



Norfolk County Council

Adult Social Care Committee

Date: Monday, 04 March 2019

Time: 10:00

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

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

Membership

Mr B Borrett (Chairman)

Mrs P Carpenter

Miss K Clipsham

Mr E Connolly

Mr D Harrison

Mrs S Gurney (Vice-Chair)

Mrs B Jones

Mr G Peck

Mr M Sands

Mr T Smith

Mr H Thirtle

Mr B Watkins

Mrs S Young

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

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

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

A g e n d a

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

2. Minutes

5

To confirm the minutes of the meeting held on 14 January 2019

3. Declarations of Interest

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

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

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

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

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

Of which you are in a position of general control or management.

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

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

5. Public QuestionTime

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm Wednesday 27 February 2019**.

For guidance on submitting a public question, please visit www.norfolk.gov.uk/what-we-do-and-how-we-work/councillors-meetings-

6. Local Member Issues/ Member Questions

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm Wednesday 27 February 2019**.

7. Executive Director's Update

Verbal Update by the Executive Director of Adult Social Services

8. Chairman's Update

Verbal update by Cllr B Borrett

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

10. Adult Social Care Finance Monitoring Report Period 10 (January) 2018-19

Page 16

A report by the Executive Director of Adult Social Services

11. Risk Management

Page 40

A report by the Executive Director of Adult Social Services

12. Prevention

Page 59

A report by the Executive Director of Adult Social Services

13. Annual review of progress against priorities

Page 73

A report by the Executive Director of Adult Social Services

Group Meetings

Conservative	9:15am Conservative Group Room, Ground Floor
Labour	9:00am Labour Group Room, Ground Floor
Liberal Democrats	9:00am Liberal Democrats Group Room, Ground Floor

Chris Walton
Head of Democratic Services
County Hall
Martineau Lane
Norwich



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



Adult Social Care Committee

Minutes of the Meeting Held on Monday, 14 January 2019
at 10:00am in the Edwards Room, County Hall, Norwich

Present:

Mr B Borrett (Chairman)

Mrs P Carpenter

Miss K Clipsham

Mr E Connolly

Mr D Harrison

Mrs S Gurney (Vice-Chair)

Mrs B Jones

Mr G Peck

Mr M Sands

Mr T Smith

Mr H Thirtle

Mr B Watkins

Mrs S Young

1. Apologies

- 1.1 No Apologies were received. The Clerk apologised that membership on the agenda should read Cllr Carpenter, not Cllr Mooney.
- 1.2 The Chairman welcomed the Director of Community Social Work who was deputising for the Executive Director of Adult Social Services

2. Minutes

- 2.1 The minutes of the meeting held on 5 November 2018 were **AGREED** as an accurate record and signed by the Chairman subject to the amendments listed below
 - Paragraph 9.4: "Ipswich University Hospital" should read "James Paget Hospital"
 - Paragraph 9.2: this should read older people's network

3. Declarations of Interest

- 3.1 Mrs S Young declared a non-pecuniary interest as her husband was subject of a personal care plan

4. Urgent Business

- 4.1 There were no items of urgent business discussed.

5. Public Question Time

- 5.1 Six public questions were received, and the answers circulated; see appendix A. Supplementary questions were asked by:
 - Nick Taylor: "You say have taken all you can from tax payers but are prepared to take from the most vulnerable in norfolk when paying for projects that have little or no benefit; how do you live with yourselves?" The Chairman noted this was a rhetorical question
 - Mark Pepperall: Given reversal in policy from years when the framework failed to approve volume or quality of social care, he felt that that Committee should suggest

that there should be recompense to providers who had lost money; he proposed that the budget should now show a surplus

- The Director of Integrated Commissioning replied that rates paid by Norfolk in 2017-28 were among the highest in the Eastern Region; the framework was developing to increase capacity and quality of home care in Norfolk. Providers signing up to different terms and conditions were given a higher rate in recompense. Officers would work with providers to ensure the correct outcomes were achieved.

6. Local Member Questions / Issues

6.1 No Member questions were received

7. Executive Director's Update

7.1 The Director of Community Social Work updated Members on:

- Winter pressures in the acute hospitals which had started on around the 5 January 2019; meetings would continue to be held to see how health partners could be helped further, and contingency plans were being put into operation as per the Winter Plan
- The “transforming care programme” (TCP) had had a successful application giving additional investment to help people leaving long-stay inpatient facilities, and an associated bid was underway for advocacy services for people with learning disabilities
- Recruitment for social workers which was showing a steady improvement
- The National Social Work Award which had been awarded to the “people from abroad team” for close work with libraries and providing innovative social work services with people from abroad
- The Social Care Green paper which was not yet published despite publication of the NHS paper; planned publication date of the Green Paper was not known

8. Chairman's Update

8.1 The Chairman discussed the Social Care Green Paper; it was difficult to plan as a Committee while the Government's main strategic objectives were unknown. He expressed disappointment that it had not been published and proposed to write to the Minister about this on behalf of the Committee. This was agreed.

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

9.1 The following updates were given from Members:

- Mrs S Young updated Members on:
 - Reconfiguration of the Falls Prevention Strategy to embrace the frail and elderly, now called the Healthy Aging Group; workshop documents were available online
 - A visit to the reconfigured Queen Elizabeth Hospital old persons' unit which had been renamed the Windsor ward; she reported there were increased standards of care and good discharge coordination
 - Burman House which was planned to be incorporated with dementia care
 - Her work identifying local people with needs and signposting them to the correct

procedures and services

- The value of the Swifts service in avoiding 999 calls and hospitalisation
- Mr T Smith had attended a Council of Governors meeting of the Norfolk & Suffolk Mental Health Foundation Trust; much improvement was needed and some was starting to be seen; recruiting professionals was a pressure for the service
- Mrs P Carpenter was attending her first meeting as appointed Governor of the James Paget Hospital Board later in the week
- Mr H Thirtle had been invited to the Centre 81 Development Steering Board meeting where they would discuss plans to improve the care they provided to people in Yarmouth and training for carers
- Mrs B Jones had attended meeting of the Norfolk and Norwich Association of the Blind and meetings of the Making it Real Group.
- Mrs S Gurney had attended the Hellesdon Friendship Club Christmas party, and was holding discussions with other local groups in Hellesdon.

10. Peer Review

10.1 The Committee received the report setting out the results and outcomes of the Peer Review of Adult Social Services

10.2 The following points were discussed and noted:

- A Member suggested the review should have included a wider range of key partners
- The Chairman said he felt it was a good piece of work showing the good work done by the Council; the NHS had been involved, highlighting areas for improvement around engagement and innovation
- A discussion was held on how communication with residents and services users could be improved; Officers reported that steps were underway to strengthen communication and engagement channels with residents and with voluntary sector partners.
- Members and Officers acknowledged that improvements were needed across the system in the NHS to ensure processes worked better together towards delayed transfers of care; discussions were needed to plan this
- Officers clarified that issues around overprescribing of care arose where professionals had different expectations of acceptable levels of risk around when someone could be sent home; close working with the NHS was therefore important

10.3 The Committee **REVIEWED** the key findings and recommendations from the Peer Review and unanimously **AGREED** the Action Plan to be taken forward in response

11. Autism Strategic Update

11.1 The committee considered the report giving an update on progress to support the implementation of the Autism Act (2009) National Autism Statutory Guidance (2016) and Strategy 'Think Autism'.

11.2 The following points were discussed and noted:

- The Chairman noted that the report was intended to show an update of work carried out since the Autism Act was enacted in 2010, in co-production with organisations
- Officers confirmed that the involvement of a National Expert, a dedicated commissioner and the establishment of an All-Age Partnership Board had helped strengthen consistency and continuity

- Officers clarified that parents and carers of autistic people were included in working groups to ensure their views were included in the strategy
- Different views among the Autistic Community about how things should proceed were raised by Members. Officers reported that the 5 “key pillars” had driven development of the strategy
- Mr Harrison fed-back that when he visited a meeting of the Autism Board in Summer 2018 he felt it was not working well
- Officers informed Members that South Norfolk CCG (Clinical Commissioning Group) were the lead CCG on the Autism Strategy and CCG group meetings were used to discuss the strategy
- Officers reported that as there was a national lack of clinical psychologists, work was underway to attract people to Norfolk to do this role
- The Asperger’s service for Norfolk was made up of Norfolk County Council, Norfolk Community Health and Care and Asperger’s East Anglia; Officers reported that Asperger’s East Anglia had turned down their part of the contract to give support after diagnosis. Norfolk Community Health & Care were now willing to do this support. The service would be redesigned to bring down the waiting list and have different pre-diagnosis support from March 2019-2020. From 2020 the service would be re-procured. Extending the existing contract for a year gave time for procurement and to make improvements in the short term
- In response to a query about housing support for people with autism, Officers replied that six-weekly meetings were held with housing providers to highlight relevant housing issues
- The National Autistic Society would deliver a workshop in February
- Discussions were being held with the National Autistic Society to further strengthen engagement between the Board and the autistic community

11.3 Mr B Watkins **PROPOSED** seconded by Mr M Sands, that the Autism Strategy was handed to a national body such as the national autistic society; with 5 votes for and 8 against, the proposal was **lost**.

11.4 With 8 votes for and 5 against the Committee:

- a) **ACKNOWLEDGED** the work undertaken in the continued development of Norfolk All-Age Autism Partnership Board, Norfolk All-Age Autism Group and the working groups in place to undertake priority work identified
- b) **CONSIDERED** the contribution from services across Norfolk County Council (the Council) to the strategy
- c) **AGREED** to receive the local all-age autism strategy that will be informed by the completion of the National Autism Self-Assessment (completed 14 December 2018) with a co-produced all age strategy available March 2019

12. Performance Management

12.1 The Committee discussed the report showing the latest available performance position for Adult Social Services, using data from the new LiquidLogic system.

12.2 The following points were discussed and noted:

- In response to a query, Officers reported that the target for “percentage of assessments that go on to formal services” had been set on the basis that the investment in early help, social prescribing and loneliness would reduce people coming to the Council for formal services; the targets would be re-assessed
- Living Well was planned to be rolled out across Norfolk in the upcoming months
- “Assessments to formal services” was reducing; best practice suggested a higher

amount of assessments should increase this. Officers confirmed this would be looked at in Performance and Finance Board Meetings

- Members asked for evidence that the £4m from Government to improve delayed transfers of care was used effectively. Officers replied that this would be evidenced by good flow through the system and reduced discharges and lengths of stay
- Officers clarified to Members that the organisation which was procured to address the large backlog of social care cases had not been able to fulfil requirements. There had been no financial loss to the Council as a result, and a team of experienced assistant practitioners was now taking forward the work
- The number of unallocated cases had reduced. Officers clarified that the most at-risk cases were prioritised first; average waiting times for cases on the list were not known and would be circulated to Members at a later date

12.3 With 8 votes for and 5 votes against, the Committee **DISCUSSED** and **AGREED** the overall performance position for Adult Social Care as described in section 2 of this report

13. Adult Social Care Finance monitoring report Period 8 (November) 2018-19

13.1.1 The Committee received the report showing financial monitoring information based on information to the end of November 2018, variations from the budget, progress against planned savings and a summary of the use of the improved Better Care Fund.

13.1.2 Officers introduced the report to Members:

- Period 8 showed a balanced position; this assumed use of some of the 2018 winter funding meaning there was an underlying pressure of £2.3m representing a 0.9% variance. This was included in budget planning assumptions
- There was no use of business risk reserve for period 8

13.2 The following points were discussed and noted:

- Members queried how Officers assured projects were value for money; Officers confirmed that all projects would be evaluated; some projects had already been evaluated to identify the value for money
- Members noted that the purchase of care budget was off course; Officers replied that this budget was planned on the number of service users which meant there were variations across the year
- Promoting Independence aimed to reduce services, allow people to be cared for at home and provide smaller care packages where appropriate
- Clarification was given by officers that contracts with NorseCare were for fixed term periods which varied in length

13.3 With 8 votes for and 5 against, the Committee **AGREED**:

- a) The forecast outturn position at Period 8 for the 2018-19 Revenue Budget of a balance position
- b) The planned use of reserves totalling £5.800m, which is below the original level agreed

14. Fee levels for adult social care providers 2019/20

14.1.1 The Committee received the report reviewing fee levels for Adult Social Care Providers for 2019-20 based on legal duties under the Care Act 2014 to promote the effective and efficient operation of this market including its sustainability.

- 14.1.2 Officers introduced the report to Members:
- Norfolk had issues related to having enough, good quality home care, retaining carers with home care agencies and finding dementia care
 - The change to fee levels was planned to stabilise the market in Norfolk; the proposals were informed by dialogues with providers
 - The table on p108 of the report showed proposals to support the market by giving them more money at a difficult time
- 14.2 The following points were discussed and noted:
- The Chairman welcomed the report as it recommended above inflation increases across the board for those involved in care; Officers also added that all providers were able to sign up to the framework which included a requirement to pay a premium to their carers
 - Officers shared their aspiration that providers would work together to deliver effective services to support home care, for example sharing back office costs to increase competitiveness
 - In response to Member queries about the consultation process, Officers confirmed that the consultation would be sent to all providers and be available online. A Member queried the method used to arrive at the wage increase proposals; Officers informed Members that the proposals recognised the national living wage and were informed by the national wage dataset
 - Improving the status and professional recognition of staff were important to help reduce staff turnover
- 14.3 The Committee unanimously **CONSIDERED** and **AGREED** the approach to fee uplifts for the 2019/20 financial year as set out below:
- a) In respect of contracts where an inflation index or indices are referenced an uplift is implemented to match any changes in the relevant index or indices
 - b) In respect of contracts where there is a fixed price for the duration of the contract, no additional uplift in contract prices takes place
 - c) In other contracts, where the Council has discretion in relation to inflationary uplifts, that uplifts are considered in line with those set out in this report
 - d) In the case of residential and nursing care any final uplift including other adjustments is subject to formal consultation with implementation being through the use of Chief Officer delegated powers following that process

15. **Strategic and Financial Planning 2019-20 to 2021-22 and Revenue Budget 2019-20**

- 15.1.1 The Committee considered and discussed the report showing proposals to inform Norfolk County Council's decisions on council tax, contribute to the Council setting a legal budget for 2019-20, allow the Committee to take a careful view of all the relevant issues to agree budget proposals for 2019-20 and the Medium Term Financial Strategy to 2021-22 and make recommendations on these to the Policy and Resources Committee.
- 15.1.2 Officers introduced the report to Members:
- There was no certainty of what the future funding would be from Government as the Green Paper had not been published yet
 - The Government's 4-year funding allocation was ending which meant there was uncertainty for 2020-21
 - The whole council savings gap of £45.980m reported in October 2018 had been revised to reflect the latest planning assumptions and would be presented to Policy and Resources Committee later in the month

- The 2019-20 budget included one off funding; without further funding announcements Officers had to plan for this funding being lost from 2020-21
- The use of the social care grant had not been assumed as the Council would need to consider the significant pressures for Children's social care
- The charging policy now had more detailed projections; in response to the consultation a phased implementation of the changes was proposed to mitigate the impact on those affected the most
- Since writing the report, 34 more consultation responses had been received. They would be included in full in the report to Full Council; they were in line with the findings in the report and did not raise any new points or change the overall outcome

15.2 The following points were discussed and noted

- Members raised that other Councils had similar policies, however other Members felt this should not determine what happened in Norfolk.
- Concerns were raised that the Match service was being changed so would not be able to support people into work. Officers responded that the Match service was being re-modelled as part of other co-ordinated changes which would result in more people being reached and supported. It would also help people access the 70% of jobs which were currently not advertised.
- In response to a comment that the proposal should not go ahead, the Chairman commented that using money from reserves would not address the issues driving demand in the long term; any savings which were not made by the service would mean money would have to be taken from another Council service
- In response to a comment that Adult Social Care was having to make a high proportion of the Council's savings, it was pointed out that Adult Social Care spent the highest proportion of the Council's budget.
- Officers reported that the Learning Disability Strategy had highlighted that for many people with learning disabilities, getting into work was an important aspiration. In Norfolk, employment levels for disabled people and people with learning disabilities were low at around 3% of those who accessed services; the figure was 6% nationally. It was important to improve this and help remove discrimination.
- Officers assured Members that for people for whom employment was not possible, there was support to get voluntary employment or access meaningful activity
- Officers had talked to the Making it Real Group about the consultation process for ideas; the group made a number of suggestions, including asking for the helpline to be available "out-of-hours"; for a video version to be available; for the easy read version to be sent to everyone. The Group also reviewed the covering letter and asked that it did not arrive at a weekend when the helpline was not available.

15.3 Mr Watkins, seconded by Mr Harrison **proposed** that Members remove the budget cut to minimum income guarantee and that Officers bring a proposal to Policy and Resources Committee on how to meet this saving instead. With 5 votes for and 8 votes against, the proposal was **lost**

15.4 The recommendations were taken separately:

- a) With 8 votes for and 5 against, the Committee **CONSIDERED** the content of this report and the continuing progress of change and transformation of Adult Social Services
- b) With 8 votes for and 5 against, the Committee **CONSIDERED** and **AGREED** the service-specific budgeting issues for 2019-20 as set out in section 5 of the report
- c) With 8 votes for and 5 against, the Committee **CONSIDERED** and **COMMENTED** on the Committee's specific budget proposals for 2019-20 to 2021-22, including the

findings of public consultation in respect of the budget proposals set out in Appendix 1 of the report

- d) With 8 votes for and 5 against, the Committee **CONSIDERED** the findings of equality and rural impact assessments, attached at Appendix 2 to this report, and in doing so, **NOTED** the Council's duty under the Equality Act 2010 to have due regard to the need to:
- i. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
 - ii. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
 - iii. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it
- e) With 8 votes for and 5 against, the Committee **CONSIDERED** and **AGREED** the mitigating actions proposed in the equality and rural impact assessments
- f) With 8 votes for and 5 against, the Committee **CONSIDERED** the advice of the Executive Director of Finance and Commercial Services, and **RECOMMENDED** to Policy and Resources Committee that the Council's budget includes an inflationary increase of 2.99% in council tax in 2019-20, within the Council's tax referendum limit of 3.00% for the year
- g) With 8 votes for and 5 against, the Committee **AGREED** and **RECOMMENDED** to Policy and Resources Committee the draft Committee Revenue Budget as set out in Appendix 3 of the report including all of the savings for 2019-20 to 2021-22 as set out
- h) With 8 votes for and 5 abstentions, the Committee **AGREED** and **RECOMMENDED** the Capital Programme and schemes relevant to this Committee as set out in Appendix 4 to Policy and Resources Committee for consideration on 28 January 2019, to enable Policy and Resources Committee to recommend a Capital Programme to Full Council on 11 February 2019

The meeting finished at 12.27

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

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

PUBLIC QUESTIONS TO ADULT SOCIAL CARE COMMITTEE**MONDAY 14 JANUARY 2019****1a. Question from Nick Taylor**

We understand that NCC sets its departmental budgets, but how can Councillors of any political colour justify with a clear conscience taking money from the benefits of the most vulnerable in the county - those who are already massively disadvantaged and struggling - while spending on projects that, if never undertaken, would have no negative impact on anyone?

1b. Response from Chair

The scale of financial pressures facing the whole council means that every department has to find savings. As the department with the largest budget in the council, Adult Social Services needs to make savings, so that the council as a whole can balance its budget. Up until now, we have been able to protect the level of the minimum income guarantee – which in Norfolk has been set at a higher level than the statutory minimum guidance. However, given the need for savings in the coming years, we have now concluded that this is no longer affordable, and have proposed to move to follow the statutory level.

2a. Question from Judith Taylor

The benefits people with disabilities receive from central government for their care at home is ONLY given following full assessment. The amount awarded is regarded as what is needed without surplus.

How then can NCC take some of that money and think what is left is still adequate? What sort of guarantee is that?

2b. Response from Chair

There are national guidelines set for councils about the amount of minimum income individuals should have to meet their needs.

Previously, Norfolk has used its discretion and has gone above the national guidelines, but the financial position facing the council now, means that we can no longer afford this and so we have proposed to move to adopt the national guidelines. This brings us in line with the majority of other councils in the region.

3a. Question from Christine Dring

When endeavouring to save money at NCC why are you targeting the most vulnerable in our society?

3b. Response from Chair

Adult Social services spends £412m a year on helping and supporting vulnerable people in Norfolk. Year on year, that amount has increased, and it is anticipated will increase again in 2019/20.

However, the growing population with its increasingly complex needs, coupled with the impact of a period of austerity and pressure on public spending, has meant we have to make savings to our budget.

Our approach has been to target the money we have in a way that brings the most benefits to the most people. To this end, we have prioritised spending on prevention and early help for all those we support; we have prioritised good quality social work and quality in private providers.

At the same time, we continue to find ways to be as efficient and business-like as possible to save money.

Up until now, we have been able to protect the level of the minimum income guarantee – which in Norfolk has been set at a higher level than the statutory minimum guidance.

However, given the need for savings in the coming years, we have now concluded that this is no longer affordable, and have proposed to move to follow the statutory level.

4a. Question from Victoria Taylor

If these proposed cuts go ahead the individual wellbeing of people with disabilities in Norfolk, including my brother who has Down's syndrome, will be drastically affected resulting in social exclusion, mental health problems and an extremely poor standard of living. The VAST majority will never be able to gain employment however much they want to or however hard they try.

Therefore, won't these cuts contravene the 2014 Care Act which states that Local Authorities should promote individual wellbeing?

4b. Response from Chair

The process of one to one review and examination of the wide range of community options would allow individual well-being to be considered which is within the criteria of the Care Act.

We worked with people with learning disabilities to produce a strategy for how we support people. Getting a job was a strong desire from the majority of people who helped us develop the approach. Too few people with disabilities are able to get jobs, and many experience discrimination and exclusion. It is right that we promote employment opportunities, whilst recognising that not everyone will be able to gain employment. We support people with physical disabilities, mental health problems and learning disabilities who would benefit from employment. A significant number of people would, and are, benefiting from the employment training options being promoted by our partners such as Independence Matters.

Norfolk has low numbers of disabled people employed compared to other local authorities. Hence further investment will assist an increase in disabled people being employed and continue to develop wider participation in employment and broader training and enablement opportunities.

5a. Question from Ian Hart

If these proposed cuts go ahead the individual wellbeing of people with disabilities in Norfolk, including my friend who has Down's Syndrome, who will be drastically affected, resulting in social exclusion, mental health problems and an extremely poor standard of living. The VAST majority will never be able to gain employment however much they want to or however hard they try.

Therefore, won't these cuts contravene the 2014 Care Act which states that Local Authorities should promote individual wellbeing?

I strongly hope that you reconsider this proposal.

5b. Response from Chair

See answer to question above

6a. Question from Mark Pepperell

Steve Holland, Head of Quality Assurance & Market Development, has said in discussions with independent domiciliary care providers that he no longer feels it fair that there is such a difference in fees between spot provision and Framework providers and he has stated he will try and find a solution.

Given that the NCC state that 82% of independent care providers are rated Good by the CQC, but only 57% of the Framework providers achieve this level, with at least one in Special Measures for over a year; does the Committee feel that the preferential discriminatory fee increases passed to Framework providers last year as a trial are still justifiable?

6b. Response from Chair

In 2017 an overarching framework approach was initiated for homecare to improve the delivery and capacity of homecare. Analysis of arrangements was undertaken to determine how far the framework contributed to improving and stimulating local markets, supported sustainability and growth of the market and improved the amount of NCC's investment that actually reached carers.

It is important to note that there are a variety of providers in the market which include: big national providers with a local operation, business led organisations with a focus on return on investment and smaller enterprises with low overheads. NCC recognises the need to support more efficient ways of working if the Norfolk market overall is to remain sustainable. The review has highlighted that the framework approach has some very clear advantages including enabling provision to be established at pace and agreements to be formed based on service types however banded pricing has not driven the growth that is required in the market. Providers are clear that the guarantee of investment drives certainty about capacity. Hence, we are proposing to equalize spot and block rates and focus on increasing capacity through investment in the overarching framework and targeting quality improvement.

Adult Social Care Committee

Item No

Report title:	Adult Social Care Finance Monitoring Report Period 10 (January) 2018-19
Date of meeting:	4 March 2019
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic impact

This report provides Adult Social Care Committee (the Committee) with financial monitoring information, based on information to the end of January 2019. The report sets out variations from the budget, progress against planned savings and provides a summary of the use of the improved better care fund.

Executive summary

As at the end of January 2019 (Period 10), Adult Social Services is forecasting a balanced outturn position. This is after considering known financial risks and expected achievement of savings.

Expenditure Area	Budget 2018/19 £m	Forecast Outturn £m	Variance £m
Total Net Expenditure	253.283	253.283	0.000

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

- a) There is no underlying additional pressure affecting the 2018-19 budget. The outturn position for 2017-18 was a £3.696m underspend and commitments between setting the budget in January 2018 and the start of the financial year remained largely stable and therefore did not place additional pressures on the budget from the outset
- b) As part of the 2017-18 financial position the Committee set up a business risk reserve of £4.500m. This was in addition to the business risk reserve agreed by Policy and Resources Committee of £2.600m using the Adult Social Services Grant announced in January 2018. This can be used to enable invest to save proposals or support the budget if additional savings cannot be delivered in full or the financial risks (set out in Section 4) not included in the budget materialise
- c) Plans for the use of the additional one-off social care grant, known as the improved better care fund grant (iBCF) were agreed with health partners in July 2017. As the funding was announced following the budget setting process and plans were agreed part year, not all the grant was spent in 2017-18 and a reserve was set up to enable the plans to still be implemented, with spending in both 2018-19 and 2019-20. New services such as accommodation based reablement, trusted assessors, enhanced home support and social prescribing have been implemented and projects will be closely tracked to establish the benefits to the health and social care system and whether these are financially sustainable longer term. This year the iBCF is supporting the cost of care and national living wage increases faced by care providers, as well as protection of social care budgets. Progress was reported to the October Adult Social Care Committee
- d) This year, Adult Social Services needs to deliver £27m savings to deliver a balanced budget. The savings programme is not without risk and this paper provides detail of specific projects, where there could be variance to the budgeted savings able to be delivered by 31 March

2019. The forecast is based on delivery of £21.753m of the 2018-19 savings target (see Section 2.7). The service is working to manage variances through alternative measures, but the forecast outturn position is based on the reduced delivery. Due to the scale of the programme this year, one of the purposes of the business risk reserve is to support shortfall due to slippage that cannot be mitigated during the year through alternative savings, but use of the reserve for this purpose is not currently planned

- e) In October, the Secretary of State for Health and Social Care announced that councils would receive additional one-off funding for social care for winter. Norfolk has received £4.179m. The Local Government Finance Settlement, confirmed that this one-off grant will be repeated in 2019-20

Adult Social Services reserves at 1 April 2018 stood at £27.221m. The reserves at the beginning of the year included committed expenditure, which was carried forward from 2017/18. The reserves position is set out in Section 2.10 and Appendix D. In total the forecast includes an expected net use of £1.688m of reserves in this financial year, compared to £6.841m which was planned and agreed as part of the budget setting process.

The 2018-19 forecast outturn position for reserves is £25.553m. Provisions totalled £6.454m at 1 April 2018, mainly for the provision for bad debts. This is expected to have reduced to £6.042m by 31 March 2019, reflecting the recovery of some bad debts.

Recommendations:

Members are asked to agree:

- a) **The forecast outturn position at Period 10 for the 2018-19 Revenue Budget of a balance position**
- b) **The planned use of reserves totalling £1.688m, which is below the original level agreed**

Appendix A – Table setting out the monitoring position at Period 10 for key budgets for the service (P29)

Appendix B – Explanation of key variances for each budget (P31)

Appendix C – 2018-21 Savings Programme (P35)

Appendix D – Reserves and Provisions (P37)

Appendix E – Capital Programme 2018-19 (P39)

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 (January 2019) forecast including assumptions about the implementation and achievement of savings before the end of the financial year.

2. Detailed Information

2.1 Winter funding for social care 2018-19

2.1.1 In the autumn, the Secretary of State for Health and Social Care announced £240m of additional one-off funding for councils nationally, to spend on adult social care services to help councils alleviate winter pressures on the NHS. Allocations were based on the relative needs formula for adult social care, resulting in an allocation of £4.179m for Norfolk. Plans were agreed with health partners with a focus on protecting, sustaining and improving social care and in line with winter resilience plans agreed. The grant determination has since been received clarifying that funds should be spent in 2018-19, but with a subsequent announcement of the same one-off grant in 2019-20. The original plans

will therefore continue to be implemented over the two-year period, but with an increase in the use of the grant to manage demand in this financial year.

Key Area	2019-20 Expenditure £m
Protect	2.485
Sustain	0.785
Invest & Improve	0.484
Total	4.178

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

2017/18		Expenditure Area	2018/19			
Actual net spend 2017/18 £m	Over/ Underspend compared to budget £m		Budget £m	Forecast Outturn £m	Variance to Budget	Variance @ P8 £m
11.659	(0.313)	Business Development	11.499	11.349	(0.150)	(0.289)
72.203	0.092	Commissioned Services	59.723	60.266	0.544	0.950
7.845	(0.093)	Early Help & Prevention	6.566	6.442	(0.124)	0.383
181.698	(7.573)	Services to Users (net)	200.507	201.833	1.326	1.555
(7.822)	4.190	Management, Finance & HR	(25.011)	(26.607)	(1.596)	(2.599)
265.585	(3.696)	Total Net Expenditure	253.283	253.283	0.000	0.000

2.1.3 As at the end of Period 10 (January 2019) the forecast revenue outturn position for 2018-19 is £253.283m, which is a balanced outturn.

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

2.1.5 The forecast position does not consider all the potential budget risks and opportunities for the service during the remainder of 2018-19. These are set out in more detail at Section 4 of this paper, however at this point in the year the financial impact of these risks has reduced.

2.2 Services to Users

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

2017/18		Purchase of Care (POC)	2018/19		
Actual net spend	Over/Under spend	Expenditure Area	Budget 2018/19	Forecast Outturn at 31 st March 2019	Variance
£m	£m		£m	£m	£m
114.65	3.481	Older People	123.482	128.614	5.132
24.095	0.866	Physical Disabilities	25.055	27.189	2.134
100.865	1.663	Learning Disabilities	101.159	107.353	6.194
14.616	0.500	Mental Health	17.587	17.759	0.172
254.226	6.510	Total POC Expenditure	267.283	280.915	13.632
-84.002	-9.148	Service User, NHS and other local authority income	-85.861	-96.282	-10.421
-4.566	-2.550	Other Income	-1.561	-2.191	-0.630
-88.568	-11.698	Total POC Income	-87.422	-98.473	-11.051
165.658	-5.188	Total Net POC	179.861	182.442	2.581
5.859	-0.813	Hired Transport	6.105	5.977	-0.128
10.181	-1.571	Care & Assessment & Other staff costs	14.541	13.414	-1.128
181.698	-7.573	Total Service for users	200.507	201.833	1.326

2.2.2 Key points:

- a) The number of people being supported with ongoing purchased care packages has reduced since Period 8, but not significantly. This means that although demand is being managed this is not sufficient to meet the savings applied for 2018/19. Whilst work is ongoing to mitigate this, the service is currently showing an overspend in expenditure for purchase of care
- b) The department's Promoting Independence strategy continues to seek to support people to maintain their independence; where possible within their own homes and communities. This is integral to the demand management requirements embedded within the service budget. Permanent admissions to residential care – those without a planned end date – are therefore a vital area of focus for the service. As such, the 18-64 and 65+ age ranges form two of the six key metrics regularly reported to this Committee as part of the Performance Management reporting. **Appendix B** provides more details on the progress and actions for this area of budget
- c) The generation of income is an important aspect of managing the budget for Adult Social Care. In addition to changes to charging agreed as part of the budget, Norfolk County Council (the Council) continues to ensure it offers robust financial assessments for service users and works closely with Health partners to agree shared packages of care or funding relating to people on the Transforming Care Programme pathway. There have been no significant changes in the forecast position for income at Period 10

2.3 Commissioned Services

2.3.1

2017/18			2018/19		
Actual net spend 2017/18 £m	Over/ Underspend compared to budget £m	Expenditure Area	Budget 2018/19 £m	Forecast Outturn at 31 st March 2019 £m	Variance £m
4.193	(0.105)	Commissioning Team	3.445	3.201	(0.243)
12.444	(0.315)	Service Level Agreements	9.010	9.229	0.219
2.102	(0.294)	Integrated Community Equipment Service	0.145	0.148	0.003
33.266	0.672	NorseCare	33.165	33.393	0.228
5.817	0.000	Housing related support	2.564	2.180	(0.384)
13.077	0.220	Independence Matters	9.550	10.167	0.618
1.304	(0.087)	Other Commissioning	1.845	1.948	0.103
72.203	0.092	Total Expenditure	59.723	60.266	0.544

2.3.2 Key points:

a) **NorseCare**

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

b) **Independence Matters (IM)**

The Council and IM have been working together to review services. The scope of this work has included benchmarking and unit prices, review of usage and occupancy levels and review of contract arrangements. Plans are progressing to jointly deliver these savings and the variance has reduced during the year.

2.4 Savings Forecast

2.4.1 The department's budget for 2018/19 includes savings of £27.290m. The savings are predominately planned through the delivery programme for the Promoting Independence strategy.

2.4.2 The savings include £17m of demand management savings, which will be delivered through various projects to help prevent, reduce and delay the need for formal social care. Some £9.2m of the savings are related to the strategy for younger adults, and £7.4m relates to projects aligned to people with learning disabilities. Some of these savings remain high risk, predominately because it requires significant changes to the social care offer, as well as helping people who currently receive services to, where appropriate, gain a higher level of independence. For some people it will enable them to live more independently and move from residential based care. Therefore, at Period 8 it is forecast

that some savings will take longer to deliver and will not be achieved in full in this financial year. The programme of work will still seek to deliver these in full.

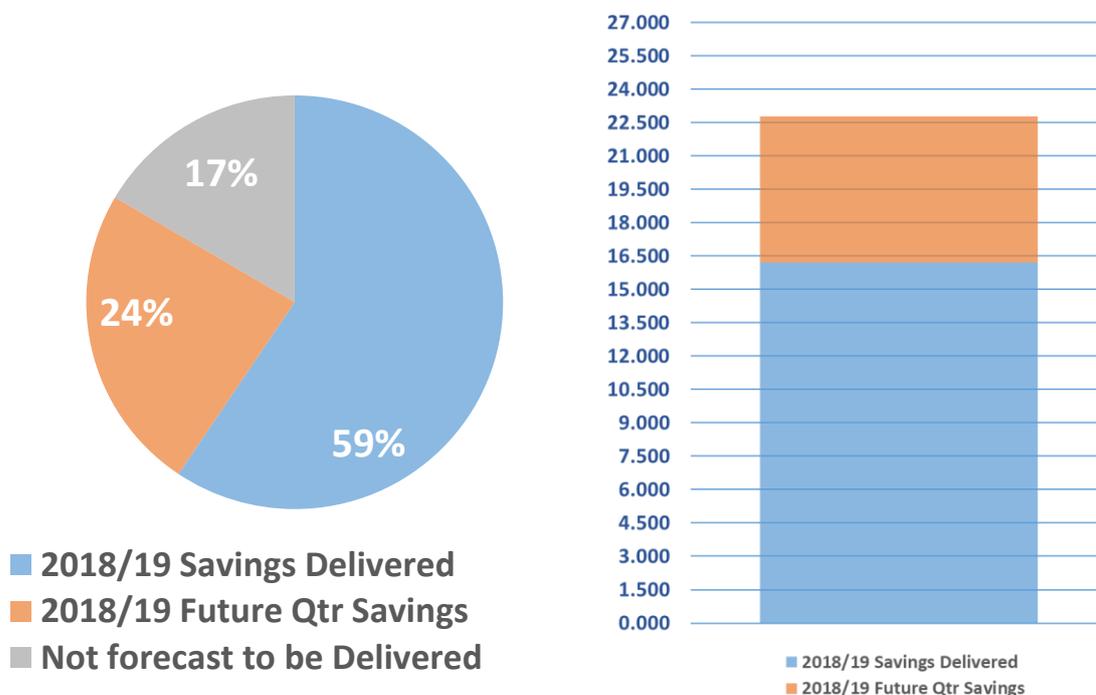
2.4.3 At period 10 the forecast is that £4.521m of savings will not be achieved by 31 March 2019. The budget position therefore reflects achievement of £22.769m in this financial year. **Appendix C** sets out the delivery status of the programme by workstream and project.

Savings	Saving 2018/19	Forecast	Variance		Previously Reported
	£m		£m	£m	
Savings off target (explanation below)	-16.195	-11.674	4.521	-28%	5.537
Savings on target	-11.095	-11.095	0.000	0%	0
Total Savings	-27.29	-22.769	4.521	-17%	5.537

Chart 1:
ASC Savings as a % of the requirement*

Chart 2:
ASC Savings 2018/19 – Period 10*

*Note, “delivered” figures are only updated quarterly which is why they may appear low



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

Promoting Independence for younger adults (target £6.794m; forecast £4.076m; variance £2.727m). The department has a structured programme of work to focus on our service offer for people with a Learning Disability (LD), which is held to account by an LD Steering Group and LD Partnership Board. This underpins the work required to implement the LD Strategy. The variance in savings delivery is the direct result of the time it takes to support and promote a person’s independence when they have previously been receiving a different type or level of care services. Many of the people who access our services, may well have been in receipt of these services for a significant period. With people who are currently not receiving adult services, but may be supported by Children’s or Education services, we are working with our colleagues in Children’s services to develop a new Preparing for Adult Life service.

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

Review of day services (target £2.500m; forecast £1.328m; variance £1.173m). As part of the LD strategy, the department will have a revised Day Services offer for people with a Learning Disability. The focus will be on community participation, targeted support (with a skills and employment focus) and locality hubs for those with complex needs. Five providers are running twelve month pilots to help reshape the offer. The variance in savings delivery is the direct result of the time it takes to evolve these services and support and enable existing people accessing the services. Part of the savings also relates to our contract with Independence Matters. We have now seen some successes in the joint work that has been worked on over the last six months.

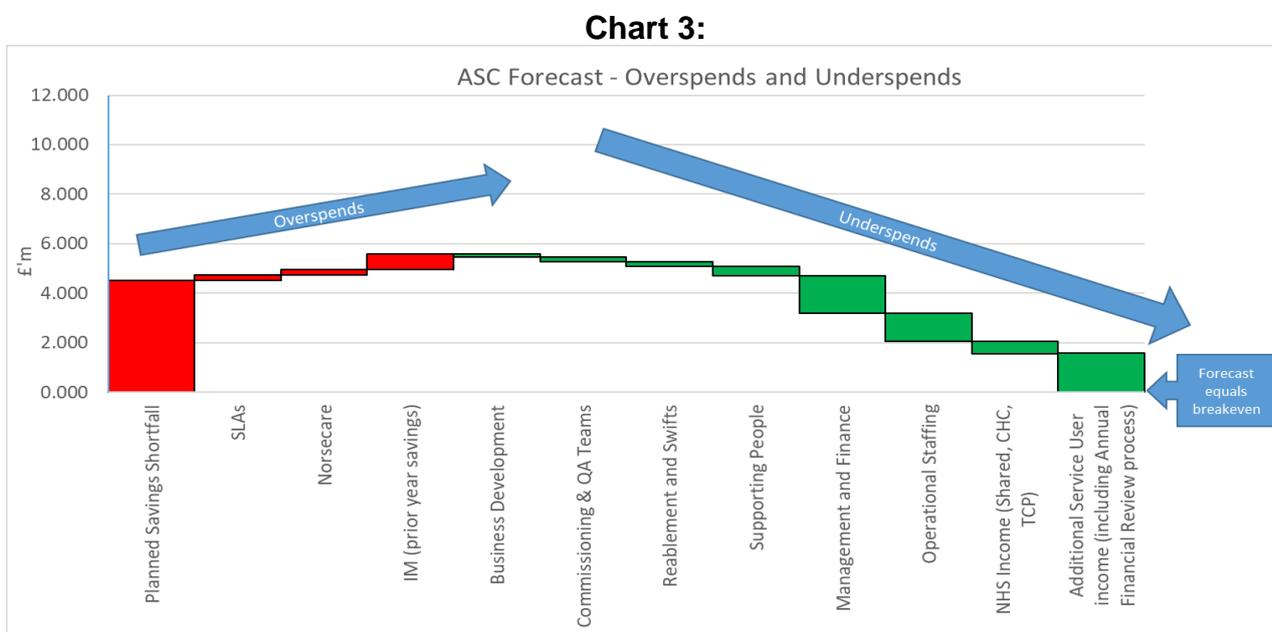
Promoting Independence - Housing with Care (target £0.500m; forecast £0.000m; variance £0.500m). The department has developed a business case and revenue model as part of the work of its newly formed Older People Housing Board. This paper was presented at the October Committee meeting. Through work between internal officers, consultants and external partners, such as the district and borough councils, we will develop new units within Norfolk. This will provide older people in Norfolk a more independent alternative to residential care. The variance in savings delivery is again the direct result of the time it takes to develop and build these new units.

With our push towards prevention, our expansion of home based reablement and our development of new Accommodation Based Reablement is yielding positive results. As a result, both savings targets are being over-achieved in 2018/19.

Promoting Independence - ABR (target £0.550m; forecast £0.881m; variance - £0.331m).

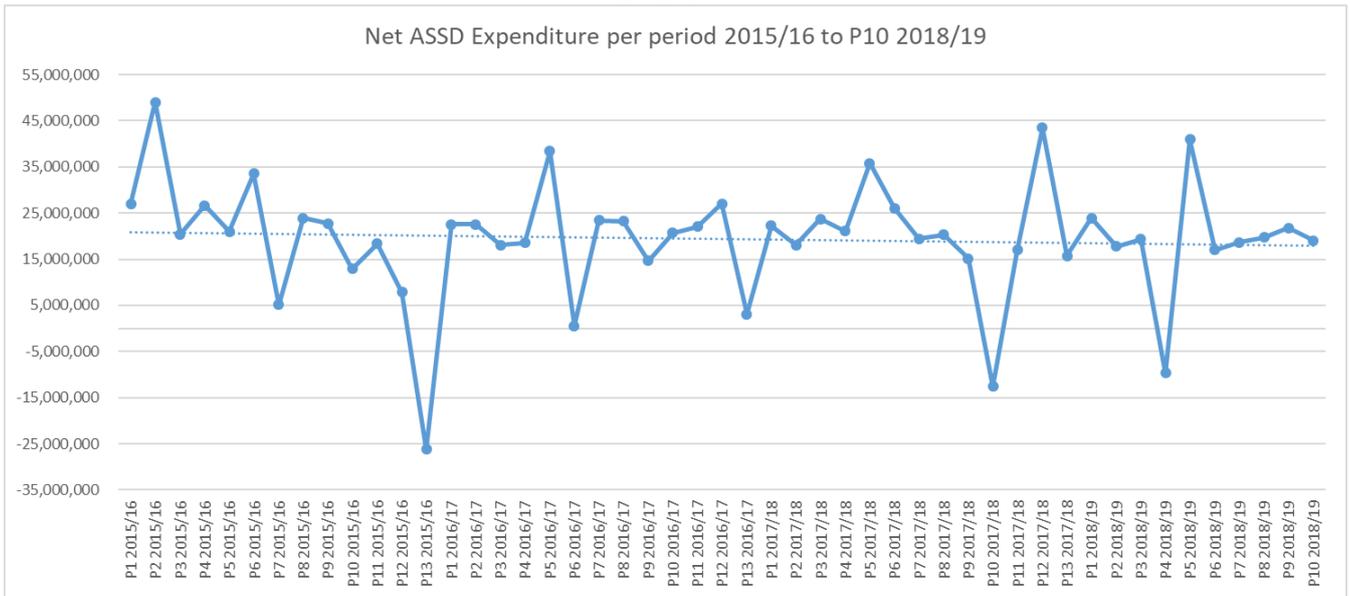
Promoting Independence – Reablement (target £0.500m; forecast £0.750m; variance - £0.250m).

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



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

Chart 4:



2.4.7 Graphically, Chart 5 demonstrates our level of net spend is on a par with 2017/18 with a similar level of spend at period 10. As we approach the end of the financial year, our current forecast suggests we will spend slightly less than 2017/18 and be closer to that of 2016/17.

2.4.8 When we initially compare actual spend to date to a considered profiled budget (chart 6), we are approximately in line with our forecast, displaying a small underspend at this point in the financial year. As we anticipate a balanced outturn, our spend will slightly increase against the profiled budget in the remaining few periods, in particular periods 12 and 13, where year-end adjustments occur. The year-end adjustments for 2018/19 are likely to be slightly higher than the budget originally profiled as we will be required to do the accounting adjustments to reflect the more favourable reserve position.

Chart 5:

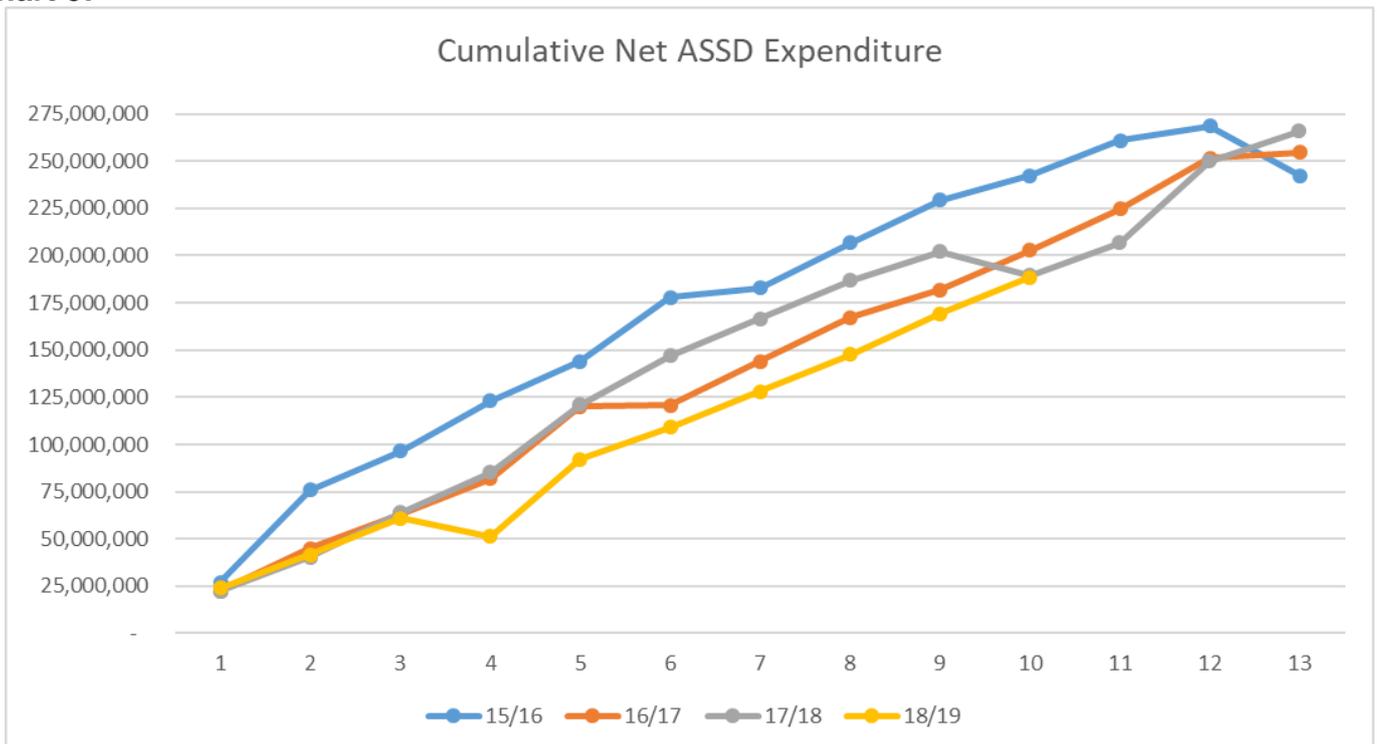
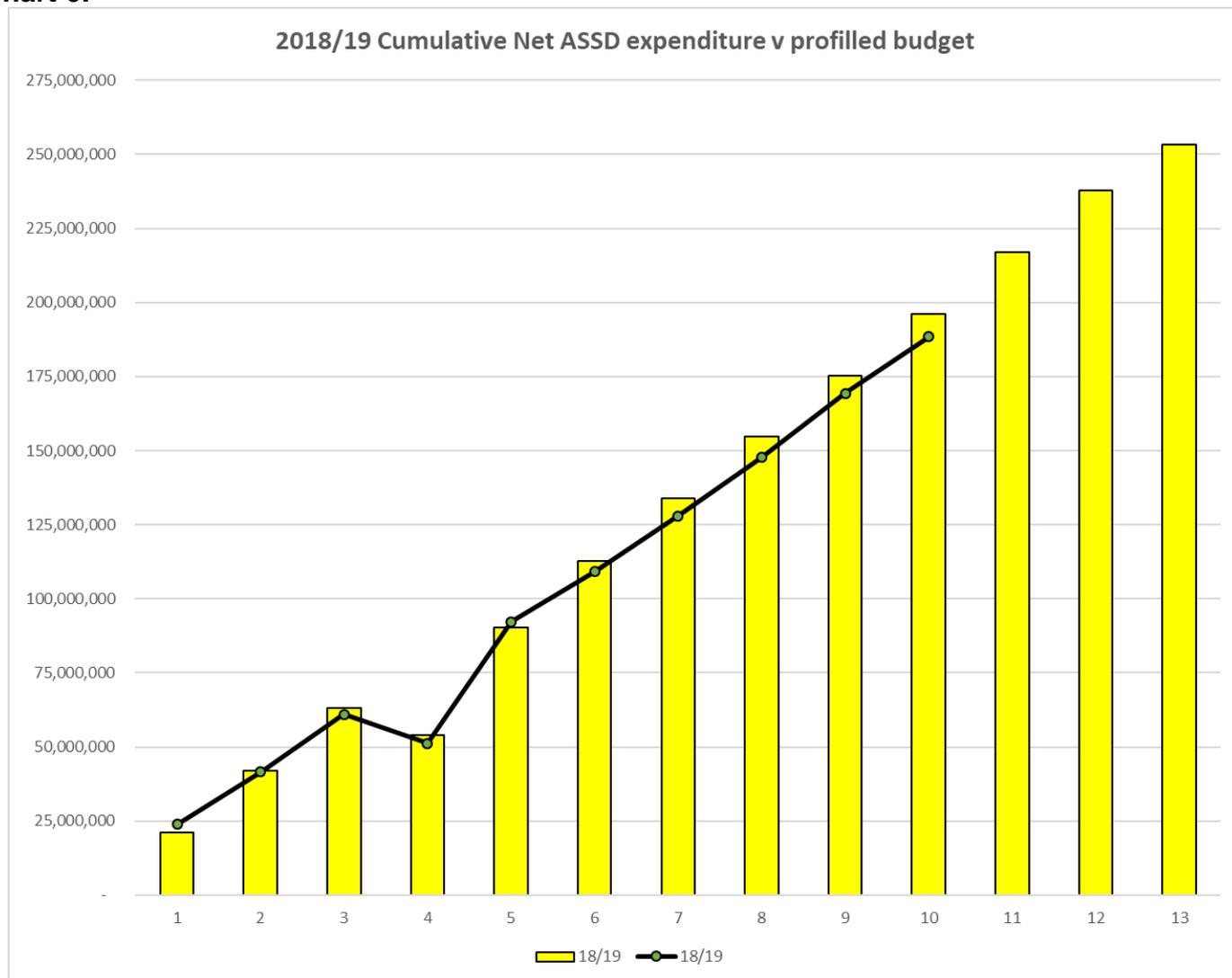


Chart 6:



2.5 Finance and Performance monitoring and recovery actions

2.5.1 Monthly performance and finance data is reviewed by the senior management team to highlight key areas of focus for monthly finance and performance board meetings. This is also a forum, which enables escalation by teams of blockages to progress and priority actions for the service. In addition, quarterly accountability meetings are held, enabling scrutiny of performance and financial issues at team level and are led by the Executive Director of Adult Social Services. Throughout the year all operational teams have implemented in-year recovery plans to help minimise the overspend position reported earlier in the year. These focused on areas of variation, demand management and priority actions relevant to each team, to help improve the financial position during the year. These actions are reviewed through the above monitoring process and through the Promoting Independence Programme Board.

2.6 Additional Social Care Funding (improved Better Care Fund)

2.6.1 As a reminder to the Committee, the Improved Better Care Fund money includes both ongoing grant and one-off grants (for the three-year period 2017-20). This fund is governed by the Health and Wellbeing Board and monitored by NHS England and the Ministry of Housing, Communities and Local Government through national and local assurance and quarterly returns.

2.6.2 The Council, in setting the 2018/19 budget, reflected the delivery of these plans, including both usage of the 2018/19 grant of £27.728m and the carry forward of £15.670m of unspent grant from 2017-18. The usage of the new grant and prior year funds are reflected in the reserve forecast in this financial year. At Period 10, it is considered that £2.6m of the planned usage in 2018-19 will not be required to support protection of social care due to a

combination of delivery of alternative savings, income and additional funding. It is therefore proposed that this grant is held within reserves to mitigate risks in 2019-20.

2.6.3 Actions were undertaken during 2017-18 to implement the agreed plans which, in addition to funding to protect social care and support price uplifts for the care market, has led to the following projects. Detailed progress on the iBCF investment programme was reported to this Committee in October, but key actions include:

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

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

2.7 Reserves

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

2.7.2 The reserves at the beginning of the year included committed expenditure, which was carried forward in 2017/18. At Period 10 the forecast includes the expected use of £1.688m of reserves in this financial year, compared to £6.841m which was planned and agreed as part of the budget setting process. This relates to the Improved Better Care Fund (iBCF) and planned projects that will be delivered during the next two years. The variation is partly due to the carry forward of some funding at year end relating to potential cost associated with payments for sleep-ins that are no longer needed for the original purpose. In addition, as set out at 2.6.2, it is proposed that £2.6m of the iBCF is carried forward to mitigate risk in 2019-20, but still in line with the original planned usage for the fund.

2.7.3 The forecast reserve position at 31 March 2019 is £25.533m.

2.7.4 Provisions totalled £6.454m at 1 April 2018, mainly for the provision for bad debts. This is expected to have reduced to £6.042m by 31 March 2019, reflecting the recovery of some bad debts. The projected use of reserves and provisions is shown at **Appendix D**.

2.7.5 As set out in section 2.9 of this report, a planned reserve is approved to enable ring fenced additional social care funding to be carried forward. This will ensure that the plans agreed as part of the Better Care Fund can be used for the agreed purposes and invest to save projects can be managed across an agreed timeframe. Plans for the use of the additional social care funding were agreed at the end of July 2017.

2.7.6 The outturn position for Adult Social Services in 2017/18, combined with the £2.612m ASC Support Grant, enabled a business risk reserve to be set up totalling £7.112m. This was

set up to enable opportunity for investment to support the savings target and to mitigate some of the expected budget risks facing the service in future years, as set out in Section 4. Investment to support the Living Well Homes for Norfolk programme will be funded from this reserve.

2.8 Capital Programme

- 2.8.1 The capital programme for 2018-19 agreed within the 2018-19 budget is £4.740m. This was made up of £2.334m for Capitalisation of Equipment and £2.406m for the Social Care and Finance Information system. Subsequently, there was slippage on the Social Care and Finance Information system which meant that the amount brought forward into 2018-19 increased.
- 2.8.2 The remaining elements relate to slippage from the 2017-18 programme which are expected to be completed in the current financial year. Funding was brought forward for these and do not create an additional pressure.
- 2.8.3 The department's total capital programme for 2018-19 is £12.436m. The capital programme includes £2.276m for the social care and finance information system replacement. The priority for use of capital is development of alternative housing models for older people and younger adults. The programme includes £7.480m relating to Department of Health capital grant for Better Care Fund (BCF) Disabled Facilities Grant (DFG), which is passported to District Councils within the BCF. Work continues with district councils as part of the BCF programme of work, to monitor progress, use and benefits from this funding. Details of the current capital programme are shown in **Appendix E**. Where projects have been delayed and will slip into future, the budgets have been amended to reflect this.
- 2.8.4 The capital scheme to put in place an enablement scheme for people with learning disabilities at Netherwood Green is nearing completion and service users are expected to be moving into the new accommodation next month.

3. Financial Implications

- 3.1 The forecast outturn for Adult Social Services is set out within the paper and appendices.
- 3.2 As part of the 2018/19 budget planning process, the Committee proposed a robust budget plan for the service, which was agreed by County Council. The 2017-18 outturn position for the service was an underspend of £3.696m after setting up a business risk reserve of £4.5m. This is in addition to the adult social care grant received by the Council, earmarked for adult social care business risk, totalling £2.6m.
- 3.3 The forecast does not assume use of the business risk reserve for general spend in 2018/19.
- 3.4 The planned use of the one-off funding through the improved Better Care Fund was agreed with health partners last year and reflected a three-year position. The planned use of the funding over the three years remains.
- 3.5 The budget planning assumptions for 2019-22 took into account the position at Period 8 any variation will have an impact at the outset of the next financial year. Variation from plan during the year is being managed through the winter funding grant, which was received councils for this purpose. However, this does add spending pressure for 2020-21 when this funding ceases.

4. Issues, risks and innovation

- 4.1 This report provides financial performance information on a wide range of services monitored by the Adult Social Care Committee. Many of these services have a potential

impact on residents or staff from one or more protected groups. The Council pays due regard to the need to eliminate unlawful discrimination, promote equality of opportunity and foster good relations.

4.2 This report outlines several risks that impact on the ability of Adult Social Services to deliver services within the budget available. Financial estimates of the level of unfunded risk at Period 10 are £0.500m, this is based on risk assessment, including potential impact, likelihood and mitigating factors. These risks include the following:

- a) Pressure on services from a needs-led service where number of service users continues to increase. The number of older people age 85+ is increasing at a greater rate compared to other age bands, with the same group becoming increasingly frail and suffering from multiple health conditions. A key part of transformation is about managing demand to reduce the impact of this risk through helping to meet people's needs in other ways where possible
- b) The ability to deliver the forecast savings, particularly in relation to the demand led element of savings, which will also be affected by wider health and social care system changes
- c) The cost of transition cases, those service users moving into adulthood, might vary due to additional cases that have not previously been identified, particularly where cases are out of county. Increased focus on transition will help mitigate this risk
- d) The impact of pressures within the health system, through both increased levels of demand from acute hospitals and the impact of increased savings and current financial deficits in health provider and commissioning organisations. This risk is recognised within the service's risk register and the Council's involvement in the change agenda of the system and operational groups such as Accident and Emergency Delivery Boards and Local Delivery Groups will support the joint and proactive management of these risks
- e) The Council has outstanding debt in relation to health organisations, which could lead to increased pressures if the debt is not recovered
- f) Any delays in recording and management authorisations could result in additional packages and placements incurring costs that have not been included in the forecast
- g) In any forecast there are assumptions made about the risk and future patterns of expenditure. These risks reduce as the patterns of expenditure become more defined as the financial year progresses and the forecast becomes more accurate
- h) The ability to be able to commission appropriate home support packages due to market provision, resulting in additional costs through the need to purchase increased individual spot contracts rather than blocks
- i) The continuing pressure from the provider market to review prices and risk of challenge. In addition, the Council has seen some care home closures in the first part of the year, which can lead to increased costs especially during transition
- j) The impact of health and social care integration including Transforming Care Plans, which aims to move people with learning disabilities, who are currently inpatients within the health service, to community settings
- k) Impact of legislation, particularly in relation to national living wage

5 Recommendations

5.1 **Members are asked to agree:**

- a) **The forecast outturn position at Period 10 for the 2018-19 Revenue Budget of a balanced position**
- b) **The planned use of reserves totalling £1.688m, which is below the original level agreed**

6. Background

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

[Finance Monitoring Report – Adult Social Care Committee January 2019](#) (p83)

[Norfolk County Council Revenue Budget and Capital Budget 2018-21 - County Council February 2019](#) (p41) and [Supplementary agenda](#)

[Performance Management – Adult Social Care Committee January 2019](#) (p66)

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



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

Key Budget Variances at Period 10

Summary	Budget	Forecast Outturn	Variance to Budget		Variance at Period 8
	£m	£m	£m	%	£m
Services to users					
Purchase of Care					
Older People	123.482	128.614	5.132	4.16%	4.656
People with Physical Disabilities	25.055	27.189	2.134	8.52%	2.275
People with Learning Disabilities	101.159	107.353	6.194	6.12%	6.267
Mental Health, Drugs & Alcohol	17.587	17.759	0.172	0.98%	0.277
Purchase of Care Expenditure	267.282	280.915	13.633	5.10%	13.475
Service User Income	-85.861	-96.282	-10.421	12.14%	-10.276
Other Income	-1.561	-2.191	-0.630	40.36%	-0.630
Purchase of Care Income	-87.422	-98.473	-11.051	12.64%	-10.906
Net Purchase of Care	179.860	182.442	2.582	6.95%	2.569
Hired Transport	6.105	5.977	-0.128	-2.10%	-0.128
Staffing and support costs	14.541	13.414	-1.128	-7.76%	-0.886
Services to users Total	200.507	201.833	1.326	0.66%	1.555
Commissioned Services					
Commissioning	3.445	3.201	-0.243	-7.06%	-0.207
Service Level Agreements	9.010	9.229	0.219	2.43%	0.152
ICES	0.145	0.148	0.003	2.00%	-0.006
NorseCare	33.165	33.393	0.228	0.69%	0.210
Housing Related Support	2.564	2.180	-0.384	-14.97%	-0.383
Independence Matters	9.550	10.167	0.618	6.47%	1.127
Other	1.845	1.928	0.103	5.59%	0.057
Commissioning Total	59.223	59.746	0.524	0.91%	0.950

Early Help & Prevention					
Norfolk Reablement First Support	2.240	2.047	-0.192	-8.58%	0.259
Service Development	1.233	1.200	-0.034	-2.73%	-0.003
Other	3.093	3.195	0.102	3.30%	0.127
Prevention Total	6.566	6.442	-0.124	1.89%	0.383

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

Summary	Budget	Forecast Outturn	Variance to Budget		Variance at Period 8
	£m	£m	£m	%	£m
Purchase of Care					
Older People – Expenditure	123.482	128.614	5.132	4.16%	4.656
Older People – Income	-66.158	-71.968	-5.810	8.78%	-5.762
Older People – Net	57.324	56.646	-0.678	-1.18%	-1.106
People with Physical Disabilities - Expenditure	25.055	27.189	2.134	8.52%	2.275
People with Physical Disabilities – Income	-5.027	-5.090	-0.063	1.25%	-0.153
People with Physical Disabilities – Net	20.028	22.099	2.071	10.34%	2.122
People with Learning Disabilities - Expenditure	101.159	107.353	6.194	6.12%	6.267
People with Learning Disabilities – Income	-11.103	-14.781	-3.678	33.13%	-3.675
People with Learning Disabilities – Net	90.056	92.572	2.516	2.79%	2.592
Mental Health, Drugs & Alcohol – Expenditure	17.587	17.759	0.172	0.98%	0.277
Mental Health, Drugs & Alcohol – Income	-5.134	-6.634	-1.500	29.21%	-1.316
Mental Health, Drugs & Alcohol – Net	12.452	11.125	-1.327	-10.66%	-1.038
Total Net Purchase of Care	179.860	182.442	2.582	1.44%	2.569

Adult Social Care 2018-19 Budget Monitoring Forecast Outturn Period 10 Explanation of variances

1. Business Development, forecast underspend (£0.150m)

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

2. Commissioned Services forecast overspend £0.544m

The main variances are:

NorseCare, overspend of £0.228m. Despite on-going reductions in the real-terms contract costs there remains a variation between the approved budget and the contract price. This is largely due to inflationary pressure higher than the Council's original budget assumptions.

Service Level Agreements, overspend of £0.152m. The pressure comes from lower than expected income and a number of one-off costs.

Commissioning team, underspend of (£0.223m). The underspend is due to staff vacancies.

Housing Related Support, underspend of (£0.384m). The underspend comes from contract review.

Independence Matters, overspend of £0.684m. The overspend is due to savings planned for the service that will not be delivered in 2018-19.

3. Services to Users, forecast overspend £1.366m

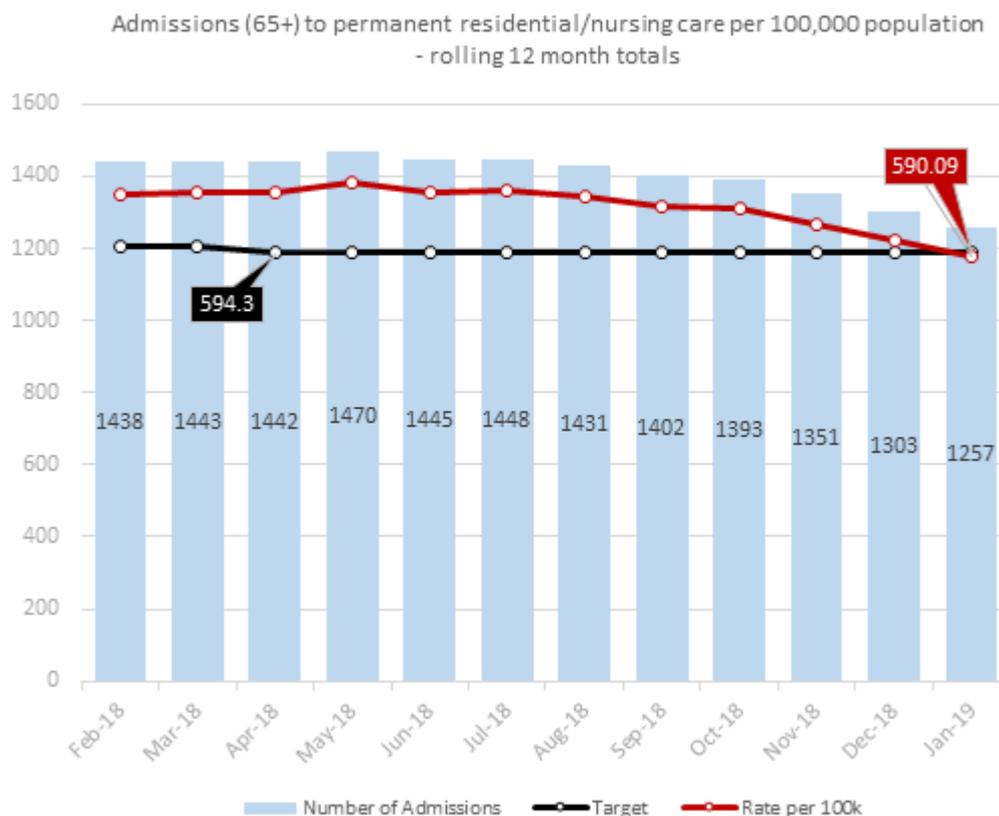
The main variances are:

Purchase of Care:

- Older People

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

Progress has been made in this area over the past three years where we were a clear statistical outlier in our rate of permanent admissions per 100,000 of our population when compared to comparator local authorities. Over the last 12 months our rate has stayed consistent at this improved level but has not continued its downward trajectory as expected within the budget. Whilst the following graph indicates a recent reduction in admissions, caution should be taken in interpreting this as a positive downward trend. There is often a time lag in the recording of packages of care and therefore it is likely that the December and January figures are presently understated.



Dementia, a fall or the breakdown of existing support arrangements are still amongst the main/primary life changes that may lead to a residential placement. As a result of this we are beginning to see a shift between standard residential care and enhanced (dementia) related care.

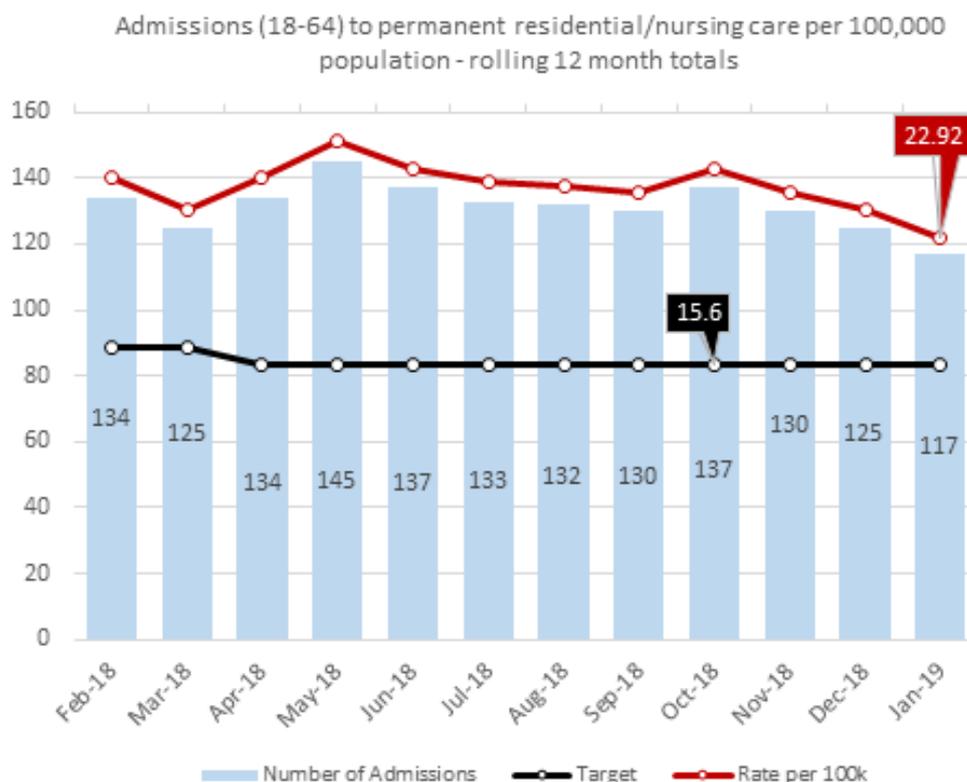
Another significant area driving permanent residential care, is in relation to discharge from hospital. Previous work demonstrated that short term residential placements were leading to a permanent admission. In response, we are continuing to invest in alternative discharge pathways, including Accommodation Based Reablement; a dedicated social work team with focus on supporting people home from their temporary accommodation was put in place and last month a triage arrangement was introduced within the brokerage service to ensure all alternatives are explored before short or long term residential placements.

Our level of spend relating to Home Support has not grown as much as anticipated despite our unit rates increasing as we implemented our new framework pricing model for the Central Norfolk belt. The reduction corresponds to the expansion in reablement services.

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

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

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



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

Staffing and Support, underspend of (£1.128m). As we enhanced our establishment with 50 new practitioner roles and 15 team manager positions, we have seen a short-term spike in vacancies as internal applicants were successful in obtaining some of the new roles. Our NIPE cohort remains full and is our route to continue to ensure Norfolk secures talented social care staff.

4. Early Help and Prevention, forecast underspend -£0.078m

The main variances are:

Reablement and Swifts, underspend of -£0.192m. This is from reduced overtime costs following recruitment to vacancies, together with contributions from partners.

The remaining pressure comes from Housing with Care Tenant Meals of £0.102m in Other Services, together with pressures in N-able for equipment costs and the Care Arranging Service for staffing costs to cover project requirements.

5. Management, Finance and HR, forecast underspend (£1.596m)

The main variances are:

Management and Finance, underspend of (£1.116m). Recovery of secondment costs combines with additional deputyship income, release of bad debt provision and review of previously committed costs to deliver an underspend.

The remainder comes from identification and release of budgets that will not be required on a one-off basis in 2018-19.

2018-21 Savings Programme - Forecast Period 10

Saving reference	Saving	2018-19	2019-20	2020-21	2018-19 forecast	2018-19 forecast variance (shortfall) / over delivery	RAG status
		£m	£m		£m	£m	
COM040 /ASC003	Service users to pay for transport out of personal budgets, reducing any subsidy paid by the Council	-0.700	-1.000		-0.700	0.000	Green
YA ASC006 /ASC011 /ASC015	Promoting Independence for Younger Adults - Customer Pathway - where the focus will be on connecting people with ways to maintain their wellbeing and independence thereby reducing the numbers of service users receiving care in a residential setting	-6.794	-5.307	-5.000	-4.067	-2.727	Amber
OP ASC006 /ASC011 /ASC015	Promoting Independence for Older Adults - Customer Pathway - where the focus will be on connecting people with ways to maintain their wellbeing and independence thereby reducing the numbers of service users receiving care in a residential setting	-4.665	-3.393	-5.000	-4.099	-0.566	Amber
ASC007	Promoting Independence - Reablement - net reduction - expand Reablement Service to deal with 100% of demand and develop service for working age adults	-0.500			-0.750	0.250	Green
ASC008	Promoting Independence - Housing with Care - develop non-residential community based care solutions	-0.500	-0.500		-0.000	-0.500	Red
ASC009	Promoting Independence - Integrated Community Equipment Service - expand service so through increased availability and access to equipment care costs will be reduced	-0.250			-0.250	0.000	Green
ASC013	Radical review of day-care services	-2.500			-1.328	-1.173	Red

Appendix C

ASC016-019	Building resilient lives: reshaping our work with people of all ages requiring housing related support to keep them independent	-3.400			-3.400	0.000	Green
ASC020	Remodel contracts for support to mental health recovery	-0.275			-0.275	0.000	Green
ASC029	Align charging policy to more closely reflect actual disability related expenditure incurred by service users	-0.230			-0.630	0.000	Green
ASC032	Review charging policy to align to actual disability related expenses	-0.400					Green
ASC033	Accommodation based reablement	-0.550			-0.881	0.331	Green
ASC034	Prevent carer breakdown by better targeted respite	-0.686			-0.549	-0.137	Amber
ASC035	Investment and development of Assistive Technology approaches		-0.300	-0.500	0.000	0.000	
ASC036	Maximising potential through digital solutions	-0.049	-0.951	-2.000	-0.049	0.000	Green
ASC037	Strengthened contract management function	-0.300	-0.300	-0.200	-0.300	0.000	Green
ASC038	Procurement of current capacity through NorseCare at market value		-0.600	-1.000	0.000	0.000	
ASC039	Capitalisation of equipment spend	-2.300			-2.300	0.000	Green
ASC040	Reduction in funding for invest to save	-0.191			-0.191	0.000	Green
ASC041	One-off underspends in 2017-18 to be used to part fund 2018-19 growth pressures on a one-off basis	-3.000	3.000		-3.000	0.000	Green

Adult Social Care net total	-27.290	-9.351	-13.700	-22.769	-4.521
------------------------------------	----------------	---------------	----------------	----------------	---------------

Appendix D

Adult Social Services - Reserves and Provisions

	2018/19 Period 10 (January)			
	Balance	Usage agreed by Feb County Council	Planned Usage	Balance
	01-Apr-18		2018/19	31-Mar-19
	£m	£m	£m	£m
Doubtful Debts provision	6.454	0.000	-0.412	6.042
Total Adult Social Care Provisions	6.454	0.000	-0.412	6.042
Prevention Fund – General - As part of the 2012-13 budget planning Members set up a Prevention Fund of £2.5m to mitigate the risks in delivering the prevention savings in 2012-13 and 2013-14, particularly around Reablement, Service Level Agreements, and the need to build capacity in the independent sector. £0.067m remains of the funding, and is being used for prevention projects: Ageing Well and Making it Real. 2013-14 funding for Strong and Well was carried forward within this reserve as agreed by Members. £0.015m remains of the funding, all of which has been allocated to external projects and will be paid upon achievement of milestones.	0.082	0.000	-0.048	0.034
Repairs and renewals	0.043	0.000	0.000	0.043
Adult Social Care Workforce Grant – forecast to be used in full	0.269	0.000	0.022	0.291
HR Recruitment Costs – earmarked at year end for specific need	0.020	0.000	-0.020	0.000
ICES Training post for 2 years – earmarked at year end for specific post	0.080	0.000	-0.080	0.040
Change Implementation - Commissioning Manager post – earmarked funding at year end for specific post	0.025	0.000	-0.025	0.000
Unspent Grants and Contributions - Mainly the Social Care Reform Grant which is being used to fund Transformation in Adult Social Care – projection based on transformation programme at Period 2	1.314	0.000	-0.168	1.146
Public Health grant to support the Social Prescribing project	0.400	-0.400	-0.200	0.200

Appendix D

Transformation	0.475	0.000	0.000	0.475
Supporting People (MEAM and Community Model)	0.251	0.000	-0.100	0.151
Information Technology - Additional funds to be placed into reserve required for project in 2019/20	0.734	0.000	0.195	0.929
Adults Business Risk Reserve	7.112	0.000	-0.136	6.976
Improved Better Care Fund - requirement to carry forward grant to 2019/20 for committed projects	15.670	-6.340	-0.136	14.300
Vulnerable People Resettlement Programme - £0.520m relates to the Controlling Migration Fund Domestic Abuse Support scheme and £0.029m required for repatriation support	0.433	-0.101	0.371	0.804
Mental Health Underspend to be used to recruit 5 Assistant Practitioners for mental health reviews – earmarked at year end for specific purpose	0.159	0.000	-0.123	0.036
Carry forward to be used for NIPE team increased cohort to 15 students – earmarked at year end for specific purpose	0.150	0.000	0.000	0.150
AMPH Backfill Carry forward for use in 2018/19	0.005	0.000	-0.005	0.000
Total Adult Social Care Reserves	27.221	-6.841	-1.688	25.533
Total Reserves & Provisions	33.675	-6.841	-2.100	31.575

Adult Social Services Capital Programme 2018/19

Summary	2018/19		2019/20
Scheme Name	Current Capital Budget	Forecast outturn at Year end	Draft Capital Budget
	£m	£m	£m
Supported Living for people with Learning Difficulties	0.000	0.000	0.000
Adult Care - Unallocated Capital Grant	0.000	0.000	5.247
Strong and Well Partnership - Contribution to Capital Programme	0.079	-0.011	0.000
Winterbourne Project	0.000	0.000	0.050
Care Act Implementation	0.000	0.000	0.871
Social Care and Finance Information System	1.854	1.813	1.162
Netherwood Green	0.681	0.681	0.000
Wifi Upgrade Integrated Sites	0.006	0.006	0.000
Oak Lodge Attleborough	0.120	0.120	0.000
Integrated Community Equipment (ICES)	2.209	2.391	2.505
IT Equipment	0.007	0.007	0.000
TOTAL	4.956	5.007	9.835
<i>Better Care Fund Disabled Facilities Grant and Social Care Capital Grant – passported to District Councils</i>	<i>7.480</i>	<i>7.480</i>	<i>tbc</i>

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

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

Projects continue to be reviewed and the forecast amended when appropriate

Adult Social Care Committee

Item No.

Report title:	Risk Management
Date of meeting:	4 March 2019
Responsible Chief Officer:	James Bullion, 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 Committee in October 2018, it was agreed to bring the Risk Management report on an exception basis, i.e. where there had been any significant changes. A significant change can be defined as any of the following:

- a) A new risk
- b) A closed risk
- c) A change to the risk score
- d) A change to the risk title or description (where significantly altered).

Since the last Committee meeting the departmental risk register has been reviewed by the Senior Management Team and the Risk Management Officer.

Although there have been no major changes to the risk register, as this is the last meeting under the existing Committee arrangements, this report is to provide Members with the latest on the existing corporate and departmental risks reported by exception for Adult Social Services.

Recommendations:

Committee Members are recommended to:

- a) **Note the current risks reported by exception in Appendix A**
- b) **Consider whether any further action is required**

Appendix A – Risk Register report (p42)

Appendix B – Background information (p56)

1 Proposal

- 1.1 The Adult Social Care Risk Register has been reviewed in conjunction with the Risk Management Officer and the Senior Management Team. This report provides Members with an update on the existing departmental risks reported by exception (those risks with a score of 12 or more and a prospects score of red or amber) highlighting any changes which have occurred since this was last reported to Committee in October 2018.

2 Evidence

- 2.1 The Adult Social Services departmental risk register reflects both corporate and departmental 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 regularly reviewed and updated in accordance with the Council's Risk Management Policy.

3 Risk Register

- 3.1 Each risk score is expressed as a multiple of the impact and the likelihood of the event occurring.
- 3.2 In total there are seventeen risks currently managed on the departmental risk register (of which two are corporate risks). Five risks are reported as "High" (risk score 16–25), ten as "Medium" (risk score 6–15) and two as "Low" (risk score 1-5). A copy of the Risk Matrix and Tolerance Levels appears at **Appendix B**. Of the seventeen risks, eleven are reported by exception.
- 3.3 The current risks are those identified against the departmental objectives for 2018/19 and have been reviewed for this report.

4 Attachments

- 4.1 **Appendix A** provides Members with the latest departmental risks on a page, providing the full details of the current Adult Social Services departmental risks reported by exception.

Appendix B provides Members with background information including the plotting of all current departmental risks on a risk management matrix, and risk tolerance levels.

5 Financial Implications

- 5.1 There are no financial implications other than those identified within the risk register report in Appendix A. The main financial based risks reported by exception are RM023, RM13926, and RM14262.

6 Issues, risks and innovation

- 6.1 There are no other significant issues, risks and innovations arising from this Risk Management 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 :

Email address :

Tel No. :

Sarah Rank

sarah.rank@norfolk.gov.uk

01603 222054



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.

Risk Number	RM023		Date of update		31 January 2019					
Risk Name	Failure to respond to changes to demography, funding, and government policy, with particular regard to Adults Services.									
Risk Owner	James Bullion		Date entered on risk register		18 August 2017					
Risk Description										
Changes to demography, funding, and government policy can severely impact on the ability of Adult Social Services to support Norfolk residents. There is a risk that Adult Social Services fails to anticipate and act on changes to demography, funding and government policy. Cause: Changes to demography, funding and government policy. Event: The Council fails to plan and adapt to change effectively for the future. Effect: Outcomes for Norfolk citizens may worsen.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
5	5	25	4	5	20	2	4	8	Mar-20	Amber
Tasks to mitigate the risk										
<p>1) Implementation of Promoting Independence Strategy. This strategy is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. The strategy aims to ensure that demand is understood and managed, and there is a sustainable model for the future.</p> <p>2) As part of the strategy, a shift of spend towards targeted prevention, reablement services, enablement, and strengthened interim care.</p> <p>3) Implementation of Better Care Fund plans which promote integration with the NHS and protect, sustain and improve the social care system.</p> <p>4) Judicious use of one-off winter funding, as announced by Government.</p> <p>5) Close tracking of government policies, demography trends and forecasts.</p> <p>6) A new set of NCC corporate priorities which aims to address longer-term demand management in children's and adult services.</p>										
Progress update										

Progress update

- 1) Demand and demography modelling continues to be refined through the cost and demand model. Five main themes for transformation: Services for people with a learning disability; maximising digital technology; embedding strengths-based social work through Living Well; 3 conversations; health and social care integration and housing for vulnerable people.
- 2) Sector based plans for providers which model expected need and demand associated with demographic and social change
 - 3a) Strengthened investment in prevention, through additional reablement, social prescribing, local initiatives for reducing social isolation and loneliness
 - 3b) Workforce – continued recruitment campaign to sustain levels of front line social workers and occupational therapy staff.
 - 3c) Better Care Fund targeted towards supporting people to stay independent, promoting and enabling closer integration and collaboration across health and social care.
- 4) Close joint working with NHS, through the STP, to shape and influence future integration of health and social care
- 5) We are still awaiting the Green Paper on Social Care; will now review the NHS 10-year Plan and establish how this will impact on the direction of travel for health and social care
- 6) Collaboration with children's services to develop a preparing for adult life service to strengthen transition experience for young people, and to improve service and budget planning.

Appendix A

Risk Number	RM13926		Date of update		07 February 2019					
Risk Name	Failure to meet budget savings									
Risk Owner	James Bullion		Date entered on risk register		30 April 2011					
Risk Description										
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.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	5	15	4	5	20	3	5	15	Mar-22	Red
Tasks to mitigate the risk										
<p>1) Efficiency and savings targets are being managed through the Promoting Independence Programme Board. In-year recovery plans have been developed for all operational teams to help address forecast overspend on purchase of care budgets.</p> <p>2) Monthly monitoring, locality team meetings and continued development of forecast to ensure timely focus on key budgets and any emerging issues.</p> <p>3) Norsecare Liaison Board to develop and monitor delivery of savings related to the Norsecare contract.</p> <p>4) County Council agreed budget for 2018-19 included investment and carried forward of unspent iBCF funds.</p> <p>5) Senior and concerted focus on transforming the Learning Disability (LD) service.</p> <p>6) Norfolk Future's programme in place, including Promoting Independence for vulnerable adults, smarter information and advice, towards a Norfolk housing strategy, Digital Norfolk, Commercialisation and Local Service Strategy. The programme will provide further support for delivery of savings.</p> <p>7) Monitoring of system changes that may impact on demand for social care services.</p> <p>8) Due to the level of one-off funding for adult social care the outcome of the comprehensive spending review, green paper for social care and fair funding review, will be critical for reducing the risk level reflecting a more financially sustainable position.</p>										
Progress update										

Progress update

- 1) Promoting Independence programme of work in place and delivery plan developed. Target demand model complete and focussed work on entry points, processes for older people and younger adults, cross-cutting Living Well project and commissioning projects. Savings totalling £27m in 2018-19 with £17m through demand management work. At Period 9 the service was on track to deliver £21.8m of savings in 2018-19, however due to other actions and some use of winter funding the service is forecasting a balanced budget position for 2018-19.
- 2) Finance and Performance Board have moved to a panel style approach providing senior management scrutiny along with locality finance meetings. All managers are expected to take responsibility for budget savings via 1-1's, accountability meetings, appraisals etc.
- 3) Work continues with Norsecare to deliver savings.
- 4) Social care funding has been received and plans agreed by NCC and health partners. In addition to funding to support protection of social care and to support market stability, there are invest to save projects that will both support discharge from hospital and wider demand management.
- 5) Reshaped management of the LD service and dedicated younger adults workstream within the PI programme.
- 6) One-off winter funding (£4.179m) announced in the autumn budget is supporting increased demand as well as being targeted to work to help improve system delayed transfers of care.

Risk Number	RM14314		Date of update		31 January 2019					
Risk Name	Delayed Transfers of Care (DTOC)									
Risk Owner	James Bullion		Date entered on risk register		05 December 2017					
Risk Description										
A significant increase in DTOC might jeopardise additional funding (iBCF) and have adverse consequences as well as for the quality of care This would further increase financial pressures on the health and social care system.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	4	16	4	5	20	3	4	12	Mar-19	Amber
Tasks to mitigate the risk										
<p>1) DTOC Improvement Plan is now in place</p> <p>2) Improved Better Care Fund is targetted, in part, on reducing DTOC</p> <p>3) Review of how care packages are sourced in the market to improve communication of needs and responsiveness of the care market</p> <p>4) Winter plan in place to support co-ordination between health and social care and improved management of surges in demand.</p>										
Progress update										
<p>1)Performance reporting mechanism established.</p> <p>1b) Daily capacity mapped and monitored and given high priority</p> <p>1c) The DTOC Improvement Plan includes weekly meetings to monitor the figures and take action as required</p> <p>1d) Senior NCC presence at A&E Delivery Board which helps to ensure an integrated and coherent approach</p> <p>2) Ongoing work with providers to increase capacity in the market to support safe discharges</p> <p>2b) Trusted assessor and enhanced homecare now in place</p> <p>2c) implementation of the High Impact Change Model being pursued in partnership with health</p> <p>2d) Multidisciplinary review of flow through the health and social care system which occurred in June has resulted in an action plan that will improve and will support the adoption of best practice, both in the hospital and social work teams.</p>										

Risk Number	RM13931		Date of update		31 January 2019					
Risk Name	A rise in acute hospital admissions and discharges and pressure on acute services.									
Risk Owner	James Bullion		Date entered on risk register		30/06/2011 revised					
Risk Description										
A significant rise in acute hospital admissions / services would certainly increase pressure and demand on Adult Social Care. Potential adverse impacts include rise in Delayed Transfers of Care (DTOCs), pressure on Purchase of Care spend, assessment staff capacity and NCC reputation.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	4	12	4	4	16	2	3	6	Mar-19	Amber
Tasks to mitigate the risk										
<p>1) Integrated structure between NCC and NCHC allows Assistant Director's (AD) to make quick decisions and to flex resources to minimise impact.</p> <p>2) Integration programme developing new approaches to reduce delays and prevent admissions</p> <p>3) Daily participation in whole system escalation process.</p> <p>4) DTOC Improvement Plan is now in place</p> <p>5) Senior manager oversight of emerging issues.</p> <p>6) Careful management of reputational risk.</p>										
Progress update										
<p>1) Daily Capacity mapped and monitored and given high priority.</p> <p>2) Within Phase 3 (of the Integration Programme) we have concentrated on flow and capacity. We are also working closely with the Promoting Independence Programme Team to alter the role of the Occupational Therapist to focus on pre Care Act eligibility determination cases; bed based offer for short term placements, and the discharge to assess pathways to ensure people are not making life changing decisions in an acute setting.</p> <p>2b) The introduction of accommodation based reablement beds across Norfolk will aid the flow from the acute and community hospitals and reduce strain on the Purchase of Care budget and assist the department to meet DTOC targets.</p> <p>2c) Integrated managers taking an active role in developing new models with primary care to avoid admissions eg NEAT (Norwich Escalation avoidance Team) in Norwich.</p> <p>3) Work closely with health colleagues on silver calls (a silver call is daily whole system monitoring and an action planning call).</p> <p>3b) NCC initiated and held a MADE(multi agency discharge event)to focus on the 3 acute systems and how we work together to improve flow. An action plan has been developed to drive improvement.</p> <p>4) The DTOC Improvement Plan includes weekly meetings to monitor the figures and to take action as required.</p> <p>4b) A new AD post has been created within the integrated structure (using winter monies). The AD has produced the first ever joint winter plan and action plan.</p> <p>5) Director of Integrated Care coordinates senior manager oversight to effectively manage issues.</p> <p>6) SMT presence at A&E delivery Board which helps to improve reputation.</p>										

Appendix A

Risk Number	RM14237		Date of update		31 January 2019					
Risk Name	Deprivation of Liberty Safeguarding									
Risk Owner	Lorna Bright		Date entered on risk register		08 May 2015					
Risk Description										
Following the Cheshire West ruling it has been identified that we're not meeting our responsibilities around Deprivation of Liberty Safeguards (DoLS). This could lead to us being judicially reviewed.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	4	12	4	4	16	2	4	8	Mar-19	Red
Tasks to mitigate the risk										
<p>1) Reviewed staffing compliment</p> <p>2) Reviewed processes and systems to ensure cases are dealt with in a timely manner.</p> <p>3) Improved data quality and reporting to allow cases to be monitored.</p>										
Progress update										
<p>1) Three temporary 12 month posts were advertised with iBCF money : 1.5 FTE started in May and August 2018, a part time post started in January and the remaining vacancy is being used to fund more independent BIA's.</p> <p>1b) Independent Best Interest Assessor's (BIA's) are used for out of county reviews, relief BIA's are used regularly.</p> <p>2) Further paper required to address the backlog, however awaiting outcome of proposals in the Mental Capacity Act (amendment) Bill. Paper will be submitted in lieu of this with current costings.</p>										

Risk Number	RM14262					Date of update	31 January 2019				
Risk Name	The potential risk of shortfall between funding and pressures through integration of capital and revenue funding between the Council, health organisations and district councils										
Risk Owner	James Bullion					Date entered on risk register	16 June 2016				
Risk Description											
The integrated health and social care agenda has seen pooling of capital and revenue resources through the Better Care Fund and further policy drive to manage the transfer of people with learning disabilities from inpatient settings to community settings. There is a risk that this will have a negative impact on available resources for delivery of adult social care											
Original			Current			Tolerance Target					
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date	
3	5	15	3	5	15	2	4	8	Mar-19	Amber	
Tasks to mitigate the risk											
<ol style="list-style-type: none"> 1) Section 75 agreements to manage forward planning and joint arrangements 2) Partnership Boards in place attended by NCC. 3) Transforming Care Plan project in place and NCC involvement on all workstreams. 4) Introduction of the Improved Better Care Fund including planned use for additional social care grant. 5) Regular monitoring and liaison with health partners on outstanding debt. 											
Progress update											
<ol style="list-style-type: none"> 1) Two year Section 75 agreements finalised in Autumn 2017. 2) BCF plans in place and signed off but revised guidance for 2019-20 is awaited. 3) Transforming Care Plan (TCP) programme in place and baseline completed. Progress achieved with moving people from inpatient settings to community placements and targets being met. Further work completed on joint protocols, which have not been agreed. Work is progressing to develop criteria in line with operational processes. The TCP is engaging with the national cross system TCP working group to explore options for finance protocols. 4) Three year iBCF plans in place (2017-20), which are being monitored through ASC committee, Health and Wellbeing Board and regular updates to Norfolk and Waveney Chief Officer Group. Some projects align with the STP programme of work. Evaluation criteria to enable sustainable funding places for new interventions are being developed, but securing on-going funding remains a risk. The Council agreed to the creation of an iBCF reserve to enable the planned multi year projects to be completed. 											

Risk Number	RM13923		Date of update		31 January 2019					
Risk Name	Risk of failing to deliver Promoting Independence, change programme for Adult Social Services in Norfolk									
Risk Owner	James Bullion		Date entered on risk register		30 April 2011					
Risk Description										
Promoting Independence Change Programme oversees and co-ordinates the linked change and transformation activities required to deliver the strategy. If we fail to deliver the programme this will lead to a failure in developing a sustainable model for adult social care and a failure to deliver a balanced budget										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	3	12	3	4	12	2	4	8	Mar-19	Amber
Tasks to mitigate the risk										
<ol style="list-style-type: none"> 1) Robust programme management arrangements with properly resourced capacity and skills in place 2) Defined suite of business cases which are prioritised and sequenced to maximise impact and make the best use of resources 3) Clear leadership from senior managers to sponsor and champion changes 4) Strong performance framework to measure and monitor the impact of change activities and to take action to address any issues. 										
Progress update										
<ol style="list-style-type: none"> 1) Demand and demography modelling continues to be refined through the cost and demand model. A new in-house model is being finalised which will draw on latest activity data from Liquid Logic. 2) Four main themes for transformation: Services for people with learning disabilities; maximising digital technology; embedding strengths-based social work through Living Well; 3 conversations; health and social care integration 2b) Additional theme added for housing for vulnerable people. 3) Additional corporate scrutiny through Norfolk Futures programme 4) Key indicators monitored through performance reporting to Adults committee and P&R Committee. 										

Appendix A

Risk Number	RM14261		Date of update		01 February 2019					
Risk Name	Staff behaviour and practice changes to deliver the Promoting Independence									
Risk Owner	James Bullion		Date entered on risk register		25 April 2016					
Risk Description										
A significant change in staff behaviour and social care practice is required to deliver the Promoting Independence Strategy. Failure to make the culture change needed across the workforce would greatly impact the transformation of the service and its ability to deliver associated budget savings.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	5	15	3	4	12	2	4	8	Mar-19	Amber
Tasks to mitigate the risk										
<p>1) Robust Organisational Development plan signed off by the Promoting Independence Programme Board.</p> <p>2) Reviewing staff supervision and process and training.</p> <p>3) Management Development Programme for Team Managers and Practice Consultants will be rolled out throughout the year.</p>										
Progress update										
<p>1) Early evaluation survey of staff involved in innovation sites has been extremely positive, practitioners are engaged and responding positively to the new ways of working, which is also having a positive impact on staff morale and team engagement in the sites. Living Well Model is now being rolled out across all localities.</p> <p>1b) 90% of additional capacity posts have been filled.</p> <p>2) Implementation of new supervision procedure and roll out of new supervision training. Living Well model embeds reflective practice within teams.</p> <p>3) Manager Development programme has been redesigned to strengthen leadership in Living Well context.</p>										

Appendix A

Risk Number	RM13925		Date of update		31 January 2019					
Risk Name	Lack of capacity in ICT systems									
Risk Owner	James Bullion		Date entered on risk register		30 April 2011					
Risk Description										
A lack of capacity in IT systems and services to support Adult Social 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 Liquid Logic.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	4	16	3	4	12	3	2	6	Mar-19	Amber
Tasks to mitigate the risk										
1) As part of the Business Continuity plan steps are in place to mitigate any system loss and downtime. 2) Discuss any IMT issues at the monthly IMT Programme Board. 3) Develop and deliver the technology strategy for ASSD.										
Progress update										
1) Recovery steps are outlined in the Business Continuity plan. These are always reviewed following any serious incidents and updated where necessary. 2) Any IMT issues are discussed at the IMT Programme Board. 3) A technology strategy for Adults is in place. The Steering Group (ASTECC) provides overall direction and governance of the Adults technology programme.										

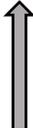
Risk Number	RM14247		Date of update	31 January 2019						
Risk Name	Failure in the care market									
Risk Owner	Sera Hall		Date entered on risk register	07 September 2015						
Risk Description										
The council contracts with independent care services for over £260m of care services. Risk of 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. Further reductions in funding for Adult Social Care significantly increases the risk of business failure.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	3	12	4	3	12	3	3	9	Mar-19	Amber
Tasks to mitigate the risk										
<p>1) A Quality Assurance Framework is in place which provides a risk based approach to the market of care services, collating intelligence from a range of sources and triangulating to identify services for targeted intervention.</p> <p>2) Prioritising care workforce capacity within the learning and development programme.</p> <p>3) Revision of a market failure protocol based on established good practice.</p> <p>4) Liaison with Care Quality Commission to engage with their work with Norfolk care services.</p> <p>5) 'Open offer' to care providers to discuss business plans and financial issues with NCC experts to stabilise the market for provision of care.</p> <p>6) Procuring new domiciliary care contracts through a framework to maximise provider ability and willingness to work collaboratively on a 'patch' basis.</p> <p>7) Appropriate investment in the care market through the cost of care exercise.</p> <p>8) Effective management of market failure to ensure people's safety.</p> <p>9) New low tolerance quality improvement programme in place</p> <p>10) Successful recommissioning of failed services</p> <p>11) Strengthened emergency leadership and management capacity arrangements in place.</p>										
Progress update										

Progress update

- 1) Real time quality (risk) dashboard produced and being utilised.
- 2) Working with the Local Enterprise Partnership and Norfolk and Suffolk Care and Support.
- 3) Care failure protocol's in place and market resilience strategy under development.
- 4) Refreshed working arrangements with CQC and active work with providers to improve CQC compliance.
- 5) New 'patch' based contracts in place.
 - 5a) Provider engagement and dialogue included in the 'cost of care' exercise which will support accurate identification of costs of provision and ensure investment targeted appropriately.
 - 5b) Proactive programme to settle increased fee rates as a result of National Minimum Wage regulation in the area of sleep ins.
 - 5c) Provider dialogue process in place to ensure inflationary uplifts are correctly assessed and implemented.
 - 5d) New commissioning and market shaping framework agreed by members driven by new sector based plans and sector engagement.
 - 5e) Supporting the establishment of a formal care association for Norfolk.

Risk Number	RM14260		Date of update		31 January 2019					
Risk Name	Failure of the care market (through the independent providers) due to difficulties in recruiting staff into the sector.									
Risk Owner	Sera Hall		Date entered on risk register		16 May 2016					
Risk Description										
The council invests over £54m through approximately 120 independent providers in provision of homecare to over 4000 vulnerable people at any one time. Failure of the care market (through the independent providers) due to problems recruiting staff into the sector may result in a risk to safeguarding of vulnerable people, delays in discharging people from hospital and inappropriate admissions to hospitals and care homes. Problems recruiting into and retaining care workers in the care sector are particularly acute in the west and north of the county but are experienced across the county as a whole.										
Original			Current			Tolerance Target				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	4	16	4	3	12	2	4	8	Mar-19	Amber
Tasks to mitigate the risk										
<ol style="list-style-type: none"> 1) A Quality Assurance Framework provides a risk based approach to the market of care services. 2) Robust procurement processes that ensure providers cost provision adequately. 3) Work with providers, workforce professionals and other partners to develop and implement a workforce development plan and to ensure workforce terms and conditions are equitable. 4) Development of a care contingency network and emergency provision. 5) Clear communication needed with the market to publicise areas of need and future commissioning intentions. 										
Progress update										
<ol style="list-style-type: none"> 3) An executive board has been created to take responsibility for the promotion and delivery of a sector skills action plan and this includes a clear accountability structure with named leads for each priority. 3b) Inclusion of Unison Ethical Care Charter in all new Home Support contracts. 3c) Website for care workers which includes information and advice around the caring profession. There is also a recruitment portal for providers to advertise vacancies and a promotional campaign in order to make the profession more attractive. 4) Emergency capacity which provides additional funding for providers put in place over winter and periods of increased demand. 4b) Increase in capacity of in house resources. 5) Ongoing work with framework providers to collaborate on constructing rounds, meeting needs and providing locality based networks. 										

Background Information

LIKELIHOOD 	Almost Certain 5					
	Likely 4			14247 14260	13931 14237	23 13926 14314
	Possible 3				13923 14261 13925	14262
	Unlikely 2		14b	14238	14085	13936 14287
	Rare 1					14149
		Insignificant 1	Minor 2	Moderate 3	Major 4	Extreme 5
IMPACT 						

Above: the County Council’s risk matrix template with plotted corporate and departmental risks for the Adult Social Services Department.

Risk Index

RM023 - Failure to respond to changes to demography, funding, and government policy, with particular regard to Adults Services.

RM014b - The savings to be made on Adult Social Services transport are not achieved.

RM13926 - Failure to meet budget savings.

RM13931 - A rise in acute hospital admissions and discharges and pressure on acute services.

RM14237 - Deprivation of Liberty Safeguarding.

RM14262 - The potential risk of shortfall between funding and pressures through integration of capital and revenue funding between the Council, health organisations and district councils.

RM14923 - Risk of failing to deliver Promoting Independence, change programme for Adult Social Services in Norfolk.

RM14261 - Staff behaviour and practice changes to deliver the Promoting Independence Strategy.

RM13925 - Lack of capacity in ICT systems.

RM14085 - Failure to follow data protection procedures.

RM14247 - Failure in the care market.

RM14260 - Failure of the care market (through the independent providers) due to difficulties in recruiting staff into the sector.

RM13936 - Potential for integration to adversely affect delivery of statutory responsibilities or impact on reputation.

RM14238 - Failure in our responsibilities towards carers.

RM14149 - Impact of the Care Act.

RM14287 - Potential failure to meet the needs and safeguarding of adults in Norfolk.

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 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

The Council's risk scoring methodology

The prospects of meeting target scores by the target dates reflect 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:

- a) Green – the mitigation tasks are on schedule and the risk owner considers that the target score is achievable by the target date
- b) 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
- c) 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.

Adult Social Care Committee

Item No:

Report title:	Prevention
Date of meeting:	4 March 2019
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic impact

In Norfolk County Council:

- a) We spend about £1 million a day on adult social care in Norfolk
- b) On any given day, we will be securing services for around 14,000 people
- c) Last year 20,205 people received short term and long-term adult social care packages
- d) Last year, almost 6,000 had home based reablement services helping them get back on their feet after a crisis

We are fundamentally re-thinking our approach to delivering public services. Many of our services were designed in a very different era and policy framework. Funding regimes now do not account fully for demographic change or socio-economic changes, instead the drive is for local government to become self-sufficient through council tax and increased revenue from locally raised business rates.

At the same time as funding has been reduced, our population continues to grow and the pattern of family life has changed. Medical and technological advances are huge – people live longer and have access to many more medical specialists than in the past. More profoundly disabled young people with increasingly complex needs are coming into adulthood every year. People move around more for jobs than in previous generations, so families cannot always be near to older relatives to help and care.

A growing 'older' population affects Norfolk more than most other places – it has, and will continue to have, a higher proportion of older people compared to the average for the Eastern Region and for Norfolk's 'family group' of similar councils.

Adult Social Services' vision is to support people to be independent, resilient and well. To help achieve the vision, the department has its Promoting Independence strategy which is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care.

This paper outlines Adult Social Services approach and contribution to Early Help and Prevention.

Executive summary

In November 2018 the Department of Health and Social Care published the report: "Prevention is better than cure: our vision to help you live well for longer." The document sets out the government's vision for putting prevention at the heart of the nation's health by:

- stopping health problems from arising in the first place
- supporting people to manage their health problems when they do arise

In July 2018 the Health and Wellbeing Board (HWB) agreed its Joint Health & Wellbeing Strategy 2018-2022 with its partners. As part of this they agreed three Strategic Priorities, which included Prioritising Prevention. Through the Strategy, HWB partners have committed to working towards supporting people to be healthy, independent and resilient throughout life as well as offering help early to prevent and reduce demand for specialist services. This strategic priority has direct links

to the work partners are doing through the Sustainability and Transformation Partnership (STP) Prevention workstream.

In their vision for Norfolk, Public Health are prioritising actions which will: promote healthy living and health places; protect communities and individuals from harm; and provide services that meet community needs. This will bring significant benefits to Norfolk people in terms of increased quality of life and better health.

Adult Social Services' vision is to support people to be independent, resilient and well. To help achieve the vision, the department has its Promoting Independence strategy which is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. Adult Social Services approach is to manage demand for services better by ensuring that people remain independent from public services as long as possible and are provided with preventative, community alternatives to council social care where appropriate. The aim is to support as many people as possible to live safely at home.

This report set out Adult Social Services approach to Prevention in line with the three key areas under the Promoting Independence strategy:

- a) Looking After Yourself
- b) Keeping Well and Recovering Your Health
- c) Living with Complex Health Conditions

Recommendations:

Adult Social Care Committee Members are recommended to:

- a) Endorse Adult Social Services approach to Early Help and Prevention**
- b) Consider whether they want further detail or reports on any specific aspect of Early Help and Prevention included in the report or specific prevention approaches**

Appendix One – Case Studies (p70)

1 Background

1.1 In November 2018 the Department of Health and Social Care published the report: "Prevention is better than cure: our vision to help you live well for longer." The document sets out the government's vision for putting prevention at the heart of the nation's health by:

- a) stopping health problems from arising in the first place
- b) supporting people to manage their health problems when they do arise

The aim is to prevent problems from arising in the first place by:

- a) targeting and co-ordinating services for groups most at risk
- b) making the most of predictive prevention
- c) giving children the best start in life
- d) supporting healthier food and drink choices
- e) getting people more physically active
- f) encouraging active travel
- g) reducing levels of loneliness and social isolation

The prevention vision for those already living with a health or social care need, and how they can live well for longer is:

- a) living well in the community
- b) picking up early when people do have health or care needs, and managing these effectively
- c) stopping problems from getting worse and supporting recovery

- d) supporting Primary care: an expansion of the general practice workforce; retention of experienced GPs; and GPs working more closely together
- e) growing community health
- f) supporting the whole person, not just treating symptoms

The Government's goal is to improve health life expectancy by at least five extra years, by 2035, and to close the gap between the richest and poorest. The paper includes examples of good practice. The link to the paper is in the Background Papers, section six of the report.

1.2 Prevention is one of the three strategic priorities in the Health and Wellbeing Board (HWB) Joint Health & Wellbeing Strategy 2018-2022, which has been agreed by its partners. (Please see section six for a link to Background papers).

1.3 In their vision for Norfolk, Public Health are prioritising actions which will:

- Promote healthy living and health places
- Protect communities and individuals from harm
- Provide services that meet community needs
- Work in partnership to transform the way they deliver services

This will bring significant benefits to Norfolk people in terms of increased quality of life and better health. It will also support the council's priorities, achieving the best outcomes for children and young people, protecting and supporting vulnerable people and helping Norfolk to be economically prosperous. It provides a further framework for potential joint work between Adults, Childrens and Public Health going forwards.

1.4 The Norfolk and Waveney STP (Sustainability Transformation Plan) Prevention Programme Board has been established to ensure greater focus and commitment from all relevant partners across the STP health and social care system on the prevention of ill health, reduction of the impact of illness, addressing the wider determinants of health and supporting population health management. The Director of Public Health is the Senior Responsible Officer.

1.5 The overall purpose of the Prevention Programme Board is to provide a lead to the development of strategy, setting priorities and delivery of projects in line with national and local priorities relating to prevention and population health management, and to provide assurance to the STP Executive Board of the effective and sustainable implementation of work stream initiatives against plan.

The work programme will be themed to include:

- a) Healthy Living
- b) Diabetes prevention
- c) Promoting healthy lifestyles (diet, physical activity, smoking, alcohol) and Making Every Contact Count (MECC)
- d) Smoking cessation and tobacco control
- e) Suicide prevention
- f) Optimising Healthcare
- g) Diabetes care
- h) Right Care Elective pathways for respiratory, cardio vascular disease and cancer
- i) Population Health Analytics
- j) Promoting independence in communities
- k) Social Prescribing
- l) Promoting self-care and patient education
- m) Addressing wider determinants of health and wellbeing.

- 1.6 Prevention is key to Adult Social Services' vision to support people to be independent, resilient and well. To help achieve the vision, the department has its Promoting Independence strategy which is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care.



2 Adult Social Services Early Help and Prevention

- 2.1 Adult Social Services approach is to manage demand for services better by ensuring that people remain independent from public services as long as possible and are provided with preventative, community alternatives to social care where appropriate. This approach is consistent with the responsibilities relating to wellbeing and prevention in the Care Act. When people do need formal services, our approach is to maximise their independence as far as possible. The aim is to support as many people as possible to live safely at home for as long as they can.
- 2.2 Adult Social Services approach to Prevention is set out below in line with the three key areas under the Promoting Independence strategy:
- a) Looking After Yourself
 - b) Keeping Well and Recovering Your Health
 - c) Living with Complex Health Conditions

2.3 Looking After Yourself

2.3.1 Living Well/Three Conversations

Strengths-based social work relies on social care workers having conversations which support people to live as independently as possible, enabling them to overcome crises, and reducing the need for dependence on formal services. Living Well/Three Conversations is a tried and tested operating model which provides the structure and tools to support and strengthen social work teams' capacity to deliver the strengths-based approach to social work.

2.3.2 Development workers

The Development Workers in Adult Social Services mainly work with people who do not meet the eligibility criteria for social care funding in the following ways:

- a) Community Development - supporting small independent groups eg creating new groups with a view to supporting people within their own community networks, signposting towards funding training and opportunities, ideas for promoting the group or connecting with other similar groups for mutual support and ideas. The Development Workers seek to develop community capacity through focusing on shared interests and aspirations not just social care 'need'. They work with the District councils and the Voluntary Sector to help achieve this. Examples include Dementia Friendly lunches, Men's Sheds, Norwich History Group, Costessey History Group, Mile Cross History Group; and photography group in Norwich
- b) Resource information sharing – they regularly gather information on local resources, opportunities, organisations and venues, and share this information with colleagues or other organisations either electronically through their networks or by attendance at events
- c) Individual referrals – take referrals through CSC (Customer Service Centre) or SCCE (Social Care Centre of Expertise) for anyone over the age of 18 who may be described as 'vulnerable' and who would like to explore opportunities for socialising, education, leisure, sport and volunteering in their area. The team look for existing community resources that people can use to connect with their local community to gain informal means of support. Through this the person can improve their health and wellbeing and reduce social isolation, also reducing the need for professional health and social care services

2.3.3 **Pub is the Hub**

Adult Social Services worked with colleagues in Economic Development and the national 'Pub is the Hub' (PITH) not-for-profit organisation to fund and develop a local scheme in Norfolk. Norfolk County Council has provided small grants and this funding is then matched by the pubs, the local community and businesses. PITH provides information and advice on all aspects, including taking pubs in to community ownership.

The scheme recognises that pubs can be the centre or hub of community life and can provide additional essential services beyond the usual drinks, food or entertainment by broadening the range of things they offer. The projects need to show that they are meeting needs that have been identified by the local community.

Projects in Norfolk range from adding a cafe or community/farm shop, lunch clubs and improved access to the pub.

2.3.4 **Working with District Councils**

This includes the Early Help Hubs/Help Hubs, which are partnerships made up of a wide range of providers from across the voluntary sector and statutory services. Practitioners from different agencies work side by side, giving each other advice, information and practical support to ensure that people receive the most appropriate and effective support at the earliest point, and achieve the most positive outcomes for residents. The Early Help Hubs makes sure people get that help as soon as possible if they begin to experience difficulties. It can offer practical support, advice and guidance to get people back on track.

The approach also works to strengthen wider support for communities, enabling individuals and families to be more resilient, reducing the need for intrusive crisis level interventions.

We also work with the District Councils on community capacity building and enabling communities.

2.3.5 **Information, Advice and Advocacy (IAA) contracts**

There is an IAA partnership lead alongside specialist IAA for people with disabilities (including marginalised adults and a complex benefits casework service), older people, people who are deaf, people with learning difficulties, people with dementia, with mental health problems and for people living with HIV.

2.3.6 **Support to carers**

A new provider, Carers Matters, was awarded the contract to provide the service from October 2017. The service provides a universal service offer in line with a prevention model that promotes independence and a preventative approach.

2.3.7 **Norfolk County Council (NCC) Website and leaflets**

A review of the Adult Social Services section of the NCC website is currently taking place to ensure that the information helps people to find their own solutions to keep them independent as well as what support may be available from the Department if they have eligible social care needs. There is one online directory for the whole of NCC and it should be easier for staff and the public to search for organisations, services and things to do in their local community. Recently an improved Norfolk Community Directory has been implemented corporately, which Adult Social Services are part of, and contribute to. This website is always being worked on and improved.

2.3.8 **Trusted Trader**

The department worked with Trading Standards in Community and Environmental Service a few years ago to set up Trusted Traders for Meals. This enables people to find meals providers in their local area who meet the Trusted Trader criteria. People do not need to be eligible for social services to use Trusted Traders.

2.3.9 **Social Prescribing**

Norfolk is piloting a county-wide offer for Social Prescribing which is funded through Norfolk County Council and Public Health for two years until April 2020. It will be evaluated centrally and consider a range of health and social care outcomes.

Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health. In Norfolk, access to the services is through GP practices, Customers Services Centre at NCC and Early Help Hubs at District and Borough Councils.

Social Prescribing schemes can involve a variety of activities which are typically provided by voluntary and community sector organisations. Examples include volunteering, arts activities, group learning, gardening, befriending, cookery, healthy eating advice and a range of sports. There are many different models for social prescribing, but most involve a link worker, navigator or connector who works with people to access local sources of support.

Emerging evidence suggests that Social Prescribing can lead to a range of positive health and wellbeing outcomes and may also lead to a reduction in the use of NHS services.

2.3.10 **Combatting loneliness and social isolation**

The impact of loneliness and social isolation is significant. To help tackle this problem, Norfolk County Council Adult Social Services has commissioned a range of new services to support people who are struggling with loneliness and isolation. These services, which are being delivered by Community Action Norfolk, the Borough Council of Kings Lynn and West Norfolk, and Voluntary Norfolk, were launched in December

2018 and are now accepting referrals for adults aged 18+ where loneliness is the most immediate issue affecting their wellbeing. In practice people's needs may not be clearly identified. Feelings of loneliness and isolation can be symptoms of other challenges being faced (such as long-term health conditions or debt). Alternatively, feelings of loneliness can cause health and other issues such as depression or self-neglect for example. Therefore, the combatting loneliness and social isolation services and social prescribing services will work together closely to assess the most immediate needs of the individuals referred ensuring the principle that there is no wrong door for local support.

Individuals referred may gain support from a 'Life Connector' who work directly to provide coaching, practical advice and support to help people make and maintain relationships and strong links within their community. There are around two full time equivalent (fte) Life Connectors in each locality and a volunteer base that is expected to grow as services develop.

These services will also focus on building resilient, robust and connected communities as a means of supporting people who are isolated, lonely and facing risk factors and challenges which if not addressed will mean that they are more likely to need formal care of health services.

2.3.11 **TITAN (Travel Independence Training Across the Nation) Travel Training**

TITAN is a travel training programme, set up by Children's Services, which was devised to assist students over 16 years old who have problems using public transport. It enables students to raise their levels of confidence and self-esteem and gives them the opportunity and entitlement to be proficient in independent travel skills. Travel Training staff train 'in-house' trainers, provide ongoing support to schools/establishments and monitor progress at each establishment. Although this scheme had been used in the past by some Adult Social Services day services and providers, it seemed that Adults could use more of this training to enable people to use public transport rather than having transport provided.

TITAN can demonstrate significant transport savings in Children's Services but was untested in adults. The department is working with TITAN for a fixed term initially so potential savings can be evaluated.

The TITAN team is working with some individual day services for people with Learning Disabilities to free up buses and allow these to be decommissioned. The TITAN team has identified service users at the day services it thinks will benefit from travel training, agreed with people that they will take part and has started working with them in. The training will help build the person's confidence in other aspects of their life such as: future job opportunities; accessing new hobbies; and social skills.

2.3.12 **Strong and Well Grant**

£0.500m of revenue funding and £0.500m of capital monies was made available by NCC to fund Strong and Well. The Strong and Well programme was targeted at people aged 65 years old and over and aimed to maintain older people's independence and mitigate the risk of social isolation. It was aimed at both individual and community action. The Funding for Strong and Well was allocated at a district council level using population and deprivation data. Locality partnerships, including older peoples' forums, the District Councils and CCGs, were asked to submit proposals. Examples of where funding was provided include: The Broadland Handyperson+ Service; and Ask LILY (Living Independently in Later Years) directory in the West.

2.3.13 **Home Based Reablement - Norfolk First Support (NFS)**

This in-house service (part of Norfolk First Response (NFR)) provides intensive support and assessment in peoples' homes for up to six weeks, helping the person to regain as much independence as possible. Approximately 61% of people who go through the reablement service do not need any ongoing care, with 21% needing ongoing support albeit smaller packages of care. Additional investment of £1.1m was made in the service in 2015-16 and onwards by NCC, and NCC and CCG partners agreed to further investment in 2017-18 to increase capacity by 15%. Around 6,000 referrals were taken in 2017-18 and the service should deliver the extra 15% of referrals as well in 2018-19.

2.3.14 **Supported Care Service**

North and South CCGs commissioned an integrated model of community health and care to support people to stay at home rather than be admitted to hospital or attend Accident and Emergency in an emergency. NFS are a key part of this model, providing the reablement element of the support.

2.3.15 **Accommodation based reablement**

Accommodation based reablement complements the home based reablement service and was initiated in 2018. The aim is to maximise the independence of people and reduce the number of people going into residential care, meaning more people could stay in their own homes, as well as helping to expediate discharges from hospital. Accommodation based reablement is offered to people who are medically fit for discharge from an acute bed but are unable to return to their home safely and to people who are at risk of going into hospital or long term residential care. There is external provision in the East and West of the County. NFS (the in-house reablement service) opened an accommodation based reablement unit at Benjamin Court in February 2018 which currently has 18 beds.

2.4 **Living with complex needs**

2.4.1 **Assistive Technology**

Assistive Technology allows people to safely remain in their own homes. Some of the equipment automatically detects hazards such as fire, floods, falls and carbon monoxide escapes. Other equipment can help people with forgetfulness and memory prompts or feeling secure in their home. There is equipment which can be linked through to community alarm systems, so that people can get help quickly should they need it. Norfolk's Assistive Technology team, which is part of Adult Social Services, currently assesses approximately 2,000 people a year and figures recently received from n-able (the Norse Company that purchases the equipment) show that there is a total of approximately 7,000 people currently receiving assistive technology in Norfolk. Most assessments undertaken by the Assistive Technology team result in the provision of equipment.

A detailed report on Assistive Technology was presented to this Committee in September 2018, and the link is in the Background Papers section of this report.

2.4.2 **Swifts and Nightowls**

This is a 24-hour free service that provides help, support and reassurance if someone has an urgent, unplanned need at home but doesn't need the emergency services e.g. if the person's partner or carer is suddenly admitted to hospital, or if someone has a fall but is not seriously injured.

In 2016-17 the service took 13,899 referrals and prevented:

- a) 6,699 calls to the emergency services
- b) 3,121 hospital admissions

c) 4,662 calls to community health

The service is part of Norfolk First Response (NFR), the Adult Social Services in-house provider.

3 Financial Implications

- 3.1 There is strong evidence that, by investing in Prevention, Adult Social Services, NCC and the wider social care and health system saves money.
- 3.2 Savings have been calculated for home based reablement, the Swifts and Nightowls service and accommodation based reablement.
- 3.3 At present there is a lack of a sound evidence base, both locally and nationally, on which to model the savings achieved using assistive technology (AT). In the absence of a strong evidence base, Adult Social Services has produced an initial benefits model which will be tested and refined as steps are put in place to capture and track the financial benefits arising from AT provision. This will be done using several sources, including evaluation of pilots/new activity, data captured from the recent changes to the LAS (Liquidlogic Adults System) AT assessment and review forms and a new LAS Performance dashboard.
- 3.4 Whilst noting the savings attributable to Prevention, the converse must be recognised: if the spend on Prevention was to be reduced, there will be a disproportionately greater increase in Adult Social Services spend on packages of care for people.
- 3.5 It is calculated that for each £1 invested in **home based reablement (NFS)**, Adult Social Services save £4.06 (gross). 61% of people who have been through reablement do not need a package of care at the end of it. Of the other people who go through reablement, 21% have a home care package at the end and the average reduction in the packages of home care for these people is 24.36%. The savings show as less home care expenditure, which is part of the Adult Social Services Purchase of Care budget.
- 3.6 This assumes that we only make savings through home based reablement by preventing, reducing or delaying for 12 months, i.e. reablement prevents the need for home care or a larger home care package for 12 months. It is believed that this is understated, but prudent, as there will be people who don't need home care because they have been reabled for a longer period than 12 months.
- 3.7 It is important to note that the CCGs fund almost half of the home based reablement service: they recognise the importance of the service in helping people to stay at home and in facilitating discharges from hospital.
- 3.8 Our estimate of the monetary returns on the annual investment of £1.5m in the **Swifts and Nightowls**, is approximately £3.8m pa, i.e. for every £1 we invest, the health and social care system saves at least £3.51 gross or £2.51 net.
- 3.9 When the Swifts and Nightowls visit people, they ask them what they would have done if the Swifts hadn't been able to attend. This is used this as our basis for the estimation. Of the people visited in 2016-17: 3,121 people said they would have gone to A&E; 6,699 would have phoned the emergency services; and 4,662 would have contacted community health. We have taken these Swifts annual statistics (which are shared with the CCGs) about what we have avoided, Regional or National statistics about outcomes if for example an ambulance is called out and then used Regional or National unit costs to calculate the savings.
- 3.10 The estimation does not include any costs of discharges/assessments by Adult Social Services if a person goes in to hospital nor an estimate of the cost of the proportion of

people that would then probably go on to have a long-term package/other services if they were admitted, e.g. residential care, accommodation based reablement etc. It is therefore a prudent estimate of the savings to the system as a whole.

- 3.11 Based on the first few weeks of results from **Benjamin Court, the accommodation based reablement unit run by NFS**, it was estimated that for each £1 invested in Benjamin Court we saved £3.12 (gross). The savings show as less residential care and home care expenditure, which are part of the Adult Social Services Purchase of Care budget.
- 3.12 As for home based reablement the savings estimate assumed that Adult Social Services only make savings by preventing, reducing or delaying for 12 months.
- 3.13 These savings/returns appear to have reduced, although remains a net saving, as we have had more people going through Benjamin Court, we have taken people with more complex needs, the outcomes overall have altered a bit and we can see the longer-term effect of the interventions. Plus, there have been a small number of people who have stayed significantly longer than anticipated.

4 Conclusion

- 4.1 In November 2018 the Department of Health and Social Care published the report: "Prevention is better than cure: our vision to help you live well for longer." The document sets out the government's vision for putting prevention at the heart of the nation's health by:
- stopping health problems from arising in the first place
 - supporting people to manage their health problems when they do arise
- 4.2 In July 2018 the Health and Wellbeing Board (HWB) agreed its Joint Health & Wellbeing Strategy 2018-2022 with its partners. As part of this they agreed three Strategic Priorities, which included Prioritising Prevention. Through the Strategy, HWB partners have committed to working towards supporting people to be healthy, independent and resilient throughout life as well as offering help early to prevent and reduce demand for specialist services. This strategic priority has direct links to the work partners are doing through the Sustainability & Transformation Partnership (STP) Prevention workstream.
- 4.3 In their vision for Norfolk, Public Health are prioritising actions which will: promote healthy living and health places; protect communities and individuals from harm; and provide services that meet community needs. This will bring significant benefits to Norfolk people in terms of increased quality of life and better health.
- 4.3 Adult Social Services' vision is to support people to be independent, resilient and well. To help achieve the vision, the department has its Promoting Independence strategy which is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. Adult Social Services approach is to manage demand for services better by ensuring that people remain independent from public services as long as possible and are provided with preventative, community alternatives to council social care where appropriate. The aim is to support as many people as possible to live safely at home.
- 4.4 This report set out Adult Social Services approach to Prevention in line with the three key areas under the Promoting Independence strategy:
- a) Looking After Yourself
 - b) Keeping Well and Recovering Your Health
 - c) Living with Complex Health Conditions

5. Recommendations:

5.1 Adult Social Care Committee Members are recommended to:

- a) Endorse Adult Social Services approach to Early Help and Prevention
- b) Consider whether they want further detail or reports on any specific aspect of Early Help and Prevention included in the report or specific prevention approaches

6. Background Papers

6.1 [“Prevention is better than cure: our vision to help you live well for longer”](#)

[Assistive Technology, report to Adult Social Care Committee on 3 September 2018, page 72](#)

[Health and Wellbeing Board reports, 31 October 2018, “Our Joint Health and Wellbeing Strategy 2018 -22”, page 19 and Norfolk & Waveney Sustainability and Transformation Partnership \(STP\), page 24 onwards](#)

Officer Contact

If you have any questions about matters contained in this paper, please get in touch with:

Officer Name: **Tel No:** **Email address:**

Janice Dane 01603 223438 janice.dane@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.

Case Study 1 – Accommodation Based Reablement, Benjamin Court

Brian*

Age 89 years

Referred for reablement by Occupational Therapist from Norfolk and Norwich University Hospital due to mobility problems.

Lives in rural village, alone in his own home which has a small living room, kitchen and downstairs toilet and upstairs bedrooms.

When Brian first arrived at the unit, he appeared frail, with signs of self-neglect and wasn't very communicative. He was very low in morale and seemed reluctant to self-care or engage in his initial assessment.

His neighbours informed the unit that they were concerned about him not managing independently and had tried to help by arranging agency services to assist with cleaning his house, which Brian would then always cancel. They were concerned that he was not managing his home, highlighting issues that he had no hot water, a broken sink, an old bed, no washing machine and a very old boiler. Brian was more than happy for his neighbours to purchase items on his behalf, but his neighbours were concerned that there were no formal arrangements to use his finances. The unit's Social Worker discussed this with Brian and with his agreement, a referral was made to Money Matters to help Brian with his finances and to advise on guidelines for his neighbours to make purchases for him, thus reassuring everyone.

Following an OT's home assessment and a subsequent discussion with Brian, it was found that Brian was concerned about managing his steep stairs especially at night time when he wanted to use the downstairs toilet. Brian agreed to the suggestion of having his bed moved downstairs into the living room so that he could safely use the toilet downstairs at night. As the bed would be close to an open fire (coal) and this was the only source of heating, a referral was made to Fire Safety for an assessment. An Assistive Technology Practitioner from the unit also advised for a Heat Sensor and a Community Pendent Alarm be installed in his home which Brian agreed to. His neighbours arranged for his new bed to be placed downstairs.

Brian was asked how he managed his shopping. Previously he received support from Aylsham Care Trust to pick him up and take him to a local supermarket twice a week. However, he was concerned that now he was not as mobile, they would not be able to take him. The reablement team supported Brian with exercises to gain strength for him to use a walking stick rather than a frame which he preferred as he didn't like his walking frame. He received assurances that ACT would still be able to support him with his shopping. Brian was given information on other local shopping services that would deliver as well as meals on wheels services should the need arise in future.

Brian's neighbours supported him to purchase a new sink, installation of a washing machine and a new boiler which Brian had asked for. Brian was given information on laundry services for occasions he could not manage his washing, but he felt confident that he would be able to. Brian had the facilities to cook his own meals, so OT provided a perching stool and cantilever table, so Brian could cook and eat his meals in the living room in front of his new television!

Grab rails, bed loops and a perching stool were placed in his home to make him more independent with self-care.

During his time on the unit, Brian began to take care with his appearance with decreasing support required for personal care. His social well-being evidently improved through the unit's activities and he was engaging with others. He was very much looking forward to going to lunch clubs

when he got home. A package of care was arranged for Norfolk First Response to provide daily visits to help him settle in.

On the day of discharge, Brain looked smart, his hair was combed, his skin was glowing, he was walking with little aid and he was smiling.

Case Study Two – Assistive Technology

CM telephoned to say that the family are extremely pleased with the equipment. Only a few days after the equipment was installed, the heat sensor alerted after his mother left a pan of baked beans on the hob. CM says that the pan was of a heavy quality and was extremely badly mangled. He believes the equipment potentially prevented a serious fire. When the fire department arrived Mrs M was oblivious to the situation, despite the alarms sounding.

CM lives in Yorkshire, his mother lives in Norfolk and the Assistive Technology provides him with reassurance as a carer for his mother.

Case Study Three – Development Workers

The Development Workers look for existing community resources that people can use to connect with their local community to gain informal means of support. Through this they can improve their health and wellbeing and reduce social isolation, also reducing the need for professional health and social care services.

The Development Worker listened to customers with family members living with dementia and heard that the opportunity to go out together for a meal and to socialise as they had in the past was something they missed. Due to the often confusing and frustrating nature of dementia many people had lost touch with this important aspect of their lives. Acknowledging that Day Centres and Dementia Cafes offer an excellent service, the Development Worker began to research local pubs with a view to promoting the idea of Dementia Friendly pub lunches.

Many rural villages have a pub at the heart of the community and pubs are keen to diversify to attract new regular customers. Initially, one pub emerged as a good place to run a 'pilot' lunch for people with dementia and their families. It has been a great success, attracting about 20 people. Already there are plans to increase the regular planned number of lunches offered and other pubs have shown interest.

The lunches are 'Dementia Friendly' because people can have confidence that the pubs involved will be welcoming and the environment accommodating to those affected by dementia and their families.

The Development Worker connects the pub to Dementia Friends trainers to improve staff, provides contact details for Age UK or other relevant organisations and assists on the first launch day. Any further bookings are then managed by the pub with no further involvement from Adult Social Services or NCC required.

As well as providing new social opportunities for people which improve their health and wellbeing and reduce social isolation, this approach also helps to support pubs in local communities to diversify and remain viable, becoming a hub for their local community.

Since 2016 Dementia Friendly Lunches elsewhere in Norfolk have been facilitated by other Development Workers, including in Garden Centres and other venues.

Case Study Four – Home Based Reablement (NFS)

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

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

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

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

Adult Social Care Committee

Item No:

Report title:	Annual review of progress against priorities
Date of meeting:	4 March 2019
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services
Strategic impact Promoting Independence is the overarching strategy for Adult Social Services. Within the context of that strategy – and in line with the Council’s Norfolk Futures – the Committee agreed a set of priorities for the year. This report sets progress against those priorities, and priorities for the coming year 2019/20.	
Summary In March 2017, the Committee agreed the Adults Committee Plan which set out the priorities and key annual actions for the year ahead. This report sets out progress against those actions. It highlights significant focus on embedding a strengths-based approach to social care, through Norfolk-wide roll out of Living Well: 3 conversations. Alongside this for staff will be new mobile devices – which have been piloted and tested by front line teams. Reablement has continued to expand, with the introduction of accommodation based reablement to support out of hospital care and avoid unnecessarily long stays in acute and community hospitals. This has been complemented by better use of short-term beds, early help and prevention services, and the establishment of escalation avoidance teams in all five localities. Building blocks for key changes in learning disability services have been put in place, supporting an enablement approach from our own teams and providers, testing and piloting new day activities and reviewing all supported living schemes to ensure they are meeting peoples’ needs. A comprehensive refresh of safeguarding practice has been completed, and a systematic approach to identifying and working with ‘at risk’ providers has been put in place. Additional monies for the cost of care has seen quality improve, although some care homes have closed. Technological improvements have continued through the exploitation of the new social care system – LiquidLogic; assistive technology capacity has increased to match demand, and we are in the process of recruiting additional team members to expand further. Challenges remain – notably to see an impact of investment in short-term care on the numbers of delayed discharges of care; a further scale up of technology enabled care to support prevention and early help; continued strong leadership to support the market to change and adapt for future patterns of care; to embed a strengths-based approach to social work across all teams, and to ensure high quality support for people with learning disabilities as we move into changes in their day activities.	
Recommendations: Committee is recommended to: a) Discuss and note progress against the 2018/19 priorities b) Agree the priorities for Adult Social Care for 2019/20	

1. Background

- 1.1 Promoting Independence remains the overarching strategy for Norfolk Adult Social Services. The three main elements of the strategy are:

Prevention and early help – empowering and enabling people to live independently for as long as possible through giving people good quality information and advice which supports their wellbeing and stops people becoming isolated and lonely. We will help people stay connected with others in their communities, tapping into help and support already around them – from friends, families, local voluntary and community groups. For our younger adults with disabilities, we want them to have access to work, housing and social activities which contribute to a good quality of life and wellbeing.

Staying independent for longer – for people who are most likely to develop particular needs, we will try and intervene earlier. Certain events, such as bereavement or the early stages of an illness like dementia can be a trigger for a rapid decline in someone's wellbeing, but with some early support we can stop things getting worse and avoid people losing their independence and becoming reliant on formal services.

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

- 1.2 Revised and updated summary is attached at **Appendix A**.

- 1.3 Implementing Promoting Independence is requiring some fundamental changes to how Adult Social Services – and its partners – work together, some of which will take a minimum of three to four years to fully embed. These are:

- a) Building up community capacity and resilience, and low-level prevention services so that there is strong network of formal and informal help and support for people to draw on
- b) A strengths-based approach to social work – a way of working and a culture of looking at what people can do, rather than what they can't do
- c) A shift to reablement and enablement – an approach which always seeks to help individuals achieve or recover as much of their independence as possible
- d) Joined-up services with community health teams, district councils, which help prevent frail people from falling into a crisis
- e) Modern, fit for purpose, housing options for people who need on-going support, in addition to a high quality residential and nursing care market

2. Adult Social Services Committee Plan Priorities

- 2.1 This time last year, the Committee – through its Committee Plan – agreed a set of departmental priorities and annual actions for 2018/19. These were:

2.1.1 Priorities

- a) Strengthen social work to prevent, reduce and delay need
- b) Be strong partners for integration working
- c) Accelerate technology-enabled care
- d) Improve quality and safeguard people
- e) Strong management of finance and performance

2.1.2 **Annual Actions for 2018/19**

- 1) Implement a learning disability enablement model – connecting people to activities, building skills, and developing housing which is ambitious and supports people to live well and progress
- 2) Roll out Living Well, to embed strengths-based social work and community development which transforms lives by helping people and those who care for them to live independently
- 3) Commission the right mix of good quality affordable care – and address the need for more dementia care so people stay living independently, with dignity
- 4) Deliver all integrated short-term care services – avoiding hospital admissions, responding to a crisis and helping people to get home when they are well enough
- 5) Develop more technology enabled care – so we target people in need, support people to connect with one another, monitor people at risk and have more face to face engagement
- 6) Continually strive to improve the quality of service and safeguard people at risk of harm

3. **Reviewing actions for 2018/19**

3.1 **Annual Action 1 - Learning Disability Enablement approach**

- 3.1.1 The Learning Disability Strategy, 'My Life, My Ambition, My Future' was co-produced with people with disabilities published December 2018. Its ten priority areas now provide the over-arching framework for change. There are a range of change projects to implement the strategy, all of which are designed to promote independence, and provide alternative ways to help people with learning disabilities live the lives they want to lead, with less reliance on long-term services. Key progress:
- 3.1.2 **Establishment of a preparing for adult life service** - Children's and Adults' services are working closely together to strengthen transition arrangements, and this will be made more formal through a joint service – Preparing for Adult Life. It will focus on young people's needs from 14 years old, facilitating stronger relationships with families, ensuring a smooth transition into adulthood. For an individual, this means their contact with the service starts much earlier, their expectations and needs are then explored earlier making the move from Children's Services to Adult Services more seamless. Also, for those not eligible for Adult Services alternatives can be explored and put in place prior to their 18th birthday.
- 3.1.3 **Housing and accommodation** - an accommodation strategy and plan is being developed to look ahead and ensure there is a 'pipeline' of housing options for people. A new requirement is that that all accommodation must be enablement focussed – by which we mean an approach which helps to build skills, confidence and independence for individuals.
- 3.1.4 Building work at **Netherwood Green**, on the County Hall campus is complete. Potential tenants are being assessed, and these will include people who have previously been in long-term residential care. An open day for new tenants was held in February 2019. We anticipate that tenants will stay at Netherwood for up to two years.
- 3.1.5 **Review of all Supported Living schemes** over the next two years. This reflects the steer we had from people with learning disabilities who wish to live their lives as independently as possible. Each review will be focussed to ensure that tenants of the scheme are receiving the most appropriate package of care and support, that there is a demand for the scheme and that services being provided are of the high quality expected by Norfolk County Council.
- 3.1.6 **Employment and volunteering** - we do not have a good track record on the number of people with learning disabilities in paid employment. Our rate is 3%, against a national

average of 6%. We fully recognise that not all people with learning disabilities will be able to work, but, as a county, we should be offering more opportunities. The LD Strategy has a key theme around employment and when consulted, 65% of people said it was a priority for them to access employment.

We have designed an improved way to co-ordinate advice and practical support for people with learning disabilities (and other working age adults) so that more can find and keep employment. A new service is due to start in June which will have a two-pronged approach:

- a) Co-ordinators working directly with individuals to help them hone their skills and CVs to find training or work
- b) Working with employers to create and open opportunities for people with LD, and ensuring front line staff make local connections with employers, matching people to roles

3.1.7 **Day opportunities** - a redesign of day opportunities is underway, which gives people more opportunities to take part in different social activities in their communities - as well as continuing to provide buildings-based services for people with more complex needs.

We have:

- a) Met with current and potential providers to discuss the enablement approach we want to embed across all our commissioned services, and to share commissioning intentions for day opportunities
- b) Developed a new service specification – which takes as its starting point, the priorities people told us were important to them as part of the learning disabilities strategy
- c) Run a six-month pilot to test and learn how we can help support people into employment and other voluntary activity. From the 110 individuals who started the pilot 6 months ago 85% are currently in some form of voluntary or work experience position; 5% are currently in paid employment, with providers confident this will increase significantly with more time

3.1.8 **Backlog** - as previously reported, there is a backlog of work, including reviews. A dedicated team has been appointed to focus on reviews. To date they have completed 324 and, working in a strengths-based way with the individual, have been able to reduce the amount of input from formal services for some people.

3.2 **Annual Action 2 - Community care - Strengths-based social work**

3.2.1 Underpinning much of the change we need to make is the new model of social work – **Living Well: 3 conversations**. We have:

- a) Concluded seven innovations sites across the County, and used the data and evaluation to shape a consistent county wide approach
- b) Transferred 'front door' first point of contact back into Adult's department (from the Customer Service Centre) to maximise their skills and knowledge as part of Living well
- c) Started the roll out of the new way of working in the West locality and with the Social Care Centre of Expertise (SCCE). Go live for the rest of the locality teams will be April 2019
- d) We are part way through an induction and training programme for 400 practitioners and 70 managers in preparation for Go Live

3.2.2 **Recruitment** - We have recruited more staff, recognising the need to reduce individual caseloads and give people more time for the 3 conversations approach.

3.2.3 **Reduction in the holding list** – this had peaked at almost 3000 pieces of work in November 2017, when carrying such a high backload of work was having an impact on the pace of change. The latest figure stands at 1200.

3.3 **Annual Action 3 - Commissioning the right mix of good quality affordable care**

3.3.1 A range of actions have been taken to strengthen and support the market. These include:

- a) An additional £15.5m was put into the market for rising costs and market pressures, and a further £18m has been agreed for 2019/20. The balance between residential and nursing care – particularly for people with dementia – has remained difficult to achieve. The Council has a diminishing need for standard residential care, and more need for enhanced nursing care
- b) Market engagement with residential and nursing home care providers to develop a new contract specification which reflects the Norfolk market conditions
- c) Strengthened support for workforce development and training, including £75,000 secured from Skills for Care to deliver free enhanced care training courses for social care staff in Norfolk
- d) Home care framework – Members agreed a new home support framework in 2017 (agreed banding delayed until April 2018) with pricing designed to recognise the higher cost of providing service in rural areas. This has been implemented at a cost of £2m. This has seen greater collaboration between different providers, however there are still significant challenges with capacity in parts of Norfolk, particularly North Norfolk. Overall, the number of people using homecare has decreased, although the cost of individual packages has increased for younger adults, suggesting on average that where home care is used, it is more intensive. For older people there has been a reduction in people using homecare and a small reduction in the cost of individual packages, which reflects the increased use of reablement and accommodation based reablement to help people regain their independence after a crisis, such as a period in hospital
- e) Development of a robust plan and business case to develop 2842 new extra care housing units over the next 10 years, including securing financial and staffing resource to deliver, with the go-ahead to support the first scheme to be discussed at Policy and Resources Committee in March 2019
- f) Set up a new service targeting people at risk of social isolation and loneliness
- g) Collaboration with NHS, through the Sustainable Transformation Programme, to review dementia support across health and social care. Extensive engagement has included 22 focus groups; preliminary recommendations for action to be considered initially through the STP in late February

3.4 **Annual Action 4 - Integrated short-term care**

3.4.1 A range of work has been undertaken in the period under review. Key actions are:

- a) **Home-based reablement** – expansion of capacity by 15%, jointly funded by the Council and Clinical Commissioning Groups (CCGs), has meant around an additional 900 people supported, although demand continues to increase
- b) **Accommodation based reablement** – complements the home based reablement service and was initiated in 2018. There is now a total of 40 beds across the county available and in use. Benjamin Court, the largest scheme, is running at capacity
- c) **Escalation avoidance teams** - established in all five localities to bring together health and social care multi-disciplinary teams to support people in crisis who might otherwise be admitted to hospital, and to help people home from hospital
- d) **Short-term beds** - We established a dedicated team to make the best use of 47 short-term beds to provide short-term care for people who are in crisis, or who are discharged from hospital. This will ensure we maximise individuals opportunity for independence and that people do not remain in Short term beds any longer than they need to

- e) **Healthy Ageing frailty toolkit** – developed and implemented across health, social care and the voluntary sector to intervene sooner with people who are frail and at risk of more serious health issues. This resource is designed for anybody who is supporting older people in the community, including families, carers and older people themselves. The toolkit has lots of practical guidance about how to recognise frailty and/or dementia at an early stage with links to information, advice and local services that can enable older people to live safe and well at home. The toolkit has been used more than 2,000 times since December 2018 and approximately 500 people have used the toolkit more than once
- f) **Carers** – the Council's Carers' Charter was developed with carers, for carers, aimed at raising the profile of informal carers, and holding the council to account for a series of actions
- g) **Social work model in acute hospitals** – a new model has been delivered at the James Paget hospital allowing us to more actively contribute towards Discharge2Assess processes by assessing some people at home rather than on the ward, which supports improved patient flow and better outcomes for individuals. Evaluation of changes has been positive and intention is to replicate this at the other acute hospitals
- h) **Joint Occupational Therapy (OT) triage and allocation in Norwich** – all therapy referrals for Norwich health and social care OTs are now managed together, significantly reducing duplication, creating productivity gains and better care for individuals

3.5 Annual Action 5 - Technology-enabled care

3.5.1 Assistive technology (AT) – expanded the service to tackle the growing demand. AT is already reaching around 7000 homes. We have reviewed our AT offer and identified some improvements to ensure that the benefits of AT are maximised to prevent, reduce and delay the need for formal care and support and that consideration of assistive technology is fully integrated into practice across all areas of the Department. Our vision for Assistive Technology is that:

- a) Technology plays a major role in supporting people to live independently for as long as possible, and in helping carers to continue caring for as long as they are able and willing to do so
- b) Assistive technology will be widely accessible, easy to use, and available for people when it can make most difference to maintaining independence
- c) Our own staff are champions for assistive technology and use it widely to prevent people needing formal care services
- d) Providers embrace technology to help people stay independent in all types of settings and maximise the efficiencies it can bring.
- e) Innovation – through a 'hackathon' where the council presented to a set of Norfolk digital entrepreneurs its challenges in supporting isolated older adults and lone workers. The event identified a possible cost-effective way to connect sensors to support people living alone
- f) Opened a 'smart flat' in Norwich to show how technology practically works in someone's home, and opened the campus innovation centre
- g) Exploiting and maximising LiquidLogic
- h) preparation completed for a new portal to go live in April which will give people contacting adult social services, a web-based inquiry form. The information will be directed automatically to the relevant locality team, without the need for an additional intervention by phone, which is the current process
- i) Piloted mobile devices for front-line social care staff, so they can connect to the LiquidLogic system and work on the go. The pilot (for 75) showed clear productivity gains for staff. A further 625 devices will be rolled out, with training and support, from May onwards

- j) E-brokerage – will provide the ability to match care needs and care providers electronically and enable citizens to identify and purchase care provision online. This will go live for residential care providers in June 2019
- k) Bed-tracker - An enhanced bedtracker – developed by our in-house Information Technology team – has supported quicker decision making for health and social care teams, by providing a ‘live’ view of care home vacancies across the county

3.6 Annual Action 6 quality and safeguarding

- 3.6.1 a) During 2018, 7 care homes in Norfolk closed. This was made up of three nursing homes (loss of 79 residential and nursing beds) and four residential homes (loss of 91 beds). Overall there are around 9780 beds in Norfolk, so the closures represent a reduction 1.5%
- b) Safe transfer of care provision from Allied Health Care to Home Support Matters
- c) A shift of focus to proactively target care homes, agencies and supported living schemes which are at risk of delivering poor quality service
- d) In collaboration with LD Commissioning, pilot of an inspection regime of supported living schemes, for roll out in 2019
- e) Introduction of Provider Assessment Market Management System (common to the 11 East of England Local/Unitary Authorities), a quality audit and public reporting tool identifying poor practice, formulating improvement plans and directing specific support and monitoring of the achievement of the improvements required
- f) Greater collaboration with health to improve the quality of residential and nursing home provision through the Enhanced Care in Care Homes project
- g) Sought feedback to shape a new Care Association for Norfolk through a survey of 300 providers
- h) Recruited two additional social work specialists in safeguarding to deliver a programme of training and skills development for team managers and practice consultants. The programme of work also includes strengthening understanding and awareness of safeguarding with key independent providers and partners
- i) Safeguarding resources pulled in a single place for social care staff
- j) Easy to access information for managers to ensure that staff training on safeguarding is up to date and timely

4. Looking ahead – priorities and annual actions for 2019/20

- 4.1 The focus on the annual actions has led to good progress and impact in all areas, however, challenges still remain. The main challenges are:
 - a) Reducing delayed discharges of care – the short-term integrated care changes are yet to have a significant impact on delays
 - b) A further scale up of technology enabled care to support prevention and early help
 - c) Continued strong leadership to support the market to change and adapt for future patterns of care
 - d) Embedding a strengths-based approach to social work across all teams
 - e) Ensure high quality support for people with learning disabilities as we move into changes in their day activities
 - f) The Sustainability and Transformation Partnership and NHS Long Term Plan will have major implications for social care in Norfolk & Waveney. This will bring opportunities but also challenges to implement the extensive changes we need to make to our practice and commissioned services whilst simultaneously ensuring a strong social care influence on the shape of future
 - g) The continued financial challenge and uncertainty around the Green Paper

4.2 Taking progress and challenges into account, we are proposing the following set of annual actions for 2019/20:

- 4.2.1
- a) To implement market development activities which address and correct capacity in the provider market and support providers to develop new models in line with Promoting Independence
 - b) To re-shape integrated community teams to align delivery with the 20 primary care networks across Norfolk and Waveney, and to accelerate delivery of Promoting Independence
 - c) To re-shape integrated commissioning arrangements in the light of changes envisaged as part of the Norfolk and Waveney Integrated Care System, so they accelerate delivery of Promoting Independence
 - d) To develop an integrated health and social care model for mental health
 - e) Implement a learning disability enablement model – connecting people to activities, building skills, and developing housing which is ambitious and supports people to live well and progress
 - f) To develop and implement a programme of cultural change for Adult Social Services to underpin service transformation and the delivery of Promoting Independence

4.3 In addition, we are proposing amendments to the three-year priorities. Those highlighted * are either additions or slight amendments.

- 4.3.1
- a) Strengthen social work so that it prevents, reduces and delays need
 - b) *Strengthen the Council's relationship with the NHS playing a full part in delivering an integrated care system
 - c) *Be a strong partner with the provider market
 - d) *Accelerate the use of technology
 - e) Improve quality and safeguard people
 - f) *Embed a positive working culture which promotes people's independence and uses public resources fairly
 - g) Strong management of finance and performance

5. Measuring progress

5.1 Since 2017, we have been reporting progress to Committee against a set of eight vital signs. These were developed in response to changing systems (LiquidLogic (LAS)) and associated shortage in data. Latest data against these was reported to the January meeting, and final end of year position will be reported, once the financial year is completed, although this will be under the new governance framework for the Council.

The table below proposes a revised suite of vital signs which have been developed with input from front-line managers and aim to give a wider, which give better coverage of the main issues we need to grip.

Pathway element	Outcome	KPI title	Rationale	Timing	Good is...
People coming into contact with the council	People with substantive adult social care needs are being responded to quickly and effectively	Holding list	Carrying high backloads of work is having an impact of the pace of change we need to make. Delays in assessments can worsen the service users' condition, resulting in a reduced level of independence for the person and a greater of care from the authority	Snapshot	Low
People being supported to get back on their feet, and to stay independent for as long as possible	People who are referred to us are having their needs assessed in a way which promotes their independence	The number of Living Well 'Conversation 3's as a % of all Living Well conversations	The Living Well model uses three types of conversation. 'Conversation 1' aims to link people to support within their community, 'Conversation 2' aims to get people on their feet after a crisis, and 'Conversation 3' aims to help those people with long term support needs to be as independent as possible. Promoting Independence aims to reduce the number of people requiring long term support, and this indicator measures the extent to which C1 & C2 are successful in avoiding C3s.	Monthly	Low
	People are independent and free from formal care following reablement	% People receiving reablement that don't go on to require formal long-term care	Reablement helps people get back on their feet after a crisis, people leaving hospital with increased care and support needs, or those who have experienced a change in their wellbeing that might require care. Effective reablement supports people to be more independent. This is also more cost-effective than long-term services.	Monthly	High

Pathway element	Outcome	KPI title	Rationale	Timing	Good is...
	People leaving hospital with social care needs are supported in a timely and effective way	Delayed transfers of care attributable to Adult Social Care per 100,000 population	Staying unnecessarily long in acute hospital can have a detrimental effect on people's health and their experience of care. Hospital discharges also place particular demands on social care, and pressures to quickly arrange care for people can increase the risk of inappropriate admissions to residential care, particularly when care in other settings is not available.	Monthly	Low
Enabling people with longer term care needs to make choices	People are being provided opportunities to improve their own independence in a way which is important to them	% Living well conversations that are person-centred	Living Well places people, and their strengths and choices, at the heart of efforts to maximise their independence. This indicator measures the proportion of cases where there is evidence that conversations have taken account of the choices of, and circumstances around, individuals.	Quarterly,	High
	People are receiving timely and regular reviews of their care and support needs	% People receiving a review within timescales	Timely and regular reviews of people's care ensure their support is still appropriate and effective.	Snapshot	High
	People with longer-term needs are being supported towards greater independence.	% Reviews that result in a ceasing, or reduction in the costs of, services	We should treat every review as an opportunity to identify if there are alternative ways that we could meet a person's care needs. There is also an expectation that for some people, their level of support will be reduced as they re-gain independence	Monthly,	High
Living with complex needs	People are living independently without the need for formal care and support	Total number of people receiving formal care services per 100,000 population	Promoting Independence aims to reduce the number of people requiring long term support, and this measure tracks this. As a rate of population, it also allows us to differentiate between demand caused by performance level, and that caused by demographic growth.	Snapshot	Low

Pathway element	Outcome	KPI title	Rationale	Timing	Good is...
	Our spend per population represents value for money for the people of Norfolk	Net spend on formal care services per 100,000 population	This measure will help benchmark the cost effectiveness of our services. Alongside our measure of service user numbers, it shows whether efforts to improve reablement and reduce people in care have an impact on overall expenditure.	Snapshot	Low
	Our spend represents value for money for the people of Norfolk	% Variance of purchase of care spend from budget and previous year	Compliance with budget indicates our ability to deliver savings and the Promoting Independence strategy, and provides an early warning when we might be off-track.	Monthly,	Low
	People in formal care settings are receiving a good level of service from their provider	% Registered providers rated as 'outstanding' or 'good' by the Care Quality Commission	We are committed to improving and sustaining quality of care across the sector. Regular reporting against this will enable us to map progress.	Snapshot	High
Safeguarding	We are safeguarding our citizens by responding to possible safeguarding concerns in a timely manner	% Safeguarding strategy meetings that take place within 3 days of referral	To keep people safe, it is important that our response to safeguarding concerns is timely, and this indicator shows whether we comply with good practice in ensuring response within 3 days of referrals.	Monthly,	High
	People are being kept safe by our safeguarding interventions	% Safeguarding cases that are re-referrals from within the last 6 months	Safeguarding interventions should address the issues putting people at risk of abuse or neglect. This indicator measures the proportion of cases where this has not been entirely effective, and where risks result in re-referral.	Monthly,	Low

6. Recommendations

6.1 Committee is recommended to:

- a) Discuss and note progress against the 2018/19 priorities
- b) Agree the priorities for Adult Social Care for 2019/20

Officer Contact

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

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



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



Norfolk Adult Social Services Strategic Context

Norfolk's population continues to grow, and in common with other areas, people's lives and expectations are changing significantly. People live for longer and patterns of employment are changing. People moving around the country more for jobs than in previous generations, means families are not always near their relatives to help and support. Families are under increasing pressure, and society's concern for children's and adult's safety has placed additional responsibilities on local authorities for ensuring their protection.

The impact for our social care services – like many other areas – has been to see an increase in our spending on the more intensive type of services. As well as being costly, it is, more importantly, increasingly at odds with what people want. The Care Act is a response to these changes and gives local authorities a clear responsibility across the whole of our population to prevent, reduce and delay the demand for social care.

Our vision – to support people to be independent, resilient and well

Norfolk County Council has a vision. To achieve our vision, we have our **Promoting Independence Strategy** which is shaped by the Care Act and is a positive response towards managing what is a difficult financial climate for public services across the UK. We need to manage demand and have a sustainable model for the future, at the core of which will be quality social work which builds on the strengths of individuals.

The **Promoting Independence Strategy** is one of four priorities which make up Norfolk Futures – a county council strategy to use resources effectively to manage demand and ensure services are sustainable for future.

Promoting Independence has three main elements:

Expansion of prevention and early help – empowering and enabling people to live independently for as long as possible, through giving people good quality information and advice which supports their wellbeing and stops people becoming isolated and lonely. We will help people stay connected with others in their communities, tapping into help and support already around them through personal networks, support from families and friends and local voluntary and community groups. For our younger adults with disabilities, we want them to have access to work and housing and social activities which contribute to a good quality of life and wellbeing.

Staying independent for longer – for people who are most likely to develop long terms needs, we will try and intervene earlier. Certain events, such as bereavement or the early stages of an illness, like dementia, can be a trigger for a rapid decline in someone's wellbeing. With some early support we can stop things getting worse and avoid people losing their independence and becoming reliant on formal services. Our social care teams will look at what extra input could help people's quality of life and independence – this might be through smart technology, adaptations to their homes to prevent falls, or access via telephone or on-line to specialist and tailored advice. When people do need a service from us, we want those services to help people gain or re-gain skills so they can live their lives as independently as possible. This could be a spell of intensive



reablement after a stay in hospital, to restore their confidence and their ability to carry out day to day tasks.

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

What people tell us

- They want people to understand the importance of adapting the home environment to make it accessible as their needs change, so that people can continue to self-care and to be safe: “as much as they want to remain in their own home, they could get forgetful around the house”
- They want to be able to access reliable services to manage household and home repair tasks to stop: “everyday life becoming overwhelming”
- They are concerned about the affordability of the kind of support people would need: “having care that is sensitive to needs, reliable and affordable”
- They want to be able to get help easily: “help to find care easily, a sort of one-stop-shop”
- How important local community connections are in helping people stay independent: “...social activities and education opportunities in the local neighbourhood, a good network of friends in the local area, close to a place of religious worship” and support from local networks: “a personal alarm which helps her to feel safe. Local neighbours are aware and one has a key”

What you will see

Prevention and early help

- Strengths-based social work at the heart of our service that builds on what people can do, rather than what they can't
- An increased focus on prevention through developing a network of community connectors
- GPs, nurses and other health care workers referring people to community and social connectors instead of a medical intervention
- A comprehensive Norfolk Directory of services which is up to date, practical and easy to use. This will be **the** place where people look for everything from dementia cafes to wellbeing groups to residential care
- Smarter information, advice and guidance which is clear and relevant



- Information on our website which helps people find the help and advice they need
- A focus on loneliness and isolation through services and our social work approach

Staying independent for longer

- Easy, quick access to home adaptations so that people can still live at home even if their condition worsens
- Digital innovations so the new generation of smart phone owners can use apps and on-line support to help cope with changes in their lives. For example, on-line support groups and wearable technology such as GPS trackers
- An expansion of home-based and accommodation based reablement which is focused on building skills and confidence to stay independent
- Home support which helps people with daily tasks and develops their skills, so they can do more for themselves
- Enabling younger adults to be ready for work or volunteering
- Good advice and practical support for employing personal assistants
- More people using direct payments to find their own bespoke care solutions
- A shift away from buildings-based day services and instead, helping people to be part of activities that interest them and explore volunteering and employment opportunities to stretch their independence

Living with complex needs

- A range of housing options for people which retains their independence, this could include supported housing, housing with care and extra housing with care
- Practical help for carers to prevent crisis and breakdown including a wider range of respite support
- Help for people living at home with dementia including intensive support in a crisis
- Round the clock help available for people at home who have a sudden need but don't need the emergency services
- For people who do need to go into hospital, smooth systems to ensure their length of stay is minimised
- For people who need residential or nursing care, a sustainable care market which gives people affordable choice

Delivering change

On any one day we handle 200 new contacts, help and support around 12,000 people, and spend about £1m.

We continually analyse the people that we help and support and change our practice so that people can stay independent for longer. We are changing where we spend our money and how and what we commission to ensure more early support which we can be sure makes a difference.

The changes we are making for Promoting Independence are not ones we can achieve on our own. Critical to success will be integration with the NHS and joint working with other public services and the third sector to develop vibrant, supportive networks in communities.

We have five top change priorities:



APPENDIX A

Living Well - strengthening our strength-based approach to social work which focuses on what people can do, rather than what they can't do. Connecting people to personal and community assets which will support them to be independent, resilient and well

Transforming learning disability services - a new 'offer' for people with learning disabilities which is based on enablement and promotes independence. Traditional support draws heavily on formal adult care support, so we will modernise our offer to be more ambitious for service users, to enhance independence and improve overall wellbeing.

Integrated short-term support - critical to helping people stay independent for longer, or to recover after a stay in hospital, are services which aim to recover as much confidence and independence as possible and avoid long-term decisions in a crisis.

Technology enabled services - refreshing and increasing the use of assistive technology, making it quicker and easier for people to make the most of new developments. Recognising the potential of digital opportunities to complement more traditional face to face care.

Housing - a ten-year programme to develop 2,842 Extra Care units, to support older people to stay independent in their local communities. This is in partnership with district councils, social landlords, developers and providers.