

# Adult Social Care Committee

Date: **Monday, 10 July 2017**

Time: **10:00**

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

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

## **Membership**

Mr B Borrett (Chairman)

Mr Tim Adams                      Mr W Richmond

Miss K Clipsham                Mr T Smith

Mrs S Gurney (Vice-Chair)   Mr H Thirtle

Mrs B Jones                      Mr M Sands

Mr J Mooney                     Mr M Storey

Mr G Peck                        Mr B Watkins

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

Hollie Adams on 01603 223029  
or email [committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)

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

# A g e n d a

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

## 2. Minutes

Page 5

To confirm the minutes of the meeting held on the 19 June 2017.

## 3. Declarations of Interest

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

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

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

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

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

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

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

## 5. Public QuestionTime

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

Please note that all questions must be received by the Committee Team ([committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)) by **5pm Wednesday 5 July 2017**.

For guidance on submitting public question, please visit [www.norfolk.gov.uk/what-we-do-and-how-we-work/councillors-meetings-decisions-and-elections/committees-agendas-and-recent-decisions/ask-a-question-to-a-committee](http://www.norfolk.gov.uk/what-we-do-and-how-we-work/councillors-meetings-decisions-and-elections/committees-agendas-and-recent-decisions/ask-a-question-to-a-committee)

or view the Constitution at [www.norfolk.gov.uk](http://www.norfolk.gov.uk).

## **6. Local Member Issues/ Member Questions**

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

Please note that all questions must be received by the Committee Team ([committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)) by **5pm on Wednesday 5 July 2017**.

## **7. Chairman's Update**

Verbal update by Cllr Bill Borrett

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

## **9. Executive Director's Update**

Verbal Update by the Executive Director of Adult Social Services

## **10. Adult Social Care Finance Monitoring Report Period 2 (May) 2017-18 Page 12**

A report by the Executive Director of Adult Social Services

## **11. Additional Social Care Funding Page 34**

A report by the Executive Director of Adult Social Services

## **12. Promoting Independence progress and actions for 2017/18 Page 48**

A report by the Executive Director of Adult Social Services

## **13. Learning Disabilities and Autistic Spectrum Disorder Page 71**

A report by the Executive Director of Adult Social Services

## **14. Market Position Statement 2017/18 Page 79**

A report by the Executive Director of Adult Social Services

### **Group Meetings**

Conservative	9:00am	Leader's Office, Ground Floor
Labour	9:00am	Labour Group Room, Ground Floor
Liberal Democrats	9:00am	Liberal Democrats Group Room, Ground Floor

**Chris Walton**  
**Head of Democratic Services**  
County Hall  
Martineau Lane  
Norwich  
NR1 2DH

Date Agenda Published: 30 June 2017



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

## **Adult Social Care Committee**

**Minutes of the Meeting Held on Monday, 19 June 2017  
at 10:00am in the Edwards Room, County Hall, Norwich**

### **Present:**

Mr B Borrett (Chairman)

Mr Tim Adams

Miss K Clipsham

Mrs S Gurney (Vice-Chair)

Mrs B Jones

Mr J Mooney

Mr G Peck

Mr W Richmond

Mr M Sands

Mr T Smith

Mr M Storey

Mr H Thirtle

Mr B Watkins

### **1. Apologies**

1.1 No apologies were received.

1.2 The Chairman proposed that the meeting would adjourn at 10:50 for the raising of the Flag ceremony in commemoration of Armed Forces Week, and the minute silence for the victims of the Grenfell tower fire.

### **2. To confirm the minutes of the meeting held on 06 March 2017**

2.1 The minutes of the meeting held on 06 March 2017 were agreed as an accurate record and signed by the Chairman.

### **3. Declarations of Interest**

3.1 There were no declarations of interest.

### **4. Urgent Business**

4.1 There were no items of urgent business.

### **5. Public Question Time**

5.1 One public question was received from Mrs Gardenchild – see appendix A.

5.2.1 Mrs Gardenchild asked a supplementary question: She noted dementia was a condition which progressed and developed. Mrs Gardenchild lived in sheltered housing. While here she had known of 2 people who developed dementia whilst in the housing who had not received the support needed, one of whom was aggressive and caused concerns for local residents and sheltered housing residents. She asked for

reassurance that those diagnosed while in sheltered housing and the communities they lived in would receive support.

- 5.2.2 The Executive Director of Adult Social Care offered reassurance that it was the intention of Adult Social Care that everyone in sheltered housing and other tenures diagnosed with dementia would be offered an assessment on an individual needs basis, taking into account risks for the individual and their community.

## **6. Local Member Questions / Issues**

- 6.1 There were no local member questions.

## **7. Chairman's Update**

- 7.1 The Chairman had nothing further to add at this time.

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

- 8.1 No updates from members were heard since appointments to bodies were due to be made at item 10 on the agenda.

## **9. Executive Director's Update**

- 9.1 The Executive Director of Adult Social Care:
- Gave thanks and praise to volunteers and provider organisations who had supported during the recent elections;
  - Reported that during the extended purdah period, work had continued with NHS colleagues, and proposals from these discussions would be brought to the next committee meeting in July 2017;
  - Welcomed to the James Paget Hospital Trust their new Chair, Anna Davidson;
  - Noted that a new Chief Officer had been appointed to west Norfolk CCG, John Webster, and expressed thanks and best wishes on behalf of the Committee to the outgoing Chief Officer.

## **10. Internal and External Appointments**

- 10.1.1 Mr M Sands put himself forward to be considered for Member Representative on the Norfolk Council on Aging. The Chairman proposed that he be considered for Older Peoples' Champion in line with this; Mr M Sands agreed with this proposal.
- 10.1.2 There were no proposals for Member Champion for Learning Difficulties or Member Champion for Physical Difficulty and Sensory Impairment.
- 10.1.3 It had been suggested that the Council have a dementia champion; the Chairman proposed the Committee agree this position and supported a proposal made by Mr C Foulger to be put forward for the role.

- 10.1.4 Mrs K Clipsham proposed herself for the position of dementia champion.
- 10.2.1 With 7 votes for Mr C Foulger and 5 votes for Mrs K Clipsham:
- Mr C Foulger was **DULY APPOINTED** as Member Dementia Champion.
- 10.3.1 With 13 votes in favour to 0 against, the Committee **DULY AGREED**:
- To **APPOINT**
    - Chairman Mr B Borrett and Vice-Chair Mrs S Gurney to the Independence Matters Enterprise Development Board;
    - Mr M Sands as Member Representative on the Norfolk Council on Aging;
    - Mrs J Brociek-Coulton as Members Carers Champion;
    - Mr M Sands as Members Older Peoples' Champion;
  - To **DEFER** appointments to Member Champion for Learning Difficulties and Member Champion for Physical Disability and Sensory Impairment to the next meeting in July 2017.

## **11. Norfolk Adult Social Services – a review of the current position and issues**

- 11.1.1 The Committee received the report setting out the position for Adult Social services focussing on the main issues influencing and driving demand and costs and other pressing issues shaping direction of travel for the service in the medium term.
- 11.2.1 The Assistant Director for Strategy & Transformation clarified that funding was passed on by Norfolk County Council to support the market to move towards paying staff the national living wage.
- 11.2.2 With reference to delayed transfers of care and patient turnover, flexibility of funding was queried. The Executive Director of Adult Social Care reported that a full set of proposals for allocation of funding in 2017-18 would be reported to the Committee in July 2017. Conditions to the funding meant there was some flexibility and some limitation to its use: support the social care market; support social services unmet need; and support the NHS and discharge from hospital.
- 11.2.3 The Executive Director for Adult Social Care explained that the 3 year approach to use of funding would give less flexibility in years 2 and 3. The report did not give detail on the approach to business rates and income tax but this would be incorporated into the Adult Social Care Budget report at the meeting in July 2017.
- 11.2.4 The Care Charter had been incorporated into the home care contract and an audit of home care providers carried out. The Quality Assessment Report shown at Item 14 of the agenda indicated a high staff turnover, therefore a number of areas would be looked into further. A report would be brought to the Committee providing more information on the market and market risks.
- 11.2.5 A new service for carers was due to launch in autumn 2017, working with the Carers' Council to identify and support "hidden carers". There were 1700 carers aged 0-15 recorded in the most recent census.
- 11.3 With 13 votes in favour and 0 against, the Committee **DISCUSSED** and **AGREED**:
- a) the analysis and conclusions set out in section 5 of the report;
  - b) the priorities Adult Social Care Committee and the vision in section 4.

## **12. Adult Social Care Finance Outturn Report Year End 2016-17**

- 12.1 The Committee **considered** the report providing a review of the budget position for the last financial year, 2016-17, based on information to the end of March 2017.
- 11.2.1 It was clarified that the reserve expenditure related to money held back in reserve until detail had been known about the budget required for items such as the care market.
- 11.2.2 Progress with the Better Care Fund agreement with Clinical Commissioning Groups was queried. The 3 year agreement made in 2016-17 was reflected in the figures.
- 11.2.3 The figure of £8m owed to Norfolk County Council by the Clinical Commissioning Groups was queried. The Assistant Director of Finance clarified this debt was due to be worked through this year, 2017, and allowances had been made in the budget.
- 11.3 The meeting adjourned at 10:51am for the flag raising ceremony and minute silence and reconvened at 11:15am.
- 11.4.1 Finance Business Partner (Children's Services) **agreed** to obtain more detailed clarification regarding the underspend noted in the budget for management finance and HR discussed on page 29 of the report.
- 11.4.2 Variance in cost of hired transport was noted; targets to tackle and reduce spend had been set as reported to the Committee in March 2017.
- 11.5 With 13 votes in favour and 0 against, the Committee **DULY AGREED**:
- a) The outturn position for 2016-17 Revenue Budget of an overspend of £4.399m;
  - b) The outturn position for the 2016-17 Capital Programme
- 11.6 The Executive Director for Adult Social Care gave an update on the budget forecast; the forecast was within budget for spend on purchase of care, which was because Adult Social Care were forecasting to achieve a slightly higher level of income and were expecting to deliver savings in full. There was however a need to mitigate some of the financial risks that the service was facing including managing costs arising changes to service and some home closures, as well as recognising the ongoing risks in relation to demand management and the forecast provision would take account of this.

## **13. Performance Management report**

- 13.1.1 The Committee received the report presenting performance against the committee's vital signs indicators.
- 13.1.2 The Delivery Manager gave background to the report.
- Benchmarking data would be received in around October;
  - Delayed transfers of care had worsened;
  - The number of people aged 65+ permanently admitted to residential care had increased; this was related to delayed transfers of care;
  - Performance remained challenging related to people with learning disabilities and with mental health conditions in paid employment.



- 13.2.1 Delayed transfers of care at the Norfolk and Norwich University Hospital were similar to other hospitals in Norfolk but had increased significantly in 2016; the cause was being looked into. Delayed transfers of care had increased across the country. The Acting Director of Integrated Commissioning **agreed** to circulate figures to Members. The Chairman requested assurance that reporting at all three hospitals was the same, however it was noted this was not the case at that time.
- 13.2.2 The Assistant Director of Social Work confirmed that NHS teams worked closely with social work teams, meeting daily to discuss patients on the social work pathway and delayed transfers; referrals from hospitals to social work teams were prioritised.
- 13.2.3 The closure of the Henderson ward was discussed and Members felt that similar provision would be beneficial. The Executive Director of Adult Social Care reported that proposals for accommodation based reablement services would be considered.
- 13.3 With reference to section 3 of the report, for each vital sign that had been reported on an exceptions basis, with 13 in favour and 0 against when taken en-bloc, the Committee:
- a. **DISCUSSED** and **AGREED** the performance data;
  - b. **AGREED** the actions to address performance in the vital signs report cards;
  - c. **AGREED** to **DELEGATE** to the Director the submission of data for statutory returns;
  - d. **AGREED** to **RECEIVE** a report in September 2017 showing targets for 2017/20.

## **14. Risk Management**

- 14.1.1 The Committee received the report presenting the full departmental risk register for information on the department's risks.
- 14.1.2 RM14237 "Deprivation of Liberty Safeguarding" was discussed; the Assistant Director of Social Work was confident that risks were prioritised appropriately, and reported that Norfolk was the first Council to electronically record issues to support effective risk monitoring.
- 14.1.3 A report on the strengths based approach which had been rolled out to Social Works Teams, called signs of wellbeing, would be brought to the Committee in September.
- 14.1.4 RM13926, "Failure to meet budget savings" was discussed and queried whether this risk would impact on other areas. It was not felt it would and it was recognised that it may take time for culture change to positively impact on this risk rating.
- 14.1.5 It was clarified that suggestions for new risks or risk removals made by the Senior Management Team would be brought to Committee as recommendations for agreement before being added to or removed from the risk register.
- 14.2 With 13 votes in favour to 0 against, the Committee **DISCUSSED** and **AGREED** the risk register as set out in Appendix A of the report.

## 15. Adult Social Care Annual Quality Report 2016/17

- 15.1.1 Members received the report outlining and containing the annual quality report, setting out the detail and the strategy for further improvement.
- 15.2.1 The “requires improvement to good programme” had brought about improvement in quality of the home care sector, with Norfolk now 49<sup>th</sup> out of 152 local authorities.
- 15.2.2 A regional ADASS (Association of Directors of Adult Social Services) expert was due to be brought in to evaluate contract management and quality assurance capacity to support quality improvement. There were no cost implications as ADASS was a regional resource.
- 15.2.3 The quality team acted on safeguarding issues where provider performance was a significant factor; a slight but not significant increase in quality assurance related to safeguarding had been seen. Poor leadership was the main area in which providers scored low in inspections.
- 15.2.4 In the event of serious issues related to provider quality the Council could suspend placements and take action. For less serious issues, the quality team worked closely with the CQC and providers to support return to quality care.
- 15.2.5 Risk scores were evaluated using an electronic system into which all reports related to providers were uploaded, allowing resources to be focussed on those who needed it; 7 in 10 providers did not need support from Norfolk County Council.
- 15.2.6 A new suite of self-evaluation resources and tools were due to be developed.
- 15.2.7 Formal monitoring of outcomes by engaging with service users had been introduced in home care; full analysis of this would be brought to a future meeting however it was noted that the approval rating was 92%.
- 15.2.8 Clarification underneath graphs and tables of “other” was requested on future reports.
- 15.2.9 The timescales for the remaining CQC inspections were unknown.
- 15.2.10 Officers **agreed** to look into the definition of how many people could live with a carer before they would need to be registered as a provider.
- 15.3 With 13 votes in favour and 0 against when taken en-bloc the Committee:
  - a) **CONSIDERED** the findings presented and **AGREED** to publish the annual quality report;
  - b) **AGREED** to a further detailed briefing on the care market.

The meeting finished at 12:14

**Bill Borrett, CHAIRMAN,  
Adult Social Care Committee**

**PUBLIC QUESTIONS TO ADULT SOCIAL CARE COMMITTEE  
MONDAY 19 JUNE 2017**

**1a. Question from Lyn Gardenchild**

How many Norfolk residents in sheltered housing have a diagnosis of dementia and what provision is being made to monitor their condition and its progression so that they are adequately supported in their communities, and that other residents' welfare is not being compromised?

**1b. Response from Chair**

We are working closely with housing and support providers to ensure that any changes in the services people receive are managed carefully and that there is a good understanding of the health and support needs of sheltered tenants. Health, social care and the voluntary sector continue to ensure that people's wellbeing and health needs are met.

While monitoring the condition of people diagnosed with dementia is primarily the role of an individual's GP, social care and housing teams can and do work closely with health teams to support individuals. We do not know how many people in sheltered accommodation have a diagnosis of dementia but overall, Norfolk's dementia prevalence is high – being third highest in the region behind Suffolk and Southend; it is estimated to affect around 17,000 people. Dementia is likely to be one of the most important drivers of social care need in older people in Norfolk in the next twenty years

Work will continue with sheltered housing providers throughout the rest of this year to make sure that plans are well understood and appropriate support mechanisms, for people who need these, are put in place.

# Adult Social Care Committee

Item No .....

<b>Report title:</b>	<b>Adult Social Care Finance Monitoring Report Period 2 (May) 2017-18</b>
<b>Date of meeting:</b>	<b>10 July 2017</b>
<b>Responsible Chief Officer:</b>	<b>James Bullion, Executive Director of Adult Social Services</b>

## Strategic impact

This report provides Adult Social Care Committee (the Committee) with financial monitoring information, based on information to the end of May 2017. This is the first monitoring report of the financial year and provides an early analysis of variations from the budget and the actions being taken by the service to remain within budget.

## Executive summary

As at the end of May 2017 (Period 2), Adult Social Services is forecasting to outturn to budget. This is following review of risks and achievement of savings. The budget was set in February 2017, prior to the announcement by the Government of additional funding for adult social care.

<b>Expenditure Area</b>	<b>Budget 2017/18 £m</b>	<b>Forecast Outturn £m</b>	<b>Variance £m</b>
<b>Total Net Expenditure</b>	261.453	261.453	0

The headline information and considerations include:

- The outturn position for 2016-17 was a £4.399m overspend, which included some one-off funding. Investment was included in the 2017-18 budget to help managed the underlying pressure in this financial year. This includes £4.197m of one-off funding and the service's internal plans include saving targets to meet this pressure by April 2018
- Commitments between setting the budget in January 2017 and the start of the financial year remained largely stable and therefore has not placed additional pressures on the budget from the outset

Adult Social Services reserves at 1 April 2017 stood at £2.074m. This included £1.580m of committed expenditure, to meet known projects in 2017/18. Planned funding for transformation was included in the reserves in 2016/17 and it is proposed for £0.400m to be used in 2017/18 to support delivery of the service's Promoting Independence strategy and savings programme.

The 2017-18 forecast outturn position for reserves is £0.494m. Proposed use of reserves includes planned use of £0.400m for transformation and £0.150m as part of the planned corporate review of reserves to support the 2017/18 budget position. Provisions totalled £4.157m at 1 April 2017, mainly for the provision for bad debts.

## Recommendations:

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

- The forecast outturn position at Period 2 for the 2017-18 Revenue Budget of £261.453m**
- The planned use of reserves**
- The forecast outturn position at Period 2 for the 2017-18 Capital Programme**

## 1. Introduction

- 1.1 The Adult Social Care Committee has a key role in overseeing the financial position of the department including reviewing the revenue budget, reserves and capital programme.
- 1.2 This monitoring report is based on the Period 2 (May 2017) forecast including assumptions about the implementation and achievement of savings before the end of the financial year.

## 2. Detailed Information

- 2.1 The table below summarises the forecast outturn position as at the end of May (Period 2).

Actual 2016/17 £m	Over/ Underspend at Outturn £m	Expenditure Area	Budget 2017/18 £m	Forecast Outturn £m	Variance @ P2 £m
10.392	(0.471)	Business Development	3.994	3.689	(0.305)
69.600	0.123	Commissioned Services	68.618	69.085	0.467
5.492	(0.727)	Early Help & Prevention	9.835	9.583	(0.253)
168.243	12.971	Services to Users (net)	186.913	183.871	(3.042)
1.064	(7.497)	Management, Finance & HR	(7.908)	(4.776)	3.132
<b>254.791</b>	<b>4.399</b>	<b>Total Net Expenditure</b>	<b>261.453</b>	<b>261.453</b>	<b>0</b>

- 2.2 As at the end of Period 2 (May 2017) the revenue outturn position for 2017-18 is £261.453m, which is an outturn to budget.
- 2.3 The detailed position for each service area is shown at **Appendix A**, with further explanation of over and underspends at **Appendix B**.
- 2.4 The areas of overspend are Commissioned Services, and Management, Finance and HR. These are offset by underspends elsewhere.

### 2.6 Additional Social Care Funding

- 2.6.1 The Chancellor's Budget in March 2017 announced £2bn additional non-recurrent funding for social care, of which Norfolk will receive £18.561m in 17/18, followed by £11.901m in 2018/19 and £5.903m in 2019/20. The funding will be paid as a direct grant to councils by the DCLG and as a condition of the grant, councils are required to pool the funding into their BCF. This fund is governed by the Health and Wellbeing Board and monitored by NHS England and the Department for Communities and Local Government (DCLG) through national and local assurance and quarterly returns.
- 2.6.2 This funding was not known at the time County Council set the 2017/18 budget and therefore is not included in the budget reflected in this monitoring report. A separate paper setting out proposed use of the grant, in line with the grant conditions, is included elsewhere of the agenda for this Committee. The guidance received by DCLG requires that the funding is used by local authorities to provide stability and extra capacity in the local care system. Specifically, the grant conditions require that the funding is used for the purposes of:

- a) Meeting social care needs
- b) Reducing pressure on the NHS supporting people to be discharged from hospital when they are ready
- c) Ensuring that the local social care provider market is stabilised

## 2.7 Services to Users

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

Actual 2016/17 £m	Over/ Underspend at Outturn £m	Expenditure Area	Budget 2017/18 £m	Forecast Outturn £m	Variance £m
111.914	8.238	Older People	110.926	109.262	(1.664)
23.246	1.207	Physical Disabilities	23.148	23.238	0.090
94.527	11.119	Learning Disabilities	96.391	97.439	1.048
13.174	0.267	Mental Health	13.545	13.105	(0.440)
6.746	3.074	Hired Transport	6.672	6.672	0.000
9.144	(1.194)	Care & Assessment & Other staff costs	16.863	16.639	(0.225)
<b>258.751</b>	<b>22.710</b>	<b>Total Expenditure</b>	<b>267.545</b>	<b>266.355</b>	<b>(1.191)</b>
(90.508)	(9.739)	Service User Income	(80.633)	(82.484)	(1.851)
<b>168.243</b>	<b>12.971</b>	<b>Revised Net Expenditure</b>	<b>186.913</b>	<b>183.871</b>	<b>(3.042)</b>

### 2.7.2 Key points:

- a) Permanent admissions to residential care – those without a planned end date – have been consistently reducing for the last three years in both 18-64 and 65+ age groups, and reductions had accelerated in the last year in response to the provisions put in place in response to Promoting Independence. Over quarter three, there had been some increase in permanent residential placements – the key reasons were improved timeliness of recording, but teams also reported increased pressure from hospital discharge and a number of previous self-funders that had dropped below the threshold for self-funding. At April 2016 the rolling 12 months admissions for people aged 65+ was 616 per 100,000 population. This had reduced to 613 by August 2016, but then increased in each of the following periods, to 637 by November 2016, before reducing to 633 by March 2017. For people aged 18-64 there is a reduction, with 21 people per 100,000 population admitted into permanent residential care in April 2016, reducing in most periods to 19 per 100,000 population by March 2017. However, whilst total numbers have reduced, those that do go into residential care tend to be people with higher levels of need that require longer lengths of stay and more expensive care packages, meaning that spend has not reduced proportionally. Due to requiring a time lag in reporting to improve accuracy, the April and May statistics were not available at the time of writing this report
- b) The forecast expenditure for purchase of care, excluding care and assessment is £0.109m more than the 2016/17 outturn

- c) Overall there is a reduction of £8.024m in forecast income relating to service users in 2017/18 compared to 2016/17 outturn. This primarily relates to one-off income items accounted for against purchase of care income in 2016/17, for example £5.155m in relation to Cost of Care and National Living Wage and £5m to protect social care following reductions in the Better Care Fund

## 2.8 Commissioned Services

### 2.8.1

Actual 2016/17 £m	Variance at outturn £m	Expenditure Area	Budget 2017/18 £m	Forecast Outturn £m	Variance £m
1.185	(0.289)	Commissioning Team	1.643	1.582	(0.061)
10.361	(0.795)	Service Level Agreements	10.624	10.373	(0.251)
2.184	(0.418)	Integrated Community Equipment Service	2.651	2.259	(0.392)
33.280	3.257	NorseCare	32.385	33.788	1.403
8.323	(1.172)	Housing related support	6.976	6.743	(0.232)
13.114	(0.244)	Independence Matters	12.857	12.857	0.000
1.153	(0.216)	Other Commissioning	1.482	1.482	0.000
<b>69.600</b>	<b>0.123</b>	<b>Total Expenditure</b>	<b>68.618</b>	<b>69.085</b>	<b>0.467</b>

### 2.8.2 Key points:

- a) NorseCare. As part of the management of the 2016/17 underlying overspend for the service, one-off funding of £2m has been used in 2017/18 to temporarily manage part of the variance between the previous budget and NorseCare contract costs. Despite reductions in the real terms contract costs, there remains a variation between the agreed budget and contract price for 2017/18, due to legacy costs of the contracts including staffing and property costs. Further reductions are expected during the year from some changes in staffing costs and property portfolio, as well as further savings through the transition from Ellacombe. In addition, work continues to improve value for money and support delivery of a financially sustainable contract.

## 2.9 Savings Forecast

2.9.1 The department's budget for 2017/18 includes savings of £14.213m, the net savings reported for the service total £11.213m, which reflects the impact of reversing previous savings of £3m for transport, which are now targeted in 2018/19. In addition the service is planning to meet additional savings of £4.197m by April 2018 in order to manage the impact of the one-off adult social care support grant, which has been used to provide additional time to reduce the underlying overspend from 2016/17.

2.9.2 The service has refreshed the Promoting Independence strategy and savings programme. As a result, whilst the savings are in line with the proposals agreed by County Council in February, the detail about how savings will be delivered has been built up, with new workstreams and projects. **Appendix C** cross references the previous savings

descriptions to the revised programme of work, on which actions and progress will be monitored and reported.

- 2.9.3 In summary, the service is pursuing a range of savings balanced across demand management initiatives, implementing changed practice, commissioning and redesign of services and changes to charging. This reflects the strategic financial direction for the service.

**Investing in prevention to reduce demand and increase independence.** Initiatives include continuing to increase reablement capacity and referrals to help people regain their independence and remain in their homes; changing how people access social care and the type of information and support that they receive through the council's website, through the customer service centre and social care centre of expertise (SCCE) and through health partners including hospital discharge teams.

**Supporting social work teams to enable focus on reducing, preventing and delaying the need for formal social care.** A key focus for the service continues to remain on supporting teams to provide the best possible outcomes for services users through the quality of reviews and care assessment. Significant work has been undertaken to implement a strength based approach across all teams and to review teams' capacity. Strengthening of quality assurance around social work is also working to improve performance, support new ways of working and enable teams to share best practice.

**Working with health partners to reduce system demand and improve outcomes.** Integrated working has been a key element of the approach taken within Norfolk and the programme includes a particular focus on discharge pathways including reviewing the future use of planning beds to improve efficiency and improve outcomes for people leaving hospital but with temporary higher care needs. The service is also working with multi partners, including district councils, to redesign services as part of the Building Resilient Lives work.

**Reshaping the care market to support stable care provision and availability of financially sustainable care across Norfolk.** Work is continuing with provider groups to manage the challenges within the care market and in particular a review of the cost of care for providers supporting working age adults is being undertaken. Priorities within the savings programme for this financial year include implementing new frameworks for home support and recommissioning of services supporting people with mental health needs. In addition, the Promoting Independence younger adults workstream is focussed on commissioning and reshaping services that provide a greater level of independence, which will help social work teams to maximise opportunities for enablement and improve transition pathways for those people moving from children's to adults' services.

**Strengthening the contract management of our commissioned contracts.** Ensuring our commissioned contracts offer value for money, are used to capacity and produce quality outcomes for service users.

**Improving advice and information.** The service is recommissioning some advice and information services during the year, but also improving the information available through our websites and signposting to community groups, in order to maximise the use of existing groups and networks across the county.

**Supporting and enabling people to travel independently.** Offering travel training to support people to enhance their independence around transport and enable them to make use of necessary facilities or services in the local community including public transport.

**Increasing the use of technology to enable more people to live independently for longer.** Work remains with the programme to improve and extend the use of community equipment, but there is further opportunity to increase digitalisation and the use of assistive technology. During the year options will be introduced for payment cards for people who currently receive a direct payment, which will provide an easier way to pay for services and reduce financial risks for vulnerable people.

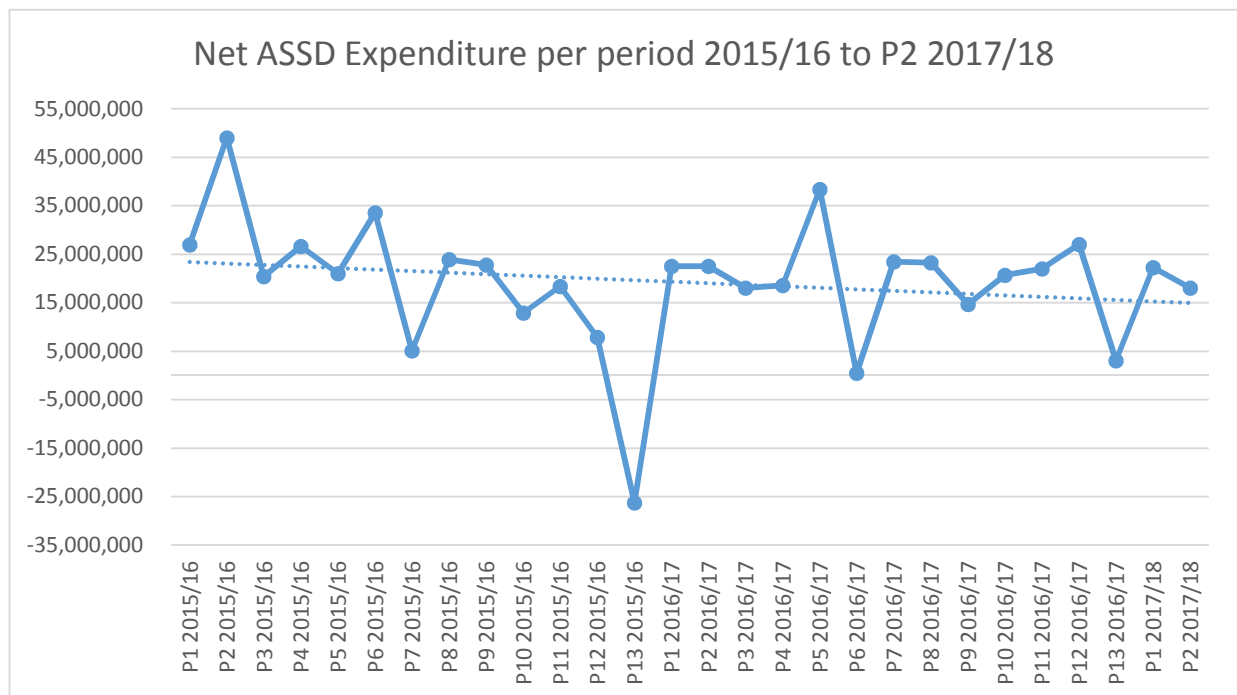


### **Charging people appropriately for their care and providing welfare rights support.**

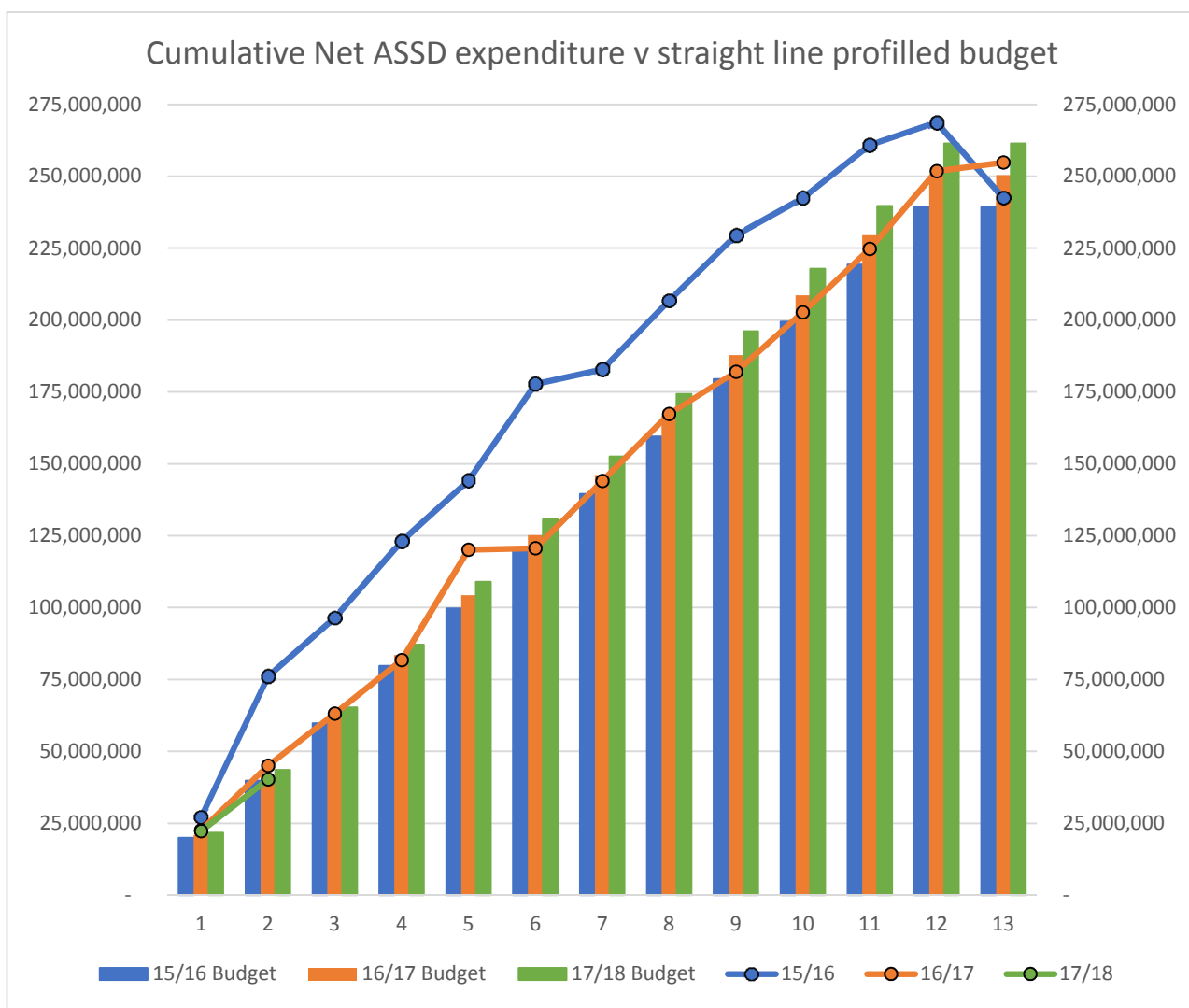
Following consultation, the charging policy was changed so that calculation of charges took into consideration an amount more closely reflected to actual disability related expenditure incurred by individuals. Work is also being extended to support people who may not be accessing all financial benefits available to them.

2.9.4 Whilst it is still early in the financial year, it is the current anticipation that the programme will deliver the required savings in full in meeting a balanced outturn.

2.9.4.1 The departments net expenditure each period is prone to fluctuations, as evidenced by the below graphic, however, it continues to display a downward trajectory when compared to 2015/16.



2.9.4.2 Furthermore, the department's net expenditure, when compared to a profiled budget, currently appears to display a stronger position than it did in 2015/16 and 2016/17.



## 2.10 Action plan and Finance and Performance monitoring

2.10.1 Last year all locality and service teams developed financial recovery plans, which were used for focused actions to improve the financial position and to support both team management and reporting to finance and performance board. Teams are continuing to use and develop these plans to support ongoing improvement work. Monthly performance and finance data is reviewed by senior management team in order to highlight key areas of focus for monthly finance and performance board meetings. This is also a forum, which enables escalation by teams of blockages to progress and priority actions for the service.

2.10.2 Looking ahead the service will be implementing the new social care replacement system, Liquid Logic, in November 2017. This will provide an improved management and reporting system for social care, but also includes implementing a new financial system for social care.

## 2.11 Reserves

2.11.1 The department's reserves and provisions at 1 April 2017 were £6.231m. Reserves totalled £2.074m.

2.11.2 The reserves at the beginning of the year include some committed expenditure, which was carried forward in 2016/17. In addition the planned corporate review of reserves has been undertaken, which has included £0.150m from Adult Social Care reserves. Therefore proposed use of the funding at Period 2 includes use of £0.361m funding for the social care replacement system, which was carried forward; planned use of funding for Learning and Development of £0.255m; market development £0.020m; use of the transformation funding to support the 2017/18 Promoting Independence programme £0.400m; and £0.150m from

money previously allocated but no longer required for zero based review £0.070m and unallocated funding for Care Act implementation £0.080m.

2.11.3 With agreement of the use of reserves for the above purposes the forecast reserve position at 31 March 2018 is £0.493m.

2.11.4 Provisions totalled £4.157m at 1 April 2017, mainly for the provision for bad debts. The projected use of reserves and provisions is shown at **Appendix D**.

## 2.12 Capital Programme

2.12.1 The department's three year capital programme is £21.668m. The programme includes £6.924m relating to Department of Health capital grant for Better Care Fund (BCF) Disabled Facilities Grant (DFG), which is passported to District Councils within the BCF. Work continues with district councils as part of the BCF programme of work, to monitor progress, use and benefits from this funding. The capital programme also includes £7.240m for the social care and finance replacement system. The priority for use of capital is development of alternative housing models for young adults. Details of the current capital programme are shown in **Appendix E**.

## 2.13 Debt Position (Receivable to the department)

2.13.1 As noted in 3.4 of the 19 June 2017 Committee paper "Adult Social Care Finance Outturn Report Year End 2016-17", the service department has a level of accounts receivable debt with Norfolk based NHS bodies. As at 31 May 2017, the balance owing was:

£'m	Age of debt					Total
	0-30	31-60	61-90	91-180	181+	
<b>May 2017</b>	1.616	0.236	2.952	0.913	3.301	9.017
<b>March 2017</b>	5.391	1.337	0.553	0.507	3.525	11.313
<b>Change</b>	-3.776	-1.101	2.399	0.406	-0.224	-2.297

2.13.2 Significant progress has been made during the period March 2017 to May 2017 to agree payment of the newer elements of the debt, a net reduction in monies owing of £2.3m. Some of the outstanding short term debt is in relation to the Better Care Fund, where both the Council and NHS await the national planning guidance. The department has been in contact with the NHS regarding the longer term debt, in particular those over 181 days, and expects a further update from NHS officers shortly.

## 3. Financial Implications

3.1 The forecast outturn for Adult Social Services is set out within the paper and appendices.

3.2 As part of the 2017/18 budget planning process, the committee proposed a robust budget plan for the service, which has now been agreed by County Council. This included the reprofiling of savings across the following four years and additional investment to enable effective management of the recurrent overspend. Within this investment £4.197m is from one-off funding. This means the service will need to deliver savings in 2017-18 above the 2017/18 headline amount in order to reduce spending to a level that will ensure that this is addressed by April 2018. These savings will continue to be pursued from areas previously agreed and, wherever possible, further efficiencies.

## 4. Issues, risks and innovation

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

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

4.2 This report outlines a number of risks that impact on the ability of Adult Social Services to deliver services within the budget available. These risks include the following:

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

## **5 Recommendations**

5.1 **Members are invited to discuss the contents of this report and in particular to agree:**

- a) **The forecast outturn position at Period 2 for the 2017-18 Revenue Budget of £261.453m**
- b) **The planned use of reserves**
- c) **The forecast outturn position at Period 2 for the 2017-18 Capital Programme**

## **6. Background**

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

[Finance Outturn Report – Adult Social Care Committee June 2017](#) (p27)

## **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:

<b>Officer Name:</b>	<b>Tel No:</b>	<b>Email address:</b>
Susanne Baldwin	01603 228843	<a href="mailto:susanne.baldwin@norfolk.gov.uk">susanne.baldwin@norfolk.gov.uk</a>



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

## Adult Social Care 2017-18: Budget Monitoring Period 2 (May 2017)

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

Summary	Budget	Forecast Outturn	Variance to Budget	
	£m	£m	£m	%
<b>Services to users</b>				
Purchase of Care				
Older People	110.926	109.262	(1.664)	(1.50%)
People with Physical Disabilities	23.148	23.238	0.090	0.39%
People with Learning Disabilities	96.391	97.439	1.048	1.09%
Mental Health, Drugs & Alcohol	13.545	13.105	(0.440)	(3.25%)
<b>Total Purchase of Care</b>	<b>244.010</b>	<b>243.044</b>	<b>(0.966)</b>	<b>(0.396%)</b>
Hired Transport	6.672	6.672	0.000	0.00%
Staffing and support costs	16.863	16.639	(0.225)	(1.33%)
<b>Total Cost of Services to Users</b>	<b>267.545</b>	<b>266.355</b>	<b>(1.191)</b>	<b>(0.445%)</b>
Service User Income	(80.633)	(82.484)	(1.851)	2.30%
<b>Net Expenditure</b>	<b>186.912</b>	<b>183.871</b>	<b>(3.042)</b>	<b>(1.627%)</b>
<b>Commissioned Services</b>				
Commissioning	1.643	1.582	(0.061)	(3.69%)
Service Level Agreements	10.624	10.373	(0.251)	(2.37%)
ICES	2.651	2.259	(0.392)	(14.78%)
NorseCare	32.385	33.788	1.403	4.33%
Housing Related Support	6.976	6.743	(0.232)	(3.33%)
Independence Matters	12.857	12.857	0.000	0.000%
Other	1.482	1.482	0.000	0.000%
<b>Commissioning Total</b>	<b>68.618</b>	<b>69.085</b>	<b>0.467</b>	<b>0.68%</b>
<b>Early Help &amp; Prevention</b>				
Norfolk Reablement First Support	4.489	4.405	(0.084)	(1.88%)
Service Development	1.243	1.243	0.000	0.000%
Other	4.103	3.935	(0.169)	(4.11%)
<b>Prevention Total</b>	<b>9.835</b>	<b>9.583</b>	<b>(0.253)</b>	<b>(2.57%)</b>

## Adult Social Care

### 2017-18 Budget Monitoring Forecast Outturn Period 2

#### Explanation of variances

#### 1. Business Development, forecast underspend (£0.305m)

The forecast underspend is from vacancies across the service, and staff not being at the top of scale.

#### 2. Commissioned Services forecast overspend £0.467m

The main variances are:

**NorseCare**, overspend of £1.403m. There is a shortfall between the budget available and cost of the service. This is from savings not being delivered in previous years, together with a pressure from the cost reduction target for 2017/18 that is not expected to be met. This is after an additional £2m was added to the budget for 2017/18 on a one-off basis.

**Service Level Agreements**, underspend of (£0.251m). The underspend is from a reduction in planned costs following retendering of agreements.

**Integrated Community Equipment Store**, underspend of (£0.392m). Working practices have changed, which has reduced the equipment backlog. This combines with a recycled equipment rebate to deliver an underspend.

**Housing Support**, underspend of (£0.232m). The underspend comes from forecast savings as contracts are decommissioned and renegotiated during 2017/18.

#### 3. Services to Users, forecast underspend (£3.042m)

The main variances are:

**Purchase of Care (PoC)**, underspend of (£0.966). Additional funds were added into the budget for 2017/18 to cover some of the pressures within PoC, including the impact of Cost of Care and the National Living Wage. The service currently expects to deliver all the savings allocated in the 2017/18 budget. The underspend comes from:

- An overall reduction in the contract commitments compared to 2016/17 (after inflation and growth are accounted for)
- Management of direct payments to control the costs and maximise reclaims

Pressures continue to exist with Learning Disabilities, where residential care costs are increasing, through additional need and complexity of cases.

**Service User Income**, over-recovery of (£1.851m). Income from service users has exceeded 2016/17 figures up to the end of May 2017, and this trend is expected to continue. The increases are a reflection of the alteration to the charging policy so that the calculation of charges takes into consideration an amount more closely reflected to actual disability related expenditure incurred by individuals and a new piece of work to support people who may not be accessing all financial benefits available to them.

#### 4. Early Help and Prevention, forecast underspend (£0.253m)

The main variances are:

**Reablement**, underspend of (£0.084m). The variance is from delays in planned recruitment.

**Other Services**, underspend of (£0.165m). The variance relates to vacancies within Care Arranging Service and the Emergency Duty Team.

#### 5. Management, Finance and HR, forecast overspend (£3.132m)

The main variances are:

**Management and Finance**, overspend of £3.117m. The forecast is based on the available data, but analysis of trends is limited at the end of Period 2. A contingency has been put in place to provide for the risk of not delivering the savings identified within the forecast, and to cover potential increases in demand. This will be reviewed on a regular basis.



## 2017-20 Savings Programme

### 1. Realignment of the savings to the Promoting Independence Programme

- 1.1 The Adult Social Care Committee, at its meeting on 23 January 2017, agreed the proposal to recommend the draft Adult Social Care Committee Revenue Budget be put forward for consideration by Policy and Resources Committee on 6 February 2017, to enable Policy and Resources Committee to recommend a sound, whole-Council budget to Full Council on 20 February 2017 including all of the savings for 2017-18 to 2019-20 as set out.
- 1.2 This budget included proposals for savings for the period 2017-2020 as follows:

Reference		2017-18 £m	2018-19 £m	2019-20 £m
	<b>SAVINGS</b>			
	<b>A - Cutting costs through efficiencies</b>			
ASC010	Reduce Training & Development spend following implementation of Promoting Independence	-0.200		
ASC022	Review of commissioning structure and wider opportunities to realign staffing structures in localities	-0.155		
ASC026	Review of various commissioning arrangements to identify more cost effective ways of providing services	-1.159		
ASC027	Multiple small efficiencies within Service Level Agreements	-0.190		
ASC028	Maximise use of apprenticeships	-0.020		
ASC030	Rationalise mobile phones	-0.010		
ASC031	Additional savings proposals currently being developed	-1.141		
	<b>B - Better value for money through procurement and contract management</b>			
ASC020	Remodel contracts for support to mental health recovery	-0.125	-0.275	

ASC021	Recommissioning of information advice and advocacy services	0.000	-0.250	
ASC024	Home care commissioning - an improved framework for procuring home care services in Norfolk	-0.183	-0.549	
	<b>C - Service Redesign: Early help and prevention, working locally</b>			
ASC008	Promoting Independence - Housing with Care - develop non-residential community based care solutions		-0.500	-0.500
ASC009	Promoting Independence - Integrated Community Equipment Service - expand service so through increased availability and access to equipment care costs will be reduced	-0.250	-0.250	
ASC003	Service users to pay for transport out of personal budgets, reducing any subsidy paid by the Council	0.900	-0.900	-0.800
ASC016-019	Building resilient lives: reshaping our work with people of all ages requiring housing related support to keep them independent	-2.100	-3.400	
COM040	Delay to 14-15, 15-16 and 16-17 saving: Reduce the number of service users we provide transport for	2.100	-2.100	
COM033	Reducing funding within personal budgets to focus on eligible unmet needs	-0.500		
ASC006	Promoting Independence - Customer Pathway - where the focus will be on connecting people with ways to maintain their wellbeing and independence thereby reducing the numbers of service users receiving care in a residential setting	-4.445	-3.628	-7.538
ASC007	Promoting Independence - Reablement - net reduction - expand Reablement Service to deal with 100% of demand and develop service for working age adults	-1.500	-0.500	
ASC011	Move service mix to average of comparator family group or target - all specialisms		-1.444	-0.962
ASC013	Radical review of daycare services	-1.000	-2.500	

ASC015	Move service mix to lowest of comparator family group - all specialisms		-2.190	-0.200
ASC023	A consistent approach to specific laundry needs	-0.055		
	<b>D - Raising Revenue; commercial activities</b>			
ASC029	Align charging policy to more closely reflect actual disability related expenditure incurred by service users	-1.180	-0.230	
	<b>NET RECURRING SAVINGS</b>	<b>-11.213</b>	<b>-18.716</b>	<b>-10.000</b>

- 1.3 The savings proposals are still in line with those proposed by this committee, and subsequently agreed by County Council in February, but are to be delivered and monitored within the Promoting Independence Programme's workstream approach.

- 1.4 The overall savings programme is now structured as follows:

<b>Gross Savings Requirement</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
Reported gross savings - agreed by County Council	-14.213	-18.716	-10.000
Add: Removal of one-off grant		-4.197	
<b>Target service savings</b>	<b>-14.213</b>	<b>-22.913</b>	<b>-10.000</b>

#### Summary

<b>Savings Programme</b>	<b>Workstream</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
<b>Promoting Independence</b>	Early Help and Prevention	<b>-1.500</b>	<b>-3.500</b>	<b>-0.800</b>
	Entry Points*	<b>0.000</b>	<b>0.000</b>	<b>0.000</b>
	Younger Adults	<b>-2.581</b>	<b>-6.794</b>	<b>-5.307</b>
	Older Adults	<b>-2.364</b>	<b>-2.665</b>	<b>-3.393</b>
	Commissioning	<b>-3.658</b>	<b>-9.724</b>	<b>-0.500</b>
<b>Business as Usual</b>	Other	<b>-4.110</b>	<b>-0.230</b>	<b>0.000</b>
<b>Total</b>		<b>-14.213</b>	<b>-22.913</b>	<b>-10.000</b>

- 1.5 As the programme develops, and the savings monitoring becomes more detailed in nature, the workstream reporting can be expanded to include the specific projects intended to deliver the savings.

\*The Entry Points workstream is intended to deliver savings but these savings will fall under the budgets relating to both Younger and Older Adults formal care services. To avoid a potential double counting of savings the reporting will therefore sit under the

Younger and Older Adults workstreams. Non-financial metrics will be used to ensure the Entry Points workstream is delivering its requirement in enabling savings within other parts of the customer pathway.

- 1.6 In order for the Committee to understand the build-up of the workstream, the following diagram articulates the change from the old format into the new:

Savings Programme	Workstream	Workstream Savings		Ref.	Saving	2017-18	2018-19	2019-20
						£m	£m	£m
Promoting Independence	Early Help and Prevention workstream	-5.800	=	ASC003	Service users to pay for transport out of personal budgets, reducing any subsidy paid by the Council		-0.900	-0.800
				COM040	Delay to 14-15, 15-16 and 16-17 saving: Reduce the number of service users we provide transport for		-2.100	
				ASC007	Promoting Independence - Reablement - net reduction - expand Reablement Service to deal with 100% of demand and develop service for working age adults	-1.500	-0.500	
	Older and Younger Adults workstreams	-23.104	=	COM033	Reducing funding within personal budgets to focus on eligible unmet needs	-0.500		
				ASC006	Promoting Independence - Customer Pathway - where the focus will be on connecting people with ways to maintain their wellbeing and independence thereby reducing the numbers of service users receiving care in a residential setting	-4.445	-3.628	-7.538
				ASC011	Move service mix to average of comparator family group or target - all specialisms		-1.444	-0.962
				ASC015	Move service mix to lowest of comparator family group - all specialisms		-2.190	-0.200
					Demand management requirements towards £4.197m		-2.197	
				ASC020	Remodel contracts for support to mental health recovery	-0.125	-0.275	

	Commissioning workstream	-13.882	=	ASC021	Recommissioning of information advice and advocacy services	0.000	-0.250	
				ASC024	Home care commissioning - an improved framework for procuring home care services in Norfolk	-0.183	-0.549	
				ASC008	Promoting Independence - Housing with Care - develop non-residential community based care solutions		-0.500	-0.500
				ASC009	Promoting Independence - Integrated Community Equipment Service - expand service so through increased availability and access to equipment care costs will be reduced	-0.250	-0.250	
				ASC016-019	Building resilient lives: reshaping our work with people of all ages requiring housing related support to keep them independent	-2.100	-3.400	
				ASC013	Radical review of daycare services	-1.000	-2.500	
					Commissioning requirements towards £4.197m		-2.000	
Business as usual	Miscellaneous	-4.340	=	ASC010	Reduce Training & Development spend following implementation of Promoting Independence	-0.200		
				ASC022	Review of commissioning structure and wider opportunities to realign staffing structures in localities	-0.155		
				ASC026	Review of various commissioning arrangements to identify more cost effective ways of providing services	-1.159		
				ASC027	Multiple small efficiencies within Service Level Agreements	-0.190		
				ASC028	Maximise use of apprenticeships	-0.020		
				ASC030	Rationalise mobile phones	-0.010		
				ASC031	Additional savings proposals currently being developed	-1.141		
				ASC023	A consistent approach to specific laundry needs	-0.055		

				ASC029	Align charging policy to more closely reflect actual disability related expenditure incurred by service users	-1.180	-0.230	
						<b>-14.213</b>	<b>-22.913</b>	<b>10.000</b>

## Adult Social Services Reserves and Provisions 2017/18

	Balance	Period 2	
		Proposed usage	Balance
	01-Apr-17	2017/18	31-Mar-18
	£m	£m	£m
Doubtful Debts provision	4.157	0.000	4.157
<b>Total Adult Social Care Provisions</b>	<b>4.157</b>	<b>0.000</b>	<b>4.157</b>
<p>Prevention Fund – General - As part of the 2012-13 budget planning Members set up a Prevention Fund of £2.5m to mitigate the risks in delivering the prevention savings. £0.131m was brought-forward on 1 April 16, and it is being used for prevention projects: Ageing Well and Making it Real.</p> <p>2013-14 funding for Strong and Well was carried forward within this reserve as agreed by Members. £0.122m was brought-forward on 1 April 16, all of which has been allocated to external projects and will be paid upon achievement of milestones.</p>	0.200	-0.187	0.013
Market Development Fund	0.020	-0.020	0.000
Repairs and renewals	0.043	0.000	0.043
Adult Social Care Workforce Grant	0.255	-0.255	0.000
IT Reserve - Slippage in revenue spending pattern in relation to social care information system reprocurement	0.361	-0.361	0.000
Unspent Grants and Contributions	1.196	-0.758	0.438
<b>Total Adult Social Care Reserves</b>	<b>2.074</b>	<b>-1.580</b>	<b>0.494</b>
<b>Total Reserves &amp; Provisions</b>	<b>6.231</b>	<b>-1.580</b>	<b>4.651</b>



## Adult Social Services Capital Programme 2017/18

Summary	2017/18		2018/19
Scheme Name	Current Capital Budget	Forecast outturn at Year end	Draft Capital Budget
	£m	£m	£m
Failure of Kitchen Appliances	0.030	0.030	0.000
Supported Living for people with Learning Difficulties	0.015	0.015	0.000
Adult Social Care IT Infrastructure	0.141	0.141	0.000
Adult Care - Unallocated Capital Grant	4.198	4.198	0.000
Strong and Well Partnership - Contribution to Capital Programme	0.121	0.121	0.000
Bishops Court - King's Lynn	0.085	0.085	0.000
Winterbourne Project	0.050	0.050	0.000
Care Act Implementation	0.871	0.871	0.000
Social Care and Finance Information System	5.238	5.238	1.912
Elm Road Community Hub	1.324	1.324	0.109
Better Care Fund Disabled Facilities Grant and Social Care Capital Grant – passported to District Councils	6.924	6.924	0.000
Netherwood Green	0.650	0.650	0.000
<b>TOTAL</b>	<b>19.647</b>	<b>19.647</b>	<b>2.021</b>

# Adult Social Care Committee

Item No .....

<b>Report title:</b>	<b>Additional Social Care Funding</b>
<b>Date of meeting:</b>	<b>10 July 2017</b>
<b>Responsible Chief Officer:</b>	<b>James Bullion, Executive Director of Adult Social Services</b>
<p><b>Strategic impact</b></p> <p>Adult Social Services faces huge challenges in delivering a sustainable model of care and support in the context of growing financial and demographic pressures. The Chancellor's Budget in March 2017 announced £2bn additional non recurrent funding for social care, of which Norfolk will receive £18m in 17/18, followed by £11m in 2018/19 and £6m in 2019/20. This funding is in addition to recurrent funding received through the Better Care Fund (BCF). The funding will be paid as a direct grant to councils by the Department of Communities and Local Government (DCLG) and as a condition of the grant, councils are required to pool the funding into their BCF. The BCF is governed by the Health and Wellbeing Board, agreed by CCGs and monitored by DCLG through an assurance process. Final guidance is expected on the BCF, and following agreement by the Council's committees, an agreed plan will be submitted as part of our BCF submission.</p>	
<p><b>Executive summary</b></p> <p>This report outlines how Adult Social Services proposes to use the additional one-off funding announced as part of the budget in March 2017. The grant amounts to some £35m over three years and effectively acts as a 'bridge' to the Improved Better Care Fund. It will help manage existing and new pressures in the health and social care system, and will enable preventative activities which reduce and delay the need for formal care and support the safe discharge of people from hospital.</p> <p>The grant will be directed towards and benefit the following key areas:</p> <ul style="list-style-type: none"> <li>a) Protecting social care – Funding required to manage shortfall in recurrent pressures and protect social care services. This will ensure vital service provision such as homecare is maintained and people can maintain their independence and stay out of hospital</li> <li>b) Sustain social care – Supporting the capacity of social services ensures people receive support that meets their needs and is fundamental to people being able to leave formal care settings as soon as they are medically fit. It will mitigate pressures on the costs of care and secure the supply of home care and residential care which is affordable and of good quality</li> <li>c) Invest and improve social care – investing in prevention, including earlier intervention in the community, additional care at home, and specialist care for those people who can leave hospital but are not ready to go home</li> </ul> <p>Taken together, this approach is fully in line with, and strengthens, previously agreed plans to achieve over £50m in savings and efficiencies by 2020.</p> <p><b>Recommendations:</b></p> <p><b>Committee is asked to agree to support the proposals for use of the additional monies as set out in Appendix 1, and recommend to Policy and Resources Committee for agreement.</b></p>	

## 1. Background

- 1.1 The Chancellor's Budget in March 2017 announced £2bn additional non recurrent funding for social care, of which Norfolk will receive £18m in 17/18, followed by £11m in 2018/19 and £6m in 2019/20. The funding will be paid as a direct grant to councils by the DCLG. As a condition of the grant, councils will be required to pool the funding into their BCF and agree a plan. This plan is governed by the Health and Wellbeing Board and signed off by CCGs and DCLG through national and local assurance.
- 1.2 Additional investment and funding proposals require approval and endorsement of the ASC Committee in addition to agreement by Clinical Commissioning Groups (CCGs).

## 2. Grant Conditions from the Additional social care funding

- 2.1 Councils are required to meet the grant conditions which have been set out in the grant determination letter sent to all councils. The new, one off, additional social care grant will be paid directly to local authorities from the DCLG and will be included in the BCF. Guidance sets out the purposes of the funding which is to be spent on adult social care and used for the purposes of:
  1. **Meeting social care needs**
  2. **Reducing pressures on the NHS supporting people to be discharged from hospital when they are ready**
  3. **Ensuing that the local social care provider market is stabilised**
- 2.2 The Government has made clear that part of this funding is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. Local authorities are therefore able to spend the grant, including to commission care, subject to the conditions set out in the grant determination, as soon as plans have been locally agreed.
- 2.3 The additional funding supports the shared agendas of health, Acutes and social care. Funding, is short term and operates as a 'bridge' to recurrent funding within the Improved BCF (iBCF) therefore it is important that initiatives undertaken seek to genuinely manage and divert demand within the system. Robust evaluation and monitoring of all interventions will be undertaken to identify where in the system efficiencies are made - this will support sustainability in the long term.

## 3. Promoting Independence – Adult Social Services vision and priorities

- 3.1 Adult Social Services has developed a vision for the future – to support people to be independent, resilient and well. The strategy to achieve that vision – Promoting Independence – is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care.
- 3.2 It aims to shift spending away from the more costly intensive spending such as residential care, towards earlier intervention and prevention, reducing demand for services over a number of years.
- 3.3 The strategy has these main elements:
  - 3.3.1 **Prevention and early help** – Empowering and enabling people to live independently for as long as possible through giving people good quality information and advice which supports their wellbeing and stops people become isolated and lonely. It will help people stay connected with others in their communities, tapping into help and support already around them – from friends, families, local voluntary and community groups. For our younger

adults with disabilities, we want them to have access to work, housing and social activities which contribute to a good quality of life and wellbeing.

- 3.3.2 **Staying independent for longer** – for people who are most likely to develop particular needs, we will aim to intervene earlier. Our social care teams will look at what extra input could help people's quality of life and independence – this might be some smart technology, some adaptations to their homes to prevent falls, or access via telephone or on-line to specialist tailored advice. When people do need a service from us, we want those services to help people gain or re-gain skills so they can live their lives as independently as possible.
- 3.3.3 **Living with complex needs** – for some people, there will be a need for longer term support. This might mean the security of knowing help is on tap for people with conditions like dementia, and that carers can have support. We will look at how we can minimise the effect of disability so people can retain independence and control after say, a stroke or period of mental illness.
- 3.4 Together with implementing this change programme, these are the service priorities:
- Strengthen social work so that it prevents, reduces and delays need - great social work, in all its forms, is at the heart of delivering our vision, and is at the heart of our statutory role as outlined in the Care Act
  - Be strong partners for integrated working to support a good life in communities – working with partners, sharing information, joining up services will help us avoid duplication and plan health and social care so it is organised around how individuals want to live their lives, not around organisational structures
  - Increased focus on quality and safeguarding – during a period of change, the need to be relentless on quality and safeguarding becomes even more important
  - Strong financial and performance accountability – the council has prioritised spending on adult social care and made some tough decisions to ensure that we are on a sound financial footing. There must be a continuous focus on efficiency, driving out waste and unnecessary cost, and ensuring every pound invested represents the best possible value

## 4. Improved Better Care Fund and Norfolk County Council (NCC) Budget Planning

- 4.1 The additional funding is one-off and is being provided as a bridge to the recurrent improved Better Care Fund. Both funding sources will be received directly from DCLG. The table below shows the profile of the one-off additional funding and the improved Better Care Fund. The improved better care fund has been shown within the medium term financial plan agreed by County Council. The funding for 2017-18 was built into funding sources.

4.2

£Ms	New funding iBCF as per 2017 Spring	iBCF as per 2015 Spending Review (recurrent)	Total	Additional/Reduction in funding year on year
	Budget (one-off)			
2017/18	18.561	1.885	20.446	20.446
2018/19	11.901	15.828	27.729	7.283
2019/20	5.903	28.372	34.275	6.546
2020/21		28.372	28.372	(5.903)

## 5. Norfolk Priority Proposals

5.1 Priority areas for Norfolk are summarised thus:

- a) Protection of social care – maintaining social care services
- b) Sustain social care – focus on the market and securing supply and workforce
- c) Invest and improve social care – support health functions in discharging their duties including work with CCGs and providers to meet National Condition 4

5.2 While the additional funding will need to be pooled within the BCF and principles agreed as part of the overall plan, investment of this element of the fund will be agreed by NCC Adult Social care Committee. Detailed description of the proposals is contained within **Appendix 1 Table 1**.

5.3 These priority areas complement and support the key PI themes and are focused on supporting the shared objectives of health and social care partners, combining an enhanced prevention offer, with direct support to NHS systems to support discharge from hospitals.

5.4 Grant conditions note that NCC, together with health partners, will need to meet National Condition 4 of the BCF (Managing Transfers of Care) and key to managing transfers of care is the implementation of the High Impact Change Model (HICM). This offers a practical approach to supporting health and social care systems to manage patient flow and discharge and can also be used to self-assess how health and social care systems are working now.

5.5 The national condition applies to both councils and CCGs, and both are expected to agree how the model's implementation will be funded. The model requires active management and funding of discharge pathways by CCGs, Acutes and social care; the impact on delayed discharge figures will be contingent on this. Strong partnership and co-operation will be needed to ensure a joined up and consistent approach.

5.6 S151 Officers will need to confirm that funding provided through the improved BCF is spent in addition to existing plans for spending in 17/18.

5.7 DCLG will monitor the impact of the grant on local care services and delayed hospital transfer (DTOC) figures through a comprehensive narrative required quarterly. The focus of the return is on care provision that supports effective discharge and flow through the system as a whole in addition to monitoring capacity and resilience of the market overall.

5.8 The impact of the additional spend will need to be swiftly felt in 17/18 and high level agreement of principles will facilitate detailed proposals to be developed and implemented. For clarity, and in order to support CCGs to manage and plan flow, funding has nominally been allocated across the three acute systems (**Appendix 1, Table 2**). This indicates how resources will be allocated to support the health system although in practice there will need to be flexibility to direct resources where problems with delayed transfers and social care capacity are most intense.

## 5.9 **Protection of social care**

- 5.9.1 This area covers medium term risk to the social care budget and the consequent impact on services arising from:
- a) The end of the three year protection of social care Section 75 in 2019/20 (BCF)
  - b) Enabling some future protection of social care through mitigating the need for additional reductions arising from the identified budget shortfall for future years. 2017-18 budget
- 5.9.2 Sustaining the care market is key to the sustainability of the system overall as additional cost pressures would otherwise need to be met through reductions in social care provision.

## 5.10 **Sustain Social Care**

- 5.10.1 Social care is under pressure to continue to meet the care and support needs of the population and as part of this task NCC is required to ensure the market for social care is managed to be sustainable and effective.
- 5.10.2 Much of NCC spending is in market based services such as homecare and care homes and the additional short term funding will be used to help support increases in costs, sustain services and ensure that capacity within social work teams is sufficient to meet demand. These areas are crucial in ensuring that the health service is able to manage its demand effectively and supports the close partnership between health and social care necessary to ensure overall system sustainability.
- 5.10.3 In practice much of this spend will have a recurrent cost pressure, which will need to be a first call on the improved better care fund in future years
- 5.10.4 Key areas for the Norfolk system are:
- a) Working with homecare and care home markets to ensure sustainable care provision and managing potential market failures which presents risk to individuals but also the system overall. Funding here will support integrity of the care market
  - b) Responding to additional contractual cost pressures arising from national living wage (NLW). NLW while supporting recruitment into the care sector places a direct pressure on providers. NCC needs to support the sector in managing these pressures and ensuring that provision is sustainable
  - c) Care pressures – direct support to secure increased capacity in the home support market in areas where there is unmet need, which can reduce options for individuals and delay discharges from hospital. The principle which supports managing needs within the community rather than in formal care settings increases demands on the market based offer and resources will be focused on strengthening this
  - d) Managing capacity within social work teams to enable timely assessment and assist people at discharge and to prevent admissions. Strengthening social work is one of the key strands of prevention of admissions to both hospitals and care homes. Additional capacity here will also support the development of a more dynamic response to hospital teams with resources directed at areas of pressure. Further detail on cost and capacity is contained in section 7.7 below. The expectation is that this investment would help achieve additional savings and would need to be self-financing by 2019-20

## **6. Invest and Improve**

- 6.1 Additional one-off funding offers the opportunity to implement demand management initiatives that will support ensuring people are safely and quickly discharged from hospital when they are medically fit to do so. These initiatives will ensure that Condition 4 – ‘managing transfers of care are met’ and the principles of the HICM, including a Discharge to Assess model, are explored and implemented.
- 6.2 Initiatives will require full collaboration of the Acutes and CCGs in order to ensure that system flow is consistently improved across the health and social care landscape. Joining up of pathways in and out of hospital is essential for any new initiatives to have real and sustained impact.
- 6.3 Analysis of delayed transfers of care (Dtoc) for each of the Acutes and Norfolk and Suffolk Foundation Trust (NSFT) hospitals will support identification of the most effective intervention for each part of the system.
- 6.4 Priorities, which will need to be on an invest to save basis include:
- a) Expansion of prevention schemes and community/care navigation schemes including social prescribing (SP). Evidence shows that SP can have a significant impact on reducing demand on hospitals and work with District Councils and Public Health will explore how these initiatives can be linked to work closely with the provision of disabled facility grants and information and advice sources. In order to impact change across Norfolk it is anticipated that external finance will need to be secured and funding opportunities are being explored
  - b) The HICM will require Acutes and CCGs to commit to work collaboratively in order to apply best practice to facilitate hospital discharges. Co-production of a trusted assessor model with providers will ensure that each Acute is able to discharge people safely and efficiently back to care homes. Further work with Acute and health partners to establish a consistent and robust approach to shared assessments is underway
  - c) Bed based reablement and active assessment beds– the ‘homefirst’ model describes a system that helps promote independence for older people and at the same time relieves pressure on health services. Bed based reablement facilities will be scoped to serve appropriate discharge from Acutes; these facilities would work in conjunction with active assessment beds and CCG ‘supported care’ initiatives and, combined, will support the process of swift and safe discharges
  - d) Wrap around home care – supporting the development of ‘supported care models’ it is proposed to develop an enhanced level of homecare that will wrap around people on discharge to ensure needs are met expertly and the ‘homefirst’ model is resourced effectively
  - e) Additional provision is being scoped to support discharges from mental health hospitals and support to carers. Funding is proposed to enhance existing initiatives on the basis of invest to save

## **7. Investment in additional social care capacity**

- 7.1 We have analysed patterns of social work and associated activity across the county to understand better current workloads, practices, challenges and barriers.
- 7.2 We have modelled different scenarios using our cost and demand model to test whether we have the right resources, skills and capacity in the right places, and our conclusions from this work are that we need to invest in more front line social workers, and some

additional team managers. The staffing establishment has not sufficiently kept pace with the changes introduced by the Care Act, the changing complexity of workloads, and increasing expectations about discharge from hospital and admission avoidance.

- 7.3 The additional funding for social care means we can strengthen teams in our localities sooner to sustain and improve the health and social care system.
- 7.4 Over the next three years, our modelling shows that we need to invest in the equivalent of 50 social workers in our locality teams. The cost of this is £3.4m per annum which will be recouped over the period of the new Medium Term Financial Strategy through increased savings.
- 7.5 Additional capacity will also address the backlog of work which is currently being carried across all teams. Over the last year this backlog has meant that at any one time between 2500 and 2900 pieces of work are waiting to be started – often assessments of people who have had an initial conversation with adult social care (and who may have had interim services put in place) but where a full assessment is required to make sure the right support is in place. The backlog is not good practice, and requires considerable additional social work time to monitor risk and to prioritise activity. The investment will:
  - a) enable teams to manage the volumes of work to provide the right level of resources to underpin strengths-based social work, supporting timely discharge and preventing admissions to acute hospitals
  - b) provide an establishment which keeps pace with predicted demand while continuing to give the very best service
- 7.6 By strengthening social work and eradicating waiting lists, we will ensure that people remain as independent as possible for as long as possible, and that health and social care resources are focussed on those in the most need. Our strengths-based model of care supports the development and implementation of a 'Three Conversations' model, promoting 'wrap-around' integrated working. This earlier intervention in the community will support admission avoidance and re-admissions as well as facilitating speedy discharges to the most suitable setting.



- 7.7 The costs for proposals to invest in additional social work capacity are as follows:

<b>Proposal</b>	<b>Costs</b>
Additional and re-organised Social Work and Assistant Practitioner Capacity:	£2,146,300 p.a.
Increased and re-organised management capacity:	£829,170 p.a.
Strengthened professional development offer for staff:	£196,660 in 2017-18 £513,651 p.a. thereafter
Strengthened professional development offer for managers:	£22,800 one-off cost
Pilot Implementation through an Innovation Site approach:	£71,892 one off cost
<b>Total costs for year one</b>	<b>£3,266,822</b>
<b>Total costs subsequent years</b>	<b>£3,489,121</b>

## 8. Issues, Risk and Innovation

- 8.1 The risks in the adults' risk register are all pertinent to the delivery of the improved performance required from the additional social care funding. The funding is specifically focused on addressing key areas of pressure within the system and the combination of protection of social care and innovation in terms of investment in new mechanisms will need to be demonstrated in the performance of the system as whole, both in terms of delayed transfers of care, but also in enhanced capacity and sustainability within the care market.
- 8.2 Close monitoring of performance is already undertaken and this will support the flexing of resources to ensure that maximum impact is felt from the additional funding. Sustained improvements in performance will require the close collaboration and joint working of Acutes, CCGs, NSFT and ASC.

## 9. Summary

- 9.1 The government has made clear that part of the one-off additional social care grant is intended to enable local authorities to quickly provide stability and extra capacity in local care systems. Local authorities are therefore able to spend the grant, including to commission care, subject to the conditions set out in the grant determination, as soon as plans for spending the grant have been locally agreed with CCGs involved in agreeing the Better Care Fund plan."
- 9.2 The additional social care grant is short term and there is a strong focus on the proposed commitments in 17/18. However, where necessarily expenditure would give rise to an ongoing commitment, this is stated as recurrent in **Appendix 1**. In practice these commitments will be a first call on the recurrent iBCF in future years. All short term investments will need to demonstrate how demand for services is shifted and pathways

improved as a result. This is key to ensuring that improvements in flow and customer experience are maintained as funding subsequently reduces.

- 9.3 The proposed investment of additional social care funding will support the health and social care system in Norfolk, managing existing and new pressures and implementing the HICM as required by the DCLG grant conditions. The use of the funding reflects the priorities identified within the Promoting Independence strategy and builds on the overarching priorities of the service; strengthening social work, being good partners for integration and improving the quality of services. By working with our health partners the additional spend will have a positive impact on delayed transfers of care and increase capacity to support people in their homes. The impact of the additional spend will also strengthen the plans to achieve over £50m in savings and efficiencies by 2020.

## **10 Recommendations**

- 10.1 **Committee is asked to agree to support the proposals for use of the additional monies as set out in Appendix 1, and recommend to Policy and Resources Committee for agreement.**

### **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:

<b>Officer Name:</b>	<b>Tel No:</b>	<b>Email address:</b>
Sera Hall	01603 224378	<a href="mailto:sera.hall@norfolk.gov.uk">sera.hall@norfolk.gov.uk</a>



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

## Appendix 1

Table 1

Planning priority	Grant Condition	Description	2017/18	2018/19	2019/20	Impact
			£m	£m	£m	
Protect	Meeting Social Care Needs	Funding required to manage shortfall in recurrent pressures and protect social care services	1.9	11.9	22.2	Over the three year period this funding will ensure that vital service provision such as homecare is maintained and people are supported to maintain their independence and stay out of hospital
Sustain	Reduce pressure on the NHS and stabilise Social Care provider market	Support the care market and develop resilience against the impact of specific recurrent market pressures	9.3	11.0	11.0	Recent legislation on National Minimum Wage and the cost of care presents additional pressures to the care sector that require supporting if provision to remain sustainable.  Market failure presents a risk to individuals but also the system overall funding here will support integrity of the care market
	Meeting Social Care Needs	Managing recurrent capacity with DOLs when alternative funding finishes	0.0	0.2	0.2	
	Reduce pressure on the NHS and meet	Managing capacity – strengthen social work to assist people at discharge and to prevent admissions	2.6	2.5	0.0	Social work is core to ensuring people's needs are met quickly and effectively. Supporting capacity of social work will strengthen the prevention offer, ensure people receive support that meets their needs and is fundamental to ensuring that people are able to leave formal care settings as soon as

Planning priority	Grant Condition	Description	2017/18	2018/19	2019/20	Impact
			£m	£m	£m	
	social care need					<p>they are medically fit. Resources here will enable services to be flexed according to pressure within the system.</p> <p>Investing in social work will reduce pressures on the NHS and supports the PI agenda. The invest to save element here will be realised through better management of needs and management of flow through the system.</p> <p><b>Note:</b> of the £2.6m in 2017/18, £1m will need to be carried forward into 2018/19 to reflect recruitment timescales, therefore £3.5m will be spent in 2018/19. For 2019/20 it is the intention for the investment to remain at 2018/19 levels (£3.5m) but the additional capacity should be self-financing through savings delivered in the Purchase of Care budget.</p>
Invest and Improve	Reduce pressure on the NHS	Expansion of prevention schemes – social prescribing and community/care navigation schemes – Invest to save	0.7	0.7	0.0	Social prescribing has been evidenced to divert demand from formal care services, especially hospitals. Combined with an offer that builds on community resilience and capacity this initiative is designed to support demand management initiatives and enhance community ability to respond to need
		Respond to care pressures – micro commissioning invest to save pilot	0.1	0.0	-0.1	Homecare is a key service in ensuring people can stay out of hospital and be discharged quickly when they are medically fit. Micro commissioning initiatives have been shown to have a positive impact on homecare capacity in similar rural areas. Increased capacity in the system is designed to be

Planning priority	Grant Condition	Description	2017/18	2018/19	2019/20	Impact
			£m	£m	£m	
						sustainable without additional funding after the first two years
		Managing transfers of care – Trusted assessor	0.2	0.2	0.2	Managing transfers of care and implementing the HICM requires a number of joint initiatives between social care and health partners.
		Managing transfers of care – through invest to save programme for example discharge to assess; home support wrap around service; accommodation based reablement and active assessment beds	5.1	0.5	0.2	Key elements of the pathway are trusted assessor and discharge to assess. The implementation of these will be supported by an enhanced, wrap around, home care offer and additional capacity in reablement beds – these initiatives will support the reduction of delayed transfers of care and provide a better quality of care for people in this pathway  Many of these initiatives are to be run as pilots to evaluate outcomes and put in place sustainable funding based on the part of the system where benefits accrue. There may be a requirement to c/fwd an element of the 2017/18 funding depending on the progress and timing of implementing each pilot.
		Enhanced community offer for carers - 3 year invest to save pilot	0.1	0.1	0.1	Carers are key to supporting people to stay safe and independent. Additional funding here will work alongside newly commissioned carers service to ensure that carers are fully supported to have a good quality of life
		Enhanced flexible dementia offer - 3	0.2	0.2	0.2	Providing support that enables people with dementia to stay in their own homes is a priority for

Planning priority	Grant Condition	Description	2017/18	2018/19	2019/20	Impact
			£m	£m	£m	
		year invest to save pilot				both health and social care. This funding will enhance the existing offer and allow innovations in service to be implemented and tested for success. This service will support people with dementia to be discharged safely from formal care settings.
		Reduce DTOC mental health services	0.2	0.2	0.2	Providing sufficient support when people with mental health problems leave formal care services is crucial in ensuring people can settle and establish their independence. We are working with mental health colleagues to formulate the most effective mechanisms that will support discharge from hospitals and formal care settings.
Total			20.4	27.5	34.2	
Funded by:	iBCF as per 2017 Spring Budget		-18.6	-11.9	-5.9	
	iBCF as per 2015 Spending Review		-1.9	-15.8	-28.4	
	Total		-20.4	-27.7	-34.3	
Balance			0.0	-0.2	-0.1	

Table 2 - Additional Social Care Funding – Investment, Protection and Sustaining Social Care – by Acute system (population basis)

System	2017/18	2018/19	2019/20
Eastern (GY&W CCG)	2.3	3.1	3.8
Central (North, South and Norwich CCGs)	14.1	19.0	23.7
West (West CCG)	4.0	5.4	6.7
	<b>20.4</b>	<b>27.5</b>	<b>34.2</b>

# Adult Social Care Committee

Item No.....

<b>Report title:</b>	<b>Promoting Independence progress and actions for 2017/18</b>
<b>Date of meeting:</b>	<b>10 July 2017</b>
<b>Responsible Chief Officer:</b>	<b>James Bullion, Executive Director for Adult Social Services</b>
<b>Strategic impact</b> Promoting Independence is the department's strategy for accelerating the delivery of improved outcomes for people who require adult social care as well as meeting the financial imperatives agreed by the Council for the next three years.  The activities proposed in this report will implement the key changes required to deliver the planned strategic and financial outcomes for 2017/18 and lay the foundations for further changes in subsequent years.	

## Executive summary

This report summarises the overall purpose and case for change for Promoting Independence, highlighting the impact to date and the key activities which need to be delivered during 2017/18.

It reports a refresh and updating of the Cost and Demand Model (CDM) which has been developed with external support. The CDM is a vital tool for assessing and assuring the impact of different interventions on reducing overall demand and cost to achieve the required £47m of recurrent savings during the period 2017-2020 whilst sustaining support and services to build resilience and independence for users.

The programme of work for change is organised under a series of workstreams, and the milestones for each of those workstreams is set out for Members. The key activities for the year are:

- a) High quality information at our 'front door'
- b) A new 'offer' for people with learning disabilities which is based on enablement and promotes independence
- c) Embedding strengths-based social work
- d) Commissioning new forms of care and support which promote independence and reduce dependency
- e) Robust management of contracts

The report explains the rationale for six high level measures and describes work using the CDM to further model and refine these and a wider set of targets. It recommends that the Corporate Strategy and Delivery Unit provides expertise and assurance in developing robust targets, profiled to align with the impact of key activities and in line with budget savings required.

## Recommendations:

**Adult Social Care Committee is asked to:**

- 1) Agree the priority activities for 2017/18 in section 6 & the milestones in Appendix 1**
- 2) Agree the process for developing a full robust performance framework in section 7**



- 1.1 Promoting Independence is the strategy for change for Adult Social Services. It is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care.
- 1.2 The strategy has these main elements:
- 1.3 **Prevention and early help** – Empowering and enabling people to live independently for as long as possible through giving people good quality information and advice which supports their wellbeing and stops people becoming isolated and lonely. It will help people stay connected with others in their communities, tapping into help and support already around them – from friends, families, local voluntary and community groups. For our younger adults with disabilities, we want them to have access to work, housing and social activities which contribute to a good quality of life and wellbeing.
- 1.4 **Staying independent for longer** – For people who are most likely to develop particular needs, we will aim to intervene earlier. Our social care teams will look at what extra input could help people's quality of life and independence – this might be some smart technology, some adaptations to their homes to prevent falls, or access via telephone or on-line to specialist tailored advice. When people do need a service from us, we want those services to help people gain or re-gain skills so they can live their lives as independently as possible.
- 1.5 **Living with complex needs** – For some people, there will be a need for longer term support. This might mean the security of knowing help is on tap for people with conditions like dementia, and that carers can have support. We will look at how we can minimise the effect of disability so people can retain independence and control after say a stroke or period of mental illness.

## 2. The Case for change

- 2.1 Promoting Independence was first agreed as a direction of travel for Adult Social Services in 2015. The drivers for change can be summarised as:
  - a) The need to implement fully the Care Act with its principles of reducing, preventing and delaying the need for formal care
  - b) The wellbeing principle at the heart of the Care Act which requires a shift away from the culture of assessing and providing care packages, to a new approach which promotes independence and sees fewer people needing ongoing social care support
  - c) Data and evidence which showed that Norfolk Adult Social Services was an outlier on some key indicators of enablement and independence and also pointed to higher spending on more intensive, formal care services:
    - i. Higher numbers of young adults (18-65) in permanent residential care
    - ii. High numbers of older people (65+) in permanent residential or nursing care
    - iii. Spending patterns which saw a higher proportion of adults' budget spent on a relatively smaller number of people
  - d) Demographic and demand projections which – without major change – modelled a scenario whereby local authority funding regimes failed adequately to keep pace with the increasing volumes
  - e) Changes in funding for councils, including reductions in RSG. For Adult Social Services, this translated into a need to save £47m over three years. Without a fundamental change, the council faced a retreat to statutory minimum which was unsustainable and at odds with what people wanted

- f) Continued expectation for integration between health and social care as part of the national strategy to deliver a sustainable health and care system

- 2.2 Promoting Independence aims to change the adult social services 'offer' so that interventions actively promote independence and reduce reliance on statutory support.
- 2.3 This approach is both in line with what people want, is in line with the Care Act and is a positive response to managing demand, and avoiding a retreat to statutory minimum.

### 3. Key outcomes for Promoting Independence

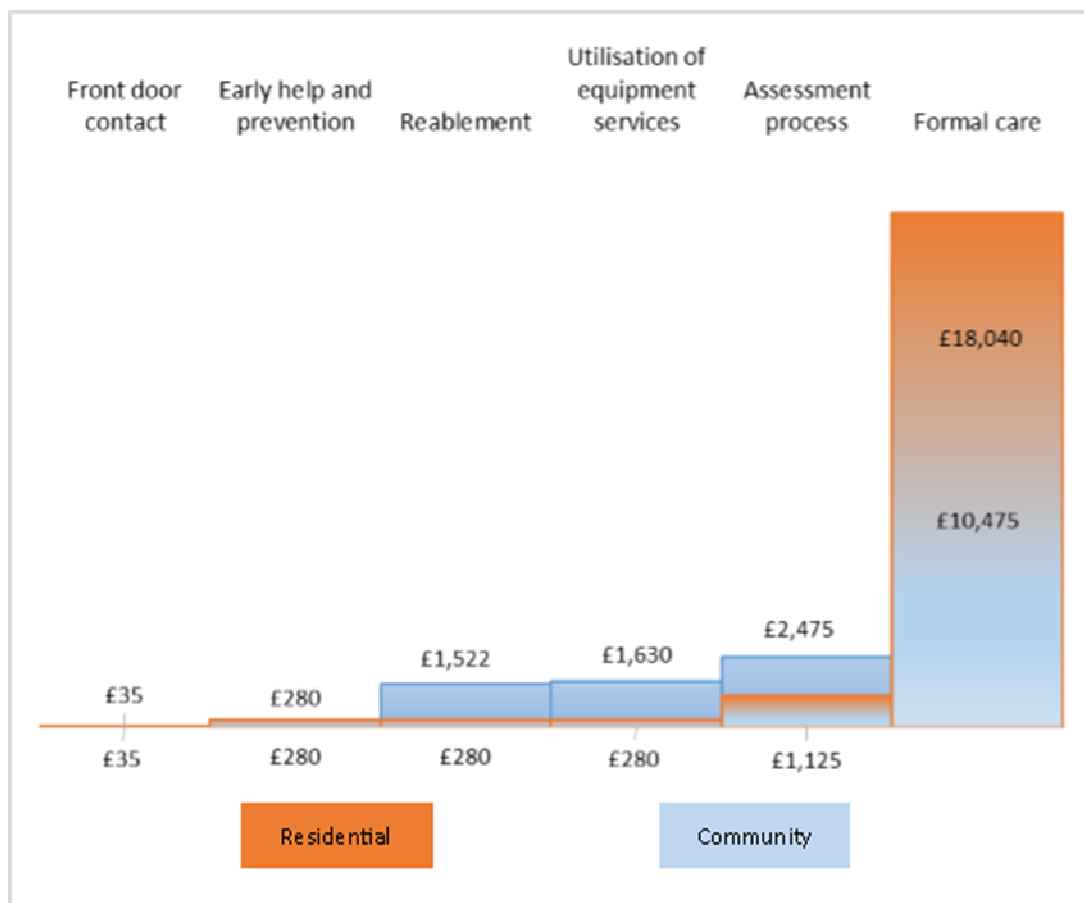
- 3.1
  - a) An effective Council '**front door**' which helps people to find solutions for their support needs. This will include the effectiveness of information, advice and guidance, short term help and the approach to prevention
  - b) Effective arrangements for referrals from health which are managed consistently with the front door and that **reablement and intermediate care** work to optimum effect
  - c) Improved methods of meeting the needs of people requiring **low level support** including greater and better use of assistive technology and equipment which support opportunities to maximise independence
  - d) Strengths-based **assessment and care management** which looks at the **assets** of the person being assessed and the involvement of family and community in a person's solutions
  - e) An **enablement** approach which helps people with long term conditions progress towards greater independence, and supports people with long term conditions, such as dementia
  - f) Availability and nature of **supported housing solutions** including supported living and extra care housing
  - g) Effective partnerships with **carers** and carers' organisations

### 4 Delivering savings and managing demand

- 4.1 The Adult Social Services Department have planning assumptions that require the delivery of £47m of recurrent savings during the period 2017-2020. These savings were agreed, and where necessary consulted on, as part of the budget setting process in February 2017.
- 4.2 The savings are balanced across demand management initiatives, implementing changed practice, commissioning and redesign of services and changes to charging.
- 4.3 To stay on track with the delivery of savings, each locality has been issued with a clear framework which takes account of current actual service demand, average costs, anticipated additional costs from demographic growth – including transition from children's to adults – increases in provider fees, and savings expectations. Currently, as reported elsewhere on this agenda, we are keeping within this budget.
- 4.4 Understanding the drivers of increased demand and being able to model and predict future scenarios is central to achieving a sustainable model of adult social care for the future in Norfolk.
- 4.5 Adult Social Services has worked with external consultants Impower to develop a 'modelling tool' which takes activity, spend and demographic data to give insights into the spread and pattern of activity and spend across the adult system – from the front door when people telephone with an inquiry, right through the various types of service to

when someone is in full time residential or nursing care.

- 4.6 The “Cost and Demand Model” (CDM) works by looking at the whole Adult Social Care pathway – from the first call to our Customer Service Centre through to formal services – and calculating how changes in one part of the pathway (for example a reduction in the number of people contacting the council that go on to an assessment) are likely to change volumes and costs in subsequent pathway steps. To this it applies projected increases in eligible population and costs to forecast the cost of delivering care in Adult Social Services over the next five years. The CDM enables us to add in interventions, planned as part of the Promoting Independence workstreams, and view what their potential impact will be on this spend. Using these scenarios we can set targets for key markers on the customer journey which, if met, should result in achieving the required level of spend.
- 4.7 The CDM provides us with a tool to more effectively and efficiently model important questions about our approach to change. For example, it might help us to consider questions such as:
- a) How quickly will improvements in Early Help reduce formal care packages?
  - b) What impact might a reduction in people requiring assessments have on the number of people in day support?
  - c) If our targets for reduced placements in residential care become unrealistic, where else can we make further reductions to make up the difference?
  - d) If we wanted to replicate the performance of certain high performing local authorities, what would the impact on volume and cost be?
- 4.8 A key component in achieving the level of savings required over the four years, is the need to change the balance of the care we purchase for people – shifting our spend away from more costly formal care towards more community-based help and support. Chart 1 below illustrates the relative costs of different elements of adult interventions, highlighting that a “left shift” in preventing, reducing or delaying demand represents cost effective usage of the Council’s resources.



- 4.9 In considering our critical impact points and segmentation of the care pathway, we have, therefore, grouped our programme management arrangements around four key workstreams, which are:
- Early help and prevention
  - Entry points
  - Younger adults
  - Older adults
- 4.10 And two supporting workstreams of:
- Organisational development and cultural change
  - Commissioning
- 4.11 A summary of the key deliverables and the milestones for 2017/18 for these workstreams is attached at Appendix 1.
- 4.12 We have aligned the savings against these workstreams as follows. The projects within the Entry Points workstream will not provide direct savings but will deliver enablers which will lead to savings in the other workstreams.

Gross Savings Requirement	2017/18	2018/19	2019/20
Reported gross savings - agreed by County Council	-14.213	-18.716	-10.000
Add: Removal of one-off grant		-4.197	
Target service savings	-14.213	-22.913	-10.000

## Summary

Savings Programme	Workstream	2017/18	2018/19	2019/20
Promoting Independence	Early Help and Prevention	-1.500	-3.500	-0.800
	Entry Points	0.000	0.000	0.000
	Younger Adults	-2.581	-6.794	-5.307
	Older Adults	-2.364	-2.665	-3.393
	Commissioning	-3.658	-9.724	-0.500
Business as Usual	Other	-4.110	-0.230	0.000
Total		-14.213	-22.913	-10.000

- 4.13 Appendix C of the Finance Monitoring Report on the agenda for this committee meeting provides further details as to how the budget savings agreed by full council in February have been allocated to these activities.

## 5 Performance impact to date

- 5.1 Changes in operational and performance metrics evidence the impact to date of the strategy. These include:
- a) Reducing the total number of recipients of long term services aged 65+. Better preventative and reablement services and improved social care practice has seen the total number of long term service users aged 65+ reduce over time from around 3,600 per 100,000 population in April 2015 to around 3,400 at the same time in 2017. Over a whole year this translates to a rate of around 5,500 long term service users per 100,000 population – a rate which means Norfolk is just below the average for its family group of similar councils
  - b) Reducing the number of permanent admissions to residential and nursing care for people of all ages. In particular the rate for people aged 18-64 has reduced significantly in recent years, although there is still much more to do
  - c) Reablement – Norfolk's rate of people that remain at home 91 days after discharge from hospital into reablement is consistently above 90% - one of the highest rates in the region
- 5.2 However, challenges remain, and these highlight some of the priority areas of improvement within the Promoting Independence programme. For example:
- a) The rate of people aged 18-64 in Long Term Services is high in Norfolk – with Norfolk having the second highest rate in its family group, and with rates

increasing (albeit only slightly) in the last two years

- b) Some recent increases in admissions to residential and nursing care for people aged 65+. Whilst the long term trend is downwards, Norfolk's rates of admission increased between September 2016 and March 2017 in response to pressures within acute hospitals and the home care market
- c) Variable support for informal carers – with fluctuating levels of support over time

5.3 These trends have been covered in more detail in regular performance reports to the committee. Overall they show that specific improvement initiatives have delivered Promoting Independence objectives, but that tighter and more consistent implementation and governance is required to ensure that objectives are met consistently across all outcomes and service user groups, and to make sure arrangements are resilient to, and address together with partners, broader system-wide challenges.

## **6. Priority activities for change for 2017/18**

6.1 Since the Committee's last update in November we have reviewed and refreshed the Promoting Independence Change programme. Attached at Appendix 1 is a summary of the workstreams, the key deliverables we want to achieve, and milestones for this year.

6.2 In summary, the priority activities we need to accelerate if we are to change outcomes for people and make our savings, are:

### **6.3 High quality information at our 'front door'**

6.3.1 Analysis shows that having a good initial contact with the council – either through telephone or through our website – can mean that over 75% of people can find support and help without further involvement from adult social care. The key activities for 2017/18 are:

- a) A refreshed and user-tested website that identifies emerging needs and helps people make good decisions about their and their families' futures, connecting them with other sources of formal and informal support in the community and which is fully Care Act compliant
- b) A vibrant, updated Norfolk Directory of services which helps individuals and staff pinpoint activities, support and services in their area
- c) All customer services staff and SCCE trained in tools and techniques and equipped with scripts which support the promotion of independence

### **6.4 A new 'offer' for people with learning disabilities which is based on enablement and promotes independence.**

6.4.1 The current annual spend on services for people with a learning disability is £119m, and at any one time this is used to support around 2,600 service users. Current support draws heavily on traditional formal adult care services, and the intention is to modernise our offer to be more ambitious for service users, enhance independence and improve overall wellbeing.

6.4.2 Elsewhere on this agenda is a more detailed report about learning disability services; the main actions this year will be:

- a) Commissioning new types of accommodation and support for individuals that have the promotion of independence and community engagement at their core. These will include supported living and residential accommodation and these

settings will be commissioned based on the care that they can provide, specifically that providers will work with individuals to maximise their independence and develop new living skills

- b) Developing opportunities for individuals to stay with families under a shared lives scheme
- c) Transforming day services so that they are focussed on supporting people to engage in their local communities, develop skills, find work and increase confidence; less about buildings that people go to and more about getting support that really meets their needs
- d) Strengthening social care management to reduce the number of outstanding reviews
- e) Travel training for all those who have been identified as having the capacity to increase their independence and life skills
- f) Working in partnership with colleagues in Children's Services to develop a new, dedicated 14-25 Transitions Service that will ensure that children with disabilities receive a robust and integrated service as they transition into adulthood
- g) Review existing services and contracts to better support people with learning disabilities into employment

## **6.5 Embedding strengths-based social work**

6.5.1 Strengths-based social work relies on social care workers having conversations which support people to live as independently as possible, enabling them to overcome crises, and reducing the need for dependence on formal services.

6.5.2 This type of social work represents a shift away from the 'deficit approach' characteristic of the Care Management model introduced by the NHS and Community Care Act, 1990, towards a model that focuses on an individual's strengths and how they can be used to build resilience, well-being and independence.

6.5.3 It takes time and pays dividends in the long run – both for the person at the centre who stays in control of their life and as independent as possible, and for the council because of less reliance on more intensive costly services. The key activities for 2017/18 are:

- a) Systematic roll-out of a new operating model, with input from an external partner with a strong track record of delivering changed social work practice
- b) Investment to increase social work capacity in the light of detailed analysis of current workloads, practices, challenges and barriers to implementing a strengths-based approach
- c) Targeted activity to address what is currently a significant backlog of reviews and assessments – both of which potentially undermine a critical strand of Promoting Independence. Evidence of sampling shows that 80% of cases reviewed recently could have had different outcomes; reviews will be prioritised and targeted where the greatest benefits can be derived for the individual and the impact on the ongoing cost of care

## **6.6 A strengthened offer to help older people stay independent for longer**

6.6.1 Critical to helping people to stay independent for longer, or to recover after a stay in hospital are services which aim to recover as much confidence and independence and possible and avoid long-term decisions in a crisis. The key activities for 2017/18 are:

- a) Putting in place consistent and clear support for people with dementia (a clearer 'pathway') which helps prevent breakdowns of care and avoid a crisis admission to hospital
- b) Implementing a 'menu' of intermediate care options which our integrated social and health care teams can access, including accommodation-based reablement
- c) Implementing new arrangements for end-of-life care
- d) Recruit additional capacity in locality teams to embed strengths-based approaches and address the backlog of assessments and reviews

## 6.7 **Commissioning new forms of care and support which promote independence and reduce dependency**

6.7.1 Our evaluation to date (through audit) suggests that we are not yet routinely carrying through the strengths-based approaches explained above into Care and Support Planning.

6.7.2 The activities described above will in part address this, but there is also a need to develop new forms of care and support so that front line social care staff and individuals have real options that genuinely promote and support their independence. The key activities for 2017/18 are:

- a) Reablement – sustain current reablement service which helps people get back on their feet after a crisis. Performance in key reablement services and short term services is good – exceeding targets and key benchmarks, with the proportion of people aged 65+ at home 91 days after discharge into reablement services continuing to be over 90%
- b) Accommodation-based reablement – this builds on the existing reablement offer, but would take place in a residential setting (i.e. not the person's home.) It is aimed at people medically fit to go home from hospital, but who still need to re-gain skills to enable them to return home. It also benefits people who might be at risk of being admitted to hospital. A full business case will be developed.
- c) Home care – a move away from contracting with over 100 different providers across Norfolk, to strategic partnership agreements. The business case, built up through a locality-level analysis of volumes, showing gaps, and duplication, will provide a more stable, resilient market for home care, present opportunities for providers to develop and enhance their service offer and build in expectations around improved independence outcomes for customers. Partnership agreements have been awarded in North Norfolk, Norwich and South Norfolk. Further arrangements will be completed by end of 2017/18
- d) Carers - Norfolk's 94,000 informal carers (source: 2011 census) provide more support to Norfolk's vulnerable people than formal care services, and without them demand for health and social care would be significantly higher. Re-commissioning of a service for carers will be complete by September and, in partnership with support from front line social care staff, will ensure that all carers are supported to *"care confidently for my family member/friend and to keep myself informed, safe and well"*
- e) Development of independent and supported living options for older people and younger adults including revising our housing with care offer. The changing aspirations and needs of people requires a range of accommodation and support offers in order that people can maintain their independence and quality of life. We will be working with districts, stakeholders, providers and people using services to refine and enhance accommodation options for older people



6.8 **Robust management of contracts** The key activities for 2017/18 are:

- a) Maximising the use of partnership agreements for the provision of home care; building capacity, local partnerships and expertise in the market. Our target is to provide 75% of NCC commissioned homecare through these agreements and engage providers in building local support and resilience networks and services
- b) Maximising the use of block contracts for residential care, housing with care and day services. These contracts provide security of supply and support NCC in meeting its duties under the Care Act. Work in the next year will see the flexing of these arrangements to ensure the market is balanced and providing good value for money

**7. Performance monitoring and measuring impact**

- 7.1 Adult social services has a well-established framework for monitoring performance – outcomes, activity and quality, and monitoring spend against budget. Members receive regular performance and finance reports.
- 7.2 Each locality is working to a disaggregated budget which makes assumptions about reduced volumes of activity, and commensurate reductions in spend. Currently teams are within budget, as reported elsewhere on this agenda.
- 7.3 The challenge for the change programme is to develop alongside this, measures which track the impact of specific interventions, linking activity and cost.
- 7.4 There are six key measures identified which align with the key intervention points and where we expect and need to see changes. These are:
- 7.5 **Requests for support, and those requests which then translate into an assessment.**
  - 7.5.1 We would expect to see the ‘conversion’ of requests to assessment to reduce, if we are effectively connecting people with good quality information and support.
- 7.6 **Proportion of assessment where no additional social care intervention is required**
  - 7.6.1 We would expect this to remain steady or reduce, if we are effective in a strengths-based approach to social work, and if our ‘front door’ is effective. However, we would need to take account of the fact that if more cases are being resolved prior to a full Care Act assessment, then those which do go on to assessment may be more complex and harder to resolve without formal social care intervention.
- 7.7 **Reablement cases where the person does not require additional social care**
  - 7.7.1 Reablement is a key intervention to maintain and restore independence and to divert further demand into formal care system. It is a measure which has a strong relationship with hospital discharges, and if the volume of reablement increases, there may need to be additional capacity to maintain impact.
- 7.8 **Reviews leading to a reduction or ending of services**
  - 7.8.1 There is currently a backlog of cases awaiting review, and the service needs to increase the rate at which these are carried out. At the same time as increasing the rate of reviews completed, the strengths-based approach should result in fewer formal

packages of care.

## **7.9 Permanent admissions for people aged 18-64 to residential and nursing care**

7.9.1 Significant reductions in the number of younger adults being admitted to permanent residential and nursing care has reduced since March 2015, however this was from a high base. Strength-based approaches and changing learning disability services should impact on this figure which is a measure of whether increasing numbers of younger adults are able to live independently.

## **7.10 Permanent admissions for people aged 65 and over to residential and nursing care**

7.10.1 As set out elsewhere in this paper, Norfolk is no longer such an outlier against this measure, but still has a challenge to be in line with other similar councils. This is a measure which should be influenced by effective strengths-based social work, and new services, such as accommodation-based reablement. It is also a measure which will be influenced by the impact of NHS pressure to avoid delayed discharges.

## **7.11 Developing the performance framework**

7.11.1 Adults will work with the Managing Director's Strategy and Delivery Unit and the Intelligence and Analytics service to develop robust metrics for the workstreams, using the delivery unit methodology and skills.

7.11.2 An initial Promoting Independence (PI) dashboard which focuses on key markers on the pathway to identify the overall cumulative effectiveness of the PI workstreams has been developed.

7.11.3 Committee will be asked to sign off Adults overall suite of performance measures at its meeting in September. This will include targets for the key PI measures above, and then these will be regularly tracked and reported.

## **7.12 Programme Management**

7.12.1 The department is adopting a programme management approach to the planning, resourcing and assurance of the implementation of the Promoting Independence strategy. This approach will ensure that finite resource and investment is targeted on those prioritised initiatives and activities that can demonstrate the most impact on the agreed strategic outcomes.

7.12.2 Outline business cases have been developed for projects within the programme to set out the costs and benefits in terms of performance improvements and savings. These will be refined into full business cases where appropriate and the benefits will be aligned to the target trajectories developed using the cost and demand model.

7.12.3 Business cases will include project plans and milestones and each project will be tracked against these plans to ensure that projects deliver on time and therefore achieve the planned benefits on time. The programme of projects will also be monitored and regularly reviewed to ensure that delivery of the totality of savings and performance improvements across the programme is on track and timely and corrective actions are taken if required.

## **8. Financial Implications**

8.1 The Promoting Independence programme has been scoped to deliver the financial targets set out in the existing medium term financial plan as described in section 4 of

this report.

- 8.2 The investment costs associated with delivering the Promoting Independence strategy fall within the parameters of the Annual Budget agreed by the Council.

## 9. Issues, risks and innovation

- 9.1 The risks in the adults' risk register are all pertinent to the delivery of Promoting Independence, given that it requires wholesale transformation. A full risk register for the programme of change is being developed, however, particular to the change activities outlined in this paper are the risks of not delivering at the pace required, and the challenge of embedding a major cultural change in time to meet savings requirements which are front-loaded. The pace at which outstanding reviews are able to be addressed is a further risk.
- 9.2 An emerging issue is the impact of developments and changes arising from new models of care being developed as part of the Sustainability and Transformation Plan. There is potential for CCG-led models for intermediate care to duplicate, overlap or even work against the PI driver to reduce the need for formal adult social care. There is also a challenge for adult social services in working with CCG-led locality solutions which may vary slightly from area to area. This can undermine a consistent whole-county approach with the benefits of scale and consistency.

## 10 Background Papers

- 10.1 [Promoting Independence – next stage delivery plan report to Adult Social Care Committee November 7th 2016](#) page 37

### Officer Contact

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

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

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

Debbie Bartlett    01603 223034      [debbie.bartlett@norfolk.gov.uk](mailto:debbie.bartlett@norfolk.gov.uk)



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

# Early Help and Prevention

## Deliverables

- TITAN Travel training enabling independent service user travel
- Increased referral capacity of NFS.
- Clear and coherent approach to enabling technology - develop self serve approach
- Accommodation based reablement business case
- Prevention / extended community offer
- Utilised peer support to improve service user experience

July 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Titan Travel Training (Pre-launch) <ul style="list-style-type: none"><li>• Set up programme with Independence Matters (IM) county-wide, allowing time to design and configure the Adult Social Services TITAN offer</li><li>• Press releases and PR</li><li>• Safe Haven procurement</li></ul>								
						Deliver Titan Travel Training <ul style="list-style-type: none"><li>• Roll-out TITAN programme to travel train service users accessing services across all localities, focussing on Contracts</li><li>• To begin to accept and assess referrals for new and existing service users</li></ul>		
Enabling Technology Still to be scoped Develop and clarify Assistive Technology offer to: <ul style="list-style-type: none"><li>• Maximise use of technology to enable people to stay independent for as long as possible</li><li>• Raise awareness with public and staff about options</li><li>• Increase opportunities for self-serve</li></ul>								
						Accommodation Based Business Case <ul style="list-style-type: none"><li>• To be developed once Older People Workstream completes Planning Beds Project</li></ul>		
Next phase projects under definition: Prevention / Early Help Offer <ul style="list-style-type: none"><li>• Identify at risk customer groups</li><li>• Build in CRM safeguarding capacity</li><li>• Extend community offer</li><li>• Develop campaign / comms / online personalisation approach</li></ul> Utilise peer support to improve service user experience <ul style="list-style-type: none"><li>• Develop products to connect people – by virtue of their lived experience:<ul style="list-style-type: none"><li>• in the community</li><li>• by promoting independent living</li></ul></li></ul> Enhanced Online Offer (links to Entry Points Workstream) <ul style="list-style-type: none"><li>• Enhance Information and Advice- which would include the online offer and also review of leaflets/publications</li></ul>								

# Entry Points

## Deliverables

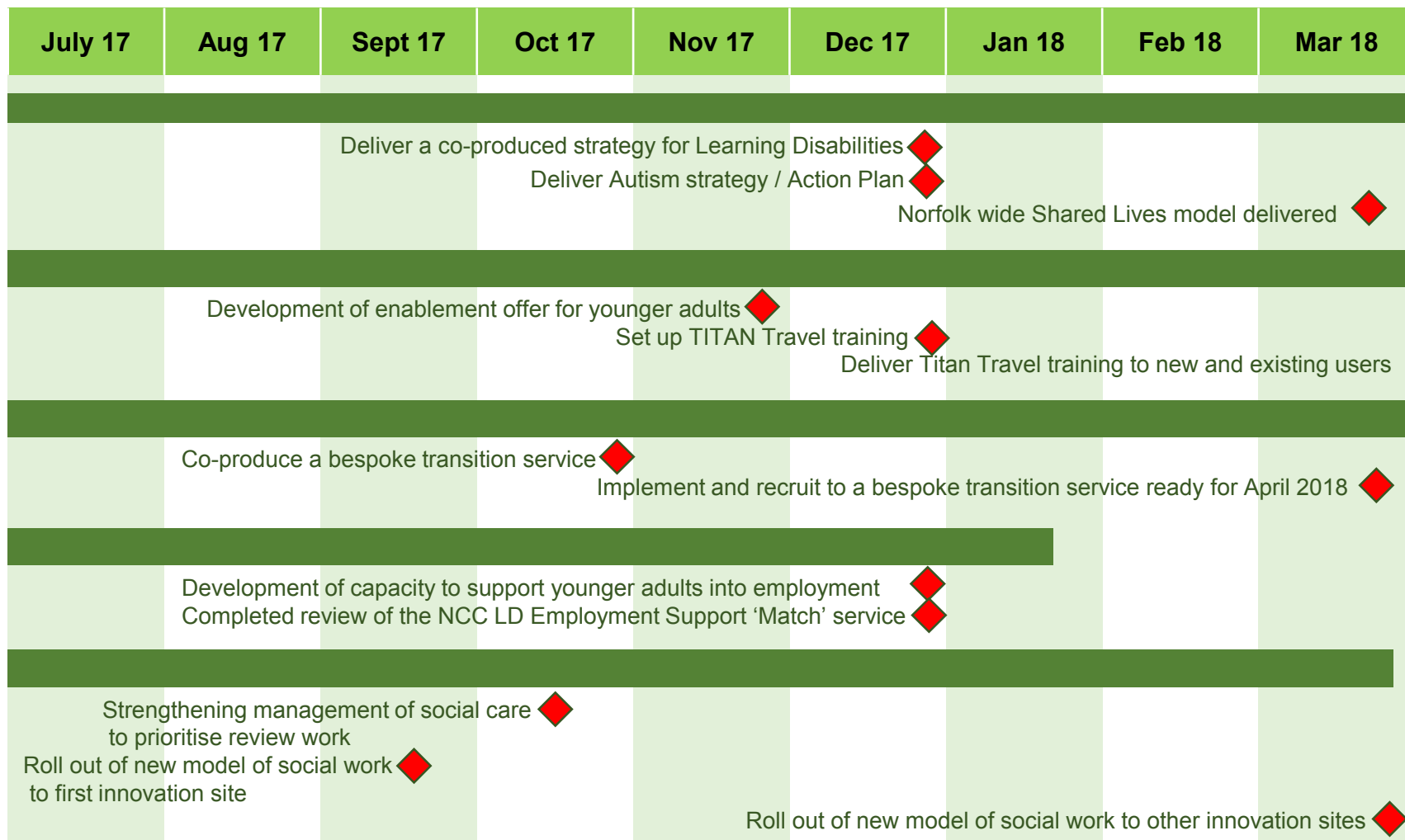
- A consolidated front door and effective resolution rate at first point of contact
- Online offer focussed on information and advice to drive demand reduction
- Online transactions and tools resulting in online being the route of choice
- Enhanced community based offer
- Skilled staff with effective communications tools that support strengths based assessments

July 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Enhanced Online Offer			Enhanced Online Offer (this will be cyclical for each customer journey, for example Transport, )					
<ul style="list-style-type: none"> <li>• Web User Analysis (enabler 1)</li> <li>• Offer development (e.g. Transport) and upload to website</li> <li>• ASS Directory Review</li> <li>• ASS Website Review and redesign</li> <li>• ASS Website Change (quick wins)</li> <li>• Directory (update including Corporate input)</li> <li>• Develop digital marketing &amp; comms plan</li> <li>• Quality, Data and Maintenance Plan</li> <li>• Testing – Baseline (KPIs)</li> <li>• New Platform – SOR</li> </ul>			<ul style="list-style-type: none"> <li>• Testing – Service Users</li> <li>• Release</li> <li>• Post release monitoring</li> <li>• Reprourement of directory platform</li> <li>• Long-term changes directory (planning / SOR)</li> <li>• Long-term changes implementation planning</li> <li>• Long-term changes implementation</li> <li>• Reporting dashboard development</li> <li>• Long-term changes directory (join up with Districts/planning / SOR)</li> </ul>					
Enabler 2								
<ul style="list-style-type: none"> <li>• Unified front door offer aligned to Care Act</li> </ul>								
Rationalised Front Door			Rationalised Front Door (timeline dependent on development of strengths-based model)					
<ul style="list-style-type: none"> <li>• Re-review of all current referral pathways</li> <li>• Review &amp; define – what are complex cases</li> <li>• Case Reviews &amp; findings report</li> <li>• GP referral pathway – case review to inform</li> <li>• Define behavioural changes requirements – rollout to form part of OD behavioural toolkit</li> </ul>			<ul style="list-style-type: none"> <li>• Pilot – GP referral pathway</li> <li>• Review GP referral pathway Pilot</li> <li>• Rollout GP referral pathway</li> <li>• Changes to all non-health referrals (localities)</li> <li>• Behavioural changes – service specific changes</li> <li>• Additional service reviews (2018/19)</li> </ul>					
Behavioural toolkit rolled out to CSC and SCCE								

# Younger Adults

## Deliverables

- Strategies for Learning Disability and Autistic Spectrum Disorder
- Strengthened management and social work capacity
- Closer alignment of Commissioning and social work for improved implementation



# Older People

## Deliverables

- A 'menu' of intermediate care options which our integrated social and health care teams can access including accommodation based re-ablement.
- Clear and consistent home and community based support for people with Dementia that prevents hospital admission and reduces the need for residential or Nursing care
- Embedded strengths-based approaches
- Backlogs of assessments and reviews addressed

July 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Development of social care offer into interim care								
<ul style="list-style-type: none"> <li>• Review of Planning Beds</li> <li>• proposal and recommendations to inform accommodation based reablement</li> </ul>		<ul style="list-style-type: none"> <li>• Review approach to assessments and strengths-based assessments - across the whole service including younger people and ensuring links with YA workstream</li> <li>• Discharge to assess - whole pathway review of support to step up and step down in community and acute units</li> </ul>						
Decision to invest in increasing management and social work capacity for strengths-based approach								
<ul style="list-style-type: none"> <li>• Recruitment campaign underway and ongoing</li> <li>• Review plans in each locality</li> </ul>								
Innovation sites to rollout the new model of social work				Rolling recruitment campaign to secure appropriate management and social work capacity				
<ul style="list-style-type: none"> <li>• Model implemented and monitored at first site</li> <li>• Model recommendations and changes (if required)</li> </ul>				Roll out of new model of social work to other innovation sites				
End of Life								
<ul style="list-style-type: none"> <li>• First phase to take stock and ensure offer is fit for purpose with appropriate commissioned social care – commenced in June</li> </ul>								
Dementia - review of offer								
<ul style="list-style-type: none"> <li>• Scope of the review of teams and services agreed</li> </ul>								
				Next phase projects under definition:				
				<ul style="list-style-type: none"> <li>• Transport</li> <li>• Trusted Assessor</li> </ul>				

# Organisational Development & Cultural Change

## Deliverables

- A strengths-based approach to practice embedded across Adult Social Services
- A significant change in the current culture from one of assessing for services which result in care packages to a new approach supporting individuals to remain independent and in their own homes for as long as they can
- A new Management Development offer for Team Managers and Practice Consultants which incorporates the NCC corporate offer alongside a bespoke programme for managers in Adult Social Services
- A refreshed supervision training programme

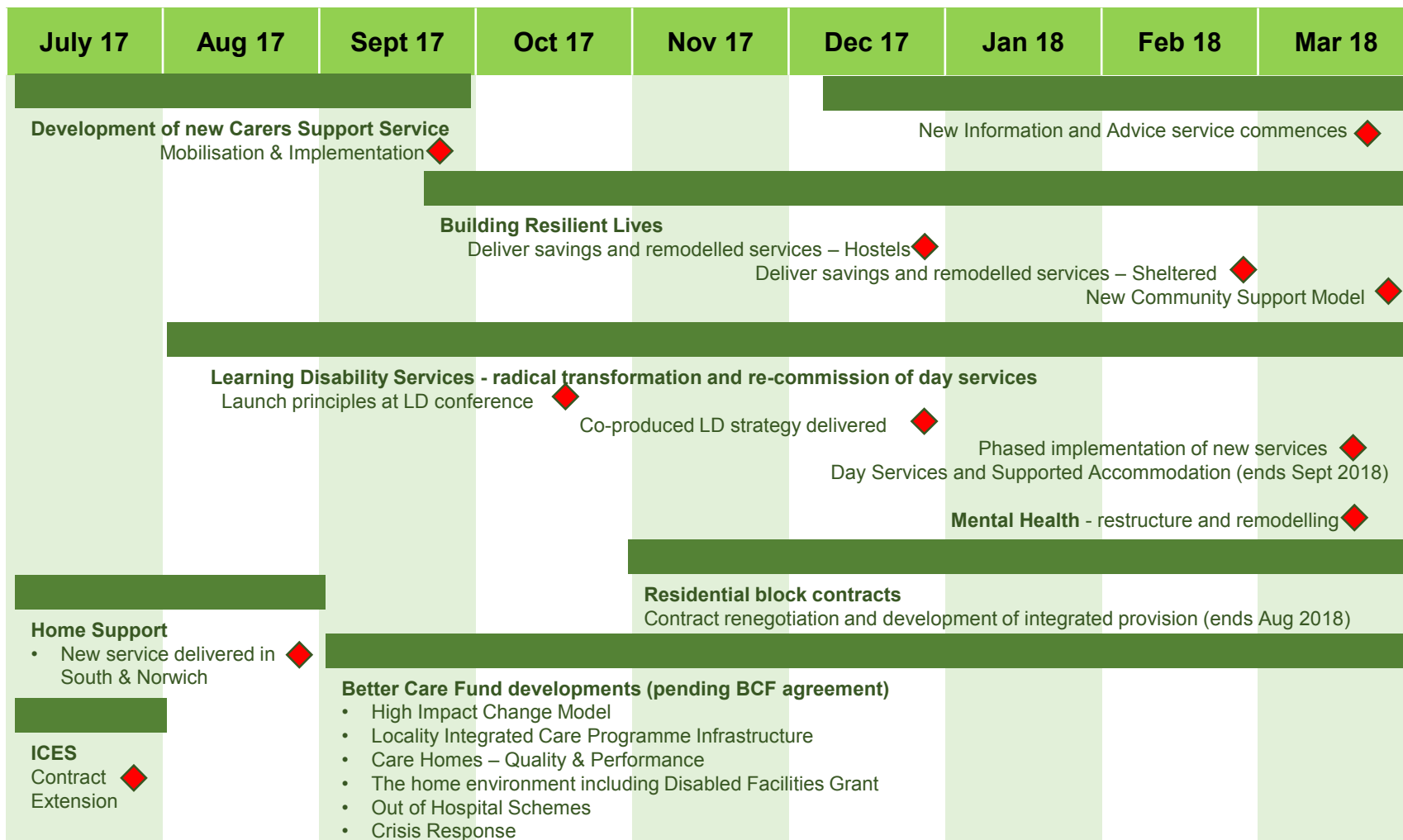
July 17	Aug 17	Sept 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
<ul style="list-style-type: none"><li>• Pilot behavioural change practitioner tools in 3 teams</li><li>• Analysis of practitioner survey / capacity planning</li><li>• Develop Innovation Sites methodology</li><li>• Launch Innovations Sites methodology</li></ul>								
<ul style="list-style-type: none"><li>• Design suite of LD practitioner tools aligned to Strengths Based Approach</li><li>• Deliver Strengths Based Approach training</li><li>• Roll-out Innovations Sites methodology using the tools and prompts to support strengths based practice</li></ul>								
			<ul style="list-style-type: none"><li>• Roll out of Assistive technology eLearning course (by Sep 2018)</li><li>• Teaching Partnership - Review Social Work curriculum</li><li>• Improve social work degree training and CPD (by Jun 2018)</li><li>• Develop new induction programme for practitioners</li><li>• Roll-out of dementia and autism training</li></ul>					
		<ul style="list-style-type: none"><li>• Rolling recruitment campaign to secure appropriate management and social work capacity</li></ul>						
<ul style="list-style-type: none"><li>• Develop intensive management development programme</li><li>• Supervision policy updated to enhance focus on quality</li><li>• Introduce culture change for the way supervisions are conducted</li><li>• Action learning sets for implementation of strategic projects</li></ul>								



# Commissioning

## Deliverables

- Locality Integrated Care Programme – integrated front line teams
- Care homes – co-ordinated approach to support delivery of high quality care in care homes reducing avoidable hospital admissions
- Housing adaptations – building partnerships and developing services to ensure people are able to continue to live in their own homes
- Integrated out of hospital services – a plan that focuses on keeping people out of hospital where possible and fast tracking their discharge when not
- Crisis response – jointly commissioned services that support people in crisis and enable them to stay safely in their own home



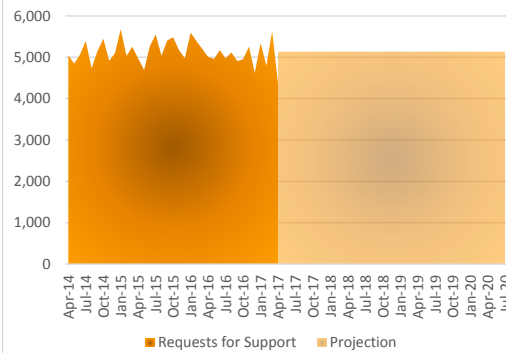
## Requests for Support

Good is:

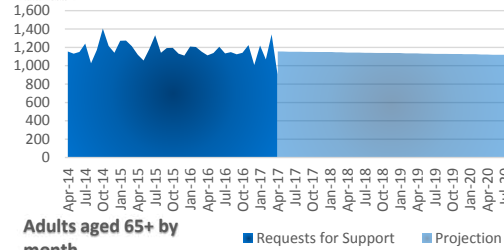
### Requests for support

Requests for Support in the last 12 months 60,112

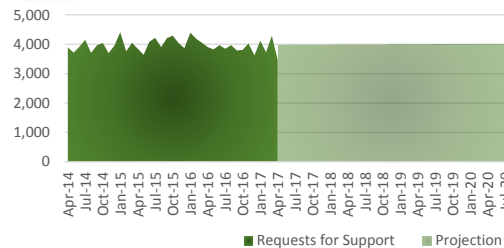
#### All Ages by month



#### Adults aged 18-64 by month



#### Adults aged 65+ by month

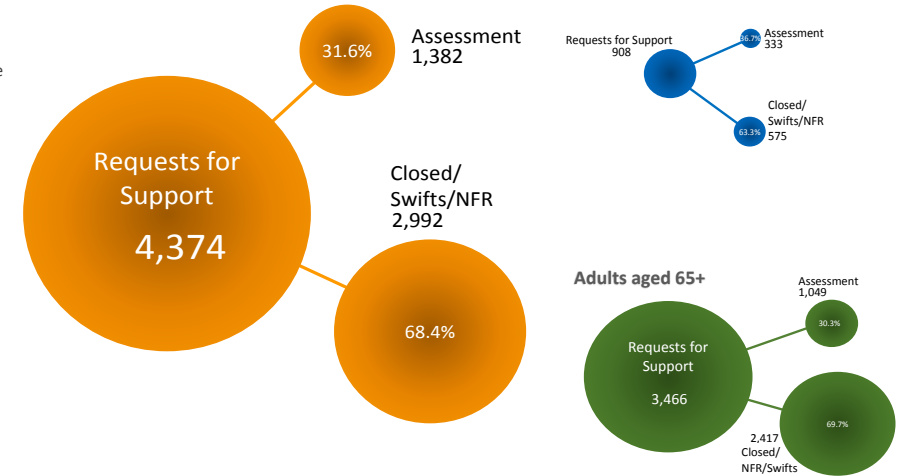


Good is: low

### Requests for support which go on to assessment (last period)

Performance vs target

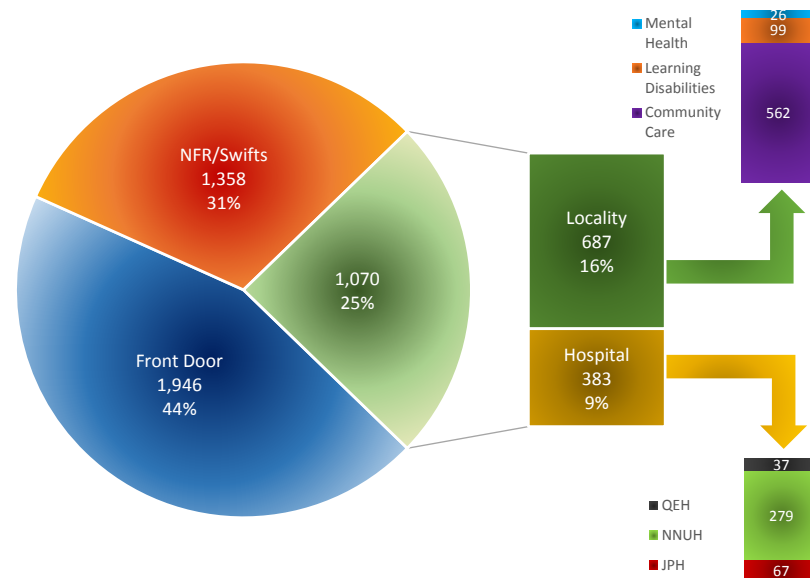
Direction of Travel vs last



### Requests for support by point of contact (last period)

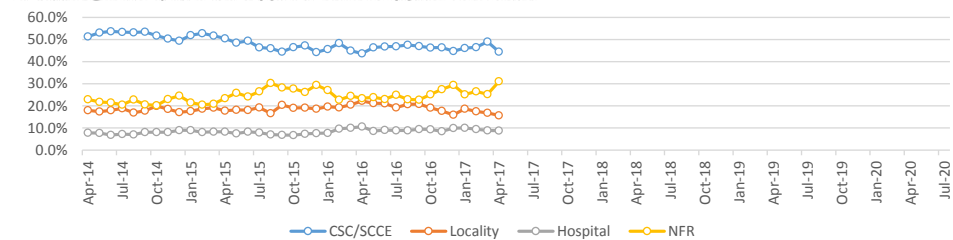
Performance vs target

Direction of Travel vs last

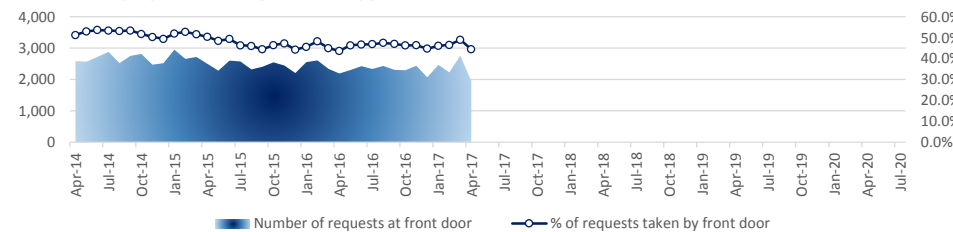


### Requests for support by point of contact over time

#### Percentage of requests for support received by point of contact

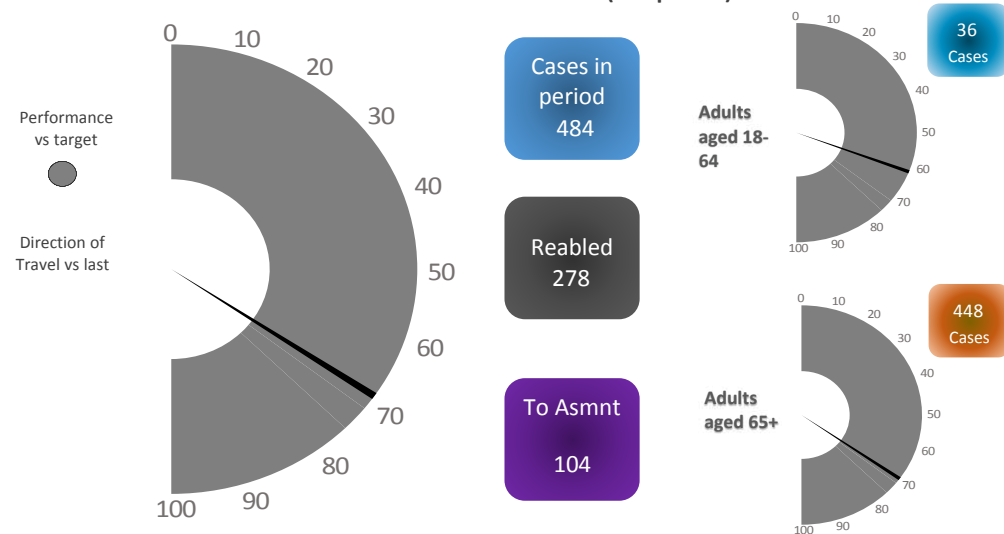


#### Volume and proportion of requests for support at front door



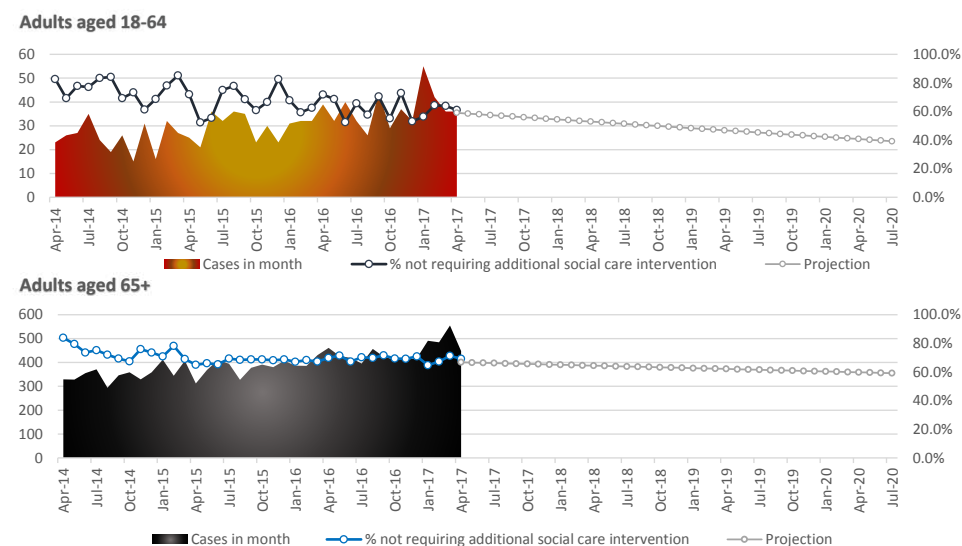
Good is: high

% Reablement cases where person does not require additional social care at end of intervention (last period)

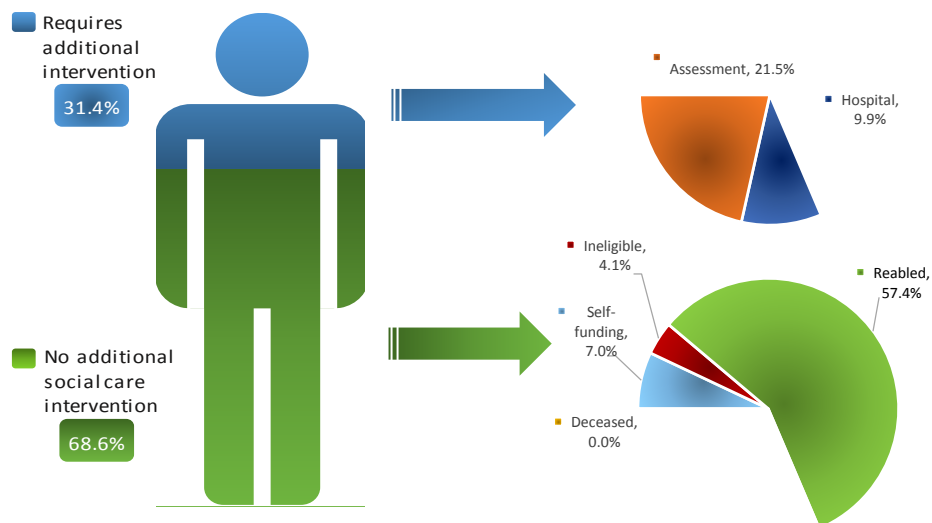


Good is: high

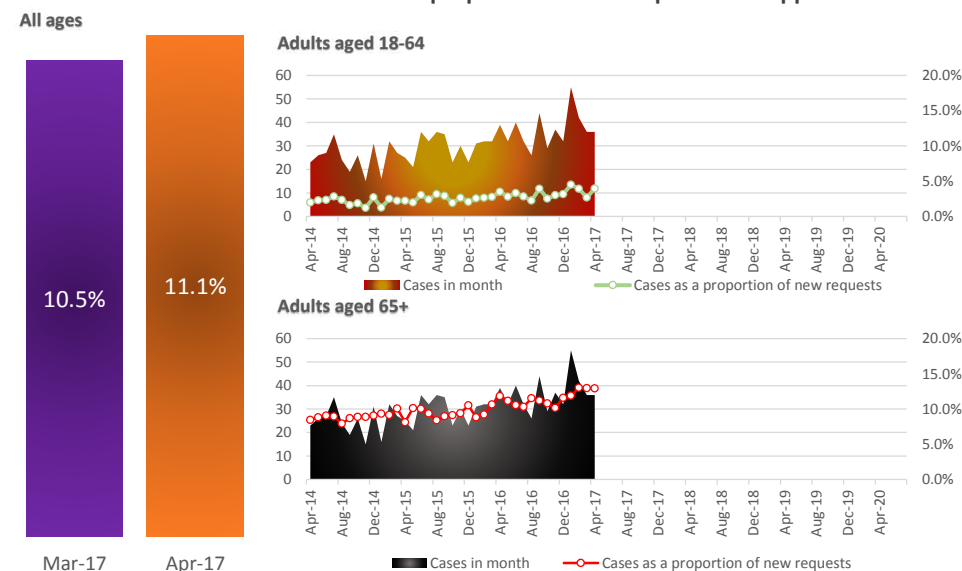
% Reablement cases where person does not require additional social care at end of intervention over time



Breakdown of reablement outcomes by type (last period)

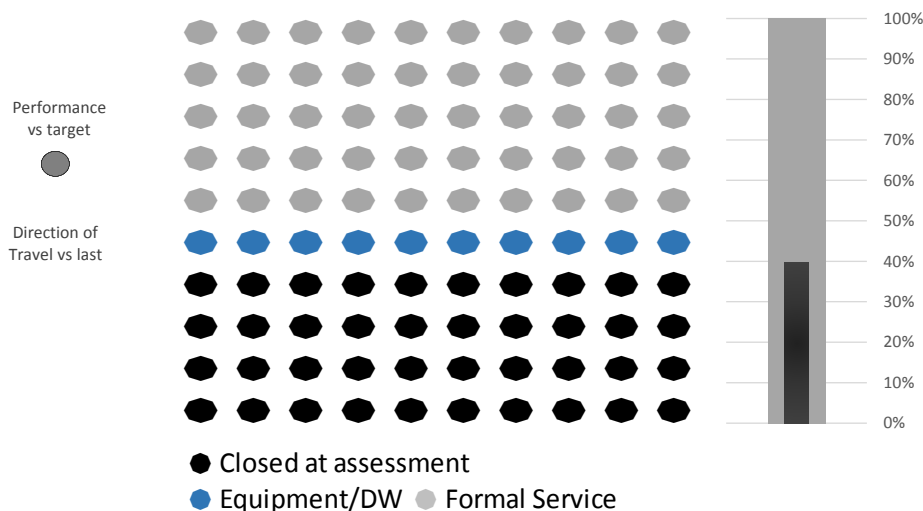


Reablement cases as a proportion of new requests for support



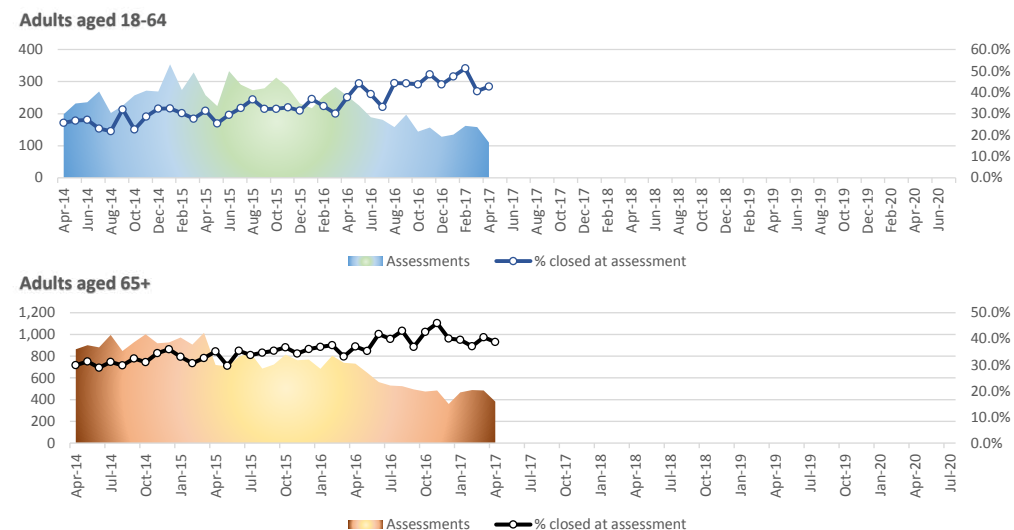
Good is:

Proportion of assessments closed with no additional social care intervention (last period)

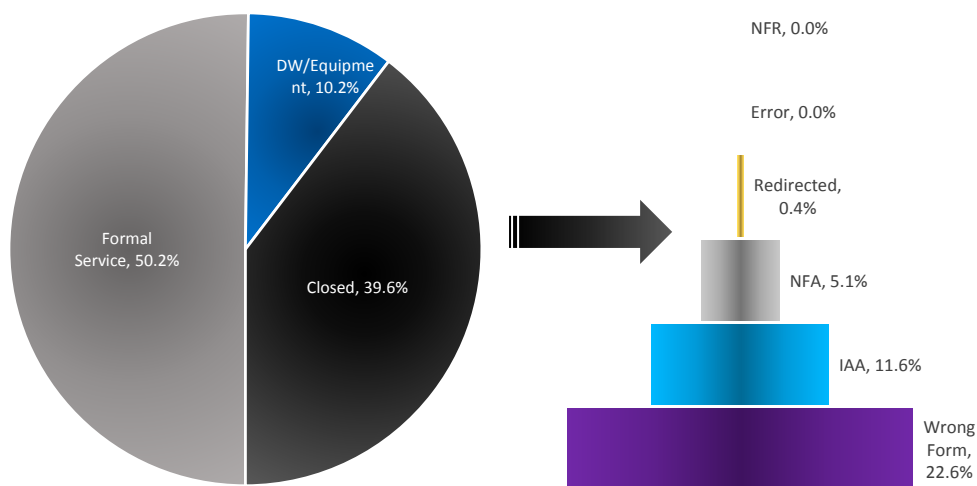


Good is:

Proportion of assessments closed with no additional social care intervention over time

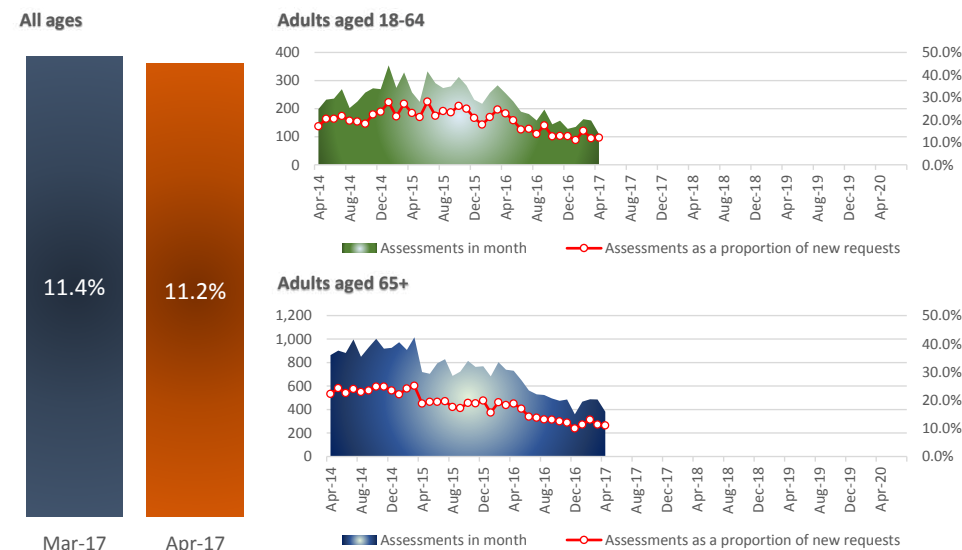


Breakdown of assessments which were closed with no additional social care intervention by outcome (last period)



Good is: low

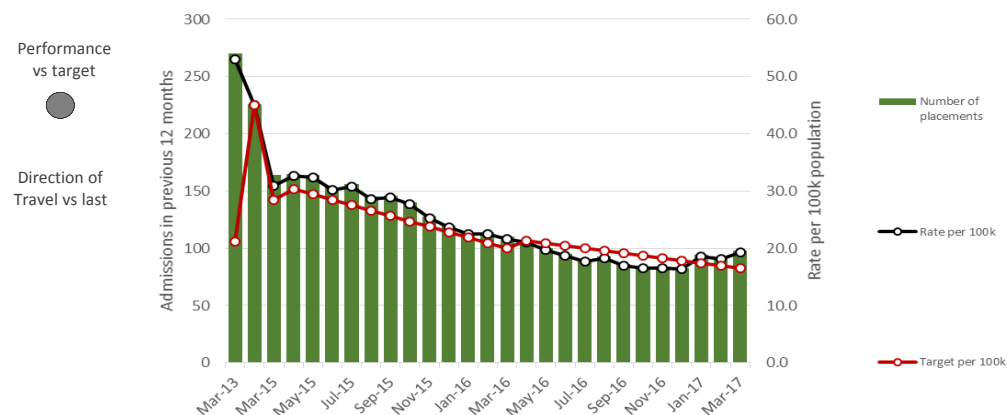
Assessments as a proportion of new requests for support



## Admissions to long-term residential and nursing care

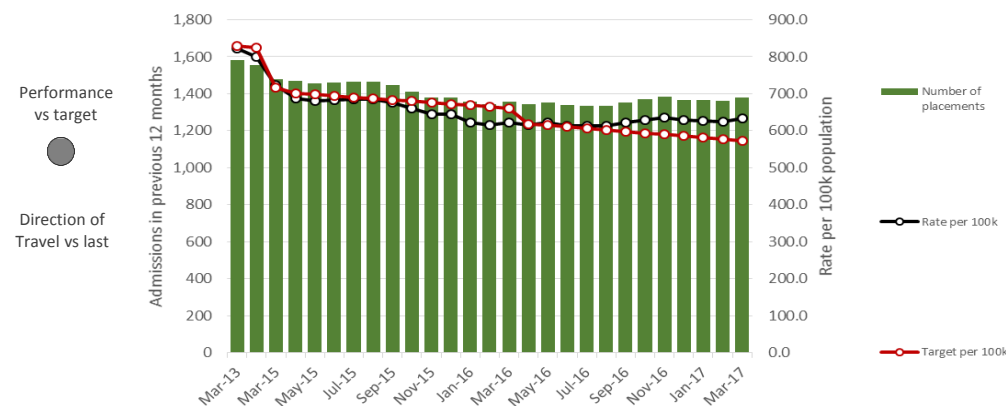
Good is: low

### Admissions of working-aged adults, aged 18-64, to long-term residential and nursing care (rolling 12 month period)



Good is: low

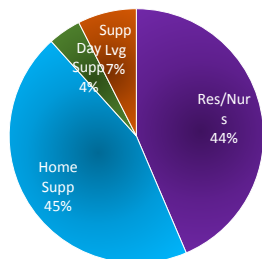
### Admissions of older adults, aged 65 and over, to long-term residential and nursing care (rolling 12 month period)



### Current long-term service volumes by primary service

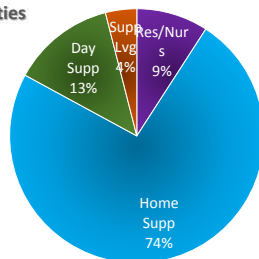
#### Older People

Res/Nurs	3,206
Home Supp	3,292
Day Supp	308
Supp Lvg	550



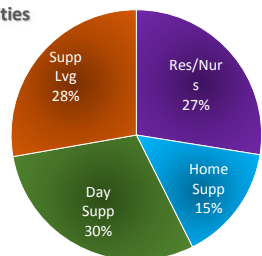
#### Physical Disabilities

Res/Nurs	163
Home Supp	1,318
Day Supp	234
Supp Lvg	71



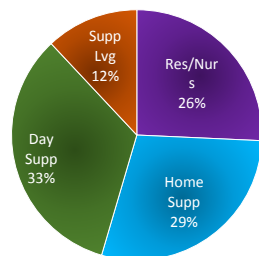
#### Learning Disabilities

Res/Nurs	716
Home Supp	392
Day Supp	771
Supp Lvg	722



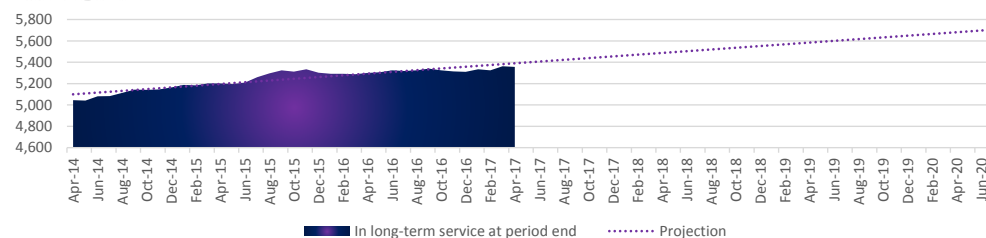
#### Mental Health

Res/Nurs	249
Home Supp	279
Day Supp	324
Supp Lvg	116

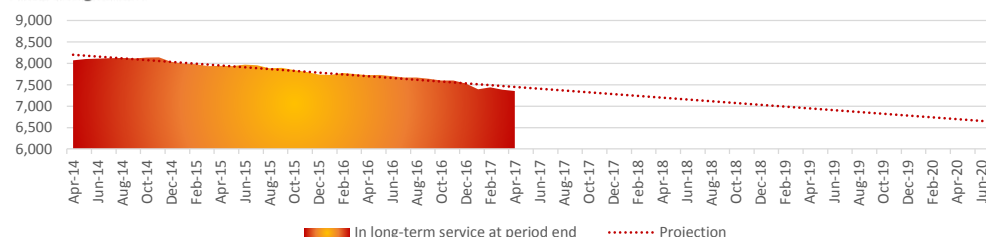


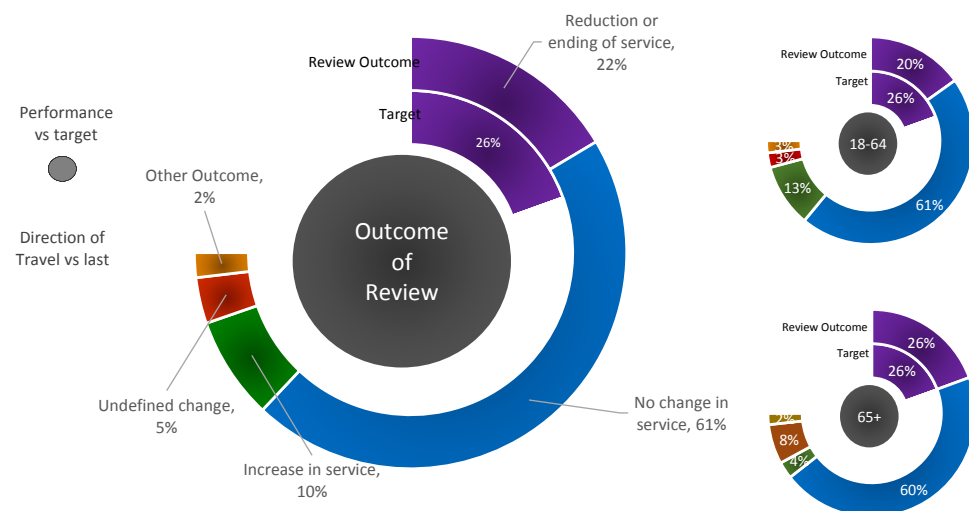
### People in receipt of long-term service over time

#### Adults aged 18-64

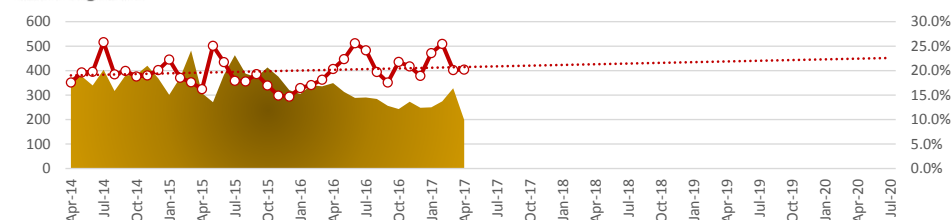


#### Adults aged 65+

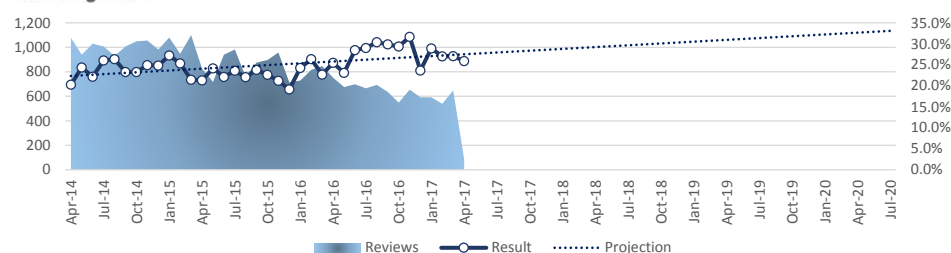
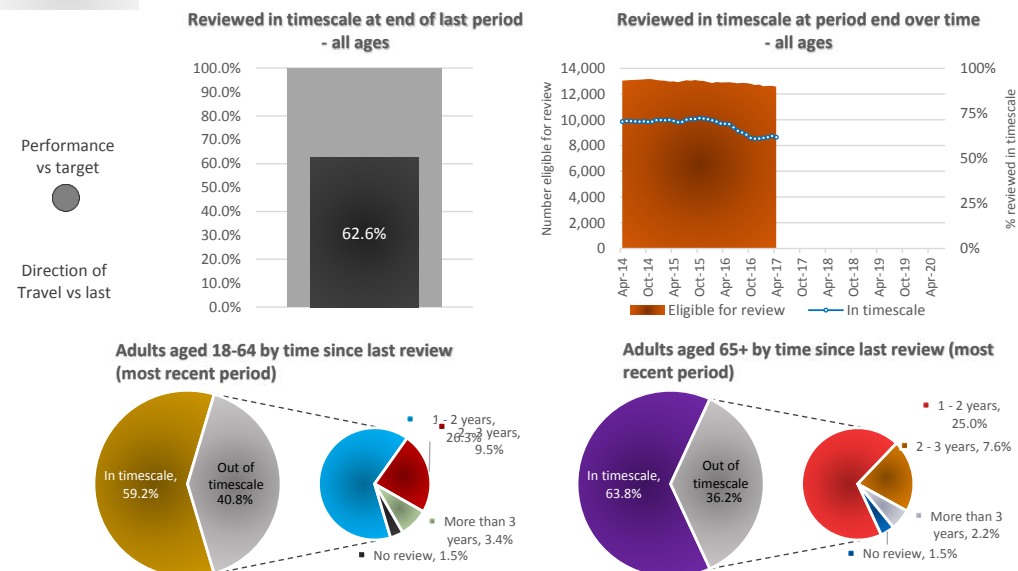
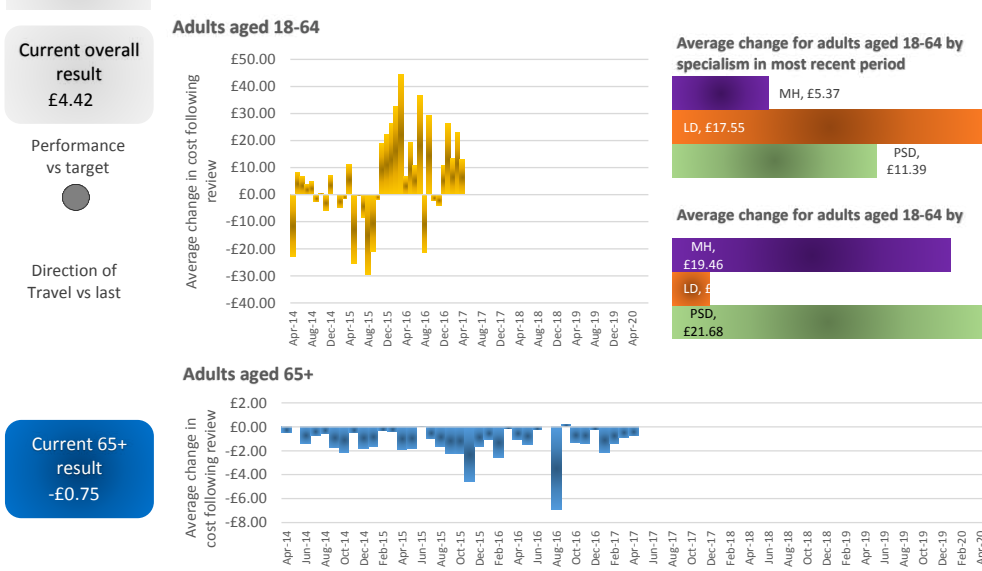


**Good is: high** % Reviews leading a reduction or ending of services (last period)

**Good is: high** % Reviews leading a reduction or ending of services over time

## Adults aged 18-64



## Adults aged 65+


**Good is: high** % of long-term service users reviewed in timescale

**Good is: low** Average change in care packages following review


# Adult Social Care Committee

Item No:

<b>Report title:</b>	<b>Learning Disabilities and Autistic Spectrum Disorder Service</b>
<b>Date of meeting:</b>	<b>10 July 2017</b>
<b>Responsible Chief Officer:</b>	<b>James Bullion, Executive Director of Adult Social Services</b>

## **Strategic impact:**

Adult Social Services' ambition is to transform Norfolk County Council's approach to meeting service user and carer needs for the 21<sup>st</sup> century in line with our Care Act statutory responsibilities. Approval is required for the policy approach, the scale of change required, and an understanding of the lead-in time required to achieve successful and sustainable change.

## **Executive summary:**

The report sets out the ambition and implementation plans for transforming the support for people with Learning Disabilities and Autistic Spectrum Disorder. This is one of the key priorities for Adult Social Care within our Promoting Independence Programme.

The report builds on previous reports to Adult Social Services Committee in March and November 2016. The reason for bringing a report at this time is threefold:-

Firstly, the need to bring Norfolk's approach and spend in line with comparator authorities, and the significant change required to develop and embed models of good practice.

Secondly, to highlight the challenges facing the current service, and the requirement for assessment and care management practices to become fully Care Act compliant.

Thirdly, to highlight the commissioning challenge and progress a new service model alongside social work practice changes so that new services are available. At present, this is dominated by institutional day and residential settings, with built-in duplication of costs, and reliance on transporting people from one setting to another, sometimes over considerable distances.

In summary, there is need to work with users, carers, providers and professionals to develop new approaches to care and support which really promote independence, engage people in their communities, reduce costs, are not buildings-based and enable individuals to fulfil their potential to live ordinary lives.

## **Recommendations:**

### **Committee is asked to:**

- a) Agree the overall approach set out in this paper to transform services for people with LD and Autistic Spectrum Disorder**
- b) Agree to strengthen transitions arrangements across Adults and Children's services as pivotal in securing good opportunities for further education, work and independence for young people as they reach adulthood**
- c) Agree a strengthened approach to commissioning that increases alternative forms of care and support that deliver personalisation and promote independence**
- d) Agree to monitor and ensure that the new developments bring the budget in line with previously agreed savings requirements**



**e) To agree Adult Social Services' approach to co-production of a strategy for people with learning disabilities and autistic spectrum disorder referred to at point 2.2.1 in this report**

## **1. Background**

- 1.1 Care Act implementation requires a new approach towards care and support which is about preventing, reducing and delaying the need for ongoing statutory services. This is reflected in Adult Social Services' vision to support people to be independent, resilient and well.
- 1.2 Improvements in health, resulting in increasing life expectancy over the last 30 years, have been very positive and have improved survival rates for babies and children, also resulting in an increase in young adults with complex needs. In planning terms, it is important for us to maximise individual opportunities for independence and focus resources well in order to protect and preserve the greatest level of support for people with the most complex needs.
- 1.3 With increasing life expectancy the number of parents and carers for people with learning disabilities and autistic spectrum disorder who are over 65 is increasing. As well as improving the way we work with those in transition from childhood to adulthood we need to prepare for carers to retire from physical care but be supported to maintain involvement with their adult child in a planned way.
- 1.4 The legislative basis for care and support is broadly defined within the Children and Families Act, The Autism Act 2009, the Care Act, Continuing Health Care frameworks, Mental Health Act and Mental Capacity Act. There is additional statutory guidance on Autistic spectrum disorder which was published in December 2015 which makes specific reference to the requirements for how people with autistic spectrum disorder are to be supported. A significant number of people with autistic spectrum disorder may also have a learning disability or mental health need and many of the young people entering adulthood will also have a dual diagnosis of Learning Disability and/or Autistic spectrum disorder as well as Mental Health and/or Physical disability.
- 1.5 Adult services have a responsibility to work with people from 14 upwards until end of life. In the main, people with a learning disability and/or autistic spectrum disorder are a defined and known population in which young people who meet statutory Care Act eligibility are likely to require ongoing support from the age of eighteen for 50 to 60 years. For this reason it is critically important to ensure each person is supported to be able to live as independently as possible and is able to acquire and develop skills in personal care, daily living, working and volunteering wherever possible.
- 1.6 Children's Services are committed to working in partnership with Adult Social Services to review current transition arrangements to ensure that disabled children receive a robust and integrated service as they transition into adult services. This forms part of the Children's Services Improvement Plan and was identified as a priority action in the report to Committee on 7 November 2016 entitled 'Priorities in the Learning Disability Service'.
- 1.7 Some people within this group may also be subject to the requirements of the Criminal Justice system and be placed in a specialised health or prison setting. Planning and preparation to move on/step down from these settings is a key part of the Adult Social Care remit in the same way as helping people move on or step down from nursing and residential placements. Much of this work is undertaken in conjunction with our Health Partners and a key example of this is the joint work undertaken within the Transforming Care Partnership, or TCP. This is a national requirement to put local arrangements in place to address the problems identified in the Winterbourne Review and ensure that,



wherever possible, people are supported in their communities rather than in institutions.

- 1.8 Current practice and service provision in Norfolk has not yet fully addressed the potential of this group nor kept up with major changes in attitudes and expectations over the last 30 years. Therefore, Norfolk needs to develop an approach that recognises individual potential, skills and capabilities and works with people to plan for the medium and long term.
- 1.9 Our ambition, put simply, is to give each person the opportunity to fulfil their potential and to have the same opportunities and support to lead an ordinary life with similar hopes, aspirations and expectations as the wider population. To do so takes time, particularly when many individuals have not been given the chance to explore opportunities outside more traditional forms of residential, nursing and day care.
- 1.10 Programmes of support that build skills and confidence can take between six to 18 months but will provide the basis on which people can build many further steps in independence throughout their lives. It will, however, require a change in cultural approach with care and support providers, carers and families playing a critical ongoing role.
- 1.11 The revised plans and recommendations in this report build on the 100 day plan introduced to members last year, which is now incorporated into the Younger Adults work stream, as the approach also benefits working age adults with mental health issues and physical disabilities. The work stream is building capacity to prioritise reviews and reduce the significant backlog.
- 1.12 Progress towards meeting the timelines and ambitions in the earlier reports has been hampered by a number of senior management changes and capacity issues within the operational teams that are now being addressed.

## **2. The Proposal and Progress to date**

- 2.1 There are a number of key areas which are being addressed:

### **Prevention**

- 2.2 Information, advice guidance is being developed as part of the Entry Points work stream of the Promoting Independence which will be tailored for and available to the wider public. It is imperative that it is also relevant to people with a Learning Disability and Autistic spectrum disorder particularly around opportunities to gain skills in managing money, support to start volunteering and work experience, availability of safe services and low level support including assistive technologies and safe havens when people may be facing a difficulty.
- 2.3 Opportunities to engage in activities within communities to share interests and build friendships, contacts and information will be important as will knowing where there are reduced costs or access to community and leisure services that may meet specific needs e.g. autistic spectrum disorder friendly cinema screenings.
- 2.4 This work will strengthen the work underway in Transitions, as many of the young people supported within Children's services may not meet eligibility for Adult Social Care but will require signposting and transitional support as they progress into adulthood to give them a good start. The purpose will be to help young people acquire skills to manage a home, budgeting, looking after your health and wellbeing, keeping

safe and knowing when and where to seek relevant advice and information to build skills and resilience

## **Commissioning**

- 2.5 A clear strategy for commissioning support for people with learning disabilities is being co-produced with users and carers, with the engagement of providers and professional staff. This was identified as a vital piece of work in the report to Committee dated 7 March 2016, entitled 'Learning Disability Service Plans. This concise strategy and action plan will support effective positioning of the market and agencies operating within it. It will reflect models of best practice which will be shaped to meet the needs of the population here in Norfolk. The strategy will address the legislative requirements, changing ambitions and expectations of the target population, and lead to plans for transformation of services which are realistic, affordable and sustainable in the light of changing demographic needs.
- 2.6 The current annual spend on services for people with a learning disability is £119m, and at any one time this is used to support around 2,600 service users. 63% of the budget is spent on accommodation and 19% on day services. Within this there are significant infrastructure costs associated with buildings and building maintenance, and transporting people between them. A significant proportion of this, with good planning, could be released to better support individuals to build skills and competencies to meet individual goals and aspirations.
- 2.7 There are good practice examples which exist nationally and within the region including Essex, Thurrock, Suffolk and Peterborough which have adopted this approach and demonstrate different ways of working. They may be considered as part of the strategy development in Norfolk as part of determining how we can use the considerable resources available more expediently, to deliver the outcomes required in a way that is sustainable and can be future proofed. A number of commissioning initiatives are in the planning stage:-
- 2.8 Key Commissioning initiatives are in place for 2017/18:

## **Day Services**

- 2.9 Norfolk County Council's vision for day services is to provide services that offer choice and develop skills and confidence whilst supporting outcomes for people that are positive and person centred.
- 2.10 Our current offer is primarily building based and follows a traditional model that provides services for adults with learning disabilities (LD) usually a "day centre" along with other people with learning disabilities in the area. We need to transform the support offered and the way it is funded by supporting people with learning disabilities to do more activities in settings such as workplaces, colleges, sports and leisure centres and community centres based in their local community.

## **Accommodation Options**

- 2.11 People with a learning disability need a range of options for support and accommodation that can meet their needs but also flex as people develop greater independence or their needs change. We are exploring a number of options such as:
- a) Shared Lives schemes are registered by the Care Quality Commission (CQC). They can provide day support, respite or a short or long-term home for adults (and sometimes 16/17 year olds) who need support and/or accommodation. Shared Lives carers are matched for compatibility with those they support, and they share their family and community life with them

- b) Accommodation including supported living and housing with care should offer a flexible range of care and support options and needs to be available across the county. Work with providers and users of services seeks to maximise availability of suitable accommodation and support options

## **Enablement Offer**

- 2.9 An enablement model is being developed which is therapy led and offers support to meet the goals and ambitions jointly agreed with the service user to acquire skills, confidence and abilities in personal care, routines of daily living , managing money, travelling and work opportunities. Clear goals and milestones will be agreed to measure progress and build on achievements. This approach will support young people through transitions, and move on opportunities for people in residential, day centres and supported living arrangements to achieve their potential over an agreed timescales. Safeguarding and positive risk taking will be fundamental aspects of enablement.

## **Transition**

### **2.10 Transition to adulthood**

The review of current transition arrangements is underway with a view to developing a specialist standalone transition service that will ensure timely, consistent practice with the focus and expertise to help individuals maximise their potential. The target for delivery of this service is April 2018.

Many of the young people being supported through Children's services will have had Education, Care and Health plans and they may have ongoing need for health as well as social care support throughout their lives. Others who may have been well supported within education and Children's Social Care may not meet Care Act eligibility criteria but will require Information, Advice and Guidance and some 'enablement' to help them transition successfully to living and working independently.

### **2.11 Transition into later life**

We need to acknowledge the need for planning for people with LD who are themselves older people. Like anyone else, they need to be prepared for all the issues that might require support ranging from bereavement, loneliness and isolation, changes in functioning ability and illness associated with ageing as well as conditions such as dementia which may affect this population earlier than expected chronologically in the wider population rather than from the point of crisis.

## **Employment**

- 2.12 Research and best practice shows that having a job is likely to significantly improve the life chances and independence of people with learning disabilities, offering independence and choice over future outcomes. This indicator has been identified within the County Council Plan as vital to outcomes around both the economy and Norfolk's vulnerable people.
- 2.13 Historically Norfolk's performance kept pace with the family group average, but poor performance over the last two years - and with a current rate of 3.3% of long term service users with a learning disability in employment - means that Norfolk is now significantly below the family group average percentage of 5.1% (Mar 17).
- 2.14 To improve this performance, the suite of measures outlined in Appendix A of the Committee report dated 7 November 2016 are in place, with more planned, to include a review of the NCC LD Employment Support 'Match' service. A review of day service providers is currently underway to ensure that providers who say they provide support

for people to find work deliver on this. Following this review we will ensure effective contractual arrangements support targets with providers offering employment, work-related activities and volunteering.

- 2.15 The OWLs (Opportunity, Work and Learning) project now has the full support of the County Leadership Team and is progressing. In addition, funding has been made available for a post to lead and co-ordinate Adult Social Services' approach. This capacity will allow us to build on the success of approaching employers directly rather than applying to the open market and develop our community approach further, perhaps with local events being organised to encourage employers to pledge work experience/voluntary work.

### **Assessment and Review: New Social Work Model**

#### **2.16 Strategic Leadership**

In February 2017, new leadership and senior management arrangements were put in place together with a Learning Disability Steering Group (which includes health and social care) which is chaired by the Executive Director to oversee the changes required. Extensive work to review our integration arrangements with NCH&C will take place over the next two years to ensure the service is as good as it can be.

#### **2.17 Operational Management and social work**

Following an extensive analysis of capacity, management roles are currently being recruited to reduce the span of control in the existing operational management structure and facilitate a clear social care focus. This capacity will provide managers with the space to embed the strength-based model of social work practice and the enablement model mentioned previously. As with any cultural change it will require time to ensure consistency and confidence for professional staff to work differently with users and carers. However, the additional capacity will enable the service to deliver on the performance priorities outlined in Appendix A of the Committee paper dated 7 November 2016.

- 2.18 Further work is underway to understand the capacity required to address the significant backlog of work and focus reviews on the priority areas defined for significant change

### **3. Financial implications**

- 3.1 The 2016/17 expenditure on services for people with a Learning Disability was £119m and represented a significant financial pressure against a budget of £105m. The Council has realigned and invested for 2017/18 and the gross expenditure budget is now £120m. Elements of funding were provided to enable a sustainable baseline, but also £3.7m of monies were added to cover additional anticipated pressures resulting from demography and transition. The provision of purchased formal care for service users, including hired transport, represents 93% of this budget.

- 3.2 While there has been investment, under the Promoting Independence change programme, significant demand management savings are still required to be delivered from the budget relating to working age adults, a little under £15m over the period 2017-2020. However, the proposals in this paper do not require savings over and above those already agreed. In addition to this, the department intends to review its Day Care and Transport provision, to which people with a learning disability are substantial users, and deliver £3.5m and £3.8m of savings respectively.

- 3.3 The learning disability service will benefit from the additional social care funding – a separate paper about the funding is elsewhere on this agenda. Specifics include the investment of £0.276m in five LD team managers, and further analysis will need to be

undertaken to understand any further capacity requirements in the service, particularly to address backlogs in reviews and assessments.

- 3.4 In addition to the regional best practice referred to in this report, recent external support has indicated that the areas being focussed on have yielded financial gains to other local authorities. It is therefore clear that without a strong preventative and enabling approach, complimented by a smooth and effective transition process, and for those with the most complex of needs, a range of alternative models of care, that there is a significant risk to the ability to drive out the level of saving required.

## **4. Issues, Risk and Innovation**

- 4.1 The above proposals and work will ensure the department is well placed in terms of Care Act and Autism Act compliance.
- 4.2 The key risks include the scale of change and the need for close alignment between social work and commissioning.
- 4.3 Family and carer concerns about reducing reliance on day centres in favour of models that place greater emphasis on independence and pathways to work.
- 4.4 These risks can be mitigated by ensuring the strategy which is being co-produced informs the direction of travel, that there is clarity about the need for buildings based solutions for people with the most complex needs and that the changes will not be undertaken prior to any assessments and reviews of the needs of each individual person.
- 4.5 The proposals will make significant progress in enabling a consistency of approach and a strong voice from service users and carers in developing the future of care and support in Norfolk.
- 4.6 Other Council departments, health partners and providers will be actively involved and engaged in developing the new models of care and support as laid out within the Care Act and Autism Act.

## **5 Recommendations:**

### **5.1 Committee is asked to:**

- a) **Agree the overall approach set out in this paper to transform services for people with LD and Autistic Spectrum Disorder**
- b) **Agree to strengthen transitions arrangements across Adults and Children's services as pivotal in securing good opportunities for further education, work and independence for young people as they reach adulthood**
- c) **Agree a strengthened approach to commissioning that increases alternative forms of care and support that deliver personalisation and promote independence**
- d) **Agree to monitor and ensure that the new developments bring the budget in line with previously agreed savings requirements**
- e) **To agree Adult Social Services' approach to co-production of a strategy for people with learning disabilities and autistic spectrum disorder referred to at point 2.2.1 in this report**

## **6. Background Papers**

- 6.1 [Care Act 2014](#) and [Statutory Guidance](#)  
[Autism Act 2009](#) and [Statutory Guidance December 2015](#)  
[Adult Social Services Committee Report March 2016](#) page 56  
[Adult Social Services Committee Report November 2016](#) page 56

## 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:

<b>Officer Name:</b>	<b>Tel No</b>	<b>Email address:</b>
Lorna Bright	01603 223960	<a href="mailto:lorna.bright@norfolk.gov.uk">lorna.bright@norfolk.gov.uk</a>



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

# Adult Social Care Committee

Item No:

<b>Report title:</b>	<b>Market Position Statement 2017/18</b>
<b>Date of meeting:</b>	<b>10 July 2017</b>
<b>Responsible Chief Officer:</b>	<b>James Bullion, Executive Director of Adult Social Services</b>

## Strategic impact

The Market Position Statement (MPS) is to the Council's overall approach to shaping the adult social care market in Norfolk. The MPS sets out both the challenges in the market and the Council's commissioning strategies to promote its effective and efficient operation.

## Executive summary

The Care Act requires councils with adult social care responsibilities to promote the effective and efficient operation of the market in social care and support services for adults in their areas. This requires the Council to work closely with care providers and people using services to develop a clear description of services that enable people have independent living and wellbeing.

It is important that providers understand the Council's commissioning strategies and its investment intentions so that they can develop their businesses in such a way as to be part of a sustainable high quality care market.

This market position statement sets out our vision, explains what new approaches and services are needed, and encourage our partners to help us formulate new ideas and ways of doing business.

## Key findings

- (a) The Council invested £298m in the market as a whole last year
- (b) At any one time just under 12,000 people were being supported by the Council of whom just over 60% were older people
- (c) On average 80% of care was arranged by the Council with 20% arranged through direct payments
- (d) Almost 57% of Council investment was in the care homes sector in which the Council bought 47% of all residential care beds and 25% of all nursing beds
- (e) 247 nursing beds were lost last year while 504 new residential beds became available
- (f) Over 6200 people were supported in care homes during the year
- (g) More than 5000 people benefited from reablement services avoiding the need for long term care during the year
- (h) Almost 6,800 people were supported in their own homes during the year
- (i) Over 1,600 people were supported in housing schemes during the year
- (j) About a third of all Council investment was used to support adults aged between 18 and 64 with two thirds supporting older people
- (k) There were 27,400 jobs in the social care market in Norfolk with over 80% of care workers being female
- (l) Staff turnover in the care workforce was 26.3% (29% the previous year) with a 6.8% vacancy rate (5.2% the previous year)

## **Recommendations:**

**The Committee is asked to consider and approve the draft Norfolk Adult Social Care Market Position Statement 2017/18.**

## **1. Background**

- 1.1 The Care Act (2014) introduced new duties for local authorities to facilitate and shape a diverse, sustainable and quality market, emphasising that local authorities have a responsibility for promoting the wellbeing of the whole local population, not just those whose care and support they currently fund. This is known as market shaping.
- 1.2 The MPS is a key document to support the Council's market shaping responsibilities. The Council, as a strategic commissioner of services, wishes to forge a new relationship with partners to benefit all who need care in our authority. By stimulating a vibrant, diverse and integrated market for care and support, we can offer people a real choice in how and where they receive care and support, and enhance individual and community independence. This may come from existing partner organisations, from those who do not currently work in the area, or from new start-ups.
- 1.3 The Market Position Statement for 2017/18 builds on the format of the 2016/17 MPS, which was developed in consultation with the market and has been well received by providers. The evidence provided in the document and the reports it links to will help the Council and its partners take a strategic approach to understanding and meeting local need for social care and support. We also recognise that health and social care partners actively contribute towards economic growth in Norfolk and create significant employment opportunities for Norfolk citizens.
- 1.4 The Market Position Statement contains some market opportunities for partners, but is not a comprehensive list of all developments taking place. It is instead intended to help identify what the future demand for care and support might look like and to act as a starting point for discussions between the local authority and those who provide services, in particular voluntary and community sector organisations, small and medium sized enterprises (SMEs), and entrepreneurs.

## **2. The Market Position Statement 2017/18**

- 2.1 The MPS sets out for providers of care and support detailed information on the current context in Norfolk for delivering care and support services, providing detail on the Sustainability and Transformation Plan (STP), Promoting Independence and Norfolk's changing approach to social work to help people think about their strengths and develop strategies for promoting their own wellbeing and independence.
- 2.2 The document clearly shows the current levels of investment in care services and proposals for future investment, including an indication to the market on the Councils' proposals for the additional social care funding and its focus on the three priority areas:
  - a) **Protection of social care** – maintaining social care services
  - b) **Sustaining social care** – focus on the market and securing supply and workforce
  - c) **Investing and improving social care** – support health functions in discharging their duties



- 2.3 There is detailed information on the care and support workforce, the challenges that the sector faces and the work that the Council has undertaken in partnership with the market to identify and begin to address some of the key issues such as recruitment.
- 2.4 The Annual Quality Report which incorporates Care Quality Commission ratings for care providers, provides a detailed picture of our quality priorities in the Norfolk care market, and is a key source for the MPS. It is important providers understand and share the aspiration for excellent quality services and are able to assess the overall quality picture in Norfolk.
- 2.5 We are currently engaged in widespread and detailed integration work with the various facets of the NHS to ensure an improved pathway for citizens requiring health and social care services. The MPS describes our approach to integrated care in each of the CCG areas by reference to the Better Care Fund plans and priorities.
- 2.6 The MPS provides a detailed analysis of all of the major market sectors highlighting the key changes and developments we want to see and the way in which we intend the shape of these markets to change to support our Promoting Independence strategy.
- 2.7 The MPS can be printed but has been designed to be read in an electronic format with web links to key information sources enabling providers to access the most up to date information. This includes a link to the newly developed interactive Market Intelligence Tool. This will enable providers to access information about the market to support their business development and has been developed with providers.

### **3. Financial Implications**

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

### **4. Issues, Risk and Innovation**

- 4.1 The Promoting Independence strategy is key to achieving a reimagined Norfolk in respect of adult social care. The strategy requires fundamental changes in the way we go about the business of adult social care including social care and commissioning practice, the way in which care providers adjust to new models of care and the way in which consumers of care services support their own independence.
- 4.2 This means a greater focus on managing the demand for care through early intervention and support, a greater focus on reablement and the restoration of independence, ensuring that people with longer term conditions can be supported in their own homes and communities longer and less reliance on long term residential care.
- 4.3 The care market faces unprecedented competition for labour operating as a minimum wage economy, creating a risk of market failure and the inability of the market to support the wider integrated health and social care system. The MPS supports the multiple strands of our work with the market to manage these risks.

### **5. Summary**

- 5.1 In this context, we see this market position statement as an increasingly vital part of our relationship with the care and support sector – to set out our long-term vision for the future of adult social services in Norfolk, explain what new approaches and services are needed, and encourage our partners to help us formulate new ideas and ways of doing business. By

doing so, we hope to shape a sustainable system of care which achieves better health and wellbeing outcomes for Norfolk citizens, promotes independence and champions prevention, works more closely with carers, voluntary, and community sector groups, and provides services as close to a person's home as possible while ensuring access to high quality specialist services when needed.

- 5.2 To that end, the emphasis of our future commissioning aims will be on changing behaviours to promote independence, developing evidence-based early interventions to prevent peoples' care needs increasing, and devising new delivery models through integration with our partners. We will achieve this through a particular focus on integrated commissioning and delivery, using available resources more effectively, and seeking to work with a more diverse range of partners including entrepreneurs and social enterprises.

## **6 Recommendations**

- 6.1 **The Committee is asked to consider and approve the draft Norfolk Adult Social Care Market Position Statement 2017/18**

### **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:

<b>Officer Name:</b>	<b>Tel No:</b>	<b>Email address:</b>
Steve Holland	01603 638353	<a href="mailto:steve.holland@norfolk.gov.uk">steve.holland@norfolk.gov.uk</a>



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.