



Adult Social Care Committee

Date: **Monday 7 March 2016**

Time: **10:00am**

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

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

Membership

Ms S Whitaker (Chair)

Mr B Borrett

Ms J Brociek-Coulton

Mr M Chenery of Horsbrugh

Mr D Crawford

Mr T Garrod

Mr A Grey

Mrs S Gurney

Ms E Morgan

Mr J Perkins

Mr A Proctor

Mr W Richmond

Mr M Sands

Mr E Seward

Mrs M Stone

Mrs A Thomas

Mr B Watkins

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

Nicola LeDain on 01603 223053
or email committees@norfolk.gov.uk

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A g e n d a

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

- 2. To agree the minutes from the meeting held on 25 January 2016**

(Page 5)

- 3. Members to Declare any Interests**

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 an interest but can speak and vote on the matter.

- 4. To receive any items of business which the Chairman decides should be considered as a matter of urgency**

- 5. Local Member Issues**

Fifteen minutes for local members 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 or 01603 223053) by **5pm on Wednesday 2 March 2016.**

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

7. **Executive Director's Update**
Verbal Update by the Executive Director of Adult Social Services
8. **Chair's Update**
Verbal Update by Cllr Sue Whitaker
9. **Finance Monitoring Report Period 10 (January) 2015-16** (Page 14)
Report by the Executive Director of Adult Social Services
10. **Fee Levels for Adult Social Care Providers 2016/17** To Follow
Report by the Executive Director of Adult Social Services
11. **Risk Management** (Page 30)
Report by the Executive Director of Adult Social Services
12. **Performance Monitoring Report** (Page 37)
Report by the Executive Director of Adult Social Services
13. **Report to the Adult Social Care Committee of the Performance and Placement Rates Task and Finish Group** (Page 49)
Report by the Executive Director of Adult Social Services
14. **Learning Disability Service Plans** (Page 56)
Report by the Executive Director of Adult Social Services
15. **Exclusion of the Public**
The committee is asked to consider excluding the public from the meeting under section 100A of the Local Government Act 1972 for consideration of the items below on the grounds that they involve the likely disclosure of exempt information as defined by Part 1 of Schedule 12A to the Act, and that the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

The committee will be presented with the conclusions of the public interest tests carried out by the report author and is recommended to confirm the exclusion.
16. **Exemption from Contract Standing Orders**
Report by Executive Director of Adult Social Services

Group Meetings

Conservative	9am	Conservative Group Room
UK Independence Party	9am	UKIP Group Room
Labour	9am	Labour Group Room
Liberal Democrats	9am	Liberal Democrat Group Room

Chris Walton
Head of Democratic Services
County Hall
Martineau Lane
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Date Agenda Published: 26 February 2016



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Adult Social Care Committee

**Minutes of the Meeting Held on 25 January 2016
10:00am Edwards Room, County Hall, Norwich**

Present:

Ms S Whitaker (Chair)

Mr B Borrett

Ms J Brociek –Coulton

M Chenery of Horsbrugh

Mr D Crawford

Mr T Garrod

Mr A Grey

Mrs S Gurney

Ms E Morgan

Mr J Perkins

Mr A Proctor

Mr W Richmond

Mr M Sands

Mr E Seward

Mrs M Stone

Mr B Watkins

Also present: Mr R Bearman, Mr J Joyce, Mr D Roper

Chair's Announcements: The Chair welcomed Susanne Baldwin, Finance Business Partner for Adult Social Services to her first meeting, Bill Borrett to his first meeting as Vice-Chairman and Shelagh Gurney on her return to the Committee.

1. Apologies

1.1 Apologies were received and accepted from Mrs A Thomas

2. To agree the minutes from the meeting held on 9th November 2015

2.1 The minutes from the meeting held on 9th November 2015 were agreed as an accurate record and signed by the Chair.

2a. Matters Arising

2ai. Mr E Seward moved the following proposal, which was seconded by Mr B Borrett;

‘The ASC Committee should re-submit the following request to Policy and Resources Committee; The Adult Social Care Committee is of the view that sufficient funding is essential for the transformation programme in Adult Social Care in order to successfully achieve budget savings. The Policy and Resources Committee are asked to ensure that sufficient resources are available to make this

- happen.'
- 2a.ii. The proposal was **CARRIED** unanimously.
- 3. Members to Declare Any Interests**
- 3.1 Mr A Grey declared that a relative lived in a NorseCare residential home.
- 3.2 Mrs S Gurney declared her son worked for Norse.
- 3.3 Mr T Garrod declared he was a Trustee for NANSA (Norfolk and Norwich Scope Association).
- 3.4 Mr E Seward declared his daughter worked for 'About with Friends'.
- 4. To receive any items of urgent business**
- 4.1 No items of urgent business were received.
- 5. Local Member Issues**
- 5.1 There were no local members issues or questions.
- 6. Update from Members of the Committee regarding any internal and external bodies that they sit on**
- 6.1 Mr J Perkins reported that he had attended one meeting of Queen Elizabeth Hospital.
- 6.2 Ms E Morgan had attended a meeting of the NSAB where they had launched their self neglect housing strategy.
- 6.3 Mrs J Brockiek-Coulton had attended a Carer's Council meeting from which she reported a number of points including the following;
- i. Care Agency Partnership had started to offer a bereavement service for CAP clients.
 - ii. Community Clinics were being set up to enhance community work that was already on offer.
 - iii. 'Forget Me Not' grants were being offered to those diagnosed with Dementia.
 - iv. Short breaks would happen again in July and it was hoped that more people would take up this offer.
- 6.4 The Chair reported that she had attended a Norfolk and Suffolk NHS Foundation Trust (NSFT) Education sub-committee and an NSFT Board of Governors meeting.
- 7. Executive Director's Update**
- 7.1 The Executive Director reported that the main focus had been the management of the in house financial pressures and the balance between continuing to meet service need while reducing the financial pressure.

- 7.2 There were risks around the delivery of the home care service, especially in North Norfolk and Great Yarmouth and Waveney. There were concerns about the service but it was identified that it was difficult to provide homecare in such a large rural County. However, it was important to note that there was a robust market for homecare.
- 7.3 There had been work carried out around the whole system engaging NHS organisations, NCHC and NCC in a session facilitated by Sir John Oldham. There had been agreement made with the three acute trusts and NCHC to oversee a whole system approach.
- 7.4 It was reported that there were risks around the Better Care Fund as three CCG's had indicated that they wish to consider the amount of support they would input in the next period of the BCF. The Executive Director confirmed that as part of the process the whole system was being reviewed for health and social care funding and analysis of the areas where all the partners could make efficiencies.
- 7.5 Acute hospitals were focusing on the delayed transfer of care and NCC were engaged with this review.
- 7.6 It was reported that NCC had agreed and sent a consent order to the court with regards to the Judicial Review. The estimated costs were £25k plus VAT. The consultation on the cost of care had now closed. The results would be analysed and legal advice would be taken before continuing. More detail would be discussed at the extra meeting of the Committee on Monday 15th February 2016.

8. Chair's Update

- 8.1 The Chair reported that in her capacity as the Chair, she had attended;
- Norse Liaison Board
 - Launch of Cromer and Sheringham Dementia Friendly Community
 - Three Managing Director's briefings
 - Norfolk Care Awards Judging Panel
 - Healthwatch
 - Promoting Independence Board

9. Adult Social Care Finance Monitoring report Period 8 (November) 2015-16

- 9.1 The Committee received the annexed report (9) from the Executive Director of Adult Social Services which provided the Committee with financial monitoring information, based on information to the end of November 2015. It provided an analysis of variations from the revised budget and recovery actions in year to reduce the overspend.
- 9.2 The Committee were informed of an update since the report had been written. Period 9 was showing a reduced overspend. There had been a reduction of £660k which was reducing the outturn position to just under £3.1million. The Committee asked for information relating to this update to be circulated in the next week.

- 9.3 There were concerns expressed about the contracts with the day care services but the Committee were assured that the cost of care exercise would be based on the contractual requirements from providers.
- 9.4 It was essential that the day services needed to be person centred and not cost driven as a residential location providing a day service might not be suitable for everyone.
- 9.5 It was confirmed by the Executive Director that learning difficulties and hired transport were the biggest areas of financial risk. Significant changes were happening over time but it was taking longer than anticipated for the changes to realise the proposed savings. There was movement in the right direction when compared year on year. The Committee suggested that it was important that the action plan reflected the risk of the learning disabilities spend and this would be added.
- 9.6 It would be helpful for the Committee to receive an update about the longer term project planned for learning difficulties especially the accommodation and this was scheduled to be brought to the Committee for the following meeting.
- 9.7 The Committee were reassured by the Executive Director that no reserves had been used to fund the revenue spend and they were only being used for what they were intended to be used for.
- 9.8 The Committee **RESOLVED** to;
- Note the planned outturn position at period 8 for 2015-16 Revenue Budget of an overspend of £3.737m.
 - Note the planned recovery actions being taken in year to reduce the overspend.
 - Note the planned use of reserves.
 - Note the forecast outturn position at period 8 for the 2015-16 Capital Programme.
 - Note the overspend action plan at 2.8 subject to amendments accordingly.

10. Strategic and Financial Planning 2016-17 to 2018-19

- 10.1 The Committee received the annexed report (10) from the Executive Director of Adult Social Services. The proposals in the report would contribute towards the County Council setting a legal budget for 2016-17 which would see its total resources of £1.4billion focused on meeting the needs of the residents.
- 10.2 The Committee received a presentation from the Delivery Manager, Business Intelligence and Performance Service detailing the outcomes from the budget consultation and the outcome of the Equality and Rural Assessments.
- 10.2.1 Following the presentation, Members asked how the numbers of the respondents were represented and if the 3000 responses received was a good turnout. The delivery Manager confirmed that compared to other similar Council's consultations 3000 responses was a good outcome. However the responses were not very

representative as people tended to respond to consultation that would directly affect them and in this case it would affect the older generations.

- 10.2.2 It was also clarified for Members that along with the question consultation there were also consultation events that took place and were well attended. Groups and individuals who used the service affected had asked for more consultation events and this was taken up.
- 10.2.3 Members expressed concern that the report had no mention of the risk of a judicial review against equality legislation yet it had been reported that 9000 people would be affected by the proposed savings. It was clarified by the Corporate Planning and Partnerships Manager that the EIA (Equality Impact Assessments) measured every conceivable risk possible and these were available in the appendix to the report.
- 10.2.4 There was a general feeling that more responses would have given the Committee a better overview of the views of Norfolk residents. However the consultation had not provided any surprises considering it was proposing a 25% reduction. Some Members felt that by the Council consulting on a 25% reduction, it was misleading the County and causing extra alarm to residents as the Committee had heard in previous meetings from Officers that a 25% reduction in service was undeliverable.
- 10.3 In discussing the proposed savings, the Committee expressed support for a rise in the Council tax precept in order to save services for Adult Social services. It was clarified by the Executive Director of Adult Social Services that the proposed reductions titled 'Reduce the Council's funding for Supporting People services' and 'Stop all transport funded by Adult Social Care Services by 2019' would be removed from the savings list if a 2% rise in Council Tax precept was agreed.
- 10.4 There was concern expressed about the reinstating of savings proposal which had a direct impact on promoting independence and learning disabilities as this was the area that would be making the service more cost-effective in the future. The £1.5million worth of savings in question related to personal budgets. However, Members did not feel that more savings could be squeezed from personal budgets as they did not adequately cover transport costs and therefore adversely impacted on an individual's quality of life. It was clarified that decisions around personal budgets would be taken in conjunction with service users.
- 10.5 The Committee queried whether the proposed savings were too reliant on promoting independence and if this could be a risk if the savings were not realised.
- 10.6 An increase in the Council tax precept would not fix the overall problem and there were other risks to be concerned about. The Executive Director of Adult Social Services confirmed that £7.1million could be at risk from the Better Care Fund re-negotiations but there would be ongoing meetings and it would be signed off by the Health and Wellbeing Board.
- 10.7 The Committee were assured by the Executive Director that all of the proposed savings assumed that the transformation programme would be continued.
- 10.8 Members asked if there would be a tender for day services for the newly refurbished Elm Road. The Executive Director explained that they were still in the process of

securing the premises and therefore had not proceeded that far in the process.

- 10.9.1 In discussing recommendation 1b), Mr D Crawford proposed, seconded by Mr M Sands that the Committee should recommend to Policy and Resources Committee that the 1.99% increase in general level of Council Tax is accepted.
- 10.9.2 With 8 votes in favour, 1 against and 6 abstentions, the proposal was **CARRIED**.
- 10.10.1 In discussing recommendation 1c), Mr B Borrett proposed, seconded by Mr A Proctor, that the Committee should recommend to Policy and Resources Committee that the Council adopts a 2% Council Tax precept rise for Adult Social Care.
- 10.10.2 The proposal was **CARRIED** unanimously.
- 10.11.1 In discussing recommendation 7, Ms E Morgan proposed, seconded by Mrs J Brociek-Coulton that the Committee should recommend to Policy and Resources that the £3million saving COM033 is removed or mitigated to whatever extent possible and fund this from an increase in general Council Tax of up to 1.99%.
- 10.11.2 With 8 votes in favour, 0 against and 7 abstentions, the proposal was **CARRIED**.
- 10.12 The Committee **RESOLVED** to;
- 1) Consider and comment on the Committee's specific budget proposals for 2016-17 to 2018-19, including the findings of public consultation in respect of:
 - a) The budget proposals set out in Appendix 4; and
 - b) The scope for a Council Tax increase of up to 1.99% within the Council Tax referendum limit of 2% for 2016-17, noting that in contrast to previous years, there is no Council Tax Freeze Grant being offered in respect of 2016-17, and that central government's assumption in the Spending review is that Councils will increase Council tax by CPI every year (forecast 1.2% in 2016-17).
 - c) The scope for a specific Adult Social Care Council tax precept of 2%:
 - i. In 2016-17; and
 - ii. In the subsequent years of the Medium Term Financial Strategy, 2017-18, 2018-19 and 2019-20.
 - 2) Recommend to Policy and Resources that the 1.99% increase in general level of Council Tax is accepted.
 - 3) Recommend to Policy and Resources that the Council adopts a 2% Council Tax precept for Adult Social Care.
 - 4) Consider and comment on the findings of equality and rural assessment, and in doing so, note the Council's duty under the Equality Act 2010 to have due regard to the need to;
 - a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
 - b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
 - c) Foster good relations between persons who share a protected characteristic and persons who do not share it

- 5) Consider and agree any mitigating actions proposed in the equality and rural impact assessments.
- 6) Note;
 - a) The removal of the £5.1m Supporting People saving (ASC012 – Refocus Supporting People provision to support Promoting Independence Phase 1) on the assumption that council passes the 2% ASC precept.
 - b) The removal of the Adults Transport saving (ASC014 – Phase out all transport provision to service users) from 2017-18 and 2018-19 on the assumption that council passes the 2% ASC precept for 2017-18 to 2019-2020 from the savings approved for consultation at the October P&R committee.
- 7) Agree and recommend for Policy and Resources Committee the draft Revenue Budget as set out in Appendix 4 removing any savings unacceptable to the Committee and recommending a commensurate increase in Council Tax, within the referendum limits to meet the shortfall for consideration by Policy and Resources Committee on 8th February 2016, to enable Policy and Resources Committee to recommend a sound, whole-Council budget to Full Council on 22 February 2016.
- 8) Recommend to Policy and Resources that the £3million saving COM033 is removed or mitigated to whatever extent possible and fund this from an increase in general Council Tax of up to 1.99%.
- 9) Agree and recommend the Capital Programmes and scheme relevant to this Committee as set out in Appendix 5 to Policy and Resources Committee for consideration on 8th February 2016, to enable Policy and Resources Committee to recommend a Capital Programme to Full Council on 22 February 2016.

The Committee took a break at 12.55 and reconvened at 1.25pm.

11. Re-Imagining Norfolk – The County Council Plan

- 11.1 The Committee received the annexed report (11) from the Managing Director and the Executive Director of Adult Social Services which provide strategic direction for the Council to guide and shape choices about investments and priorities for the coming medium term period 2016-2019.
- 11.2 The ‘real jobs’ as a County Council priority referred to jobs which were not seasonal or temporary. It was the intention to have more permanent jobs which paid more.
- 11.3 It was confirmed that reducing the number of assessments would not contravene NCC’s duty under the Care Act, as long as the assessment was carried out when it was needed. If, as part of the initial conversations with individuals assessments were not carried out when needed, then challenge could occur.

- 11.4 The Committee would receive a set of high level measures which cut across all Committees to review every six months. Other measures for the service would be reviewed more regularly.
- 11.5 The Committee **RESOLVED** to;
- Consider the overall strategy for the County Council as set out in the report.
 - Consider the priority targets for the whole Council as illustrated in the County Plan Tracker Appendix One
 - Consider the service strategy for the areas which are the responsibility of this Committee as set out in section 10.
 - Agree to feedback to Officers by 8th February with any views.

12. Risk Management

- 12.1 The Committee received the annexed report (12) from the Executive Director of Adult Social Services which provided contextual information for many of the decisions taken. The report included the departmental risk summary with an update on progress since the last Committee meeting on 9 November 2015.
- 12.2 The Committee asked for more information relating to the removal of the risks from the Corporate Risk Register and expressed reluctance at agreeing this until the further information was sought.
- 12.3 It was also noted that although the initial set up of the Better Care Fund was complete there was an ongoing risk in delivering it. This was acknowledged and the risk register would be updated accordingly.
- 12.4 The Committee **RESOLVED** to;
- Note and comment on progress with departmental risks since 9 November 2015
 - Note the addition to the Corporate Risk Register of RM014b (inability to reduce the amount spent on adult social care transport)
 - Consider to;
 - Accept the delegation of risk RM012 from the Corporate Risk Register to the ASC Committee
 - Temporarily retain risk RM14149 Impact of the Care Act until 2019/20,
 - Remove of the portal element from DNA risk RM14150

13. Social Care System Reprocedurement

- 13.1 The Committee received the annexed report (13) from the Executive Director of Adult Social Services setting out the proposal to replace the current CareFirst social care system through a re-procurement process to be in place by April 2018.
- 13.2 The costs in appendix 2 were clarified to be the full employment costs of the project. The costs associated with the trainers reflected intense and complex training which was being carried out to bring the service up to speed as quickly as possible.
- 13.3 The Executive Director confirmed that the system initially was a hybrid system, however after engagement with providers it could be altered.

- 13.4 There had been a preliminary risk analysis on the project which would be developed as the project went on.
- 13.5 The Committee expressed concern that the system was providing value for money and wanted assurance that it would be the best value for money by comparing it against other local authorities.
- 13.6 The Committee **RESOLVED** to;
- Agree to the procurement of a replacement social care recording system that meets current and future business requirements effectively
 - Agrees the associated capital funding bid
 - Recommends to Policy and Resources Committee for the £0.478m revenue funding for 2016/17 for the corporate social care system re-procurement, and £1.793m in future years, as part of the overall NCC budget.
 - Adds the risks associated with the transition to the Corporate Risk Register
 - Allow an exemption to Contract Standing Orders to extend the contract for the current CareFirst system to March 2018, to permit a phased transition.
 - Receive further information on the financial risks of the project including value for money and benchmarking data,

The Committee were reminded that there was an additional meeting scheduled for Monday 15th February 2016 at 2.30pm.

Meeting finished at 3.05pm.

CHAIR



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Adult Social Care Committee

Item No. 9

Report title:	Finance Monitoring Report Period 10 (January) 2015-16
Date of meeting:	7 March 2016
Responsible Chief Officer:	Harold Bodmer, Executive Director of Adult Social Services

Strategic impact

This report provides the Committee with financial monitoring information, based on information to the end of January 2016. It provides an analysis of variations from the revised budget and recovery actions taken in year to reduce the overspend.

Executive summary

As at the end of January 2016 (Period 10), Adult Social Service's financial position showed an improvement of £0.952m from the reported position at the end of November 2015 (Period 8). Further review of risks and an improved position against key budgets has enabled a forecast position of an overspend of £2.785m.

Expenditure Area	Budget 2015/16 £m	Forecast Outturn £m	Variance £m
Total Net Expenditure	241.412	244.197	2.785

- Adult Social Services has a net revenue budget for 2015/16 which is £6.3m less than for 2014/15
- In previous months £5.2m of Care Act funding has been shown as additional grant, reducing the forecast outturn. Following the financial settlement announcement for 2016/17, the Government has confirmed that Care Act monies will be rolled into core funding next year and included within the Settlement Funding Assessment. To enable a like for like comparison with future year's budgets, this funding has now been shown as part of the net expenditure for the service instead of a below the line grant adjustment. The total funding for the implementation of the Care Act of £8.2m for 2015/16 is included in the budget and fully committed
- Forecast expenditure for 2015/16 is £2.785m over budget at Period 10, but some £11m less compared to the actual outturn for last year.
- Significant pressures remain as a consequence of the number of people receiving social care services, particularly the numbers of people aged 18-64
- There is a projected reduction of £7.142m on the department's saving target for 2015/16 of £16.296m, this includes use of £1.2m to reduce the risk of delayed savings. Further achievement of savings above this level will help reduce the overspend or help support in-year risks that remain for the service, including from the current Cost of Care exercise.
- The revenue budget does not take account of spending the £1.753m allocated to the department from the 2014/15 Council underspend

Adult Social Services reserves at 1 April 2015 stood at £10.336m. The service plans to make a net use of reserves in 2015-16 of £7.649m therefore it is estimated that £2.687m will remain at 31 March 2016. Included in the planned use of reserves is £3.156m approved by Full Council in setting the revenue budget for 2015/16 and estimated use of £0.220m of the £1.753m agreed by the Policy & Resources Committee in June to support transformation of Adult Social Services and policy decision regarding War Veterans.

Recommendations:

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

- a) The forecast outturn position at period 10 for 2015-16 Revenue Budget of an overspend of £2.785m
- b) The planned recovery actions being taken in year to reduce the overspend
- c) The planned use of reserves
- d) The forecast outturn position at period 10 for the 2015-16 Capital Programme
- e) The overspend action plan at 2.8

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 10 forecast including assumptions about the implementation and achievement of savings before the end of the financial year. It also includes the commitment of the full £8.2m of the funding provided for the implementation of the Care Act.
- 1.3 Since the period 6 monitoring report, further work has been undertaken to improve the robustness and understanding of the forecast, particularly in relation to the purchase of care packages to meet the individual needs of service users.

2. Detailed Information

- 2.1 The table below summarises the forecast outturn position as at the end of January 2016 (Period 10).

Actual 2014/15 £m	Expenditure Area	Budget 2015/16 £m	Forecast Outturn £m	Variance @ P10 £m	Previously Reported £m
8.125	Business Development	10.119	9.820	(0.299)	(0.348)
71.428	Commissioned Services	70.245	70.807	0.562	0.618
9.522	Early Help & Prevention	5.501	5.682	0.181	0.180
174.780	Services to Users (net)	155.138	164.570	9.432	8.329
(1.605)	Management, Finance & HR	0.409	0.518	0.109	0.158
0.000	Application of Care Act funding	0.000	(7.200)	(7.200)	(5.200)
262.250	Total Net Expenditure	241.412	244.197	2.785	3.737
(5.572)	Use of reserves & one-off funding to support revenue spend	0.000	0.000	0.000	0.000
(1.000)	Other Management Actions	0.000	0.000	0.000	0.000
255.678	Revised Net Expenditure	241.412	244.197	2.785	3.737

- 2.2 As at the end of Period 10 (January 2016) the revenue outturn position for 2015-16, after allocation of funding for implementing the Care Act, is £2.785m overspend.

- 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 savings, resulting in a forecast overspend of £9.432m. This shows an increase due to presenting the Care Act funding separately including £2m previously identified to support the net cost of services to users. The funding has been shown separately to enable a clear year on year comparison. The forecast outturn is £10.2m less than 2014/15.

2.5 Services to Users

2.5.1

Actual 2014/15 £m	Expenditure Area	Budget 2015/16 £m	Forecast Outturn £m	Variance £m	Previously Reported £m
107.803	Older People	107.477	109.570	2.093	0.765
23.325	Physical Disabilities	24.303	23.998	(0.305)	0.355
7.350	Learning Disabilities	80.214	86.825	6.611	7.234
12.814	Mental Health	11.834	13.590	1.756	1.807
7.196	Hired Transport	4.581	7.131	2.550	2.550
14.948	Care & Assessment & Other staff costs	15.586	14.427	(1.159)	(0.874)
253.436	Total Expenditure	243.995	255.541	11.546	11.837
(78.656)	Service User Income	(88.857)	(90.970)	(2.113)	(3.508)
174.780	Revised Net Expenditure	155.138	164.571	9.433	8.329

2.5.2 Key points:

- The number of permanent residential placements of older people has been reduced and forecast is now lower than 2014/15 outturn
- Reducing the number of working age adults in residential placements is challenging but progress has been made this year and longer terms plans to achieve this are in place
- The review and refocus of transport savings is underway to achieve reduction
- The personal budget savings target is proving extremely challenging and a further £0.500m was previously agreed to mitigate this risk
- The Learning Disability and Physical Disability savings are off target as it is taking longer than anticipated to deliver the changes required. It is anticipated that £0.300m will be delivered of the £2m target in the financial year
- The variation in relation to income is mainly due to an adjustment to the budget to reflect funding for Independent Living Fund responsibilities. In 2015/16 the

Independent Living Fund ended (previously administered by the Department for Work and Pensions) and full responsibility for assessment and, where necessary, support to these service users passed to NCC. NCC received (£1.199m) funding for the part-year costs of this care (included previously in the forecast over-recovery of income), and the additional responsibilities have at least been equivalent to this funding (included previously in the forecast expenditure over-spend). Following the 2016/17 funding announcements, this will continue next year and is now reflected within the income and expenditure budgets, in order to enable year on year comparison. This has decreased the variance in the forecast outturn compared to budget

2.6 Commissioned Services

2.6.1

Actual 2014/15 £m	Expenditure Area	Budget 2015/16 £m	Forecast Outturn £m	Variance £m	Previously Reported £m
1.224	Commissioning	1.401	1.261	(0.139)	(0.139)
10.337	Service Level Agreements	11.211	10.742	(0.469)	(0.220)
1.836	Integrated Community Equipment Service	2.599	2.669	0.070	0.020
32.922	NorseCare	31.212	32.464	1.252	1.264
10.092	Supporting People	9.282	9.199	(0.083)	(0.069)
13.292	Independence Matters	13.151	13.152	0.001	0.001
1.896	Other Commissioning	1.389	1.320	(0.069)	(0.239)
71.428	Total Expenditure	70.245	70.807	0.563	0.618

2.6.2 Key points:

- The Integrated Community Equipment Service budget has been pooled alongside funding from four of the five CCGs in Norfolk. The net cost of the service is currently forecast to be over budget in two of the five localities, Norwich and East. Whilst the cost of the equipment issued has remained largely consistent with last financial year the credits received from recycled equipment has reduced. A recovery plan is in place, which is helping to reduce the overspend and bring the forecast back in line with the budget
- Whilst there is a risk in delivering the savings against the NorseCare contract, work is in hand with the company to minimise the shortfall

2.7 Savings Forecast

2.7.1

The department's budget for 2015/16 includes savings of £16.296m. As previously reported to the Adult Social Care Committee on 9 November 2015 there were significant risks to the delivery of £5.973m of these savings. At period 8 the level of forecast savings was reduced further to account for the risk in the delivery of savings to services for people

with learning disabilities and physical disabilities and savings associated with the reduction in funding of wellbeing activities. However, whilst it has been difficult to attribute savings to specific lines, the service is forecasting a year on year reduction in outturn of some £11m, despite budgeting for £6m growth. Although the Care Act funding has supported this, the forecast suggests that the service is realising savings through reduced spending from the new approaches that are being implemented.

Savings	Saving 2015/16 £m	Forecast £m	Variance £m	<i>Previously Reported £m</i>
Savings off target (explanation below)	9.835	2.674	7.161	7.161
Savings on target	6.461	6.480	(0.019)	(0.019)
Total Savings	16.296	9.154	7.142	7.142

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.

2.7.2 Review Care Arranging Service (target £0.140m, forecast £0, variance £0.140m, no change from Period 8)

This proposal predated the introduction of the Care Act which gives the council increased responsibilities for arranging care for people who fund their own care. There will in fact be additional workload responsibilities for this team and alternative means of achieving this saving are being sought within the department. The saving has been removed from the 2016/17 budget.

2.7.3 Change the type of social care support that people receive to help them live at home (target £0.200m, forecast £0.0m, variance £0.200m, no change from Period 8)

The tenders for the re-procurement of home care services in West Norfolk and in the East have been awarded and while the sourcing strategy has secured the cost of services the implementation of the NMW and continued fragility of the homecare market means that the market is not able to deliver savings within these contracts. The Great Yarmouth and Waveney tender was run jointly with Suffolk County Council to deliver a more integrated service. However this resulted in a delay in the original procurement timetable. Whilst providing benefits in the way that contracts are managed, and ensuring the integration of health funded services, the full benefits of this exercise will not be seen across the system until full implementation and embedding of the new service.

The saving is being absorbed in 2015-16 and is removed from 2016-17 budget.

2.7.4 Renegotiate contracts with residential providers, to include a day service as part of the contract, or at least transport to another day service (target £0.100m, forecast £0, variance £0.100m, no change from Period 8)

This has been further examined in detail and it has been concluded that these savings will not be achieved. Residential providers will increase their prices if they have to provide day service. Compensating savings are being sought, in particular through a new model of care to meet the needs of people with Learning Disability.

- 2.7.5 Changing how we provide care for people with learning disabilities or physical disabilities (target £2.000m, forecast £0.300m, variance £1.700m, no change from Period 8)**
- 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. While the total saving will be achieved over time, this project does have a longer lead in time. Due to an overall improved financial position for the service, it has been possible to use £0.700k to mitigate the risks of achieving this saving.
- 2.7.6 Reduce funding for wellbeing activities for people receiving support from Adult Social Care through a personal budget (target £6.000m, forecast £1.874m, variance £4.126m, no change from Period 8)**
- The time lag in implementing the change for existing service users, which was agreed following the consultation exercise, along with pressure on the reviewing capacity in the teams means it is uncertain whether the full £6.000m saving will be achieved in 2015-16. Additional reviewing capacity has been brought in to speed up this process, and the service is seeing the impact of revised practice. Positively, the service is managing increased activity whilst seeing a reduction in the overspend on purchase of care and the spending for the service has reduced compared to 2014-15. The changed practices and significant locality management focus on this issue are therefore improving the department's ability to deliver service within budget. This continues to be a significant risk in relation to accounting for this saving with the forecast reduced by £0.500m to £1.874m.
- 2.7.7 Redesign Adult Social Care pathway (target £0.395m, forecast £0, variance £0.395m, no change from Period 8)**
- This saving was about using data and information better to manage voids in Supported Living.
- Initially this was linked to the sprint and development of the i-Hub but the work done manually to improve data quality and processes alongside the sprint has delivered significant benefits, and this was incorporated into the wider work on Changing Models of Care. The original saving is not expected to be delivered and this has been reflected in the budget planning for 2016/17.
- 2.7.8 NorseCare agreement (target £1.000m, forecast £0.500m, variance £0.500m, no change from Period 8)**
- Based on the company's current strategic financial plan, there is a shortfall against the current Adult Social Services target and work is underway with NorseCare to reduce the gap and deliver the saving in full.
- 2.8 Overspend Action Plan**
- 2.8.1** The department is taking recovery action to reduce in year spending as far as possible. A number of actions were initiated by the Executive Director of Adult Social Services to mitigate the 2014/15 reported overspend to March 2015. In addition to these, further actions have been identified to deal with the forecast position for 2015/16. These actions and progress are detailed in **Appendix C** and were reinforced by an e-mail from the Executive Director of Adult Social Services to all Adult Social Services Staff on 12 August 2015 and progress reviewed at every Adults Social Services Senior Management Team.
- 2.9 Reserves**

- 2.9.1 The department's reserves at 1st April 2015 were £10.336m. The service is forecasting a net use of reserves in 2015-16 of £7.649m to meet commitments, including the planned use of reserves of £3.156m approved by Full Council in setting the revenue budget for 2015/16. This does not assume use of reserves to offset general overspend. The 2015-16 forecast outturn position for reserves and provisions is therefore £2.687m. The projected use of reserves and provisions is shown at **Appendix D**.

2.10 Capital Programme

- 2.10.1 The department's three year capital programme of £20.907m has been re-profiled with £1.291m of funding originally earmarked to be used in 2015/16 moved to 2016/17 to fund future projects. The programme includes £10.121m of Department of Health capital grant funding for Better Care Fund Disabled Facilities (DFG). This funding is passported to district councils. For 2016/17 this funding also includes Social Care Capital Grant, which was previously used to support the overall capital programme for the service. Excluding DFG the capital programme for 2015/16 is now £0.893m and is fully committed. The priority for use of capital is Housing with Care and the development of alternative housing models for young adults, however given changes in funding we will need to develop some plans in partnership through the Better Care Fund. Projects are in development which are expected to utilise some of the uncommitted funding and the schemes will have benefits for revenue spend. 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 There are no decisions arising from this report. The forecast outturn for Adult Social Services is set out within the paper and appendices and the action plan aims to address the overspend.

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 demand 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 a savings target of £16.296m where major transformation change is taking longer to deliver than anticipated resulting in a potential reduced savings forecast of £7.142m
 - c) The cost of transition cases, those service users moving into adulthood, have not been fully identified
 - d) The forecast may not fully reflect the impact of winter pressures and increased levels of demand from acute hospitals.
 - 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 current Judicial Review and the Cost of Care exercise currently underway may result in increased costs

5. Background

5.1 There are no background papers relevant to the preparation of this report.

Officer Contact

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

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



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

Adult Social Care 2015-16: Budget Monitoring Period 8 (November)

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

Summary	Revised Budget	Forecast Outturn	Variance to Budget		Previously Reported
	£m	£m	£m	%	£m
Services to users					
Purchase of Care					
Older People	107.477	109.570	2.093	1.9%	0.765
People with Physical Disabilities	24.303	23.998	(0.305)	-1.2%	0.355
People with Learning Difficulties	80.214	86.825	6.611	8.2%	7.234
Mental Health, Drugs & Alcohol	11.834	13.590	1.756	14.8%	1.807
Total Purchase of Care	223.828	233.983	10.155	4.5%	10.161
Hired Transport	4.581	7.131	2.550	55.7%	2.550
Staffing and support costs	15.586	14.427	(1.159)	-7.4%	(0.874)
Total Cost of Services to Users	243.995	255.541	11.546	4.7%	11.837
Service User Income	(88.857)	(90.970)	(2.113)	-2.4%	(3.508)
Net Expenditure	155.138	164.571	9.433	6.1%	8.329
Commissioned Services					
Commissioning	1.401	1.261	(0.139)	-9.9%	(0.139)
Service Level Agreements	11.211	10.742	(0.469)	-4.2%	(0.220)
ICES	2.599	2.669	0.070	2.7%	0.020
NorseCare	31.212	32.464	1.252	4.0%	1.264
Supporting People	9.282	9.199	(0.083)	-0.9%	(0.069)
Independence Matters	13.151	13.152	0.001	0.0%	0.001
Other	1.389	1.320	(0.069)	-5.0%	(0.239)
Commissioning Total	70.245	70.807	0.563	0.8%	0.618
Early Help & Prevention					
Housing With Care Tenant Meals	0.692	0.688	(0.004)	-0.6%	(0.004)
Personal & Community Support	0.000	0.000	0.000	0.0%	0.000
Norfolk Reablement First Support	2.822	2.632	(0.190)	-6.7%	(0.169)
Service Development (incl. N-Able)	0.618	1.474	0.856	138.5%	0.770
Other	1.369	0.888	(0.481)	-35.1%	(0.417)
Prevention Total	5.501	5.682	0.181	3.3%	0.180

Adult Social Care

2015-16 Budget Monitoring Forecast Outturn Period 10

Explanation of variances

1. Business Development, forecast underspend (£0.299m)

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

2. Commissioned Services forecast overspend £0.563m

The main variances are:

NorseCare, forecast overspend of £1.251m. Shortfall on budgeted reduction in contract value compared the 2014/15 outturn together with risk around achieving savings target. Work is continuing with the company to minimise or reduce the level of overspend.

ICES, forecast overspend of £0.070m. The recycling credits due to NCC have reduced compared to prior years, which are a reflection of the reduction in NCC's purchasing spend during the previous year following contract renegotiations. Recycling rates are being closely monitored and the contract provides financial incentives to the provider to recycle and reduce waste. The forecast for salaries for the service was reviewed in October 2015, enabling a reduction to the expenditure forecast.

3. Services to Users, forecast overspend £9.433m

The main variances are:

Purchase of Care (PoC), forecast overspend £11.546m.

There are significant savings to be delivered across the year, with the £6m planned to be delivered on the reduction in personal care budgets at risk. As a result the saving is being refocused to reconsider the Resource Allocation System and to ensure that service reviews are being conducted in a consistent way. There is some time lag in the realisation of savings as set in Section 2.7.6 of the report.

The key variation from Period 8 is the removal of the Care Act money from the forecast. This has now been shown separately within the monitoring information to enable year on year comparison.

Older People, forecast overspend of £2.093m. The work to reduce the level of permanent residential placements in the last four months of 2014/15 has continued in 2015/16 and as a result the forecast for 2015/16 suggests that residential spend will be less than previous year. The forecast for home care is overspent, which reflects the drive to support more service users to remain in their own homes and the failure to deliver savings from the retendering of the homecare contract this financial year. However, spending is forecast to be less than 2014/15.

Learning Difficulties, forecast overspend £6.611m. The projected overspend in this area is slightly below the level in 2014/15. It is relevant to note that the bulk of the personal care budget savings and the savings to be achieved through changing how we provide care for people with Learning or Physical Disabilities have been set against this budget. The overspend for day care and supported living service provision, budgets particularly affected by these savings, is partially offset by an underspend on residential service provision. The numbers of residential placements for younger adults has reduced but remains high relative to

comparator councils. The department has set out as a default position that there should be no residential placements for younger adults, except for in rare and particular circumstances. The savings target for Learning Difficulties is exacting but revised plans suggest that whilst there will be a shortfall in 2015/16 against the target, and possibly a further shortfall in 2016/17, the saving will be achieved in full by 2017/18. The budget has been adjusted to reflect the Independent Living Fund costs and is matched to income (Para 2.5.2).

Mental Health, forecast overspend £1.807m. A significant proportion of the overspend is on residential placements where the department has a high number of placements compared to comparator councils. Work has been undertaken to review residential placements to identify service users who are ready to move on to community based support or to identify further support required for readiness. This has been carried out alongside work to identify the community support needed to support the transition away from residential services.

Hired Transport, forecast overspend £2.550m. Revised plans to deliver savings carried over from 2014/15 are being put in place, but the development of the plans are being hindered by the lack of detailed accurate information about transport use across the county and where there may be opportunities to reduce or re-plan the transport available. These plans include reviewing the location of provision with a view to reducing the need for service users to travel as far.

Service User Income, forecast underspend (£2.114m). The forecast underspend has reduced since the last report by £1.395m. This is partly due an increase in the budgeted income for Independent Living Fund income (£1.198m). The corresponding expenditure has been reflected in the budget, resulting in no impact to the overall position for the service's budget. The Independent Living Fund (ILF) closed on the 30th of June 2015 and the Council has received ring fenced funding for the period 1st July 2015 to 31st March 2016 to cover the cost of care for those individuals previously funded directly by the ILF

4. Early Help and Prevention, forecast overspend £0.181m

The main variances are:

Norfolk Reablement First Support, forecast underspend (£0.190m). The underspend is due to the allocation of a Department of Health grant to assist with helping with hospital discharge and staffing related underspends. Plans are under-way to expand the service to provide reablement to more service users with the potential to benefit from this service to support them to live more independent lives.

Service Development, forecast overspend £0.856m. The savings target for N-able (the assistive technology service run by Norse) has not been achieved. A review of the arrangements has been undertaken and contract changes are being put in place to ensure that assistive technology can support the Promoting Independence strategy, with appropriate funding.

Other, forecast underspend (£0.481m). There is a forecast overspend of £0.146m as a result of the savings target for the Care Arranging Services not being achieved. This is offset by an underspend on the Transformation budget, (£0.500m), as reserves are planned to be utilised to fund the team.

Action Plan Progress Tracker

	Action	Progress	Update	Timescale
1	No new under 65 placements in residential care, as default position.	Progress is monitored on a weekly basis with numbers no longer increasing	Very few new placements have been made for working age adults and there are seven fewer people in permanent residential care than on 1 st April.	On-going
2	Targets for locality teams to reduce the numbers of older people in residential care by 25%	Targets in place and monitored on a weekly basis, linked with 2 for 1 flow	Permanent admissions are reducing however initial figures for Quarter 4 suggest that demands across the health and social care system rose significantly in January and above normal levels. This will have some impact on the year end position.	On-going as part of Promoting Independence Strategy
3	Optimise the use of the NorseCare block contract	Target to achieve a 95% occupancy on average for the remainder of the year	Current occupancy has been above 94% for four months, which is showing an improved position.	On-going
4	To manage our funding flows we will only fund a residential or nursing home placement in each locality when two placements have been released	Targets in place	Permanent placements continuing to reduce, particularly for nursing home placements. However, as highlighted demand is expected to be higher than predicted for the first two months of Quarter 4, mainly due to high levels of unplanned admissions to acute hospitals.	Continue until 31/3/16
5	Temporary residential placements should only be used where a clear plan exists for	Will contribute to overall reduction in cost of older people placements	Improvement in the recording of temporary and	On-going

	Action	Progress	Update	Timescale
	the service user to return home and the placement only authorised for the period in the plan.		permanent placements with weekly reporting in place	
6	Reinforce our practice on Personal Budgets. These should only be used to meet any unmet eligible social care need. Working on the basis of least spend to deliver the best outcomes	Will contribute to overall reduction in cost of packages of care.	Strength based assessments rolled out.	On-going
7	Reviewing all care packages which involve two carers, to ensure that use of additional equipment or assistive technology has been considered.	Business case developed.		On-going
8	Reviewing packages of care of up to 10 hours per week, to ensure that there are no informal alternatives that could be used.			Completed
9	Reviews of last 100 placements in residential care to make sure that decision making about access to residential care is robust.			Completed
10	Scrutiny of all personal budgets reviews where the service remains unchanged	Learning from the reviews is being fed into refocused PB reviews	Strength based assessments being rolled out from November, small sample suggests potential of 12% on Personal Budget	On-going

	Action	Progress	Update	Timescale
11	Weekly Panels to scrutinise proposed overrides of the RAS (Resource Allocation System) funding for indicative Personal Budgets for younger adults	Panels commenced w/c 17 th August.	In October the structure of panel meetings was changed with the introduction of fortnightly locality based LD panels in addition to an overarching County Panel. Criteria for the allocation of cases was established and guidance issued to staff. County Panel continues to run on a weekly basis with six cases reviewed at each panel.	On-going
12	Urgent review of the Resource Allocation System (RAS), which sets the size of personal care budgets.	Part of an ongoing review to reconsider the Personal Budget process and the RAS, particularly in light of Promoting Independence. No saving has been quantified at this stage. All other local authorities in England have been asked to share their Resource Allocation System	Project underway	31/7/16
13	A freeze on Learning and Development spending, except for statutory training and training on the Care Act.	Review has been undertaken and savings of £200k have been incorporated into the current forecast	Saving achieved	Complete
14	Appoint an Interim Head of Learning Disability, who will be drive forward improvements in the Learning Disabilities services to reduce expenditure.	Head of Learning Disability in post Plans in place focussing on: <ul style="list-style-type: none"> - Day Services - Shared Lives - Integrated Health and Social Care Learning Disability Team - Supported Living Accommodation 	A paper setting out the full progress to date is included elsewhere on this agenda.	On-going

Adult Social Services Reserves and Provisions 2015/16

	Balance	Planned Usage	Balance
	1 April 2015	2015/16	31 March 2016
	£m	£m	£m
Doubtful Debts provision	1.572	(0.895)	0.677
Redundancy provision	0.016	(0.016)	0.000
Prevention Fund - Living Well in Community	0.006	(0.006)	0.000
Prevention Fund – General - As part of the 2012-13 budget planning Members set up a Prevention Fund of £2.5m to mitigate the risks in delivering the prevention savings in 2012-13 and 2013-14, particularly around Reablement, Service Level Agreements, and the need to build capacity in the independent sector. The funding has now been earmarked to support the early implementation of an expanded Reablement service, which is linked to budget savings for 2016-18. 2013-14 funding for Strong and Well was carried forward within this reserve as agreed by Members £0.321m remains of the Strong and Well funding, all of which has been allocated to external projects and will be paid upon achievement of milestones (mostly anticipated in 2015-16).	0.734	(0.499)	0.235
Repairs and renewals	0.043	0.000	0.043
IT reserve - For the implementation of various IT projects and IT transformation costs.*	0.876	(0.876)	0.000
Residential Review - Required in future years for the Building Better Futures programme, including the transformation of the homes transferred to NorseCare on 1 April 2011.*	2.278	(2.278)	0.000
Unspent Grants and Contributions - Mainly the Social Care Reform Grant which is being used to fund the Transformation in Adult Social Care	3.058	(1.326)	1.732
The Council underspend at 31 st March 2015 of £1.753m has been included in the opening balance, £0.220m has been committed for the engagement of a temporary Learning Difficulties Manager to drive forward improvements in that services and to offset the loss of income relating to the policy change regarding War Veterans' pre 5 th April 2005 War Disablement Pensions. The remaining £1.533m is earmarked to contribute towards implementation of the Older People Residential Cost of Care review.	1.753	(1.753)	0.000
Total ASC reserves and provisions	10.336	(7.649)	2.687

* Use of reserves agreed by Full Council in setting the revenue budget for 2015/16

Adult Social Care Capital Programme 2015-16

Summary	2015/16		2016/17	2017/18
	Current Capital Budget	Actual outturn at Year end	Draft Capital Budget	Draft Capital Budget
Scheme Name	£'000s	£'000s	£'000s	£'000s
Failure of kitchen appliances	18	18	13	0
Supported Living for people with Learning Difficulties	17	17	0	0
Adult Social Care IT Infrastructure	0	0	141	0
Improvement East Grant	60	60	0	0
Prospect Housing - formerly Honey Pot Farm	0	0	318	0
Great Yarmouth Dementia Day Care	36	36	0	0
Adult Care - Unallocated Capital Grant	0	0	5,601	2,000
Strong and Well Partnership - Contribution to Capital Programme	152	152	100	0
Bishops Court - King's Lynn	198	198	0	0
Dementia Friendly Pilots	1	1	0	0
Lakenfields	125	125	0	0
Autism Innovation	19	19	0	0
Cromer Road Sheringham (Independence Matters	199	199	0	0
Winterbourne Project	0	0	50	0
Humberstone	24	24	0	0
Better Care Fund Disabled Facilities Grant	3,753	3,753	6,368	0
Baler Press	32	32	0	0
Care Act Implementation	0	0	871	0
Faro Lodge PV system CERF	12	12	0	0
Elm Road Community Hub	0	0	800	0
TOTAL	4,646	4,646	14,262	2,000

Adult Social Care Committee

Item No. 11

Report title:	Risk Management
Date of meeting:	7 March 2016
Responsible Chief Officer:	Harold Bodmer, Executive Director of Adult Social Services
Strategic impact Monitoring risk management and the departmental risk register helps the Committee undertake some of its key responsibilities and provides contextual information for many of the decisions that are taken.	

Executive summary

At the Adult Social Care Committee meeting of 11 May 2015 Members requested a full report at the first meeting of the year followed by exception reports to subsequent meetings. The first exceptions paper was reported to the 9 September meeting.

This report includes the departmental risk summary together with an update on progress since the last committee meeting on 25 January 2016. There has been an update from the Chief Internal Auditor regarding the reasons for the delegation of three risks from the Corporate Risk Register to the Adult Social Care Risk Register during 2015. The Corporate Risk Register has been updated to include risks relating to the Social Care Systems Re-procurement Project as agreed at Adults and Children's Services and Policy and Resources Committees.

Risks are where events may impact on the Department and County Council achieving its objectives.

Recommendations: Committee Members are asked to:

- a) Note and comment on progress with departmental risks since 25 January 2016
- b) Note the reasons for the delegation of three risks previously shown on the Corporate Risk Register subsequently delegated to the Adult Social Care Committee from Policy and Resources Committee and note their entry on the ASC Risk Register
- c) Note the addition to the Corporate Risk Register of the RM019 'Failure to deliver a new fit for purpose social care system on time and to budget'
- d) To accept a new risk, outlined in 2.7.1
- e) Consider if any further action is required

1 Proposal

- 1.1 The Adult Social Care Risk Register has been reviewed and this report provides Members with an update of the most recent changes. Changes that have arisen to the Corporate Risk Register that are relevant to this committee are also included.
- 1.2 The Senior Management Team has been consulted in the preparation of the Adult Social Services risk register and this report.

2 Evidence

- 2.1 The Adult Social Services departmental risk register reflects those key business risks that need to be managed by the Senior Management Team and which, if not managed appropriately, could result in the service failing to achieve one or more of its key objectives and/or suffering a financial loss or reputational damage. The risk register is a dynamic document that is regularly reviewed and updated in accordance with the Council's "Well Managed Risk – Management of Risk Framework".
- 2.2 Each risk score is expressed as a multiple of the impact and the likelihood of the event occurring:
- Original risk score – the level of risk exposure before any action is taken to reduce the risk when the risk was entered on the risk register
 - Current risk score – the level of risk exposure at the time the risk is reviewed by the risk owner, taking into consideration the progress of the mitigation tasks
 - Target risk score – the level of risk exposure that we are prepared to tolerate following completion of all the mitigation tasks
- 2.3 In accordance with the Risk Matrix and Risk Tolerance Level set out within the current Norfolk County Council "Well Managed Risk - Management of Risk Framework", three risks are reported as "High" (risk score 16–25) and 11 as "Medium" (risk score 6–15). A copy of the Risk Matrix and Tolerance Levels appears at Appendix 2.
- 2.4 The prospects of meeting target scores by the target dates are a reflection of how well mitigation tasks are controlling the risk. It is also an early indication that additional resources and tasks or escalation may be required to ensure that the risk can meet the target score by the target date. The position is visually displayed for ease in the "Prospects of meeting the target score by the target date" column as follows:
- Green – the mitigation tasks are on schedule and the risk owner considers that the target score is achievable by the target date
 - Amber – one or more of the mitigation tasks are falling behind and there are some concerns that the target score may not be achievable by the target date unless the shortcomings are addressed
 - Red – significant mitigation tasks are falling behind and there are serious concerns that the target score will not be achieved by the target date and the shortcomings must be addressed and/or new tasks are introduced
- 2.5 The current risks are those identified against the departmental objectives for 2015/16 and have been reviewed for this report.
- 2.6 **NCC Corporate Risk Register**
- 2.6.1 At the 25 January 2016 meeting members requested further information regarding the recommendation to accept the following risks from the Corporate Risk Register onto the Adult Social Care Risk Register. These were:
- RM14079 "Failure to meet the longer term needs of older people"
 - RM0207 "Failure to meet the needs of older people"

The Chief Internal Auditor will attend the Committee meeting to discuss this issue.

- 2.6.2 The Corporate Risk Register has been updated to include RM019 "Failure to deliver a new fit for purpose social care system on time and to budget" as agreed by Adult Social

Care and Children's Services Committees in January 2016 and by the Policy and Resources Committee on 8 February 2016.

2.7 Changes to the Adult Social Services Risk Register

- 2.7.1 It is proposed to add in a new risk to the Adult Social Care Departmental Risk Register to reflect our integrated health and social care arrangements with Norfolk Community Health and Care. The risk would be:

'Integrated management arrangements with Norfolk Community Health and Care have a negative impact on the delivery of adult social care quality and performance.'

- 2.7.2 The register has been updated to reflect the committee decision of the 25 January 2016 to retain RM14149 "Impact of the Care Act" until 31 March 2020 by which time further guidance is expected from the Government.

- 2.7.3 The register has also been updated to reflect the decision for risk RM14150 "Impact of DNA" to be amended to remove the portal element from this risk as it will no longer form part of the Adult Care DNA programme, as it will be taken forward and developed within the Social Care System Re-procurement Project.

- 2.8 Appendix 1 provides Committee members with a summary of the risks on the register.

- 2.9 There remains a strong corporate commitment to the management of risk and appropriately managing risk, particularly during periods of organisational change. A clear focus on strong risk management is necessary as it provides an essential tool to ensure the successful delivery of our strategic and operational objectives.

3 Financial Implications

- 3.1 There are no financial implications other than those identified within the risk register.

4 Issues, risks and innovation

- 4.1 There are no further risks than those described elsewhere in this report.

5 Background

- 5.1 Appendix 1 provides the Committee members with a summary of the risks on the register. Appendix 2 is a copy of the risk scoring matrix to show the scoring methodology for Impact and Likelihood.

- 5.2 The review of existing risks has been completed with responsible officers.

- 5.3 There remains a strong commitment to the management of risk, particularly during periods of organisational change, such as the accelerated programme to deliver all the elements of the vision for the County Council.

- 5.4 An on-going clear focus on strong risk management is necessary as it provides an essential tool to ensure the successful delivery of our strategic and operational objectives.

6 Recommendations:

6.1 Recommendations: Committee Members are asked to:











- a) Note and comment on progress with departmental risks since 25 January 2016
- b) Note the reasons for the delegation of three risks previously shown on the Corporate Risk Register subsequently delegated to the Adult Social Care Committee from Policy and Resources Committee and note their entry on the ASC Risk Register
- c) Note the addition to the Corporate Risk Register of the RM019 'Failure to deliver a new fit for purpose social care system on time and to budget'
- d) To accept a new risk, outlined in 2.7.1
- e) Consider if any further action is required

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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Risk Register - Norfolk County Council

Risk Register Name		Adult Social Care Departmental Risk Register - Appendix 1									Red		Worsening
Prepared by		Harold Bodmer and John Perrott						High			Amber		Static
Date updated		December 2015						Med			Green		Improving
Next update due		February 2016						Low			Met		
Area	Risk Number	Risk Name	Risk Description	Current Likelihood	Current Impact	Current Risk Score	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Direction of travel from previous review	Risk Owner		
Adult Social Services Transformation	RM14079	Failure to meet the long term needs of older people	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local authorities may only have sufficient funding for Adult's and Children's care.	5	5	25	8	31/03/2030	Amber		Harold Bodmer		
Adult Social Services Transformation	RM13926	Failure to meet budget savings	If we do not meet our budget savings targets over the next three years it would lead to significant overspends in a number of areas. This would result in significant financial pressures across the Council and mean we do not achieve the expected improvements to our services.	4	5	20	10	31/03/2017	Red		Susanne Baldwin		
Adult Social Services Transformation	RM14149	Impact of the Care Act 2014	Impact of the Care Act 2014/Changes in Social Care funding (significant increase in number of people eligible for funding, increase in volume of care - and social care - and financial assessments, potential increase in purchase of care expenditure, reduction in service user contributions)	1	5	5	3	31/03/2020	Green		Janice Dane		
Safeguarding	RM13931	A rise in hospital admissions	A significant rise in acute hospital admissions for whatever reason would lead to increased demand for social care services. This would result in budget pressures, possible overspends and could lead to delayed transfers of care which would negatively impact on user experience and on our reputation.	4	4	16	6	31/03/2016	Amber		Lorrayne Barrett		
Adult Social Services Transformation	RM0207	Failure to meet the needs of older people	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation.	3	4	12	8	31/03/2016	Amber		Harold Bodmer		
Support & Development	RM13925	Lack of capacity in ICT systems	A lack of capacity in IT systems and services to support Community Services delivery, in addition to the poor network capacity out into the County, could lead to a breakdown in services to the public or an inability of staff to process forms and financial information in for example Care First. This could result in a loss of income, misdirected resources, poor performance against NI targets and negatively impact on our reputation.	3	4	12	6	31/03/2016	Amber		John Perrott		
Adult Social Services Prevention	RM13923	Uncertainty around the shift towards investment in prevention services	There is uncertainty around achieving a general shift towards investment in prevention services by health care and housing organisations, meaning that key strategic strategies for older and disabled people were not met in line with Living Longer, Living Well. This results in poorer outcomes for service users and higher expenditure.	3	4	12	8	31/03/2016	Amber		Janice Dane		

Area	Risk Number	Risk Name	Risk Description	Current Likelihood	Current Impact	Current Risk Score	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Direction of travel from previous review	Risk Owner
Adult Social Services Transformation	RM13929	The speed and severity of change	The speed and severity of the changes in work activities and job cuts across all areas of the department outlined necessary to achieve budget savings targets could significantly affect the wellbeing of staff. This results in increased sickness absence, poor morale and a reduction in productivity.	3	4	12	8	31/03/2016	Amber	↔	Lucy Hohnen
Adult Social Services Transformation	RM14150	Impact of DNA	Impact of DNA: impact on work to integrate with NHS; resources required to deliver departmental elements; impact on resources with DNA implementation and funding of DNA.	3	4	12	3	31/03/2016	Green	↔	John Perrott
Information Management	RM14085	Failure to follow data protection procedures	Failure to follow data protection procedures can lead to loss or inappropriate disclosure of personal information resulting in a breach of the Data Protection Act and failure to safeguard service users and vulnerable staff, monetary penalties, prosecution and civil claims.	3	4	12	3	31/03/2016	Green	↔	Harold Bodmer
Adult Social Services Transformation	RM13936	Inability to progress integrated service delivery	Inability to progress integrated service delivery between NCC and Health due to; different governance regimes, the lack of management capacity and the on-going NHS changes. This could result in the programmes objectives not being fully met.	2	5	10	5	31/03/2016	Green	↔	Harold Bodmer
SMT	RM14237	Deprivation of Liberty Safeguarding	The Cheshire West ruling March 2014 has significantly increased referrals for people in care homes and hospital. The demand outstrips the capacity of the DOLS team to assess, scrutinise, process and record the workload. Significant backlog has developed and priority cases are no longer met within timescales. Specific areas of risk are: <ul style="list-style-type: none"> • 222 of priority 1 cases not seen • Priority 2 and 3 cases not being seen at all • Staff unable to complete tasks appropriate to role c/o capacity issues • Outstanding reviews not being addressed • Litigation risk • Reputational risk • Delays in appointing paid reps • DOLS team staff wellbeing • Increased cost to the department 	3	4	12	8	31/03/2016	Amber	↔	Alison Simpkin
Adult Social Services Prevention	RM14238	Failure in our responsibilities towards carers	The failure of Adult Social Services to meet its statutory duties under the Care Act will result in poorer outcomes for service users and have a negative impact on our reputation.	2	3	6	1	30/11/2015	Green	↔	Lorna Bright
Adult Social Services Commissioning	RM012	Negative outcome of the Judicial Review into fee uplift to care providers	A successful Judicial Review being brought by a group of residential care providers may result in additional costs for 2015/16 which were not anticipated in budget planning for the year.	3	4	12	4	31/03/2016	Amber	↔	Harold Bodmer
Adult Social Services Commissioning	RM14247	Failure in the care market	The council contracts with independent care services for over £200m of care services. Risk of failure in care services would mean services are of inadequate quality or that the necessary supply is not available. The council has a duty under the Care Act to secure an adequate care market. If services fail the consequence may be risk to safeguarding of vulnerable people. Market failure may be faced due to provider financial problems, recruitment difficulties, decisions by providers to withdraw from provision, for example.	4	3	12	6	31/03/2016	Amber	↔	Catherine Underwood

Risk Matrix and Tolerance Levels

Impact Likelihood	Extreme 5	Major 4	Moderate 3	Minor 2	Insignificant 1
Almost Certain 5	25	20	15	10	5
Likely 4	20	16	12	8	4
Possible 3	15	12	9	6	3
Unlikely 2	10	8	6	4	2
Rare 1	5	4	3	2	1

Tolerance Level	Risk Treatment
High Risk (16-25)	Risks at this level are so significant that risk treatment is mandatory
Medium Risk (6-15)	Risks at this level require consideration of costs and benefits in order to determine what if any treatment is appropriate
Low Risk (1-5)	Risks at this level can be regarded as negligible or so small that no risk treatment is needed

Adult Social Care Committee

Item No. 12

Report title:	Performance Monitoring Report
Date of meeting:	7 March 2016
Responsible Chief Officer:	Harold Bodmer, Executive Director of Adult Social Services
Strategic impact Performance monitoring and management information helps committees undertake some of their key responsibilities – informing Committee Plans and providing contextual information to many of the decisions that are taken.	

Executive summary

This paper reports quarter three performance results for Adult Social Care, with a performance dashboard in Appendix A.

The paper highlights 'red' measures that are off target or are getting notably worse as:

- Permanent admissions to residential/nursing care aged 18-64 years (per 100,000 population)
- People aged 18-64 years in contact with secondary mental health services in paid employment
- People aged 18-64 in contact with secondary mental health services living independently, with or without support
- People aged 18-64 receiving learning disability services in paid employment
- People with a long term service whose needs have been reviewed in the last 12 months.

The paper highlights notable 'amber' measures that are just off-target as:

- Service users using self-directed support at the end of the reporting period who receive cash payments
- Adult safeguarding strategy discussions completed within 3 working days
- People aged 18-64 receiving learning disability services living independently, with or without support

The paper highlights good performance in terms of residential and nursing care admissions for older people, and in the proportion of people receiving reablement services who remain at home.

This report also presents a draft list of vital signs performance indicators. These have been developed as part of a revised performance framework (as described in previous performance reports), and the report outlines how members have fed into the development of this through a series of workshops.

Recommendations:

The committee are asked to:

- Review and comment on the performance management information, including the Dashboard presented in Appendix A**
- Consider any areas of performance that require a more in-depth analysis**
- Confirm, subject to comment and any further work, this committee's set of vital**

1. Background

- 1.1. This report presents Quarter 3 (October to December) performance data, information and analysis for 2015/16 on an exception basis. As such, the focus is upon areas of performance that are either red or amber rated.
- 1.2. Given extra detail within this paper around the performance framework, and feedback from the Committee's Performance & Placements Task and Finish Group elsewhere on the agenda, the performance reporting element of this paper is deliberately brief and focuses on the key performance issues.

2. Quarter 3 performance

- 2.1. Quarter 3 performance is presented in Appendix A: Adult Social Services performance dashboard. The dashboard contains 20 performance measures.

Of the 18 measures with targets:

- a) 5 are significantly off target (more than 5% variance)
- b) 7 are just off target (within 5% variance)
- c) 6 are on or better than target.

Of the 11 measures that have been updated since Quarter 2:

- a) 7 have improved performance
- b) 2 have the same level of performance
- c) 2 have worsening performance

3. Measures where we're off target or getting significantly worse

The following areas are currently missing target by a significant amount (red alert) or are getting significantly worse:

3.1. Red measure: Permanent admissions to residential/nursing care aged 18-64 years (per 100,000 population)

- 3.1.1. At Q2 this indicator was reported being amber for the first time in recent years. Performance in Q3 means that the current rate of 15.6 is further away from the target of 13.3, and results in a 'red' rating. Nevertheless, this represents a continued reduction in rates, and compares favourably to the figure of 26.7 at Q3 last year. Looking further back, performance has been reducing year on year since 2012/13 when admissions per 100,000 stood at 51.7. Improvements in the last year have been driven by a policy whereby nobody aged 18-64 should be placed into residential and nursing care, unless there is no other reasonable and more cost effective option.
- 3.1.2. To recap, the current target, set at the beginning of 2014/15 seeks to move Norfolk's performance in this measure to the (then) benchmarking family group average rate by the end of this 2015/16 reporting year. Whilst it is not possible to say exactly how other councils will perform this year, if we sustain this level of performance through to the end of the year, it is likely that Norfolk – whilst not improving to the median rate – will no longer be such a significant outlier in this key performance measure.

3.2. Red measure: People aged 18-64 years in contact with secondary mental health

services in paid employment

- 3.2.1. The percentage of people aged 18-64 years in contact with secondary mental health services in paid employment has fallen from 4.7% in April 2015 to 3.4% in October 2015. It is therefore unlikely that the end of year target of 5.5% will be achieved.
- 3.2.2. It is recognised that having a job and income can prompt a step-change improvement in outcomes and independence for people with a mental health problems. As such, the council is working with mental health services and education, training and employment providers to enable greater access to work and programmes which help people prepare for re-entry into the job market.
- 3.2.3. Monitoring and managing performance against this statutory national indicator is complicated by the fact that the data is provided entirely by the Norfolk and Suffolk Foundation NHS Trust, and relates to a far larger cohort of service users than those supported by the council. In providing this data there is no breakdown of council and non-council service users, and it is difficult to understand the impact of changes in practice in the council on the overall figure. In addition the data is only provided to the council intermittently and unpredictably.
- 3.2.4. As reported elsewhere in this paper, we are seeking to resolve this by measuring the employment (and accommodation arrangements) of only those people receiving council mental health social care services, using the council's own data. Whilst this will provide a figure that is different to that published nationally, it will provide more pertinent performance data that will allow managers and members to account for performance of council mental health services in a timely and appropriate way.

3.3. Red measure: People aged 18-64 in contact with secondary mental health services living independently, with or without support

- 3.3.1. At Q1 we reported that the percentage of people aged 18-64 in contact with secondary mental health services living independently, with or without support was above target at 66.4% compared to the end of year target of 65%. Since then, performance has deteriorated and as of October 2015 stood at 51.6%, significantly below the end of year target.
- 3.3.2. Achieving and maintaining settled, independent accommodation is an important part of the recovery from mental health problems. As such, the council continues to work with key partners in the housing sector to open up opportunities for people with mental health problems to live independently.
- 3.3.3. As highlighted above (section 3.7) the data around this indicator is problematic, and arrangements are being put in place to provide managers and members with more timely and relevant performance measures (section 3.8).

3.4. Red measure: People aged 18-64 receiving learning disability services in paid employment

- 3.4.1. The Q3 performance of 3.7% of people aged 18-64 years receiving learning disability services being in paid employment is only a marginal improvement on the 3.6% figure for Q2. Previous to this, and as reported to the committee earlier this year, Norfolk's rate of employment for people receiving learning disability services had reduced significantly over the past two years, from 7.1% of service users in 2013/14 to 3.9% in 2014/15.

- 3.4.2. As reported to the Committee by the Interim Lead for Learning Disabilities, employment rates for working-age people with a learning disability is now a departmental and corporate priority. As such some clear improvement measures are in place that should prompt a step-change improvement in performance in this area. These include:
- a) Working closely with the council's in-house employment support service, and referring all people who are able to work on to this service to evaluate options for both paid and unpaid work, and any other appropriate support (around, for example, education and training)
 - b) Referring some people looking to work 16+ hours a week directly to Shaw Trust, a government-funding work choice scheme which will support people in a range of ways, including developing CVs and improving skills
 - c) Reviewing, as a priority, all people receiving learning disabilities services who are not currently working, but who have stated they are able to work, to make sure that they are getting all of the support they need
 - d) Checking our data. Currently we update our data on people's employment status at their annual review. We suspect that this may mean that we miss significant numbers of people who are, or have been, working

3.5. **Red measure: Long term service users reviewed in the last 12 months**

- 3.5.1. At Q3 a total of 71.6% of people with a long term service had been reviewed in the past 12 months. This is similar to Q2 (71.8%) and marginally worse than Q1 (72.3%). 2015/16 performance year to date is broadly in line with the performance of benchmarked 'family group' local authorities and significantly better than performance in 2014/15 (64%). It remains, however, below the stretch target of 80%.
- 3.5.2. Previous reports have highlighted some issues with the value of this measure – specifically that it does not reflect the quality or outcome of reviews, or people's experiences of ongoing care services. The conclusion of the ongoing review of the suite of measures this committee receives is that monitoring the timeliness of reviews is important in the limited number of cases where reviews are vital but not scheduled – but that this should be covered by practice-level reviews of data to ensure that people are safe. The range of vital signs indicators outlined elsewhere in these papers does not include a measure of the timeliness of reviews, and focuses more on service user outcomes and important indicators of service quality and management. Provisions are made for managers to escalate performance in this area (and indeed any other area) should performance deteriorate in a significant and sustained way.

4. **Amber measures**

The following measures are off target but within 5% variance of target (amber alert)

4.1. **Amber measure: Service users using self-directed support at the end of the reporting period who receive cash payments**

- 4.1.1. This indicator measures the proportion of people who receive self-directed support in the form of a cash payment, with which they purchase the support they need.
- 4.1.2. At Q2 we reported that Norfolk's performance had dipped just below the target, with performance at 34.5% against a target of 35%, for the first time in over a year. Q3 performance is slightly worse than the previous quarter and worse than target, at 34.1%. Whilst performance is less than one percentage point worse than target, this indicator will be closely monitored over Q4 to determine whether this is the beginning of a trend of

deteriorating performance.

4.2. **Amber measure: Adult safeguarding strategy discussions completed within 3 working days**

- 4.2.1. Q3 performance has fallen below target for the first time in 2015/16, with 87% of strategy discussions taking place within 3 days compared to a target of 90%. Performance throughout 2015/16 remains significantly higher than previous years, largely as a result of the improvements that were made in adult safeguarding in response to the Adult Safeguarding Peer review in 2014. For example, only 72% of strategy discussions took place within 3 days in 2013/14.

4.3. **Amber measure: People aged 18-64 receiving learning disability services living independently, with or without support**

- 4.3.1. The performance for this measure has remained largely unchanged over the first three quarters of 2015/16, at 74% compared to a 75% end of year target. Whilst performance is only slightly below target and not deteriorating any further at this time, it represents a plateauing of performance improvement over the past four years. Importantly, Norfolk's performance continues to compare favourably with the national average rate (73.3%), regional rate (69.2%) and Norfolk's benchmarking family group rate (73.9%).

5. **Green measures**

- 5.1. In the interest of brevity, and in line with the principle of 'exception' reporting, measures with green alerts are not being covered in detail in this report. Briefly, good performance of note is reported in two areas, both of which are important Better Care Fund indicators, as follows:

- a) **Permanent admissions to residential/nursing care for people aged 65+** continue to reduce compared to previous years and are significantly ahead of target. Performance in this area, which relates to a significant area of budget challenge, has experienced a step-change improvement in the last year as a result of improved hospital discharge arrangements, and new approaches to sourcing more community-based support for older people with more complex long term care needs
- b) **Older people still at home 91 days after leaving reablement services** continues to show very high performance, with 92.5% of people leaving reablement remaining in their own home

- 5.2. Some caution is advised when reviewing the council's improving performance in reducing permanent admissions to residential and nursing care (all ages) up to quarter 3. Whilst performance has been strong to the end of quarter 3, and full data is not yet available for the first months of quarter 4, initial figures and anecdotal evidence suggest that demands across the health and social care system rose significantly in January. Whilst targets are profiled to account for a January 'spike' in admissions, comments from front line practitioners suggest an unprecedented level of demand, prompted by high levels of unplanned admissions to acute hospitals. This is unlikely to negate all of the good work around reduced admissions up to quarter 3, but will have some impact on the end of year position. We will report on this in full at quarter 4.

6. **Development of the performance management system**

- 6.1. Work has continued to improve performance management arrangements following the Performance Monitoring report to Policy & Resources Committee on the 26 October 2015 setting out the requirements for a system that focuses on the right things, strengthens accountability and informs purposeful management. Member-led workshops took place

throughout January and February to specify key elements of the new performance management system. The workshops gave Members an opportunity to test the developing set of vital signs against local priorities, and to shape the way the Council monitors progress.

- 6.2. At these sessions, Members worked on issues and performance related to: Communities and Environment Development and Transport Committees; Adult Social Care and Children's Services Committees; and Policy and Resources Committee.
- 6.3. A workshop for the members of the Children's and Adult's committees was held on 20 January 2016. Specific feedback on the vital signs for the Adult Social Committee included:
 - a) Better understanding of the linkages between children's and adult's social care, in particular around the transition to adulthood
 - b) Clear definitions for 'carers' and 'community support'
 - c) Better understanding of the responsiveness of services to incidents, such as an older person having a fall
 - d) Some way of assessing the quality of life of those people who use adult social care services
 - e) A way of monitoring the sustainability of the local social care market and the options that are available to people
 - f) Focus upon measures that drive the right behaviours
 - g) Ensure that the set of measures are self-explanatory and enable people to ask the right questions
 - h) Benchmark performance and compare our performance to that of our family group
- 6.4. Members also highlighted that the common theme across all of these issues is the key role that the Council has to play as a system leader. None of the above will be achievable if the Council works in isolation.

7. Vital Signs

- 7.1. A vital sign is a key indicator from one of the council's services which provides members, officers and the public with a clear measure to assure that the service is performing as it should and contributing to the Council's priorities. It is, therefore, focused on the results experienced by the community. It is important to choose enough vital signs to enable a good picture of performance to be deduced, but not so many that strategic discussions are distracted by detail.
- 7.2. There are 17 vital signs indicators for the Adult Social Care committee. The full list with explanations of what the vital sign indicator measures and why it is important, is as below. It is proposed that 11 of these are corporately significant measures that will be reported to both Adult Social Care Committee and Policy and Resources Committee, with the remaining six being reported to this committee only.
- 7.3. The proposed vital signs have been developed to reflect the priorities outlined in the Promoting Independence strategy, and will evidence the extent to which key parts of this strategy are being delivered.

7.4.			
Vital Signs Indicator		What it measures	Why it is important
Reported to both the Adult Social Care and the Policy and Resources Committees			
1	Referrals resolved by guiding to	% Referrals that are resolved by signposting and/or referral to	Indicates the extent to which we can source and refer to alternative informal community-based solutions

	informal community based services	informal community based services	thereby reducing the number of people needing a formal social care service
2	Remaining independent after community clinic	% People remaining independent six weeks after visiting a community clinic	Community Clinics should reduce the need for formal social care intervention by linking people with community resources that support independence
3	Reablement effectiveness	% of people who require no ongoing formal service after completing reablement	People that are successfully re-abled experience better outcomes and are more likely to stay out of long term care
4	More people live in their own homes for as long as they can	<ul style="list-style-type: none"> • Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (18-64 years) • Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (65+ years) • Increasing the proportion of people in community-based care 	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
5	Fewer people need a social care service from the Council	<ul style="list-style-type: none"> • Decreasing the rate of Council service users per 100,000 population (18-64 years) • Decreasing the rate of Council service users per 100,000 population (65+ years) • Decreasing the rate of people in residential and nursing care per 100,000 people 	A reduction in the overall number of people requiring formal care services, when accompanied by good preventative and reablement care services, and good access to voluntary and community-based services that support independence, evidences a successful 'Promoting Independence' strategy
6	Decreasing the rate of council service users per 100,000 population (64+ years)	% of people still at home 91 days after completing reablement	Measuring the effectiveness of reablement services indicates the performance of a key part of the health and social care system
7	Decreasing the rate of people in residential and nursing care per 100,000 people	Number of days delay in transfers of care (attributable to social care)	Delayed transfers of care cost health services significant amounts of money, and nationally are attributed to significant additional health services costs
8	Safeguarding interventions success	% People who were subject to safeguarding interventions whose stated outcomes were met	The quality of safeguarding interventions is important to secure good outcomes for potential victims, and affects the likelihood of further incidents occurring
9	More people with	% People receiving	Research and best practice shows

	learning disabilities secure employment	Learning Disabilities services in paid employment	that having a job is likely to significantly improve the life chances and independence of people with learning disabilities, offering genuine independence and choice over future outcomes.
10	Paid employment rate: People receiving Mental Health services	% People receiving Mental Health services in paid employment	Research and best practice shows that having a job is likely to significantly improve the life chances and independence of people with mental health problems, offering genuine independence and choice over future outcomes
11	Emergency hospital admissions	Number of emergency admissions and unplanned admissions from people receiving formal social care services	Changes in rates of emergency admissions can indicate the effectiveness of integrated working between health and social care services.
Reported to the Adult Social Care Committee			
12	Community clinic model effectiveness	<ul style="list-style-type: none"> • % Assessments and reassessments conducted in community clinics / home visits • % Social care assessments resulting in solely information and guidance • % Assessments and reassessments leading to an increase or decrease in cost in terms of council-funded services (by clinic/home visit) 	These measures will determine the success of this new assessment model
13	Enquiry resolution rate	% Enquiries resolved at point of contact / clinic with information, advice	This measures the effectiveness of new approaches to signposting and providing information and advice
14	Carers supported	Rate of carers supported within a community setting per 100,000 population	Norfolk's 91,000+ informal carers provide more support to Norfolk's vulnerable people than formal care services, and without them demand for health and social care would be significantly higher
15	Average spend : Long term services	Average spend per person in long term services (18-64; 65+)	Alongside the equivalent spending KPI for short term services, indicates the impact of the promoting independence strategy in reducing/balancing the demand for formal care
16	Permanent admissions to residential and	Rate of permanent admissions to residential and nursing	Whilst some direct referrals into permanent residential and nursing care are correct, excess levels of

	nursing care from hospital	care from hospitals	admissions through this route tend to indicate a system under pressure
17	Purchased care quality	% of CQC ratings of all registered commissioned care rated good or above	Most of the department's money is spent commissioning services from third party providers - this indicator provides an objective and comparable view of the quality of these services, and indicates both this and overall value for money

8. Transition to the new performance management system

- 8.1. Performance will be reported at committees using the new performance management reporting from April 2016 onwards.
- 8.2. For some of the indicators more work is needed to gather the data needed to monitor performance, meaning that work will continue beyond April in some areas, and the committee will be briefed on progress.
- 8.3. Further development work will continue to refine the performance management system including:
 - a) Defining the measures technically and confirming the target, baseline, benchmarks and trajectory for each vital sign
 - b) Improvements to data collection systems and procedures to provide for timelier reporting
 - c) Refining the content and presentation of performance information to committees - including presenting risk management reporting and vital signs in an integrated report
 - d) Developing options to make regular performance information available to Members and officers in addition to committee reports – e.g. online 'portal', newsletter

9. Financial Implications

- 9.1. The performance information presented in this report supports, and should be viewed alongside, finance monitoring reports to gain a full picture of the performance of services.
- 9.2. There are, however, no specific financial implications arising from the performance figures and commentary presented in this report.

10. Issues, risks and innovation

- 10.1. Performance reporting brings together complex information in order to assist members with decision making and understanding of issues facing the organisation. Over time these will develop, alongside Committee plans to drive a number of complex issues. They will help to monitor and manage issues and risks to the services we deliver.

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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Adult Social Services Performance Dashboard

Key

Rating symbols:	★	On or ahead of target
	●	Within 5% variance of target
	▲	Missing target by more than 5% variance
Direction of travel symbols	↑	Getting better ('higher is better' indicators)
	↓	Getting better ('lower is better' indicators)
	↗	Getting worse ('higher is better' indicators)
	↘	Getting worse ('lower is better' indicators)
	→	Same performance
Greyed out cells = Data that has not been updated since the last report		

Measure	Value	Date	Rating	2015/16 Target	Direction of Travel
Managing our resources					
Number of sickness absence days per FTE	4.3	Dec 2015	-	-	↓
Service Performance					
Service users using self-directed support at the end of the reporting period	88.2%	Dec 2015	★	70%	↑
Service users using self-directed support at the end of the reporting period who receive cash payments	34.1%	Dec 2015	●	35%	→
Carers supported following an assessment or review	31.7%	Dec 2015	-	-	-
Carers using self-directed support during the year	88.2%	Dec 2015	★	70%	↑
Delayed transfers of care attributed jointly or solely to social care (per 100,000 population aged 18 and over)	1.3	Nov 2015	★	2.0	↓
People with a long term service whose needs have been reviewed in the last 12 months	71.6%	Dec 2015	▲	80%	-
Overall satisfaction of people who use services with their care and support	66.9%	Mar 2015	●	68.7%	↓
Adult safeguarding strategy discussions completed within 3 working days	87%	Dec 2015	●	90%	↓
Outcomes for Norfolk					
Permanent admissions to residential/nursing care aged 18-64 (per 100,000 population)	15.6	Dec 2015	▲	13.3	↓
Permanent admissions to residential/nursing care aged 65 and over (per 100,000 population)	410.4	Dec 2015	★	452.1	↓
Older people (aged 65 and over) still at home 91 days after discharge from hospital into reablement/rehabilitation services	92.5%	Dec 2015	★	90%	↑
People who use services who feel safe	65.8%	Mar 2015	●	69.6%	↓

Measure	Value	Date	Rating	2015/16 Target	Direction of Travel
People who use services who say that those services have made them feel safe and secure	83.5%	Mar 2015	★	82.5%	↑
People who find it easy to find information about support	74.3%	Mar 2015	●	77.8%	↓
People who feel they have control over their daily life	80.8%	Mar 2015	●	82.5%	↓
People aged 18-64 in contact with secondary mental health services in paid employment	3.4%	Oct 2015	▲	5.5%	↓
People aged 18-64 in contact with secondary mental health services living independently, with or without support	51.6%	Oct 2015	▲	65.0%	↓
People aged 18-64 receiving learning disability services in paid employment	3.7%	Dec 2015	▲	5.5%	↓
People aged 18-64 receiving learning disability services living independently, with or without support	74.1%	Dec 2015	●	75.0%	→

Adult Social Care Committee

Item No. 13

Report title:	Report to the Adult Social Care Committee of the Performance and Placement Rates Task and Finish Group
Date of meeting:	7 March 2016
Responsible Chief Officer:	Harold Bodmer, Executive Director of Adult Social Services

Executive summary

At its meeting on 9 March 2015 the Adult Social Services Committee resolved to establish a task and finish group to address performance in relation to residential care placements, and wider performance in adult social services.

The members of the task and finish group are:

Councillor Brian Watkins – chair
Councillor Julie Brociek-Coulton
Councillor Elizabeth Morgan
Councillor Jim Perkins
Councillor Margaret Stone

The group was supported by Catherine Underwood, Deputy Executive Director of Adult Social Services and Jeremy Bone, Delivery Manager, Business Intelligence and Performance Service. In addition senior officers attended to address the specific areas which the group were considering.

Recommendations:

The Performance Task and Finish Group make the following recommendations to the Adult Social Care committee:

- a) Monitoring of activity in relation to carers should include not only assessments, but also the activity delivered through the Carers Agency Partnership and should evidence that ‘hard to reach’ carers are being supported**
- b) The model of the reporting used by Children’s Services for Looked After Children should be used to report on adult placements in residential care**
- c) Committee should be provided with an action plan for the delivery of change in learning disability services**
- d) A report should be produced which sets out how levels of performance impact on budget savings**
- e) Where there is an area of performance concern, the Committee should consider instigating a dedicated meeting of a Performance Task and Finish Group to conduct a ‘deep dive’ and to report back to Committee with findings and recommendations**
- f) The Task and Finish Group should be reconvened in 6-12 months to review the implementation of the new performance regime and its impact for adult social care**

1. Programme of meetings:

- 1.1 The group established a series of meetings to consider key areas of performance. Detailed performance evidence was received by the group and each meeting was attended by the operational and commissioning lead officers for the area of activity. The members of the group scrutinised the evidence and asked for additional information as required.
- 1.2 **Meeting 1: 18th September 2015 Performance overview**
- 1.2.1 The group elected Councillor Watkins as the chair and agreed terms of reference (see Appendix A).
- 1.2.2 The group received a presentation on current performance reporting, setting out the national and organisational requirements. Members requested to receive the returns which are made to the Department of Health in the form of a detailed spreadsheet.
- 1.2.3 Information was provided on the new corporate performance framework which is being developed. This sets out a new structure for performance based on the Council's four priorities. It sets financial monitoring alongside the performance monitoring in order to see this critical link. The new model includes a set of indicators reflecting organisational health.
- 1.2.4 It was noted that the new performance framework requires the setting of small number of 'vital signs' for each department. The vital signs would be part of a wider suite of indicators which would be reported to service committees.
- 1.2.5 Members requested and were provided with further information on the management of performance within the department and the connection between performance requirements and the management of staff within teams. (see Appendix B)
- 1.2.6 A programme of work was established to consider three priority performance areas:
- a) Carers
 - b) Residential care and housing with care
 - c) Learning disability
- 1.3 **Meeting 2: 2nd November 2015 Carers**
- 1.3.1 The meeting was attended by Sarah Ellis, head of operations for West Norfolk and operational carers lead and John Everson, head of integrated commissioning for North Norfolk and commissioning carers lead.
- 1.3.2 The group received a presentation on practice, policy and performance in relation to the support of carers. Under the Care Act 2014, carers now have the equivalent entitlement to assessment and services in their own right as do people with social care needs. It was highlighted that areas of best practice provide a higher level of support to carers of people who are not receiving social care services. Officers indicated that this suggests Norfolk could improve its work with this group of carers to reduce or delay the need for formal care services which would reflect the Promoting Independence strategy.
- 1.3.3 Members noted the substantial amount of care and support that was provided by carers in Norfolk and that carers wanted to be able to support their loved ones but may need support to do this. Members noted that many carers did not see themselves as such, so it was critical to find ways to engage them in the support available if they

needed it. For example, GPs may be well placed to identify carers and signpost to support.

- 1.3.4 The valuable work of the Carers Agency Partnership was noted, which is commissioned by the Council to deliver carers support.
- 1.3.5 In considering the operational delivery of services to carers, there was discussion of how best to ensure that carers needs are assessed. Officers described that frequently carers would decline the offer of an assessment when it was offered subsequently to the assessment of the individual they are caring for. A change of practice has been trialled, whereby carer's needs are assessed at the same time and this has proved to be more productive. It was noted that there are occasions when this is not appropriate however.
- 1.4 **Meeting 3: 4th December 2015 Residential placements and housing with care**
 - 1.4.1 The group was attended by Tim O'Mullane, assistant director of integrated care in South Norfolk and Sera Hall, head of integrated commissioning with a lead for housing with care.
 - 1.4.2 The group received a presentation on housing with care.
 - 1.4.3 Housing with care will be key to the success of Promoting Independence, providing an alternative accommodation and support option which can reduce or delay the need for residential care. In housing with care people have their own flat but access to a communal environment too. Critically in housing with care, the care provided can be flexible to meet changing needs. Members asked for and were provided with further information about the eligibility and access to housing with care and about the required level of a personal budget.
 - 1.4.4 The group receive a presentation on practice, policy and performance in relation to residential care. The presentation set out benchmarking comparisons with authorities in Norfolk's family group showing that Norfolk's use of residential care for older adults was a little above the family group average, but for younger adults (18-65) it was very high.
 - 1.4.5 Officers described the work to reduce the use of residential care and reductions in the use of residential care for younger adults over the past 2-3 years were presented.
 - 1.4.6 The reduced reliance on residential care is a key target for Promoting Independence, with an ambition to ensure that Norfolk is able to work to best practice in ensuring people are able to remain at home where this is appropriate.
 - 1.4.7 Some of the findings of the (Adult Social Services Committee) Performance Task and Finish Group can be found at Appendix C.
- 1.5 **Meeting 4: 8th January 2016 Learning disability**
 - 1.5.1 The group was attended by Kerry Wright, interim head of learning disability and Stephen Rogers, commissioning manager for learning disability.
 - 1.5.2 Members were presented with data which evidenced the patterns of learning disability provision and associated costs.
 - 1.5.3 Key points of discussion covered the allocation of social work support across the county and the out of county, many of which are just over the borders of Norfolk.

- 1.5.4 The high cost of care packages was noted and the complexity of many care packages. The cost of care work for younger adults was noted as the means to set the price of services during this year and this would engage with providers. Work is underway to revise the available offers of residential and supported living to ensure the most enabling options are available.
- 1.5.5 The improvement in employment figures was reported, but officers noted that initially this may be based on improved recording which would bring us into closer alignment with other areas. However, there is also focused work on improving employment of people with learning disabilities.

2. Financial Implications

- 2.1 Any financial implications are covered in Section 1 above.

3. Conclusions and recommendations

- 3.1 The Performance Task and Finish Group make the following recommendations to the Adult Social Care committee:
- a) Monitoring of activity in relation to carers should include not only assessments, but also the activity delivered through the Carers Agency Partnership and should evidence that 'hard to reach' carers are being supported
 - b) The model of the reporting used by Children's Services for Looked After Children should be used to report on adult placements in residential care
 - c) Committee should be provided with an action plan for the delivery of change in learning disability services
 - d) A report should be produced which sets out how levels of performance impact on budget savings
 - e) Where there is an area of performance concern, the Committee should consider instigating a dedicated meeting of a Performance Task and Finish Group to conduct a 'deep dive' and to report back to Committee with findings and recommendations.
 - f) The Task and Finish Group should be reconvened in 6-12 months to review the implementation of the new performance regime and its impact for adult social care

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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<p style="text-align: center;">Norfolk County Council</p> <p style="text-align: center;">Adult Social Services Committee</p> <p style="text-align: center;">Terms of reference for Performance and Placement Rates Task and Finish Group</p>	
<p>Membership of task and finish group</p> <p>The Group is non-Widdecombed and is made up of five nominees from the Committee.</p> <p>The chair will be determined by the Group at the first meeting.</p>	
<p>Meetings</p> <p>Four meetings will be scheduled, the Committee may review the programme.</p>	
<p>Purpose and objectives</p> <p>The Task and Finish Group will review and report to Committee with recommendations on the arrangements for performance management and performance reporting in adult social care.</p>	
<p>Tasks</p> <ol style="list-style-type: none"> 1. To review the process of performance reporting to ensure that it meets Committee's needs, including holding the services to account 2. To clarify the role of Committee in setting performance measures and targets 3. To consider in detail specific areas of performance with which the Committee has expressed concern 	
<p>Support</p> <p>The Group will be supported by the Adult Social Services department. Officers will attend as required to support the group.</p>	
<p>Planned outcomes and reporting</p> <p>The Group will provide update reports to the Committee and will provide a final report on its work.</p>	
<p>Deadlines and timetable</p> <p>The scrutiny task and finish group will report back to Adult Social Care Committee on 25 January 2016.</p> <p>The detailed timetable of work to be agreed at the first meeting of the task and finish group.</p>	
<p>Terms of reference agreed by: Task and Finish Group</p>	<p>Date: 2 November 2015</p>

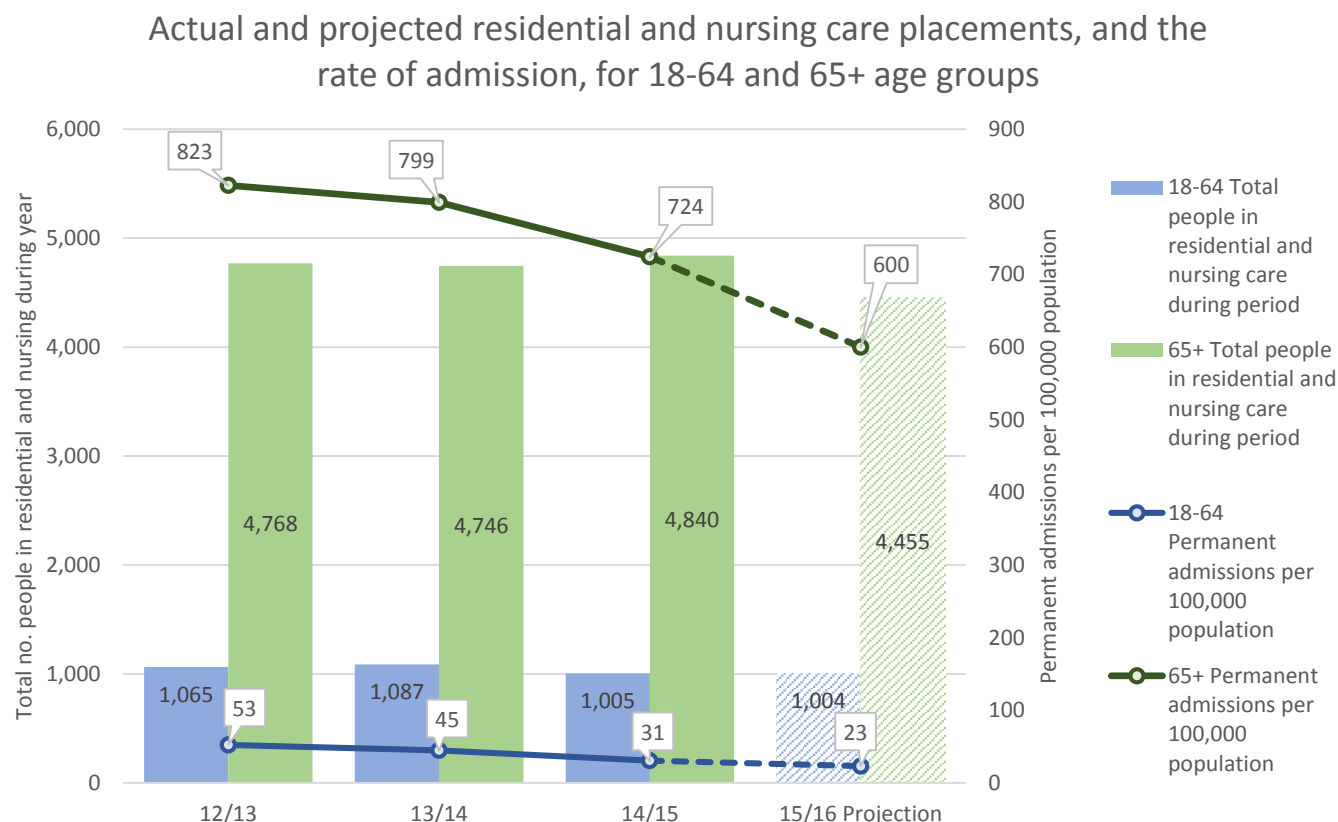
Performance management – Adult Social Services departmental staff



Findings around residential and nursing care rates

This Appendix presents some of the findings of the (Adult Social Services Committee) Performance Task and Finish Group, and in particular presents findings about residential and nursing care placements and admissions.

The graph, below, show the key statistics in terms of people receiving care through the year, and on a second axis the rate of permanent admissions, for the last three full reporting years, and this year. Note that this year's figure for both measures is a projection based on levels and admission rates to 31 December 2015, and may change.



For people aged 18-64, levels of permanent admissions (shown on the line) have consistently fallen over the last three years. However this has yet to have a significant impact on overall numbers of people receiving care through the year. This is likely, in large parts, to be because of the very long length-of-stay for people aged 18-64. Investigations have shown that in Norfolk in 2015 the average person aged 18-64 in residential and nursing care had been in that setting for around 5.8 years (compared to 2.6 years for those aged 65+). In short, whilst admissions are going down, the slow 'turnover' of people within that care setting means that the changes will take some time to take effect.

Reductions in admission for those aged 65+ in the last three years appear to have started to have an impact on the overall number of people in residential and nursing settings, assuming that current rates (as used to arrive at the 15/16 projection) continue. Again the length of stay for people aged 65+ (which include a significant proportion of people with much shorter stays) probably explains the fact that the changes in permanent admissions appear to be having an impact on overall service use.

Adult Social Care Committee

Item No. 14

Report title:	Learning Disability Service Plans
Date of meeting:	7 March 2016
Responsible Chief Officer:	Harold Bodmer, Executive Director of Adult Social Services
Executive summary <p>a) The purpose of this report is to update Members on the progress of the work undertaken by the Interim Lead for Learning Disability, and to explain the key elements of the work aligned to the framework of the 'Promoting Independence' strategy. Members will be aware that this is about 'developing and implementing a new strategy for social care in Norfolk where people are able to achieve their outcomes through the most independent means possible. Where individuals and families can connect easily to the support of their communities and where the Council's resources are targeted where informal support needs supplementing'</p> <p>b) Our intention to 'co produce' the work with service users and carers as set out in the Care Act has required a longer timeframe to complete some aspects of the work than originally planned</p> <p>Recommendations:</p> <p>Committee is asked to consider the content of this report.</p>	

1. Policy Context

- 1.1 The work of the Interim Lead for Learning Disability is a significant piece of work sitting within the overall Adult Social Care Promoting Independence Transformation Programme.
- 1.2 Key issues to be addressed include:
- a) The Council offers a higher number (than statistical neighbours and English Local Authority (LA) average) of high cost intensive care packages which are expensive to maintain and don't always support the promotion of independence that the Council aspires to deliver. Indicative of this, 52% of the Learning Disability budget in Norfolk is spent on residential care, as opposed to a National average of 40% (based on PSSEX 2013/14). This would suggest that we are not able to offer the community based life opportunity focused services that we would expect to offer to our clients with learning disabilities
 - b) Also indicating an opportunity for improvement in enhancing lives within a community, we have a lower (than statistical neighbours and English LA average) number of people with learning disabilities in employment and a lower (than statistical neighbours and English LA average) number of people with learning disabilities accessing support via a direct payment. This suggests less focus than we aim to deliver in creating unique responses to individuals

- 1.3 The plan at Appendix A addresses the specific milestones outlined by the previous report to Committee in November 2015, and the progress to date.

2. Our Approach

- 2.1 The support for people with a learning disability will be delivered in accordance with Care Act requirements, in particular those relating to the wellbeing principle, promotion of independence and the personalisation agenda, incorporating consultation, engagement and co-production throughout
- 2.2 We know from consultations with service users, and from Regional and National work, that being able to live safe and optimally independent lives with supportive social networks, good health, a say in the services they use and realistic employment prospects is of particular importance to individuals and their families.
- 2.3 Our vision is to enable people to maximise their opportunities for inclusion within their local community and to support them to grow and develop as individuals. We will take a strengths based approach to our work, taking our starting point as considering what people can achieve now for themselves and what they could achieve in the future with support.
- 2.4 Commissioners have begun developing a new Joint Commissioning Strategy for Adults with a learning disability 2016 to 2020. This will be fully co-produced and will be overseen by the Norfolk Learning Disability Partnership Board.

3. The Proposal

3.1 Over-arching work aims include:

- 3.1.1 The transition to a more modernised co-produced model of day support, with a greater focus on leisure, education and employment. This model may include centre-based services and a broader range of community based offers to promote independence.
- 3.1.2 Reviewing our current Shared Lives offer of long term, short term, respite and day support and making recommendations to meet assessed need in a cost effective way that supports individuals and family carers.
- 3.1.3 Active review of individual packages of care, to ensure that support is appropriate to needs and is maximising potential for the use of assistive technology, whilst ensuring that support packages are proportionate and equitable.
- 3.1.4 Embed the new structure for the integrated health and social care learning disability teams and review performance to improve efficiency and ensure a smoother transition for young people between children's and adults' health and social care services.
- 3.1.5 In support of the vision to create cohesive, attractive and vibrant neighbourhoods, plans include a shift in the belief that individuals are entitled to a tenancy, and in the balance of accommodation provision from residential care to supported living in local communities. This will enable us to offer more independent living solutions to a broader range of clients, which will support us in meeting the duty to promote independence.
- 3.1.6 Proactive work to promote and encourage the take up of Direct Payments.

3.2 Key elements of the work include:

	Workstream	Key Milestones
1	Day Services	<ul style="list-style-type: none"> • Structured Review of Day Services and reducing reliance (where appropriate) on the traditional centre-based services • Improve take up of Direct Payments • Review employment, and day opportunities marketplace to ensure sufficiency of choice and quality • Benchmarking provision against other authorities and 'best in class' • Review of current transport provision in light of any changes arising from other work
2	Shared Lives	<ul style="list-style-type: none"> • Review current systems and processes, benchmark against other schemes • Consideration of service developments for those with more complex needs, MH / dementia
3	Integrated Health and Social Care Learning Disability Teams	<ul style="list-style-type: none"> • Establish skilled support to reduce hospital admission and where admission is necessary reduce the length of that admission. • Work in a person centred way to ensure people and their families have confidence in our responses. • Commission cost effective, outcome focused support to meet assessed needs using positive risk management and a strengths' based approach
4	Supported Living accommodation	<ul style="list-style-type: none"> • Review of current accommodation provision, analysis of future needs and continue developments in pipeline • Focus on use of assistive technology in future service planning

4. Recommendation

4.1 Committee is asked to consider the content of this report.

Officer Contact

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Interim Lead for Learning Disabilities – Progress to date Next Steps

Key Focus Areas	What will be done (as presented to members November 2015)	Progress to date (March 2016) and going forward
Implement new Health and Social Care Integrated Team Structure	Work with HR and staff, the intention is to implement the joint team restructure before the end of the year, and to embed new ways of working across the teams. A further review will then follow to further develop the teams to improve efficiency and care management	<ul style="list-style-type: none"> • A full workforce meeting 1 March 2016 to launch the new structure and appoint staff with the required skill set in to new posts • A workforce development plan will be put in place highlighting good practise and areas for improvement
Packages of care	Locality and County panels will continue, with close monitoring to ensure there is an impact on quality of assessment, production of outcome focused support plans and management of need within available resources. Early Help, prevention and reduced dependency will be a key focus for panel.	<ul style="list-style-type: none"> • The panels have generated greater understanding of levels and type of need. There has been an evident change in the way assessments are undertaken, with a focus on an individual's strengths and aspirations. Efficiencies are being generated as less reliance on paid staff support and greater focus on positive risk management is enforced. The 'Just Right project' has identified potential changes in support in several homes. Work is in progress to review these individuals in line with this data
Repackaging of care	There is a housing project aligned to repackaging of care. With their support, work will be taken forward with the market to commission new service developments to offer a wider range of housing options, reduce voids within current establishments and support people to move on from residential care	<ul style="list-style-type: none"> • Each locality has a housing lead who has received additional training and support from the Housing & Support Alliance, in exploring further housing options for an individual with learning disability. Focused work has been undertaken to address voids in services, supported by the development of a 'voids policy' • Work is progressing to secure a new development of supported housing in North Walsham, using a housing with care model. The local authority has made the decision not to enter a void agreement. • Commissioners are working on new models of supported living schemes in Dereham, Fakenham and Norwich. Dialogue has begun with District Councils and Housing Associations

		regarding the development of new schemes in other market towns in Norfolk
High cost packages of care	Skilled and experienced staff will be recruited from within the service and robust person-centred, outcome focused reviews will commence. This will be following a process, which has provided successful in another local authority focusing on high cost packages.	<ul style="list-style-type: none"> An internal recruitment drive secured an existing experienced social worker to commence work on robust reviews, further appointments are due shortly. A list of individuals, who have not had a recent review and/or who may benefit from some focused assessment time is currently being collated
Reablement	Following a meeting with the reablement team and the Assistant Director for Early Years & Prevention, we have scoped out a reablement/enablement offer.	<ul style="list-style-type: none"> A reablement workshop was held on 9 February 2016, generating discussion and a firm action plan to take forward the reablement/enablement offer for adults with a learning disability, building upon work within mental health. Each locality team has a reablement champion who will support the team to embed a new approach
Transition	A transition development and monitoring group will be established in November 2015, in partnership with colleagues in Children's' and Adult's Social Services. Data regarding young people moving into adulthood has already been obtained. This group will have a key role to monitor progress for these individuals and identify at an early stage where adults services may be required. The lead worker for transition will have a key part to play.	<ul style="list-style-type: none"> Terms of reference have been drafted for the Development & Monitoring Group and have been shared with all key stakeholders, including young people, for comment. Some members of the new group are attending an event together on 22 March 'working together to help young people with SEND achieve good futures' A meeting has been held to discuss admissions to care for young people and early input from adults' services. Locality teams all have a transition worker, regular meetings are in situ to share good practise Commissioners have begun discussions about the need for moving on services for young people that will help prepare them for independence
Day Opportunities	Following a meeting with commissioning colleagues and the Assistant Director for Commissioning, we have highlighted a need for a review of the day service	<ul style="list-style-type: none"> Conversations have been held with many providers of day opportunities, education and employment. There are many examples of excellent support provision that can be further built-upon, with some individuals having secured

	offer with providers and to further develop and expand access to education and employment. This agenda is supported by 'Promoting Independence' and 'Reimagining Norfolk' agendas	<p>paid employment opportunities. Several meetings have been held to discuss employment, there is a working party reviewing current data and developing an action plan to actively focus on those 'seeking' employment</p> <ul style="list-style-type: none"> • A meeting has been held with Shaw Trust to explore the work choice programme, using a direct referral route from social care
Shared Lives	A review of Shared Lives will be undertaken early 2015, with a view to expanding the offer further. This will be considered under the repackaging of care project	<ul style="list-style-type: none"> • An initial scoping meeting with commissioners and contact colleagues has been held to discuss the Norfolk and Suffolk commissioned shared lives scheme. This will now be carried forward into a review of the current service and establish options going forward • NHS Great Yarmouth and Waveney Clinical Commissioning Group have invited partnership working with the Council as part of the Better Care Fund to develop a shared lives scheme in this area. Meetings are scheduled for mid March
Performance	The service and individual localities will have clear performance measures, which will be scrutinised monthly and improvement action plans produced to address areas of concern.	<ul style="list-style-type: none"> • Development work is required to ensure collection systems and data quality are sufficiently robust and reliable to inform performance measures. Locality teams are provided with monthly performance data, produced in a simple 'red, amber, green' in terms of supporting individuals with learning disability in to employment and to have a home of their own. Data has also been produced using results based accountability, with identified activities for each team to work towards • Commissioners have made their expectations clear in the new specification for service for the Joint Community Teams and regular contract meetings with NCH&C are in place to monitor progress