

Adult Social Care Committee

Date: **Monday, 07 November 2016**

Time: **14:00**

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)

Mrs J Brociek-Coulton Mr W Richmond

Mr D Crawford Mr M Sands

Mr T Garrod Mr E Seward

Mrs S Gurney Mr B Spratt

Mr J Mooney Mrs M Stone (Vice-Chairman)

Ms E Morgan Mr M Storey

Mr R Parkinson-Hare Mr B Watkins

Mr J Perkins Ms S Whitaker

Meeting will start at 2pm or at the rising of Council, whichever is later.

**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. **To agree the minutes of the meeting held on 10 October 2016**

Page

To follow.

3. **Declarations of Interest**

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

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

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

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

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

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

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

5. **Public QuestionTime**

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm on Wednesday 2 November 2016**. For guidance on submitting public question, please view the Constitution at www.norfolk.gov.uk, or 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 2 November 2016.**

7. Chairman's Update

Verbal update by Cllr Bill Borrett

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

9. Executive Director's Update

Verbal Update by the Acting Executive Director of Adult Social Services

10. Appointment of Member Representative to the Governor's Council of James Paget University Hospital NHS Foundation Trust

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A report by the Managing Director

11. Performance Management report

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A report by the Acting Executive Director of Adult Social Services

12. Adult Social Care Finance Monitoring Report Period 6 (September) 2016-17

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A report by the Acting Executive Director of Adult Social Services

13. Promoting Independence - next stage delivery plan

Page 37

A report by the Acting Executive Director of Adult Social Services

14. Priorities in the Learning Disability service

Page 56

A report by the Acting Executive Director of Adult Social Services

Group Meetings

Conservative	9:00am	Conservative Group Room, Ground Floor
UK Independence Party	9:00am	UKIP 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: 28 October 2016



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Adult Social Care Committee Item No.....

Report title:	Appointment of Member Representative to the Governor's Council of James Paget University Hospital NHS Foundation Trust
Date of meeting:	7 November 2016
Responsible Chief Officer:	Managing Director
Strategic impact	
<p>Appointments to outside bodies are made for a number of reasons, not least that they add value in terms of contributing towards the Council's priorities. Responsibility for making such appointments lies with Service Committees.</p>	

Executive summary
<p>In the June 2016 cycle of meetings, this Committee reviewed its appointments to outside bodies. Councillor Julie Brociek-Coulton was re-appointed to be the Council's representative on the Governor's Council of James Paget University Hospital NHS Foundation Trust. The County Council is one of the appointed governors in the Trust's constitution.</p> <p>Councillor Brociek-Coulton has notified the Trust of her resignation and therefore the Committee is invited to nominate a new representative for the remainder of the municipal year.</p>
Recommendation
<ul style="list-style-type: none"> • That Members consider and agree to the appointment of a Member representative to the Governor's Council of James Paget University Hospital NHS Foundation Trust.

1. Proposal

- 1.1 Members are asked to consider and agree to the appointment of a Member representative to the Governor's Council of James Paget University Hospital NHS Foundation Trust to replace Cllr Brociek-Coulton who has recently stepped down. The Governors' Council holds the Board of Directors to account for the performance of the Trust.
- 1.2 Council appointees as a Governor of an NHS Trust should not also be members of the Norfolk Health Overview and Scrutiny Committee because of the potential/perceived conflict of interest.

2. Financial Implications

Any appointments will have a small financial implication for the member's allowances budget, as attendance at an external body is an approved duty under the scheme, for which members may claim travel expenses.

3. Issues, risks and innovation

3.1 There are no other relevant implications to be considered by members.

Background Papers – There are no background papers relevant to the preparation of this report

Officer Contact

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

Officer Name:	Tel No:	Email address:
Chris Walton	01603 222620	chris.walton@norfolk.gov.uk



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Adult Social Care Committee

Item No.....

Report title:	Performance management report
Date of meeting:	7 November 2016
Responsible Director	Catherine Underwood, Acting Executive Director of Adult Social Services
Strategic impact Robust performance and risk management is key to ensuring that the organisation works both efficiently and effectively to develop and deliver services that represent good value for money and which meet identified need.	

Executive summary

This report presents current performance against the Adult Social Care Committee's (the Committee) vital signs indicators, based upon the revised performance management system which was implemented as of 1 April 2016.

A full list of indicators is presented in the Committee's performance dashboard.

Detailed performance information is available by exception for indicators that are off-target, are deteriorating consistently, or that present performance that affects the council's ability to meet its budget, or adversely affects one of the council's corporate risks. The following indicators are reported as exceptions on this occasion:

- a) Number of days delay in transfers of care per 100,000 population (attributable to social care) (off target)
- b) % People receiving Learning Disabilities services in paid employment (off target)
- c) % People receiving Mental Health services in paid employment (off target)
- d) Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (65+ years) (Amber alert and deteriorating performance compared to target for 3 or more periods)

The report then proposes bringing targets for the remaining volumes and activity vital signs indicators, alongside Budget and Service Planning proposals, to a future meeting and at the latest to the December Committee.

Recommendations:

With reference to section 3, for each vital sign that has been reported on an exceptions basis, Committee Members are asked to:

- a. **Review and comment on the performance data, information and analysis presented in the vital sign report cards and**
- b. **Determine whether the recommended actions identified are appropriate or whether another course of action is required**

In support of this, Appendix 1 provides:

- a. **A set of prompts for performance discussions**
- b. **Suggested options for further actions where the Committee requires additional information or work to be undertaken**

1 Introduction

- 1.1 This performance monitoring report provides the most up to date performance data available, to the end of period 6 (September 2016).

2 Performance dashboard

- 2.1 The performance dashboard provides a quick overview of Red/Amber/Green rated performance across all vital signs over a rolling 12 month period. This then complements that exception reporting process and enables Committee members to check that key performance issues are not being missed.
- 2.2 The dashboard is presented below.

2.3 Adult Social Services Dashboard

Note: results without alerts/colouring denote where targets have not yet been set – in this case because new indicators have been developed.

Monthly	Bigger or Smaller is better	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Target
% of people who require no ongoing formal service after completing reablement	Bigger	87.1%	87.5%	88.3%	86.2%	86.5%	86.3%	87.2%	91.8%	89.9%	89.1%	89.4%	91.6%	
Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (18-64 years)	Smaller	27.7	25.3	23.7	22.5	22.5	21.7	21.1	19.7	18.7	17.7	18.3		19.5
Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (65+ years)	Smaller	661	645	645	622	617	623	616	622	614	613	613		602
Decreasing the rate of people in residential and nursing care per 100,000 people	Smaller	575	571	571	567	564	565	567	568	562	558	558	555	
Increasing the proportion of people in community-based care	Bigger	66.4%	66.5%	66.6%	66.5%	66.7%	66.8%	66.7%	66.7%	66.9%	67.1%	67.1%	67.2%	
Decreasing the rate of Council service users per 100,000 population (18-64 years)	Smaller	927	927	933	928	929	936	935	937	940	939	937	938	
Decreasing the rate of Council service users per 100,000 population (65+ years)	Smaller	3,594	3,573	3,577	3,495	3,505	3,523	3,516	3,531	3,497	3,496	3,494	3,479	
% of people still at home 91 days after completing reablement	Bigger	92.4%	92.2%	92.0%	91.4%	91.7%	90.7%	92.2%	91.9%	93.3%	94.3%	93.2%		90.0%

Monthly	Bigger or Smaller is better	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Target
Number of days delay in transfers of care per 100,000 population (attributable to social care)	Smaller	1.2	1.3	1.4	1.5	1.5	1.5	2.9	2.6	2.4	2.6			1.5
% People who were subject to safeguarding interventions whose stated outcomes were met	Bigger					63.2%	88.0%	70.2%	75.6%	75.5%	78.8%	73.3%		
% People receiving Learning Disabilities services in paid employment	Bigger	3.6%	3.6%	3.7%	3.6%	3.6%	3.7%	3.3%	3.3%	3.2%	3.2%	3.3%	3.3%	3.6%
% People receiving Mental Health services in paid employment	Bigger	1.8%	1.8%	1.9%	1.9%	1.8%	2.1%	1.9%	2.1%	2.3%	2.3%	2.3%	2.3%	2.7%
% Enquiries resolved at point of contact / clinic with information, advice	Bigger	37.4%	38.8%	36.7%	37.2%	39.6%	42.3%	34.0%	36.2%	35.5%	37.4%	33.3%	37.2%	
Rate of carers supported within a community setting per 100,000 population	Bigger	658	650	651	658	662	647	604	602	607	598	598	589	
% of CQC ratings of all registered commissioned care rated good or above	Bigger	60.2%	58.0%	58.9%	56.9%	56.7%	56.9%	60.6%	61.2%	62.9%	65.0%	68.0%		
% Social care assessments resulting in solely information and guidance	Bigger	11.8%	12.5%	14.8%	10.9%	13.4%	11.1%	13.0%	9.0%	14.2%				

*Because targets are 'profiled' over the year, and so change every month to reflect the change that is required over time, it is possible for the performance alert to change without the result changing

3 Report cards

- 3.1 A report card has been produced for each vital sign. These provide a succinct overview of performance and outlines what actions are being taken to maintain or improve performance. The report card follows a standard format that is common to all committees.
- 3.2 Each vital sign has a lead officer, who is directly accountable for performance, and a data owner, who is responsible for collating and analysing the data on a monthly basis. The names and positions of these people are clearly specified on the report cards.
- 3.3 Vital signs are to be reported to Committee on an exceptions basis, with indicators being reported in detail when they meet one or more criteria. The exception reporting criteria are as follows:
- Performance is off-target (Red RAG rating or variance of 5% or more)
 - Performance has deteriorated for three consecutive months/quarters/years
 - Performance is adversely affecting the council's ability to achieve its budget
 - Performance is adversely affecting one of the council's corporate risks
- 3.4 The report cards for those vital signs that do not meet the exception criteria on this occasion, and so are not formally reported, will be made available to view through Members Insight. To give further transparency to information on performance, for future meetings it is intended to make these available in the public domain through the Council's website.
- 3.5 These will then be updated on a quarterly basis. In this way, officers, members and the public can review performance across all of the vital signs at any time.
- 3.6 The four report cards highlighted in this report are presented below (with the reason they are presented here 'by exception' in brackets):
- a) Number of days delay in transfers of care per 100,000 population (attributable to social care) (off target)
 - b) % People receiving Learning Disabilities services in paid employment (off target)
 - c) % People receiving Mental Health services in paid employment (off target)
 - d) Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (65+ years) (Amber alert and deteriorating performance compared to target for 3 or more periods)

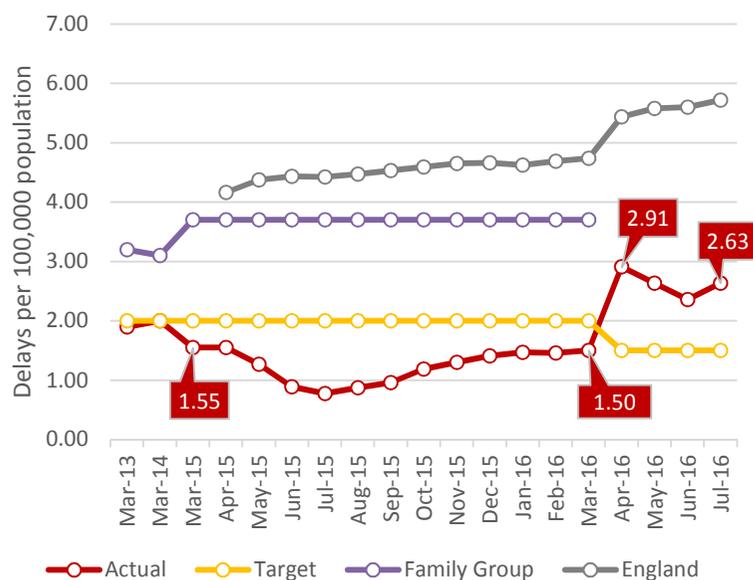
3.7 Number of days delay in transfers of care per 100,000 population (attributable to social care)

Why is this important?

Staying unnecessarily long in acute hospital can have a detrimental effect on people's health and their experience of care. Delayed transfers of care attributable to adult social services impact on the pressures in hospital capacity, and nationally are attributed to significant additional health services costs. Hospital discharges also place particular demands on social care, and pressures to quickly arrange care for people can increase the risk of inappropriate admissions to residential care, particularly when care in other settings is not available. Continuing Norfolk's low level of delayed transfers of care into appropriate settings is vital to maintaining good outcomes for individuals and is critical to the overall performance of the health and social care system. This measure will be reviewed as part of Better Care Fund monitoring.

Performance

Number of days delay in transfers of care attributable to social care per 100,000 population



What explains current performance?

- In April 2016 the number of delays per 100,000 of population nearly doubled when compared to the previous month, dropping off slightly in the subsequent months, but still significantly higher than previously
- The increase appears to have largely been driven by a sharp jump in delays attributable to social care from the Norfolk & Norwich University Hospital – from a baseline of zero prior to April, to over 200 in April, May and July. June delays from the NNUH returned to zero
- Discussions with colleagues at the NNUH have confirmed that the additional delays in April and May were due to recording errors and that results would be reflected from September onwards due to Department of Health data practices. Members should therefore expect to see this from the next scheduled performance monitoring report in December.
- Since April 16 the NNUHFT has been conducting significant changes to its internal pathways to reduce pressure on their A&E department and to recover the '4 hour target'. These changes have increased the pace of discharge resulting in an increase in referrals to social services
- The NNUHFT regularly, but unpredictably, escalates to BLACK alert in response to pressure within the hospital. This results in a spike referrals to the social services discharge team. This spike can take a short while to reduce and can cause some patients to be delayed
- The NNUHFT has set up a discharge hub and employed a new team to support their discharge process. It has taken a short while for this team to learn the process and has resulted in recording errors. A daily process to validate delays is now in place
- Irrespective of data issues, the health and care system remains under significant pressure and keeping delays at a minimum will remain a significant performance challenge, as seen by the June result remaining above the target level

What will success look like?

- Low, stable and below target, levels of delayed discharges from hospital care attributable to Adult Social Care, meaning people are able to access the care services they need in a timely manner once medically fit

Action required

- Continue priority actions in partnership with health services to ensure timely discharges from hospitals into appropriate care settings through integrated discharge arrangements whilst ensuring cost effective and appropriate solutions are found.
- Trialling a change in practice where discharges can happen while the Free Nursing Care (FNC) decision is ratified and processed, rather than current process which is to wait until afterwards. This should have a positive impact on DTOC.
- ICT changes and upgrades at inpatient units allow Social Workers to complete records and paperwork on site, making the inpatient units fully integrated sites and help staff to be fully mobile. ICT upgrade to connection has happened with full access expected by December 2016. this assists overall flow and capacity.
- Review and re-enforce re-enablement first following acute care pathways and no permanent placements from hospital
- New Integrated Discharge Team Manager to start in November and continue to prioritise actions to reduce DToC.

Lead: Lorraine Barrett, Director of Integrated Care Data: Business Intelligence & Performance Team

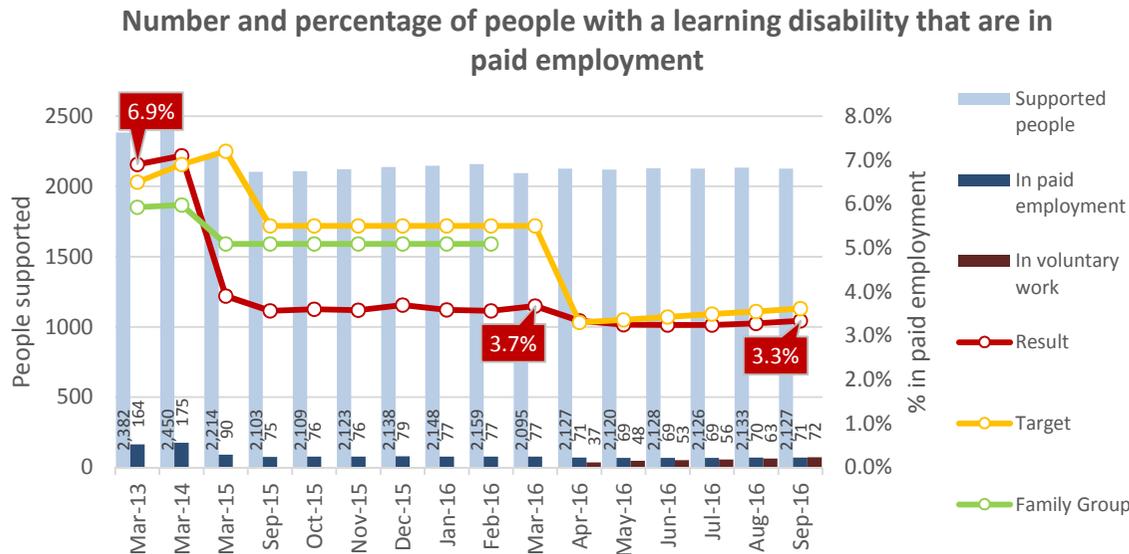
3.8 % People receiving Learning Disabilities services in paid employment

Why is this important?

Research and best practice shows that having a job is likely to significantly improve the life chances and independence of people with learning disabilities, offering independence and choice over future outcomes. Furthermore this indicator has been identified within the County Council Plan as being vital to outcomes around both the economy and Norfolk's vulnerable people. Norfolk has a low rate compared to other councils.

Performance

What is the background to current performance?



- Current performance has declined from 3.7% in March 2016 to **3.3% in September 2016** and is worse than at year end 2014/15 (3.9%)
- There has been very slight variation in performance since the last report to Committee when it was 3.2%
- Historically Norfolk's performance kept pace with the family group average, even during the recession
- Poor performance means Norfolk is now significantly below the family group average percentage of 5.1%.
- The number of people in voluntary work has only been recorded since April 2016; we would expect numbers to increase as information is recorded at reassessment
- We also know that there is a "ceiling" of people who could possibly be in employment of around 9% since about 91% of people receiving LD services are classed as "not seeking work/retired"

What will success look like?

Action required

- Meet targets to exceed the previous highest rate (2013/14), with 'steeper' improvement in 17/18 and 18/19 to reflect the timing of the planned review of day services
- Targets of 5% by end of 16/17, 5.3% by 17/18 and 7.5% by 18/19

- Current data shows 160 service users recorded as seeking work. This needs to be analysed to check the figure is still accurate. Some service users may now be in work, work experience or education (completed by Jan17)
- Providers are being contacted to make sure those seeking work are being supported to meet this objective. This work is underway and will be completed by January 2017
- A review of day service providers is underway to ensure that if providers say they provide support for people to find work they are doing so. This will take 3-6 months. Following this review we will ensure effective contractual arrangements support targets with providers offering employment / work related / volunteering
- OWLs (Opportunity, Work and Learning) project to progress and take forward
- Match (the NCC employment support service for LD) to identify the barriers to finding employment
- Build on success of approaching employers directly rather than applying on the open market. Build a community approach-hold local events to encourage employers to pledge work experience/voluntary work
- Continued emphasis on using strengths based practice at reviews and during transition to emphasise the importance of accessing employment/work based activities. Share good practice in teams
- Further work needed to ensure literacy and maths requirements are not a barrier to accessing apprenticeships

Responsible Officers

Lead: Lorraine Barrett, Director of Integrated Care

Data: Business Intelligence & Performance Team

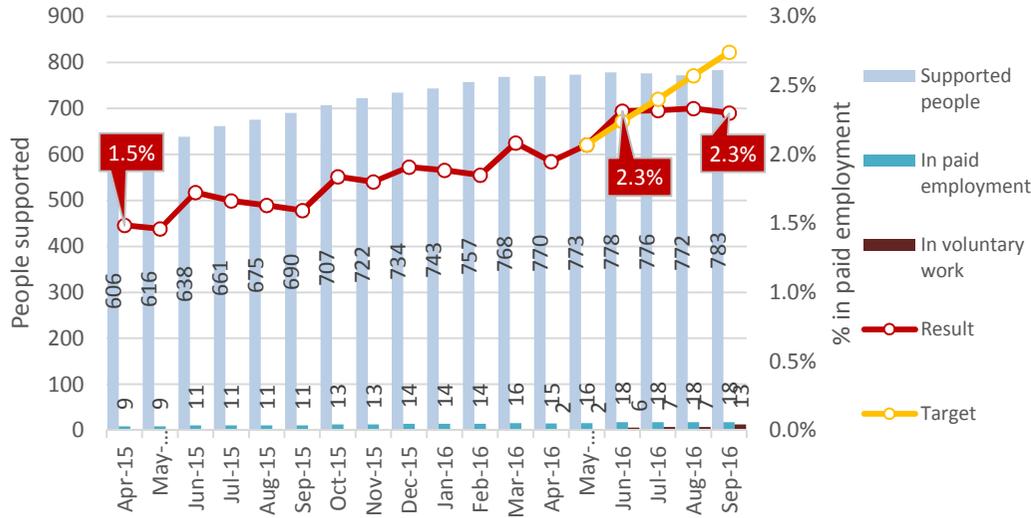
3.9 % People receiving Mental Health services in paid employment

Why is this important?

Research and best practice shows that having a job is likely to significantly improve outcomes for people with mental health needs, offering independence and improving mental wellbeing.

Performance

Number and percentage of people with a mental health need that are in paid employment



What is the background to current performance?

- The number of people receiving mental health services who are in paid employment has remained static at 18 (2.3%) since June 2016
- An ambitious target has been agreed which increases each month and reaches 3.74% by the end of March 2017
- The Mental Health service is seeing an overall reduction in service users receiving a funded service
- Better recording means that 30 people receiving mental health services have been identified as seeking work, which is a rise from only 8 people in April
- Service users seeking work may no longer meet Care Act eligibility. They may progress onto work but this is not captured in service performance figures
- The number of people in voluntary work or training and work related activities has only been recorded since April 2016, during the service users' reassessment. Since then, numbers have almost doubled. Volunteering, training and work related activities can be a precursor to opportunities in paid work

What will success look like?

- People receiving mental health services who want to work will be in employment, using funded or non-funded services to achieve their goals
- People who take part in meaningful activities and the structure gained from work related activities, training or volunteering will benefit from an improvement in their well being and require less formal social care support
- Market development will be stimulated to provide more choice into employment for people receiving mental health services

Action required

- Care records are being updated to clearly identify people who are seeking work, or who are already in employment, training or work related activities, or engaged in voluntary work
- Personal budgets are being scrutinised at assessment / review to ensure that if someone wants to work their personal budget reflects this and that support is commissioned to support this outcome
- Links are being made across organisations, such as with the Worklessness Development Officer who identifies employment and training opportunities within community resources and networks
- Information arising from reviews of personal budgets will be used to commission new schemes to help people into work or training
- A sample of cases closed over the last 3 months will be analysed to see if people who are no longer eligible under the Care Act progress on to work but are not being captured in this measure

Responsible Officers

Lead: Alison Simpkin

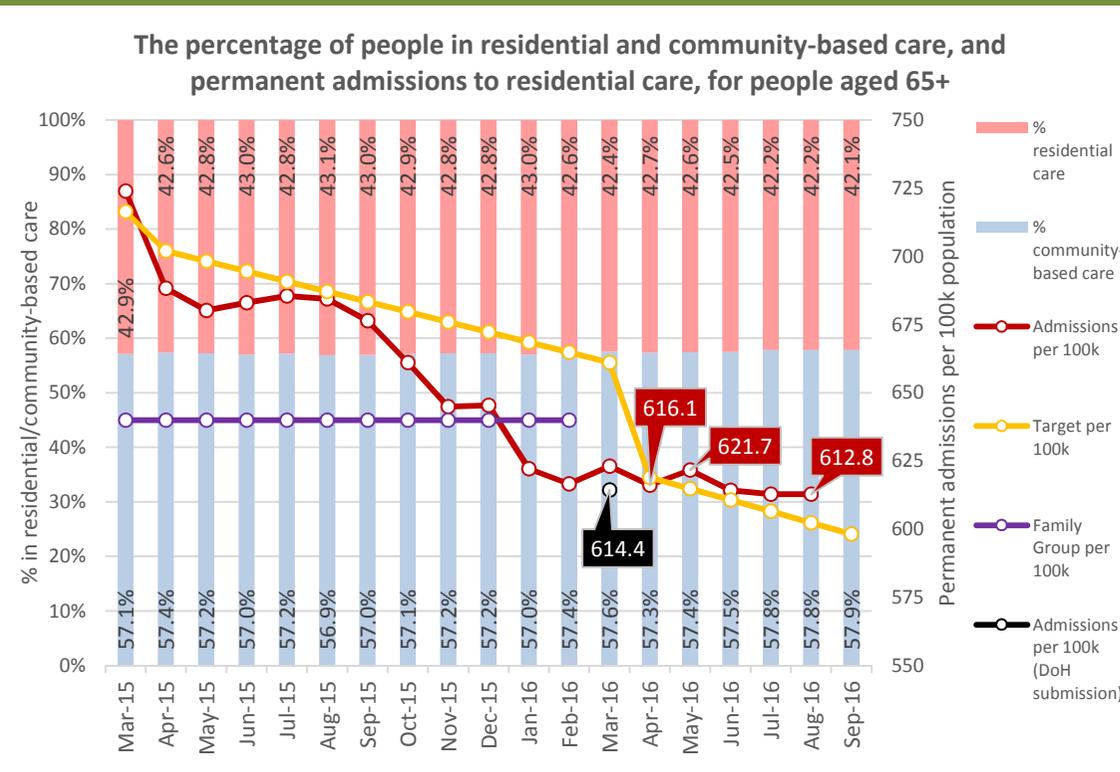
Data: Business Intelligence & Performance Team

3.10 Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (65+ years)

Why is this important?

People that live in their own homes, including those with some kind of community-based social care, tend to have better outcomes than people cared-for in residential and nursing settings. In addition, it is usually cheaper to support people at home - meaning that the council can afford to support more people in this way. This measure shows the balance of people receiving care in community- and residential settings, and indicates the effectiveness of measures to keep people in their own homes.

Performance



What is the background to current performance?

- Historically admissions to residential care have been higher than Norfolk's family group average, however we are expecting to be more in line based on improved year-on-year reductions
- Significant improvements in the last four years has seen the rate of admissions per 100k reduce from 823 in 2012/13 to around 613 now (August 2016). The increase from April to May took admissions per 100k over the target rate and has since stayed relatively flat while targets are moving downwards
- Reductions driven by improvements to:
 - Reablement services
 - Improvements to the hospital discharge pathway
 - Improved 'strength based' social care assessments
- This is beginning to have some impact on overall placements, with the residential care population reducing from 42.9% of all care for over 65s in March 2015 to 42.1% now (September 2016)
- Reductions in placements don't keep pace with admissions because the average length of stay of someone aged 65+ is around 2.3 years
- Admissions have been under-reported in previous periods due to a delay in recording agreements. It is likely that current performance is also being under-reported making the current performance appear better than is actually the case

What will success look like?

- Admissions to be sustained below the family group benchmarking average
- Subsequent sustained reductions in overall placements
- Sustainable reductions in service usage elsewhere in the social care system (see 'Reduced service use' Vital Signs Report Card)

Action required

- Reductions in admissions for 65+ must be sustained through good social care practice
- Commissioning activity around accommodation to focus on effective preventative interventions such as reablement, sustainable domiciliary care provision, and improved Housing With Care options for those aged 65+
- Monitor admission levels to identify if the recent increase becomes a trend
- Review use of Planning beds and implement actions to reduce conversion to long term placement
- Re-enforce reablement and therapy first processes to prevent unnecessary admission to long term residential care

Responsible Officers

Lead: Lorraine Barrett, Director of Integrated Care, and Lorna Bright, Assistant Director Social Work

Data: Business Intelligence & Performance

4 Financial Implications

- 4.1 There are no significant financial implications arising from the development of the revised performance management system or the performance monitoring report.

5 Issues, risks and innovation

- 5.1 There are no significant issues, risks and innovations arising from the development of the revised performance management system or the performance monitoring report.

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 :
Lorna Bright	01603 223960	lorna.bright@norfolk.gov.uk
Jeremy Bone	01603 224215	jeremy.bone@norfolk.gov.uk



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Performance discussions and actions

Reflecting good performance management practice, there are some helpful prompts that can help scrutinise performance, and guide future actions. These are set out below.

Suggested prompts for performance improvement discussion

In reviewing the vital signs that have met the exception reporting criteria and so included in this report, there are a number of performance improvement questions that can be worked through to aid the performance discussion, as below:

1. Why are we not meeting our target?
2. What is the impact of not meeting our target?
3. What performance is predicted?
4. How can performance be improved?
5. When will performance be back on track?
6. What can we learn for the future?

In doing so, Committee members are asked to consider the actions that have been identified by the vital sign lead officer.

Performance improvement – recommended actions

A standard list of suggested actions have been developed. This provides members with options for next steps where reported performance levels require follow-up and additional work.

All actions, whether from this list or not, will be followed up and reported back to the Committee.

Suggested follow-up actions

	Action	Description
1	Approve actions	Approve actions identified in the report card and set a date for reporting back to the Committee
2	Identify alternative/additional actions	Identify alternative/additional actions to those in the report card and set a date for reporting back to the Committee
3	Refer to Departmental Management Team	DMT to work through the performance issues identified at the committee meeting and develop an action plan for improvement and report back to Committee
4	Refer to Committee task and finish group	Member-led task and finish group to work through the performance issues identified at the Committee meeting and develop an action plan for improvement and report back to Committee
5	Escalate to County Leadership Team	Identify key actions for performance improvement (that require a change in policy and/or additional funding) and escalate to CLT for action
6	Escalate to Policy and Resources Committee	Identify key actions for performance improvement (that require a change in policy and/or additional funding) and escalate to the Policy and Resources Committee for action.

Adult Social Care Committee

Item No

Report title:	Adult Social Care Finance Monitoring Report Period 6 (September) 2016-17
Date of meeting:	7 November 2016
Responsible Chief Officer:	Catherine Underwood, Acting Executive Director of Adult Social Services

Strategic impact

This report provides the Committee with financial monitoring information, based on information to the end of September 2016. It provides an analysis of variations from the budget and the actions being taken by the service to reduce the overspend.

Executive summary

As at the end of September 2016 (Period 6), Adult Social Services is forecasting an overspend of £8.953m, with the application of previously identified use of the Corporate Business Risk Reserve. The overspend equates to a 3.6% variance on the revised budget and represents an increase of £0.039m on the position reported at the end of Period 5. This is following review of risks and recommendations for application of funding, which is set out below. The paper also highlights the recovery actions being taken by the service.

Expenditure Area	Budget 2016/17 £m	Forecast Outturn £m	Variance £m
Total Net Expenditure	247.369	265.826	18.457
Agreed use of Corporate Business Risk Reserve	0.000	(10.155)	(10.155)
Reversal of unplanned use of reserves	0.000	0.651	0.651
Revised net expenditure	247.369	256.322	8.953

The headline information and considerations include:

- The outturn position for 2015-16 was a £3.168m overspend and this underlying pressure continues into 2016-17
- The Council in setting the budget recognised the additional business risks affecting the service, specifically in relation to the cost of care exercise that concluded in April, the additional cost in 2016-17 for the introduction of the national living wage and the uncertainty of health funding to maintain social care as part of the Better Care Fund. A corporate business risk reserve was set up as part of the 2016-17 budget to help manage this risk. The use of £5.155m has previously been agreed for cost of care and national living wage pressures and £5m towards protecting social care following the reduction in health funding towards social care in 2016-17 within the Better Care Fund
- The forecast recognises the increase in commitments between when the budget was set at the end of January 2016 and the actual commitments at April 2016
- The service is continuing to improve its information and accuracy of forecasting. Inclusion of improved information about how our home care and day contracts are being used, information

about waiting lists and service level agreements has improved the accuracy of forecasting, but resulted in the need to recognise a higher budget pressure for the service

- e) The forecast at Period 6 includes an increase in commitments for Older People and People with Learning Disabilities, which offsets some of the reduction reported for Period 5; the impact of the 2016/17 residential uplift agreed at October Adult Social Care Committee; revised projection of reclaim of direct payments and transition.
- f) Following work with iMPower consultants the forecast includes a revised savings estimates, reflecting re-profiling of some savings
- g) The reversal for unplanned use of reserves reflects that use of reserves, included in previous forecasts, is yet to be formally approved.

Adult Social Services reserves at 1 April 2016 stood at £2.848m. At the point that the budget was set in February 2016, the Council agreed to £1.073m use of Adult Social Services reserves in 2016/17. The year end position on reserves was £0.838m higher than at budget. As reported previously to Committee, the Period 4 finance monitoring report included planned use of £1.198m of reserves within the forecast. However, as this had not been formally approved, Policy and Resources committee asked for subsequent forecasts to only reflect the use of reserves approved at budget. The Period 6 forecast therefore includes a net use of reserves in 2016-17 of £1.073m to meet commitments. However, to enable the use of additional reserves available to the service, the Committee is asked to propose to Policy and Resource Committee the additional use of £0.651m. This does not assume use of reserves to offset general overspend. The 2016-17 forecast outturn position for reserves is therefore £1.775m. Provisions totalled £3.127m at 1 April 2016, mainly for the provision for bad debts.

As part of the budget planning for 2017-18 and following the refresh of the Promoting Independence programme of work, to deliver £49.8m of savings within the service between 2016-17 and 2018-19, this report sets out the identified risks and asks Committee to consider the proposed reprofile of savings and recommendation to Policy and Resources committee to delay £10m of savings from 2017-18 to 2019-20, which will support the development of robust budget plans.

Recommendations:

Members are invited to discuss the contents of this report and in particular to note:

- a) **The forecast outturn position at Period 6 for the 2016-17 Revenue Budget of an overspend of £8.953m**
- b) **The planned actions being taken by the service to reduce the overspend**
- c) **The planned use of reserves and to propose to Policy and Resources Committee that County Council approve the use of additional reserves of £0.651m in 2016-17 as set out in Section 2.11.**
- d) **The forecast outturn position at Period 6 for the 2016-17 Capital Programme**

Members are also asked to:

- e) **Note the revised risk assessment of savings for 2017/18 and to recommend to Policy and Resources Committee the proposed re-profiling of £10m of savings within 2017/18 to 2019/20 to remove the savings identified as high risk.**

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 2016) forecast including assumptions about the implementation and achievement of savings before the end of the financial year.

1.3 The County Council in setting the budget for 2016/17, recognised the significant business risks facing the service, including the review of cost of care and the implications of national living wage and the continuation of funding from Clinical Commissioning Groups (CCGs) to

maintain social care within the Better Care Fund scheme. As part of the 2016-17 budget setting, the Council put in a place a Corporate Business Risk Reserve. The forecast includes the approved use of £10.155m to manage the actual costs that have now arisen for the service

2. Detailed Information

2.1 The table below summarises the forecast outturn position as at the end of September 2016 (Period 6).

Actual 2015/16 £m	Over/ Underspend at Outturn £m	Expenditure Area	Budget 2016/17 £m	Forecast Outturn £m	Variance @ P6 £m
8.325	(0.312)	Business Development	7.621	7.465	(0.157)
70.665	0.804	Commissioned Services	69.540	71.920	2.381
5.442	0.142	Early Help & Prevention	6.238	5.713	(0.525)
164.760	9.653	Services to Users (net)	155.401	167.842	12.441
(6.710)	(7.119)	Management, Finance & HR	8.570	2.731	(5.839)
		Reversal of unplanned use of reserves	0.000	0.651	0.651
242.482	3.168	Total Net Expenditure	247.369	256.322	8.953

2.2 As at the end of Period 6 (September 2016) the revenue outturn position for 2016-17 is £8.953m, the forecast includes the release of (£6.079m) of Care Act funding that was not allocated to specific budgets at the beginning of the year.

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

2.4 The overspend is primarily due to the net cost of Services to Users (purchase of care and hired transport), and risks associated with the delivery of recurrent savings, resulting in a forecast overspend of £12.441m.

2.5 There has been in-year movement in the budget between services to properly reflect the agreed areas supported by the Better Care Fund income. Key changes include reducing the income budget for both Management and Finance, and Services to users with corresponding increase in income budget for Care and Assessment, and Reablement services – which results in a reduction in net budget for these services.

2.6 Additional pressures for 2016/17

2.6.1 As previously reported the forecast includes the additional costs arising from the cost of care review and the implications of the national living wage within the 2016/17 uplift to prices.

2.7 Services to Users

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

Actual 2015/16 £m	Over/ Underspend at Outturn £m	Expenditure Area	Budget 2016/17 £m	Forecast Outturn £m	Variance £m
111.417	3.579	Older People	103.677	110.626	6.949
24.750	0.412	Physical Disabilities	22.039	23.111	1.072
90.218	9.863	Learning Disabilities	83.408	91.240	7.832
13.519	1.839	Mental Health	12.907	13.091	0.184
6.909	2.328	Hired Transport	3.672	6.709	3.037
14.436	(1.150)	Care & Assessment & Other staff costs	10.254	9.716	(0.538)
261.249	16.871	Total Expenditure	235.957	254.493	18.536
(96.490)	(7.218)	Service User Income	(80.556)	(86.651)	(6.095)
164.760	9.653	Revised Net Expenditure	155.401	167.842	12.441

2.7.2 Key points:

- a) Permanent admissions to residential care – so those without a planned end date – have been consistently reducing for the last three years in both 18-64 and 65+ age groups, and reductions have accelerated in the last year in response to the provisions put in place in response to Promoting Independence. In the twelve months preceding March 2013 Norfolk permanently admitted 823 people aged 65+ per 100,000 population, whereas in the twelve months before March 2016 it permanently admitted 623 older people. In the 18-64 age group this rate reduced from 53 people permanently admitted per 100,000 population in the twelve months preceding March 2013, to 21.7 at March 2016. In real terms, and looking just at the last year (comparing the totals in March '15 and March '16) this means around 114 fewer permanent admissions of people aged 65+, and around 55 fewer permanent admissions of people aged 18-64
- b) The forecast expenditure for purchase of care, excluding care and assessment is (£2m) less than the 2015/16 outturn. The 2015/16 expenditure included £1.1m one-off expenditure, which was offset by income. However, the 2016/17 expenditure includes the increase in spend due to the cost of care exercise and implementation of the national living wage
- c) Reducing the number of working age adults in residential placements in line with savings targets is challenging. Transition plans for individuals are continuing to be developed and implemented, but transition for most individuals will take time with increased resources often needed initially to support the transition process into more independent care settings
- d) The Learning Disability and Physical Disability savings for 2016-17 are not expected to be fully delivered. This is reflected in the savings forecast and actions identified within the recovery action plan.
- e) Overall there is a reduction of £16m in budgeted income in 2016/17 compared to 2015/16 outturn, however service user income has remained the same. This primarily relates to one-off income items accounted for against purchase of care income in 2015/16 including £4.6m from reserves for 2015/16 cost of care pressures and approved use of reserves when setting the 2015/16 budget; £0.415m transfer

from Public Health; £3.6m to adjust for Continuing Health Care agreements and £1.1m in relation to additional invoices raised, but which were offset by additional costs. It also reflects reallocation of BCF income to the areas of agreed budget spend, particularly Care and Assessment and Reablement. The forecast includes the additional income from the Corporate Risk Reserve of £5.155m in relation to cost of care and national living wage

- f) The purchase of care forecast includes an increase in commitments, which offsets some of the reduction in the recorded commitments for residential, nursing and home care spot commitments reported for Period 5. The forecasts are built on the accuracy and timeliness of the recorded information on each service user and therefore can be subject to operational pressures.

2.8 Commissioned Services

2.8.1

Actual 2015/16 £m	Variance at outturn £m	Expenditure Area	Budget 2016/17 £m	Forecast Outturn £m	Variance £m
1.219	(0.182)	Commissioning Team	1.474	1.265	(0.209)
10.925	(0.219)	Service Level Agreements	11.157	10.847	(0.310)
2.620	0.021	Integrated Community Equipment Service	2.678	2.552	(0.126)
32.496	1.645	NorseCare	30.024	33.142	3.119
9.141	(0.141)	Supporting People	9.494	9.493	(0.001)
12.930	(0.265)	Independence Matters	13.345	13.245	(0.100)
1.334	(0.055)	Other Commissioning	1.369	1.376	0.008
70.665	0.804	Total Expenditure	69.540	71.920	2.381

2.8.2 Key points:

- a) A joint and medium term plan is being developed with Norse Care for delivery of current and future savings however, this is not expected to reduce the shortfall in 2016/17

2.9 Savings Forecast and risks affecting 2017/18 budget planning

2.9.1 The department's budget for 2016/17 includes savings of £10.926m. The Period 4 forecast previously reported to committee included a revised forecast for delivery of the savings, following a review undertaken with iMPower consultants of the Promoting Independence programme of work.

As previously reported to Committee, the review concluded that the Council is pursuing the right strategy, that there are other interventions that can be used to enhance delivery of the strategy and that the timeline for the strategy is challenging with the consultants questioning whether the savings can realistically be delivered in three years.

Following this work, the programme has been refreshed and a paper setting out the next stage delivery plan is reported elsewhere on this agenda. The target demand model has been completed and the projected demand benchmarked. The assessment is that the projected levels of demand are achievable and whilst targeting below average demand, the targets are still in the range of comparative councils. However, risks have been identified with the scale and pace of change required and the need to adequately embed the transformation, in order to accelerate the level of savings during 2017-18 and 2018-19. The current programme is shown within the table at 2.9.7 below. Following the latest assessment of the programme, the risk assessment of each saving has been reviewed and is reflected. High risk savings in 2017-18 total £10m. This will impact on the budget plans for 2017-18 and proposed action is set out in financial implications are Section 3 of this report.

2.9.2 Risks totalling £3.976m have been reflected in the forecast position and alternative savings are being identified.

Savings	Saving 2016/17 £m	Forecast £m	Variance £m
Savings off target (explanation below)	3.976		3.976
Savings on target	6.950	6.950	0.000
Total Savings	10.926	6.950	3.976

For those savings that are off target a brief explanation is provided below of the reasons why they are off target and any planned recovery action that is in place.

2.9.3 **Integrated Community Equipment Service (target £0.500m, forecast £0.232m, variance £0.268m)**

The savings were planned focusing on a mix of preventative and efficiency savings. The service is aiming to increase the access to equipment to reduce or delay the need for formal packages of care and review the way that equipment is recalled. Feasibility plans have identified that these savings will need to be re-profiled due to the time needed to set up new teams and processes. The focus will be on increasing the review and recall of equipment and reviewing where improved access to equipment can reduce the need for some service users to require two care workers (known as double-ups). There has been delay with recruitment to these posts and alternative staffing options are being considered.

2.9.4 **Changing how we provide care for people with learning disabilities or physical disabilities (target £1.500m, forecast £0.600m, variance £0.900m)**

The saving involves re-assessing the needs of existing service users and where appropriate providing alternative and more cost effective accommodation, or means of supporting them in their current accommodation. As previously reported while it is considered that savings can be achieved over time, the lead in times for the work have been longer than originally planned. In addition actions have been needed to review the implementation of the changes. A full review of the work areas is being completed and alternative options for 2016-17 are being explored.

2.9.5 Promoting Independence - Reablement - expand Reablement Service to deal with 100% of demand and develop service for working age adults (target £3.158m, forecast £1.200m, variance £1.958m)

Recruitment to posts is completed and the service is managing increased referrals. The savings are expected to be delivered, but have required re-profiling in year one, which will reduce the levels of savings that can be achieved in 2016/17.

2.9.6 Transport Savings (target £1.050m, forecast £0.200m, variance £0.850m)

A full report was presented to committee in July 2016. Various strands of work have and are being carried out including the reduction in the allocation for funding for transport in peoples' Personal Budgets; discussing with people at their annual review how they can meet their transport needs in a more cost effective way; and charging self-funders. However the savings from transport are taking longer to deliver than originally anticipated due to lack of capacity in the locality teams; the information available from travel systems; being able to make changes to travel arrangements for all individuals on a route to enable transport to be stopped and savings realised, cultural change and a reluctance to take up travel training. A review of transport is in train.

2.9.7 The below table provides an overview of the full programme of savings and current position.

Saving	Action	2016/17			2017/18	2018/19
		Budget £m	Forecast £m	Variance £m		
Promoting Independence – Customer Pathway (ASC006)	Strengths based approach rolled out; community hub piloted; preventative assessment piloted and being rolled out. Additional interventions identified including information advice and guidance	1.258	1.258	0.000	11.983	13.628
Promoting Independence – Move service mix to average of comparator family group (ASC011)	As above	0.120	0.120	0.000	0.962	1.444
Promoting Independence – Move service mix to lowest of comparator family group (ASC015)	As above	0.000	0.000	0.000	0.200	2.190
Promoting Independence – expanding reablement service (ASC007)	Additional staff in place and increased referrals	3.158	1.200	(1.958)	1.500	0.500
Promoting Independence – Housing with Care – development of non-residential community based care (ASC008)	Awaiting feasibility study and additional developments being pursued	0.000	0.000	0.000	0.500	0.500

Changing how we provide care for people with learning disabilities or physical disabilities (COM034)	Just Checking work piloted and being embedded; contract reviews; void management. Increased focus on re-assessments.	1.500	0.600	(0.900)	0.000	0.000
Transport – reduce the number of service users we provide transport for and payment of transport out of personal budgets (COM040 and ASC003)	Policy confirmed and new transport review agreed	1.050	0.200	(0.850)	0.800	0.000
Reducing the cost of business travel (GET016)	Complete	0.090	0.090	0.000	0.000	0.000
Reduce funding within personal budgets to focus on eligible unmet needs (COM033)	Impact from reassessments and strength based approach	2.500	2.500	0.000	0.500	0.000
Promoting Independence – expand use of Integrated Community Equipment Service (ASC009)	Service redesign and new practice agreed	0.500	0.232	(0.268)	0.250	0.250
Review of NorseCare agreement for the provision of residential care (COM042)	Joint action plan – Savings planned as Ellacombe placements reduce; external income from placements and NorseCare rebate.	0.750	0.750	0.000	0.000	0.000
Radical review of daycare services (ASC013)	Proposal in place and project being set up	0.000	0.000	0.000	1.000	2.500
Reduce Training and Development spend following implementation (ASC010)		0.000	0.000	0.000	0.200	
	Totals	10.926	6.950	(3.976)	17.895	21.012

2.10 Overspend Action Plan

2.10.1 The department is taking recovery action to reduce in year spending as far as possible. There is continued focus on many of the action areas identified within 2015-16 and inclusion of new actions. All localities have prepared recovery plans which include ongoing actions and new areas. These have been reviewed by Finance and Performance Board and Senior Management Team and key areas for immediate attention within the service to

support the in-year budget position have been identified. The action plan detailed at Appendix C highlights the main areas of focus for the service. These are predominately management actions, rather than new savings, which include a combination of both alternative interventions to help deliver savings that have been identified in the forecast as not achievable this year and changes in practice to support improved day to day budget management. The actions and performance are incorporated into the work of the Finance and Performance Board to provide a framework for regular monitoring and assurance.

2.11 Reserves

2.11.1 The department's reserves and provisions at 1 April 2016 were £5.975m. Reserves totalled £2.848m.

At the point that the budget was set in February 2016, the Council agreed to £1.073m use of Adult Social Services reserves in 2016/17. The year-end position on reserves was £0.838m higher than at budget. The Period 4 finance monitoring report asked Committee to note the planned use of £1.198m of reserves, which was included in the forecast. However, this is yet to be formally approved and Policy and Resources committee has asked for subsequent forecasts to only reflect the use of reserves approved at budget. The Period 6 forecast therefore includes a net use of reserves in 2016-17 of £1.073m to meet commitments. The increase in reserves at the end of March 2016, was reported to Committee in May 2016 and in-year plans required a net use of £0.651m as set out in Appendix D. The key changes reflects the use of £0.520m from the Corporate Business Risk reserve, relating to funding towards the Better Care Fund within the Norwich locality and the use of £0.112m to offset the pressure from overstatement of the use of the business risk reserve, as previously reported. Committee is asked to recommend to Policy and Resource Committee, the use of £0.651m as set out in Appendix D. This does not assume use of reserves to offset general overspend. The 2016-17 forecast outturn position for reserves is therefore £1.775m. Provisions totalled £3.127m at 1 April 2016, mainly for the provision for bad debts. The projected use of reserves and provisions is shown at **Appendix D**.

2.12 Capital Programme

2.12.1 The department's three year capital programme is £23.387m. The programme includes £8.368m relating to Department of Health capital grant for Better Care Fund (BCF) Disabled Facilities Grant (DFG) and Social Care Capital Grant, which is passported to District Councils within the BCF. Agreements are being put in place with district councils as part of the BCF programme of work, to monitor progress, use and benefits from this funding. The capital programme also includes £6.931m for the social care and finance replacement system. The feasibility study for Elm Road, has identified the need to increase the capital expenditure by £0.500m. This is within the range to deliver the net revenue benefits within the business case and this is reflected in the forecast reported at Appendix E. The priority for use of capital is Housing with Care and the development of alternative housing models for young adults. Unallocated capital grant has been re-profiled to move expenditure to 2017/18. There are no adverse variances to be reported at this stage. Details of the current capital programme are shown in **Appendix E**.

3. Financial Implications

3.1 The forecast outturn for Adult Social Services is set out within the paper and appendices. The actions at Appendix C set out plans that aim to mitigate and address the overspend.

3.2 As part of the 2017/18 budget planning process, the committee will need to propose a robust budget plan for the service. The service is facing significant financial risks, including the current forecast overspend within 2016/17. The budget and medium term financial planning report to this Committee in October set out the key planning assumptions within the Council's current budget model. These included expected delivery of the in-year

remedial actions to reduce the overspend, but recognition of £3m pressure from the delay of transport savings and costs pressures with the service. It also assumed that all previously agreed savings for 2017/18 are deliverable for Adult Social Care Committee. The refresh of the savings programme has confirmed that the targeted savings for the service are achievable, but has highlighted key risks with delivery of the savings in the original timescale. In order to support the Council in setting a robust budget plan for 2017-18, it is proposed that the high risks savings in 2017/18, totalling £10m are reprofiled to 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 a number of risks that impact on the ability of Adult Social Services to deliver services within the budget available. These risks include the following:
- a) pressure on services from a need led service where number of service users continues to increase, and in particular the number of older people age 85+ is increasing at a greater rate compared to other age bands, with the same group becoming increasingly frail and suffering from multiple health conditions
 - b) The ability to deliver the forecast savings, in addition to continuing to need to implement some recurrent savings from previous years to help reduce the overspend
 - c) The cost of transition cases, those service users moving into adulthood, have not been fully identified
 - d) The impact of pressures within the health system, through both increased levels of demand from acute hospitals and the impact of decisions due to current financial deficits in health provider and commissioning organisations
 - e) In any forecast there are assumptions made about the risk and future patterns of expenditure. These risks reduce and the patterns of expenditure become more defined as the financial year progresses and as a result of the reduced risk the forecast becomes more accurate
 - f) The ability to be able to commission appropriate home support packages due to market provision, resulting in additional costs
 - g) The continuing pressure from the provider market to review prices and risk of challenge
 - h) 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

5. Background

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

Finance Monitoring Report – Adult Social Care Committee October 2016

2017/18 Budget and Medium Term Financial Planning 2017-18 to 2019-20 – Adult Social Care Committee October 2016

Officer Contact

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

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

Adult Social Care 2016-17: Budget Monitoring Period 6 (September 2016)

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

Summary	Budget	Forecast Outturn	Variance to Budget		Variance at Period 5
	£m	£m	£m	%	£m
Services to users					
Purchase of Care					
Older People	103.677	110.626	6.949	6.70%	5.379
People with Physical Disabilities	22.039	23.111	1.072	4.86%	1.434
People with Learning Disabilities	83.408	91.240	7.832	9.39%	7.767
Mental Health, Drugs & Alcohol	12.907	13.091	0.184	1.42%	0.071
Total Purchase of Care	222.032	238.068	16.036	7.22%	14.651
Hired Transport	3.672	6.709	3.037	82.72%	3.037
Staffing and support costs	10.254	9.716	(0.538)	-5.24%	(0.449)
Total Cost of Services to Users	235.957	254.493	18.536	7.86%	17.240
Service User Income	(80.556)	(86.651)	(6.095)	7.57%	(5.397)
Net Expenditure	155.401	167.842	12.441	8.01%	11.843
Commissioned Services					
Commissioning	1.474	1.265	(0.209)	-14.21%	(0.154)
Service Level Agreements	11.157	10.847	(0.310)	-2.77%	(0.427)
ICES	2.678	2.552	(0.126)	-4.69%	(0.048)
NorseCare	30.024	33.142	3.119	10.39%	3.118
Supporting People	9.494	9.493	(0.001)	-0.01%	(0.001)
Independence Matters	13.345	13.245	(0.100)	-0.75%	0.000
Other	1.369	1.376	0.008	0.57%	0.017
Commissioning Total	69.540	71.920	2.381	3.42%	2.505
Early Help & Prevention					
Housing With Care Tenant Meals	0.716	0.538	(0.178)	-24.90%	(0.178)
Norfolk Reablement First Support	1.213	0.986	(0.227)	-18.74%	(0.135)
Service Development	1.076	1.180	0.104	9.69%	0.095
Other	3.232	3.009	(0.223)	-6.91%	(0.153)
Prevention Total	6.238	5.713	(0.525)	-8.41%	(0.372)

Adult Social Care 2016-17 Budget Monitoring Forecast Outturn Period 6 Explanation of variances

1. Business Development, forecast underspend (£0.157m)

Business Support vacancies, especially in the East and West teams.

2. Commissioned Services forecast overspend £2.381m

The main variances are:

NorseCare, forecast overspend of £3.119m. This relate to the previous year shortfall on the budgeted reduction in contract value and previously reported contractual requirements that meant that 2015-16 savings could not be achieved. NorseCare and NCC are developing a joint savings plan that will enable a medium term plan for delivering opportunities for further savings but it is not expected that savings above the 2016/17 can be delivered in this financial year.

Service Level Agreements, forecast underspend of £0.310m. Further review of budgets has identified reductions in planned costs and additional income.

3. Services to Users, forecast overspend £12.441m

The main variances are:

Purchase of Care (PoC), forecast overspend £16.036m.

The key reasons for the differences between the forecast and the 2016-17 budget are:

- The impact of the budget gap – the service is managing underlying unfunded pressures (reflected in the overspend at the end of 2015/16). The budget was set reflecting commitments (cost of placements) at January 2016, but the pressures from commitments at April compared to actual budget shows a £3.5m underlying pressure
- Since setting the budget, improved information gained at year-end on the use of home care packages and waiting lists, has enabled estimates to be improved. However, this has meant that forecast expenditure should be increased by £2.9m to reflect that home care commitments are being used more fully than previously and inclusion of expected commitments arising from people that are on waiting lists
- A revision in the level of 2016/17 savings that can be delivered has increased the forecast outturn. This relates to reablement and review of packages of care, which is set out in section 2.8 of this report.
- The 2016/17 financial cost of both the cost of care exercise and the impact to care providers from the national living wage was not included in the adult social care budget when it was set in February. Costs totalling £5.155m are included in the 2016/17 forecast. This is offset by the use of the corporate business risk reserve which is included within the income forecast for services to users. This reduces the actual underlying overspend for purchase of care, most significantly £4m for older people purchase of care and £0.500m for learning disabilities.
- The purchase of care forecast includes an increase in commitments, which offsets some of the reduction in the recorded commitments for residential, nursing and home care spot commitments reported for Period 5. The forecasts are built on the accuracy and

timeliness of the recorded information on each service user and therefore can be subject to operational pressures.

- The forecast direct payment reclaims has increased by £0.491m, this reflects current trends in expenditure, but also relates to reclaim of funds provided in previous financial years.

Hired Transport, forecast overspend £3.037m. The savings from transport are taking longer to deliver than originally anticipated. The forecast includes expected delay in 2016/17 savings. Reports providing an update on the Transport savings and project were reported to Committee in July 2016 and September 2016.

4. Early Help and Prevention, forecast underspend (£0.525m)

The main variances are:

Housing with Care tenant meals, forecast underspend (£0.178m). This reflects a planned change in contract where service users will pay the provider directly for meals. Therefore the forecast also reflects the same reduction in income and has a nil net impact on the service's budget.

Reablement, forecast underspend (£0.227m). Includes reduced spending on standby payments and travel and temporary long-term sickness cover that is no longer required.

5. Management, Finance and HR, forecast underspend (£5.839m)

The main variances are:

Management and Finance, forecast underspend (£5.825m). As part of the budget setting, funding relating to the Care Act was held with the Management and Finance budget, in order to focus on the savings delivery and to enable this money to be allocated longer term once spending is at a sustainable level. The forecast includes the release of (£6.079m) of Care Act funding that was not allocated to specific budgets at the beginning of the year.

The forecast at Period 4 overstated the use of the Business Risk Reserve by £0.500m. A part of the corporate reserve has been used to reprofile the saving COM033 - Reduction in funding within personal budgets to focus on eligible unmet needs within the budget setting process. The service will continue to benefit from the use of the Business Risk Reserve of £10.157m in 2016/17, however this pressure will need to be met within the service. This is reflected in the Management and Finance budget and has decreased the forecast underspend on this budget.

2016/17 Revised Action Plan

The revised plan sets out the priority actions for the service, in addition to business as usual focus on targets for placements, contract management and continued reinforcement of policy and practice. The below is predominately management actions, which include a combination of alternative interventions to help deliver savings that have been identified in the forecast as not achievable this year and changes in practice to support improved day to day budget management.

	Action	Progress for November	Impact expected	Target
1	Full rollout of preventative assessments	Final additional briefing sessions early November. All practitioners to be using preventative assessments where appropriate.	Reduction in number of Care Act assessments required.	Targeting £1.3m through less care assessment, more divert at front door.
2	Full rollout of occupational Therapist/Assistant Practitioner approach	Being delivered in Norwich and North – remaining roll outs completing in November and December.	Pilots have identified prevention of spend in the region of £100k per quarter.	
3	First point of contact to improve triage of referrals and consistency of practice. Business case setting out use and impact and recommended interventions	Scoping and principles agreed. Analysis of all entry points to the service.	Reduction in number of Care Act assessments required, leading to reduction in need for formal packages of care through improved signposting, information and advice	Targeting £0.750m through 70% resolution at first point of contact
4	Implement enhanced service around transitions from Children's Services. Initial action to widen scope of initial business case	Work to be incorporated into revised transformation plan	Improved outcomes through development of plans to work towards greater independence and less high cost packages of care. Savings not expected until 2017/18.	September – March 2017

	Action	Progress for November	Impact expected	Target
5	Improved offer for carer support – focusing on signposting and early help. Detailed and costed business case required.	Work to be incorporated into revised transformation plan	Carer breakdown is cited as one of the main reasons for people requiring new and increased packages of care. Action is needed to help reduce demand. Savings not expected until 2017/18	September – March 2017
6	Compulsory use of the Care Arranging Service for brokerage of all packages of care. Ensure capacity and knowledge to meet all service requirements within CAS.	Identify and secure training/additional support in the service Directive for use of CAS for all teams	Reduction in prices for care and reduction in the number of top-up arrangements required. Monitoring through Finance and Performance Board. Reduction in new spend for purchase of care.	Targeting £0.400m through reduction in 1:1 and additional contracts
7	Review of policy for hospital discharge and assessment to ensure the right long term care package is in place	Already policy to require no permanent placements and to ensure that discharge plans are in place on admission to planning beds, respite and re-ablement placements.	Improved consistency and improved timetabling for assessment to avoid the risk of adverse longer term packages based on someone's need too soon after discharge. Avoidance of purchase of care spend	Support delivery of current savings plan
8	Capacity planning, prioritisation and reallocation of social work resources to support the area of current highest needs in the service – this will	Plans now produced by all localities. Monitoring progress and impact in November.	To provide increased support to manage any tasks that can be undertaken by non-social work teams. To increase the number of reassessment of	Targeting £0.750m through increased assessments achieved

	Action	Progress for November	Impact expected	Target
	focus mainly on services for people with learning disabilities but include other high cost packages of care and low level packages of care		packages of care undertaken in order to increase impact of strength based approach to social care	
9	<p>Implement Learning Disability service programme.</p> <ul style="list-style-type: none"> - Complete review of packages of care - Individual plans for all services users that could have increased independence - Clear vision for Norfolk on best practice to meet eligible needs - Organisational development plan - LD Conference for all staff and additional training - Commissioning and provider links including provider summit 	Please see detailed plan reported to Committee.	To ensure that the Promoting Independence strategy can be delivered within the service in line with Older People and Mental Health – helping to reduce the demand for services and provide solutions to meet eligible needs in line with national best practice.	Targeting £0.800m

Adult Social Services Reserves and Provisions 2016/17

	Balance	Period 4		Period 6		To recommend to P&R
		Planned Usage	Balance	Full Council approved usage	Balance	
	01-April-16	2016/17	31-Mar-17	2016/17	31-Mar-17	2016/17
	£m	£m	£m	£m	£m	£m
Doubtful Debts provision	3.121	0.000	3.121	0.000	3.121	0.000
Redundancy provision	0.006	-0.006	0.000	0.000	0.006	0.006
Total Adult Social Care Provisions	3.127	-0.006	3.121	0.000	3.127	0.006
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. £0.131m remains of the funding, and it 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. £0.122m remains of the funding, all of which has been allocated to external projects and will be paid upon achievement of milestones.	0.253	-0.146	0.107	-0.160	0.093	0.015
Repairs and renewals	0.043	0.000	0.043	-0.043	0.000	-0.043
Adult Social Care Workforce Grant	0.070	-0.070	0.000	0.000	0.070	0.070
Unspent Grants and Contributions - Mainly the Social Care Reform Grant which is being used to fund Transformation in Adult Social Care	2.482	-0.982	1.500	-0.870	1.612	0.112
Total Adult Social Care Reserves	2.848	-1.198	1.650	-1.073	1.775	0.125
Corporate Business Risk Reserve	10.677	-10.677	0.000	-10.157	0.520	0.520
Total Reserves & Provisions	16.652	-11.881	4.771	-11.230	5.422	0.651

Adult Social Services Capital Programme 2016/17

Summary	2016/17		2017/18	2018/19
Scheme Name	Current Capital Budget	Forecast outturn at Year end	Draft Capital Budget	Draft Capital Budget
	£m	£m	£m	£m
Failure of kitchen appliances	0.031	0.031	0	0
Supported Living for people with Learning Difficulties	0.017	0.017	0	0
Adult Social Care IT Infrastructure	0.141	0.141	0	0
Progress Housing - formerly Honey Pot Farm	0.318	0.318	0	0
Adult Care - Unallocated Capital Grant	1.000	1.000	3.904	0
Strong and Well Partnership - Contribution to Capital Programme	0.161	0.161	0	0
Bishops Court - King's Lynn	0.085	0.085	0	0
Cromer Road Sheringham (Independence Matters)	0.181	0.181	0	0
Winterbourne Project	0.050	0.050	0	0
Great Yarmouth Dementia Day Care	0.030	0.030	0	0
Care Act Implementation	0.871	0.871	0	0
Social Care and Finance Information System	1.897	1.897	5.034	0
Elm Road Community Hub	1.300	1.300	0	0
Better Care Fund Disabled Facilities Grant and Social Care Capital Grant – passported to District Councils	6.368	6.368	2.000	0
TOTAL	12.450	12.450	10.938	0

Adult Social Care Committee

Item No:

Report title:	Promoting Independence – next stage delivery plan
Date of meeting:	7th November 2016
Responsible Chief Officer:	Catherine Underwood, Acting Executive Director of Adult Social Services

Strategic impact

The purpose of this report is to bring proposals for the next stages of delivery of the Promoting Independence strategy to accelerate the delivery of improved outcomes for people who require adult social care as well as meeting the financial imperatives which have been set by the Council over the next three years. Underpinning the plan is the delivery of the Care Act and this supports preparation for further integration with Health by 2020, taking into account the emerging Sustainability and Transformation Plan (STP) and the Transforming Care Programme (TCP) which is implementing the recommendations of the Winterbourne Review.

Executive summary

The current Promoting Independence programme has made some good progress since its inception in May 2015 but has not delivered at the pace required. The scale of transformation to achieve the ambitions of the new approach to social care is substantial. It is also important to acknowledge that we are only eighteen months into implementation of the Care Act, the greatest legislative change affecting adult social care in 60 years, and this underpins our approach.

In building next steps, we have also considered the Social Care Institute for Excellence (SCIE) review and Professor John Bolton's work with The Local Government Association and Department of Health across authorities looking at how to predict and manage demand in Social Care. Key to the approach has been to understand how need for service is currently met and how we aspire to better meet need in the future.

A model of future service delivery - a target demand model – has been developed with agreed metrics to identify and focus delivery on interventions which have the greatest impact both in terms of outcomes that actively promote independence and reduce reliance on ongoing statutory support. The aim is to help preserve and protect resources for those in the greatest need. This approach will have a significant impact in meeting the financial challenges ahead. The results of this work have been to identify key points in the customer journey where our approach will need to change in order to enable people to meet their outcomes, retain their independence and to avoid unnecessary reliance on formal care.

This report sets out a high level programme of priority activities which are designed to have clear impact on creating the changes we seek.

The refresh of the programme of work has highlighted risk to the delivery of £49.8m of savings within three year timescales. These have been highlighted within the finance monitoring report elsewhere on this agenda. It is recommended that £10m of savings previously planned to be delivered in 2017-18 are reprofiled from 2017-18 to 2019-20, which will support the development of robust budget plans.

Recommendations:

Adult Social Care Committee is asked to:

- 1) Note and comment on the refreshed high level programme plan**
- 2) Agree to receive updates on progress**

1. Activity and performance impact to date

1.1 Changes in key operational and performance metrics evidence the impact to date of the Promoting Independence strategy. These include:

- a) Significant reductions in permanent admissions to residential and nursing care homes. Previously Norfolk was an outlier, but is now within acceptable tolerances compared to its family group of similar councils with admissions for older people likely to be below the median when future benchmarking data becomes available. Reductions in admissions are now beginning to reduce the overall number of people in long term residential and nursing care
- b) A commensurate increase in the percentage of people in long term services that receive them in community settings/
- c) Improvements in the scale and effectiveness of reablement interventions. Increased investment has seen the number of people receiving reablement increase, whilst at the same time the number of people remaining in their own home after reablement has gone up (and consistently remains above 90%); and the number of people not requiring significant long term support after reablement has increased from around 82% in 2015 to over 90% currently
- d) Over 500 staff have been trained in the delivery of strengths-based assessments. Introduction of the “signs of wellbeing” approach and materials to support staff in having strengths-based conversations which promote independence
- e) Initiating a Community Links pilot. Over 100 people have been seen across the county in a clinic setting. The pilot is due to continue until January when the impact will be assessed

In many cases the impact of the Promoting Independence strategy on individuals has been very positive. The new approach can provide better outcomes for people as well as producing a more sustainable system. Some examples of this are included as Appendix 2.

1.2 Some areas of activity and performance have yet to see sufficient improvement, and will remain operational priorities. These include:

- a) Accelerating the numbers of effective assessments and reviews in line with national standards whilst ensuring that they are Care Act compliant and take a strengths-based approach
- b) Ensuring that assessments and reviews deliver the approaches previously agreed in transport and wellbeing payments
- c) Accelerating change within the learning disability services to provide greater opportunities for independence within individual capabilities

1.3 Since July, the development of a target demand model has now been completed and we have clear targets for the change we seek to achieve across the customer pathways. This sets out how we expect people’s needs to be met in the future, what this means for service redesign and activity and how this will impact on finances.

1.4 Following completion of the target demand model the projected demand has been benchmarked. The assessment is that the projected levels of demand are achievable and whilst targeting below average demand, the targets are still in the range of

comparative councils. However, risks have been identified with the scale and pace of change required and the need to adequately embed the transformation, in order to accelerate the level of savings during 2017-18 and 2018-19. Following the latest assessment of the programme, the risk assessment of each saving has been reviewed. High risk savings in 2017-18 total £10m. This will impact on the budget plans for 2017-18 and it is proposed that the planned financial savings are re-profiled.

- 1.5 We have outlined the key activities for the next stages of our transformation, to better align with the delivery of the savings required in the medium term financial plan. In our initial budget planning we modelled against matching average and best family comparators. This is the foundation of the detailed delivery plan to meet these models. Next steps will define in detail the further activities required to deliver the target demand and build high level implementation plans and team level targets. A review of existing activities is also being undertaken.

2. Forming the delivery plan

- 2.1 A series of workshops has been held with key members of staff to shape the activities which we will now focus on.
- 2.2 The review of the current programme has demonstrated that whilst there has been some good progress, there have been barriers to delivery. The review has highlighted that there needs to be greater clarity and focus on the Promoting Independence implementation within the department and with partners. Key to success is the assessment and care management activity and there are cultural shifts required to underpin the new Promoting Independence programme. These behavioural and cultural shifts will form a critical part of the way forward in order to succeed with this ambitious programme.
- 2.3 Sound work has been undertaken already across health and social care to identify the demographic changes in the population. The challenge is to find new forms of care and support that promote independence and reduce reliance on statutory support. To do this effectively it is essential to ensure our interventions from first point of contact to those with people with complex needs all promote independence.
- 2.4 From the analysis of all the work undertaken to date there are a number of key findings which are informing the recommended approach to better manage demand:
- a) The effectiveness of the Council front door in finding solutions for people and their problems. This will include the effectiveness of Information, advice and guidance, short term help and the approach to prevention
 - b) Ensuring that referrals from health are managed consistently with the front door and that reablement and intermediate care work to optimum effect
 - c) Improved methods of meeting the needs of people requiring low level support including greater and better use of assistive technology and equipment which support opportunities to maximise independence
 - d) The practice and management of assessment and care management staff
 - e) The approaches taken to progression towards greater independence for those with long term conditions which support people to better manage such conditions including dementia care, such as enablement
 - f) The approaches taken towards the assets of the person being assessed and the involvement of family and community in a person's solutions
 - g) The way in which care providers deliver outcomes and new models of care and support including the availability and vibrancy of the voluntary sector
 - h) The availability and nature of supported housing solutions including supported living and extra care housing
 - i) The partnership with carers and carers' organisations

- j) The use of performance measures to judge the outcomes from the care system
- 2.5 The delivery programme is designed to give some pace and priority to:
- a) measures which can be delivered within the financial year
 - b) measures that will require preparatory work in year for full cost delivery in 2017/18 and measures which by their nature will not come on stream until 2018/19 and beyond. For example these will include working with providers to develop new models of care and support that may no longer be buildings based
- 2.6 They are intended to build a clear approach which will be developed with users, carers and providers in a systematic way utilising the existing regular fora in in more productive way to progress this agenda. This will include partnership boards and regular providers meetings which are well established.
- 2.7 The refreshed programme delivery plan identifies key high impact priority activities under three defined priority areas, namely: front door, older people and adults under 65. They will be underpinned by clear priorities for commissioning as well as workforce and cultural change. The enablers which impact on the programme such as ICT and mobile working will also be clearly identified.
- 2.8 As the refreshed programme is further developed there will need to be investment of resource to deliver the scale of transformation as well as the £50m financial challenge. Separate proposals for this will be brought forward as and when they have been clearly identified. Existing workstreams will be reviewed for their likely impact, and any which are not contributing sufficiently will be stopped, in order to free up resource for new work.
- 2.9 The refreshed programme sets out a trajectory where the level of savings will accelerate in 2017/18 and 2018/19 once the foundations for transformation are embedded and prioritised.
- 2.11 The Chair and Vice Chair of Adult Social Care Committee have been actively involved in the Promoting Independence Board and the need to review and strengthen the approach.
- 2.12 At this stage it is intended to bring a separate programme proposal in conjunction with Children's services to address the transition from Children's services to Adults as the differences in legislative responsibilities and expectation would merit a different and dedicated approach. However, the work in Adults under 65 programme will continue to support young people who are expected to require Adult Social Care until a new programme for Transitions is developed.
- 3.2 The most recent data from the external provider, iMPower, has been used to produce a proposed delivery approach and trajectory plan, focussing on the next six months. This is attached as Appendix 1.

4. Financial Implications

- 4.1 The proposed delivery plan is scoped to meet the financial targets set out in the existing medium term financial plan. However, the refresh of the programme has confirmed that whilst the targeted savings for the service are achievable, there are key risks with delivery of the savings in the original timescale. In order to support the Council in setting a robust budget plan for 2017/18, it is proposed that the high risk savings in 2017/18, totalling £10m, are re-profiled to 2019/20.

- 4.2 It is recognised that resource will be required to achieve the changes and therefore to release the planned savings and this will at this stage be released from existing resources.

5. Issues, risks and innovation

- 5.1 The proposals for delivery will continue to support Care Act compliance and fitness for purpose in any future integration with health.
- 5.2 The report also addresses formally the need to support staff and partners in delivery of the significant cultural change identified in the previous report to the Adult Social Care Committee on Promoting Independence.
- 5.4 The main risk identified is the need to recognise that this is a programme which will need to be sustained and will deliver most value in from the second year onwards as the approach gains momentum. This is critical if the savings identified are to be delivered and to ensure that early success can be built on.

6. Background papers

- 6.1 [1. LGA Efficiency Programme Final Report July 2014](#)
- [2. ASC Committee Report on SCIE Review](#)
- [3. Promoting Independence Report To Adult Social Services Committee July 2016](#)

Officer Contact

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

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

Appendix 1 - Proposed Delivery Approach and Trajectory

The Challenge - Page 2

Current Headline Costs - Page 3

The Funding Gap - Page 4

Planning to shift demand - Page 5

Detailed Proposals - Pages 6-10

- Entry Points
- Older People
- Younger Adults
- Workforce and Organisational Development
- Commissioning

The planned impact - Pages 11-12

- Older People
- Younger Adults

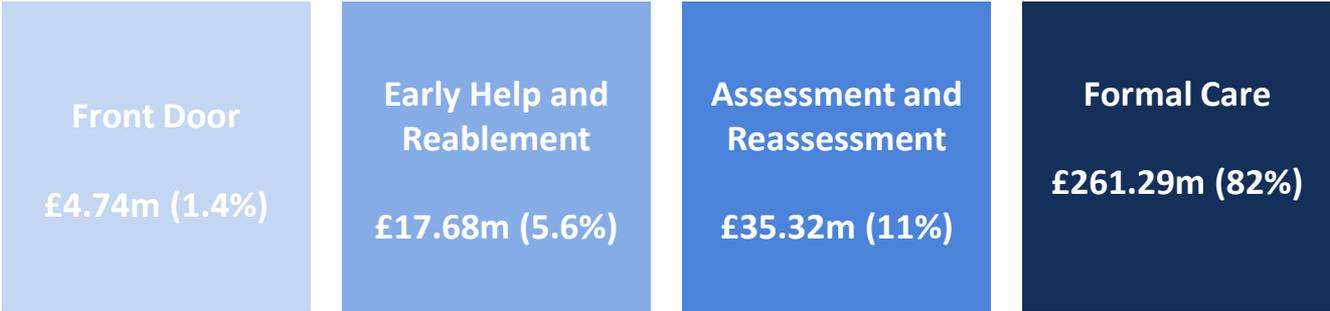
The Target Demand Model project highlighted a significant savings challenge, but multiple opportunities

This work developed a cost and demand baseline for adult social care, reviewed the approach and trajectory of current savings activity, and identified new opportunities for meeting the £56m savings challenge by 2018/19.

The key findings from this work are summarised in the table below:

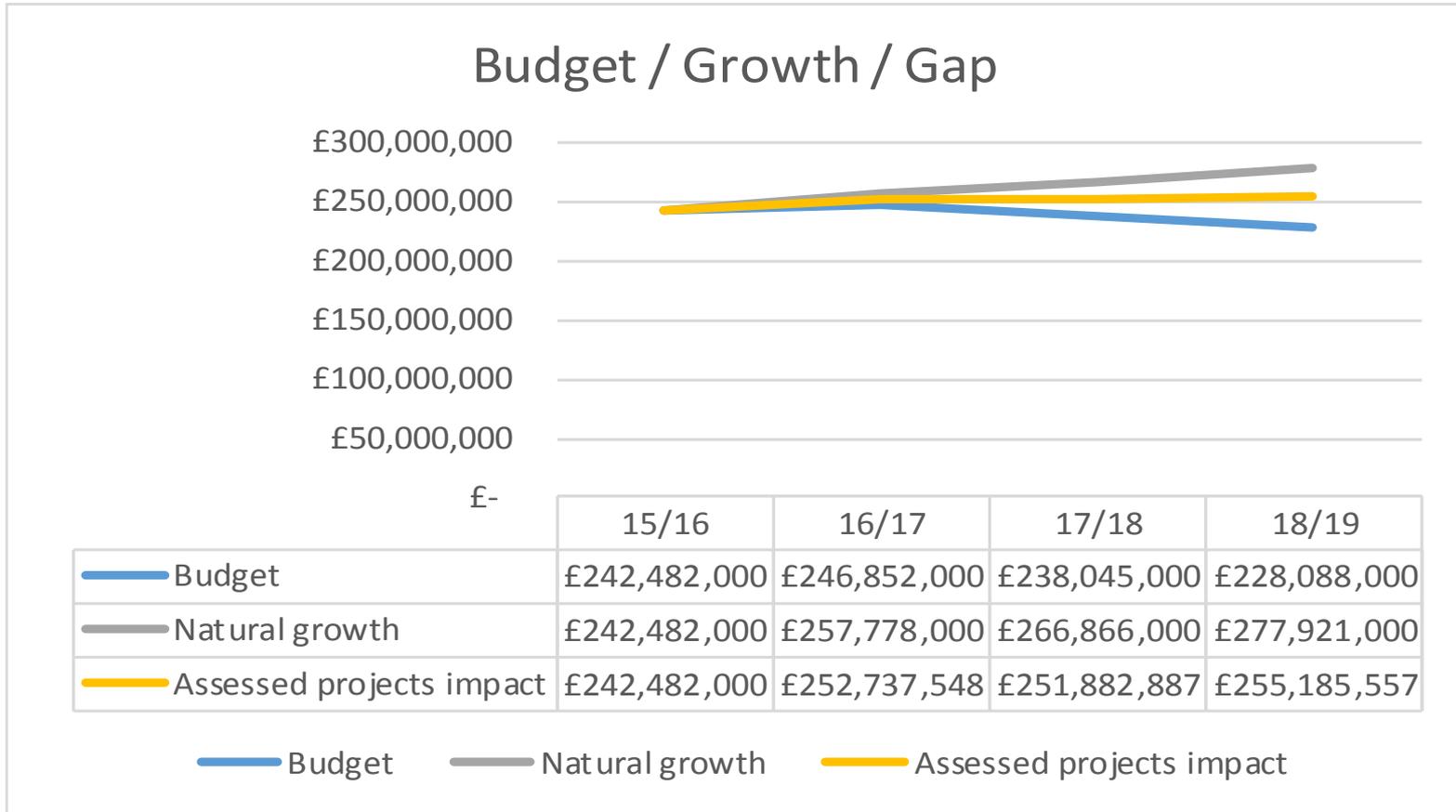
Step	Key findings
Current demand	Last year Adult Social Care had 107k front door contacts from a cohort population of about 300k. This led to the provision of 66k early help services, 12.5k assessments and 3.5k new services being provided. Demand is being managed down with almost 500 fewer services last year, but from a high base. The current gross cost is £387m, £242m net.
Projected demand	Natural volume growth of 7.1% for OP and 1.1% for YA plus cost growth of 6.34% mitigated by existing evidence of demand management.
Current initiatives	Estimated delivery of £23m against £35m planned, with particular shortfall in 16/17 (£7m) . Significant increase in programme co-ordination, central narrative, trajectory planning and target setting required. Average desktop project score of 9 out of 24.
Gap analysis	The total gap is £56m by 2019. The majority of this is to be delivered by demand management approaches. The existing Promoting Initiatives (targeting £35m of this) as they stand are likely to leave a shortfall, and plans are needed for the remainder of the gap.
Intervention points	Triangulated evidence suggests intervention point changes (these are shown on page 5). Case reviews showed 80% of cases could have been prevented, reduced or delayed from requiring social care. Benchmark evidence shows there is potential for significant cost savings. Focus on intervention points is key.
Interventions	26 additional interventions identified, which can be combined with existing initiatives into a manageable new programme of work based around intervention points with cross cutting themes. Business cases have been produced for two of the recommended interventions.

Adult Social Services Cost and Demand Summary



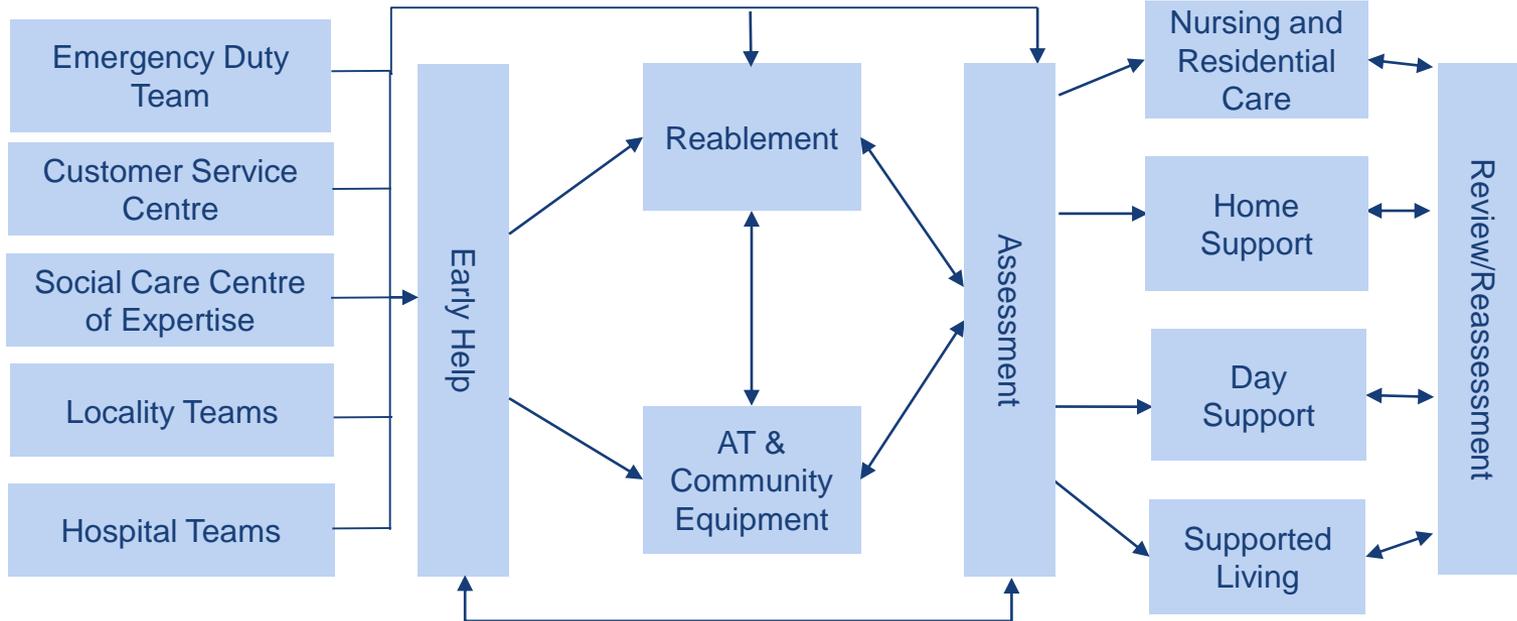
The gap between future budgets and natural growth is a huge challenge, current plans only close part of this gap

The existing projects will help to reduce our funding gap, however it will not be sufficient. That is why we are proposing additional activity to fully close the gap



To deliver a sustainable budget in the next three years, significant shifts in demand will be required

To Front Door	To Reablement	To Assessment	To Formal Care
YA April 2019: 75% diversion rate OP April 2019: 75% diversion rate	YA April 2019: +27% +36 OP April 2019: +27% +631	YA April 2019: -10% -408 OP April 2019: -21% -2289	YA April 2019: -18% -1211 OP April 2019: -14% -1211



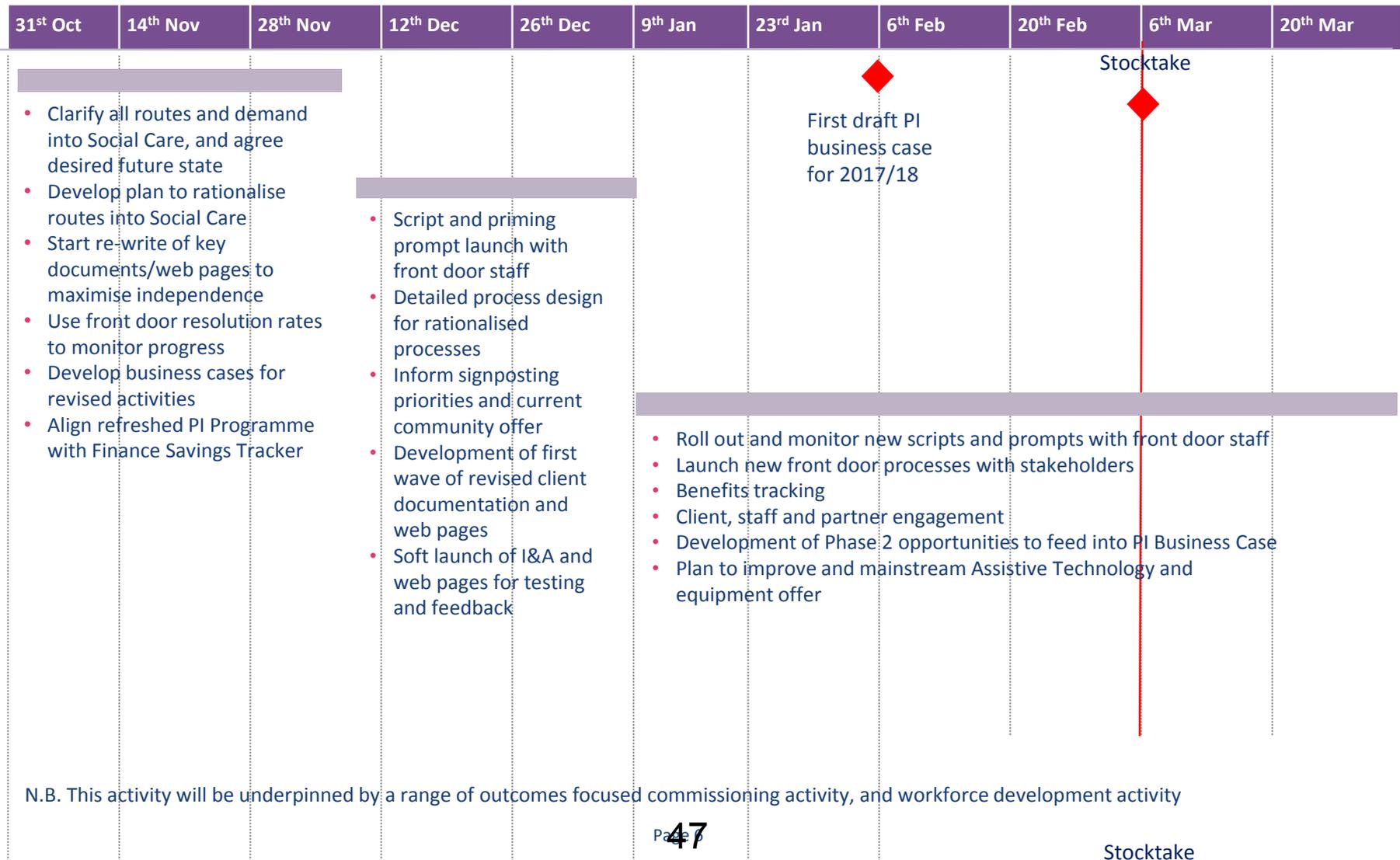
To AT & CE	To Early Help
YA April 2019: 0% -84 OP April 2019: 0% -6	YA April 2019: +3% -169 OP April 2019: +1% -11

OP: Older People YA: Younger Adults
AT: Assistive technology
CE: Community Equipment

Entry Points

Deliverables

- New front door entry routes and effective diversion towards 75% resolution rate
- Re-written Information and Advice web content and documents
- Business Cases for Phase 2 opportunities



Phase 2 (from April 2017)

N.B. This activity will be underpinned by a range of outcomes focused commissioning activity, and workforce development activity

Assessment and Review – Younger Adults

Deliverables

- Strength based reviews and assessments which focus on flexible outcomes
- Streamlined and more coherent processes to release assessment and review capacity
- Re-written set of client communications
- Strengthened information and advice

31 st Oct	14 th Nov	28 th Nov	12 th Dec	26 th Dec	9 th Jan	23 rd Jan	6 th Feb	20 th Feb	6 th Mar	20 th Mar
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- Targeted support to reinforce use of development tools which enable staff to promote independence
- Revised client communications to set expectations
- Carry out three week staff activity review.
- Review activity to incorporate delivery of outstanding wellbeing and transport reductions
- Transport route reviews
- Coaching and feedback to staff to embed strengths-based approach

- Toolkit development for staff
- Accelerate productivity of assessment waiting list clients to support clearing of backlog, and track outcomes to ensure quality is maintained / improved
- Engage with client and carer groups
- Development of Easy read tools for LD clients and their carers to facilitate outcome focused service planning
- Quick win process improvement design
- Establish opportunities to link activity with STP implementation

First draft PI business case for 2017/18

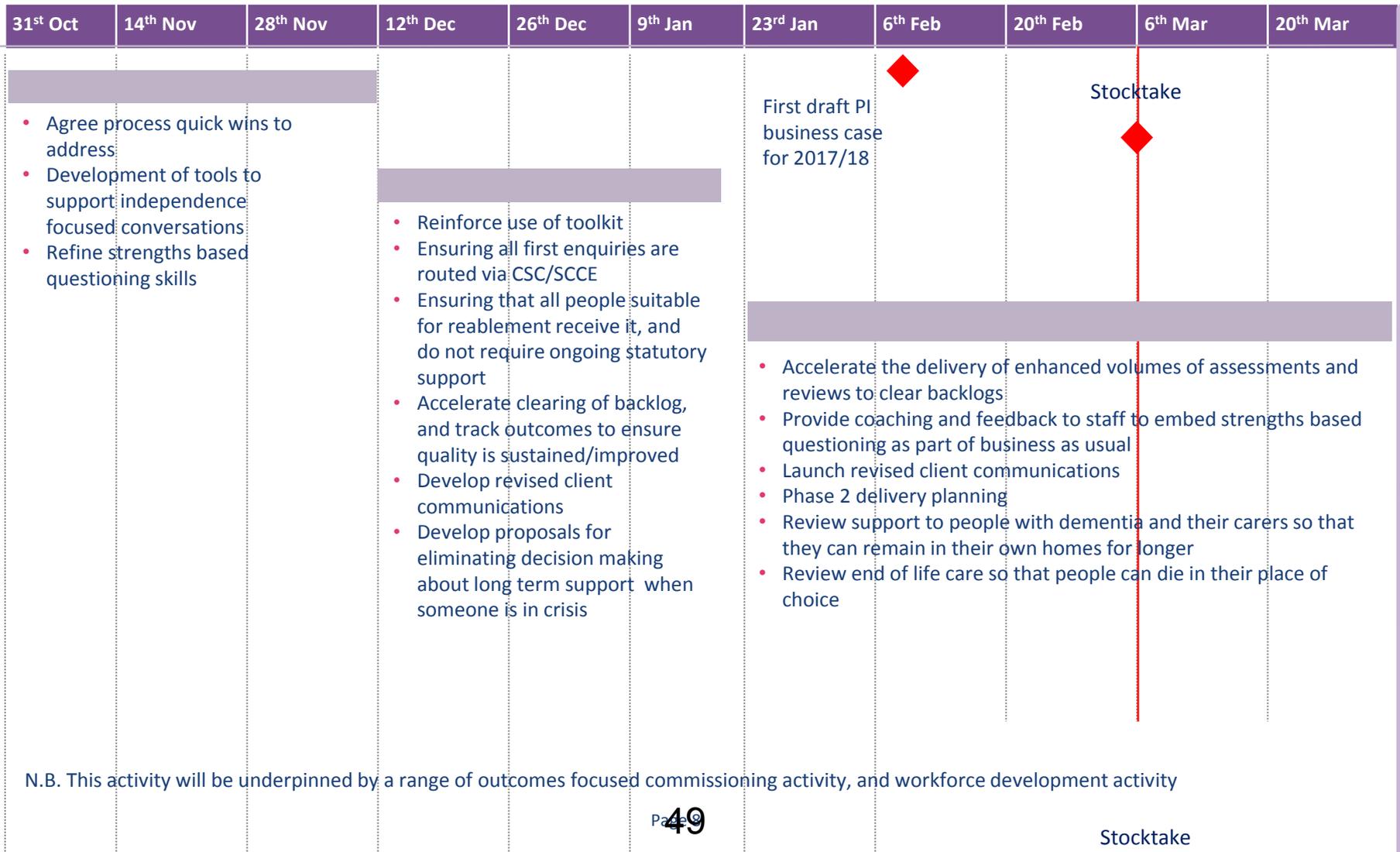
Stocktake

- Accelerate the delivery of enhanced volumes of assessments and reviews to clear waiting lists
- Collate demonstrable evidence of support plans incorporating a clear pathway to work

N.B. This activity will be underpinned by a range of outcomes focused commissioning activity, and workforce development activity

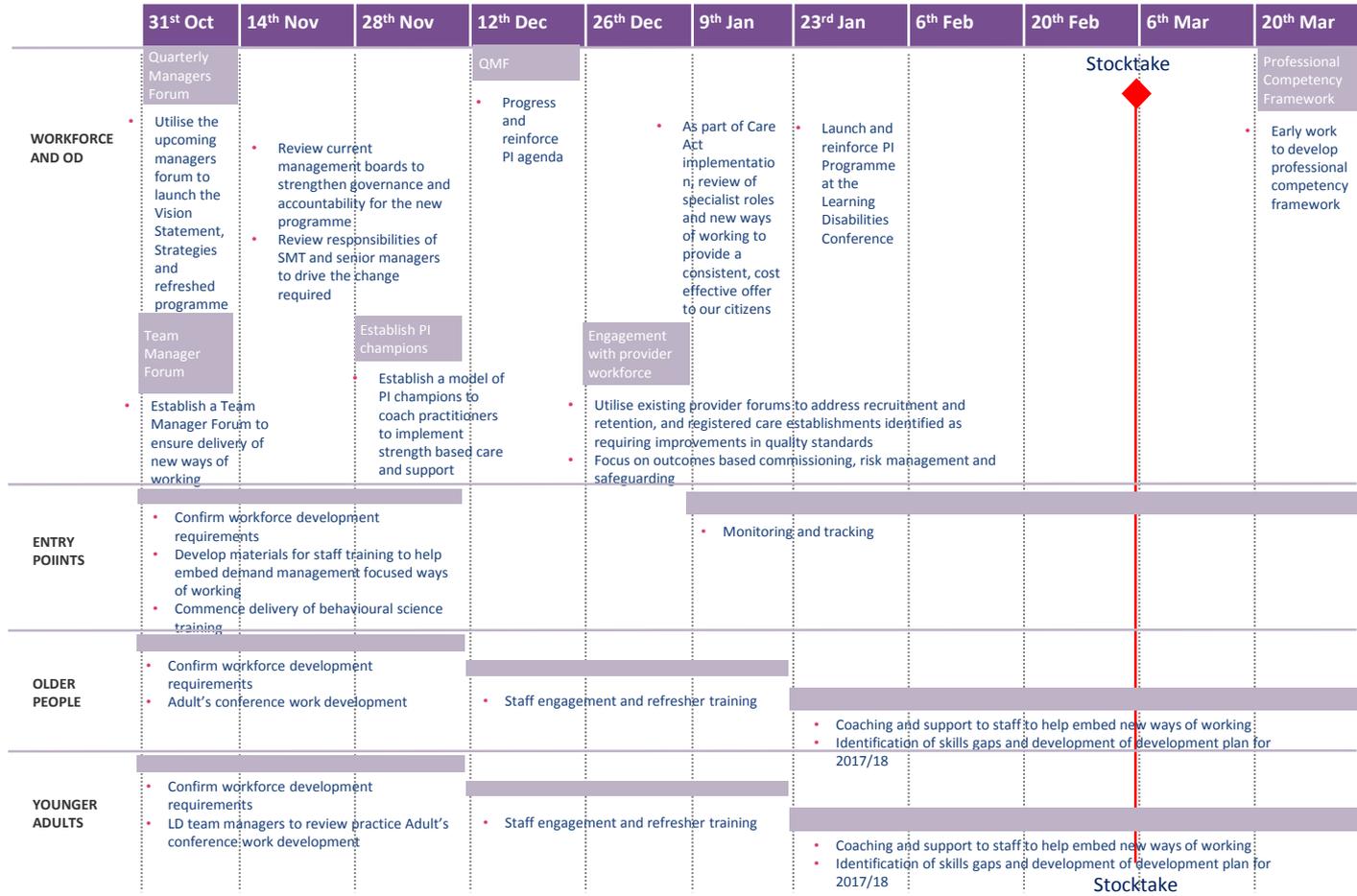
Assessment and Review – Older People

- Deliverables
- Streamlined and more coherent processes to release assessment and review capacity
 - Re-written set of client communications
 - Strengthened information and advice
 - Strength based reviews and assessments which focus on flexible outcomes



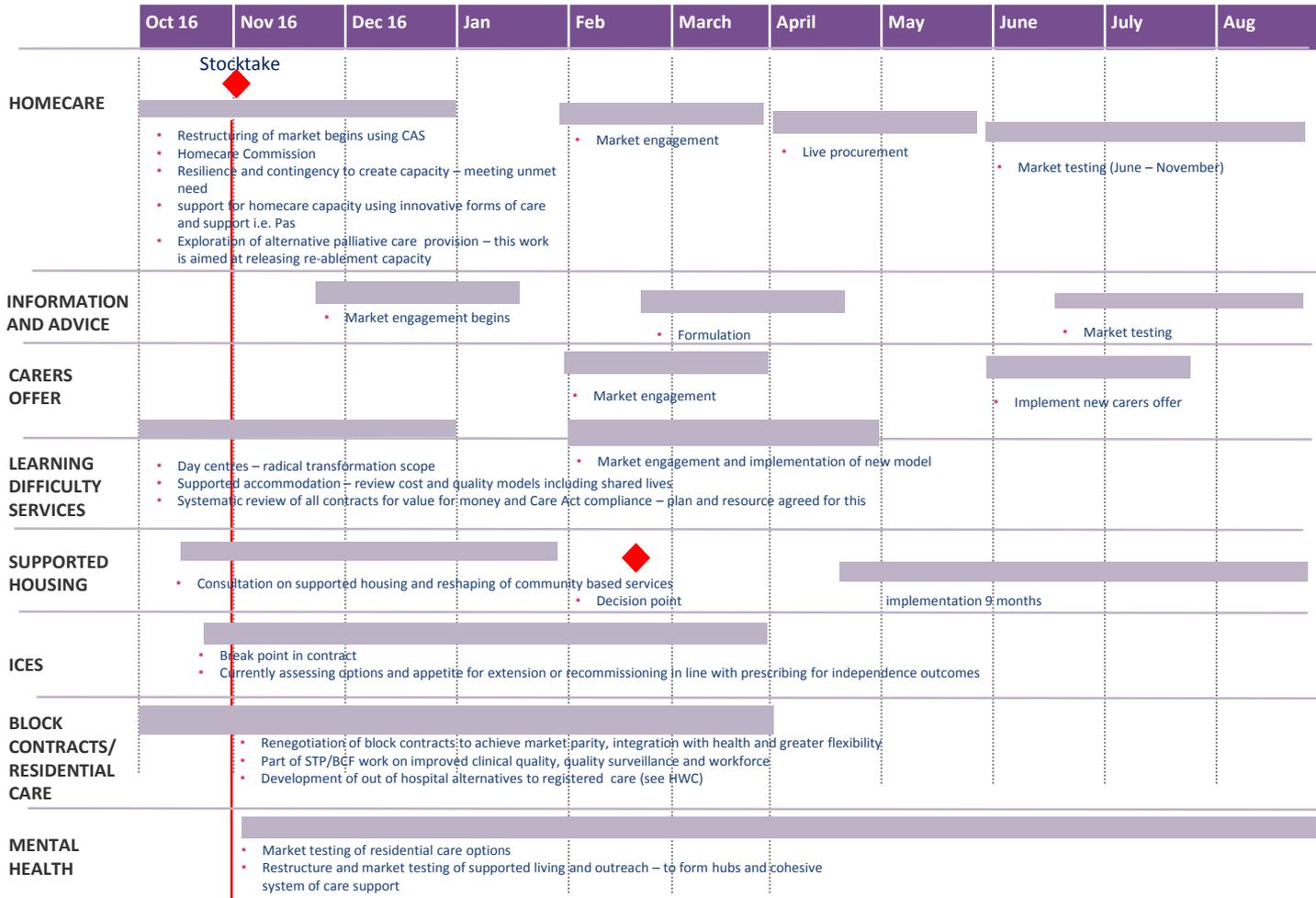
N.B. This activity will be underpinned by a range of outcomes focused commissioning activity, and workforce development activity

Workforce and OD

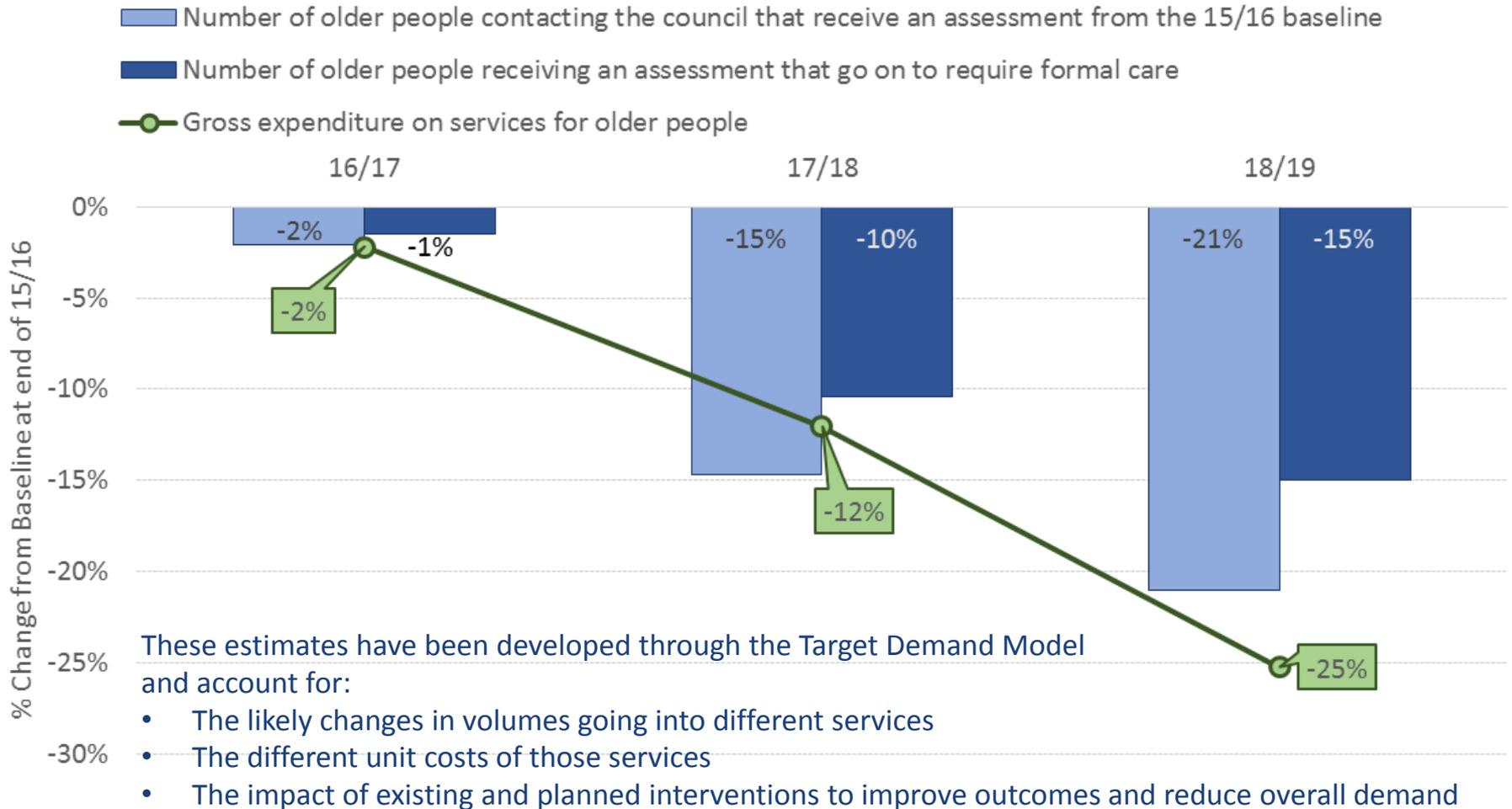


Phase 2 (from April 2017)

Commissioning

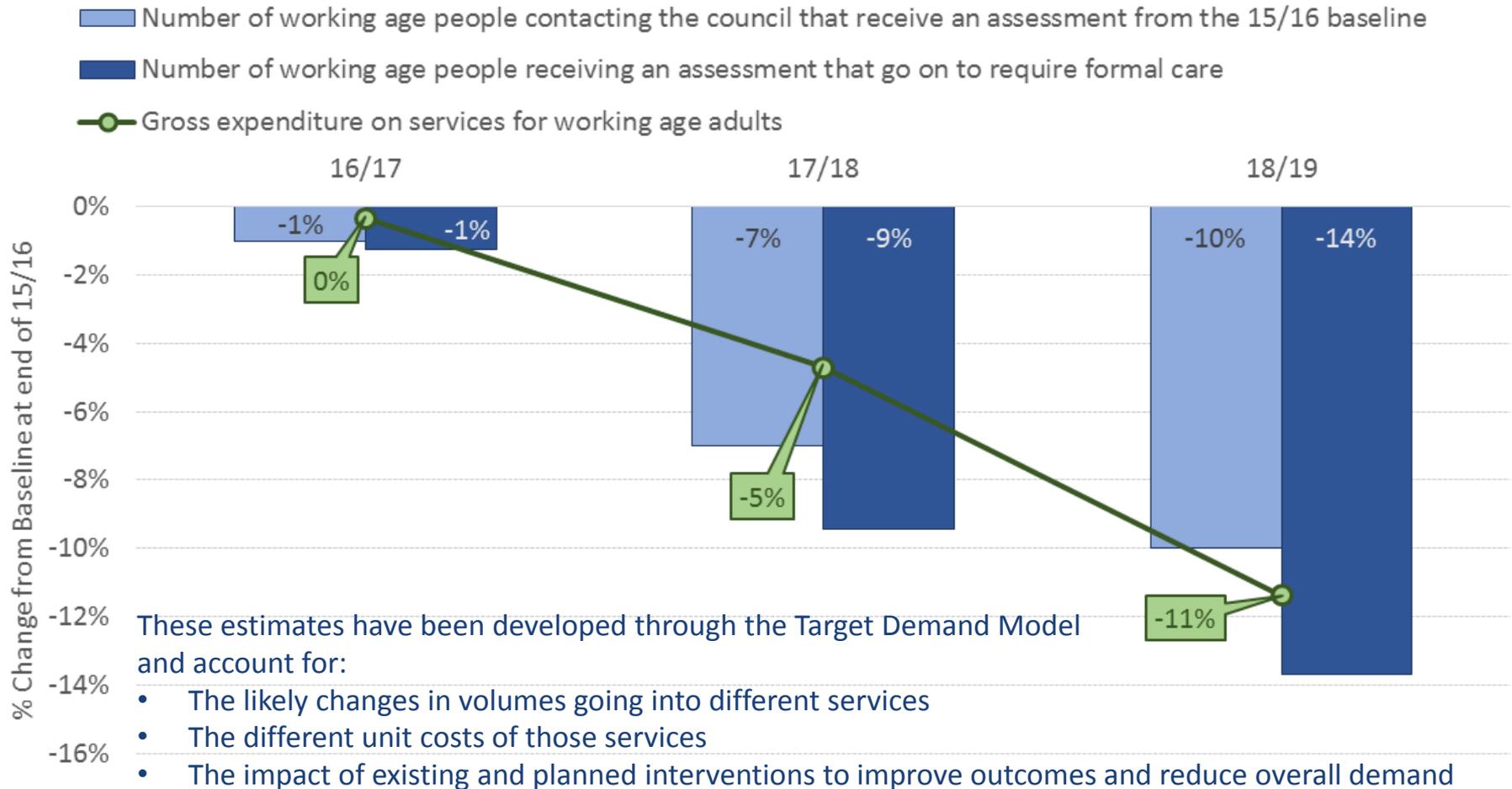


Estimated percentage change in expenditure, and key pathway transitions, for people aged 65+ compared to the baseline at end of 2015/16



This analysis shows that there is a significant risk that the interventions will not be able to deliver the savings, particularly within the three year time frame. Further analysis is underway to evaluate the impact and achievability of making these and additional savings over a longer time frame.

Estimated percentage change in expenditure, and key pathway transitions, for people aged 18-64 compared to the baseline at end of 2015/16



This analysis shows that there is a significant risk that the interventions will not be able to deliver the savings, particularly within the three year time frame. Further analysis is underway to evaluate the impact and achievability of making these and additional savings over a longer time frame.

Case Studies

Case 1

Mrs. T. was discharged from hospital with four visits a day. She had a history of falling and had been in hospital for several weeks prior to our service commencing following yet another fall. Mrs. T. lives with her two granddaughters, but they have little input in her care routine. She had lost confidence but was very determined to stay as independent as possible.

Our staff worked together with the reablement OT to increase Mrs. T's confidence when walking. In particular they reminded her not to walk too fast with her frame and not to cross her feet over each other (a legacy of a previous stroke).

At first the staff were assisting with personal care, then they observed Mrs. T doing this for herself and finally they would wait in another room whilst she did this independently. They also encouraged her to make a sandwich for her lunch. Once again they initially had to assist quite a bit, but eventually she could do this for herself.

At the end of six weeks Mrs. T was discharged from the scheme with no ongoing care.

Case 2

My name is Jack. I'm 84 years and since I lost my wife six months ago I've been living on my own in a static caravan up here in North Norfolk. It's been very lonely here and I've been feeling very isolated and getting more and more depressed. I originally got in touch with the Council to ask about going to a day centre so I could meet people and get a bit of my social life back. Talking to the Development Worker reminded my how many interests I had, so rather than just go to the day centre a couple of times a week, we had a think about what I could instead that I might enjoy more. The Development worker suggested I think about volunteering at the local Broads Museum or being a befriender at a nearby care home. I still drive so I can get about. I liked the sound of helping out at the home so the Development Worker got in touch with the manager and came with me to meet her. I got on really well and I've since become an official befriender and I go two or three times a week to meet the residents, especially the ones who don't get many visitors. It was still a bit lonely back at home so the worker put me in touch with a cat-rehoming scheme and I'm now the proud owner of an elderly cat, who has been great and a real inspiration to get me up and going in the mornings. I'm feeling much better now and doing a lot more for myself than I was before.

Case 3

My name is Michael, I am 78 years old. I've lived on my own for 15 years following the death of my wife. I used to have meals on wheels delivered Monday to Friday each week (with additional meals on a Friday to cover the weekends) but as the meals arrived before 12 noon I often didn't feel hungry enough to eat them. Sometimes I felt isolated as I waited in all morning for the meals be delivered. When the meals on wheels service changed, I chose to have chilled meals delivered as this meant that I could reheat my meals at a time to suit me. As my meals are delivered early I can now plan to go out during the day. I also decided to join a local lunch club, rather than have meal deliveries every day. I've made new friends and a group of us now plan days out together, often at weekends. I feel much happy with the decisions I made and the new friends I've made through joining the lunch club mean I feel much less isolated.

Case 4

Emily (not her real name) is 19 years old. She has a mild learning disability, autism spectrum disorder and mental health needs. She was at college studying catering with additional support, but was struggling with the course and wanted to leave. She also had a small personal budget which provided some one-to-one support with accessing the community. Emily was keen to do some work experience in a kitchen, but the college had not been able to find her a placement.

The assistant practitioner who was undertaking her social care review approached the manager of the kitchen at a community hub who agreed that Emily could do some work experience there. Emily used her one-to-one support to assist her at first –but once she no longer needed this, Emily carried on working as a volunteer on her own. She enjoyed it so much, she started going on extra days during her college holiday. At this point the assistant practitioner suggested to the kitchen manager that they could take Emily on as an apprentice, and she agreed. The assistant practitioner arranged for the college to complete the paperwork for the apprenticeship. Emily will now have a paid apprenticeship for a year, which will give her the opportunity to build on her catering skills, with placements in other kitchens owned by the same company. If she does well, it is hoped that she will be taken on as a paid employee, or will be in a good position to apply for other jobs. This has also reduced her need for funded social care support.

Adult Social Care Committee

Item No:

Report title:	Priorities in the learning disability service
Date of meeting:	7 November 2016
Responsible Chief Officer:	Catherine Underwood, Acting Executive Director of Adult Social Services

Strategic impact

Adult Social Care Committee has asked for information on the priority activities which will be undertaken within the Learning Disability (LD) service. Key to this will be building on good practice at local and national level to ensure our support to adults with learning disabilities fully meets the ambitions of our Promoting Independence strategy. This will be critical to allow us to provide good outcomes for people with learning disabilities within the available budget. At present the service is substantially overspent so actions focus also on immediate measures to reduce the overspend.

Executive summary

In 2015 the Committee agreed Promoting Independence as a strategy for transforming adult social care in Norfolk. The strategy was developed following detailed analysis of needs, existing patterns of social care provision in Norfolk and best practice both locally and from around the region. The principle proposed was that Promoting Independence is key to creating a service which delivers both better outcomes for citizens in Norfolk, is financially sustainable, and supports the organisation to work both effectively and efficiently to develop and deliver services that represent good value for money and meet identified need.

Setting out how Promoting Independence is realised for adults with a learning disability is a key priority and provides an opportunity to shaping future services with citizens and families. There is significant pressure on the adult learning disability budget. Recent initiatives have not had a significant impact on the learning disability budget overspend or demands on care. Some of the actions proposed in this report will make savings in the short term, however to bring the services into balance for the long term and invest in the future the actions detailed in this plan will take additional time for a cultural change, not only in the work force, but working with Norfolk citizens to change expectations of the service. The barriers to change have been both complex and historical and are inextricably linked and multi layered.

With reference to this, Professor John Bolton stated when reviewing a range of evidence for his paper 'Predicting and managing demand in social care'

"Before anyone might want to predict demand they need to understand the local policies and influences on practices that are drivers for demand for care".

This is particularly relevant to Norfolk and needs to change. This proposal sets out the early priorities identified by the new Head of Learning Disability Services.

Recommendations

Adult Social Care Committee is asked to:

- a) note and comment on the content of this report**

1. Proposal

- 1.1 To make the best use of resources Norfolk needs to work more effectively with individuals, their families and in partnership with other organisations to achieve cost effective support. However the scale of shift required for change from reliance on traditional formal social care services should not be underestimated. On the other hand there is a new energy and focus to deliver the Transforming Care agenda and Norfolk needs to take this opportunity to boldly tackle it's traditional model of service provision. The action plan at Appendix A is therefore timely and ambitious and sets out the initial and key priorities in that transformation. Norfolk needs to deliver a service that reflects this ambition that will enhance independence, improve wellbeing and increase resilience.

2. Evidence

- 2.1 This proposal will address the budget overspend in the short term and with long term cultural change financial sustainability for the future. Staff will be supported to deliver services that will enable people to gain the skills needed to build on their strengths and develop the skills to look after themselves, live fulfilling lives without becoming overly dependent on council support. This approach will support a new way of thinking that supports the promoting independence strategy.

3. Financial Implications

- 3.1 The application of additional resources in some areas in the short term will be determined within existing budget commitments.

4. Issues, risks and innovation.

- 4.1 In the short term there is a need for additional resources to focus on supporting the work force to complete a back log of reviews alongside promoting the strength based practice approach. This short term resource will become a building block to go forward and likely to produce savings in the longer term and produce better outcomes for service users.
- 4.2 Promoting Independence focuses on what people can achieve and to date Norfolk's traditional style services have not, and without change will not deliver outcome focussed support to enable people to live a fulfilling lives.
- 4.3 Without acknowledging that the barriers to change are both complex and long standing services will not move forward. However Norfolk does have the resources, commitment and desire needed to transform care and this is the right time to tackle this challenge boldly by building on innovative practice and work with those providers who have aspirational goals that will deliver the outcomes people want. This will include commissioning new models of care and support.
- 4.4 This new momentum will make those lasting changes for an aspirational future and will benefit from co-production and active engagement of all stakeholders to influence, design and transform services.
- 4.5 Continued examination of current practice with a strong emphasis on strengths based assessments and support plans that are proportionate to the level of need, will ensure that appropriate and efficient services will reduce residential high cost packages of care and deliver on the promoting independence strategy. Progress has been made with approaches such as assistive technology and equipment that is less restrictive and continues to reshape accommodation to enable service users to be independent at home or in supported living. Nonetheless more work and innovation is needed that will build the

right support and reduce the reliance and high financial cost of the traditional residential care and/or admission to hospital.

- 4.6 There is not a 'quick fix' for Norfolk although in some areas short term savings can be made alongside transforming care and practice. The demand for services will continue to rise because children with long term conditions are far more likely to survive into adulthood and Norfolk's adult population is living longer. Therefore services need to be fair, efficient and proportionate to deliver sustainable services.

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:

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Appendix A

To make the best use of resources Norfolk needs to work more effectively with individuals, their families and in partnership with other organisations to achieve cost effective support. However the scale of shift required for change from reliance on traditional formal social care services should not be underestimated. On the other hand there is a new energy and focus to deliver the Transforming Care agenda and Norfolk needs to take this opportunity to boldly tackle its traditional model of service provision. This action plan is therefore timely and ambitious and sets out the initial and key priorities in that transformation. Norfolk needs to deliver a service that reflects this ambition that will enhance independence, improve wellbeing, increase resilience.

Actions	Impact	Targets	Timeline
Weekly performance meeting in teams. Set targets for Reviews. Waiting lists, risk of admission to hospital and Void management.	Effective performance management.	All teams.	December 2016
Review with team managers the priority reviews to be completed and programme for completion.	Completion of Reviews will link in with strengths based workers coaching ready to move forward with new ways of working with realistic equal caseloads.	Team Managers to provide priority list for completion.	November 2016
Team Managers to review Practice Consultant/operational lead role.	Efficient and effective use of resources.	Target areas of need and support to team.	November 2016
Strength based practitioners to sit alongside workers to provide direct support that will embed strengths based practice to everyday practice and conversation.	Cultural shift and long term change. Efficient working that supports the promoting independence strategy.	Identify good practice and identify barriers and performance and productivity issues.	January 2017
Secure psychology led resource to provide 'enablement' plans for people with high level needs/challenging behaviour.	Team Managers to prioritise reviews for people who would benefit.	Development of outcome based support towards independence.	To start November 2016
Care arranging Service (CAS) will be used to support LD teams when arranging of care.	Social workers time better utilised to do reviews/social work. Efficient use of time more productive.	Contract manager agreed to undertake brokerage for LD	January 2017 onwards

Actions	Impact	Targets	Timeline
Travel training will be offered to service users who would benefit from opportunities for greater independence.	Build models of good practice.	Reduce reliance on ongoing need for transport where possible.	November 2016 onwards
Explore employment, apprenticeships and traineeships. In the short term the 160 service users identified as wanting to work will be looked at to identify if they are still looking for employment or have found work opportunities. To check if the individuals are receiving a service that supports and/or promotes employment.	Realistic picture of those seeking employment.	TM's to ensure CareFirst data is accurate regarding employment, volunteering, work experience. To relaunch the Owls project. Engage with local businesses that could provide employment opportunities.	January 2017
Adult conference work underway January 2017. To be co-produced	Re launch LD service Promote independence strategy and strengths based model.	Staff and providers	January 2017
An agreed and clear protocol and transition pathway for children 14+ pending the scoping of a wider transition programme with Children's Services.	A joined up approach will provide clarity for families and young people and manage their expectation.	Meeting with Children Services senior colleagues and set up a working group to produce a clear transition pathway.	December 2016 – Feb 2017
Protocol to be agreed with CCG's for all s117 aftercare to ensure parity of funding between CCG's and local authorities.	Savings to budget	S117 aftercare	December 2016
Review service provision of out of hours and outreach service (Enhanced Assessment and Treatment Service (EATS) and the Intensive Support Team (AST).	Reduction of admissions and readmissions to hospital.	To increase service provision to provide better joint working of out of hours support teams.	March 2017

Actions	Impact	Targets	Timeline
Work with health partners to accelerate progress on Transforming Care Plan (TCP)	Improve outcomes for service users.	Ensure the protection of Local Authority funding.	November – March 2017