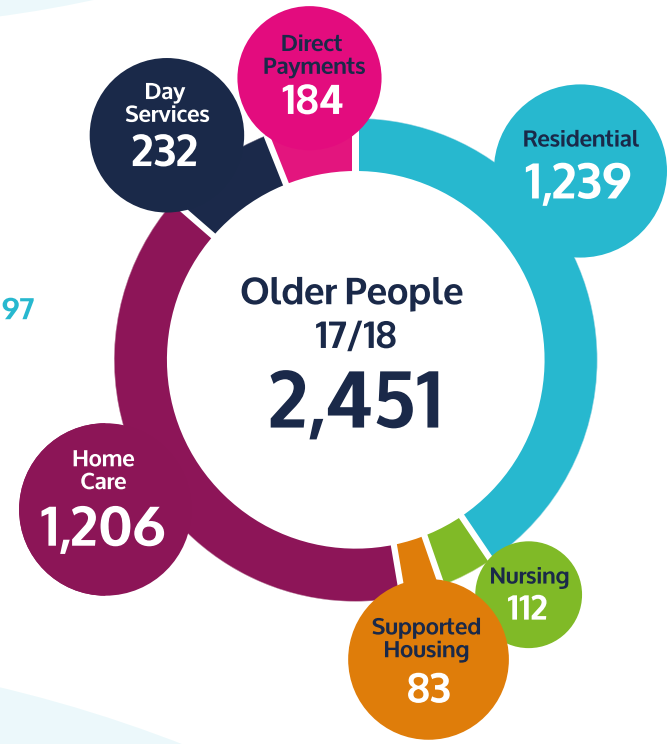
Services Delivered and Spend on Adult Social Care

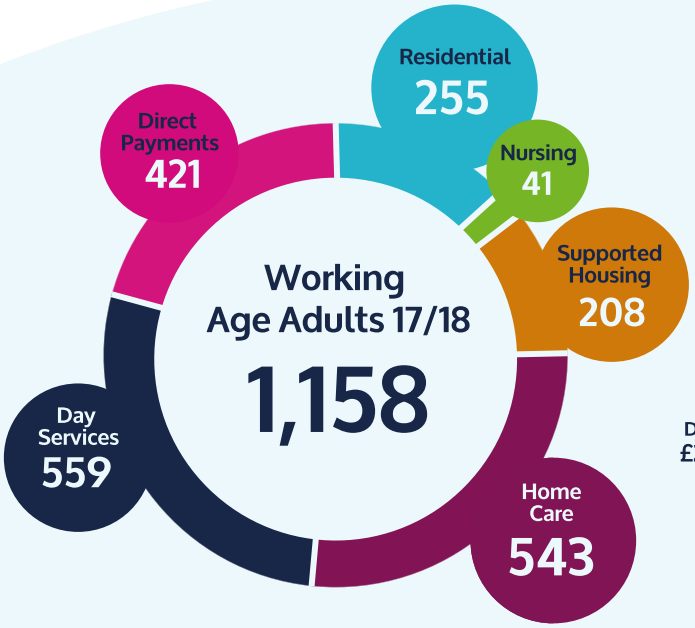
Spend by Western Adult Social Services

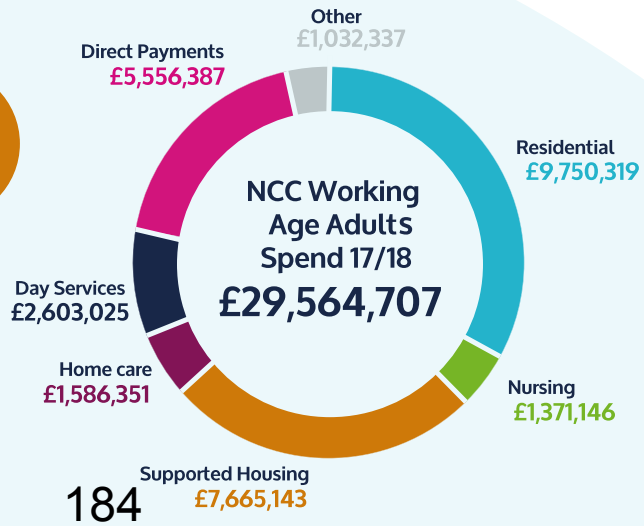




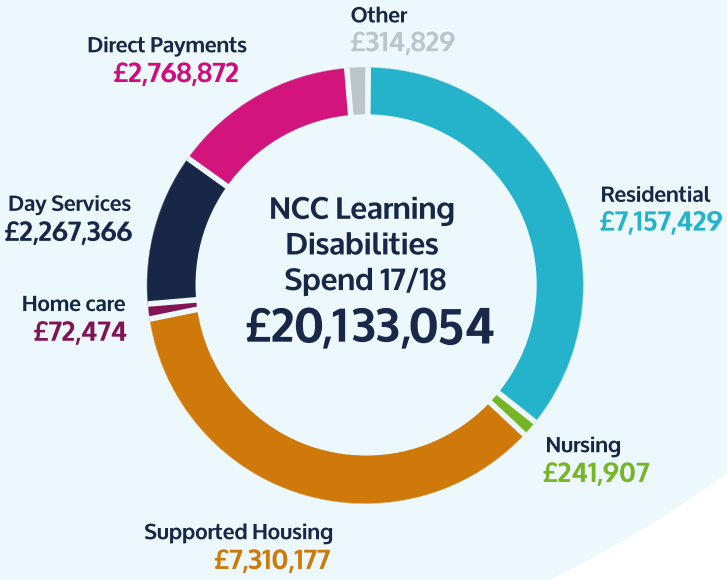


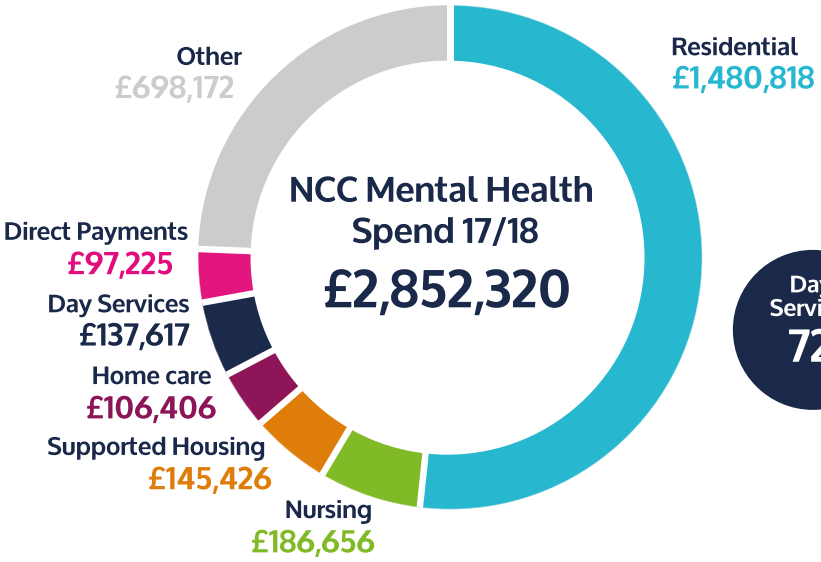


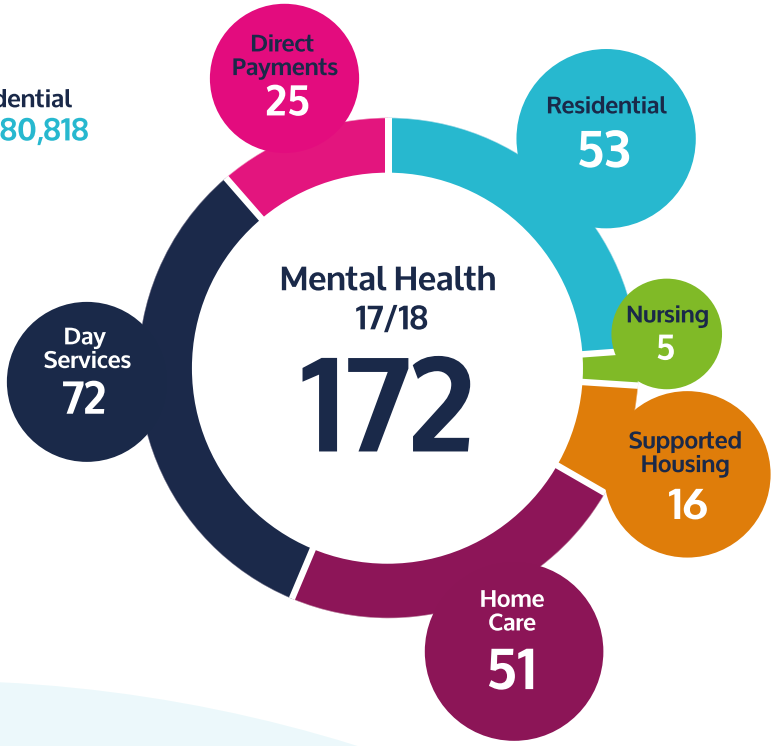


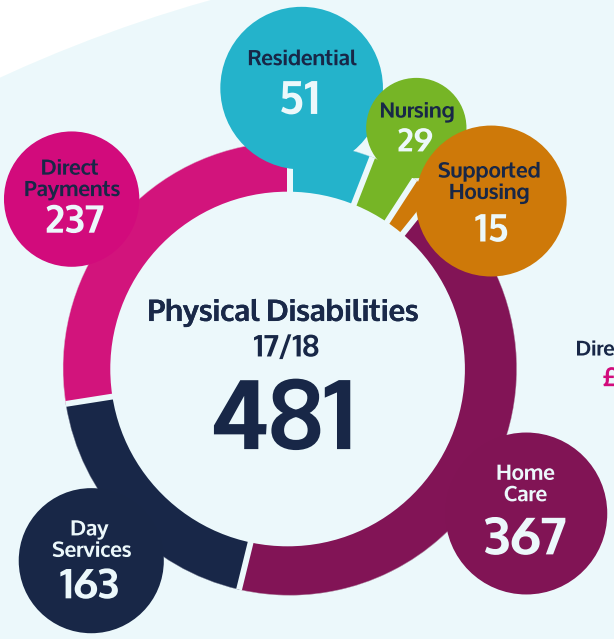


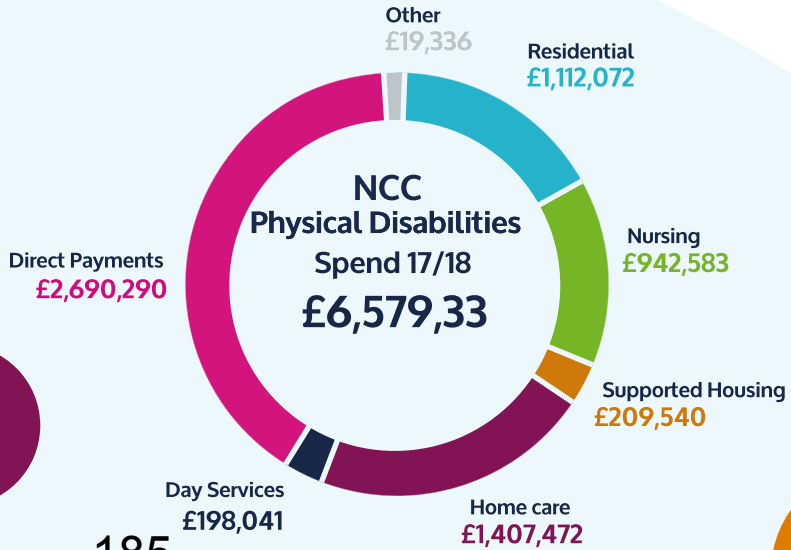

Direct Payments 159
Residential 151
Nursing 7
Supported Housing 177
Home Care 125
Day Services 324
Learning Disabilities 17/18 505


Other £314,829
Direct Payments £2,768,872
Residential £7,157,429
Day Services £2,267,366
Home care £72,474
Nursing £241,907
Supported Housing £7,310,177
NCC Learning Disabilities Spend 17/18 £20,133,054


Other £698,172
Residential £1,480,818
Direct Payments £97,225
Day Services £137,617
Home care £106,406
Supported Housing £145,426
Nursing £186,656
NCC Mental Health Spend 17/18 £2,852,320


Direct Payments 25
Residential 53
Nursing 5
Supported Housing 16
Home Care 51
Day Services 72
Mental Health 17/18 172


Residential 51
Nursing 29
Supported Housing 15
Direct Payments 237
Home Care 367
Day Services 163
Physical Disabilities 17/18 481


Other £19,336
Residential £1,112,072
Nursing £942,583
Supported Housing £209,540
Home care £1,407,472
Day Services £198,041
Direct Payments £2,690,290
NCC Physical Disabilities Spend 17/18 £6,579,33

Providers of Adult Social Care - West Norfolk CCG

Buildings Based Services

Residential Care Home

Working Age Adults' providers	Working Age Adults' beds	Older People's providers	Older People's beds
13 Locations	113 Beds	36 Locations	1,219 Beds

Nursing Home

Working Age Adults' providers	Working Age Adults' beds	Older People's providers	Older People's beds
1 Locations	38 Beds	7 Locations	416 Beds

Extra Care Housing

Working Age Adults' providers	Working Age Adults' tenancies	Older People's providers	Older People's tenancies
0 Locations	0 Tenancies	3 Locations	94 Tenancies

Supported Living Schemes

Working Age Adults' providers	Working Age Adults' tenancies	Older People's providers	Older People's tenancies
48 Locations	178 Tenancies	0 Locations	0 Tenancies

Day Services

Working Age Adults' providers	Older People's providers
16 Locations	30 Locations

Non-Buildings Based Services - Located in CCG

Home Care

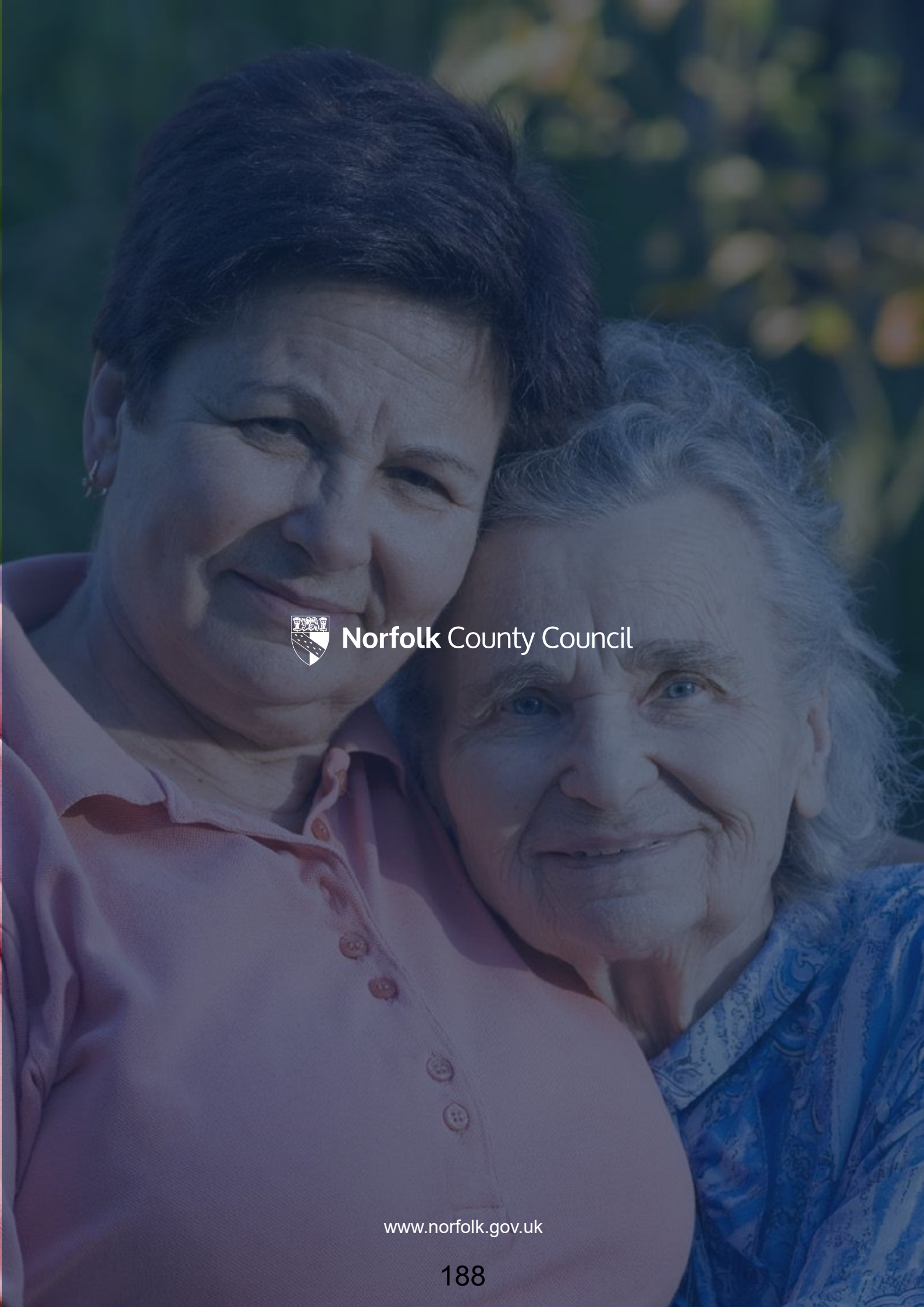
Providers: 12

Supported Living Floating Support

Providers: 2

We are...

- Commissioning accommodation based reablement beds to assist hospital discharge and prevent admission. The Swaffham provider currently has two beds with the intention to open more
- Operating with a new Trusted Assessment Facilitator, who works at the Queen Elizabeth Hospital, to improve the experience of people and reduce any delays as they return to their home or move into a care home
- Using a new Enhanced Home Support Service to reduce delayed discharges with an assessor who is employed at the Queen Elizabeth Hospital


Norfolk County Council
www.norfolk.gov.uk