



Adult Social Care Committee

Date: **Monday 7th July 2014**

Time: **10am**

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

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

Membership

Ms S Whitaker (Chair)

Mr B Borrett

Ms J Brociek-Coulton

Mr M Chenery

Mr D Crawford

Mr T East

Ms D Gihawi

Mrs S Gurney

Mr C Jordan

Miss A Kemp

Ms E Morgan (Vice Chair)

Mr R Parkinson-Hare

Mr A Proctor

Mrs A Thomas

Mr N Shaw

Mrs M Somerville

Mr B Watkins

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

Catherine Wilkinson on 01603 223230
or email committees@norfolk.gov.uk

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A g e n d a

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

2. Minutes

To agree the minutes from the meeting held on 16th June 2014.

(To follow)

3. Members to Declare any Interests

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

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

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

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

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

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

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

5. Local Member Issues

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk or 01603 223230) by **5pm on Wednesday 2nd July 2014.**

6. Adult Social Care Finance Monitoring Report Outturn 2013-14 and Period 2 (May) 2014-15

Report by the Director of Community Services

(Page 5)

7. Performance monitoring report

Report by the Director of Community Services

(Page 23)

8. **Budget Planning 2015-18**
Report by the Interim Head of Finance

(To follow)

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

Group Meetings

Conservative	9:00am	Colman Room
UK Independence Party	9:00am	Room 504
Labour	9:00am	Room 513
Liberal Democrats	9:00am	Room 530

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

Date Agenda Published: 27th June 2014



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Adult Social Care Committee

Item No 6

Report title:	Adult Social Care Finance Monitoring Report Outturn 2013-14 and Period 2 (May) 2014-15
Date of meeting:	7 July 2014
Responsible Chief Officer:	Harold Bodmer, Director of Community Services

Strategic impact

This report provides the Committee with information on the outturn (year end) financial position of the service for 2013-14 and the first financial monitoring information for the new financial year. It provides information on variances from the original budget, emerging issues and the position on the expected use of reserves for Adult Social Care purposes.

Executive summary

The 2013-14 outturn position for Adult Social Services was an overspend of £1.500m. The outturn position included use of reserves and one-off funding. The overspend reflected an additional £1.500m into reserves to meet future years' pressures as well as a contribution of £1.200m to the reserve for the costs of the incinerator.

As at the end of May 2015 (Period 2) the forecast revenue outturn position for Adult Social Care for 2014-15 is a balanced budget.

However, there continue to be financial pressures in Adult Social Care, with some previous Big Conversation savings from 2011-14 not having been fully met to date yet. Actions are in place to deliver these savings, but the service is forecasting the use of £3.656m from one-off reserves in order to achieve a balanced budget in 2014-15.

The Purchase of Care and Service User Income continues to be the area of highest financial risk to the service. The Purchase of Care budget is used to fund packages of care for people, including Personal Budgets. The current forecast for Purchase of Care for Older People, People with Physical Disabilities and People with Learning Difficulties is for a balanced budget. However, this will continue to be closely monitored by the service. The revised budget reflects an additional £1m of one-off monies, which was agreed to support the phasing in of the 2014-17 savings in this area.

The 2014-15 Capital budget reflects the agreed programme for 2014-15 and slippage at 2013-14 outturn. As at period 2 there are no forecast variations to the programme.

Adult Social Care reserves at 31 March 2014 stood at £13.353m. The service is forecasting a net use of reserves in 2014-15 of £4.335m to meet commitments and deliver a balanced budget as set out in this report. The 2014-15 forecast outturn position for reserves and provision is £9.018m. At this stage the service is anticipating that reserves will be fully utilised by the end of the 2016-17 financial year.

Recommendation

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

- a) **The 2013-14 revenue outturn position of an £1.500m overspend.**
- b) **The forecast revenue outturn position for 2014-15 as at Period 2 of a balanced budget and forecast use of £3.656m from the Adult Social Care Legal Liabilities Reserve.**
- c) **The forecast capital outturn position for the 2014-15 capital programme.**
- d) **The current forecast for use of reserves.**

1. Proposal

- 1.1. Members have a key role in overseeing the financial position of Adult Social Care services, including reviewing the revenue and capital position and reserves held by the service. Although budgets are set and monitored on an annual basis it is important that the ongoing position is understood and the previous year's position, current and future plans and performance are considered.
- 1.2. This is the first monitoring report for 2014-15 and reflects the forecast position at the end of May 2014 (Accounting Period 2). Members are also asked to note the 2013/14 outturn position for Adult Social Care.

2. Evidence

2013/14 Outturn

- 2.1 The final 2013/14 outturn position for Adult Social Care services was £1.5m. This reflects a reduction in the usage of reserves previously forecast and reported to Members in April 2014, which is primarily due to an increase in service user income. It also includes an additional contribution to reserves of £1.5m to mitigate the financial risk of increased pressures in 2014-15. This was used to increase the Adult Social Care Legal Liabilities reserve. The detailed position is shown at Appendix A and reasons for over and underspends in individual service area is explained at Appendix B. The service also contributed £1.200m towards the cost of the incinerator during 2013-14.

Table 1: Adult Social Care 2013-14 Outturn

	Revised Budget	Final Outturn	Forecast to Budget Variance	Period 10 Forecast	Forecast Movement
	£m	£m	£m	£m	£m
Total Adult Social Care Net Expenditure	258.336	262.536	4.200	259.528	3.008
Use of Adult Social Care Reserves	0.000	-2.700	-2.700	-3.284	0.584
Adult Social Care Total outturn after use of reserves	258.336	259.836	1.500	256.244	3.592

2014/15 Monitoring

- 2.2 This is the first monitoring report for 2014-15 and the table below summarises the forecast outturn position at the end of May 2014 (Period 2).

	Revised Budget	Forecast Outturn at Period 2	Variance	
	£m	£m	£m	%
Total Adult Social Care Net Expenditure	249.595	253.251	3.656	1%
Use of Adult Social Care Reserves	0.000	-3.656	-3.656	0.0%
Adult Social Care Total outturn after use of reserves	249.595	249.595	0.000	0.0%

- 2.3 As at the end of May 2014 (Period 2) the forecast revenue outturn position for 2014-15 is a balanced budget for Adult Social Care.
- 2.4 However, there are financial pressures within the service due to delay in achieving savings, which can be offset in 2014-15 by the use of reserves. The forecast for services including Mental Health Purchase of Care and Safeguarding transport anticipates some continuing delay in full achievement of previous savings, which are progressing and still expected to deliver ongoing savings to the service.
- 2.5 The detailed position for each service area is shown at Appendix C, with further explanation of over and underspends at Appendix D.
- 2.6 As the overspends are primarily due to delay in savings rather than ongoing cost pressures, the department is forecasting using £3.656m from the Adult Social Care Legal Liabilities reserve to offset the areas forecast to overspend. This reserve was set up in part to cover the potential costs arising from the Court of Appeals decision regarding the funding of aftercare under section 117 of the Mental Health Act.
- 2.7 The Purchase of Care and Service User Income continue to be the areas of highest financial risk to the service. The Purchase of Care budget is used to fund packages of care for people, including Personal Budgets. The current forecast for Purchase of Care for Older People, People with Physical Disabilities and People with Learning Difficulties is for a balanced budget. However, this will continue to be closely monitored by the service. The revised budget reflects an additional £1m of one-off monies in Purchase of Care, which was agreed to support the phasing in of the 2014-17 savings in this area.

Capital Programme 2014-15

- 2.8 The position of the capital programme as at Period 2 is shown at Appendix E. The programme is currently forecast to be on track and in line with the capital budget for 2014-15. The budget for this financial year of £10.552m includes the capital programme agreed by County Council for Adult Social Care in 2014-15 of £9.060m and slippage on the 2013-14 programme at outturn of £1.492m. The main priority for capital spending in Adult Social Care in 2014-15 continues to be the development of Housing With Care and Supported Housing provision.

Adult Social Care Reserves and Provisions

- 2.9 Adult Social Care reserves at 31st March 2014 stood at £13.353m. The service is forecasting a net use of reserves in 2014-15 of £4.335m to meet commitments and deliver a balanced budget as set out in this report. The 2014-15 forecast outturn position for reserves and provision is £9.018m. At this stage the service is anticipating that reserves will be fully utilised by the end of the 2016-17 financial year. The 2013-14 outturn position and projected use of reserves and provisions up to 2016-17 is shown at Appendix F.

3. Financial Implications

- 3.1. There are no decisions arising from this report. The financial position for Adult Social Services is set out within the paper and appendices.

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 There are no issues or risks directly arising from this report.

5. Background

Background Papers –

[Community Services Finance Monitoring Report for 2013-14 - Report to Community Services Overview and Scrutiny Panel - 4 March 2014](#)

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:

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**Adult Social Care
Budget Monitoring Final Outturn**

Appendix A

	Revised Budget £m	Final Outturn £m	Forecast Variance		Previously Reported(10) £m
Summary			£m	%	
Management, Finance					-
and Transformation	3.303	-0.441	-3.744	113%	-3.121
Commissioning	70.125	71.537	1.412	2%	1.510
Business Development	6.752	6.626	-0.126	-2%	-0.142
Human Resources	1.791	1.627	-0.164	-9%	0.067
Safeguarding	232.188	235.611	3.423	1%	0.591
Prevention	18.495	20.614	2.119	11%	1.508
Service User Income	-74.318	-73.038	1.280	-2%	3.005
Total Net Expenditure	258.336	262.536	4.200	2%	3.284
Use of ASC Reserves	0.000	-2.700	-2.700		-3.284
ASC Total after use of reserves	258.336	259.836	1.500	1%	0.000
Service Detail					
Commissioning					
Commissioning	1.232	1.041	-0.191	-16%	-0.117
Service Level Agreements	5.223	6.294	1.071	21%	1.197
Aids & Adaptations	2.535	4.186	1.651	65%	1.578
Norsecare	33.375	33.689	0.314	1%	0.368
Supporting People	14.501	13.731	-0.770	-5%	-0.784
LD Partnership	6.435	6.150	-0.285	-4%	-0.525
Independence matters	5.281	5.155	-0.126	-2%	0.000
Other	1.544	1.291	-0.253	-16%	-0.207
Commissioning Total	70.126	71.537	1.411	2%	1.510
Safeguarding					
Purchase of Care					
- Older People	96.931	100.865	3.934	4%	2.080
- People with Physical Disabilities	19.400	23.140	3.740	19%	4.459
- People with Learning Difficulties	81.582	76.598	-4.984	-6%	-6.794
- Mental Health, Drugs & Alcohol	11.112	12.426	1.314	12%	1.259
Hired Transport	6.289	6.915	0.626	10%	0.334
Staffing and support costs	16.873	15.666	-1.207	-7%	-0.747
Safeguarding Total	232.187	235.610	3.423	1%	0.591

Prevention

Housing With Care Tenants' meals	0.149	0.462	0.313	210%	0.391
Personal & Community Support	7.274	7.693	0.419	6%	0.354
Norfolk First Support and Swifts/NightOwls	5.438	5.594	0.156	3%	0.004
Service Development	1.186	1.986	0.800	67%	0.832
Community Safety	0.431	0.247	-0.184	-43%	-0.149
Other	4.016	4.119	0.103	3%	0.076
Prevention Total	18.494	20.101	1.607	9%	1.508

Income from Service Users

Older People	-64.163	-61.201	2.962	-5%	3.543
People with Physical Disabilities	-1.888	-2.079	-0.191	10%	-0.156
People with Learning Disabilities	-3.913	-4.792	-0.879	22%	-0.503
Mental Health, Drugs & Alcohol	-4.354	-4.452	-0.098	2%	0.316
Service User Income Total	-74.318	-72.524	1.794	-2%	3.200

Final Outturn

Explanation of over and underspends

1 Management Finance and Transformation underspend of £3.744m

The main reason for the underspending is the holding of budget (£-3.609m) to enable effective targeting against relevant priorities within the year. Also included is the ASC contribution to the Willows (£1.200m) and Big Conversation budget savings not achieved (£1.124m) offset by budget not allocated to services (-£1.512m). The underspend is less compared to previous forecasts due to reduced usage of grant to meet transformation costs.

2 Commissioning overspend of £1.4.11m

The main over/underspends are:-

Service level Agreements, with external providers, overspent by £1.071m. The remaining savings on Service Level Agreements from the 2011-14 Big Conversation were not achieved in 2013/14. Work is ongoing to identify where these savings can be made for 2014/15. In addition there were one off items that reduced the outturn. There has been no significant change since period 10.

Aids and Adaptations overspent by £1.651mm. This budget is managed jointly with Health within the Integrated Community Equipment Service (ICES). This was the first year of the Integrated Community Equipment Service. The forecast equipment spend was higher than budgeted, partly due to health initiatives such as pressure sores and higher usage than forecast. The profile of spend between NCC and Health is being renegotiated for 2014/15 and actions taken to reduce expenditure. There has been no significant change since period 10.

Supporting People underspent by £0.770m. The Supporting People underspend represents a faster delivery of the budgeted 12% expenditure reduction over the three financial years 2011-14. It also includes some savings on Mental Health. There has been no significant change since period 10.

Learning Disabilities Partnership underspent by £0.285m. Successful outcome of disputed invoice (£0.200m), no inflation uplift to partner contracts (£0.138m) and delayed transfer to Kingswood LD provision from Mill Close (£0.050m) are the main reasons for the forecast underspend.

3 Safeguarding overspend of £3.422m

To improve the accuracy of monitoring information, budgets have been re-aligned across categories since 2013/14. The main over/underspends are:-

Purchase of Care for Older People overspent by £3.934m. Purchase of Care is the budget for the purchase of care from the independent sector, including residential and nursing care, supported living, home care and day care. There are financial pressures in Purchase of Care and this is closely monitored. The overspend is mainly on residential care.

Purchase of Care for People with Physical Disabilities overspent by £3.740m. The overspend is on residential and domiciliary care.

The outturn position is improved from the forecast at period 10 due to a reduction in forecast spend on domiciliary and day care.

Purchase of Care for People with Learning Difficulties underspent by £4.984m mainly due to a higher level of Continuing Health Care income and an underspend on day care.

The outturn compared with the previous forecast is due to a reduced forecast for Continuing Health Care income.

Where people are assessed by Health as being entitled to Continuing Health Care (CHC), the cost of their care is paid by Health and the person no longer has to contribute towards the cost of their care. Where Adult Social Care (ASC) had previously been paying for the cost of a person's care and they are then assessed as being eligible for CHC there is usually a delay in Health taking the contract with the provider, so in the meantime ASC continue to pay the provider but recharge Health. The forecast pressures for future years included in budget planning has been reduced in light of the reduction in the average package of care cost.

Purchase of Care – Mental Health, Drugs and Alcohol overspent by £1.314m. The forecast on Mental Health Purchase of Care anticipates only a partial achievement in 2013-14 of budgeted savings, mainly moving people from residential care to living in the community. The forecast overspend is on residential and nursing care.

Continuing Health Care. Within the above services the income from Health for Continuing Health Care is netted off the expenditure to which it is related.

4 Prevention Overspend by £1.607m

The main over/underspends are:-

Housing With Care Tenants' Meals overspent by £0.313m. Forecast overspend mainly due to slippage on achieving savings through removal of subsidy of community meals provided in Housing With Care (HWC) schemes and the associated redundancy costs from fewer meals staff. The subsidy has been removed from community meals and the savings will be achieved in 2014-15 and future years.

There has been no significant change since period 10.

Personal and Community Support overspent by £0.419m. This has been affected by a reduction in Supporting People income. There has been no significant change since period 10.

Service Development overspent by £0.800m. Savings target for Assistive Technology of £0.748m will not be made in 2013/14 and work is continuing to implement the saving for 2014/15.

There has been no significant change since period 10.

Community Safety underspent by £0.184m. The underspend is on salaries due to fewer posts. This was previously shown under Safeguarding.

The responsibility and grant funding for Community Safety has been transferred to the Police and Crime Commissioner, in accordance with national policy. The Community Safety budget remaining under Prevention is for the policy function.

There has been no significant change since period 10.

5 Income from Service Users overspent by £1.794m. Budgeting income from service user contributions towards the cost of their care is difficult as peoples' contributions are based on their financial circumstances. The increase in income from service user contributions due to the growth in the number of older people budgeted for in 2011-12 and 2012-13 has not happened (£1.900m and £0.998m). Prior to 2011-12

there had been a trend of the department receiving more income than budgeted from service user contributions, largely because although the cost pressure from demographic growth was included in the budget plan there was no corresponding budgeted increase in income from service user contributions. In 2011-14 an increase in income from service users due to growth in the number of people was included in the budget plan. The outturn reflects less income from Older Peoples' contributions towards the cost of their care than budgeted. However, the outturn position is better than previously forecast with additional income received towards the end of the year, this was in part due to system changes that have enabled realignment of our accounting for non-residential income with the financial year (£0.413m). The budgeted income from day care charging also shows a significant under recovery of budgeted income in line with 2012-13. NCC is now no longer charging for up to the first six weeks of reablement to facilitate integration with Health (this is also a requirement of the Care Act 2014), plus there is less income from people funding their own care who are in Norse Care homes as Norse Care charge people who go direct to them.

Community Services

2014-15 Budget Monitoring May 2014 Period 2

	Revised Budget £m	Forecast Outturn £m	Forecast Variance	
Summary			£m	%
Management, Finance and Transformation	-3.954	-5.917	-1.963	50%
Commissioning	74.923	77.581	2.658	4%
Business Development	4.505	4.469	-0.036	-1%
Human Resources	1.204	1.204	0.000	0%
Safeguarding	235.560	237.776	2.216	1%
Prevention	10.189	11.070	0.881	9%
Service User Income	-72.832	-72.932	-0.100	0%
Total Net Expenditure	249.595	253.251	3.656	1%
Use of ASC Reserves	0.000	-3.656	-3.656	
ASC Total after use of reserves	249.595	249.595	0.000	0%
Service Detail				
Commissioning				
Commissioning	1.25	1.250	0.000	0%
Service Level Agreements	4.401	5.942	1.541	35%
Aids & Adaptations	2.601	3.356	0.755	29%
Norsecare	32.551	33.091	0.540	2%
Supporting People	13.443	13.443	0.000	0%
LD Partnership	5.604	5.604	0.000	0%
Independence matters	13.247	13.247	0.000	0%
Other	1.826	1.648	-0.178	-10%
Commissioning Total	74.923	77.581	2.658	4%
Safeguarding				
Purchase of Care				
- Older People	98.645	98.645	0.000	0%
- People with Physical Disabilities	23.529	23.529	0.000	0%
- People with Learning Difficulties	80.350	80.350	0.000	0%
- Mental Health, Drugs & Alcohol	12.015	13.395	1.380	11%
Hired Transport	5.650	6.080	0.430	8%
Staffing and support costs	15.371	15.777	0.406	3%
Safeguarding Total	235.560	237.776	2.216	1%

Prevention

Housing With Care Tenants' meals	0.673	0.673	0.000	0%
Personal & Community Support	1.463	1.463	0.000	0%
Norfolk First Support - Swifts/Owls	5.403	5.403	0.000	0%
Service Development	0.589	1.420	0.831	141%
Community Safety	0.106	0.106	0.000	0%
Other	1.955	2.005	0.050	3%
Prevention Total	10.189	11.070	0.881	9%

Income from Service Users

Older People	-61.177	-61.277	-0.100	0%
People with Physical Disabilities	-2.243	-2.243	0.000	0%
People with Learning Disabilities	-4.889	-4.889	0.000	0%
Mental Health, Drugs & Alcohol	-4.523	-4.523	0.000	0%
Service User Income Total	-72.832	-72.932	-0.100	0%

2014-15 Budget Monitoring Period 2 Explanation of over and underspends

1 Management Finance and Transformation underspend of £1.963m

The forecast underspend is due to the retention of budget (-£1.714m) to enable effective targeting of resource against priorities and pressures during the year.

2 Commissioning overspend of £2.658m

The main over/underspends are:-

Service level Agreements, with external providers, forecast overspend of £1.541m. The remaining savings on Service Level Agreements from the 2011-14 Big Conversation were not achieved in 2013/14 and a continuing shortfall is expected. Work is ongoing to identify where these savings can be made on an ongoing basis.

Aids and Adaptations forecast overspend of £0.755m. Contract changes increased pressures resulting in the previous savings target not being met. This budget is managed jointly with Health within the Integrated Community Equipment Service (ICES). New arrangements between Health and NCC are in place and further work is being undertaken to revise the forecasts for 2014/15.

Norsecare forecast overspend of £0.540m. Savings identified with the 2014/15 budget of £2m are forecast to only be partially achieved.

3 Safeguarding overspend of £2.216m

The main over/underspends are:-

There are significant risks in relation to the achievement of savings for Purchase of Care areas, due to the size of the savings required. The revised budget reflects an additional £1m of one-off monies, which was agreed to support the phasing in of the 2014-17 savings to reduce funding for wellbeing activities for people receiving support from Adult Social Care through a personal budget and implementation of this saving and to reduce the funding of transport.

The purchase of care budget is currently forecasting a balanced position. More work is being undertaken to monitor the impact of reduced funding for some activities through personal budgets.

Purchase of Care – Mental Health, Drugs and Alcohol overspent by £1.380m. The forecast on Mental Health Purchase of Care anticipates only a partial achievement in 2013-14 of budgeted savings, mainly moving people from residential care to living in the community. The forecast overspend is on residential and nursing care.

4 Prevention Overspend by £0.881m

The main over/underspends are:-

Service Development overspent by £0.831m. The 2013-14 savings target for Assistive Technology (N-Able) of £0.748m are forecast to not be achieved in 2014-15. Work is

continuing to implement the saving and for N-Able to deliver a profit, which will deliver savings to the service.

5 Income from Service Users underspent by £0.100m

Budgeting income from service user contributions towards the cost of their care is difficult as peoples' contributions are based on their financial circumstances. The service saw a significant increase in income from service user contributions towards the end of 2013-14. Forecasts for 2014-15 are more positive, but this area continues to be closely monitored and the position will be reported at each Adult Social Care Committee.

Adult Social Care Capital Programme 2014-15

Scheme Name	Capital Budget 14/15 Including Slippage	Forecast at Period 2
	£	£
Approved Programme		
Adult Care - Unallocated Capital Grant 2014-15 -tTo be used for: investment in further housing development schemes to make revenue savings, including those for people with learning difficulties and physical disabilities; and for Housing With Care schemes for older people	2.292	2.292
LPSA Domestic Violence	0.368	0.368
Failure of kitchen appliances	0.033	0.033
Adult Social Care IT Infrastructure	0.159	0.159
Improvement East Grant	0.028	0.028
Unallocated Capital Grant under consideration for HWC	1.221	1.221
Social Care grant DOH 2012-13 Unallocated under consideration for HWC	2.146	2.146
Prospect Housing - formerly Honey Pot Farm	0.320	0.320
Great Yarmouth Dementia Day Care	0.375	0.375
Adult Care - Unallocated Capital Grant	1.947	1.947
Strong and Well Partnership - Contribution to Capital Programme	0.500	0.500
Bishops Court - King's Lynn	0.300	0.300
Rashes Green	0.041	0.041
Supported Living for people with Learning Difficulties	0.017	0.017
Balance of LPSA Reward Grant 0809 not allocated	0.028	0.028
Adult Social Care Housing Development Fund	0.400	0.400
Redevelopment of Attleborough Enterprise Centre	0.042	0.042
Young Peoples Scheme - East	0.200	0.200
Department of Health - Extra Care Housing Fund (Learning Difficulties)	0.003	0.003
Great Yarmouth Learning Difficulties Day Service	0.019	0.019
Attleborough Community Hub CERF	0.017	0.017
Dementia Friendly Pilots- Wells	0.096	0.096
TOTAL Capital	10.552	10.552

Appendix F

Adult Social Care Reserves and Provisions 2014/15

	Actual Balance at 1st April 2013	2013/14 In Year Changes	Balance as at 1st April 2014	2014/15 Commitments / Usage	Forecast 31st March 2015 position	Forecast 31st March 2016 position	Forecast 31st March 2017 position
	£	£		£	£	£	£
Doubtful Debts Provision	(1.055)	0.103	(0.952)		-0.952		
Redundancy Provision	(0.130)	0.027	(0.103)	0.072	-0.031	0.000	0.000
Prevention Fund - Living Well in the Community	(0.830)	0.713	(0.117)	0.117	0.000	0.000	0.000
Prevention Fund - General As part of the 2012-13 budget planning Members set up a Prevention Fund of £2.5m. - To mitigate the risks in delivering the prevention savings in 2012-13 and 2013-14, particularly around reablement and Service Level Agreements, and the need to build capacity in the independent sector.	(2.737)	2.204	(0.533)		-0.533	0.000	0.000
Prevention Fund - Strong & Well	(0.500)	0.010	(0.490)	0.490	0.000	0.000	0.000
Repairs and Renewals	(0.071)	0.029	(0.043)		-0.043	0.000	0.000

IT Reserve - For the implementation of various IT projects and IT transformation costs.	(1.491)	0.066	(1.425)		-1.425	-0.713	0.000
Residential Review - Required in future years for the Building Better Futures programme, including the transformation of the homes transferred to Norse Care on 1 April 2011.	(3.594)	1.264	(2.330)	(1.000)	-3.330	-1.665	0.000
ASC Legal Liabilities - Cabinet approved on 9 May 2011 the creation of the Adult Social Care Legal Liabilities reserve to cover the potential costs arising from the dismissal on Tuesday 15 February 2011 at the Court of Appeal of the appeal lodged by Hertfordshire County Council regarding the funding of aftercare under section 117 of the Mental Health Act.	(3.594)	(0.195)	(3.789)	3.656	-0.133	0.000	0.000
Unspent Grants and Contributions - Mainly the Social Care Reform Grant which is being used to fund the Transformation in	(3.891)	0.319	(3.571)	1.000	-2.571	-1.286	0.000

Adult Social Care.							
Total Reserves / Provisions	(17.893)	4.540	(13.353)	4.335	(9.018)	(3.664)	0.000

Adult Social Care Committee

Item No 7

Report title:	Performance monitoring report
Date of meeting:	7 July 2014
Responsible Chief Officer:	Head of Business Intelligence and Performance Service & Corporate Planning & Partnerships Service
Strategic impact Performance monitoring and management information helps committees undertake some of their key responsibilities – informing Committee Plans and providing contextual information to many of the decisions that are taken.	

Executive summary

This paper reviews the end-of-year performance results for Adult Social Care, and proposes an approach for regular performance monitoring at the Adult Social Care Committee in the future.

The paper reports strong performance in terms of admissions to residential care, reablement services, delayed transfers of care, people feeling safe and independent, and outcomes for people with a learning disability.

It also highlights areas of concern including self-directed support, support for carers and mental health services performance.

The key elements of the proposed future approach are:

- a) A performance dashboard with four headings designed to ensure that the Council takes a balanced approach to monitoring performance indicators. The four headings are the same as for Panel dashboards, so: 'Managing change', 'Managing our resources', 'Service performance' and 'Outcomes for Norfolk people'
- b) Within the dashboards a smaller, more focused set of 'core' indicators that remain in place throughout the year, and that reflect the Committee's priorities
- c) A clear check-list for indicators – they must clearly measure outcomes for Norfolk people or Council performance, they should be clear and straightforward to understand, and they must have targets
- d) A short narrative report in support of the dashboard.
- e) Quarterly performance reporting to panels. This would see regular reports coming to the following Committee meetings:
 - i. September (Quarter 1 results)
 - ii. November (Quarter 2)
 - iii. March (Quarter 3)
 - iv. June (End-of-year results)
- f) Provision being made, as a matter of course, for officers to update Committees with any more up-to-date performance information at the beginning of each Committee discussion.

Committee Members are asked to:

- 1) **Review and comment on the year-end performance information for 2013/14**
- 2) **Consider future performance reporting arrangements for the Committee. Specifically it is asked to:**
 - a) **Agree any specific priorities or areas of performance that should be included in the revised Committee Dashboard, to be presented at the next Committee Meeting and thereafter**
 - b) **Agree, subject to feedback and amendments, the principles for performance management and monitoring arrangements**

c) **Agree, subject to feedback, a quarterly schedule for receiving performance reports – and any relevant amendments to the Committee’s Forward Plan**

d) **Agree, subject to any suggested alternatives, to receive any updated data at the beginning of each regular Performance discussion.**

1 Adult Social Care Performance 2013/14

1.1 Adult Social Care’s 2013/14 end-of-year dashboard is presented in Appendix A. This contains key relevant information from the previous Community Services Overview & Scrutiny Panel, along with other key end-of-year data.

1.2 Overall these results present a generally positive picture of performance. However, there are some areas of concern.

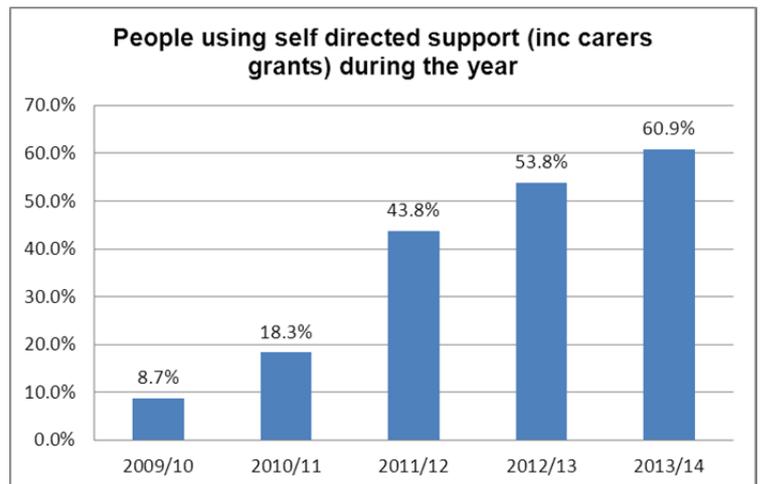
1.3 Specific areas of strong performance are:

- a) **Admissions to residential care.** Both 18-64 and 65+ age groups saw a lower than targeted (i.e. good) reductions in admissions. These reductions follow consistent increases in previous years. Some caution is required in assessing performance in this area. Demographic pressures, and specifically an ageing population, are likely to drive up demands for residential care admissions in the longer term. The Council’s challenge is to make sure that people are able to stay at home for as long as possible, and that there are alternatives to residential placements where appropriate. In short the current reductions are welcome, but should be viewed in the light of rising long term demand for care services.
- b) **Reablement services.** People that experience a crisis are, where appropriate, offered intensive reablement services immediately afterwards (usually when returning home from hospital) to help them get back on their feet. This is an ‘invest to save’ service – people that are successfully supported through reablement services experience better outcomes and tend to cost less in the longer term. Our figures show that 87% of people that have experienced some kind of crisis and have received reablement and rehabilitation services remain at home three months after discharge. This is ahead of both our target and regional and national averages.
- c) **Delayed transfers of care attributable to social care.** ‘Delayed transfers’ occur when people have nowhere safe or appropriate to go to at the end of their hospital stay – with the outcome being people staying in hospital for longer than they need to – so called ‘bed blocking’. Delays attributable to social care are where social services aren’t in place quickly enough, so people stay in hospital. Norfolk’s rate of 2.0 delayed transfers per 100,000 is good news. Against our last available benchmarks this would make Norfolk the best performing council in our ‘family group’. This performance reflects over three years of strong performance in this area, driven by the introduction of Joint Discharge Teams in hospitals – where social care staff work alongside health workers to anticipate and manage discharge arrangements.
- d) **People feel that care services help them to be safe and independent.** Each year we are required to undertake a survey to assess the Council’s impact on social care service users and carers. Our results this year show that we have improved our results and hit our targets in terms of the proportion of people:
 1. Who say that services have made them feel safe and secure
 2. Who feel safe overall
 3. Who find it easy to find information about service

4. We feel they have control over their daily life.
5. Outcomes for people with a learning disability. The Council has exceeded its targets for the percentage of people with a learning disability in work and/or in settled accommodation. This is a particularly welcome improvement given the reduction in employment opportunities for people with learning disabilities in recent years

1.4 Areas of concern, where ongoing monitoring is required, are:

a) **Overall take-up of self-directed support.** Norfolk has significantly improved its take-up of self-directed support, usually through personal budgets, in recent years. Last year's result was 53.8%. This year's target was 70%, and the Council has fallen short of this achieving



60.9%. One of the main reasons for not meeting the target is the inclusion of carers in our calculations for this indicator this year. In short, we should now be providing 70% of both service users and carers with self-directed support. In previous years our target was for providing it for service users only. So, whilst performance for service users continues to be quite strong, the Council is less good at providing carers with self-directed support, and this has brought the figure down proportionally.

b) **Support for carers.** Whilst the indicator showing support for carers is currently better than the target, requirements for supporting carers are changing. The need to include carers in our self-directed support calculation represents the increased recognition of the role of informal care by councils and the Government, and the coming Care Act will put carers rights on an even stronger footing. Improving levels of support for carers will be a challenge for all councils, and will require close monitoring.

c) **Mental health services performance.** Whilst the indicators presented in Appendix A do not specifically cover mental health services, the Council's actions in bringing Mental Health social work back 'in house' is partly based on low levels of operational performance. In reality mental health services data does contribute towards many of the whole-council indicators (for example the take-up of self-directed support, or support for carers) so it is important that performance levels are in line with other services. The Council will continue to closely monitor key mental health services indicators to ensure improvement.

1.5 In addition to the key performance indicators presented in Appendix A, our performance reporting also includes important updates on the relevant 'change projects' in adult social care.

1.6 Overall the status of the Adult Social Care Transformation Programme is 'amber'.

This means that steady progress is being made in all projects, and that whilst there are risks to the timeliness or success of projects, these are currently being managed.

1.7 Looking in more detail, three specific projects are rated as 'Amber' (with the rest 'Green'). These are:

- a) **Accommodation Review.** This is progressing successfully, but there are risks to the timeliness of the project because of outstanding planning issues delaying changes to, or the disposal of, buildings. In addition some staff moves need to be finalised and arranged.
- b) **Mental Health Social Care.** Progress continues to be made to put in place arrangements for Mental Health staff to move back to the Council. A new staffing structure has been agreed and work is in hand with the Norfolk and Suffolk Foundation Trust on the staffing details. The Council will continue to monitor the risks around this important project.
- c) **Implementation of Social Care Act.** This project will affect much of social care, and as such is very complex. Significant progress has been made in risk assessing and impact assessing the changes that will be required, including an assessment of long term costs and implications for social work. The 'Amber' rating reflects delays in recruiting a dedicated post to focus on the 'practice' and social work implications of the Act.

2 Future performance monitoring arrangements for Committees

2.1 In considering the best way to monitor and manage the Council's performance through Committees it is helpful to reflect on some of the lessons learned whilst reporting to Panels.

2.2 In particular there is a clear need to balance:

- a) The desire for large amounts of performance data with the development of onerous or bureaucratic reporting systems and processes
- b) The need for a consistent approach to reporting – so that trends can be monitored over time – and a desire for flexibility about which indicators are covered at any given meeting
- c) The number of 'outcome' focused measures that tell us how our services affect Norfolk Citizens, and the number of 'output' and 'process' indicators that explain how effectively and efficiently the Council is working
- d) Measures that tell us how much of something we're doing ('service volume' indicators) and those that tell us how well we're doing it ('service quality' indicators)
- e) The need for up to date information and the long lead-in times for the submission of papers.

2.3 More specific feedback from Members also suggests:

- a) The 'four quadrant' dashboard approach is helpful ('Managing change', 'Managing our resources', 'Service performance' and 'Outcomes for Norfolk people')
- b) That the look and feel of future reports should be straightforward uncomplicated, and should work easily in any format (iPad, print, on screen etc.)
- c) Indicators that are 'under development' and 'composite' measures that use complicated calculations and require excessive explanation should not be

included

- d) The narrative reports that accompany performance dashboards are helpful, but should be brief and focus on genuine performance issues rather than good news stories.

2.4 Performance Reporting Principles

2.4.1 Taking this feedback into account, this paper suggests a refreshed approach performance reporting that would work to the following principles:

- a) Performance reported under the four existing dashboard headings, so: 'Managing change', 'Managing our resources', 'Service performance' and 'Outcomes for Norfolk people'
- b) A smaller, more focused set of 'core' indicators that remain in place throughout the year, and that reflect the Committee's priorities
- c) A clear check-list for indicators – they must clearly measure outcomes for Norfolk people or Council performance, they should be clear and straightforward to understand, and they must have targets
- d) A short narrative report that succinctly covers:
 1. Any background performance information that the Committee needs to know and that wouldn't be covered by the dashboard (so new inspectorate reports, benchmarking information etc.)
 2. Explanations for any particularly good or bad performance
 3. For indicators that are off-target, an assessment of the likelihood of improvement, and what actions are being taken to improve performance

2.4.2 In addition we would anticipate that:

- a) A smaller set of regular core indicators would allow Members and officers to spend more time investigating detailed performance issues raised by Committees. The dashboard and report would be a prompt for discussions, and Members could request more detailed information about specific issues for including in the narrative report next time.
- b) Performance reports and the dashboard would overtly work alongside Committee plans – so measuring the extent to which the priorities and challenges outlined in the plans are being delivered.

2.5 Revised dashboards and performance reports will, subject to Members' agreement and feedback, be presented at the next round of Committee meetings.

2.6 Timing issues

2.6.1 Previous Panel arrangements for monitoring performance tried a range of reporting intervals – from every meeting, to once every other meeting, and quarterly.

2.6.2 Over time all of the panels agreed that quarterly reporting was most appropriate. Reports at every meeting meant that too little changed between periods. Less frequent reporting would mean that Committees would not be able to respond to changes in performance quickly enough.

2.6.3 It is the suggestion of this report that, subject to feedback from Committee members, the Council continues with a quarterly performance reporting schedule that would see regular reports coming to the following Committee meetings.

- a) September (Quarter 1 results)
- b) November (Quarter 2)
- c) March (Quarter 3)
- d) June (End-of-year results)

2.6.4 Irrespective of the frequency of reports, the lead-in time for Committee Papers means that Members often receive most up to date information at meetings. In short, because some indicators can be updated every month, and because the formal lead-in times for papers can be a month before the meeting, there is newer information available by the time the meeting takes place.

2.6.5 This paper recommends that as an alternative, members agree to a short amount of time at the beginning of each performance discussion for officers to update the Committee on any new information.

Alternatives to also consider include:

- An updated dashboard being published on the web site at an agreed time closer to the meeting

An updated dashboard being made available at the meeting

2.7 **Maintaining a 'whole-council' view of performance**

2.7.1 As set out in the Constitution, Policy & Resources (P&R) Committee is responsible for maintaining a 'whole-council' view of performance, budget and risk, and monitoring progress against the County Council Plan. P&R Committee will work with service committees to coordinate this activity, and address any issues that affect more than one committee or that multiple committees may have a role in addressing.

2.7.2 To assist with this process, a 'whole-council' dashboard will be developed, in accordance with the principles agreed by committee members. This whole-council dashboard will enable performance to be monitored by P&R Committee against the County Council Plan, with a particular focus on how well the Council is delivering its three priorities 'Excellence in Education', 'Real jobs' and 'Good infrastructure'.

3 **Financial Implications**

3.1 There are no significant financial implications arising from performance dashboards or the suggested approach to performance monitoring.

4 **Issues, risks and innovation**

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

5 **Background**

5.1 Performance monitoring and management information helps committees undertake some of their key responsibilities – informing Committee Plans and providing contextual information to many of the decisions that are taken.

This paper asks the Committee to do two main things:

- 1) Review and comment on 2013/14 'year-end' performance results. For the purpose of this discussion this means reviewing the indicators previously taken to panels.
- 2) Discuss and recommend it's approach to future performance monitoring arrangements. Specifically it:
 - a) Suggests a revised approach, including report timings, that should better support all of the Committees in the future
 - b) Asks committee members to feedback on this suggested approach

Asks the committee to identify any specific areas of performance or information that it would like to receive information on in future performance reports.

6 Background papers

6.1 [Community Services Performance Monitoring Report for 2013-14](#)

Officer Contact

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

Adult Social Care Committee – Performance Dashboard

Key for ratings

★	Performance is on target – so is equal or better than the target
●	Performance is slightly off-track – within 5% variance of the target
▲	Performance is worse than the target – more than 5% variance from the target

The significance of targets

Targets are set annually and should reflect a range of factors that should influence our desired level of performance, for example:

- Our priorities
- The performance of other councils, including regional and 'family group' averages
- Our current level of performance and our speed of improvement
- What can realistically be achieved

Measure	Value	Date	Rating	Target
Managing change				
Refocus Personal Budgets	-	May 2014	★	-
Review packages of care for people with Learning Difficulties and people with Physical Disabilities	-	May 2014	★	-
Integration	-	May 2014	★	-
Learning and Development	-	May 2014	★	-
Accommodation Review	-	May 2014	●	-
Transport Eligibility	-	May 2014	★	-
Business Support Review	-	May 2014	★	-
MSC Phase Two (Non-Residential)	-	May 2014	★	-
Mental Health Social Care	-	May 2014	●	-
Electronic monitoring of home care providers	-	May 2014	★	-
Residential Care Direct Payments	-	May 2014	★	-
Independent Living Fund	-	May 2014	★	-
Implementation of Social Care Bill	-	May 2014	●	-
Managing our resources				
Measure	Value	Date	Rating	Target
Residential care unit costs per week (all specialisms)*	£558.38	March 2014	N/A	
People's needs addressed at point of contact*	31.4%	March 2014	Surveillance	N/A
Identified corporate level risks				
Failure to meet the needs of older people			●	N/A
Failure to meet the long term needs of older people			●	N/A
Service performance				
Measure	Value	Date	Rating	Target
Permanent admissions to res/nursing care 18-64 (per 100,000 population)	44.8	March 2014	★	30 45

Measure	Value	Date	Rating	Target
Permanent admissions to res/nursing care 65+ (per 100,000 population)	797.9	March 2014	★	825
% People using self-directed support (including carers grants) during the year	60.9%	March 2014	▲	70%
% of People using self-directed support that receive cash payments	38.9%	March 2014	★	37%
% of carers supported following an assessment or review	46.8%	March 2014	★	46%
% of older people (65+) still at home 91 days after discharge from hospital into reablement/rehabilitation services	87%	March 2014	★	85%
Delayed transfers of care attributed jointly or solely to social care (per 100,000 population 18+) (2C Part 2)*	2.0	March 2014	N/A	N/A
% People who say services have made them feel safe and secure	82.59	March 2014	★	81.40
% Of people who feel safe	70.18	March 2014	★	67.83
% Of people who find it easy to find information about services	78.16	March 2014	★	69.98
% Of people who feel they have control over their daily life	84.63	March 2014	★	81.13
% Overall satisfaction of Adult Social Care service users	66.20	March 2014	●	68.65
% of all completed assessments which were for self funders*	9.6%	March 2014	Surveillance	N/A
Waiting times for Personal Budgets (average days in year so far)*	61.7	March 2014	Surveillance	N/A
% of audited case files where there is not evidence of appropriate involvement from others e.g. carers*	3.5%	March 2014	Surveillance	N/A
% of audited case files where planning is informed by assessment findings including mental capacity where applicable*	91%	March 2014	Surveillance	N/A
% of CQC reviews of outcomes within care services found to be compliant*	83.4%	March 2014	Surveillance	N/A
% of CQC reviews of outcomes within care services with major concerns*	1.1%	March 2014	Surveillance	N/A

Outcomes for Norfolk

Measure	Value	Date	Rating	Target
All adult safeguarding referrals – year to date*	1992	March 2014	Surveillance	N/A
% audited case files where assessment adequately reflects all risk to individual, staff and public	22.25%	March 2014	Surveillance	N/A
% of audited case files where there is clear evidence of individuals making choices and taking control of their arrangements where they can and wish to*	68.25%	March 2014	Surveillance	N/A
Settled accommodation for people with learning disabilities (1G)*	73.4%	March 2014	★	72.0%
Supported employment for people with learning disabilities (1E)*	7.1%	March 2014	★	6.9%