



Adult Social Care Committee

Date: **Monday 11 May 2015**

Time: **10am**

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

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

Membership

Ms S Whitaker (Chair)

Mr B Borrett

Ms J Brociek-Coulton

Mr D Crawford

Mr J Dobson

Mr T East

Mr T Garrod

Ms D Gihawi

Mr T Fitz-Patrick

Ms E Morgan (Vice Chair)

Mr R Parkinson-Hare

Mr J Perkins

Mr A Proctor

Mr W Richmond

Mrs M Somerville

Mrs A Thomas

Mr B Watkins

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

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

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A g e n d a

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

2. Minutes

To agree the minutes from the meeting held on 9 March 2015.

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3. Members to Declare any Interests

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

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

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

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

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

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

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

5. Local Member Issues

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk or 01603 223053) by **5pm on Wednesday 6 May 2015.**

6. Safeguarding Adults Annual Report, presentation of Safeguarding DVD and Training Update

Report by Executive Director of Adult Social Services

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7. **Update from Members of the Committee regarding any internal and external bodies that they sit on**
8. **Director's Update**
Verbal Update by Executive Director of Adult Social Services
9. **Chair's Update**
Verbal Update by Cllr Sue Whitaker
10. **County Council decision making protocol in relation to the NorseCare Liaison Board** (Page 19)
Report by Executive Director of Adult Social Services
11. **Adult Social Care Finance Monitoring Report Year End 2014-15** (To Follow)
Report by Executive Director of Adult Social Services
12. **Risk Management** (Page 23)
Report by Executive Director of Adult Social Services
13. **ICT Developments in Adult Social Care** (Page 38)
Report by Executive Director of Adult Social Services
14. **Citizen's Advice Bureau** (Page 42)
Report by Executive Director of Adult Social Services
15. **The New Approach to Social Care - Promoting Independence in Norfolk** (Page 48)
Report by Executive Director of Adult Social Services

Group Meetings

Conservative	9:00am	Conservative Group Room
UK Independence Party	9:00am	UKIP Group Room
Labour	9:00am	Labour Group Room
Liberal Democrats	9:00am	Liberal Democrat Group Room

Chris Walton
Head of Democratic Services
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 Martineau Lane
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Date Agenda Published: 30 April 2015



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**Adult Social Care Committee
Minutes of the Meeting Held on 9 March 2015
10:00am Edwards Room, County Hall, Norwich**

Present:

Ms S Whitaker (Chair)

Mr B Borrett
Ms J Brociek –Coulton
Mr M Chenery of Horsbrugh
Mr D Crawford
Mr J Dobson
Mr T East
Mr T Garrod

Mr C Jordan
Ms E Morgan
Mr R Parkinson-Hare
Mr J Perkins
Mr A Proctor
Mrs M Somerville
Mrs A Thomas
Mr B Watkins

- The Chair welcomed Michael Chenery of Horsbrugh to his first meeting of the Adult Social Care Committee.
- Congratulations were given to Bill Borrett on replacing Shelagh Gurney as the Conservative Spokesperson for the Adult Social Care Committee, and thanks were given to Shelagh Gurney for her contribution to the Committee.
- The Chair reminded Members of the Committee that there would be a training session on the Care Act on Monday 16 March 1pm-4.30pm and encouraged as many to attend as possible.

1. Apologies

- 1.1 Apologies for absence were received from Tim East and Deborah Gihawi (substituted by Bert Bremner).

2. Minutes

- 2.1 The minutes of the meeting held on 12th January 2015 were agreed by the Committee and signed by the Chair.

3. Declarations of Interest

- 3.1 Cllr John Dobson declared an 'other' interest in respect of item 14 as a former Member of the Armed Forces and as being in receipt of an Armed Forces pension.
- 3.2 Cllr Michael Chenery of Horsbrugh declared an 'other' interest in respect of item 14 as President of the King's Lynn Borough Council British Legion Branch.

4 Items of Urgent Business

4.1 There were no items of urgent business received.

5 Local Member Questions

5.1 There were no local Member questions.

6. Norfolk Adult Safeguarding Adults Board Strategic Plan 2015 to 2018

6.1 The annexed report by the Executive Director of Adult Social Services was received. The report outlined the Norfolk Safeguarding Adults Board Strategic Plan 2015-2018 and the Norfolk Safeguarding Board Business Plan 2015/16. Safeguarding responsibilities of Local Authorities become statutory under the Care Act from April 2015.

6.2 Elizabeth Morgan reported that she had attended a meeting of the Norfolk Adult Safeguarding Adults Board and endorsed the restructuring of the Board and the strategic plan as it would ensure that the Board was more strategically focused.

6.3 With regards to physical aggression towards carers, it was confirmed that this was an area that had been highlighted. Although this was not specifically mentioned in the business plan, it was an overall concern.

6.4 The Committee heard that their role with regards to this plan was two-fold. They had to ensure that the safeguarding process was in place and that the strategy is evident and work alongside all partners to ensure that it is deliverable. The Committee requested that the plan was reviewed yearly, but it was also to be brought to the Committee more frequently for update.

6.5 It was confirmed that training was mandatory for all staff. Training was undertaken at induction and throughout the year. It was the responsibility of the line manager to ensure this had been carried out. There was a central electronic register which would indicate when refresher training was due.

6.6 A sub group of NASB (Norfolk Adult Safeguarding Board) were focusing on training and had initialised a new contract with a training provider. A standard training package had been established which all providers would meet. From 2016, additional funding had been secured to make sure this could continue. The training strategy would be viewed by the Committee at a future meeting.

6.7 Children's and Adults Safeguarding Boards were working together for the transitional stage but were considering joint training initiatives.

6.8 Thanks were given to Ann Taylor who would be retiring at the end of March.

6.9 The Committee **RESOLVED;**

- To note and endorse the content of the Strategy and Business Plan.

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

- 7.1 Elizabeth Morgan reported that she had attended a meeting of the Norfolk Adults Safeguarding Board and an Age UK Norfolk meeting.
- 7.2 John Dobson reported that he had been appointed to the Constitutional Group as a Governor of Queen Elizabeth Hospital and had attended two meetings.
- 7.3 Julie Brociek-Coulton reported that her first meeting as a Governor of James Paget Board of Governors would be taking place shortly. A meeting of the Carers Council had been held which had set up a development group for the implications of the Care Act.
- 7.4 The Chair reported that she had attended several meetings with the Executive Director of Adult Social Care regarding the agenda. The monthly Transformation Board had been attended as well as extra meetings about various projects. She had also been part of two interview panels, attended two Norfolk and Suffolk Foundation Trust meetings, attended a reception by the High Sheriff about mental health, attended the Enterprise Development Board of Independent Matters, attended John Bolton training sessions in Norwich and Cambridge, the Norfolk Care Awards and carried out a visit to the Henderson Unit at the Julian hospital, which is the only Social Services run unit in the country specialising in reablement. Although it was part of the Norfolk and Norwich University Hospital, it was staffed by NCC reablement staff.

8 Director's Update

- 8.1 The Executive Director of Adult Social Services reported that work was being carried out on the number of residential placements being made. The department were moving towards using the Care First system to identify placements more specifically. The last 100 admissions had been identified to monitor why a residential placement had been made and why individuals had been admitted. The process needed to have a common sense approach to respond effectively and appropriately.
- 8.2 The training workshop with John Bolton had led to the department concentrating on a clear focus on independence strategies. More information would be brought to a future meeting of the Committee.
- 8.3 It was reported that Lorraine Barrett had been appointed to the joint NCC/NCH&C post of Director of Integrated Care which meant that all management posts had now been appointed to.
- 8.4 A focus continued on accident and emergency work, including regular meetings with the NHS. There was intensive and extensive work being carried out to redesign the system and to consider overall system capacity.
- 8.5 It was reported that Norfolk and Suffolk Foundation Trust was in special measures which in turn placed financial pressures on CCGs. Sir John Alden was working on an approach with the department and other agencies.
- 8.6 Considering the overall County Council budget, the Adult Social Care allocation was

the best it could be, but was still with a high degree of risk. The Chair was asked to continue asking for funds for Adult Social Services on behalf of the Committee at the regular meetings she attended with other Chairs of Committee and the Leader of the Council. This would ensure that they were continually aware of the situation and the risks that the Executive Director of Adult Social Care had outlined.

9. Performance Monitoring Report

- 9.1 The annexed report by the Executive Director of Adult Social services was received by the Committee. The performance monitoring and management information would help the Committee undertake some of their key responsibilities, informing Committee plans and providing contextual information to many of the decisions that are taken.
- 9.2 The Committee asked if the appendices could be linked to in the main papers rather than having them all printed out, as the agenda had quite weighty for the meeting.
- 9.3 The nature of the Carers Agency Partnership was questioned by the Committee. It was reported that they provided supplementary advice to NCC. Residential placements for younger people were being reviewed together with CCGs to help ensure that the right type of support was available. The Committee questioned why any individuals under 65 were being placed in residential care. They heard that the department were working hard to challenge and scrutinise any placement, and expanding the use and model of supported living environments. NCC had a duty of care in meeting everyone's needs appropriately regardless of age. It would be preferable to set a practice standard to try and find an alternative to residential placements for younger people.
- 9.4 The resources from ICT had been put in place and was being closely monitored for the implementation of the Care Act and to support the Change Programme.
- 9.5 The Committee asked for the staff sickness pattern for the County Council as a whole, so the department absence pattern could be considered in comparison. This would be circulated to the Committee.
- 9.6 The Committee asked for more detailed information about why the cost of business mileage had increased and this would be circulated.
- 9.7 The Committee noted that with the new Committee system there could be more use of task and finish groups and cross party working. There needed to be a group set up to analyse performance separately from the main Committee, with the first item being why younger people were being placed into residential care.
- 9.8 The Committee heard that the contract with Care First expires next year, and there were discussions currently being held with NCH&C and Children's Services.
- 9.9 **The Committee RESOLVED to:**

- Review and comment on the performance information.
- Consider any areas of performance that required a more in-depth analysis.
- Continue to review whether the performance indicators that form the basis of this report enabled a robust assessment of performance across the service areas covered by this Committee.

10. Adult Social Care Finance Monitoring report Period Nine (December) 2014-15

- 10.1 The annexed report by the Executive Director of Adult Social Services was received by the Committee. The report provided the Committee with financial monitoring information, based on information to the end of December 2014. It provided a forecast for the full year, analysis of variations from the revised budget, with recovery actions to reduce the overspend and the forecast use of Adult Social care (ASC) reserves.
- 10.2 It was reported that the financial pressures of the report from period 9 were still apparent although they were decreasing.
- 10.3 The Committee noted that there needed to be a mechanism for dealing with secured and unsecured debt. It was reported that the department had started to review the process for writing off debts.
- 10.4 The Committee **RESOLVED** to note;
- The forecast revenue outturn position for 2014-15 as at Period Nine of an overspend of £5.900m
 - The recovery actions being taken to reduce the overspend.
 - The current forecast for use of reserves.
 - The forecast capital outturn position for the 2014-15 capital programme.

11. The Care Act 2014

- 11.1 The annexed report from the Executive Director of Adult Social Service was received. There are some requirements of the Care Act which had to be implemented in April 2015 and others in April 2016. The report asked Members to agree the Deferred Payments policy and the Debt Recovery Policy for Adult Care Charges which had to be implemented in April 2015.
- 11.2 It was noted that the Deferred Payments Policy should be renamed as a scheme, as it should be part of the policy framework if that was the case.
- 11.3 The policy would take effect from 1st April 2015.
- 11.4 The Committee **RESOLVED** to;
- Agree the Norfolk County Council Deferred Payments Scheme.

- Agree the Norfolk County Council Debt Recovery Scheme for Adult Social Care Charges.

12. Better Care Fund Pooled Fund Arrangements

- 12.1 The annexed report from the Executive Director of Adult Social Services was received. The Better Care Fund requires local authorities with social services responsibilities and clinical commissioning groups (CCGs) to create a pooled commissioning fund for the provision of integrated health and community care services, with a priority purpose of reducing unplanned admissions to hospital. The pooled fund must be secured through an agreement under section 75 of the National Health Service Act 2006.
- 12.2 It was noted that the pooled fund was a long term view of funding and joint investment was a positive way forward.
- 12.3 Work was progressing within the pooled fund arrangements and would make a difference to the service that was being provided. It was clarified that the Health and Wellbeing Board was overseeing the Better Care Fund for Norfolk.
- 12.4 The Committee **RESOLVED** to;
- Approve the proposed approach to the Better Care Fund pooled fund under section 75 of the NHS Act.
 - Agree to delegate to the Executive Director Adult Social Services the responsibility to finalise the individual s75 agreements with each CCG.

At this point in the meeting, the Committee took a short break for 40 minutes, and returned at 1.15pm.

13. Cost of Care and Developing the Market with the Independent care Sector

- 13.1 The annexed report from the Executive Director was received. The report explained that the Council relied primarily on a market of independent businesses for the provision of key adult social care and support services to vulnerable people. It cost the council more than £260m pa. The promotion of an effective and efficient market in such services becomes a statutory responsibility from 1 April and we must be confident that the market can continue to provide these services as commercially viable businesses within the funding available. This would require the Council to consider both the level of financial investment needed by providers and its relationship with providers so that services can be provided on a sustainable basis.
- 13.2 The providers were willing to fully participate in the review of the market as it was hoped it would clarify a number of issues. It was a fundamental review to ensure that, in the medium and longer term, there is the right bed strategy.
- 13.3 The Committee **RESOLVED** to;
- Agree the proposal to raise provider fees by 1.5% for providers of residential care for older people and 1% for other providers with effect from April 2015 to

reflect net inflationary pressures in the market, contractual obligations and the Council's financial position.

- Support the proposal to establish a Working Group to carry out a fundamental review of the costs of providing residential care bringing a report for consideration by the Adult Social Care Committee on 29 June 2015. The Working Group to be chaired by the Committee Chair and to include representatives from Norfolk Independent Care and relevant NCC functions.
- Agree to the continuation of the Market Development Fund pending further consideration at the 11 May Adult Social Care Committee of future arrangements for sector led support covering the remainder of 2015/16 and the period 2016/17 to 2018.

14. Review of the Residential and Non-Residential Charging Policy Associated with War Veterans

- 14.1 The annexed report from the Executive Director of Adult Social Services was received. The report provided the Committee with a review of the charging policy for Residential and Non-Residential care that is associated with War Veterans. The report considered the issues made by the Royal British Legion as part of the national campaign.
- 14.2 The Chair reported that there had been national publicity about the campaign and had taken legal advice from the Monitoring Officer regarding declaration of interests.
- 14.3 At this point in the meeting, Cllr John Dobson declared an interest as a former Member of the Armed Forces and as being in receipt of an Armed Forces pension. Cllr Michael Chenery of Horsburgh declared an interest as President of the King's Lynn Borough Council British Legion Branch.
- 14.4 It was acknowledged that the Council had the power to change its policy and that it was important to be seen to be doing the right thing for the military. It was iniquitous that veterans' income was treated differently depending on when your military service had occurred.
- 14.5 The following amendment to the recommendation was moved by Cllr John Dobson and duly seconded.
- "Recommend to full council that the relevant council policy be changed in this cycle to grant the request put forward by the Royal British Legion in respect of charging policies in force affecting war veterans i.e. paragraphs 2 and 3 of the introduction of the Royal British Legion submission attached to this report."
 - "Recommend, in the interim, that P&R committee officers bring forward to that committee urgently options to find within this financial year and beyond the £400,000 per annum which is estimated to be the cost of the change."

The Committee **AGREED** the amendment and it became the substantive recommendation.

- 14.6 Upon being put to the vote, with 10 votes in favour, 1 vote against and 2 abstentions

the recommendation was **CARRIED**.

14.7 The Committee **RESOLVED** to;

- Note that any change in policy around War Veterans would cost approximately £400k annually to implement.
- Note that neighbouring councils who responded to enquiries have a similar if not identical charging policies in force with respect to War Veterans and have no plans to change these policies.
- Note that any change in policy on charging is likely to lead to other groups raising similar requests.
- Recommend to full council that the relevant council policy be changed in this cycle to grant the request put forward by the Royal British Legion in respect of charging policies in force affecting war veterans i.e. paragraphs 2 and 3 of the introduction of the Royal British Legion submission attached to this report.
- Recommend, in the interim, that P&R committee officers bring forward to that committee urgently options to find within this financial year and beyond the £400,000 per annum which is estimated to be the cost of the change.

15. Exclusion of the Public

15.1 The committee is asked to consider excluding the public from the meeting under section 100A of the Local Government Act 1972 for consideration of the items below on the grounds that they involve the likely disclosure of exempt information as defined by paragraph 3 of Part 1 of Schedule 12A to the Act, and that the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

15.2 The committee was presented with the conclusions of the public interest tests carried out by the report author and resolved to confirm the exclusion.

16. Amendment to NorseCare Contract

16.1 The annexed report by the Executive Director of Adult Social Services was received by the Committee.

16.2 **The Committee RESOLVED to;**

- Authorise the Executive Director of Adult Social Services to enter a formal variation to the NorseCare contract on the basis set out in this report.

17. Great Yarmouth and Waveney Integrated Home Care

17.1 The annexed report by the Executive Director of Adult Social Services was received by the Committee.

17.2 The Committee RESOLVED to;

- Support the proposal to extend the contract with One to One by 11 weeks and the contract with Care UK by 24 weeks to facilitate the development of the integrated service across the Great Yarmouth and Waveney CCG area.

Meeting finished at 2.30pm.

CHAIR



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Adult Social Care Committee

Item No. 6.

Report title:	Safeguarding Adults Annual Report, presentation of Safeguarding DVD and Training Update
Date of meeting:	11 May 2015
Responsible Chief Officer:	Harold Bodmer, Executive Director of Adult Social Services

Strategic impact

The purposes of this report is threefold:

- 1) To present the Safeguarding Adults Annual Report for 2014/15
- 2) To introduce the Safeguarding Adults training video to address item 1.1 on the Safeguarding Adults Peer Review action plan '...to raise the profile of Adult Safeguarding with Members generally, with a view to parity of importance with the Corporate Parenting function'
- 3) To address questions posed by the Adult Social Care Committee about Safeguarding Adults Training

Executive summary

Recommendations:

- a) That the Safeguarding Adults Annual Report for 2014/15 is received
- b) That the Safeguarding Adults DVD is presented and discussed
- c) That Councillors receive the information below about Safeguarding Adults training, in response to their queries at the Adult Social Care Committee (ASCC) meeting held on 9 March 2015.

1. Proposal

1.1 Annual Report

- 1.1.1 The enactment of the Care Act 2014 brings a statutory requirement for the Safeguarding Adults Board to produce an Annual Report and the Safeguarding Adults Annual Report for 2014/15 is presented to the ASC Committee. Please note that the Safeguarding Adults audited accounts will not be available until summer 2015 in line with the Council's budgeting processes.
- 1.1.2 Councillors are asked to note that the main focus of the Safeguarding Adults Board's work during 2014/15 was the carrying out of a Local Government Association Peer Review. Norfolk's safeguarding services have not been inspected for several years following the cessation of the Care Quality Commission's inspection regime. Norfolk believed that a Peer Review would support the county to focus its resources in the areas where development was required to prepare for Care Act implementation. Following the Peer Review, an action plan was developed which was monitored and reviewed to ensure the actions identified have been completed. Actions carried out are highlighted in the report.

- 1.1.3 The enactment of the Care Act 2014 brings a statutory requirement for the Safeguarding Adults Board to publish its Strategic Plan. Norfolk Safeguarding Adults Board's 3 year Strategic Plan can be found in the Annual Report and is available on the [Board's website](#) including Plain English and Easy Read versions. Cllr Morgan represents the Adult Social Care Committee on the Norfolk Adults Safeguarding Board.
- 1.1.4 Councillors will also note contributions from the Safeguarding Adults Board's Locality Safeguarding Adults Partnerships (LSAPs) and Subgroups, highlighting their main areas of work during 2014/15. The Board's Business Plan focuses the LSAPs and Subgroups on the tasks required to achieve the aims of the Strategic Plan.
- 1.2 **Presentation of the Safeguarding Adults DVD**
- 1.2.1 The Safeguarding Adults Peer Review highlighted a need to raise the profile of Adult Safeguarding with Members generally, with a view to parity of importance with the Corporate Parenting function. Training sessions have been publicised to Members and video-based learning is available. The Safeguarding Adults DVD was produced in 2013, but gives a good overview of safeguarding issues in council settings. A factsheet for Councillors has been produced and will be made available to the ASC Committee and to Councillors more widely. This covers the main things Councillors need to know about safeguarding adults and why this is important in their role. The latest draft of the factsheet can be seen at Appendix A
- 1.3 **Safeguarding Adults Training**
- 1.3.1 Questions were raised by Councillors in the following areas:
- a) Training strategy
Councillors may wish to review the Safeguarding Adults training strategy, which was approved by the Peer Review group, please see Background documents (section 5)
 - b) Training programme
which was approved by the Peer Review group, is tailored to the needs of particular staff groups. Councillors may wish to view the training programme, please see Background documents (section 5)
- 1.3.2 Standards for delivery of the programme are:
- NCC / NSAB will ensure that relevant multi and single agency training is provided and that staff attend
 - Training content will comply with national safeguarding adults competency standards (contained within the appendices of the strategy document)
 - All training material will be regularly updated to reflect changes in legislation , guidance , local practice developments and learning from Safeguarding Adults Reviews
 - All trainers will be experienced and knowledgeable in adult safeguarding and have effective training /facilitation skills
 - Training delivery standards will be enforced and periodically monitored by members of the NSAB Training and Policy Group
 - All training will be evaluated
- The impact of training on practice will be evaluated by NCC and the NSAB Training and Policy Group
- 1.3.3 Training provider
Following a recent tender process, the safeguarding adults and Mental Capacity Act training programmes have been awarded to one provider – St Thomas Training .who we feel will offer us very professional, interactive and thought provoking training. The contract commences on 15 May.

1.3.4 Care providers

Care providers can access the Council's Safeguarding Awareness training at a cost to the agency. It is a requirement of the council's commissioning arrangement, and within the CQC standards that providers will ensure their staff have received safeguarding awareness training. There is also a two day course entitled 'Safeguarding Know-how for Provider Managers' which is run as part of the Council's safeguarding training programme.

1.3.5 Council employees

It is a requirement that all new staff in the Council should see our Safeguarding Adults video-based learning during induction, and if they have contact with adults in their day to day work, attend the Safeguarding Awareness training and other courses according to their level of responsibility.

1.3.6 Records are kept of staff who have undertaken safeguarding training, but it is the responsibility of managers to ensure that staff apply for the right course and keep their training up to date, via the supervision and appraisal processes. All staff must engage in continuous professional development regarding their safeguarding role and at a minimum, must attend a course every three years. It is managers' responsibility to ensure ongoing training and learning needs are identified and achieved. A managers' guide is being produced to support managers to monitor the safeguarding training needs of their teams.

1.3.7 Multi-agency partners

The statutory multi-agency partners provide their own safeguarding training via their safeguarding leads. All partners can access the Council's safeguarding training as advertised on the Safeguarding Adults Board website, and charges may apply. A safeguarding dashboard is in development and a domain is proposed for reporting the percentage of staff with up to date safeguarding training in the three statutory partner agencies.

2. Evidence

2.1 Over the past year, 223 staff from Norfolk County Council have attended a safeguarding adults course relevant to their role.

2.2 Over the last two years the following numbers of Adult Social Services staff have completed Adult Safeguarding training:

- a) 22 Team Managers out of a total of 32
- b) 41 Practice Consultants out of a total of 57
- c) 85 Social Workers out of a total of 212
- d) 22 Occupational Therapists out of a total of 45
- e) 55 Assistant Practitioners out of a total of 229

2.3 131 staff members from Adult Social Services have completed the video-based learning in the past year.

3 Financial Implications

3.1 There are no financial implications. This report is for information only.

4. Issues, risks and innovation

- 4.1
- a) Annual Report – no risks identified
 - b) Presentation of DVD – no risks identified
 - c) Training – In the next edition of Horizon magazine (for Norfolk County Council staff), all staff in Adult Social Services, will be advised of the new safeguarding training provider. Managers will also be reminded of their responsibility to ensure staff attend safeguarding adults training of the type and frequency they need, and staff will be reminded of their responsibility to keep their safeguarding knowledge up to date

5 Background documents

[Norfolk Safeguarding Adults Learning & Development Strategy 2014 – 2016](#)
[Norfolk Safeguarding Adults Training Programme 2015-16](#)

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:
Helen Thacker	01603 729110	<u>helen.thacker@norfolk.gov.uk</u>



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Safeguarding Adults Factsheet for Councillors

Norfolk Safeguarding Adults Board vision is that people are able to live a life free from harm, where communities:

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

Adult safeguarding refers to work aimed at preventing or stopping abuse and neglect of adults who need care and support, and who are more at risk of harm because of those needs. Adult Social Services is the lead organisation in preventing and identifying possible abuse.

Harm and abuse are generally classified under the following headings:

- Physical abuse
 - Domestic violence
 - Sexual abuse
 - Psychological abuse
 - Financial or material abuse
 - Modern slavery
 - Discriminatory abuse
 - Organisational abuse
 - Neglect and acts of omission
- Self neglect is also a responsibility of the Norfolk Safeguarding Adults Board.

Safeguarding adults takes place in communities through a number of different factors:

- awareness raising and an absence of tolerance of abuse
- health and social care services and police responses that are of decent quality
- effective responses to allegations of harm
- providing access to services needed such as advocacy, justice and support
- using learning from Safeguarding Adults Reviews to improve services

Why is this relevant for Councillors?

As part of your work, you may become aware that someone in your constituency is experiencing abuse, or constituents may ask questions about what they should do about abusive situations.

In these situations, you should report the abuse or advise your constituent to report the abuse to the Adult Social Service Department by calling us on **0344 800 8020**.

If anyone is at immediate risk, the Police should be contacted on 999.

Safeguarding is now seen as a crucial aspect of local authority work, linking to many local agendas, including police and criminal justice, care quality, disability hate crime, housing, community safety and cohesion, domestic violence, forced marriage, and support for carers. The Local Authority is required to support Prisons in their safeguarding responsibilities by offering expert advice and guidance as necessary.

Growing awareness of the prevalence of abuse and the fact that Norfolk has the highest proportion of older people in the country, makes it all the more urgent and necessary for councillors to take action locally to ensure that everyone, including professionals, the voluntary sector and the general public are made aware of abuse and neglect, how to recognise and report it, who is responsible for intervening, and what people's rights are to protection, support, choice and advocacy. Adult safeguarding policy and practice is moving rapidly into a new era where values such as preventing harm and promoting dignity, empowerment and choice are taken at least as seriously as numbers of safeguarding alerts and the results of investigations into failures.

This means that there are new roles for councillors in examining how safeguarding is experienced by local people, how people were consulted and involved in developing policies and monitoring services, and how they were involved in their own safeguarding plans and procedures.

Above all, councillors need to know what questions to ask to hold to account those responsible for adult safeguarding, and ensure that everyone is following agreed multiagency procedures, and that appropriate links are made between agencies so that people at risk and needing help are not missed.

Further information

Training on Safeguarding Adults Basic Awareness is available.

Video-based learning is available on Norfolk County Council's Learning Hub.

For information on how to access these, please email christine.byles@norfolk.gov.uk

The following documents give more information and guidance about safeguarding adults:

[LGA \(2013\) Councillors' Briefing: safeguarding adults 2013. Local Government Association](#)

[Care Act Guidance, Chapter 14 Safeguarding](#), (page 189)

Norfolk Safeguarding Adults Board website

Adult Social Care Committee

Item No. 10.

Report title:	County Council decision making protocol in relation to the NorseCare Liaison Board
Date of meeting:	11 May 2015
Responsible Chief Officer:	Harold Bodmer, Executive Director of Adult Social Services

Strategic impact

NorseCare Limited ("NorseCare") is part of Norfolk County Council's ("the Council") wholly owned Norse Group and is contracted to provide residential care and housing with care services for the Council as well as a transformation programme that will assist in delivering the Council's Building a Better Future strategy for accommodation and support for older people.

NorseCare is a wholly owned, arms length company and the Council maintains its formal links through a Liaison Board, a governance tool attended by both NorseCare and Council representatives. Proposals and business plans relating to the transformation programme are submitted through the Liaison Board for scrutiny before a recommendation is made to the Council for a decision.

Executive summary

In 2011, NorseCare was formed as a new company within the Norse Group. The Council's in house residential and housing with care services were outsourced to the new company and its property portfolio transferred to NorseCare following the Secretary of State's consent to do so.

As part of the governance of this arrangement, the Council and NorseCare established a Liaison Board within their contract. The purpose of which is described as "to oversee and monitor the activities of [NorseCare] and the [Council's] strategic objectives for the delivery of Building a Better Future."

As explained, the Liaison Board is not a decision making body. The Council's Cabinet at its meeting on 11 October 2010 authorised the Director of Community Services and the Cabinet Member for Adult Social Services to make the necessary arrangements to deliver the strategy in line with all legislative requirements. The subsequent contract negotiations led to the creation of the Liaison Board and procedures to direct proposals and business plans relating to the transformation programme through it for scrutiny before a recommendation is made to the Council and NorseCare for a decision. Those decisions for the Council were then taken by the Cabinet Member for Adult Social Care and the Director of Community Services.

Given the change to the Council's constitution and the introduction of the Committee system, these procedures described in our contract now need to be updated. Adult Social Care Committee is therefore asked to agree that this decision making should be substituted in order that it may henceforth be delegated instead to the Executive Director of Adult Social Services in consultation with the Chair of the Adult Social Care Committee.

Recommendations:

It is recommended that the Adult Social Care Committee authorise the Executive Director of Adult Social Services in consultation with the Chair of the Adult Social Care Committee to make the necessary arrangements to deliver the strategy in line with all legislative requirements and as such to delegate to him the power to take decisions on behalf of the Council that arise from time to time under the contract with NorseCare.

1. Evidence

- 1.1 NorseCare has a contract with the Council for the provision of residential care, housing with care and the transformation of these services and the property portfolio. The value of this contract is over £33m during 2015/16.
- 1.2 The Council and NorseCare established a Liaison Board whose purpose is “to oversee and monitor the activities of [NorseCare] and the [Council’s] strategic objectives for the delivery of Building a Better Future.” Membership of the Liaison Board includes Council officers and elected members. See Appendix A below.
- 1.3 The Liaison Board is not a decision making body, but is charged with recommending to NorseCare and the Council proposals and business plans submitted to it relating to the NorseCare contract.
- 1.4 Under a previous Cabinet decision, arrangements were delegated to the Director of Community Services and the Cabinet Member for Adult Social Services. Given the change to the Council’s constitution and the introduction of the Committee system, these delegations needs to be reviewed.
- 1.5 Considerations in determining the decision making include:
 - a) The need for appropriate accountability
 - b) The need for appropriately informed decisions
 - c) The ability for prompt decision making following Liaison Board recommendations
- 1.6 It is proposed that the Adult Social Care Committee authorise the Executive Director of Adult Social Services in consultation with the Chair of the Adult Social Care Committee to make the necessary arrangements to deliver the strategy in line with all legislative requirements and as such to delegate to them the power to take decisions on behalf of the Council that arise from time to time under the contract with NorseCare. It is crucial for the transformation programme that decisions can be made in a timely manner in order to take advantage of opportunities as they arise, and to ensure that information about proposed home changes is provided at the appropriate time to residents and their families. These decisions would then be reported back to the Committee under Delegated Decisions.

2. Financial Implications

- 2.1 There are no financial implications for this proposal beyond the need for timely decision making.

3. Issues, risks and innovation

- 3.1 It is important that timely, well-informed and accountable decisions are able to be made on the recommendations of the Liaison Board and in consideration of the Council’s position and priorities.

Officer Contact

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

Officer Name:	Tel No:	Email address
Catherine Underwood	01603 224378	catherine.underwood@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.

Terms of reference for the NorseCare Liaison Board (extract from the NorseCare contract)

Membership

The Director of Community Services (County Council) Chair
The Portfolio holder for Community Services (County Council)
A nominated County Council Member
The Managing Director Norse Commercial Services Ltd
The Managing Director NorseCare Ltd
The County Council Development Manager – Residential Homes
The Assistant Director of Community Services - Commissioning
The Service/Client Manager Community Services.
A Nominated Senior County Council Officer
Managing Director NPS Group
Commercial Director NPS Group

Meetings

Quarterly on giving not less than 1 week's notice in writing. Attendance may be by person, telephone or video link. Administration to be provided by the Company.

Terms of Reference

The purpose of the Liaison Board is to oversee and monitor the activities of the Company and the County Council's strategic objectives for the delivery of Building a Better Future. The Liaison Board will develop, foster and maintain good work relationships between the County Council and the Company and stakeholders.

For this purpose the Liaison Board will:

- Consider and review the Company's annual business plans;
- Consider and review the KPIs for the Services;
- Consider reports regarding the performance of the Company against KPIs;
- Consider development proposals brought forward by the Company to achieve the transformation programme including decommissioning plans;
- Consider and review performance of the contract generally;

and make recommendations to the Board of the Company and to the County Council concerning the matters that fall within these terms of reference including as to the remedies available for performance shortfall.

Adult Social Care Committee

Item No. 12.

Report title:	Risk Management
Date of meeting:	11 May 2015
Responsible Chief Officer:	Harold Bodmer, Executive Director of Adult Social Services
Strategic impact Monitoring risk management and the departmental risk register helps the committee undertake some of its key responsibilities and provides contextual information for many of the decisions that are taken.	

Executive summary

This report provides the Committee with an update of the Departmental Risk Register since the last report on risk contained within the Performance Monitoring Report to this Committee on 9 March 2015.

The update includes details of current departmental risks together with risk scores and mitigations. Risks are where events may impact on the Department and County Council achieving its objectives.

Recommendations:

Committee Members are asked to:

- a) note the changes to the risk register**
- b) comment on the departmental risks and add, amend or remove any risks as appropriate**
- c) consider if any further action is required**

1 Proposal

1.1 Recommendations :

- a) note the changes to the risk register
- b) comment on the departmental risks and add, amend or remove any risks as appropriate
- c) consider if any further action is required

1.2 The Senior Management Team has been consulted in the preparation of the Adult Social Care risk register and this report.

2 Evidence

2.1 The Adult Social Care departmental risk register reflects those key business risks that need to be managed by the Senior Management Team and which, if not managed appropriately, could result in the Service failing to achieve one or more of its key objectives and/or suffer a financial loss or reputational damage. The risk register is a dynamic document that is regularly reviewed and updated in accordance with the

Council's "Well Managed Risk – Management of Risk Framework".

- 2.2 A copy of the departmental risk register, reviewed as of February 2015 is attached. The report focuses on risks that have a current risk score of 12 and above with prospects of meeting the target score by the target date. Risks indicated as amber or red are reported on an exceptions basis. The current risks are those identified against the departmental objectives for 2014/15. There are two risks that have a corporate significance and therefore appear on the corporate risk register. These are risks that are so significant that they would impact on corporate/strategic objectives, or are beyond the scope of individual departments to manage. This register is reviewed regularly by Chief Officers Group and reported to the Audit Committee.
- 2.3 The key departmental Corporate risks are as follows:
- a) RM14079 "Failure to meet the longer term needs of older people". If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local authorities may only have sufficient funding for Adult's and Children's care.
 - b) RM0207 "Failure to meet the needs of older people". If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation.
- 2.4 The full departmental risk register contains 13 risks, there are nine risks that fall into the above exception reporting category and appear on the risk register. No risks with a prospect of meeting the target score by the target date shown as green will be reported as these are considered to have mitigation measures that are on target. Appendix A is a detailed record of the nine risks extracted from the risk register.
- 2.5 The four Adult Social Care Services risks that have a risk score below 12 or have prospects of meeting the target score by the target date are as follows:

Risk Number/Name	Risk Score	Prospects
RM13929 "The speed and severity of change".	12	Green
RM13936 "Inability to progress integrated service delivery".	10	Green
RM13924 "The pace and change of legislation for "Ordinary Residence".	9	Green
RM14198 "Mental Health Social Care Project".	12	Met

- 2.6 Within the constraints of the target date (which provides a time-frame for the risk) and using the Generic Risk Impact Criteria Model and Likelihood Criteria Model, the three risk scores can be determined. Each risk score is expressed as a multiple of the impact and the likelihood of the event occurring.
- a) Original risk score – the level of risk exposure before any action is taken to reduce the risk when the risk was entered on the risk register
 - b) Current risk score – the level of risk exposure at the time the risk is reviewed by the risk owner, taking into consideration the progress of the mitigation tasks

- c) Target risk score – the level of risk exposure that we are prepared to tolerate following completion of all the mitigation tasks

2.7 In accordance with the Risk Matrix and Risk Tolerance Level set out within the current Norfolk County Council “Well Managed Risk - Management of Risk Framework, three risks are reported as “High” (risk score 16–25), sixteen as “Medium” (risk score 6–15) and one as “Low” (risk score 1-5).

2.8 The six risks with a current “High” risk score are as follows:

- RM14079 “Failure to meet the long term needs of older people” remains a high risk because of the increasing demand for the service. It appears that there will be further and sustained cuts to local government funding impacting on the funding for long term care.
- RM14149 “Impact of the Care Act” this remains high because consultation around changes in funding arrangements (April 2016) has not been sent out by Central Government: it was originally due out in November.
- RM13926 “Failure to meet budget savings” is high because there is a net overspend after using reserves off. There is an action plan in place which is reported through the Transformation Programme Board, which includes the Chair of the Adult Social Care Committee.
- RM13925 “Lack of capacity in ICT systems” this remains high because a lack of capacity in IT systems and services to support Community Services delivery, in addition to the poor network capacity out into the County, could lead to a breakdown in services to the public or an inability of staff to process forms and financial information in for example Care First.
- RM14150 “Impact of DNA” is high because delays in the implementation of DNA could result in temporary pausing of customer portal/self service, impact on work to integrate with NHS, resources required to deliver departmental elements, impact on resources with DNA implementation and funding of DNA.
- RM13931 “Rise in hospital admissions” this would result in budget pressures, possible overspends and could negatively impact on our reputation.

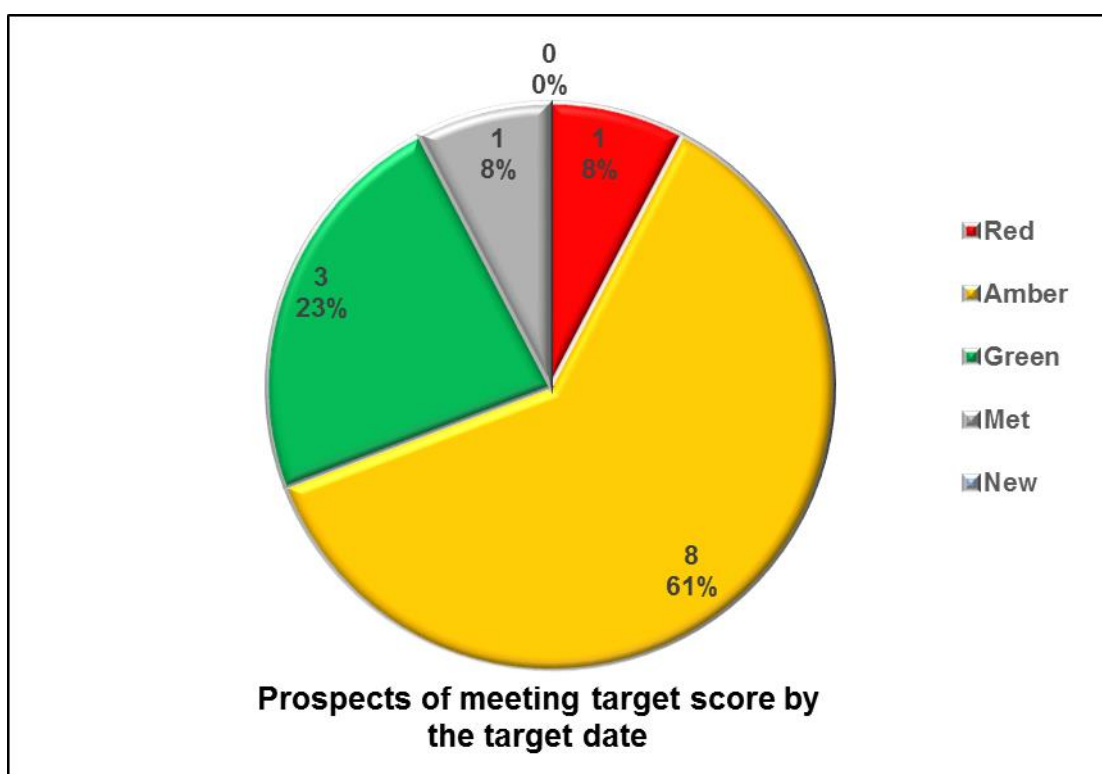
2.9 The prospects of meeting target scores by the target dates are a reflection of how well mitigation tasks are controlling the risk. The contents of this cell act as an early warning indicator that there may be concerns when the prospect is shown as amber or red. In these cases, further investigation may be required to determine the factors that have caused the risk owner to consider the target may not be met. 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
- 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 addresses and/or new tasks are introduced

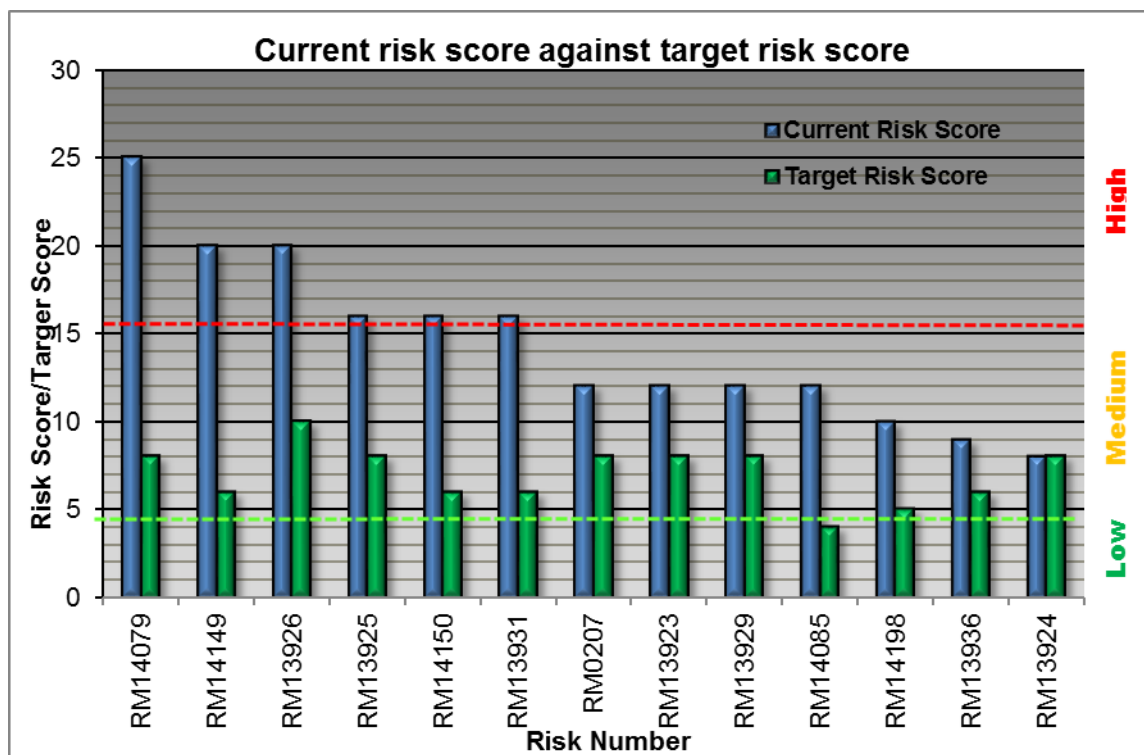
2.10 Fig 1. Reflects the percentages of risks in each category.



2.11 There is one risk identified by the risk owner where the prospects of meeting the target score by the target date is recorded as red as follows:

- a) RM13926 "Failure to meet budget savings". There is still a forecast of a net overspend after the use of £3.656m of reserves. An action plan is in place to address the situation.

Fig 2. Compares the current risk scores and the target risk scores of the thirteen risks. The chart also identifies the transition points from low to medium to high risks.



- 2.12 The average for the current risk score is 15, which places our combined level of risk in the top of the medium category. The target scores are a reflection of our risk appetite, the level of risk the risk owner is willing to pursue or retain, and the average score for the combined target risk scores is 7 placing it in the medium category. Clearly it is the progress of the risk mitigation tasks that acts upon the current risk scores to reduce them towards the target risk score level.
- 2.13 The evidence is that risks are being managed to an appropriate level with mitigation tasks being undertaken. In all cases risks have been reviewed by risk owners to ensure that risk scores and target dates reflect the current position against current service objectives. Risk registers are challenged by the Strategic Risk Manager to ensure a consistent approach to risk management across all teams.
- 2.14 There remains a strong corporate commitment to the management of risk and appropriately managing risk, particularly during periods of organisational change. A clear focus on strong risk management is necessary as it provides an essential tool to ensure the successful delivery of our strategic and operational objectives.

3 Financial Implications

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

4 Issues, risks and innovation

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

5 Background

- 5.1 Appendix A contains a copy of the full risk register as at March 2015.
- 5.2 The review of existing risks has been completed with responsible officers.
- 5.3 There remains a strong commitment to the management of risk and appropriately managing risk, particularly during periods of organisational change, such as the

accelerated programme to deliver all the elements of the vision for the County Council.

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

Officer Contact

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

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Risk Register - Norfolk County Council																							
	Risk Register Name		Adult Social Care Departmental Risk Register															Red					
	Prepared by		Harold Bodmer and Steve Rayner							High													Amber
	Date updated		February 2015							Med													Green
	Next update due		May 2015							Low													Met
CDGSTP	Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Original Likelihood	Original Impact	Original Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update		
C	Community Services Transformation	RM14079	Failure to meet the long term needs of older people	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local	11/10/2012	5	5	25	5	5	25	<ul style="list-style-type: none">• Take steps to protect the Purchase of Care budget when budget planning prior to 2014-17.• Invest in appropriate prevention and reablement services• Integrate social care and health services to ensure maximum efficiency for delivery of health and social care• The Building Better Futures Programme will realign and develop residential and social care facilities• Ensure budget planning process enables sufficient investment in adult social care particularly in year 3 of current plan.• Continue to: try and manage needs; to identify and deliver savings in	The Adult Social Care mitigating tasks are relatively short term measures compared to the long term risk, i.e. 2030, but long term measures are outside NCC's control, for example Central Government policy. Although steps were taken to protect the Purchase of Care budget in previous budget planning, the proposals for 2014-17 have had to include savings from the Purchase of Care budget. Actions are in hand to achieve these, e.g. adjustments to the Resource Allocation System for Community Activities/Well Being and Transport were made on 1 April 2014. However it is proving difficult to make the savings in 2014-15. The Care Act including changes in social care funding will impact significantly: more people eligible for social care funding; less service user contributions; and it is not clear whether there will be additional/sufficient government funding. The guidance is still draft. A	2	4	8	31/03/2030	Amber	Harold Bodmer	Janice Dane	26/01/2015		

				authorities may only have sufficient funding for Adult's and Children's care.							the Adult Social Care budget plan; and to ensure the issues are understood and discussed corporately.	project is in place to help ensure the department delivers the changes arising from the Care Act. It appears that there will be further and sustained cuts to local government funding. The department is remodelling it's offer around "Promoting Independence" to try and further reduce demand for packages of care, and to deliver better outcomes. Community Development is also key to dealing with long term pressures.									
D	Transformation	RM14149	Impact of the Care Act	Impact of the Social Care bill/Changes in Social Care funding (significant increase in number of people eligible for funding, increase in volume of care - and social care - and financial assessments, potential increase in purchase of care expenditure, reduction in service user contributions)	27/11/2013	4	3	12	4	5	20	Project for Implementation of the Care Act. Ensure processes and resources in place to deliver Government requirements. Estimate financial implications. Keep NCC Councillors informed of issues and risks.	Project on Implementation of the Care Act. Responded to latest Government consultation on guidance (15 August) and highlighted issue about funding. Initial estimates are that the financial and resource impact for NCC is significant and this is being fed into ADASS. Concerns about adequacy of central Government funding for costs. Two reports taken to Adult Social Care Committee and workshop on consultation response held on 12 August. Communications and presentations on-going to staff. Assessments Business Lead and Finance Business Lead in post. Project on track to deliver necessary changes for April 2015. Report taken to ASC Committee on 12 January about some charging issues and prisons. Consultation around changes in funding arrangements (April 2016) has not been sent out by Central Government: it was originally due out in November.	2	3	6	01/04/2016	Amber	Janice Dane	Janice Dane	26/01/2015

D	Transformation	RM13926	Failure to meet budget savings	If we do not meet our budget savings targets over the next three years it would lead to significant overspends in a number of areas. This would result in significant financial pressures across the Council and mean we do not achieve the expected improvements to our services.	30/04/2011	3	5	15	4	5	20	<ul style="list-style-type: none"> • All efficiency and savings targets are being managed through the transformation and efficiency programme. • The transformation workstreams are all being operated within tight governance arrangements and are supported by the CPO. • Additional funding available from the NHS for 2014-17 although this has to be agreed through five pooled funds with each of the Clinical Commissioning Groups. 	Achieved balanced budget in 2013-14, although this included using some one-off reserves. Overall the department contributed £1.3m contribution towards contingency for incinerator in 2013-14 - necessitated using social care reserves. In process of setting up Better Care Fund to access additional NHS funding in 2014-17. This means setting up a pooled fund with each of the five Clinical Commissioning Groups (CCGs). Budget proposals for 2015-16 now include use of £3m of Adult Social Services one off reserves to balance the revenue budget. This will significantly reduce the amount of funding the department has available to fund transformation and change, and could mean that there is no money in 2016-17 to pay for the Transformation team (who are funded from the Transformation reserve). As well as the BCF risks for 2014-15 include: uncertainty around income for Continuing Health Care; decline in income from service user contributions; and need to achieve all 2014-17 budgeted savings. The 2014-17 savings have risks and include significant savings from the budget used to pay for packages of care, which has meant reducing elements of Personal Budgets for community activities/well being and transport. The forecast for period nine (December 2014) is for a net overspend of £2.3m after using reserves off £3.656m. There is an action plan in place which is reported through the Transformation Programme Board, which includes the Chair of the Adult Social Care Committee.	2	5	10	01/04/2017	Red	Janice Dane	Janice Dane	26/01/2015
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D	Support & Development	RM13925	Lack of capacity in ICT systems	A lack of capacity in IT systems and services to support Community Services delivery, in addition to the poor network capacity out into the County, could lead to a breakdown in services to the public or an inability of staff to process forms and financial information in for example Care First. This could result in a loss of income, misdirected resources, poor performance against NI targets and negatively impact on our reputation.	30/04/2011	4	4	16	4	4	16	<p>Ensure ICT capacity issues are being addressed by CareFirst Management Board and ASC ICT Steering Group.</p> <ul style="list-style-type: none"> • Children's Services, Adult Care, Finance and PPP planning requirements are prioritised by CFMB - monitor and update as necessary at each CFMB meeting. • Continue to represent departmental interests at the Management of Change Board. • CareFirst Management Board monitors processes to ensure available ICT resources are allocated to Children's Services (ChS), Adult Social Care (ASC) and Finance on an agreed service priority basis. • DNA Business Lead co-ordinates device roll-out with HP/ICT and attends corporate DNA business lead meetings to report progress. Business lead also to attend weekly MoC meetings to contribute to corporate DNA priorities and solutions. • Ensure ICT attendance at SMT, Transformation, Care Act and BCF meetings to share departmental priorities and address ICT capacity issues. <p>• The ICT Business Partner pulls together CareFirst and other ICT developments for ChS and ASC in the form of commissioning documents that feed into ICT Steering Group and CFMB.</p> <ul style="list-style-type: none"> • New Strategic Plan has been developed and approved by the Management of Change Group and the NCC ICT Lead is working towards supporting strategic service developments that will see dividends in the medium term. • The ASC Care First ICT group ensures priorities are co-ordinated and agreed and presented to CFMB to access the required ICT resource. • The work to deliver the 15/16 Care Act ICT requirements was approved by the Transformation Board in October 2014. Forms were submitted to ICT on 16 Dec for delivery by 31 March. • ICT Business Lead has raised the issue of ICT capacity in 2015 with Head of Resources to request adequate capacity is available to meet business needs. • Active monitoring of the ICT resource was undertaken by CFMB to ensure Care Act developments are achieved on time. This included temporarily holding back Requests for Change from all services until 31 March 2015. -We are actively engaging with the DNA programme that will see new devices delivered to ASSD HQ, Norwich ComCare teams, Carrow House and locations in the East, West and Northern Localities by 6 March. Further planning work to schedule the further roll out of devices is in hand. 	2	4	8	31/03/2015	Amber	John Perrott	John Perrott	11/02/2015
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D	Transformation	RM14150	Impact of DNA	Impact of DNA: temporary pausing of customer portal/self service; impact on work to integrate with NHS; resources required to deliver departmental elements; impact on resources with DNA implementation and funding of DNA.	27/11/2013	4	3	12	4	4	16	<p>Ensure departmental requirements, e.g. Customer Portal and Integration with Health, are DNA priorities. Departmental resources/workstreams in place as required. DNA Business Lead appointed to carry these issues forward.</p> <p>• Importance of Integration and Customer Portal being mentioned at appropriate opportunities, e.g. CMT. Monthly DNA updates are provided by the ICT Business Partner to Senior Management meetings from July 2014. • Raised issue on need for clarity around funding of DNA at Finance Management Team. Funding risk added to overall DNA register. • Preparatory work on Portal commenced by Business Systems team in January 2014 to ensure portal requirements are clearly mapped in relation to current processes viz referral, assessment, support planning and review in order to inform service requirements to OLM. • ComServ DNA Business lead leading the implementation of DNA to ASC and Cultural Services. Service business lead meetings set up to co-ordinate information gathering and communications with staff groups. • Current emphasis is on the roll-out of DNA devices as deadlines for Floor 8 were missed with a revised date of first week in September. As of June through to August 2014 staff have been engaged with user acceptance testing particularly with CareFirst. • Current concerns with the device roll-out to Mental Health staff from 1 October have been raised with the corporate DNA Business Lead and ICT for which a plan B may be necessary.</p>	2	3	6	31/03/2015	Amber	John Perrott	John Perrott	11/02/2015
D	Safeguarding	RM13931	A rise in hospital admissions	A significant rise in acute hospital admissions for whatever reason would lead to delays in the transfer of care. This would result in budget pressures, possible overspends and could negatively impact on our reputation.	30/06/2011	3	4	12	4	4	16	<p>• Develop preventative and integrated approaches to caring for people in the community to avoid admission to hospital</p> <p>• Pilot working arrangements through integrated care projects being rolled out.</p> <p>• Ensure alternatives are in place to prevent</p> <p>Integrated care approach is continuing to be developed with NCH&C across the County (Phase 2) Targets agreed with NHS Commissioners. Reviewed regularly at Heads of Social Care meeting and Integration Operational Group. Recent increases in admissions have put more pressure on the system. Target score to remain at 6. 28 January 2014 reviewed by SMT - no change. 7/10/14 - recent increases in</p>	2	3	6	01/04/2015	Amber	Debbie Olley	Debbie Olley	02/02/2015

D	Prevention	RM13923	Uncertainty around the shift towards investment in prevention services	There is uncertainty around achieving a general shift towards prevention services by health care and housing organisations, meaning that key strategic strategies for older and disabled people were not met in line with Living Longer, Living Well. This results in poorer outcomes for service users and higher expenditure.	30/04/2011	4	4	16	3	4	12	<ul style="list-style-type: none"> • Agreement with NHS for investment in social care services in place for 2013-14• Prevention strategy in place and agreed by Cabinet• The Council has established a one off Living Well in the Community Fund• Ensure an agreement is reached with NHS on how to use the Better Care Fund for 2014-15 onwards, and shift resources from the acute/hospitals to community care. • Members to reach a view this year on whether to put funding into the Living Well in the Community Fund• Enabling Communities Workstream underway as part of Enterprising Norfolk, aimed at a new approach to demand management and avoiding costs 	<p>The CSR budget requirements agreed a 40% reduction in prevention spending however this was reduced to 28% following the announcement of additional NHS funding and the removal of the 2011/12 saving of £5m. This resulted in an £11m reduction in prevention spending. £5m in 2012/13 and £6m in 2013/14. This required significant service and contract reviews. The Living Well in the Community Fund has been spent and is operational. The Council established a further one off Prevention fund of £3.5m which includes support to organisations in transition from block contracts to sport arrangements and includes an amount of building community capacity. This has been utilised significantly. Trading arrangements for Assistive Technology are not delivering the anticipated savings. New contractual arrangements for Information, Advice and Advocacy are operational. Ageing Well now forms part of a joint approach with Public Health. The Council identified £5m over five years for additional investment in prevention ('Strong and Well') - however the 2014-17 budget savings agreed by Council included cutting the next four years funding. Proposals have been agreed with most of the partnerships and discussions are ongoing with the remaining one. £3m funding has been informally agreed by the CCGs for reablement/Swifts through the Better Care Fund. There is a virtual Enabling Communities team (led by Adult Social Care), looking to co-ordinate relevant work across NCC and maximise the benefits.</p>	2	4	8	01/04/2015	Amber	Janice Dane	Janice Dane	26/01/2015
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D	Transformation	RM13929	The speed and severity of change	The speed and severity of the changes in work activities and job cuts across all areas of the department outlined necessary to achieve budget savings targets could significantly affect the wellbeing of staff. This results in increased sickness absence, poor morale and a reduction in productivity.	30/04/2011	3	5	15	3	4	12	Robust approach to workforce planning being taken Managers being supported and encouraged to proactively manage sickness absence Well practiced change program and consultation mechanisms established to communicate and respond to change. Staff survey results analysis from Sep 2014.	Approval was granted by Norfolk's Health and Well-being Board for our Ageing Well initiative (linked to the Public Health Healthy Towns programme) and this worked has commenced through a dedicated post within Community Services. Adult Social Services is remodelling it's offer based on "Promoting Independence".	2	4	8	01/04/2015	Green	Lucy Hohnen	Lucy Hohnen	30/01/2015
D	Information Management	RM14085	Failure to follow data protection procedures	Failure to follow data protection procedures can lead to loss or inappropriate disclosure of personal information resulting in a breach of the Data Protection Act and failure to safeguard service users and vulnerable staff, monetary penalties, prosecution and civil claims.	30/09/2011	3	5	15	3	4	12	New staff not allowed computing access until they have completed the data protection and information security e-learning courses. Mandatory refresher training and monitoring rates of completion of training. Introduction of more stringent rules to ensure sensitive information is sent to the correct recipient. Monitoring and reporting regime, including monthly reports to COG, now established. Work in progress on a standardised mechanism for investigating breaches. A workbook on data protection and information security has been published for staff and volunteers who have no computer access.	<ul style="list-style-type: none"> Any cases reported to Performance Board. Action following an adverse audit includes spot checking of ASC premises and actions taken to promote rapid improvement. A Data Quality policy is being developed by the Business Systems team in respect of CareFirst which will take account of DP requirements. Cultural Services managers are checking that personal data held in systems is reviewed in line with DP principles. Floor 6 staff at County Hall are implementing a clear desk policy to further reduce DP risk in preparation for moving to floor 8. All user emails are being sent on a regular basis. issue of fax machines is being reviewed. Corporate Risk reviewed monthly by Information Compliance Group. Managers in department are sent regular reminders about people who have not completed e-learning course and completion discussed at SMT. 	1	4	4	31/03/2015	Amber	Harold Bodmer	John Perrott	11/02/2015

D	Transformation	RM13936	Inability to progress integrated service delivery	Inability to progress integrated service delivery between NCC and Health due to; different governance regimes, the lack of management capacity and the on-going NHS changes. This could result in the programmes objectives not being fully met.	30/06/2011	3	5	15	2	5	10	<ul style="list-style-type: none"> Regular meetings taking place between NCC and Health Establish a Joint Programme Board with Health Clarify joint governance arrangements between NCC and Health Carry out work with stakeholders to build support 	Integrated Commissioning for Mental Health and Learning Difficulties. Director of Community Services is Sponsor for the programme. ICES - Integrated Community Equipment Service was implemented on 1 April 2013. Project is delivering integration with NCH&C: recruited to first phases of joint posts, including Director post. Better Care Fund should encourage integration.	1	5	5	01/04/2015	Green	Harold Bodmer	Janice Dane	26/01/2015
D	Safeguarding	RM13924	The pace and change of legislation for "Ordinary Residence"	The pace and change of legislation, particularly around service users attaining "ordinary residence", could lead to an increased demand for services and so create significant budget overspends. This would result in worsening outcomes for service users, promote legal challenge and negatively impact on our reputation.	09/06/2011	3	5	15	3	3	9	<ul style="list-style-type: none"> Implement ADASS protocol around ordinary residents to ensure we do not accept more financial risk than necessary. Consider application for appeal hearing in Supreme Court. Ensure that individuals placed out of County become subject to 'ordinary resident' after 18 months. Monitor budgets closely Ensure staff are made aware through guidance note on the implications of judgement and the way forward. Set aside a contingency fund to meet increased demand (£2.2m)Actions from 07 May 2013 meeting: Develop a protocol with neighbour LA to agree how new cases are negotiated. Employ a specialist worker for six to review all cases and shared funding. Monitor expenditure over next 12 months.Issue to remain on the risk register as it is a considerable 	ADASS negotiating protocol with Local Authorities. Contingency fund created. Face to face briefings to staff are being carried out by NPLaw outlining responsibilities and to limit costs. Investigations carried out to identify relevant potential liabilities. Supreme Court appeal failed. On average the County Council is becoming responsible for an additional person's care package every month. 16 December 2013 - Risk levels remain the same. Action in last three months: 1) Comprehensive plan in place to review mental health cases which have been transferred to Norfolk, this has achieved some reduction in costs of care package. This work will continue into next year. 2) Norfolk County Council have met with Suffolk County Council to agree a protocol about how cases will be dealt with and each organisation will appoint a lead officer to deal with cases. 3) The number of cases transferred to Norfolk remains consistent. Norfolk is now aware that there are a large number of people placed in Norfolk from other LA. 4) With the possible introduction of the Health & Social Care Act in 2014/15 the rules for Section 117 Ordinary Residence will revert back to previous responsibility, therefore reducing the risk to NCC. 5) Paper has been written about the key issues to be	2	3	6	01/04/2015	Green	Debbie Olley	Debbie Olley	02/02/2015

											financial risk to NCC.	presented to SMT early in the new year. 28 January 2014 reviewed by SMT - no change.7/10/14 - review of current risks. Implementation of Care Act in April 2014 should reduce risk as legislation will return legal arrangements to situation before Supreme court ruling.									
D	Transformation	RM14198	Mental Health Social Care Project	Failure to integrate Mental Health staff returning from NSFT to the direct employment by NCC and to secure improvements with service provision.	04/08/2013	4	4	16	2	4	8	<ul style="list-style-type: none">• Set up Joint NCC/NSFT Executive Board to oversee the return of MH staff.• Set up a programme board to manage processes relating to staff TUPE, terms of conditions of service, accommodation and ICT etc.• Implementation date set for the transfer to NCC.	Transfer of staff successfully carried out on 1st October. All went well. Some teething problems being resolved via an escalation system established for the project. Risks have significantly diminished as a result of progress made.	2	4	8	31/03/2015	Met			

Adult Social Care Committee

Item No. 13.

Report title:	ICT Developments in Adult Social Care
Date of meeting:	11 May 2015
Responsible Chief Officer:	Harold Bodmer, Executive Director of Adult Social Services

Executive summary

This report provides Members with an overview of ICT within Adult Social Care indicating:

- a) what activity is planned
- b) how it will help meet our objectives
- c) what the timescales are and
- d) whether it is on track

This is an initial report and further information can be made available to Members at a future meeting if required.

Recommendations:

Members are asked to consider the content of the report and comment as to whether further information is required at a future meeting of the Committee.

1 ICT Developments in Adult Social Care

1.1 Digital Norfolk Ambition (DNA)

1.1.1 There are six major strands to the corporate DNA programme which the Adult Social Services Department is currently working with:

- a) Migration to a new email and collaboration service - this is complete
- b) An “information hub” which enables us to combine data from multiple systems – financial, social care, transport and others – and produce accurate reports and dashboards. The data warehouse has been completed and the first iteration, or “sprint”, has been completed to populate the system with financial and care data. An initial set of reports and dashboards is being produced to exploit this data and is currently being reviewed by the ASSD Finance Business Partner
- c) Electronic document management and a number of web portals. - A successful proof of concept has now been demonstrated for linking electronic document management to the social care management system, CareFirst, in a secure way. Web portal implementation will take place once the requirement has been finalised in line with the customer service strategy presented to the Communities Committee on 11 March 2015
- d) Single sign-on and identity management - Sailpoint, a new identity management solution, is undergoing final testing. This solution will enable us to manage

access to systems much more efficiently

- e) The rollout of new devices, principally laptops in ASSD. - The NCC contracted for 5350 devices, of which 2320 have so far been rolled out across the authority. Within Adult Social Care there are a further 291 devices to be rolled out achieving a 76% delivery rate so far. A number of 'bugs' which were experienced when the devices were first rolled out have now been resolved. The new laptops are lighter and faster than previous devices, which supports more flexible working, and use the latest Windows 8 software which some staff may be familiar with from their own latest PCs at home
- f) Migration of servers to the HP 'cloud' which allows NCC data to be managed offsite to improve resilience and more flexible capacity

1.2 **ICT Support to the Care Act 2014**

1.2.1 Care Act documentation.

One of the requirements of the Care Act has been to change the emphasis from social work assessment to recording outcomes for both service users and carers. This has required a rework of social care forms within CareFirst for service users and carers and this work was achieved on time in March 2015.

1.2.2 The NHS number.

Another key consideration in the move to the integration of health and social care within the Care Act is to ensure respective patients and service users can be accurately identified within health and Social Care systems. The general principles of using the NHS number as a standard are:

- a) **Find It** - find the NHS number for a person as soon as possible in the care pathway, ideally on initial contact with the service
- b) **Use It** - use the NHS number to link a person to their care record; use the NHS number to search for an electronic record; use the NHS number on reports used for the care of the person
- c) **Share It** - share the NHS number with other organisations so they can use it; include the NHS number on all correspondence and electronic messages

1.2.3 The CareFirst system contains a record of the NHS number for our service users and staff ask service users for these initially. Gaps within CareFirst data are then followed up with an automatic monthly download of data from secure NHS sources. Within Adult Social Care this process has improved completion rates from 75% to 93% of relevant records by our target date of March 2015. There is no national target for this data but we plan to increase the % completion rate of the NHS number where possible.

1.2.4 The Adult Social Care Portal.

Initial development of this portal will enable residents and carers to more readily access information and advice about local support and services. In addition, all service users will be able to create an account to support secure interaction with NCC, particularly around online financial assessment and making online applications for deferred payments. The Portal Project is planned to work within the overall NCC Portal programme that will enable our customers to more easily access the Council's internet based services. The Portal programme is currently being reviewed to take on board the implications of Promoting Independence.

1.3 **Developing ICT to support to Health and Social Care Integration**

1.3.1 The National Context

- 1.3.1.1 In May 2013, the government made a clear policy statement about the development of integrated health and social care. At its heart was a 'shared commitment' between national health and social care organisations to improve outcomes for patients and users of services.
- 1.3.1.2 This priority has been articulated by the setting up of the Better Care Fund (BCF) - funding for local authorities to provide more joined-up and integrated services for older and vulnerable people.
- 1.3.1.3 The Local Government Association's view is that integrated working supported by BCF will improve outcomes, and that local authorities will deliver efficiencies and make better use of resources by taking a co-ordinated approach across health and social care.
- 1.3.1.4 A key condition of the fund is the delivery of better data sharing between health and social care, based on the NHS number (covered in 1.2.2 above) to ensure a joint approach to assessments and care planning.

1.3.2 **The Local Landscape**

- 1.3.2.1 Integration of joint health and social care working is not new to Adult Social Care indeed social work staff have been based within acute hospitals for many years. We have also developed joint teams providing learning disability health and social care services in conjunction with Norfolk Community Health and Care Trust NCHC). To date staff have managed information within their existing non-integrated patient and service user database systems, i.e. NCHC SystmOne and NCC CareFirst.
- 1.3.2.2 More recently Integrated Care Co-ordinators (ICCs) have been working jointly across health and social care settings and have access to both NCHC SystmOne and NCC CareFirst on one laptop device. This supports viewing and updating of patient and service user information in one place but this in itself could not be considered a complete integrated solution and currently is only available to a limited number of staff.
- 1.3.2.3 The next stage of ICT integration will see the development of a strategic plan for data sharing for health and social care professionals working together within the new Section 75 Integration agreement. This would then be used as a model for the development of further data sharing with NHS organisations that would include other community health organisations, acute hospitals and potentially general practitioners. The plan is currently being developed and will be considered by the Senior Management Team early in May 2015.

Background papers

- a) [A report by the Executive Director of Resources entitled 'Delivering DNA' was presented to the Policy and Resources Committee on 23 March 2015](#)
- b) [A report on web portal development was presented to the Communities Committee on 11 March 2015](#)

Links to Government Policy and Publications

- c) [Health and social care integration](#)
- d) [Better Care Fund](#)

Officer Contact

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Adult Social Services Committee

Item No. 14.

Report title:	Citizens Advice Bureau
Date of meeting:	11 May 2015
Responsible Chief Officer:	Harold Bodmer, Executive Director of Adult Social Services

Strategic impact

These proposals to maintain and extend Norfolk County Council support for Third Sector information, advice and advocacy will contribute to promotion of individual wellbeing through preventing, reducing or delaying the need for care and support with early access to advice and information. The proposals will enable the Council to comply with statutory duties placed on local authorities by the Care Act 2014 to ensure the provision of information and advice relating to care and support for the whole population, not just those with care and support needs. The emphasis on strengthening the expectation of a partnership approach and on collaborating with providers and district council authorities will also allow the County Council to meet the expectation in the Care Act about development of a strategic approach to information and advice.

Executive summary

The Norfolk County Council constitution delegates all decisions on Citizens Advice Bureau funding to Council Members. In January the Committee approved the temporary extension of funding arrangements for Citizen's Advice Bureaux (CABx) to allow for a strategic review of the generalist advice offered through this route, allowing for consideration of the relationship of this provision to specialist advice provided through NCC contracts with a partnership of Third Sector providers. The review has taken place, including stakeholder and citizen consultation, and shows that both generalist and specialist services play a vital role in ensuring residents have access to advice and information to resolve their problems at an early stage and that this may reduce or delay the need for expensive, statutory services and interventions.

The evidence indicates that on the whole funded CAB and specialist advice services represent good value for money and engage with their local communities to ensure people are receiving a service that meets local needs. There are some issues about the coverage, quality and targeting of the generalist advice services which the recommendations made in this paper address.

However, evidence indicates that the current CAB delivery model is not serving North Norfolk very well, this view is shared with a number of stakeholders. Members are asked to approve a joint approach with North Norfolk District Council.

Recommendations:

It is recommended that the committee approves the following decisions:

- a) Norfolk County Council continues to invest at the current annual level (£363,837) in generalist advice for a further three years including CABx but develops a new funding agreement with CABx that requires bureaux to evidence their commitment to:**
 - a. offering consistent levels of service in all districts**
 - b. partnership working**
 - c. working with local communities to develop new and innovative ways to access advice particularly in rural areas and areas of deprivation**
 - d. recruiting and retaining volunteers**
 - e. measuring their impact and outcomes for people**

- b) The Norfolk CAB and Mid Norfolk CAB services are partially decommissioned with a proportion of the total amount at a) above, based on a fair per capita funding formula, being used to jointly commission and procure a generalist advice service with North Norfolk District Council from October 2015 for a period of up to three years.
- c) The rest of the funding is used to continue to fund generalist advice provision through Norfolk CAB, Mid-Norfolk CAB and Diss, Thetford & District CAB in their respective areas by working with the remaining district councils to jointly fund or align funding arrangements for CAB services in their area to meet both county and local priorities from 1 October 2015 on three year funding agreements

1 Proposals

1.1 Information considered by this review

1.1.1 The Council currently invests around £364,000 a year on the Citizens Advice Bureau (CAB) service to provide free, confidential, impartial and independent advice on a wide range of issues including: welfare benefits, housing and homelessness, debt advice, employment, consumer, relationships, legal, taxation, health and education, immigration and nationality and discrimination. In addition, a range of specialist information, advice and advocacy services are also commissioned to provide information, advice and advocacy to people with social care needs, disabilities, long term conditions and other support needs. Some of these services are jointly funded with health.

1.1.2 Three local networks of CABx receive their grant funding under annual partnership agreements which have been extended to 30 September 2015 as follows:

Norfolk CAB	£287,404 (pro rata)
Diss, Thetford and District CAB	£37,924 (pro rata)
Dereham, Watton and Holt CAB	£38,508 (pro rata)

The seven district councils also invested at least £438,000 in the CABx in 2014/15.

1.1.3 Officers have worked with all district council partners to understand CAB service provision in their areas including how well each of the three bureaux has engaged with stakeholders to identify and address the advice and information needs of local residents, achieve good value for money and provide a seamless service. The relationship of the generalist provision to the specialist services was also considered. Common priorities have been identified across funding partners and the potential to jointly fund or commission advice services in some areas is also emerging. Consultation included small surveys of public sector providers, Parish and Town Councils and members of the public. The three Citizens Advice Bureaux also provided information and performance data.

1.1.4 The CABx and specialist services have a formal agreement to cross-refer clients to each other to ensure people receive the advice and an appropriate level and across a wide range of matters.

2 Evidence

2.1 Citizens Advice Bureau services

2.1.1 The evidence gathered through consultation and the CAB service review below was shared and discussed with our district partners. The issues raised by stakeholders, local communities and CABx reflect how far the bureaux are currently meeting local needs.

2.2 Activity levels

- 2.2.1 CABx forecast that 27,000 unique clients will access their service across the county in 2014/15 around the same as 2013/14.

2.3 Access

- 2.3.1 Members of the public emphasised that preferences over access will be affected by age and ability to use IT, the time available to seek advice; the proximity to a face to face advice service, the complexity of the problem and any fear of stigma. Long waiting times may put people off seeking advice. Elements that would inspire confidence in a service include well trained, knowledgeable, empathic advisors able to build a rapport with you and that confidentiality was assured.
- 2.3.2 Access to face to face advice for those living in rural areas with poor transport links was raised as the biggest issue by town and parish councils followed by access to advice and information online.
- 2.3.3 Several stakeholders reported that waiting times at busy bureaux can be a barrier to those who have a disability or are frail, and the current CAB services do not always meet the needs of the hearing impaired. Access to local face to face or telephone advice at weekends or in the evenings is poor if not non-existent, despite people of working age dominating the CAB client profile.
- 2.3.4 Young people are under-represented in the client profile and some respondents viewed the traditional CAB service as not fully able to meet young people's needs.
- 2.3.5 There was limited evidence provided of enabling access for those with limited English skills. Although Thetford CAB had demonstrated success in recruiting advisors with additional languages to ensure several local migrant communities were better served.
- 2.3.6 A common stakeholder view was that CABs tended to restrict access to their service through traditional channels and there was limited evidence of bureaux involving people who use services in developing new and innovative ways for imparting advice and information to meet local needs.

2.4 Outcomes and impact

- 2.4.1 All bureaux capture positive evidence of their impact on household income and debt. The two smaller CABx had explored wider outcomes measurement through their involvement in a Health and Wellbeing Outcomes pilot whereas Norfolk CAB chose to rely more on Social Return on Investment which commissioners consider to be more subjective.

2.5 Breadth and level of advice

- 2.5.1 There were several concerns raised by stakeholders in terms of there being limited or no access in some bureaux and areas to a service over and above basic information, advice and signposting. To an extent this is borne out by the statistics across all three Norfolk CABx which appear to offer more signposting and less advice and casework in comparison with CAB provision elsewhere.
- 2.5.2 Norfolk CAB in particular was felt by several stakeholders to offer inconsistent levels of service across the area they serve. Several other advice services responding to our stakeholder survey felt that CABx tended to signpost people to them rather than meet their advice needs at first contact. This was supported by the figures from the shared referral pathway.

2.6 CAB Volunteer resource

- 2.6.1 The issues around low levels of advice being given and high levels of signposting may be linked to problems reported in some areas of recruiting, training and retaining volunteers to deliver advice, casework and advocacy services. District council partners felt that, whilst recognising volunteering may positively open up other employment and study opportunities, the bureaux could perhaps do more to create new and innovative ways for volunteer advisers to continue to contribute to meet local people's advice needs including offering evening and weekend opening. There was a view that CAB does not make the best use of some of their trained volunteers.

2.7 Partnership working and collaboration

- 2.7.1 The most frequently raised priority for stakeholders was an advice service's willingness to work effectively in partnership with other advice agencies and council services. Norfolk CAB was felt by several stakeholders to be reluctant to work in partnership on initiatives such as co-location, advice hubs, cross-referral and the measurement of outcomes for individuals. On the whole the two smaller bureaux were seen as and able to demonstrate better engagement with their local communities and a willingness to work in partnership with other services.
- 2.7.2 Norfolk County Council commissions seven specialist IAA services detailed below to provide IAA for people with social care needs, long term conditions and other support needs. Some of the services are jointly commissioned with Clinical Commissioning groups investing Health monies. It commissions four advocacy services which the County Council is statutorily required to provide.
- 2.7.3 The Norfolk Community Advice Network (NCAN) is the principal strategic and operational partnership organisation in the County. NCAN includes the CAB, the county council funded advice providers, other third sector provision in addition to County and District as advice providers within its membership. NCAN has developed a framework for categorising the provision of information and advice:

Table 1 – NCAN Tiers of information, advice and advocacy

Tier 4: Representation Challenging a decision through representing someone at a decision making body such as an appeal tribunal, civil court or social care/education panel hearing. It involves preparing arguments to develop the case by, for example, drawing on expert evidence using relevant case law, guidance and statute. The advocate accompanies and speaks on behalf of the individual.
Tier 3: Advocacy Advocacy is used here to mean pursuing a case by challenging decisions when rights in social welfare law have been refused. It also includes taking up a case when a social care, health or educational service has been denied. It can involve gathering additional evidence, seeking a review of a decision (by telephone or letter), or lodging an appeal.
Tier 2: Advice and assistance Providing specialist advice to address a problem as well as the practical support to meet that need. Examples include, help filling in benefit or tax credit forms; assistance with sorting out debt problems; advising on immigration rights. It also includes helping people to apply for services, for example, as a carer, older person or the parent of a child with special needs.
Tier 1: Information Providing leaflets or basic information about rights, entitlements and services. Signposting callers to further sources of help or specialist advice.

- 2.7.4 The specialist services operate across all four tiers of this model. The CAB activities appear to be mainly at Tiers 1 and 2 with the review suggesting there is value if working with the generalist providers to ensure that there they deal with more activities at Tier 2 through providing more complete advice and assistance to a higher number of customers at the expense of some of the signposting activity.
- 2.7.5 The current provision along with the existence of NCAN provides a sound basis for Norfolk County Council to develop through partnership a more strategic approach to the provision of information and advice in the County over the next two years. This would include consideration of whether strengthening the early provision of third sector information and advice would be more cost effective for the authority and support more people to find solutions which do not directly revolve around the formal provision County Council arranged care services.
- 2.8 **The provision in North Norfolk**
- 2.8.1 The review of the services to North Norfolk raised issues about the coverage and variation in quality of generalist advice in the district council area, current division of the district between different bureaux and some difficulties for the CAB in recruiting volunteers in this area. It is proposed to commission a revised service for the North Norfolk area. The recommendation to take a different approach to North Norfolk is supported by the views of North Norfolk District Council leads.

3 Financial Implications

- 3.1 The Annual Budget supports these decisions.

4 Issues, risks and innovation

- 4.1 Having undertaken a review of this area of service provision, it is proposed to put in place commitments up to three years in order to provide stability. Continuing to fund CABx at current grant funding levels represents a reduction in real terms because service levels and access to services could be affected by this. We are seeking to mitigate this through an expectation that CABx explore and demonstrate their ability to work in partnership with other organisations and to provide services in innovative new ways to make the best use of their resources.
- 4.2 Extracting a proportion of the NCC funding from the current service funding configuration to invest in services with North Norfolk (sourced through a competitive process) means there is a risk that Mid Norfolk CAB and/or Norfolk CAB may lose funding for their core service if they choose not to engage with, or are unsuccessful in any competitive process. This is likely to impact on the service they currently deliver in North Norfolk and may impact on their services in other areas if shared costs and overheads could no longer be met.
- 4.3 An Equality Impact Assessment has been completed and actions identified to mitigate the risk of impact on protected groups, including that these services will continue to be secured.

5 Background

- 5.1 At the Adult Social Care Committee on 12 January 2015, Members approved commissioner's recommendation approach to CAB funding to:
- a) take a shared approach with our district council partners to the combined investment of around £800k in funding of Citizens Advice Bureaux
 - b) identify priorities for the funding of IAA services through a review of current provision and a survey of stakeholders
 - c) require funded IAA services, including the Citizens Advice Bureaux to engage with support from the authority to understand the local care and support system and support the authority to discharge its Care Act 2014 duty in the provision of information and advice address emerging issues around equitable access

This work has been linked with the Transformation project to ensure the Authority is compliant with the Care Act 2014.

Officer Contact

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Adult Social Care Committee

Item No. 15.

Report Title	The new approach to social care – promoting independence in Norfolk
Date of Meeting	11 May 2015
Responsible Chief Officer	Harold Bodmer, Executive Director of Adult Social Services

Strategic impact:

This report proposes setting a new Council strategy for Adult Social Care with the aim of helping people to live at home wherever possible.

The new Promoting Independence strategy would be part of the County Council's strategic approach, Re-imagining Norfolk.

The strategy would strongly reflect three of the Council's four priorities:

- a) Quality of life – supporting the wellbeing and safeguarding of adults with care and support needs
- b) Excellence in education – ensuring the access to educational opportunities for adults with care needs and their carers, in order to promote inclusion and routes into employment
- c) Real jobs – promoting a range of new support and care jobs which support the development of the local economy

The strategy will address the need to deliver services within available resources and support the authority to meet it's duty under the Care Act to promote wellbeing and prevention.

Executive summary

There are significant drivers for change in social care:

- a) Reduction of local authority funding
- b) Longer life expectancy with more complex needs means demand is increasing
- c) Public expectations of more personalised and enabling services
- d) Care Act duties to promote wellbeing and prevention and the funding cap

This makes it imperative to set a new strategy for adult social care services in Norfolk which identifies the ambitions and outcomes of people with social care needs and sets these within the available resources. It is proposed that this builds on personalisation and helps local communities to respond to the needs of vulnerable citizens.

Setting a new approach to social care requires a focus on helping people to retain and restore their health and wellbeing by building on what is available to them: a shift from finding needs and meeting them, to building on assets and harnessing them.

Recognising the aim for this strategy is to be driven by people and their lives, not services, a process of co-production with citizens and stakeholders is proposed. The new strategy will be underpinned by a medium term financial plan to set out how a sustainable adult care service will be delivered.

Recommendations:

Committee is asked to endorse and champion the proposed development of a new strategy for adult social care and the associated development of a medium term financial plan.

1. Proposal

1.1 A new social care strategy

- 1.1.1 In common with other authorities, Norfolk County Council needs to establish a sustainable approach to social care given the rising demands, changing expectations and reducing resources.
- 1.1.2 It is proposed to forge a new alliance between the County Council and local people about care and support which is founded in people's lives and communities, not services and organisations. We are looking for a new combination of social capital and council resources to achieve better outcomes and balanced books.
- 1.1.3 There is also good evidence that establishing a focus on empowerment and enablement is a crucial step in moving forwards and that this is also vital in managing budget reductions. The Local Government Efficiency programme (2014) set out: "only those councils that have developed a model based on decreasing dependency on social care and promoting independence have been able to achieve higher level savings."

1.2 The vision

- 1.2.1 Social care is about people being able to live their lives, accessing the support they need, making the choices that work for them and remaining in control. It is about staying at home wherever possible. It is proposed that Norfolk's approach to building sustainable social care is founded firmly on personalisation. Personalisation has had a transformational impact on social care since its inception in 2007 but there is much to do to realise the ambitions which underpin it.
- 1.2.2 *"Personalisation is fundamentally about better lives, not services. It is rooted in the power of co-production with people, carers and families to deliver better outcomes for all. It is not simply about changing systems and processes or individualising funding, but includes all the changes needed to ensure people have a greater independence and enhanced wellbeing within stronger, more resilient communities." Think Local Act Personal 2014*
- 1.2.3 Alongside this, the Social Care Institute for Excellence sets out a 'strengths-based' approach to care: *'a strengths-based approach to care, support and inclusion says let's look first at what people can do with their skills and their resources and what can the people around them do in their relationships and their communities. People need to be seen as more than just their care needs – they need to be experts and in charge of their own lives.'* We will create an approach which builds on personalisation, strengths and assets.

- 1.2.4 By ensuring a focus on promoting independence, wellbeing and personalisation, the approach will seek to allow the realignment of resources. Ensuring people are able to access the existing support available in local communities will avoid unnecessary call on funded services – and unnecessary reliance on formal services, preventing or delaying needs will reduce the call on high cost services. Giving people the tools to remain free of formal services whilst providing targeted and effective services for those who are most vulnerable will allow us to realign investment in social care.
- 1.2.5 The Care Act gives a clear requirement that local authorities should help to improve people's independence and wellbeing. It sets out that local authorities will work with their communities and provide or arrange services that help to keep people well and independent. This should include identifying the local support and resources already available, and helping people to access them. It says local authorities should also provide or arrange a range of services which are aimed at reducing needs and helping people regain skills, for instance after a spell in hospital.
- 1.3 **How are we doing in Norfolk?**
- 1.3.1 People with social care needs in Norfolk report a good level of satisfaction with their lives and we have some strong roots in personalisation. But in comparison with other areas the social care system in Norfolk is expensive and relies more heavily on traditional services such as residential and day care. This creates costs which we cannot afford and institutional care is increasingly at odds with what people want in their lives.
- 1.3.2 However, we have established ways of working in Norfolk which illustrate the opportunities to collaborate with people for better outcomes such as:
- a) *Sheila, a young woman with a learning disability, is supported to secure work in the health service rather than go to a day centre. She gains the structure and social contact a day centre would have offered, but also earns an income, contributes to the economy and feels great about being able to hold down a job*
 - b) *Ann cares for her husband, who has dementia, but is struggling to manage and wonders whether residential care is the only option now. A carer's assessment through a voluntary organisation links Ann to a local carers' network, where she finds support and practical advice, and a small fund to employ someone to care for her husband at home while she has a break. Ann can carry on caring at home*
 - c) *Brian's wife passed away and he has felt increasingly lonely and has started to get depressed. He got in touch with the Council to ask about going to a day centre. Instead, a development worker talked about his former interests and suggested volunteering at the local Museum or being a befriender at a nearby care home. He is now a befriender and visits two or three times a week to meet the residents, especially the ones who don't get many visitors*
 - d) *Dementia friendly communities is a scheme where local people and businesses can skill themselves up to support and better cater for their citizens who are living with dementia. Awareness training, being able to spot if someone may be struggling and offer a friendly approach and better signage all make a valuable difference which enables people to feel included and welcome*

1.4 **Emerging priorities in a new strategy**

- 1.4.1 From reviewing good practice and what others are doing, we are likely to seek the following outcomes:
- a) Local communities are welcoming and inclusive for all citizens so people can maintain their wellbeing e.g. dementia friendly communities, community connecting roles
 - b) People have easy access to great information about how to access care and support as they need to e.g. a community focused front-door, local service directories and support navigating
 - c) When people's independence is at risk, they get focused support to restore them and support them e.g. access to reablement, home adaptations, assistive technology
 - d) People with care and support needs are supported to plan to keep a good quality of life and wellbeing, using social capital and where necessary, funded support
 - e) Where people have complex needs they can get integrated health and care services e.g. specialist dementia respite at home
 - f) The Council should remain the champion of good quality care and safeguarding so vulnerable adults can confidently get on with their lives.

1.5 **The next steps**

- 1.5.1 This is a major change programme. Social care and personalisation are essentially about people and how they live their lives, so our process to develop our new strategy will be founded on engagement and co-production. To succeed in moving ahead with personalisation and achieving a sustainable approach to social care the Council needs to engage with citizens to rethink how we can best work with people to sustain their wellbeing and independence from state services. We will invite citizens and stakeholders to explore with the Council how we collaborate to best secure wellbeing, independence, care and support.
- 1.5.2 We want people to help us work out the best solutions, moving the focus from redesigning services into rethinking solutions. It is a new conversation: under the Care Act older people with care needs will be paying up to £70,000 for care before state funding kicks in. We need to speak with them about how we collaborate to invest wisely and to good effect. We need to seek ways to bring wider investment into Norfolk.
- 1.5.3 We will establish a comprehensive engagement programme to help us design a new approach to social care, working with the resources that are available from Council, individuals and communities and creating a new dialogue to find solutions.

1.6 **What happens next?**

- 1.6.1 Based on engagement and modelling of best practice we will formulate a new strategy for adult social care in Norfolk and build the business plan to deliver it. The impact can be anticipated from 2016/17.
- 1.6.2 There will be a substantial staff engagement programme to support this change which will require a fundamental shift in culture. Early engagement with staff about promoting independence in social care is very encouraging. This will align with the work across children's and adult social care to set a new model for social work in Norfolk.

2 Evidence

- 2.1 The proposal to develop a strategy based on promoting independence in social care is founded on the final report of the Local Government Association Efficiency Programme in 2014 and the associated evidence base. It reflects detailed benchmarking undertaken by Norfolk County Council against comparator authorities.

3 Financial implications

- 3.1 Delivering economies and efficiencies will continue to be addressed within the 2015/16 savings programme as already determined. However, there are limits to the efficiencies we can generate in the current system. This approach focuses on preventing or delaying high cost care and will rebalance social capital and citizen resources alongside council investment.
- 3.2 A key requirement of the new strategy is that it will allow the Council to set out a new approach to adult social care which is capable of being delivered within the available resources. The strategy will require a new medium term financial plan which will set out how the strategy will be delivered within the budget. As this is a major change programme, budget impact will be anticipated during 2016/17.
- 3.3 There will be a small cost to the engagement required for this transformation which will be met from the existing budget for transformation.

4. Issues, risks and innovation

- 4.1 Setting a new strategy for adult social care allows Norfolk to step forwards and to innovate. In setting the strategy we will seek to consider how innovation supports the changes that we identify are needed. For example, the establishment of a social enterprise in Shropshire to deliver first point contact for adult care, firmly rooted in the community; generating investment into communities through supporting funding bids; working with people in communities who are mobilising community resources and talents.

Background papers

Please see Appendix A below

Officer Contact

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

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Different ways of working – some examples from around the country (cited in Think Local Act Personal ‘Developing the power of strong inclusive communities’ 2014)

CSV Grandmentors in Islington, Hackney and Camden harness the energy and experience of older volunteers to support young people to find work, stay on in education or take up training. Many of the young people they support don't have positive adult role models, others lack direction, some have been in trouble with the police and others have been homeless. Grandmentors visit a young person regularly and help them work towards goals such as finding an apprenticeship or getting on to a college course.

Mrs. Booth is 82 years old and has a Homesharer called Nina. As Mrs. Booth has got older she has lost the confidence to be able to drive and this has resulted in her finding it difficult to visit her husband who has dementia and who lives in a nursing home as well as maintaining her friendships and relationships. In return for accommodation Nina drives Mrs. Booth to visit her husband and friends and helps her to cook and entertain at home. Having Nina sleeping in the house has given Mrs Booth real peace of mind.

In Derby, John's mental health had deteriorated disconnecting him from his family and community. One of John's major concerns was the state of his property which was having an impact on his health. A Local Area Coordinator (LAC) introduced John to a group of neighbours who worked with him to sort out his house and garden. John talked about this 'act of random kindness' as a significant turning point for him. John spent Christmas with his family for the first time in ten years, has widened his social network and, through his passion for IT, is now supporting some of his neighbours with their computing problems.

The Carers café is established as a mutual and run by volunteers who include people with learning disabilities, long term unemployed and older people. Apart from functioning as a café it also hosts a range of activities such as carers' surgeries, coffee mornings, councillors' surgeries and drop in sessions.

Dementia capable communities' nurture the assets that make a place safe, welcoming and enabling to people with dementia. In practice this means providing a safe physical environment and actively empowering people with dementia to have a voice and stay in control of their lives for as long as possible. It also means support to develop social networks, with old friends and new, enables the person with dementia to offer their skills as well as receive help. Local champions go out and encourage a welcome response in shops, pubs and buses.

KeyRing provides supported living networks for people with care and support needs living in the community. Members of the network share their skills and talents with each other and with their communities. Each KeyRing network has a volunteer who sees members regularly and helps the group work together. KeyRing networks improve individuals' social life and confidence, enabling members to be more resilient in terms of living independently in the community.

Calderdale's 'Gateway to Care' is the contact point for both community health and adult social care. The service focuses on prevention, early intervention and safeguarding. Over 97 per cent of contacts are diverted to solutions delivered within the community or receive short-term support that reduces the need for longer-term care. (from LGA efficiency review)

Telford After Care community interest company started on a voluntary basis with a small amount of funding to help set up a smart recovery group and a gardening group to help people in recovery from using drugs or alcohol. This is achieved by improving the health and

wellbeing of its customers; empowering people to lead productive and fulfilling lives so that they can once again be valued members of their community. Founded by someone who had used services, TACT has 2 paid staff and 13 trained volunteers all of whom have recovered from addiction. The service supports between 30-50 people every day with a rich variety of support groups, drop in sessions and activities. (from Community Catalysts)