Norfolk County Council

Adult Social Care Committee

Date: **Monday, 04 July 2016**

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 Bill Borrett (Chairman)

Ms J Brociek-Coulton	Mr W Richmond
Mr D Crawford	Mr E Seward
Mr T Garrod	Mr B Spratt
Mrs S Gurney	Mrs M Stone (Vice-Chairman)
Mr J Mooney	Mr M Storey
Ms E Morgan	Mr M Sands
Mr R Parkinson-Hare	Mr B Watkins
Mr J Perkins	Ms S Whitaker

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

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

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A g e n d a

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

2. To confirm the minutes from the meeting held on 16 May 2016 **Page 5**

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) by **5pm Wednesday 29th June 2016.** For guidance on submitting public question, please view the Consitution at 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) by **5pm on Wednesday 29th**

June 2016.

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. Exercise of Delegated Authority
Update by Executive Director of Adult Social Services

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

Date Agenda Published: 24 June 2016

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Norfolk County Council

Adult Social Care Committee

Minutes of the Meeting Held on 16 May 2016
10:00am in Edwards Room, County Hall, Norwich

Present:

Mr B Borrett (Chairman)

Ms J Brociek –Coulton	Mr M Sands
Mr D Crawford	Mr E Seward
Mr T Garrod	Mr B Spratt
Mrs S Gurney	Mrs M Stone
Ms E Morgan	Mr M Storey 9vuice-chairmam-0
Mr J Mooney	Mr B Watkins
Mr W Richmond	Ms S Whitaker

Chair's Announcements:

1. Apologies

1.1 Apologies were received and accepted from Mr J Perkins

2. To confirm the minutes of the meeting held on 7 March 2016

2.1 The minutes of the meeting held on 7 March 2016 were confirmed as an accurate record and signed by the Chair.

3. To confirm the minutes of the meeting held on 29 April 2016

3.1 The minutes of the meeting held on 29 April 2016 were confirmed as an accurate record and signed by the Chair.

4. Declarations of Interest

4.1 There were no interests declared

5. Urgent Business

5.1 There were no items of urgent business.

6. Public Question Time

6.1 There were no public questions.

7. Local Member Questions / Issues

7.1 There were no local members questions / issues.

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

8.1 At this point in the meeting, the Chairman informed the Committee that a report on outside bodies would be brought to the next meeting to review the membership of the bodies.

8.2 Mr B Watkins reported that the Health and Wellbeing Board had not signed an agreement for the Better Care Fund as negotiations were still ongoing. There had also been a special meeting of the Norfolk and Norwich University Hospital to review the Care Quality Commission inspection which had been overall very positive.

8.3 Ms E Morgan reported that she had attended a meeting of the Norfolk Safeguarding Adults Board who had a concern regarding the capacity of resources. There was a feeling that there was a lack of equity between the adult's board and the children's board in the amount of resources they had received. The Executive Director of Adult Social Services confirmed that the Board had a statutory duty to fulfil and that would not be compromised by resources. The annual report of the Board would be received by the Committee at the next meeting.

8.4 Ms S Whitaker reported that she had attended three meetings of the Norfolk and Suffolk Foundation Trust, a meeting of Age UK and a meeting of Independence Matters.

9. Chair's Update

9.1 The outgoing Chair of the Committee, Ms S Whitaker reported that she had attended the following meetings as Chair of the Adult Social Care Committee;

- Two meetings of the Promoting Independence Board
- Norfolk Older People's Strategic Partnership Board in addition to a meeting with the Chair and Support Officer
- The Opening of De Lucy House Care Home in Diss
- Regional Lead Members for Adult Social Care and Health in Luton

- Launch of Holt Dementia Friendly Community initiative
- Adult Social Care Stocktake
- Liaison meeting with Norfolk Independent Care
- Joint presentation with NorseCare at Municipal Journal event in Ware
- Health and Wellbeing Board
- Briefing with Social Care Institute for Excellence (SCIE) for external review as result of Equal Lives complaint to Care Quality Commission
- External Stakeholders interviews for the appointment of a new Chair for Norfolk Community Health and Care
- NorseCare Liaison Board
- Council Chairman's reception for participants in the Special Olympics
- Media Day at NorseCare's new Bowthorpe Care Village

10. Executive Director's Update

10.1 The Executive Director of Adult Social Services reported that a review had started in the department by the Social Care Institute of Excellence who had been chosen as they had written guidance on the Care Act. The Committee would be updated on the review as it progressed.

10.2 The Committee were informed that the new care unit at Bowthorpe Care Village was open and operational.

10.3 The Better Care Fund discussion were continuing. Clinical Commissioning Groups (CCG's) had been given clear direction from NHS England that they should be cautious on the amount of money given to social care. Norfolk funding had not been agreed and had not met the deadline to submit a full plan at the beginning of May. Since then, progress had been made and it was hoped that it would be resolved by the end of May. If this was not the case then a national escalation process would be engaged.

10.4 The procurement of the new social care system was underway with a statement of requirements having been agreed. It was hoped that the replacement would be live from March 2018.

10.5 Work was being carried out to review Cramner House with the NHS with the view to achieve more effective way of providing the rehabilitation and respite service. There would be a consultation undertaken before any decisions were made.

11. Exercise of Delegated Authority

11.1 The Executive Director of Adult Social Services reported that there had been a decision taken to set service user charges linked to the benefit update of 2.54% as per normal practice.

12. Adult Social Care Finance Outturn Report Year End 2015-16

12.1 The Committee received the annexed report (12) which updated them with financial

monitoring information, based on information to the end of March 2016. It provided an analysis of variations from the revised budget, recovery actions taken in year to reduce the overspend and the use of Adult Social Care reserves.

12.2 The Committee heard that the spending year on year had reduced by £13m. This was mostly due to the change in the ways of working. The overspend was marked in each area of the budget with the biggest overspend being in learning difficulties.

12.3 There had been a robust review undertaken of all the working age adults with mental health issues in residential care and those in supported living to ensure that the way of living was the most effective for them and they were living as independently as possible.

12.4 There was concern expressed about the overspend of the hired transport budget as this had been continually overspent year on year. A report would be brought to the next committee meeting.

12.5 There had been a reduction of people in residential care which reflected the change of approach that had been implemented. More analysis was taking place of the needs of individuals before placing them.

12.6 The Committee **RESOLVED** to;

- Note the outturn position for 2015-16 Revenue Budget of an overspend of £3.168m.
- Note the progress against the action plan and continuation of actions into 2016/17.
- Note the use of reserves.
- Note the outturn position for the 2015-16 Capital Programme.

13. Revenue Budget 2016-17 – Proposals for Allocation of Transitional Funding and Rural Services Delivery Grant

13.1 The Committee received the annexed report (13) which provided the Committee with details of proposals for the use of Transitional Funding and the additional Rural Services Delivery Grant held in the budget for 2016-17, which had been identified in respect of the services which the Committee were responsible for. The report also set out the timetable for the process to agree the use of this funding in 2016-17.

13.2 The Committee agreed that the proposal relating to the voluntary sector should be extended to two years with £100k in each year.

13.3 The Committee questioned the ambition of the proposals considering there was a significant overspend, however the Executive Director of Adult Social Services confirmed that all proposals had been focused on promoting independence which would make savings in the future.

13.4 The Committee **RESOLVED** to;

- Recommend the proposed use of additional funding as set out in this report to enable Policy and Resources Committee to consider proposals in this round and make a recommendation on the use of this funding to County

Council.

14. Performance Management Report

14.1 The Committee received the annexed report (14) which was the performance management report to the committee that was based upon the revised performance management system, which was implemented as of 1st April 2016.

14.2 In a change to the report, the Committee heard that the number of individuals aged 18-64 who were placed in permanent residential care had reduced from 22.5 at the end of February to 17.6 at the end of the financial year. This put the data much closer to the family group data and was mainly because data had been incorrectly entered.

14.3 Members noted that work was already being carried out by other organisations such as Department for Work and Pensions and Norfolk and Suffolk Foundation Trust in encouraging those with learning difficulties into paid employment and therefore it would be much more beneficial to work together to increase the figures.

14.4 Members were informed that a focused programme would be implemented to help providers rated by the Care Quality Commission as "requires improvement" achieve at least a rating of "good" at the next inspection. In respect of the home care market a commission was being proposed to consider future home care provision.

14.5 The Committee **RESOLVED** to;

- Comment, review on the performance data, information and analysis presented in the vital signs report cards.

15. Risk Management

15.1 The Committee received the annexed report (15) by the Executive Director of Adult Social Services which presented the full departmental risk register for 2016-17 together with proposals for three new risks.

15.2 The Committee previously had concerns with the scoring of the risk register but they were reassured that the risks were regularly reviewed and changed if necessary.

15.3 There was concern expressed at the risk relating to transformation considering the previous year's overspend. The risk was confirmed as being deliverable but may be delivered later than stated which was why it was an amber risk and not red.

15.4 The Committee **RESOLVED** to;

- Note the report.
- Agree that the three risks should be added to the ASSD risk register as outlined in the report.

16. Market Position Statement 2016-17

16.1 The Committee received the annexed report (16) by the Executive Director of Adult Social Services which presented the Market Position Statement which was a

fundamental document to shaping the Council's overall approach to shaping the adult social care market in Norfolk.

16.2 Members asked for the statement to be proof-read again and the errors corrected before it was published. It was also suggested that there should be a reference or a document which referred to working age adults as there was reference to the Older People Partnership Strategic plan in the statement.

16.3 The Committee were told that there had been collaboration from colleagues from all departments in creating the document.

16.4 The Committee **RESOLVED** to;

- Approve subject to amendments, the Norfolk Adult Social Care Market Position Statement 2016/17.

17. Deprivation of Liberty Safeguards (DoLS) – the Council's responsibilities

17.1 The Committee received the annexed report (17) by the Executive Director of Adult Social Services which laid out the pressures facing the Adult Social services department in meeting its Deprivation of Liberty Safeguards (DoLS) responsibilities arising from the 2014 Supreme Court "Cheshire West" judgement, the actions Norfolk County Council were taking to manage the work and a brief review of the national picture.

17.2 The changes specified in the imminent white paper would help the department but would place more pressure on the locality based teams. The situations were being managed as best they could while the outcome from the white paper was being awaited. The impact of the white paper would be brought to a future meeting of the Committee.

17.3 The Committee **RESOLVED** to;

- Note the content of the report.

18. Exclusion of the Public

18.1 The Committee excluded the public from the meeting under section 100A of the Local Government Act 1972 for consideration of the item below on the grounds that it involved the likely disclosure of exempt information as defined by Part 1 of Schedule 12A to the Act, and that the public interest in maintaining the exemption outweighed the public interest in disclosing the information.

18.2 The Committee was presented with the conclusions of the public interest test carried out by the report author and resolved to confirm the exclusion.

19. To confirm the exempt minutes of the meeting held on 7 March 2016

19.1 The exempt minutes of the meeting held on 7 March 2016 were confirmed as an accurate record and signed by the Chair.

Meeting finished at 12.50pm.

CHAIR

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Adult Social Care Committee Item No……

Report title:	**Internal and External Appointments**
Date of meeting:	**4 July 2016**
Responsible Chief Officer:	**Anne Gibson**

Strategic impact

Appointments to Outside Bodies are made for a number of reasons, not least that they add value in terms of contributing towards the Council's priorities and strategic objectives. The Council also makes appointments to a number of member level internal bodies such as Boards, Panels, and Steering Groups.

Responsibility for appointing to internal and external bodies lies with the Service Committees. The same applies to the positions of Member Champion.

Executive summary

In the September 2014 cycle, Service Committees undertook a fundamental review of the Outside Bodies to which the Council appoints. The views of members who have served on these bodies together with those bodies themselves and Chief Officers were sought and reported back to Committees.

Set out in the appendix to this report are the outside and internal appointments relevant to this Committee together with the current membership.

Recommendation

a) That Members review and where appropriate make appointments to those external bodies, internal bodies and Champions position as set out in Appendix A

1. Proposal

Outside Bodies

1.1 In the September 2014 cycle, all organisations and the current member representatives were invited to provide feedback on the value to the Council and the organisation of continued representation and to make a recommendation to that effect. In addition, Chief Officers were consulted.

1.2 Organisations were asked a number of questions about the role of the Councillor representative. Councillor representatives were asked questions such as

how the body aligned with the Council's priorities and challenges and what the benefits are to the people of Norfolk from continued representation. Finally, both were asked whether they supported continued representation. Committees considered this information and made decisions on appointments. The appendix to this report sets out the outside bodies under the remit of this Committee. Members will note that the current representative is shown against the relevant body. Members are asked to review Appendix A and decide whether to continue to make an appointment, and if so, to agree who the member should be.

Internal bodies

1.3 Set out in Appendix A are the internal bodies that come under the remit of this Committee. There is no requirement for there to be strict political balance as the bodies concerned do not have any executive authority. The current appointments are not made on the basis of strict political proportionality, so the Committee may, if it wishes to retain a particular body, change the political makeup. The members shown in the appendix are those currently serving on the body.

2. Evidence

2.1 The views of the Councillor representative, the organisation and Chief Officer were reported to the Committee when it undertook its fundamental review of appointments in 2014.

3. Financial Implications

3.1 The decisions members make will have a small financial implication for the members allowances budget, as attendance at an internal or external body is an approved duty under the scheme, for which members may claim travel expenses.

4. Issues, risks and innovation

4.1 There are no other relevant implications to be considered by members.

5. Background

5.1 The Council makes appointments to a significant number of internal bodies and external bodies. Under the Committee system, responsibility for these bodies lies with the Service Committees.

5.2 There is no requirement for a member of an internal body to be appointed from the "parent committee". In certain categories of outside bodies it will be most appropriate for the local member to be appointed; in others, Committees will wish to have the flexibility to appoint the most appropriate member regardless of their division or committee membership. In this way a "whole Council" approach can be taken to appointments.

Background Papers – There are no background papers relevant to the preparation of this report

Officer Contact

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

Officer Name:	**Tel No:**	**Email address**:
Chris Walton	01603 222620	chris.walton@norfolk.gov.uk

IN TRAN communication for all

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APPENDIX A

Adult Social Care Committee Boards, Panels, and Steering Groups

2015/16 Appointments shown

1. Independence Matters Enterprise Development Board (2)

Chairman of the Committee and Julie Brociek-Coulton

This body was created to oversee the development of Social Enterprise.

Adult Social Care Committee Outside Bodies

2. Norfolk Council on Ageing (1)

Sue Whitaker

The organisation's vision is that older people live well in Norfolk and its mission statement is to support older people in the County to enjoy the opportunities and meet the challenges of later life. The Council provides a wide variety of services to older people and their carers across the County.

3. Queen Elizabeth Hospital Trust – Governors' Council (1)

Jim Perkins

The Trust achieved Foundation Trust status in February 2011, at which time the 'shadow' Governors' Council gained it legal authority. The Governors' Council totals 33. There are 9 appointed governors, 6 staff governors (3 clinical and 3 non-clinical) and 19 publicly voted governors (9 from West Norfolk, 2 from North Norfolk, 4 from Cambridgeshire, 1 from Breckland, and 1 from South East Lincolnshire and the Rest of England.

4. Norfolk and Suffolk NHS Foundation Trust – Partner Governor (1)

Sue Whitaker

Norfolk and Suffolk NHS Foundation Trust provides mental health services, alcohol treatment, learning disability and eating disorder services across Norfolk and Suffolk. It was formed from the merger of the two former county mental health trusts in the two counties. The Board of Governors represent the interests of the members and partner organisations in the local health economy in the governance the trust, and for sharing information about key decisions with the membership. There is a statutory requirement for Council representation.

5. Norfolk Community Health and Care NHS Trust Shadow Council of Governors (2)

(1 representing Adults) Elizabeth Morgan
(1 representing Children) Emma Corlett

Norfolk Community Health & Care NHS Trust is responsible for community health provision across all of Norfolk except for Great Yarmouth and Waveney. This includes community hospitals and a full range of non-acute services including community nursing, health visiting, and school nursing services.

Council appointees as a Governor of an NHS Trust should not also be members of the Norfolk Health Overview and Scrutiny Committee because of the potential / perceived conflict of interest.

6. Norfolk and Norwich University Hospital Trust – Council of Governors (1)

Brian Watkins

The Trust provides the Norfolk and Norwich hospital, providing acute hospital care for almost 1m patients annually. Council appointees as a Governor of an NHS Trust should not also be members of the Norfolk Health Overview and Scrutiny Committee because of the potential / perceived conflict of interest.

7. Governors Council of James Paget University Hospitals NHS Foundation Trust (1)

Julie Brociek-Coulton

The Governors' Council holds the Board of Directors to account for the performance of the Trust. Council appointees as a Governor of an NHS Trust should not also be members of the Norfolk Health Overview and Scrutiny Committee because of the potential / perceived conflict of interest.

Adult Social Care Committee Champions

Mental Health – Emma Corlett
Carers – Julie Brociek-Coulton
Older People –Denis Crawford
Learning Difficulties –Elizabeth Morgan
Physical Disability and Sensory Impairment – Jonathan Childs

Adult Social Care Committee

Item No ……

Report title:	**Adult Social Care Finance Monitoring Report Period 2 (May) 2016-17**
Date of meeting:	**4 July 2016**
Responsible Chief Officer:	**Harold Bodmer, Executive Director of Adult Social Services**

Strategic impact

This report provides the Committee with financial monitoring information, based on information to the end of May 2016. It provides an analysis of variations from the budget and the actions being taken by the service to reduce the overspend.

Executive summary

As at the end of May 2016 (Period 2), Adult Social Services is forecasting an overspend of £7.763m, with the application of previously identified use of the Corporate Business Risk Reserve. This is following review of risks and recommendations for application of funding, which is set out below. The paper also highlights the financial position following negotiation of the Better Care Fund for 2016/17 and the financial implications for the Council and Adult Social Services.

Expenditure Area	Budget 2016/17 £m	Forecast Outturn £m	Variance £m
Total Net Expenditure	246.850	259.768	12.918
Use of Corporate Business Risk to manage additional budget pressures for cost of care and national living wage	0.000	(5.155)	(5.155)
Revised net expenditure	246.850	254.613	7.763

The headline information and considerations include:

a) The outturn position for 2015-16 was £3.168m and this underlying pressure continues into 2016-17
b) The Council in setting the budget recognised the additional business risks affecting the service, specifically in relation to the cost of care exercise that concluded in April, the additional cost in 2016-17 for the introduction of the national living wage and the uncertainty of health funding to maintain social care as part of the Better Care Fund. A corporate business risk reserve was set up as part of the 2016-17 budget to help manage this risk. The forecast position recommends the use of £5.155m specifically for cost of care and national living wage pressures, as previously reported to this committee. It is also recommends the use of £5m towards protecting social care following the reduction in health funding towards social care in 2016-17 within the Better Care Fund
c) The forecast recognises the increase in commitments between when the budget was set at the end of January 2016 and the actual commitments at April 2016
d) The service is continuing to improve its information and accuracy of forecasting. Inclusion of improved information about how our home care and day contracts are being used and

information about waiting lists has improved the accuracy of forecasting, but resulted in the need to recognise a higher budget pressure for the service

e) Following a detailed assessment of the Integrated Community Equipment Service, there has been a need to re-profile savings over the three years, which has resulted in a £0.268m shortfall in 2016-17. A review of the delivery plans for reducing the cost of packages of care for people with learning and physical disabilities has resulted in an estimated shortfall of £1m in 2016-17. Alternative savings are being explored as part of the action plan.

Adult Social Services reserves at 1 April 2016 stood at £2.848m. The service plans to make a net use of reserves in 2016-17 of £1.198m therefore it is estimated that £1.650m will remain at 31 March 2016. The service has provisions, mainly for doubtful debts, of £3.127m.

Recommendations:

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

a) The forecast outturn position at period 2 for the 2016-17 Revenue Budget of an overspend of £7.763m
b) The planned actions being taken by the service to reduce the overspend
c) The planned use of reserves
d) The forecast outturn position at period 2 for the 2016-17 Capital Programme.

and to recommend

e) That P&R agree to use the Corporate Business Risk Reserve in line with previously reported budget risks for the service, specifically to fund:
(i) £5.155m to manage the identified additional budget pressures from the cost of care review and national living wage; and
(ii) £5m to protect social care due to a reduction in funding allocated within the Better Care Fund.

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 2016) forecast including assumptions about the implementation and achievement of savings before the end of the financial year.

1.3 The County Council in setting the budget for 2016/17, recognised the significant business risks facing the service, including the review of cost of care and the implications of national living wage and the continuation of funding from Clinical Commissioning Groups (CCGs) to maintain social care within the Better Care Fund scheme. As part of the 2016-17 budget setting, the Council put in a place a Corporate Business Risk Reserve. The paper sets out the current monitoring position and the financial position following negotiations around the use of the Better Care Fund. The paper proposes that this Committee recommends to Policy and Resources Committee for the use of £10.155m to manage the actual costs that have now arisen for the service.

2. Detailed Information

2.1 The table below summarises the forecast outturn position as at the end of May 2016 (Period 2).

Actual 2015/16 £m	Over/ Underspend at Outturn £m	Expenditure Area	Budget 2016/17 £m	Forecast Outturn £m	Variance @ P2 £m
8.325	(0.312)	Business Development	7.611	7.432	(0.179)
70.665	0.804	Commissioned Services	70.367	72.987	2.620
5.442	0.142	Early Help & Prevention	8.336	7.855	(0.481)
164.760	9.653	Services to Users (net)	155.566	170.693	15.127
(6.710)	(7.119)	Management, Finance & HR	4.970	0.801	(4.169)
242.482	**3.168**	**Total Net Expenditure**	**246.850**	**259.768**	**12.918**
0.000	0.000	Other Management Actions	0.000	(5.155)	(5.155)
242.482	**3.168**	**Revised Net Expenditure**	**246.850**	**254.613**	**7.763**

2.2 As at the end of Period 2 (May 2016) the revenue outturn position for 2016-17 is £7.763m, after using (£4m) of previously unallocated Care Act funding and recommending use of £5.155m from the Corporate Business Risk Reserve.

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

2.4 The overspend is primarily due to the net cost of Services to Users (purchase of care and hired transport), and risks associated with the delivery of recurrent savings, resulting in a forecast overspend of £15.127m.

2.5 **Additional pressures for 2016/17**

2.5.1 The Council, in setting the budget, recognised the additional business risks affecting the service, specifically in relation to the cost of care exercise that concluded in April, the additional cost in 2016-17 for the introduction of the national living wage, and the uncertainty of health funding to maintain social care as part of the Better Care Fund. A corporate business risk reserve was set up as part of the 2016-17 budget to help manage these risks. The position regarding negotiations on the Better Care Fund are detailed at 2.10. The overall pressure and proposed actions has a nil net impact on the monitoring position at Period 2. The actions will be subject to a separate three year Section 75 agreements between the Council and Norfolk's CCGs. The forecast position recommends the use of £5.155m specifically for cost of care and national living wage pressures, as previously reported to this committee. These pressures are set out in more detail below.

2.5.2 The Council embarked on a full cost of care review following a judicial review application after the 2015/16 fee uplift was agreed. The review process sought to understand the actual costs of providing residential and nursing care for older people in Norfolk and agreed a phased increase in the usual price paid. The financial impact was reported to Committee together with proposed funding as set out in the table below. The higher usual price for residential and nursing care for older people creates a new pressure of £3.315m for the service in 2016/17.

Recommended funding of additional cost pressures		
Financial Year	**Amount** **£m**	**Funding Source**
2015/16	2.185 (one-off)	Adult Social Care Reserves £1.533m and Purchase of Care budget £0.652m
2016/17	3.315 (one-off)	Corporate Business Risk Reserve
2017/18	4.486 (recurrent)	Additional 2017/18 budget saving proposals
2018/19	1.204 (recurrent)	Additional 2018/19 budget saving proposals

2.5.3 The fee levels for adult social care providers in 2016/17 were reported and agreed by Adult Social Care Committee on 7th March 2016, for services other than residential and nursing care, and a further committee on 29th April 2016 where the proposed fee uplift and approach for agreement was approved for residential and nursing care providers and in line with the cost of care review and consultation. The 2016/17 uplifts took into account contractual arrangements and the impact of inflationary and legislative changes including the introduction of the national living wage. Whilst the budget for 2016/17 included inflation increases, the impact of the national living wage for third parties was not included, but identified as a corporate business risk. The additional cost to the Council in 2016/17 above inflationary uplifts already budgeted for amounted to £1.840m.

2.6 **Services to Users**

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

Actual 2015/16 £m	Over/ Underspend at Outturn £m	Expenditure Area	Budget 2016/17 £m	Forecast Outturn £m	Variance £m
111.417	3.579	Older People	103.517	106.383	2.866
24.750	0.412	Physical Disabilities	22.101	23.366	1.265
90.218	9.863	Learning Disabilities	83.387	91.946	8.559
13.519	1.839	Mental Health	12.899	12.945	0.046
6.909	2.328	Hired Transport	3.672	6.109	2.437
14.436	(1.150)	Care & Assessment & Other staff costs	16.483	16.101	(0.382)
261.249	**16.871**	**Total Expenditure**	**242.059**	**256.850**	**14.791**
(96.490)	(7.218)	Service User Income	(86.493)	(86.157)	0.336
164.760	**9.653**	**Revised Net Expenditure**	**155.566**	**170.693**	**15.127**

2.6.2 Key points:

a) Permanent admissions to residential care – so 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 have accelerated in the last year in response to the provisions put in place in response to Promoting Independence. In the twelve months preceding March 2013 Norfolk permanently admitted 823 people aged 65+ per 100,000 population, whereas in the twelve months before March 2016 it permanently admitted 623 older people. In the 18-64 age group this rate reduced from 53 people permanently admitted per 100,000 population in the twelve months preceding March 2013, to 21.7 at March 2016. In real terms, and looking just at the last year (comparing the totals in March '15 and March '16) this means around 114 fewer permanent admissions of people aged 65+, and around 55 fewer permanent admissions of people aged 18-64.
b) The total number of permanent residential placements for older people is 2251. This compares to 2292 at April 2015. This is in line with an overall reduction in the number of older people requiring packages of care. However there has been an increase in the number of people receiving learning disability, physical disability and mental health services. Residential placements for working age adults in total has remained stable, but there has been a net increase in placements for people with learning and physical disabilities, offset by a reduction within mental health services. This reduction reflects the work that has taken place within mental health services, with 37 people moved from residential to community settings since September 2015. Services for working age adults have seen an increase in the number of service users, reflected in an increase in the number of home support packages.
c) The forecast expenditure for purchase of care is (£4.4m) less than the 2015/16 outturn. The 2015/16 expenditure included £1.1m one-off expenditure, which was offset by income.
d) Reducing the number of working age adults in residential placements is challenging. Transition plans for individuals are continuing to be developed and implemented, but transition for most individuals will take time with increased resources often needed initially to support the transition process into more independent care settings
e) The Learning Disability and Physical Disability savings for 2016-17 are not expected to be fully delivered. Alternative options are being identified
f) There is a reduction of £10m in budgeted income in 2016/17 compared to 2015/16 outturn. This primarily relates to one-off income items accounted for against purchase of care income in 2015/16 including £4.6m from reserves for 2015/16 cost of care pressures and approved use of reserves when setting the 2015/16 budget; £0.415m transfer from Public Health; £3.6m to adjust for Continuing Health Care agreements and £1.1m in relation to additional invoices raised, but which were offset by additional costs

2.7 **Commissioned Services**

2.7.1

Actual 2015/16 £m	Variance at outturn £m	Expenditure Area	Budget 2016/17 £m	Forecast Outturn £m	Variance £m
1.219	(0.182)	Commissioning	1.474	1.261	(0.213)
10.925	(0.219)	Service Level Agreements	11.357	10.957	(0.400)
2.620	0.021	Integrated Community Equipment Service	2.602	2.602	0.000
32.496	1.645	NorseCare	30.776	33.997	3.221
9.141	(0.141)	Supporting People	9.402	9.402	0.000
12.930	(0.265)	Independence Matters	13.345	13.345	0.000
1.334	(0.055)	Other Commissioning	1.411	1.423	0.012
70.665	**0.804**	**Total Expenditure**	**70.367**	**72.987**	**2.620**

2.7.2 Key points:

a) A joint approach is being developed with Norsecare for delivery of planned savings

2.8 **Savings Forecast**

2.8.1 The department's budget for 2016/17 includes savings of £10.926m. The Period 2 forecast has included a revised forecast for delivery of the savings, reflecting significant risks that have been identified for two projects. Risks totalling £1.268m have been reflected in the forecast position and alternative savings are being identified.

2.8.2 The service is undertaking work to define the target demand model for the Adult Social Services, which will reflect the planned implementation of the Promoting Independence Strategy. The work is due to conclude in July 2016 and will support evaluation and monitoring of the savings programme.

Savings	Saving 2016/17 £m	Forecast £m	Variance £m
Savings off target (explanation below)	1.268		1.268
Savings on target	9.658	9.658	0.000
Total Savings	**10.926**	**9.658**	**1.268**

For those savings that are off target a brief explanation is provided below of the reasons why they are off target and any planned recovery action that is in place.

2.8.3 **Integrated Community Equipment Service (target £0.500m, forecast £0.232m, variance £0.268m)**

The savings were planned focusing on a mix of preventative and efficiency savings. The service is aiming to increase the access to equipment to reduce or delay the need for formal packages of care and review the way that equipment is recalled. Feasibility plans have identified that these savings will need to be re-profiled due to the time needed to set up new teams and processes. The focus will be on increasing the review and recall of equipment and reviewing where improved access to equipment can reduce the need for some service users to require two care workers (known as double-ups). In order to address the savings gap, a bid has been made for investment from the rural transition money to increase the availability of equipment to more people at a preventative stage, to reduce the requirement for formal packages of care.

2.8.4 **Changing how we provide care for people with learning disabilities or physical disabilities (target £1.500m, forecast £0.500m, variance £1.000m)**

The saving involves re-assessing the needs of existing service users and where appropriate providing alternative and more cost effective accommodation, or means of supporting them in their current accommodation. As previously reported while it is considered that savings can be achieved over time, the lead in times for the work have been longer than originally planned. In addition actions have been needed to review the implementation of the changes. A full review of the work areas is being completed and alternative options for 2016-17 are being explored.

2.9 **Overspend Action Plan**

2.9.1 The department is taking recovery action to reduce in year spending as far as possible. There is continued focus on many of the action areas within 2015-16 and inclusion of new actions. The revised areas of focus within the action plan will be embedded into the service's Finance and Performance Board to provide a framework for regular monitoring and assurance. The revised action plan is detailed in **Appendix C**.

2.10 **Better Care Fund**

2.10.1 The Better Care Fund is a mechanism to support integrated delivery of health and social care schemes and areas of work. It was set up in 2015/16 from the re-allocation of existing health and social care money. Following the transfer of local authority funding to health it is provided via Clinical Commissioning Group (CCG) funding. The scheme requires a mandated minimum level of funding, but all organisations are able to put additional funding into the scheme.

2.10.2 The table below shows the total revenue funding for the scheme in 2015/16 and 2016/17 and the distribution across health and social care.

	Mandated minimum Better Care Fund (Revenue)	**Allocation to Heath via CCGs**	**Allocation to Social Care via Norfolk County Council**
	£m	**£m**	**£m**
2015/16	56.4	21.6	34.8*
Allocation for 2016/17	57.2	28.9	28.2
Year on Year change	+1.4%	+34%	-19%

*included £7.1m (plus £0.8m deferred) for the protection of social care.

2.10.3 The revised allocation set out by the CCGs results in a decrease in funding for social care compared to budget of £7.9m – the amount agreed in 2015/16 for the protection of social care. This creates an in-year pressure on the Adult Social Services' budget, which has been the subject of negotiations with the five Norfolk CCGs and NHS England.

2.10.4 Following these negotiations a three year agreement was reached at the end of June 2016. This requires a mix of savings and use of funding to help maintain funding for social care in Norfolk. The agreement, which will be subject to a formal Section 75 agreement between all parties, will require Adult Social Services to manage an additional £1.53m of savings in this financial year and £3.3m from 2017/18. In addition Norfolk County Council will need to provide £5m of one-off funding in 2016/17, which is proposed is funded from the Corporate Business Risk reserve. Health organisations have committed to find savings of £1.37m in this financial year and recurrent savings totalling £5.1m from 2017/18. A separate paper to Adult Social Care committee, setting out the full Better Care Fund position, is included elsewhere on this agenda.

2.11 **Reserves**

2.11.1 The department's reserves and provisions at 1st April 2016 were £5.975m. Reserves totalled £2.848m. The service is forecasting a net use of reserves in 2016-17 of £1.198m to meet commitments. This does not assume use of reserves to offset general overspend. The 2016-17 forecast outturn position for reserves is therefore £1.650m. Provisions totalled £3.127m at 1 April 2016, 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 £23.387m. The programme includes £8.368m relating to Department of Health capital grant for Better Care Fund (BCF) Disabled Facilities Grant (DFG) and Social Care Capital Grant, which is passported to District Councils within the BCF. Agreements are being put in place 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 £6.931m for the social care and finance replacement system. The priority for use of capital is Housing with Care and the development of alternative housing models for young adults. There are no adverse variances to be reported at this stage. Details of the current capital programme are shown in **Appendix E**.

3. Financial Implications

3.1 There are no decisions arising from this report. The forecast outturn for Adult Social Services is set out within the paper and appendices. The actions at Appendix C set out plans that aim to mitigate and address the overspend. Members are however asked to recommend to Policy and Resources committee for the utilisation of the Corporate Business Risk Reserve totalling £10.155m.

4. Issues, risks and innovation

4.1 This report provides financial performance information on a wide range of services monitored by the Adult Social Care Committee. Many of these services have a potential impact on residents or staff from one or more protected groups. The Council pays due regard to the need to eliminate unlawful discrimination, promote equality of opportunity and foster good relations.

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

a) pressure on services from a demand led service where number of service users continues to increase, and in particular the number of older people age 85+ is increasing at a greater rate compared to other age bands, with the same group becoming increasingly frail and suffering from multiple health conditions
b) The ability to deliver a savings target of £10.926m, in addition to continuing to need to implement some recurrent savings from previous years
c) The cost of transition cases, those service users moving into adulthood, have not been fully identified
d) The forecast may not fully reflect the impact of winter pressures and increased levels of demand from acute hospitals
e) In any forecast there are assumptions made about the risk and future patterns of expenditure. These risks reduce and the patterns of expenditure become more defined as the financial year progresses and as a result of the reduced risk the forecast becomes more accurate
f) The continuing pressure from the provider market to review prices
g) 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. Background

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

Fee levels for adult social care providers 2016/17 – 7th March 2016

Usual price of residential and nursing care in Norfolk – 29th April 2016

Officer Contact

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

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

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

Adult Social Care 2016-17: Budget Monitoring Period 2 (May 2016)

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

Summary	Budget	Forecast Outturn	Variance to Budget		*2015/16 Outturn*
	£m	£m	£m	%	*£m*
Services to users					
Purchase of Care					
Older People	103.517	106.383	2.866	2.8%	*111.417*
People with Physical Disabilities	22.101	23.366	1.265	5.7%	*24.750*
People with Learning Disabilities	83.387	91.946	8.559	10.3%	*90.218*
Mental Health, Drugs & Alcohol	12.899	12.945	0.046	0.4%	*13.519*
Total Purchase of Care	221.904	234.640	12.736	5.7%	*239.904*
Hired Transport	3.672	6.109	2.437	66.4%	*6.909*
Staffing and support costs	16.483	16.101	(0.382)	-2.3%	*14.436*
Total Cost of Services to Users	**242.059**	**256.850**	**14.791**	**6.1%**	***261.249***
Service User Income	(86.493)	(86.157)	0.336	0.4%	*(96.490)*
Net Expenditure	**155.566**	**170.693**	**15.127**	**9.7%**	***164.760***
Commissioned Services					
Commissioning	1.474	1.261	(0.213)	-14.4%	*1.219*
Service Level Agreements	11.357	10.957	(0.400)	-3.5%	*10.925*
ICES	2.602	2.602	0.000	0.0%	*2.620*
NorseCare	30.776	33.997	3.221	10.5%	*32.496*
Supporting People	9.402	9.402	0.000	0.0%	*9.141*
Independence Matters	13.345	13.345	0.000	0.0%	*12.930*
Other	1.411	1.423	0.012	0.8%	*1.334*
Commissioning Total	**70.367**	**72.987**	**2.620**	**3.7%**	***70.665***
Early Help & Prevention					
Housing With Care Tenant Meals	0.716	0.358	(0.358)	-50.0%	*0.815*
Norfolk Reablement First Support	4.117	3.948	(0.169)	-4.1%	*2.558*
Service Development	1.176	1.240	0.064	5.5%	*1.213*
Other	2.326	2.308	(0.018)	-0.8%	*0.856*
Prevention Total	**8.335**	**7.854**	**(0.481)**	**-5.8%**	***5.442***

Adult Social Care
2016-17 Budget Monitoring Forecast Outturn Period 2
Explanation of variances

1. Business Development, forecast underspend (£0.179m)

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

2. Commissioned Services forecast overspend £2.620m

The main variances are:

NorseCare, forecast overspend of £3.2m. This relate to the previous year shortfall on the budgeted reduction in contract value and previously reported contractual requirements that meant that 2015-16 savings could not be achieved. Norsecare and NCC are developing a joint savings plan that will enable a medium term plan for delivering opportunities for further savings.

Service Level Agreements, forecast underspend of £0.400m. Further review of budgets has identified reductions in planned costs and additional income.

3. Services to Users, forecast overspend £15.127m

The main variances are:

Purchase of Care (PoC), forecast overspend £12.736m.

The key reasons for the differences between the forecast and the 2016-17 budget are:

- The impact of the budget gap – the service is managing underlying unfunded pressures (reflected in the overspend at the end of 2015/16). The budget was set reflecting commitments (cost of placements) at January 2016, but the pressures from commitments at April compared to actual budget shows a £3.5m underlying pressure
- Since setting the budget, improved information gained at year-end on the use of home care packages and waiting lists, has enabled estimates to be improved. However, this has meant that forecast expenditure should be increased by £2.9m to reflect that home care commitments are being used more fully than previously and inclusion of expected commitments arising from people that are on waiting lists
- The 2016/17 financial cost of both the cost of care exercise and the impact to care providers from the national living wage was not included in the adult social care budget when it was set in February. Costs totalling £5.155m are included in the 2016/17 forecast

Hired Transport, forecast overspend £2.437m. The savings from transport are taking longer to deliver than originally anticipated. A full report providing an update on the Transport savings and project is included elsewhere on this agenda.

4. Early Help and Prevention, forecast underspend (£0.481m)

The main variances are:

Housing with Care tenant meals, forecast underspend (£0.358m). This reflects a planned change in contract where service users will pay the provider directly for meals. Therefore the forecast also reflects the same reduction in income and has a nil net impact on the service's budget.

2016/17 Action Plan

	Action	Progress	Update	Timescale
1	No new under 65 placements in residential care, as default position.	Progress is monitored on a weekly basis	Very few new placements have been made for working age adults and there has been a year on year decrease in permanent residential care placements for people with mental health problems. However there is a net increase in numbers for people with learning and physical disabilities.	On-going
2	Targets for locality teams to reduce the numbers of older people in residential care by 25%	Targets have been identified but are being reviewed as part of the target demand model work	In real terms, and comparing the totals in March ’15 and March ’16 there are 114 fewer permanent admissions of people aged 65+.	On-going as part of Promoting Independence Strategy
3	Optimise the use of the NorseCare block contract	Target to remain above 94% occupancy each month and improve to above 95% by the end of 2016/17	Average occupancy is remaining between 94 and 95.4%, however there are variances in some localities.	On-going
4	Develop joint plan to deliver savings with Norsecare		Workshop for early July 2016	As per project plan
5	Temporary residential placements should only be used where a clear plan exists for the	Will contribute to overall reduction in cost of older people placements	Improvement in the recording of temporary and permanent	On-going

	Action	Progress	Update	Timescale
	service user to return home and the placement only authorised for the period in the plan.		placements with weekly reporting in place	
6	Reinforce our practice on Personal Budgets	Reinforce strengths-based practice to ensure that practitioners promote the use of informal sources of support, considering the person's own support network and community resources to help people achieve required outcomes. Personal budgets should only be used to meet eligible social care needs that cannot be met in these ways; that is, on the basis of least spend to deliver the best outcomes	All assessors have received full training on asset-based approaches, including Signs of Wellbeing. On ongoing programme to embed this approach is in place.	Ongoing
7	Reviewing all care packages which involve two carers, to ensure that use of additional equipment or assistive technology has been considered.	Business case developed and performance metrics for monitoring being identified.		On-going

	Action	Progress	Update	Timescale
8	Weekly Panels to scrutinise proposed overrides of the RAS (Resource Allocation System) funding for indicative Personal Budgets for younger adults	Weekly Panels are continuing which is support increased scrutiny and challenge.	In October the structure of panel meetings was changed with the introduction of fortnightly locality based LD panels in addition to an overarching County Panel. Criteria for the allocation of cases was established and guidance issued to staff. County Panel continues to run on a weekly basis with six cases reviewed at each panel.	On-going
9	Review of the Resource Allocation System (RAS), which sets the size of personal care budgets.	Part of an ongoing review to reconsider the Personal Budget process and the RAS, particularly in light of Promoting Independence. No saving has been quantified at this stage. All other local authorities in England have been asked to share their Resource Allocation System	Project underway	Autumn 2016

	Action	Progress	Update	Timescale
10	Locality based target demand model	Baseline completed and metrics being developed for all stages of the customer pathway.	Work by internal teams and impower consultants has developed a pathway model to test and agree the changes in activity that the strategy requires at all stages from front door, referrals, assessment through to package of formal care.	July 2016
11	Detailed plans for transition of people with learning disabilities and mental health from residential care settings	Transition workers, collocated with children's services teams are well-established.	A full review of transition processes is underway to ensure watertight tracking and planning takes place in partnership with Children's Services colleagues.	Ongoing
13	Following the cost of care exercise, ensuring that new packages of care are commissioned at the new usual price – reducing the need for NCC top-ups to fund agreements with providers.	Links to Weekly panels and need to escalate packages of care that override the RAS for approval. Reinforcement of correct channels for agreement of new packages of care. Planned review of process for approval of third party top-ups.	Internal communication and inclusion within monthly monitoring.	Ongoing

	Action	Progress	Update	Timescale
14	Focus on Continuing Health Care practices	Newly appointed manager for continuing care across the county for social care. Action plan being developed in relation to funding and continuing care.	Managers and practices are being robust in localities and hospital teams regarding CHC. They are ensuring that wherever possible, we prioritise assessment and ensure we are robust both in application of the criteria and in claiming back monies owed to us by the CCGs.	Ongoing

Appendix D

Adult Social Services Reserves and Provisions 2016/17

	Balance 1 April 2016	Planned Usage 2016/17	Balance 31 March 2017
	£m	£m	£m
Doubtful Debts provision	3.121	0.000	3.121
Redundancy provision	0.006	(0.006)	0.000
Total Provisions	**3.127**	**(0.006)**	**3.121**
Prevention Fund – General - As part of the 2012-13 budget planning Members set up a Prevention Fund of £2.5m to mitigate the risks in delivering the prevention savings in 2012-13 and 2013-14, particularly around Reablement, Service Level Agreements, and the need to build capacity in the independent sector. 2013-14 funding for Strong and Well was carried forward within this reserve as agreed by Members £0.253m remains of the Strong and Well funding, all of which has been allocated to external projects and will be paid upon achievement of milestones.	0.253	(0.146)	0.107
Repairs and renewals	0.043	0.000	0.043
Adult Social Care Workforce Grant	0.070	(0.070)	0.000
Unspent Grants and Contributions - Mainly the Social Care Reform Grant which is being used to fund Transformation in Adult Social Care	2.482	(0.982)	1.500
Total Reserves	**2.848**	**(1.198)**	**1.650**

Appendix D

Adult Social Care Capital Programme 2016-17

Summary	2016/17		2017/18	2018/19
Scheme Name	Current Capital Budget	Forecast outturn at Year end	Draft Capital Budget	Draft Capital Budget
	£m	£m	£m	£m
Failure of kitchen appliances	0.031	0.031	0.000	0.000
Supported Living for people with Learning Difficulties	0.017	0.017	0.000	0.000
Adult Social Care IT Infrastructure	0.141	0.141	0.000	0.000
Progress Housing - formerly Honey Pot Farm	0.318	0.318	0.000	0.000
Adult Care - Unallocated Capital Grant	5.404	5.404	0.000	0.000
Strong and Well Partnership - Contribution to Capital Programme	0.161	0.161	0.000	0.000
Bishops Court - King's Lynn	0.085	0.085	0.000	0.000
Cromer Road Sheringham (Independence Matters	0.181	0.181	0.000	0.000
Winterbourne Project	0.050	0.050	0.000	0.000
Great Yarmouth Dementia Day Care	0.030	0.030	0.000	0.000
Care Act Implementation	0.871	0.871	0.000	0.000
Social Care and Finance Information System	1.897	1.897	5.034	0.000
Elm Road Community Hub	0.800	0.800	0.000	0.000
Better Care Fund Disabled Facilities Grant and Social Care Capital Grant – passported to District Councils	6.368	6.368	2.000	0.000
TOTAL	**16.354**	**16.354**	**7.034**	**0.000**

Adult Social Care Committee

Item No:

Report title:	**Integration, the Better Care Fund and the Sustainability and Transformation Plan**
Date of meeting:	**4 July 2016**
Responsible Chief Officer:	**Harold Bodmer, Executive Director of Adult Social Services**

Executive summary

Integration of health and care services to better provide for the individual remains a key national policy drive. There are a number of work streams addressing this in Norfolk and this report provides information to the Committee on the progress on three key areas: operational integration, the sustainability and transformation plan (STP) and the Better Care Fund (BCF). Health service funding pressures have required setting a new financial agreement with the Clinical Commissioning Groups to maintain priority social care services which have been funded through the BCF in 15/16. This will require additional savings in adult social care.

Recommendations:

a) **The Committee is asked to note and comment on the content of this report**
b) **The Committee is asked to approve the assessment of the impact of savings required in the Better Care Fund for 16/17**

1. Operational Integration

1.1 Norfolk has a well-developed programme to progress integration of community health services with social care, though formal arrangements with Norfolk Community Health and Care (NCHC) (West, North, Norwich and South localities) and East Coast Community Health (Eastern locality).

1.2 The focus of these arrangements is on providing effective coordinated care to people with complex health and care needs closer to home and in a way which maximises their independence. This promotes not only a better experience of care, but also improved effectiveness and potential efficiencies.

1.3 The services are under a joint management arrangement with the respective community health care providers and an integration programme supports the delivery of key areas of benefit.

1.4 Key achievements to date include:

a) A new joint discharge service at Norfolk & Norwich University Hospital (NNUH) that brings together staff managing discharge into the community, enabling us to be more responsive and person centred
b) Creation of integrated out of hospital teams which include Swifts and Norfolk First Support, available 24/7, in the East to support discharge from the James Paget Hospital
c) Delivery of an integrated ‘Homeward’ service in Norwich and virtual ward in the West to support timely discharge and reduce avoidable admissions to the acute hospitals

d) Closure of traditional community hospital beds in the East, introducing intermediate care beds
e) Working with primary care to facilitate effective multi-disciplinary team meetings at GP surgeries to support management of the most vulnerable individuals
f) Working closely within our integrated structure to align occupational therapy, including the district Integrated Housing Adaptation Teams
g) Creation of a joint therapy team in Norwich that effectively manages occupational therapy and physio referrals from across health and care, maximising efficiency and resilience across the workforce
h) Joint preventative assessment developed that ensures a shared approach to initial assessments
i) Joint triage/consideration of complex referrals requiring a rapid response at locality hubs, ensuring the most appropriate staff member responds
j) ICT connectivity across NCC and NCHC that enables staff to work in a more agile way from partner organisation offices
k) Delivery of a number of joint training initiatives including the Future Managers Programme
l) Co-location of teams across 12 integrated sites.

1.5 Programme workstreams include:

Workstream	Description
Sharing and recording	Facilitate appropriate sharing of information across health & care to support effective care for individuals. Tackle issues around multiple recording systems.
NNUH hospital discharge	Create a single team at NNUH that manages community discharge including joint triage and assessment.
Single point of contact	Establish joint working within locality around complex referrals, centred around the four locality hubs in Wymondham, Norwich, North Walsham and King's Lynn.
Continuing healthcare	Facilitate moving towards a more integrated approach to delivering continuing health care (CHC).
Joint therapy	Align therapy services in locality teams, including joint assessment, training and approaches to moving and handling.
Organisational development	Create a positive culture around integrated working. Facilitate joint training opportunities across health and social care.
LD recording requirements	Establish an integrated approach to recording across the learning disability service, moving staff onto an electronic system.
Estates management	Create opportunities for staff to share office bases and work in a more agile way.
ICT connectivity	Support more agile and integrated working from different offices. Deliver technical solutions, like calendar visibility, that enables staff from the different organisations to work more effectively together.

1.6 The programme continues to April 2017 and aligns strongly with delivery of the Better Care Fund and Sustainability and Transformation Plan.

2. Better Care Fund (BCF)

2.1 The Better Care Fund (BCF) is a national programme, under the Department of Health and the Department of Communities and Local Government which is focused on the integration of health and social care, requiring a pooled budget between local authorities and clinical commissioning groups and aimed to deliver a set of nationally specified targets.

2.2 Health and Wellbeing Boards are required to develop the Better Care Fund for their area and full details of the plan and reporting over 2015/16 can be seen in Health and Wellbeing Board papers.

2.3 **Better Care Fund 2015/16**

2.3.1 The BCF for 2015/16 detailed schemes which the Council and Community Commissioning Groups (CCG) committed to which were developed at CCG level. A key area of focus has been on the development of multi-disciplinary working with primary care to support those people who are most at risk, particularly of unplanned admission to hospital or care services. Alongside this have been a range of activities within the local networks of care and support, including the voluntary and independent sector.

2.3.2 The impact of implementing the BCF 2015/16 schemes in Norfolk has seen some positive results against the mandated national metrics including delayed transfers of care, admissions to residential and nursing care and the effectiveness of reablement.

2.3.3 The stretch target of reducing non-elective admissions by 3.5% continues to be a challenge which the programme will not meet in 2015/16, although there is some local variation to non-elective admission rates.

2.3.4 Previous assessments of performance in 15/16 indicated that most positive impact was noted in the work of multi-disciplinary community based teams using local risk profiling to focus on those people most at risk and to connect them with a range of support and early intervention.

2.3.5 The review of the 2015/16 BCF indicated that while schemes were designed and implemented in individual CCG localities they did seek to deliver similar outcomes and impact. It is proposed that a stronger collaborative approach is taken for 2016/17 to ensure we build on shared learning, reduce duplication of effort and deliver consistency of high quality interventions across Norfolk.

2.4 **Implications of the BCF for adult social care financing**

2.4.1 The overall Better Care Fund for Norfolk in 2015/16 had a revenue value of £56.4m and a value of £34.81 million to NCC. It is important to note that this was largely not new money but investment of existing funding into a pooled fund under joint control of the Council and each CCG. The minimum BCF pooled fund was specified at national level. It brought together existing transfers, under s256 of the National Health Service Act 2006, which the NHS was required to make to local authorities for adult social care services. In addition it included specific funding for core local authority delivery to support the implementation of the Care Act, for reablement and services to carers. In addition, there was a requirement to consider funding for 'the protection of social care'. In recognition of the importance of social care services to the health system and of the funding pressures on local authority social services it was agreed that for 2015/16 £7.9m funding would be allocated to protect social care i.e. to avoid reductions in spend which would otherwise be necessary.

2.4.2 In 2015/16 the funding from the BCF into the adult social care budget in Norfolk was as follows:

Better Care Funding 2015/16

Area of Spend	North £m	South £m	West £m	Norwich £m	GY&W £m	Total £m
Total Core s256	**3.809**	**5.198**	**3.632**	**4.344**	**2.172**	**19.155**
1 Protection of social care	1.674	1.908	0.889	1.708	0.921	**7.100**
2 Supporting Carers	0.427	0.486	0.430	0.435	0.273	**2.051**
3 Reablement	0.877	1.049	0.879	0.951	0.544	**4.300**
4 Care Act implementation	0.458	0.522	0.463	0.468	0.293	**2.204**
Total Additional Funding	**3.436**	**3.965**	**2.661**	**3.562**	**2.031**	**15.655**
Total BCF Funding to NCC	**7.245**	**9.163**	**6.293**	**7.906**	**4.203**	**34.810**
Deferred from 2015/16 to 2016/17 (funded from reserves in 2015/16) where we would expect the BCF funding from WNCCG to increase to £7.093m			0.800			

2.5 **BCF 2016/17**

2.5.1 Areas were required to submit a further BCF plan for 2016/17. There were some adjustments to the national scheme and some amended and additional national conditions were set.

2.6 **2016/17 financial position**

2.6.1 In February 2016, full guidance was received on the BCF for 16/17, including clarification of funding sources and amounts.

2.6.2 In Norfolk, whilst a joint BCF plan has been developed and submitted into the national assurance process, CCGs stated that due to their financial position, they would not be able to release the additional funding for the protection of social care which was provided for in the 2015/16 BCF, which amounted to £7.9m. This position was endorsed by NHS England in the Eastern region.

2.6.3 The guidance for the BCF 16/17 makes it clear that the priority with regards to additional funding for social care is to maintain services and to ensure that any changes in funding of social care do not destabilise the health and care system.

2.7 **Mitigating actions**

2.7.1 Work has been undertaken with CCGs to identify where additional savings can be derived by working across health and care. This is challenging given that each organisation has existing savings plans and considerable financial pressures.

2.7.2 A financial plan has been developed which will maintain substantial support to social care provision with contributions from both the Council and CCGs as follows. This will be secured in a section 75 agreement with the CCGs:

	2016/17	2017/18	2018/19
	£m	£m	
Protection of social care requirement	7.9	7.9	7.9
NCC savings	-1.53	-3.3	-3.3
NCC non recurrent support	-5.00		
CCGs savings	-1.37	-5.1	-5.1
Total	**0.00**	**-0.50**	**-0.50**

2.8 **Impact on adult social services**

2.8.1 Additional savings will be required in order to manage the cost pressures created by the funding shortfall in the Better Care Fund.

2.8.2 The Council therefore needs to take action to reduce expenditure that is no longer available from the Better Care Fund as follows:

a) To enter into a section 75 agreement with the CCGs in order to secure a three year financial arrangement for the maintenance of social care services
b) The Council to fund £5m to manage the pressure in year from a corporate contribution on the basis of securing £5.1m for each of the following two years from the CCGs
c) To evaluate the impact of further savings to address the funding shortfall in:
    i. Commissioned services through better targeting on people most at risk
    ii. Commissioned services through reducing duplication
    iii. Commissioned services where underutilised
d) To bring proposals for savings for decision to Committee approve additional savings and potentially to consider any additional required in year budget savings

3. Sustainability and Transformation Plan

3.1 Sustainability and Transformation Plans (STPs) are a national NHS England requirement. A local 'footprint' has been agreed as Norfolk and Waveney i.e. including the Great Yarmouth and Waveney CCG area. The focus is on planning, at a population level rather than organisationally, to address three gaps:

a) The health and wellbeing gap - i.e. inequalities in health
b) The care and quality gap - i.e. ensuring quality and performance of health services
c) The finance and efficiency gap - i.e. ensuring a financially sustainable health system

3.2 The STP process for Norfolk is chaired by Wendy Thomson, Managing Director of the Council and all NHS organisations in the area are represented at executive level. An initial plan has been submitted to NHS England and will be further developed over the summer.

3.3 Alongside developing the STP, the Spending Review set the ambition that health and social care will be integrated by 2020, with all areas having a plan in place to achieve this by 2017. It is not intended that Government imposes a particular approach to this, though Accountable Care Organisations, devolution and lead commissioners are cited as supported models. We await further guidance on detailed requirements.

Officer Contact

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

Officer Name:	**Tel No:**	**Email address**:
Catherine Underwood	01603 224378	catherine.underwood@norfolk.gov.uk

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

Adult Social Services Committee

Item No……

Report title:	**Performance management report**
Date of meeting:	**4 July 2016**
Responsible Director	**Harold Bodmer**

Strategic impact

Robust performance and risk management is key to ensuring that the organisation works both efficiently and effectively to develop and deliver services that represent good value for money and which meet identified need.

Executive summary

This report presents current performance against the committee's vital signs indicators, based upon the revised performance management system which was implemented as of 1 April 2016.

A full list of indicators is presented in the committee's performance dashboard. Detailed performance information is available by exception for indicators that are off-target, are deteriorating consistently, or that present performance that affects the council's ability to meet its budget, or adversely affects one of the council's corporate risks. The following indicators are reported as exceptions on this occasion:

a) Carers supported (deterioration for 3+ periods)
b) Delayed transfers of care (deterioration for 3+ periods)
c) People with learning disabilities in paid employment (off target)

The report then:

a) Outlines the requirement for the committee's vital signs to remain under review – suggesting some changes to the current set, and highlighting likely future changes in response to the development of a 'target demand model'

b) Presents provisional results from the councils statutory performance returns against the Department of Health's Adult Social Care Outcomes Framework

c) Proposes targets for a selection of the vital signs indicators based on current and historical performance, and, where relevant, benchmarking data

Recommendations:

With reference to sections 2 and 3, for each vital sign that has been reported on an exceptions basis, Committee Members are asked to

a) Review and comment on the performance data, information and analysis presented in the vital sign report cards and
b) Determine whether the recommended actions identified are appropriate or whether another course of action is required.

In support of this, Appendix 1 provides:

a) A set of prompts for performance discussions
b) Suggested options for further actions where the committee requires additional information or work to be undertaken
c) With reference to section 4, committee members are asked to:
d) Agree the recommended changes to the vital signs indicator list, and
e) Note that future changes may be required in light of the developing target demand model and Promoting Independence strategy

With reference to section 5, committee members are asked to:

- **a) Note the council's provisional statutory performance indicator results**
- **b) With reference to section 6, committee members are asked to:**
- **c) Subject to comments and alternative recommendations, agree targets for the set of indicators presented**
- d) **Note that further targets will require consideration in light of the developing target demand model**

1. Introduction

1.1. This is the second performance management report to this committee that is based upon the revised Performance Management System, which was implemented as of 1 April 2016.

1.2. The report initially reviews current performance against the committee's vital signs indicators, and specifically presents:

a) A Red/Amber/Green rated dashboard overview of performance across all vital signs indicators

b) Report cards for those three vital signs that have met the exception reporting criteria

1.3. The report then:

a) Outlines the requirement for the committee's vital signs to remain under review – suggesting some changes to the current set, and highlighting likely future changes in response to the development of a 'target demand model'

b) Presents provisional results from the councils statutory performance returns against the Department of Health's Adult Social Care Outcomes Framework

c) Proposes targets for a selection of the vital signs indicators based on current and historical performance, and, where relevant, benchmarking data

2. Performance dashboard

2.1. The performance dashboard provides a quick overview of Red/Amber/Green rated performance across all vital signs over a rolling 12 month period. This then complements that exception reporting process and enables committee members to check that key performance issues are not being missed.

2.2. The dashboard is presented below.

2.3 Adult Social Services Dashboard

Note: results without alerts/colouring denote where targets have not yet been set – in this case because new indicators have been developed.

Monthly	Bigger or Smaller is better	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Target
% of people who require no ongoing formal service after completing reablement	Bigger	84.9%	85.6%	88.9%	88.1%	86.4%	87.1%	87.5%	88.3%	86.2%	86.5%	86.3%	87.2%	91.8%	-
Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (18-64 years)	Smaller	32.4	30.2	30.8	28.7	28.9	27.7	25.3	23.7	22.5	22.5	21.7	21.1		21.3
Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (65+ years)	Smaller	680	683	685	684	676	661	645	645	622	617	623	616		615
Decreasing the rate of people in residential and nursing care per 100,000 people	Smaller	575	575	574	576	575	575	571	571	567	564	565	567	568	-
Increasing the proportion of people in community-based care	Bigger	66%	66%	66%	66%	66%	66%	66%	67%	66%	67%	67%	67%	67%	-
Decreasing the rate of Council service users per 100,000 population (18-64 years)	Smaller	905	908	912	919	922	927	927	933	928	929	936	935	937	-
Decreasing the rate of Council service users per 100,000 population (65+ years)	Smaller	3,597	3,579	3,595	3,585	3,586	3,594	3,573	3,577	3,495	3,505	3,523	3,516	3,531	-

Monthly	Bigger or Smaller is better	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Target
% of people still at home 91 days after completing reablement	Bigger	87.0%	93.1%	92.4%	91.4%	91.5%	92.4%	92.2%	92.0%	91.4%	91.7%	90.7%	92.2%		90%
Number of days delay in transfers of care per 100,000 population (attributable to social care)	Smaller	1.3	0.9	0.8	0.9	1.0	1.2	1.3	1.4	1.5	1.5	1.5	2.9		-
% People receiving Learning Disabilities services in paid employment	Bigger	3.7%	3.6%	3.6%	3.5%	3.6%	3.6%	3.6%	3.7%	3.6%	3.6%	3.7%	3.3%	3.3%	-
% People receiving Mental Health services in paid employment	Bigger	1.5%	1.7%	1.7%	1.6%	1.6%	1.8%	1.8%	1.9%	1.9%	1.8%	2.1%	1.9%	2.1%	-
% Enquiries resolved at point of contact / clinic with information, advice	Bigger	38.8%	39.6%	39.2%	37.9%	36.6%	37.4%	38.3%	36.8%	37.5%	38.9%	42.3%			-
Rate of carers supported within a community setting per 100,000 population	Bigger	973	970	967	985	975	962	946	933	938	942	875	831	829	-
% of CQC ratings of all registered commissioned care rated good or above	Bigger	67.2%	66.2%	65.5%	67.0%	64.0%	60.2%	58.0%	58.9%	56.9%	56.7%	56.9%	60.6%		-

*Because targets are ‘profiled’ over the year, and so change every month to reflect the change that is required over time, it is possible for the performance alert to change

3. Report cards

3.1. A report card has been produced for each vital sign. These provide a succinct overview of performance and outlines what actions are being taken to maintain or improvement performance. The report card follows a standard format that is common to all committees.

3.2. Each vital sign has a lead officer, who is directly accountable for performance, and a data owner, who is responsible for collating and analysing the data on a monthly basis. The names and positions of these people are clearly specified on the report cards.

3.3. Vital signs are to be reported to committee on an exceptions basis, with indicators being reported in detail when they meet one or more criteria. The exception reporting criteria are as follows:

- Performance is off-target (Red RAG rating or variance of 5% or more)
- Performance has deteriorated for three consecutive months/quarters/years
- Performance is adversely affecting the council's ability to achieve its budget
- Performance is adversely affecting one of the council's corporate risks

3.4. The report cards for those vital signs that do not meet the exception criteria on this occasion, and so are not formally reported, will be made available to view through Members Insight. To give further transparency to information on performance, for future meetings it is intended to make these available in the public domain through the Council's website.

3.5. These will then be updated on a quarterly basis. In this way, officers, members and the public can review performance across all of the vital signs at any time.

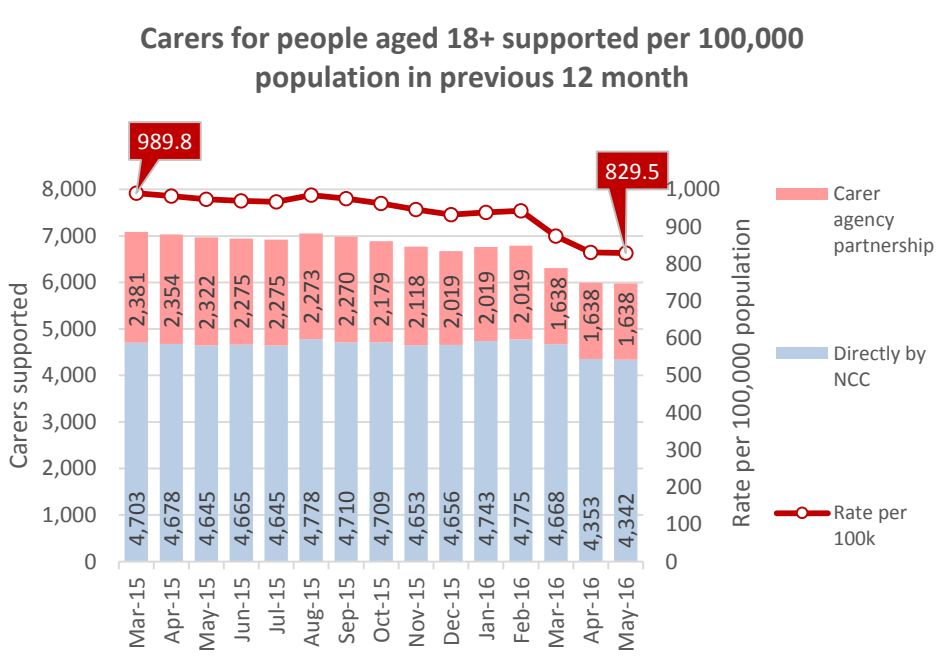
3.6. The three report cards highlighted in this report are presented below:

3.7 Carers supported

Why is this important?

This indicator measures the number of carers supported by the council through an assessment, support plan, information and advice, services or personal budgets, or respite care; by either Norfolk County Council (NCC) or through commissioned services via the Carers Agency Partnership (CAP). Norfolk's 91,000+ informal carers provide more support to Norfolk's vulnerable people than formal care services, and without them demand for health and social care would be significantly higher. Outcomes for both carers and cared-for people tend to be better when services work together to support both service users and their carers. The 2014 Care Act strengthened councils' responsibilities to carers. This measure indicates how well we are supporting Norfolk's informal carers.

Performance



What explains current performance?

- [Note – CAP figures for April and May are estimated]
- Since the last report, the number of carers supported overall has reduced from 6,494 to 5,980 (rolling 12 month period).
- Since the last report, the number of carers supported by the Carers Agency Partnership has reduced by around 380 (approximately a 20% reduction).
- Since the last report, the number of carers supported by NCC has reduced by over 400 (approximately a 9% reduction). This reverses the previous reported trend of steady increases in the number of carers NCC supported in the first 3 months of 2016.
- A closer review of the data shows that the reduction is mainly due to lower numbers of carers' personal budgets and reviews, rather than lower carers' assessments – the levels of which appear stable. This provides some assurance that overall numbers have not reduced as significantly as the headline numbers suggest
- Early investigations suggest that some of this decrease may be attributed to carers who previously received a direct payment in April 2015 that has now expired and has not been renewed.
- A reduction in personal budgets is in line with the principles of strength-based assessments that seek to find community-based non-cost options ahead of formal support - however this does not explain reductions in reviews.

What will success look like?

- Success requires the department to ensure that carers with an active support plan receive a regular review. This is a Care Act requirement and should increase the numbers of carers supported over time.
- Success also likely to require carers to be mostly helped by information, advice and community-led support options.

Action required

- A detailed review of performance in supporting carers through care pathways (assessments, reviews and direct payments) to understand the significance of these reductions in terms of carers' outcomes, and to identify priority improvement areas – to be reported to committee in future reports.
- Ongoing analysis of reducing rates of carers supported by CAP

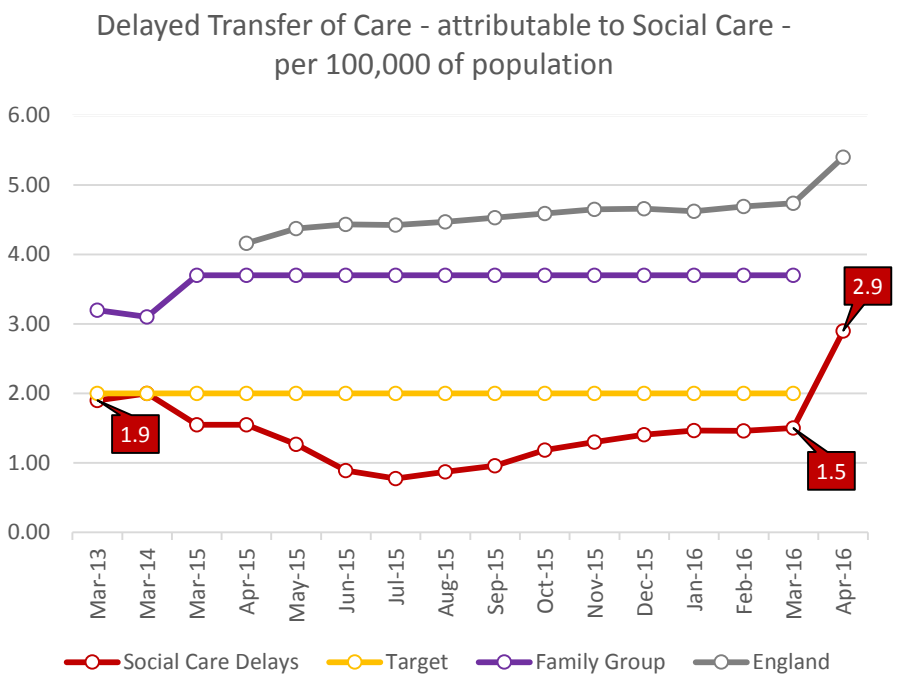
Responsible Officers Lead: Lorrayne Barrett – Director of Integrated Care Data: Business Intelligence & Performance Team

3.8 Delayed transfers of care

Why is this important?

Staying unnecessarily long in acute hospital can have a detrimental effect on people's health and their experience of care. Delayed transfers of care attributable to adult social services impact on the pressures in hospital capacity, and nationally are attributed to significant additional health services costs. Continuing Norfolk's low level of delayed transfers of care is vital to maintaining good outcomes for individuals and is critical to the overall performance of the health and social care system. This is likely to be a required indicator in 16/17 Better Care Fund.

Performance



What explains current performance?

- Norfolk has historically performed strongly in this indicator, and has been recognised for its good practice through integrated, hospital-based discharge teams.
- However in April 2016 the number of delays per 100,000 of population nearly doubled when compared to the previous month.
- The increase appears to have largely been driven by a sharp jump in delays attributable to social care from the Norfolk & Norwich University Hospital – from a consistent baseline of zero in recent months, to over 250 in April.
- This would suggest a change in recording practice – genuine changes in performance rarely occur so suddenly without warning. It is important to note that the Council rely on health services data for this indicator.
- Our performance against this indicator may be influenced by our drive to reduce permanent admissions to residential care and also the availability of community based support such as home care services.
- Irrespective of data issues, the health and care system remains under significant pressure - The overall number of delays per 100,000 for England also increased in April, rising from 4.7 to 5.4.

What will success look like?

- Low, stable and below target, levels of delayed discharges from hospital care attributable to Adult Social Care, meaning people are able to access the care services they need in a timely manner once medically fit.

Action required

- Investigate data recording and potential performance issues in light of rapid change in figures
- Continue priority actions in partnership with health services.

Responsible Officers

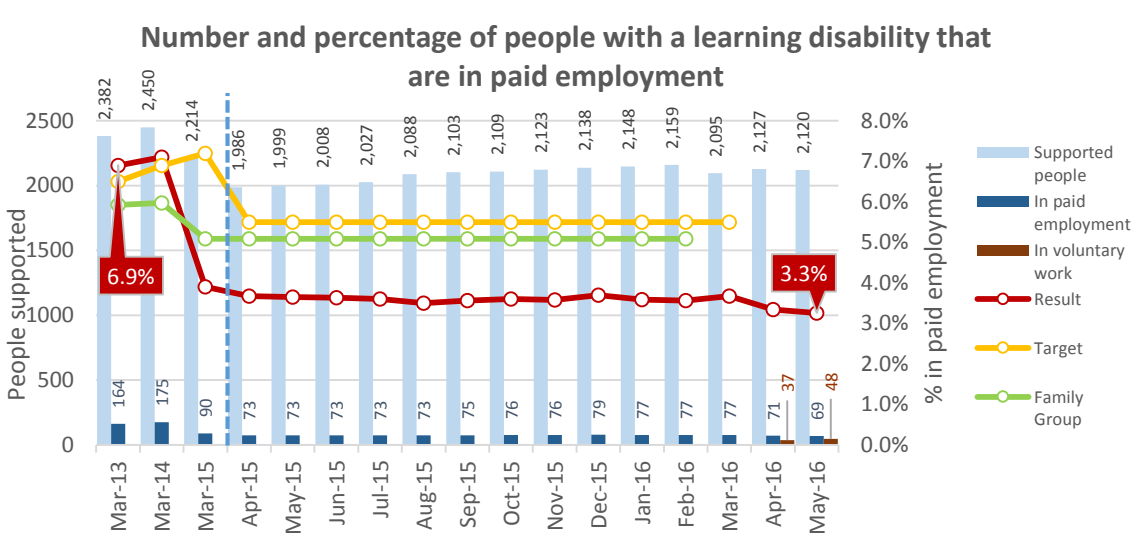
Lead: Catherine Underwood – Director of Integrated Commissioning Data: Business Intelligence & Performance Team

3.9 Number and % of people with learning disabilities in paid employment

Why is this important?

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. Furthermore this indicator has been identified within the County Council Plan as being vital to outcomes around both the economy and Norfolk's vulnerable people. Norfolk currently has a low rate compared to other councils.

Performance



What is the background to current performance?

- Current performance is declining, from 3.7% in March 2016 to 3.3% in May 2016 – worse than at year end 2014/15.
- Norfolk's performance has historically kept pace with the family group average, even during recession
- However poor performance in 2014/15, and in the last year, means Norfolk is now significantly below the family group average rate.
- Currently records suggest that a large proportion – around 89% - of people receiving LD services are 'not seeking work/retired', which sets a current ceiling of around 11% of people in employment.
- The number of people in voluntary work has only been recorded since April 2016; we would expect numbers to increase as information is recorded during the service users' reassessment.

What will success look like?

- Proportion of adults with a learning disability at least at family group average – likely to be between 5-6%
- To improve so that 7% of people receiving learning disabilities (ahead of the current family group average) Norfolk would need around 150 people in employment – around 74 more than currently.
- To improve to this level within 12 months would require an additional 6 to 7 people starting employment each month.
- Targets to be proposed at July Committee
- Complete a review, with Day Service providers, to improve their promotion of employment opportunities for people with LD

Action required

Performance in has prompted a corporate focus that has identified the following priority action areas:

- The development of an employment strategy for people with a learning disability, that will ensure results-driven commissioned activities focus on opportunities for employment.
- Improving the support into employment provided through social care practice, and in particularly ensuring that opportunities are seized through improved strength-based assessments implemented as part of Promoting Independence
- Working in partnership across the council and the public sector to improve support, including: ensuring a focus on this area of support as part of CES's developing Integrated Employment Services; work with the Support Into Employment team in Adult Education; work with Great Yarmouth College to support people aged 18-25; and work with the Matthew Project to support people aged over 25.
- Improving our data – to capture both paid employment and other voluntary employment opportunities that support improved independence.

Responsible Officers	Lead: Lorrayne Barrett, Director of Integrated Care	Data: Business Intelligence & Performance Team

4. Reviewing the Committee's key performance indicators

4.1. A full list of vital signs performance indicators for the committee was presented in the May performance monitoring paper. These were developed with committee members through a workshop and through previous monitoring reports, to reflect the developing Promoting Independence strategy.

It has become clear that some of the indicators that we committed to develop and deliver in the coming reports are no longer as important as we had originally anticipated, because of changes in the strategy. In addition some indicators were 'under development' subject to the availability of data. It is clear that for some of these data of sufficient quality is not available. It is therefore the suggestion that the following indicators are either changed or removed from the committee's list of vital signs performance indicators – meaning that we stop or pause their development:

4.2.

Indicators	Change and rational
% People remaining independent six weeks after visiting a community clinic	**Propose to drop**. An assessment of Norfolk's circumstances has shown that the effectiveness of the new strength-based approach to social care assessments is likely to have a much more significant impact on outcomes for Norfolk people and on budget pressures in the short term. This strength-based approach looks at people's circumstances, taking into account of (and, where appropriate, working with) families, local communities and local resources to improve people's independence and reduce the need for formal care. 'Strength-based' assessment training has now been provided to all practitioners and all assessments and reassessments have been undertaken on this basis since April. It has been very difficult to recruit staff to undertake Community Links, and more time is required to work with partners to provide county-wide coverage.
Community clinic model effectiveness, measured by: • Number / % of all assessments and reassessments conducted in community clinics / home visits • Number / % of social care assessments resulting in solely information and guidance • Number / % of assessments and reassessments leading to an increase or decrease in cost in terms of council-funded services (by clinic/home visit)	**Propose to change**. Given the suggested re-focusing of indicators away from Community Links clinics and onto all strength-based assessments, it is proposed to change this indicator to measure for all assessments: • The proportion that resulted in a formal care service • The proportion of reassessment that resulted in an increase in the cost of care Over time the data would be presented in a way that broke down the above figures into Community Links assessments, formal Care Act Assessments and any other recorded assessment activity.

Number of emergency admissions and unplanned admissions from people receiving formal social care services	**Propose to drop**. The data we can get to inform these indicators is unavailable or unreliable. Data on admissions to hospital *from* social care currently relies on the availability of NHS data – and investigations with health colleagues have shown that this is not currently available. Data on admissions to social care from hospitals is also unreliable. Part of this is because the current CareFirst system does not adequately permit 'care flow' data about people moving from one setting to another – something that is being rectified through the project to commission a new system. Moreover, most of the critical information about people's social care outcomes after a hospital episode is now captured through reablement data – particularly as nearly everyone leaving hospital with a residential care need now received reablement support.
Rate of permanent admissions to residential and nursing care from hospitals	

4.3. In addition to the proposals above to remove some indicators from the current list, it is likely that the current work (as reported elsewhere) to develop a 'target demand model' for adult social care will suggest additional key performance indicators. Once this work is complete, a full update will be provided to the committee, along with any further changes to the vital signs list.

4.4. The current full list of the committee's vital signs indicator – taking into account the proposed changes – is presented in Appendix 2.

5. Norfolk's statutory performance returns 2015-16

5.1. Every year the council submits a series of significant data 'returns' to the Department of health. These include data about the volumes of people in short and long term services, the numbers of various kinds of assessments undertaken, surveys asking about the views of people using adult social care services, and details of the safeguarding activities that the department has undertaken with its partners. Officers have recently submitted the last of the main statutory returns for the 2015/16 reporting years. This data submitted is currently classified as 'provisional' as it has not been checked and validated by the Department of Health.

5.2. These returns contribute to a range of publications and data releases throughout the year, and allow us, for example, to compile benchmarking reports (usually in the Autumn). Crucially they determine the council's results against the Government's Adult Social Care Outcome Framework (ASCOF). Accepting that the results are provisional and may change subject to the Department of Health's validation process, Norfolk's ASCOF figures are currently as follows.

5.3 Provisional Adult Social Care Outcome Framework results 2015-16

ASCOF ID	Description	2015/16	2014/15	Change	Family Group 2014/15	Eastern Region 2014/15	England Average 2014/15
ASCOF 1A	Social Care - related quality of life index	**19.18**	19.28	-0.1	19.30	18.50	19.1
ASCOF 1B	The proportion of people who use services who have control over their daily life	**72.2%**	80.8%	-2.5%	79.3%	71.6%	77.3%
ASCOF 1C(1a)	Adults aged over 18 receiving self-directed support	**88.10%**	88.70%	-0.60%	81.90%	82.80%	82.60%
ASCOF 1C(2a)	Adults aged over 18 receiving direct payments	**33.00%**	34.80%	-1.80%	29.00%	26.10%	26.00%
ASCOF 1C(1b)	Carers receiving self-directed support	**88.10%**	72.60%	15.50%	77.50%	85.10%	76.60%
ASCOF 1C(2b)	Carers receiving direct payments	**87.70%**	43.50%	44.20%	64.00%	75.50%	66.70%
ASCOF 1E	Adults with a Learning Disability in employment	**3.70%**	3.90%	-0.20%	5.08%	7.30%	6.00%
ASCOF 1G	Adults with a Learning Disability in own home	**74.00%**	74.20%	-0.20%	73.85%	69.20%	73.30%
ASCOF 1L	The proportion of people who use services who reported that they had as much social contact as they would like	**47.5%**	48.7%	-1.2%	45.5%	41.8%	44.8
ASCOF 2A(1)	Permanent admissions to residential and nursing care (18-64)	**17.6**	30.8	-42.86%	14.86	14.53	14.11
ASCOF 2A(2)	Permanent admissions to residential and nursing care (65+)	**614.4**	724.4	-15.18%	639.9	566.17	696.9
ASCOF 2B(1)	Effectiveness of reablement services	**91.70%**	84.60%	7.10%	83.00%	79.70%	82.10%
ASCOF 2D	The outcome of short term services is no support or lower level support	**73.90%**	82.50%	-8.60%	78.20%	79.20%	74.90%
ASCOF 3A	Overall satisfaction of people who use services with their care and support	**67.6%**	66.9%	0.7%	66.8%	59.5%	64.7%
ASCOF 3D	The proportion of people who use services who find it easy to find information about services	**71.2%**	74.8%	-3.5%	74.4%	72.5%	-
ASCOF 4A	The proportion of people who use services who feel safe	**67.8%**	65.7%	2.0%	69.2%	64.0%	68.5%
ASCOF 4B	The proportion of people who use services who say that those services have made them feel safe and secure	**81.0%**	83.4%	-2.4%	86.1%	81.2%	84.5%

6. Targets for 2016-19

6.1. The May performance report stated that targets would be proposed for all Vital Signs indicators.

However, as outlined above, the current work to develop a target demand model will clearly have a significant impact on both the number of people we would hope and expect to see receiving services in the future, and the key performance indicators that we might use to measure this impact. Therefore this paper proposes:

a) Deferring discussions about targets relating to key volumes of either assessments, activity or service users/carers until the findings of the target demand model work are available in September.
b) Focusing on targets for indicators around the remaining indicators in this paper.
c) On this basis targets for the following indicators would be considered in September:
    i. Reablement effectiveness
    ii. More people living in their own homes for as long as they can
    iii. Fewer people need a social care services from NCC
    iv. Reablement sustainability
    v. Assessment effectiveness
    vi. Enquiry resolution rate
    vii. Carers supported

6.2. In line with this proposal, the following sub-sections suggest options for targets for those indicators that can be considered now.

Where possible, and where longer-term benchmarking data is available, these have been presented in a consistent way that provides options for different rates of improvement.

In reviewing these we should apply good practice target setting principles. These state that individually, targets should be:

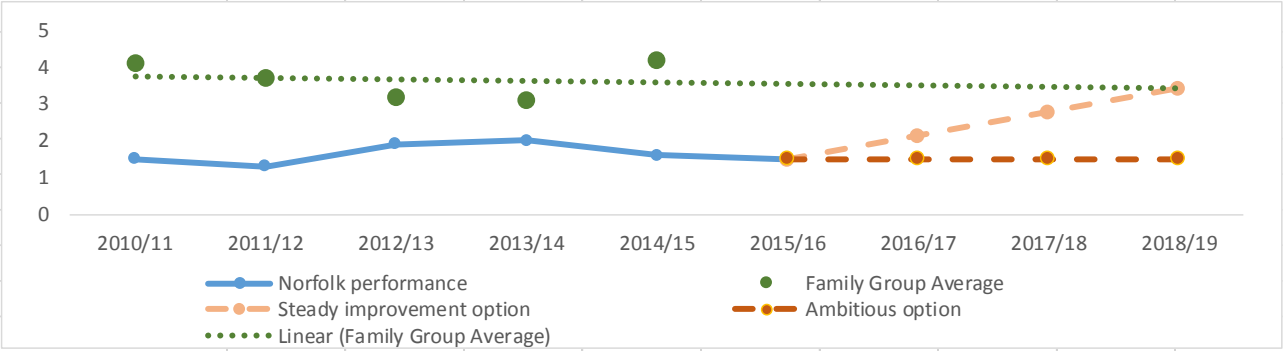
a) Clear – in terms of what needs to be achieved
b) Achievable and realistic
c) Time limited – so should what should be achieved by when

Good practice also suggests that collectively the targets should:

a) Show how an organisation will achieve its strategy and objectives
b) Work together and not contradict each other (so good performance in one area shouldn't undermine another)
c) Be realistic and balanced – a mixture of ambitious and progressive improvements should be outlined, as it is unlikely that significant and fast improvements can be achieved in all areas at the same time

6.2.1. Delayed transfers of care attributable to ASSD per 100,000 pop aged 18+

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Norfolk performance	1.5	1.3	1.9	2	1.6	1.5			
Family Group Average	4.1	3.7	3.2	3.1	4.2				
Steady improvement option						**1.5**	**2.1**	**2.8**	**3.42**
Ambitious option						**1.5**	**1.5**	**1.5**	**1.5**



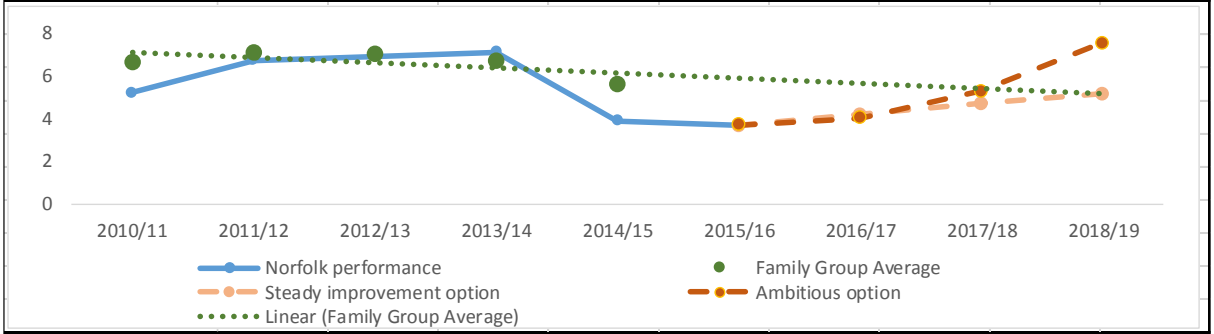
Rationale for 'move to family group average' option	To achieve projected 'family group average' rate by March 2019. This actually equates to an increase in delays, but reflects ongoing pressures in the health and social care system.
Rationale for ambitious option	To achieve constant rate of 1.5 - a genuine challenge given growing pressures in the health and social care system. This also recognises the potential relationship between delayed transfers of care and residential care admissions - and specifically that very low rates of delayed discharges can result in inappropriate and excessive admissions to residential care.
Proposal:	To meet proposed 'ambitious' target rate to reflect significant priority for this indicator throughout local health and care system, whilst balancing risks around excessive care home admissions

6.2.2. % People receiving safeguarding interventions whose stated objectives were met

	Jan-16	Feb-16	Mar-16
Norfolk performance	76.20%	63.20%	88.00%
Family Group Average			
Steady improvement option	-	-	-
Ambitious option	-	-	-
Rationale for steady improvement option			
Rationale for ambitious option			
Proposal:	This indicator reflects the output of the conversation between social workers and people in receipt of safeguarding interventions, about whether the outcomes stated at the beginning of an investigation had been met. This data has only been recorded for a short amount of time, and has a time lag of two months. It is also clear that it is not realistic or desirable to aspire to a 100% target - because in some instances people's stated outcomes rightly cannot be met through Adult Social Care services. In addition as a local measure, there is no benchmarking data. We propose to set targets on this on the basis of at least nine months data - so to be reviewed in November at the earliest		

6.2.3. % People with learning disabilities in paid employment

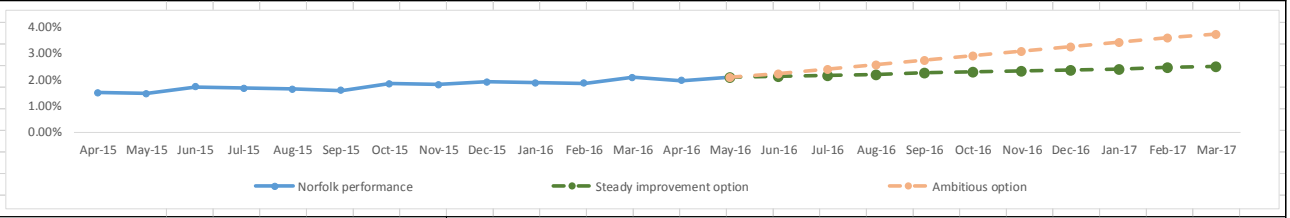
	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Norfolk performance	5.2	6.7	6.9	7.1	3.9	3.7			
Family Group Average	6.6	7.1	7	6.7	5.6				
Steady improvement option						**3.7**	**4.2**	**4.7**	**5.16**
Ambitious option						**3.7**	**4.0**	**5.3**	**7.5**



Rationale for steady improvement option	To achieve projected 'family group average' rate by March 2019
Rationale for ambitious option	To exceed previous highest rate (2013/14). Also to include 'steeper' improvement in 17/18 and 18/19 to reflect the timing of the planned review of day services.
Proposal:	To meet proposed 'ambitious' target rate to reflect departmental and corporate priority for this issue.

6.2.4. % People receiving mental health services in paid employment

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Norfolk performance	1.49%	1.46%	1.72%	1.66%	1.63%	1.59%	1.84%	1.80%	1.91%	1.88%	1.85%	2.08%	1.95%	2.07%										
Steady improvement option														2.07%	2.11%	2.15%	2.20%	2.24%	2.28%	2.32%	2.37%	2.41%	2.45%	2.49%
Ambitious option														2.07%	2.24%	2.40%	2.57%	2.74%	2.91%	3.07%	3.24%	3.41%	3.57%	3.74%

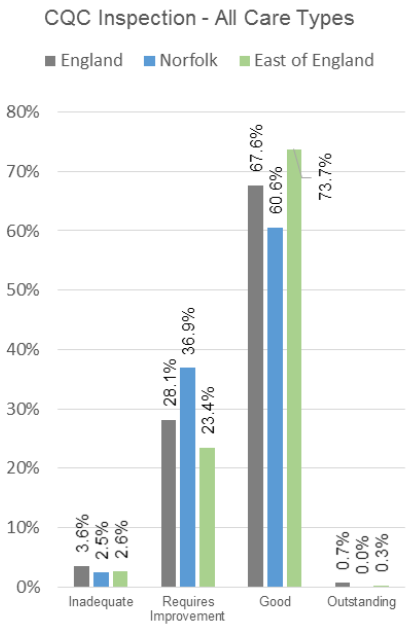


Notes	As we only have 14 months data we propose only setting 1 years targets at this stage
Rationale for steady improvement option	Continued improvement at current pace
Rationale for ambitious option	Accelerated improvement at current pace +50% by the end of year
Proposal:	Ambitious improvement option - reviewed at year end to develop 3 years of more ambitious targets on the basis of better data.

6.2.5. Purchased care quality

Setting long term targets for this indicator is difficult because:

- The Care Quality Commission's (CQC) new inspection regime has been in place for less than a year, meaning that insufficient data is available to fully observe trends
- CQC are prioritising those providers that are considered most at risk – meaning that both local and national results are likely to be lower than once all providers have been assessed
- Currently only 27% of Norfolk's regulated providers have been inspected against the new regime



Current performance is presented in the adjacent graph.

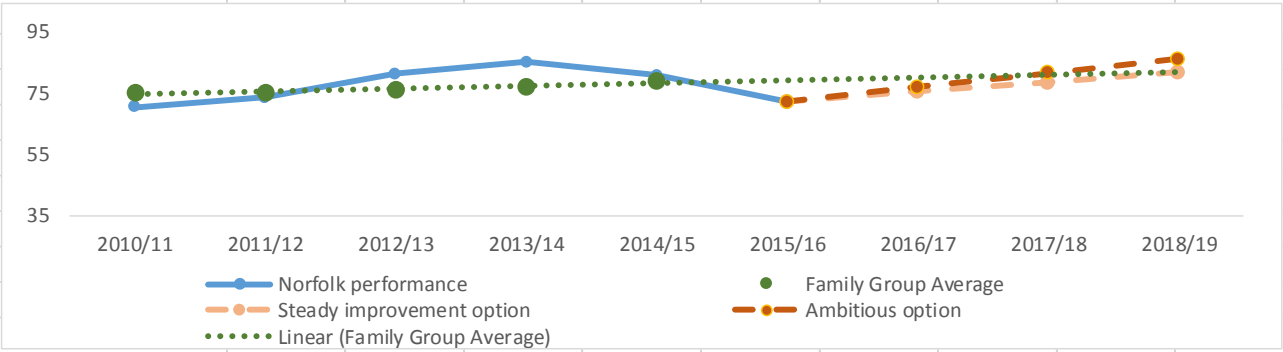
Given the above it is proposed that we do not set firm targets in 2016/17. From thereon, and in the light of Norfolk's likely position behind its regional comparators, it is proposed that we set targets that would ensure that Norfolk exceeds the Eastern Region average by March 2019.

More details about the plans and targets for improving purchased care quality are presented in the 'Adult Social Care and Support Quality Framework Annual Report' presented elsewhere on the agenda for this meeting.

6.2.6. **The proportion of people who use services who have control over their daily life**

This indicator reports the proportion of people answering the multiple-choice annual survey question 'Which of the following statements best describes how much control you have over your daily life?' answered "I have as much control over my daily life as I want" or "I have adequate control over my daily life".

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Norfolk performance	70.3	73.5	81.2	85.2	80.8	72.2			
Family Group Average	75	75.1	76.1	76.8	78.8				
Steady improvement option						**72.2**	**75.4**	**78.7**	**81.94**
Ambitious option						**72.2**	**76.8**	**81.4**	**86**

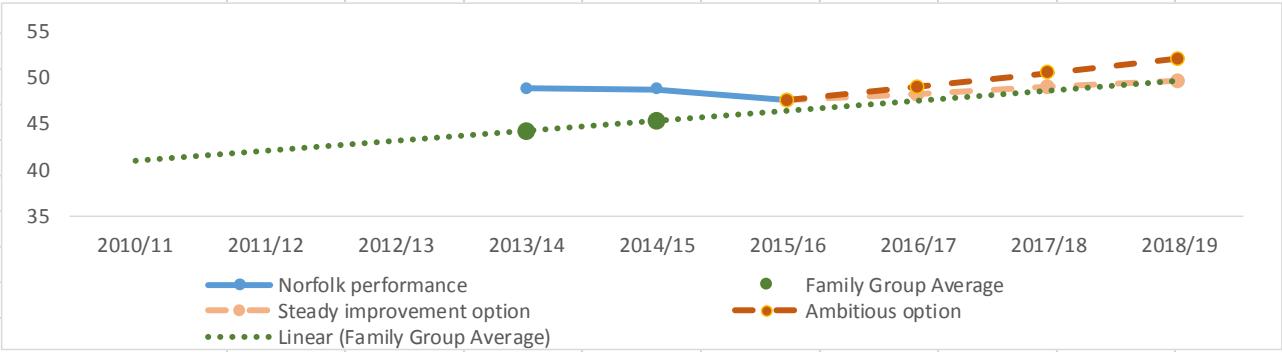


Rationale for steady improvement option	To achieve projected 'family group average' rate by March 2019
Rationale for ambitious option	To exceed previous highest rate from 2013/14 by March 2019
Proposal:	To meet proposed 'ambitious' target rate to reflect the relevance of this measure to the promoting independence strategy.

6.2.7. **The proportion of people who use services who reported that they had as much social contact as they would like**

This indicator reports the proportion of people answering the multiple-choice annual survey question 'Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?' answered "I have as much social contact as I want with people I like" or "I have adequate social contact with people".

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Norfolk performance				48.8	48.7	47.5			
Family Group Average				44.2	45.3				
Steady improvement option						**47.5**	**48.2**	**49.0**	**49.7**
Ambitious option						**47.5**	**49.0**	**50.5**	**52**

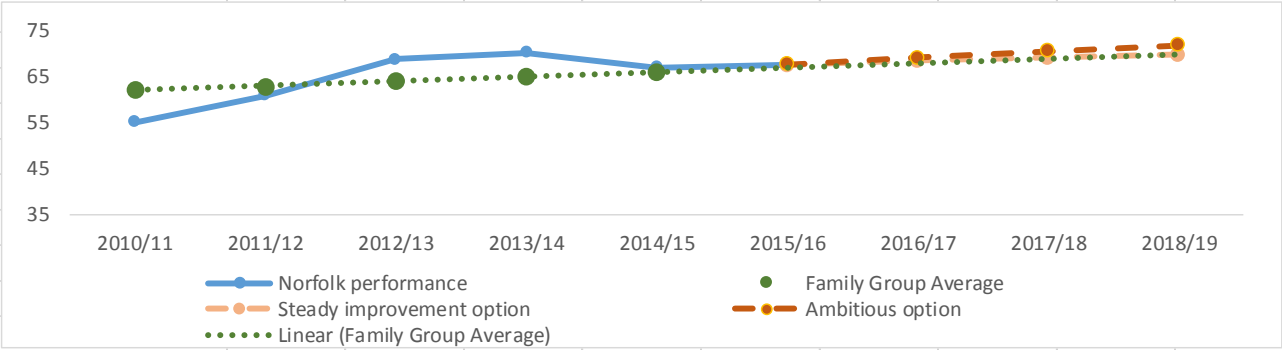


Rationale for steady improvement option	To achieve projected 'family group average' rate by March 2019
Rationale for ambitious option	To achieve projected 'family group average' rate plus 2% by March 2019
Proposal:	To meet proposed 'steady improvement' target rate to reflect the relevance of this measure to the promoting independence strategy, but also the difficulty in securing a broader range of community-based options for social contact quickly. Also, because only limited time-series data is available, it is proposed to review the target once this year's comparative data is published.

6.2.8. **Overall satisfaction of people who use services with their care and support**

This indicator reports the proportion of people answering the multiple-choice annual survey question 'Overall, how satisfied or dissatisfied are you with the care and support services you receive?' answered "I am extremely satisfied" or "I am very satisfied".

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Norfolk performance	55.1	60.8	68.7	70.1	66.9	67.6			
Family Group Average	62.1	62.8	64.1	64.8	66				
Steady improvement option						**67.6**	**68.3**	**69.1**	**69.84**
Ambitious option						**67.6**	**69.0**	**70.4**	**71.84**

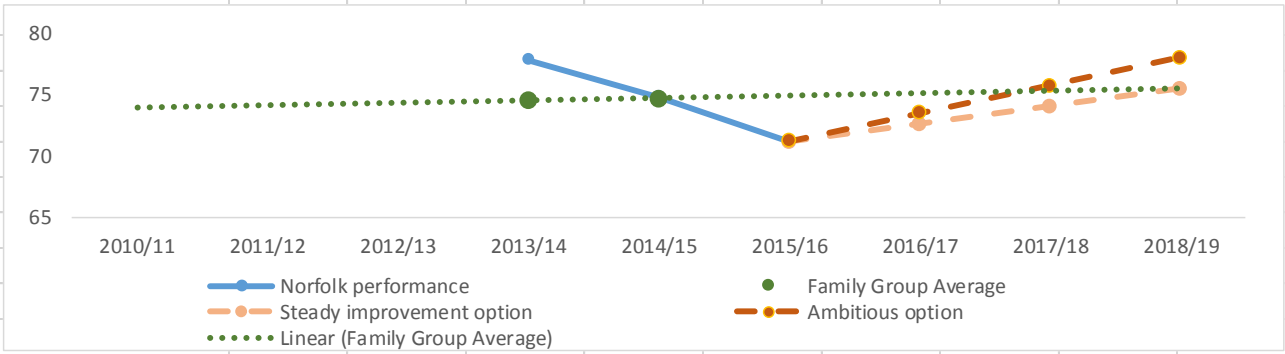


Rationale for steady improvement option	To achieve projected 'family group average' rate by March 2019
Rationale for ambitious option	To achieve projected 'family group average' rate plus 2% by March 2019
Proposal:	To meet the 'steady improvement' option that recognises both the need for continuous improvement in this key area of customer satisfaction, but also the challenges of maintaining satisfaction at a time when budgets are being reduced.

6.2.9. **The proportion of people who use services who find it easy to find information about services**

This indicator reports the proportion of people answering the multiple-choice annual survey question 'In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?' answered "Very easy to find" or "Fairly easy to find".

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Norfolk performance				77.8	74.8	71.2			
Family Group Average				74.5	74.7				
Steady improvement option						**71.2**	**72.6**	**74.1**	**75.5**
Ambitious option						**71.2**	**73.5**	**75.7**	**78**

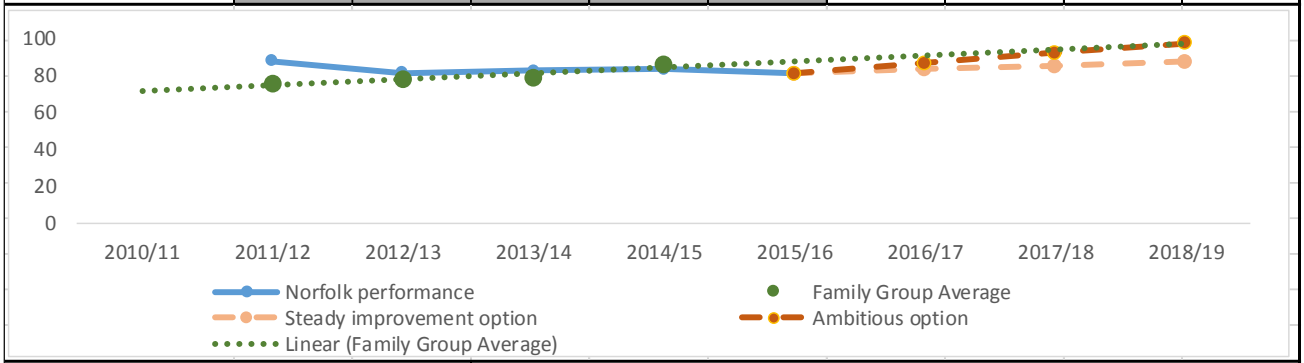


Rationale for steady improvement option	To achieve projected 'family group average' rate by March 2019
Rationale for ambitious option	To achieve projected 'family group average' rate plus 2.5% by March 2019
Proposal:	To meet the 'ambitious' option. This would return Norfolk to its previous highest score, and turn around a significant dip in performance since 2013/14. It also recognises the importance of the provision of information in meeting the requirements of the Promoting Independence strategy and the Care Act 2014. It is suggested that the target is reviewed once this year's benchmarking data is available.

6.2.10. **The proportion of people who use services who say that those services have made them feel safe and secure**

This indicator reports the proportion of people answering the multiple-choice annual survey question 'Do care and support services help you in feeling safe?' answered "Yes".

	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Norfolk performance		88	81.4	82.5	83.4	81			
Family Group Average		75.5	78.1	79.1	86.1				
Steady improvement option						**81**	**83.3**	**85.7**	**88**
Ambitious option						**81**	**86.6**	**92.2**	**97.74**



Rationale for steady improvement option	To achieve previous high from 2011/12 by March 2019
Rationale for ambitious option	To achieve projected 'family group average' rate by March 2019
Proposal:	To meet the 'steady improvement' option. The ambitious option, which uses projected family group average figures, projects nearly 100% by 2019 because of an unexpected jump in 2015/16. This is probably unrealistic, and the 'steady' improvement option still required over 2% year-on-year increase. This can be reviewed once more up to date benchmarking data is available.

6.3. To summarise, given the detailed data and proposals contained in sections 6.2.1 to 6.2.10 above, this paper suggests the following targets:

Indicator	Current	Targets		
		16/17	17/18	18/19
Delayed transfers of care attributable to ASSD per 100,000 pop aged 18+	1.5	1.5	1.5	1.5
% People receiving safeguarding interventions whose stated objectives were met	88.0%	To be decided once at least nine months of data is available – from November 2016.		
% People with learning disabilities in paid employment	3.7%	4.0%	5.3%	7.5%
% People receiving mental health services in paid employment	2.1%	3.7%	Future targets reviewed when more data available, with a view to agreeing more ambitious targets in the longer term.	
Purchased care quality	60.6%	Targets set from April 2017 when more data is available, to plan to exceed projected Eastern Region average by March 2019.		
The proportion of people who use services who have control over their daily life	72.2%	76.8%	81.4%	86%
The proportion of people who use services who reported that they had as much social contact as they would like	47.5%	48.2%	49.0%	49.7%
Overall satisfaction of people who use services with their care and support	67.6%	68.3%	69.1%	69.8%
The proportion of people who use services who find it easy to find information about services	71.2%	72.6%	74.1%	75.5%
The proportion of people who use services who say that those services have made them feel safe and secure	81.0%	83.3%	85.7%	88.0%

7. Recommendations

7.1. **With reference to sections 2 and 3, for each vital sign that has been reported on an exceptions basis, Committee Members are asked to**

a) **Review and comment on the performance data, information and analysis presented in the vital sign report cards and**

b) **Determine whether the recommended actions identified are appropriate or whether another course of action is required.**

In support of this, Appendix 1 provides:

a) **A set of prompts for performance discussions**

b) **Suggested options for further actions where the committee requires additional information or work to be undertaken**

7.2. **With reference to section 4, committee members are asked to:**

a) **Agree the recommended changes to the vital signs indicator list, and**

b) **Note that future changes may be required in light of the developing target demand model and Promoting Independence strategy**

7.3. **With reference to section 5, committee members are asked to:**

a) **Note the council's provisional statutory performance indicator results**

7.4. **With reference to section 6, committee members are asked to:**

a) **Subject to comments and alternative recommendations, agree targets for the set of indicators presented**

b) **Note that further targets will require consideration in light of the developing target demand model**

8. Financial Implications

8.1. There are no significant financial implications arising from the development of the revised performance management system or the performance monitoring report.

9. Issues, risks and innovation

9.1. There are no significant issues, risks and innovations arising from the development of the revised performance management system or the performance monitoring report.

Officer Contact

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

Officer name :	Tel No. :	Email address :
Lorna Bright	01603 223960	lorna.bright@norfolk.gov.uk
Jeremy Bone	01603 224215	jeremy.bone@norfolk.gov.uk

Appendix 1

Performance discussions and actions

Reflecting good performance management practice, there are some helpful prompts that can help scrutinise performance, and guide future actions. These are set out below.

Suggested prompts for performance improvement discussion

In reviewing the vital signs that have met the exception reporting criteria and so included in this report, there are a number of performance improvement questions that can be worked through to aid the performance discussion, as below:

1. Why are we not meeting our target?
2. What is the impact of not meeting our target?
3. What performance is predicted?
4. How can performance be improved?
5. When will performance be back on track?
6. What can we learn for the future?

In doing so, committee members are asked to consider the actions that have been identified by the vital sign lead officer.

Performance improvement – recommended actions

A standard list of suggested actions have been developed. This provides members with options for next steps where reported performance levels require follow-up and additional work.

All actions, whether from this list or not, will be followed up and reported back to the committee.

Suggested follow-up actions

	Action	Description
1	Approve actions	Approve actions identified in the report card and set a date for reporting back to the committee
2	Identify alternative/additional actions	Identify alternative/additional actions to those in the report card and set a date for reporting back to the committee
3	Refer to Departmental Management Team	DMT to work through the performance issues identified at the committee meeting and develop an action plan for improvement and report back to committee
4	Refer to committee task and finish group	Member-led task and finish group to work through the performance issues identified at the committee meeting and develop an action plan for improvement and report back to committee
5	Escalate to County Leadership Team	Identify key actions for performance improvement (that require a change in policy and/or additional funding) and escalate to CLT for action
6	Escalate to Policy and Resources Committee	Identify key actions for performance improvement (that require a change in policy and/or additional funding) and escalate to the Policy and Resources committee for action.

Appendix 2

Full list of vital signs indicators

#	Name	Description	Why is this important?	Data ready	High level technical definition	Frequency
CORPORATE INDICATORS (REVIEWED BY POLICY & RESOURCES COMMITTEE)						
1	Referrals resolved by guiding to informal community based services	• % Referrals that are resolved by signposting and/or referral to informal community based services	This measure indicates the extent to which we can source and refer to alternative informal community-based solutions thereby reducing the number of people needing a formal social care service and more people are supported by the most cost effective solution	Sept-16	This indicator counts: - Contacts closed as 'Information & Advice' at the Social Care Centre of Expertise - Assessments closed as 'Information and Advice', or as 'Services/Personal Budget to Cease'	Monthly
2	Reablement effectiveness	• % of people who require no ongoing formal service at point after completing reablement	People who are successfully re-abled experience better outcomes and are less likely to need long term care	Available	The percentage of Norfolk First Support review forms with an outcome of: - reabled with no further service - reabled and signposted to voluntary services	Monthly
3	More people live in their own homes for as long as they can	• Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (18-64 years) • Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (64+ years) • Increasing the proportion of people in community-based care, broken down by: - Supported living & HWC - Homecare - Direct Payments and Day Care - Other *(Older People, Learning*	People who live in their own homes, including those receiving community-based social care, tend to have better outcomes than people cared for in residential and nursing settings. In addition, it is usually cheaper to support people at home - meaning that the council can afford to support more people in this way. This measure shows the balance of people in a range of community and institutional (residential and nursing) settings, and indicates the effectiveness of measures to keep people in their own homes.	Available	Basic number people, in year, receiving service classifications of: - Residential care - Nursing care - Supported living and housing with care - Homecare - Direct payments - Day care - Other Reported for people aged 18-64 and for people aged 65+ Reported as a rate per 100,000	Monthly

#	Name	Description	Why is this important?	Data ready	High level technical definition	Frequency
		Disabilities, Mental Health separated)			population in respective age groups	
4	Fewer people need a social care service from NCC	• Decreasing the rate of NCC service users per 100,000 population (18-64 years) • Decreasing the rate of NCC service users per 100,000 population (64+ years) • Decreasing the rate of people in residential and nursing care per 100,000 people	A reduction in the overall number of people requiring formal care services, when accompanied by good preventative and reablement care services, and good access to voluntary and community-based services that support independence, evidences a successful 'Promoting Independence' strategy.	Available	Total number of people receiving paid-for social care services, expressed as a percentage of the total population. Reported for people aged 18-64 and for people aged 65+ Reported as a percentage of the population in respective age groups	
5	Reablement sustainability	• % of people still at home 91 days after completing reablement	Reabling people after a crisis is vital. Once a crisis has occurred, reablement provides what is often a final chance to help people to remain independent, and ensure they don't require ongoing health or social care support. Measuring the effectiveness of reablement services indicates the performance of a key part of the health and social care system.	Available	The percentage of people with a hospital discharge and a Norfolk First Support referral, whose status at 91 days is neither: - In hospital - deceased - residential care - nursing care	Monthly
6	Delayed transfers of care attributable to social care	• Number of days delay in transfers of care (attributable to social care)	Delayed transfers of care cost health services significant amounts of money, and are attributed nationally to significant additional health services costs. Continuing Norfolk's low level of delayed transfers of care is vital to maintaining good working relationships with health services, and is critical to the overall performance of the health and social care system.	Available	The average number of delayed transfers of care for people aged 18+ attributable to Adult Social Services on a particular day in the month (determined by the NHS - usually the last Thursday of the month), expressed as a rate per 100,000 population aged 18+	Monthly

#	Name	Description	Why is this important?	Data ready	High level technical definition	Frequency
7	Safeguarding interventions success	• % of people who were subject to safeguarding interventions whose stated outcomes were met	The quality of safeguarding interventions is important to secure good outcomes for potential victims, and affects the likelihood of further incidents occurring. In addition, safeguarding is a key statutory responsibility for the council.	Available	The percentage of completed Safeguarding Forms with outcomes described as "achieved". Note: other categories include 'partially achieved', 'not achieved' and 'not expressed'. These may also be reported as context to this measure.	Monthly
8	More people with learning disabilities secure employment	• Increasing the % people receiving Learning Disabilities services in paid employment	Research and best practice shows that having a job is likely to significantly improve the life chances and independence of people with learning disabilities, offering genuine independence and choice over future outcomes. Furthermore this indicator has been identified within the County Council Plan as being vital to outcomes for both the economy and vulnerable people. Norfolk currently has a low rate when compared to other councils.	Available	The percentage of people in long term support paid for by the local authority whose primary support reason is 'learning disability' whose employment status is 'paid employment'	Monthly
9	Paid employment rate: People receiving Mental Health services	• % People receiving Mental Health services in paid employment	Research and best practice shows that having a job is likely to significantly improve the life chances and independence of people with mental health problems, offering genuine independence and choice over future outcomes. Furthermore this indicator has been identified within the County Council Plan as being vital to outcomes for both the economy and vulnerable people. Norfolk currently has a low rate when compared to other councils.	Available	The percentage of people in long term support paid for by the local authority whose primary support reason is 'mental health' whose employment status is 'paid employment'	Monthly
SERVICE						
10	Assessment effectiveness	• Number / % of social care assessments resulting in solely information and guidance • Number / % of assessments and reassessments leading to an increase or decrease in cost in	This measure will help us to determine the success of the new strength-based approach to assessments.	Sep-16	TBC	TBC

#	Name	Description	Why is this important?	Data ready	High level technical definition	Frequency
		terms of council-funded services (by clinic/home visit)				
11	Enquiry resolution rate	• % Enquiries resolved at point of contact / clinic with information, advice	Measures the effectiveness of new approaches to signposting and providing information and advice.	Available	Percentage of total adult social care enquiries resolved as information and advice only.	TBC
12	Carers supported	• Rate of carers supported within a community setting per 100,000 population	Norfolk's 91,000+ informal carers provide more support to Norfolk's vulnerable people than formal care services, and without them demand for health and social care would be significantly higher. Outcomes for both carers and cared-for people tend to be better when services work together to support both service users and their carers. This measure indicates how well we are supporting informal carers.	Available	Sum of people who, in the last 12 months, have received or have in place: • A carer assessments • A carer support plan • Information and advice • A carer service or personal budget • A service provided to a service user to provide a break for a carer • An enquiry for carer support	Monthly
13	Average spend : Long term services	• Average spend per person in long term services (18-64; 65+)	Alongside the equivalent spending KPI for short term services, indicates the impact of the promoting independence strategy in reducing/balancing the demand for formal care	Sept-16	To be determined by Finance	TBC
14	Purchased care quality	• % of CQC ratings of all registered commissioned care rated good or above	Most of the department's money is spent commissioning services from third party providers - this indicator provides an objective and comparable view of the quality of these services, and indicates both this and overall value for money.	Available	Data from the Care Quality Commission. % of inspected services rated as 'good' or 'outstanding', broken down by: - Residential care - Domiciliary care	Monthly
15	User satisfaction	Overall satisfaction of people who use services with Adult Social Care services	Statutory indicator so data can be benchmarked. Provides us with critical information about how people feel about the quality of services and their outcomes. The overall user satisfaction measure is augmented by other indicators about access to information and perceptions of independence and safety.	Available	Percentage of respondents to the Adult Social Care Survey that stated they were satisfied with the Adult Social Care services they receive	Annual

Adult Social Services Committee

Item No……

Report title:	**Pressures on future Adult Social Care services in Norfolk**
Date of meeting:	**4 July 2016**
Responsible Director	**Harold Bodmer**

Strategic impact

Pressures on the Adult Social Care budget, and in particular the impact of Norfolk's ageing population, are of corporate significance and are reflected on the corporate risk register. An improving approach to understanding, and accounting for, demand pressures in Adult Social Care is key to long-term financial sustainability.

Executive summary

This report reviews the factors that drive pressures on the Adult Social Care budget.

It initially reviews national and local evidence of Adult Social Care budget pressures, and presents Norfolk's position in terms of the use of key services compared to its statistical neighbours – revealing that Norfolk has historically had a high use of residential care, particular for people with learning disabilities and mental health problems.

The paper then looks at Norfolk's ageing population, highlighting that Norfolk has a greater proportion of older people than the regional and statistical neighbour average. It also shows that, in terms of numbers of people, that the very oldest age groups is most significant in terms of demand for care, and that future demand in this area is likely to be driven by the growing prevalence of dementia.

Evidence is then presented that shows that, whilst growing numbers of older people and the nature of their needs helps explain social care demand, not all care settings show a significant increase in usage by older people. It reflects on how other factors – not least people's health, income and social situation – are likely to be as important in determining the need for care.

The paper also reflects on arguments that suggest that councils' behaviours are also vital in determining the level of demand for social care, and highlights the important role of 'front door' arrangements, reablement services, technology and the availability of support from voluntary and community organisations in helping to manage demand.

A range of other demand pressures are also highlighted, including:

a) Sometimes 'hidden' demographic growth in younger and working age groups as people with significant and complex care needs are supported to live independently for longer
b) The growing complexity of care need and provision for those that do require formal support
c) The increasing cost of purchasing care services
d) Policy pressures, including the Care Act, the Better Care Fund, and legal changes around Deprivation of Liberty Safeguards

The current approach to accounting for such pressures is outlined, along with projections to 2018/19. The paper also argues that, as our understanding of the drivers of demand grows, we will need to develop better and more sophisticated ways of anticipating changes in demand, probably based on a pragmatic application of statistical and policy analyses.

Finally the paper speculates about the challenge of predicting demand in the longer term, briefly reviewing national evidence about different potential impacts of ageing. It argues for a continued

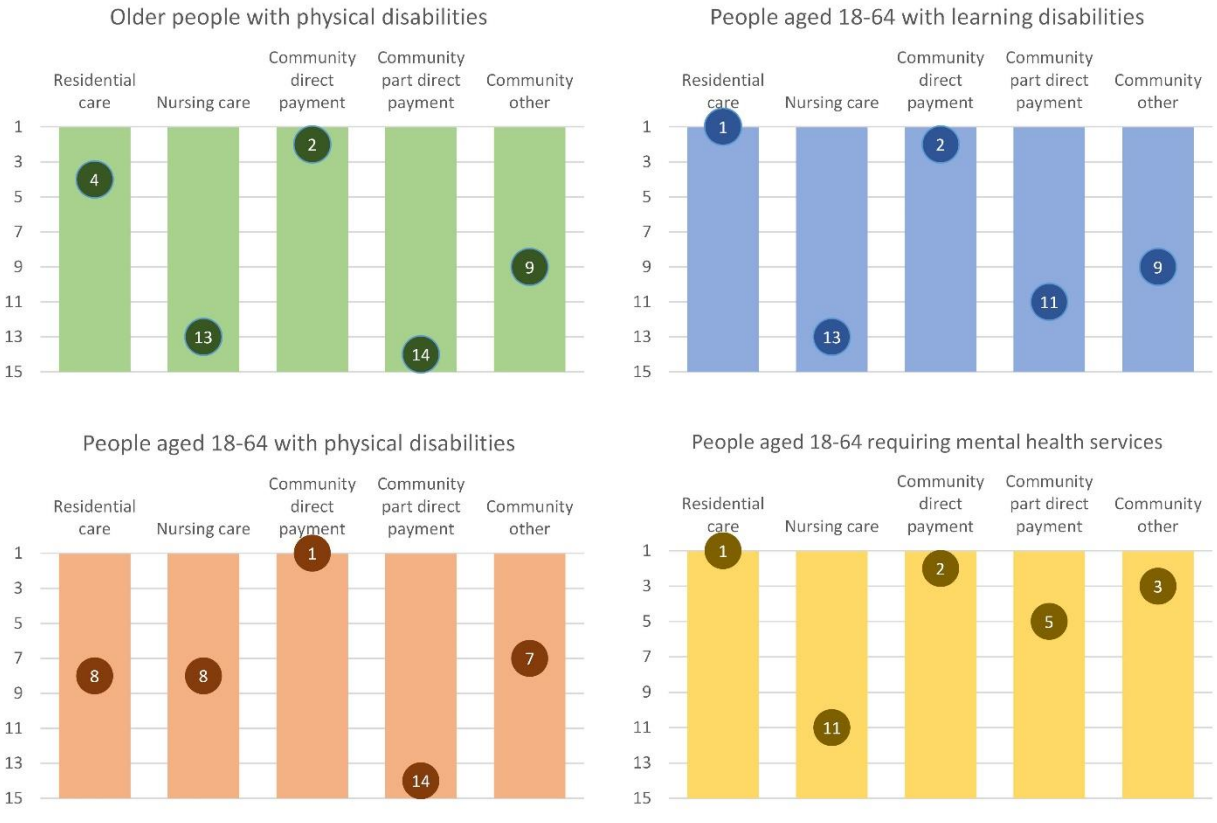
development of methods, and a strict adherence to the principles of evidence-based planning, when forecasting future budgets.

Recommendation

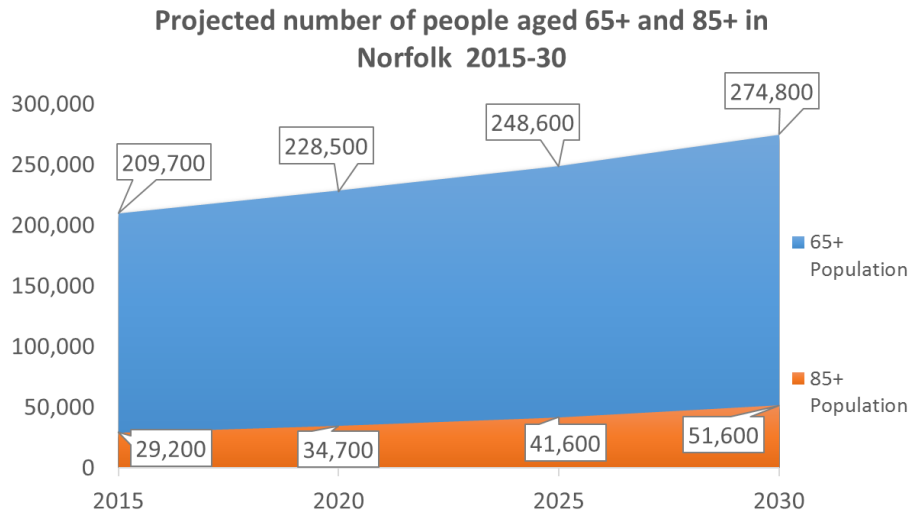
The paper presents contextual information to budget and service planning activities in this and future committee meetings. Members are asked to:

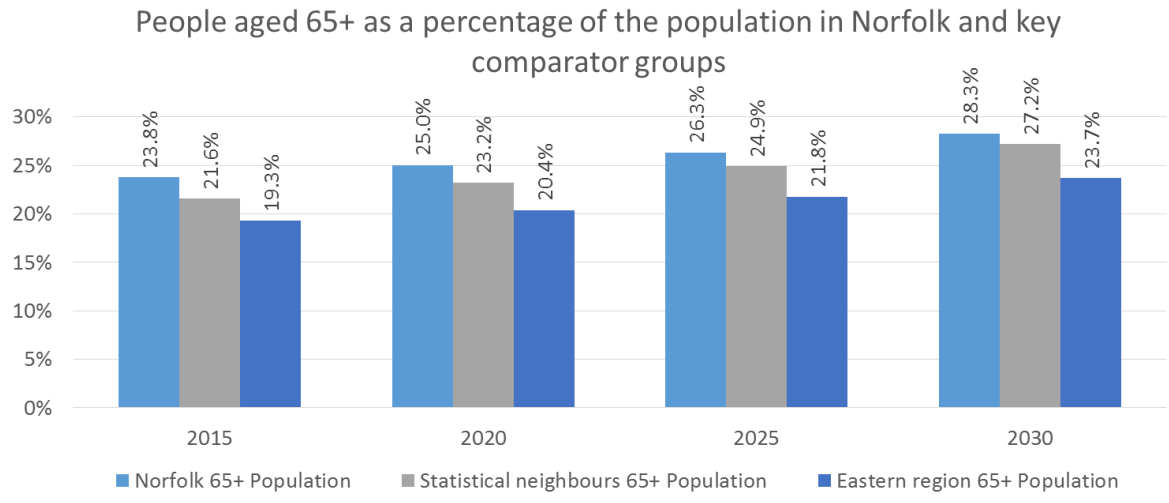
a) **note the findings, and**
b) **suggest any other areas of evidence and analysis that they would like more information on**

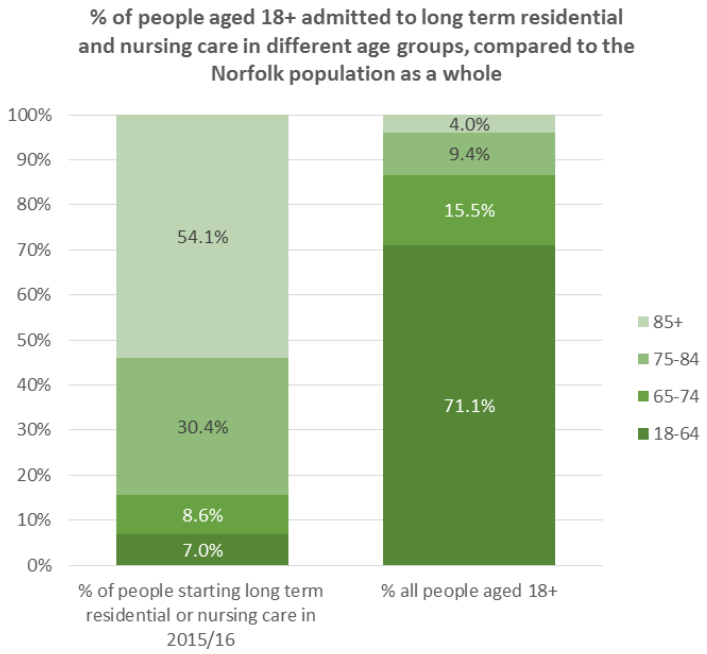
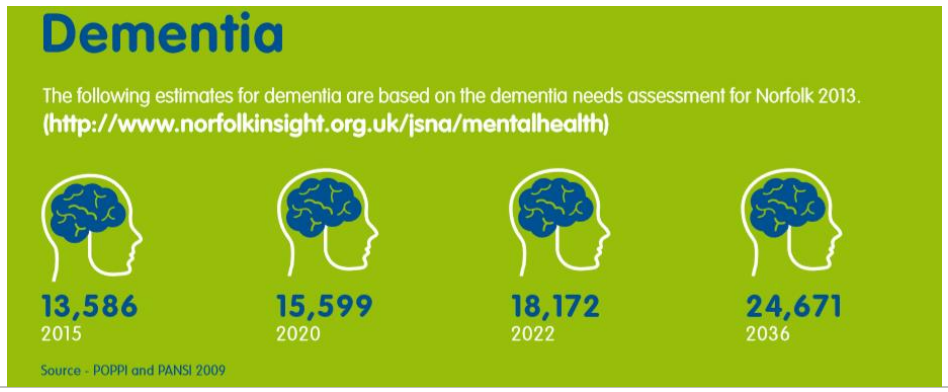
1	**Background**
1.1	Nationally and locally Adult Social Care services are under unprecedented pressures. In short, councils are struggling to meet the demand they face for care and support with the amount of resources at their disposal.
1.2	As a demand-led service, Adult Social Care is required by law to make provisions to support people with care needs if they meet eligibility criteria. Simplistically, someone is eligible for care and support if their needs mean they cannot achieve two or more of the outcomes specified in the Care Act 2014, resulting in a substantial impact on their wellbeing. Council funding to provide care and support depends on whether the person meets financial criteria (for example if they have under £23,250 in savings). Given this, government policy and legislation has increasingly required councils to mitigate against unaffordable levels of demand through preventative interventions, efficiency improvements and integrated working with partners in health services, the voluntary sector and in businesses.
1.3	Nevertheless, in Norfolk the Adult Social Services budget has been under significant pressure in recent years. The following table shows our position for the previous four years, including a growing over-spend against the forecast budget: £'m / 2012/13 / 2013/14 / 2014/15 / 2015/16 Gross Expenditure Budget / 341.413 / 344.908 / 344.574 / 359.527 Gross Expenditure Actual / 357.619 / 368.948 / 376.231 / 386.731 Gross Income Budget / 125.265 / 87.256 / 92.061 / 120.213 Gross Income Actual / 141.471 / 109.795 / 120.403 / 144.249 Net Expenditure Budget / 216.148 / 257.652 / 252.514 / 239.314 Net Expenditure Actual / 216.148 / 259.152 / 255.828 / 242.483 Over/Underspend / **0.000** / **1.500** / **3.315** / **3.168** Norfolk's position is not unfamiliar, with many councils reporting significant overspends in recent years. The National Audit Office (2014) has reported that local authorities have faced a real-terms cut in spending on Adult Social Care of 8.7% between 2010/11 and 2014/15 at a time when demographic pressure meant that the cost of providing care is increasing by 3% a year.
1.4	As the Audit Office statements suggest, the prevailing national narrative argues that pressures on care services are mainly being driven by demographic factors, and specifically the country's ageing population. This is a compelling, common-sense contention, and is certainly vitally important to understanding the scale and nature of

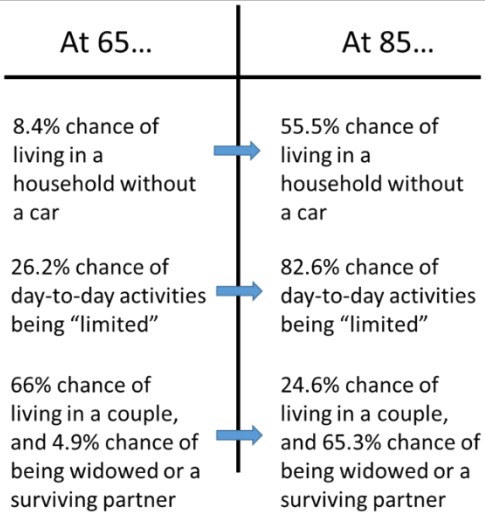
	future needs. However in reality the drivers of demand are significantly more complicated.
1.5	This paper looks at, and beyond, demographic drivers to more fully describe the range of pressures on Adult Social Care services, and suggest how this information might be used to inform future budget and service planning.
2	**Current service usage levels**
2.1	Current levels of service use have been reported to the committee previously, and are summarised here for easy reference. The below diagram presents data that is benchmarked against Norfolk's family group of similar councils. This is important because these councils, in addition to operating in the same statutory framework as Norfolk, have similar demographic and geographical characteristics, and as such provide a comparable benchmark.
2.2	**Social care usage in key service areas in Norfolk, ranked against its statistical neighbour group of similar councils** The graphs below present Norfolk County Council's rank within its family group for the rate of services users per 100,000 population in key service types. This is based on 2014/15 benchmarking data. A rank of 1 suggests that Norfolk has the highest usage per head of population in its family group; a rank of 15 suggests it has the lowest. 
2.3	A brief analysis shows, as previously understood, that Norfolk has a higher proportion of people in residential care than comparator authorities (although significant reductions in admissions is likely to reduce this when more up to date benchmarking data is published later in 2016), and a has a higher proportion of people in community settings receiving their personal budget as a direct payment. Conversely Norfolk has generally low usage of nursing care, and of people where direct payments make only a part of their care package. Usage of 'community other' services, which include home care and day care vary between service user groups, but are around the median for all groups except those requiring mental health services.

2.4	Understanding Norfolk's 'starting position' in these terms is important – because, as outlined later in the paper, changes in provisions and practice that could reduce service usage in areas where we are significantly higher than the family group average could, seem at odds with anticipated increased demands associated with demographic pressures.
3	**Norfolk's ageing population**
3.1	The proportion of Norfolk's population in older age groups – those aged 65 and over – is growing. According to the Office for National Statistics, the number of people aged 65 and over in Norfolk is due to increase from 209,700 in 2015 to 274,800 in 2030. This is a 31% increase in 15 years, and will mean that the number of people aged 65 and over, as a proportion of Norfolk's total population, will increase from 23.8% to 28.3%.
3.2	A growing 'older' population affects Norfolk more than most other places – it has, and will continue to have, a higher proportion of older people compared to the average for the Eastern Region and for Norfolk's 'family group' of similar councils.
3.3	In terms of demand for care services from older people, it is in fact the oldest age group – of those aged 85 and over – that is most significant. In 2015/16, the average age of all adults starting long term residential and nursing care in Norfolk was 82. The graph below compares the number of people starting long term residential or nursing care in 2015/16 in different age groups compared to the population as a whole. Whilst those



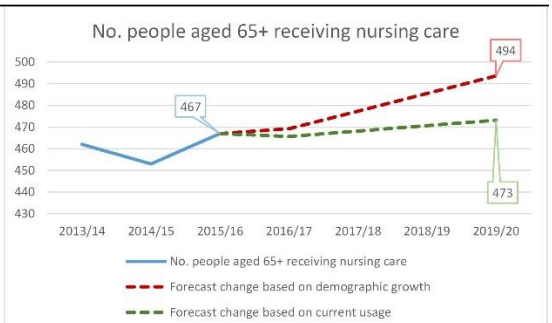
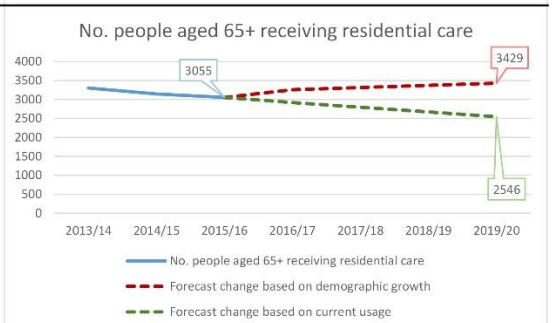
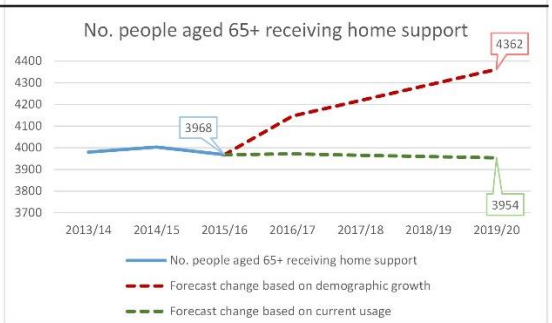
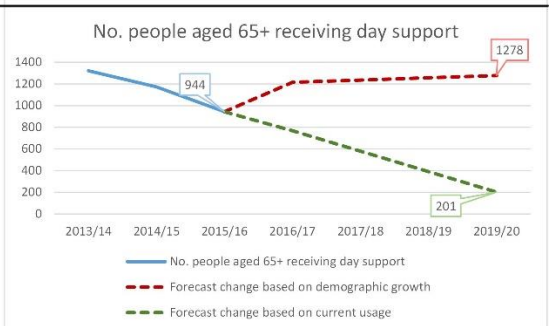
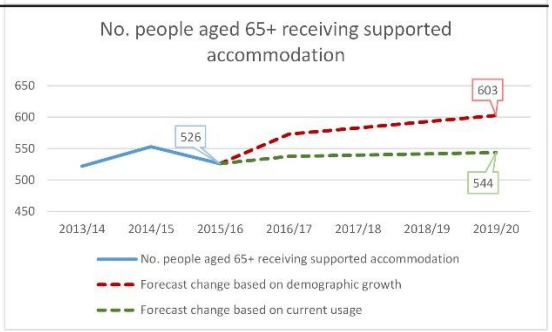


	aged 85 and over make up only 4% of the population as a whole, they account for over 54% of the admissions to long terms residential and nursing care in Norfolk. Critically, the 85+ age group is Norfolk's fastest growing. As highlighted above in section 2.1, Norfolk's 65+ population will grow 31% between 2015 and 2030. For Norfolk's 85+ population, this figure is 77%. 
3.4	Understanding the link between age and the likelihood of requiring care is particularly important for this much older age group. Whilst people over 85 are clearly more likely to be physically frail and to find it more difficult to undertake day-to-day tasks, they are also more likely to have dementia. The Alzheimer's Society's estimates suggest that 1.7% of people aged 65-69 have dementia, and that this goes up to 18.3% for people aged 85-89, and to 41.1% for those aged 95+.
3.5	Reflecting Norfolk's above-average number of people in older age groups, Norfolk's dementia prevalence is high – being third highest in the region behind Suffolk and Southend. Put simply, 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. 

3.6		Some other important factors further explain, and help us plan for, growing social care demand amongst Norfolk's oldest age groups. These primarily relate to the likelihood of much older people experiencing circumstances that might reduce their everyday independence. The adjacent table highlights the stark differences in outcomes in some key areas using data taken from Norfolk's 2011 Census data. Put simply, much older people are more likely to be unable to easily get around, live alone, and to have their day-to-day activities limited. In Norfolk issues of rurality can further emphasise these issues for some people.
4	**Demographic pressures and demand for care**	
4.1	Given the prevailing national narrative around a 'demographic time bomb', the growing financial pressures outlined in section 1, and the demographic position described in section 2, it seems obvious that the numbers of older people requiring services has risen commensurately in recent years, and will continue to rise in a predictable fashion in the future.	
4.2	However, this is not the case in all areas. Nationally the number of people in permanent residential care services has steadily declined in recent years. Locally demand for different services has varied – with some increasing, some decreasing, and some remaining roughly the same. The diagram below shows three years' worth of data for some key services along with predicted future growth based on demographic growth, and on existing use.	

Demographic pressures and service usage

The below graphs show the last three years usage of different key services by people aged 65+, along with forecasts of future demand based on demographic growth, and by current usage trends.

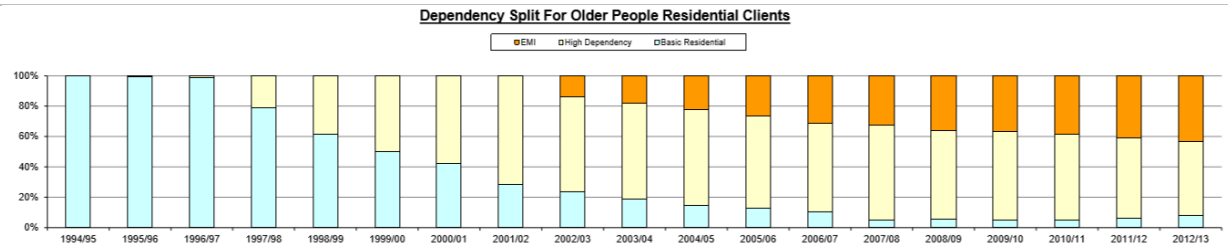
	Demographic growth suggests demand should:	Current usage suggests demand should:	
Nursing care	Increase	Remain the same	
Residential care	Increase	Decrease	
Homecare	Increase	Remain the same	
Daycare	Increase	Decrease	
Supported accommodation	Increase	Increase	

4.3	Given this evidence, what explains the apparent 'disconnect' between growing numbers of older people and apparently stable, or slower growing, numbers of people using services?

	Significant research has been undertaken to understand what drives demand for care. The conclusions from this are that drivers of demand are very complex and locally sensitive, and whilst demographic changes have an effect on demand for care, there are other factors that are at least, if not more significant.
4.4	An initial statistical analysis of the distribution of care across Norfolk, compared to a range of social and environmental factors, shows that whilst the proportion of older people in an area does help explain demand for care from that area, the following factors are at least as much, if not more, significant: • **People's health and wellbeing**. The average health of older people, as evidenced by life expectancy, is improving – so whilst the number of people with dementia is likely to grow, so is the number of people without illness. In the last census in 2011, around 25% of people in Norfolk aged 65+ stated that they had a limiting long term illness or disability whose day-to-day activities are limited a lot. 'Health deprivation', specified in The Department of Communities and Local Government's Indices of Multiple Deprivation (IMD), has a statistically significant link to social care use in Norfolk • **Income and deprivation**. A range of evidence suggests that income and overall wellbeing are linked. This, alongside the financial eligibility criteria for adult social care, means that levels of deprivation affecting older people are likely to have an impact on demand for care. The IMD shows that Norfolk has the highest rate of Income Deprivation Affecting Older People amongst the Eastern region's shire counties – and highlights particular concentrations of deprivation in Norwich, Great Yarmouth, Kings Lynn and Thetford • **Loneliness and isolation**. The Office for National Statistics (ONS) 'Measuring National Wellbeing' study (2015) developed an index for loneliness that captured a range of risks of loneliness including the likelihood of living alone, access to services and income. This index has a particularly strong link to social care use in Norfolk, suggesting that people that are at risk of loneliness may be more likely to seek care Importantly, given Norfolk's predominantly rural nature, population density and rural/urban split does not seem to have an impact on the provision of care. Put another way – people in rural areas are on average no more or less likely to receive services overall.
4.5	In addition to these broadly 'environmental' factors that are outside of councils' and services providers' direct control, it is clear that the activities of public services themselves have a significant bearing on demand. As Professor John Bolton, whilst reviewing a range of evidence for his paper this year entitled 'Predicting and managing demand in social care', states: *"Before anyone might want to predict demand they need to understand the local policies and influences on practice that are the drivers of demand for care".*
4.6	Reviewing national and local evidence, it is likely that the following are significant in determining the demand for, and provision of, care: a) The effectiveness of councils' and partners' 'front door' arrangements, and the provisions that they put in place to support people to access community-based alternatives to formal care b) The effectiveness of reablement services that help get people back on their feet after a crisis, and that reduce demand for formal care services

	c) The availability of assistive technology and other preventative services that enable people to remain at home and independent of long term care d) Social work and care practice, and the extent to which this is focused on maximising people's independence e) The level and quality of support available to informal carers f) The capacity of the voluntary and community sectors to provide alternatives to low level formal care services
4.7	In the light of these variables and their probable impact on demand for services, it is likely that the council's efforts to manage social care demand, articulated most clearly through its current Promoting Independence strategy, have mitigated the increases in demand predicted by demographic modelling alone. Specifically: a) The Council's front door has been designed to support people with low level needs through sign-posting to community-based support, and through proportionate assessments and the provision of information and advice. As a result over 40% of all contacts to the council are resolved straight away through information and advice b) Significant investment in reablement services has seen an increase in people receiving reablement from around 1,500 in 2010/11 to around 5,000 in 2015/16. Of those receiving reablement in the last year, over 85% go on to require no long term services, and over 90% remain in their own home. In the past, many of these would have gone on to receive long-term services c) The introduction of a strength-based approach to social care assessments and reassessments – that has seen a significant reduction in permanent admissions to residential and nursing care
4.8	This doesn't, however, fully explain the continued cost and resource pressures affecting Adult Social Care in Norfolk. Whilst significant budget reductions explain much of the council's Adult Social Care shortfall, some parts of the budget remain consistently challenging, and it is clear through an analysis of the evidence that there are further important factors that we need to take into account in planning for the future. Current service levels, when compared with or statistical neighbours (see Section 2.2) show that significant further work is required to understand how practice and historical arrangements have led to particularly high numbers of people with learning disabilities or mental health problems receiving formal services. The next section looks at some of these factors in more detail.
5	**Additional explanations for increased cost pressures**
5.1	**Hidden demographic pressures driving costs in services for working aged adults.**
5.1.1	In Norfolk, as in many areas, budgets for commissioning and providing services for people aged 18-64 with a learning disability or a physical disability are consistently the most challenging to meet.
5.1.2	This demand is driven, in a very positive way, from some less well discussed demographic changes. In short, people with learning disabilities or physical disabilities are, through improvements to the medicine and care available to support their long term conditions, surviving to a much older age.
5.1.3	Children, often with complex and multiple long term conditions, are now far more likely to survive into adulthood, and require complex and often-expensive care. These care

	packages are likely to be the very most expensive commissioned by the council, and can cost over £2,000 a week (and with a small number of cases costing significantly more).
5.1.4	People with learning disabilities in particular are living to a much older age. Whereas once relatively few people with a learning disability would live beyond the age of 65, around 12% of people being supported by a learning disability team are now over 65.
5.1.5	The impact of higher average costs for people aged 18-64 that receive services is exacerbated by the fact that the council recovers far less income from this age group compared to those aged 65+. In each year between 2012/13 and 2015/16 between 60 and 70% of the gross expenditure on services to older people was able to be recharged, compared to around 35% for people receiving mental health services, around 12% for people with physical disability services and between 8 and 14% for people with learning disability services.
5.1.6	The LGA has estimated that learning disabilities actually account for 44% of the increasing demographic pressures experienced by councils.
5.1.7	As with demographic pressures for older people, significant elements of the demand for services from younger people with disabilities can be mitigated through better support to improve and coordinate care. Improved transition planning from Children's Services to Adult Social Care is key to understanding and planning for this demographic pressure.
5.2	**Increasing complexity of care management**
5.2.1	The argument that people are presenting increasingly complex needs over time is reflected in both national and local analyses of social care demand.
5.2.2	Again this is a logical argument. As improvements to the information, advice and preventative services help people with care needs to remain at home and free from long-term care for as long as possible, it is likely that when care is eventually required that it will be in response to more complex multiple needs, often later in someone's life. The growing prevalence of dementia is particularly cited as increasing the complexity of peoples' care requirements – often being the condition to prompts the move into longer term formal care.
5.2.3	In debating the case for the growing complexity of care, commentators, analysts and practitioners also increasingly refer to arguably-more demanding legislative and practice frameworks that social workers and others must comply with. These, it is suggested, place a greater strain on stretched social work and practice resources. The requirements set out within the legislation for Care Act assessments, along with the growth in more specialist assessment activities (for example Deprivation of Liberty Safeguard assessments and Carers Assessments) rightly require more time to spent on care management activities – but at a time when demand is already high and resources are stretched.
5.2.4	There is some local evidence for both kinds of complexity in Norfolk. For example, long term changes to the proportion of residential care placements that are classified as 'high dependency', often in specialist dementia beds, has increased steadily in the past two decades.



5.2.5	Evidence also supports some increase in the complexity of care management requirements. The number of specialist assessments (not Care Act assessments) has increased from around 2,000 a year in 2011/12 to over 6,500 in 2015/16.
5.2.6	Nevertheless the impact of the complexity of both people's needs and care management requirements has not been systematically tested nationally or locally, and further analysis is required to understand the extent to which complexity explains budget pressures in Norfolk. Analysis has been commissioned in this area, and will inform future planning activity.
5.3	**The cost of care**
5.3.1	The amount of money the council pays for each 'unit' of care is increasing. Plans for the uplift in the 'usual prices' that the council pays for each kind of care show will mean an increase of between 2.95% and 28.01% for residential and nursing care. These increased costs are being driven by a range of factors including: a) Increases to the National Minimum Wage b) A very challenging labour market, with significant ongoing staff turnover, particularly in home care c) An 'ageing' care estate of often older care homes and nursing homes
5.3.2	Based on the plans, the impact of projected increases in the cost of care on the budget are as follows:
5.4	**Policy pressures**
5.4.1	A range of pressures that are broadly policy-driven affect, and will continue to affect, the council. These have been described in some detail by other papers to the committee in this and other meetings, but for the purpose of summarising, the most important are: a) Implementation of the Care Act 2014 – including the cost of new statutory duties around carers, wellbeing and the care market b) The Better Care Fund – and negotiations to secure funding for key social care services that reduce pressure on both the health and care systems c) Transforming Care Planning – including changes prompted by the Winterbourne View review

d) Changes to requirements around Deprivation of Liberty Safeguards in light of legal changes in 2014

e) The loss of the Social Care Capital Grant through its inclusion in the Disabilities Facilities Grant

5.5 **Other possible drivers of demand and cost**

5.5.1 In addition to the areas described above, there are a number of other potential drivers of social care demand that have not been extensively researched, but may be significant. These include:

a) The availability of informal care. At the last census in 2011 there were over 91,000 informal carers in Norfolk. It is estimated that to commission the care provided by informal carers in Norfolk would cost over £500m. It is likely that the availability of informal care, particularly for older couples or those living alone, has a significant effect on demand for care

b) Changing attitudes towards, and expectations of, care. The Department of Health, in presenting evidence to the House of Commons Health Committee in 2010, suggested that

> "'Baby boomers' have grown up with much greater expectations of life than their parents' generation; and that rising expectations will continue to characterise future cohorts. It is anticipated that older people will, therefore, be increasingly demanding customers of social care services, expecting high quality, as well as choice and autonomy"

c) The impact of migration – particularly in coastal areas such as Norfolk that have traditionally experienced inward migration of people of retirement age that may go on to require care and, as their resources reduce, council-funded support

5.5.2 Because of a lack of evidence these have not been quantified in this analysis, but will be the subject of future analyses as we develop the evidence-base for the Promoting Independence strategy.

6 Using an analysis of changing needs and demands to inform budget and service planning

6.1 Our current approach to accounting for demographic growth within budget setting involves assigning growth based on the following factors:

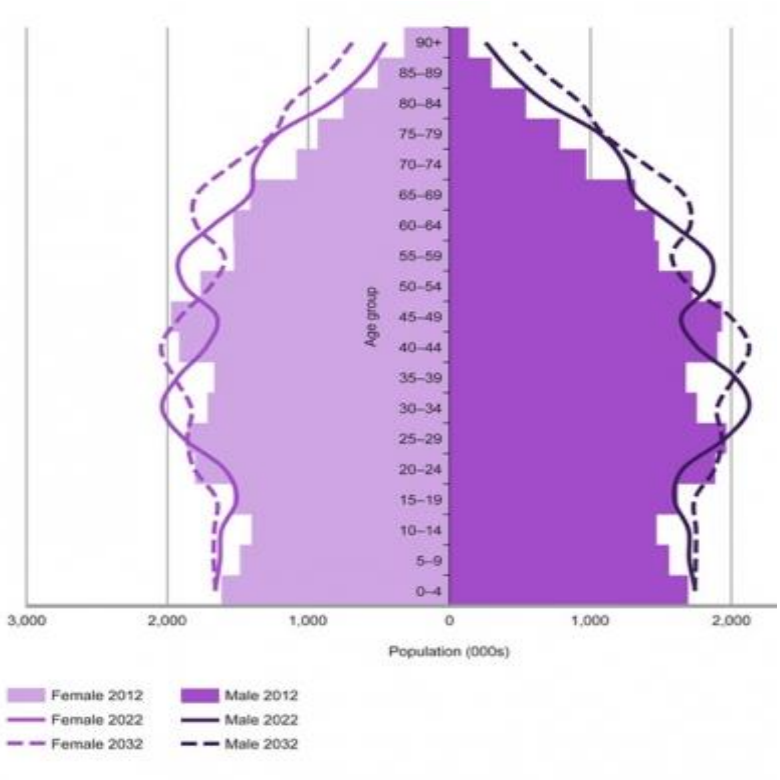
a) For **older people**, an increase in the local population over the age of 65
b) For people aged 18-64, an increase based on the numbers of people that are anticipated to transition from Children's Services to Adult Social Care, and those whose needs are anticipated to change

6.2 With this in mind, the following amounts have been built, and are being built, into budget planning:

	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Demographic Growth	9.166	9.458	6.934	6.035	6.134	6.134	6.134
Recurring Budget Savings	-19.814	-11.877	-15.702	-16.296	-10.926	-17.895	-21.012

6.3 Focussing on the elements accounted for within the 2015/16 budget, the following amounts were allocated:

		£m
	Demographic growth: older people	1.933
	Demographic growth: Physical disabilities, including transition of people from Children's Services	0.186
	Demographic growth: mental health	0.046
	Increased number of people with Learning Difficulties, including transition of people from Children's Services	3.870
6.4	It is clear from the evidence that demand for social care is driven by a multitude of complicated and often inter-woven factors. Whilst demographic pressures are relatively straightforward to predict, the majority of other drivers of demand are more difficult to quantify. There is insufficient evidence in most cases to assess how significant each driver of demand is, or to judge the cumulative impact of all of the factors. As such it is unlikely that a single statistical model will be able to accurately predict future demand.	
6.5	In reality our developing approach to predicting future pressures reflects a pragmatic mix of both statistical and policy analyses to anticipate demands and pressures. In setting the Adult Social Care budget an initial demographic 'uplift' figure is overlaid with estimates of the significance of other factors, for example: a) The impact of activities to manage demand (often articulated as savings against specific activities or projects) b) Legislative pressures (for example funds allocated for the implementation of the care act) c) Anticipated changes in other costs – most significantly the cost of purchasing care	
6.6	The evidence presented in this report shows that both local and national approaches to understanding demand and cost pressures are improving. It is also clear that much still needs to be done. In response to local demands and levels of performance we will continue to improve our knowledge of key areas, and in particular our understanding of the availability of informal care, and the extent to which the current mix of available care prompts demand for specific services.	
7	**The challenge of predicting demand in the longer term**	
7.1	Whilst the evidence base presented here shows that much of the anticipated demand from an ageing population has been prevented or deferred by the actions of councils and others – and indeed may continue to reduce in some areas as Norfolk's rates come into line with its statistical neighbours - significant question marks remain over the nature and level of future demand.	
7.2	It is clear that Norfolk's population will continue to 'age' for some time. People born during the post-war baby boom will reach their mid-80s around 2030, and as previously discussed more people are likely to reach that age than in previous generations. This demographic 'bulge' is likely to affect demand for care for some time.	

	Projected change in the age structure in England between  **2012 and 2032**
7.3	There are different theories about the impact this might have on demand for health and care services, and these tend to focus on whether the extra years that people might experience as life expectancy goes up will be free from illness or disability. Reporting to the Commons Health Committee in 2010, the Department of Health highlighted three possible scenarios: 1. An optimistic scenario – described as 'compression morbidity' – wherein people remain healthier for longer, leading to less demand overall 2. A pessimistic scenario – described as 'expansion morbidity' – where people are unhealthy for longer towards the end of their life, leading to more demand 3. A 'steady state' scenario – where only small changes in overall wellbeing lead to a roughly similar level of demand per capita as now
7.4	Nationally, there remains significant uncertainty about the extent to which any of these theories will prevail, and the nature and characteristics of the country's ageing population will remain the subject of significant research.
7.5	Locally, public health data suggests that obesity, diabetes and heart disease are likely to increase significantly. Research and analysis will continue to determine whether these conditions, and the factors that drive them, will accelerate the demand for care services for older people in the future.
7.6	In terms of planning local services in Norfolk this means that we must continue to observe and analyse both local and national data to identify any emerging changes and trends in demand.
7.7	It is possible that the council's efforts to manage demand for services can only defer growing needs for so long, and that eventually demand will begin to rise more in line with demographic trends.

7.8	Equally it is possible that continued improvements to services and medical advances, alongside changes to the way people adapt to ageing, will result in less severe changes in demand.
7.9	This uncertainty emphasises the need to continue to base both the Promoting Indpendence strategy, and annual service and budget decisions, on a strong and developing evidence base that references the full range of drivers of demand for services, alongside local and national evidence.

Officer Contact

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

Officer name :	Tel No. :	Email address :
Susanne Baldwin	01603 228843	susanne.baldwin@norfolk.gov.uk
Jeremy Bone	01603 224215	jeremy.bone@norfolk.gov.uk

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Adult Social Care Committee

Item No.

Report title:	**Risk Management**
Date of meeting:	**4 July 2016**
Responsible Chief Officer:	**Harold Bodmer, Executive Director of Adult Social Services**

Strategic impact

Monitoring risk management and the departmental risk register helps the Committee undertake some of its key responsibilities and provides contextual information for many of the decisions that are taken.

Executive summary

At the Adult Social Care Committee meeting of 11 May 2015 Members requested a full report at the first meeting of the year followed by exception reports to subsequent meetings

At the first Committee meeting of 2016/17 a report was presented with the full departmental risk register for 2016/17 together with proposals for two new risks. Exception reports will continue to be presented at all future meetings during 2016/17.

Risks are where events may impact on the Department and County Council achieving its objectives and these are set out in the risk register together with tasks to mitigate the risk and with regular progress updates.

Recommendations: Committee Members are asked to:

a) **Note and comment on progress with departmental risks since 11 May 2016**
b) **Approve the recommendation to remove two MET risks from the Register**
c) **Consider if there are any new risks for inclusion on the Adult Social Care Risk Register**
d) **Consider if any further action is required**

1 Proposal

1.1 The Adult Social Care Risk Register has been refreshed for 2016/17 and this report provides Members with an update of the most recent changes. Changes that have arisen with the Corporate Risk Register that are relevant to this committee are also included.

2 Evidence

2.1 The Adult Social Services departmental risk register reflects those key business risks that need to be managed by the Senior Management Team and which, if not managed appropriately, could result in the service failing to achieve one or more of its key objectives and/or suffering a financial loss or reputational damage. The risk register is a dynamic document that is regularly reviewed and updated in accordance with the Council's "Well Managed Risk – Management of Risk Framework".

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

2.3 The current risks are those identified against the departmental objectives for 2016/17 and have been reviewed for this report. The review of existing risks has been completed with responsible officers.

2.4 **NCC Corporate Risk Register**

The Corporate risk register (Appendix 3) includes the following Adult Social Care risks:

- RM014b: *'The amount spent on adult social care transport at significant variance to predicted best estimates'.*
- RM019: *'Failure to deliver a new fit for purpose social care system on time and to budget'.*
- RM020a: *'Failure to meet the long term needs of older people'.*
- RM020b: *'Failure to meet the needs of older people'.*

2.5 **Changes to the Adult Social Care Risk Register**

2.5.1 RM14237 'Deprivation of Liberty Safeguarding'. Due to an increase in 'the number of priority 1 cases not seen' rising from 222 to 939, 'Prospects of meeting the target risk score by the target date' has been moderated from 'Amber' to 'Red'.

2.6 **Progress with departmental risks**

2.6.1 Since the last report to this Committee progress has been made with the following risks, both still have 'Prospects of meeting the target risk score by the target date' remaining at 'Amber':

Risk Number	Risk Name	Progress Update
RM13926	Failure to meet budget savings	• Reporting is due early July. The prospects of meeting the target risk score will be re-evaluated on conclusion of this work • Workshop with Norsecare in early July to develop joint plans
RM14238	Failure in our responsibilities towards carers.	• Preparation of commissioning plans for future service requirements • Manage and develop the commissioned Carers Service • Monitor and address carers assessments and reviews at the departmental Finance and Performance Board

2.7 **New risks added to the Adult Social Care Risk Register**

Following agreement of proposals at the last Adult Social Care Committee meeting the following risks have been added to the Adult Social Care Departmental Risk Register:

a) RM14260 'Failure of the Care Market (through the independent providers) due to difficulties in recruiting staff into the sector'
b) RM14261 'Staff behaviour and practice changes to deliver the Promoting Independence Strategy'
c) RM14262 'Integration of capital and revenue funding sources and integration of budgets between the Council, health organisations and district councils has a negative impact on available resources for delivery of adult social care'

2.8 **Met risks recommended to be removed from the Adult Social Care Risk Register**

Members are asked to consider the removal of two 'Met' risks from the Adult Social Care Risk Register:

a) RM13929 - The speed and severity of change - It is proposed that this risk is removed as it has been MET. A new HR risk, RM14261 - Staff behaviour and practice changes to deliver the Promoting Independence Strategy, has been added to the register as agreed by Committee at the 16 May 2016 meeting
b) RM14150 – Impact of DNA - It is recommended that this risk is removed as the project is complete

2.9 There remains a strong corporate commitment to the management of risk and appropriately managing risk, particularly during periods of organisational change.

3 Financial Implications

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

4 Issues, risks and innovation

4.1 The report reflects the priority risks.

5 Background

5.1 Appendix 1 provides the Committee members with a summary departmental risk register for 2016/17. At Appendix 2 is a copy of the risk scoring matrix to show the scoring methodology for Impact and Likelihood. Appendix 3 shows the departmental risks which appear on the Corporate Risk Register.

6 Recommendations

6.1 **Committee Members are asked to:**

a) Note and comment on progress with departmental risks since 11 May 2016
b) Approve the recommendation to remove two MET risks from the Register
c) Consider if there are any new risks for inclusion on the Adult Social Care Risk Register
d) Consider if any further action is required

Officer Contact

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

Officer name :	**Email address :**	**Tel No. :**
Catherine Underwood	Catherine.underwood@norfolk.gov.uk	01603 224378

Risk Register - Norfolk County Council

Risk Register Name	**Adult Social Care Departmental Risk Register**		**Red**	⇩	**Worsening**
Prepared by	**Harold Bodmer and John Perrott**	**High**	**Amber**	⇔	**Static**
Date updated	**December 2015**	**Med**	**Green**	⇧	**Improving**
Next update due	**February 2016**	**Low**	**Met**		

Area	Risk Number	Risk Name	Risk Description	Current Likelihood	Current Impact	Current Risk Score	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Direction of travel from previous review	Risk Owner
Adult Social Services Transformation	RM14079	Failure to meet the long term needs of older people	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local authorities may only have sufficient funding for Adult's and Children's care.	5	5	25	8	31/03/2030	**Amber**	⇔	Harold Bodmer
Adult Social Services Transformation	RM13926	Failure to meet budget savings	If we do not meet our budget savings targets over the next three years it would lead to significant overspends in a number of areas. This would result in significant financial pressures across the Council and mean we do not achieve the expected improvements to our services.	4	5	20	15	31/03/2017	**Red**	⇔	Susanne Baldwin
Adult Social Services Transformation	RM14149	Impact of the Care Act 2014	Impact of the Social Care bill/Changes in Social Care funding (significant increase in number of people eligible for funding, increase in volume of care - and social care - and financial assessments, potential increase in purchase of care expenditure, reduction in service user contributions)	1	5	5	3	31/03/2020	**Green**	⇔	Janice Dane
Safeguarding	RM13931	A rise in hospital admissions	A significant rise in acute hospital admissions / services would certainly increase pressure and demand on Adult Social Care. Potential adverse impacts include rise in Delayed Transfers of Care (DTOCs)m pressure on POC spend, staff capacity and NCC reputation.	4	4	16	6	31/03/2017	**Amber**	⇔	Lorrayne Barrett
Adult Social Services Transformation	RM0207	Failure to meet the needs of older people	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation.	3	4	12	8	31/03/2017	**Amber**	⇔	Harold Bodmer
Support & Development	RM13925	Lack of capacity in ICT systems	A lack of capacity in IT systems and services to support Community Services delivery, in addition to the poor network capacity out into the County, could lead to a breakdown in services to the public or an inability of staff to process forms and financial information in for example Care First. This could result in a loss of income, misdirected resources, poor performance against NI targets and negatively impact on our reputation.	3	4	12	6	31/03/2017	**Amber**	⇔	Harold Bodmer

Area	Risk Number	Risk Name	Risk Description	Current Likelihood	Current Impact	Current Risk Score	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Direction of travel from previous review	Risk Owner
Adult Social Services Prevention	RM13923	Risk of failing to deliver Promoting Independence, the new strategy for Adult Social Services in Norfolk	Promoting Independence is the new strategy for Adult Social Services in Norfolk. The overall objective is: improving when and how people can get information and advice locally; helping people to meet their needs locally; helping people to be independent; a strengths based approach; and in turn reducing the number of social care assessments that Norfolk carries out and the amount of funded services provided. Failure to deliver the new strategy will mean poorer outcomes for people and savings included in the budget plan will not be achieved.	3	4	12	8	31/03/2018	**Amber**	⇔	Janice Dane
Adult Social Services Transformation	RM13929	The speed and severity of change	The speed and severity of the changes in work activities and job cuts across all areas of the department outlined necessary to achieve budget savings targets could significantly affect the wellbeing of staff. This results in increased sickness absence, poor morale and a reduction in productivity.	1	4	4	4	31/03/2016	**Met**	⇔	Lucy Hohnen
Adult Social Services Transformation	RM14150	Impact of DNA	Impact of DNA: temporary pausing of customer portal/self service ; impact on work to integrate with NHS; resources required to deliver departmental elements; impact on resources with DNA implementation and funding of DNA.	1	3	3	3	31/03/2016	**Met**	⇔	Business Support & Development Manager
Information Management	RM14085	Failure to follow data protection procedures	Failure to follow data protection procedures can lead to loss or inappropriate disclosure of personal information resulting in a breach of the Data Protection Act and failure to safeguard service users and vulnerable staff, monetary penalties, prosecution and civil claims.	3	4	12	3	31/030/2017	**Green**	⇔	Harold Bodmer
Adult Social Services Transformation	RM13936	Inability to progress integrated service delivery	Pressure on NCHC staff could have an adverse impact on joint teams regarding capacity and hinder integration progress or organisations reputation / ability to deliver.	2	5	10	5	31/03/2017	**Green**	⇔	Harold Bodmer
SMT	RM14237	Deprivation of Liberty Safeguarding	The Cheshire West ruling March 2014 has significantly increased referrals for people in care homes and hospital. The demand outstrips the capacity of the DOLS team to assess, scrutinise, process and record the workload. Significant backlog has developed and priority cases are no longer met within timescales. Specific areas of risk are: • 939 of priority 1 cases not seen as at April 2016. • Priority 2 and 3 cases not being seen at all • Staff unable to complete tasks appropriate to role c/o capacity issues • Outstanding reviews not being addressed • Litigation risk • Reputational risk • Delays in appointing paid reps • DOLS team staff wellbeing • Increased cost to the department	4	4	16	8	31/03/2017	**Red**	⇩	Lorna Bright
Adult Social Services Prevention	RM14238	Failure in our responsibilities towards carers	The failure of Adult Social Services to meet its statutory duties under the Care Act will result in poorer outcomes for service users and have a negative impact on our reputation. Funding reductions by health and other partners may adversely impact on provision of countywide carers services	2	3	6	1	31/03/2017	**Green**	⇔	Catherine Underwood
Adult Social Services Commissioning	RM012	Negative outcome of the Judicial Review into fee uplift to care providers	A successful Judicial Review being brought by a group of residential care providers may result in additional costs for 2015/16 which were not anticipated in budget planning for the year.	3	4	12	4	31/03/2017	**Amber**	⇔	Harold Bodmer

Area	Risk Number	Risk Name	Risk Description	Current Likelihood	Current Impact	Current Risk Score	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Direction of travel from previous review	Risk Owner
Adult Social Services Commissioning	RM14247	Failure in the care market	The council contracts with independent care services for over £200m of care services. Risk of failure in care services would mean services are of inadequate quality or that the necessary supply is not available. The council has a duty under the Care Act to secure an adequate care market. If services fail the consequence may be risk to safeguarding of vulnerable people. Market failure may be faced due to provider financial problems, recruitment difficulties, decisions by providers to withdraw from provision, for example. Further reductions in funding for Adult Social Care significantly increases the risk of business failure.	4	3	12	6	31/03/2017	**Amber**	⇔	Catherine Underwood

Risk Matrix and Tolerance Levels

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

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

The Council's risk scoring methodology

Each risk score is expressed as a multiple of the impact and the likelihood of the event occurring:

a) Original risk score – the level of risk exposure before any action is taken to reduce the risk when the risk was entered on the risk register
b) Current risk score – the level of risk exposure at the time the risk is reviewed by the risk owner, taking into consideration the progress of the mitigation tasks
c) Target risk score – the level of risk exposure that we are prepared to tolerate following completion of all the mitigation tasks

In accordance with the Risk Matrix and Risk Tolerance Level set out within the current Norfolk County Council "Well Managed Risk - Management of Risk Framework", three risks are reported as "High" (risk score 16–25) and 11 as "Medium" (risk score 6–15).

The prospects of meeting target scores by the target dates are a reflection of how well mitigation tasks are controlling the risk. It is also an early indication that additional resources and tasks or escalation may be required to ensure that the risk can meet the target score by the target date. The position is visually displayed for ease in the "Prospects of meeting the target score by the target date" column as follows:

a) Green – the mitigation tasks are on schedule and the risk owner considers that the target score is achievable by the target date
b) Amber – one or more of the mitigation tasks are falling behind and there are some concerns that the target score may not be achievable by the target date unless the shortcomings are addressed
c) Red – significant mitigation tasks are falling behind and there are serious concerns that the target score will not be achieved by the target date and the shortcomings must be addresses and/or new tasks are introduced

Corporate Risk Register - Norfolk County Council

Risk Register Name	**Corporate Risk Register**
Prepared by	**Thomas Osborne**
Date of review and/or update	**June 2016**
Next update due	**July 2016**

High
Med
Low

Red
Amber
Green
Met

CDG	Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Original Likelihood	Original Impact	Original Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
C	Corporate (CES)	RM001	The potential risk that County Infrastructure is not delivered at the required rate to support existing and future needs.	There is a risk that the necessary infrastructure (including but not limited to transportation, community, school and green infrastructure) will be not be delivered at the required level and/or rate to support the existing population and to support and stimulate future growth, as set out in Local Plans.	01/07/2015	3	5	15	3	4	12	1) Ensure appropriate infrastructure planning is undertaken and documented 2) Continue to investigate all possible funding sources including UK government, European Union and developer 3) Maintain and improve lobbying of government 4) Work in partnership with the district councils who have a Community Infrastructure Levy (CIL) in place to ensure the most effective use of the income 5) Ensure appropriate arrangements are in place for the collection of developer contributions 6) Ensure all the Local Growth Fund allocations from the New Anglia Local Enterprise Partnership, and other funding sources, are spent on appropriate infrastructure and to the agreed timescales 7) Continue to work with Highways England to ensure the RIS is delivered to the agreed timetables	1) Infrastructure planning is carried out in conjunction with the seven Local Planning Authorities and via the Greater Norwich Growth Board in terms of devising appropriate Local Plans. In addition, this is complemented by strategic transport planning carried out by NCC. 2) Close working with the New Anglia Local Enterprise Partnership, Department for Transport, colleagues in EDS (European funding) and Developer Services. Currently applying for Major Scheme development funding to prepare and Outline Business Case (OBC) for the Great Yarmouth Third River Crossing. A successful outcome announcement before the Parliamentary summer recess will be a big vote of confidence for the scheme. 3) A campaign is currently underway to raise the profile of the Great Yarmouth Third River Crossing using Brandon Lewis MP as the focus. 4) CIL is only currently in place in Norwich, Broadland and South Norfolk and we are working through the Greater Norwich Growth Board (GNGB) to influence the priorities. 5) NCC ensures that development contributions are maximised within the extent of the planning framework. 6) Feasibility and scheme development work continues for the various projects. Some are well advanced for delivery to the LGF	3	2	6	30/06/2016	**Amber**	Tom McCabe	Vince Muspratt	21/04/2016
C	Finance	RM002	The potential risk of failure to manage significant reductions in local and national income streams	This may arise from global or local economic circumstances, government policy on public sector budgets and funding. As a result there is a risk that the Medium Term Financial Plan savings required for 2015/16- 2019/20 are not delivered because of uncertainty as to the scale of savings resulting in significant budget overspends, unsustainable drawing on reserves, and severe emergency savings measures needing to be taken. The financial implications are set out in the Council's Budget Book, available on the Council's website.	01/07/2015	3	5	15	3	5	15	Medium term financial strategy and robust budget setting within available resources. No surprises through effective budget management for both revenue and capital. Budget owners accountable for managing within set resources. Determine and prioritise commissioning outcomes against available resources and delivery of value for money. Regular and robust monitoring and tracking of in-year budget savings by CLT and members. Regular finance monitoring reports to Committees. Close monitoring of central government grant terms and conditions to ensure that these are met to receive grants. Plans to be adjusted accordingly once the most up to date data has been received. Overall risk treatment: reduce	Re-Imagining Norfolk - Service and Financial Planning 2016-19 for Policy Resources reported to Policy and Resources Committee on 8 February 2016 and County Council on 22 February 2016 (in conjunction with progress update in RM006 below). 2015/16 Financial Savings and Monitoring reports reported to the February Policy and Resources Committee and where necessary adjustments included in the 2016/17 budget. Government's 2016-17 local government finance settlement reflected in the 2016/17 budget and Medium term Financial Strategy. Timetable agreed to consider 2017/18 budget and future Medium Term Financial Strategy.	3	4	12	15/02/2017	**Green**	Simon George	Harvey Bullen	04/05/2016

CDG	Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Original Likelihood	Original Impact	Original Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
C	Resources	RM003	Potential reputational and financial risk to NCC caused by failure to comply with statutory and/(or) national/local codes of practices.	There is a risk of failing to comply with statutory and/(or) national/local codes of practices in relation to Information Compliance. This could lead to significant reputational and financial risk for NCC.	30/09/2011	3	5	15	3	5	15	1) Implementation of SIRO (Senior Information Risk Officer) , CIO (Chief Information Officer), Corporate Information Management Team encompassing Information Management, Information Governance, Records Management, policies confirming responsibilities. 2) Ensure that information and data held in systems (electronic and paper) is accurate, up to date, comprehensive and fit for purpose to enable managers to make confident and informed decisions. 3) Ensure that all staff and managers are provided with training, skills, systems and tools to enable them to meet the statutory standards for information management. The target likelihood score has increased from 1 to 2 to take into account the current climate around the corporate reliance on data and its interpretation/meaning. The target date has been changed to take into account the delivery and timescales in the IM Maturity Readiness Plan. Overall risk treatment: reduce	The Corporate Information Management Strategy and IM Maturity Readiness Plan was signed off by CLT on the 11th March 2016. The strategy and plan have been developed around the 7 National Archive Information Principles. The IM Maturity Readiness plan has objectives and outcomes around the key information management tasks identified within the risk. The plan is initially focussed on the first three information principles as the foundation layers, Information is a valued asset, information is managed and information is fit for purpose. Data cleansing has started in relation to Children's and Adult's social care information pre -procurement. The Fit for Purpose principle will initially deliver the below by Oct 2016:- * Develop processes and governance to monitor and assure information quality * Identify the quality characteristics required for each dataset from Line of Business systems * Develop a consistent approach for describing, recording, and communicating information throughout Line of Business Systems The Maturity Readiness Plan is being monitored by the BI/IM Programme Board on a monthly basis with highlight reports. The scrutiny will also be provided by regular updates to CLT.	2	4	8	30/10/2016	**Amber**	Anne Gibson	Mark Crannage	06/05/2016
C	Resources	RM004	The potential risk of failure to deliver effective and robust contract management for commissioned services.	Ineffective contract management leads to wasted expenditure, poor quality, unanticipated supplier default or contractual or legal disputes The council spends some £600m on contracted goods and services each year.	01/07/2015	3	4	12	3	4	12	1) Appoint a senior manager in procurement to act as head of profession for contract management so that there is senior focus on key contracts reducing the likelihood of unanticipated supplier default or contractual or legal disputes, and so that value for money is ensured; 2) Review of contract administration processes in social care so that they are automated wherever possible, and so that contract data is available to assist with contract management; 3) Review supplier management processes to ensure that they are congruent with Information Technology Infrastructure Library (ITIL) and with corporate standards. Overall risk treatment: reduce	1) the recruitment of a new senior manager was unsuccessful. Pro tem the role of strengthening contract management processes has been divided up amongst other senior members of the procurement management team 2) Review of social care contract administration processes is making good progress. Use of new software is now expected to start well before the previous target of September 2016. Significant work has been done to document accountabilities for each aspect of contract management. 3) The review of ICT supplier management processes is making good progress and as a result a number of contracts have been renegotiated or ended. Work is well under way to implement more effective software licence management.	2	3	6	30/09/2016	**Amber**	Anne Gibson	Al Collier	06/05/2016
C	Resources	RM005	The risk that we cannot provide laptops that are configured and maintained to be modern, reliable and fit for purpose.	Failure to provide laptops that are configured and maintained to be modern, reliable and fit for purpose, resulting in poor staff productivity, poor morale, ineffective working practices and/or poor information security.	01/07/2015	4	4	16	3	4	12	1) Replace all Windows XP devices by 30 November 2015 to retain PSN compliance. 2) Roll out modern laptops running a modern operating system (Windows 7 or Windows 8.1), with alternative devices (eg power laptops) available where required. 3) Keep the new devices up to date through regular patching and software update. 4) Resolve reliability and usability issues with the new devices. Overall risk treatment: reduce	1) XP switch-off took place as planned. A very small number of devices are still running, with mitigations agreed with the Cabinet Office. 2) All staff now have a modern laptop running either Windows 7 or Windows 8.1. 3) A regular patching and software upgrade regime is in place. 4) Reliability and usability issues remain. However, a series of improvements has taken place, including improvements to remote access. Solutions to problems with OneDrive are being tested. A number of improvements to corporate Wi-Fi are under way.	2	4	8	30/09/2016	**Amber**	Anne Gibson	John Gladman	08/03/2016
C	CLT	RM006	The potential risk of failure to effectively plan how the Council will deliver services over the next 3 years commencing 2015/16	The failure in strategic planning meaning the Council lacks clear direction for resource use and either over-spends, requiring the need for reactive savings during the life of the plan, or spends limited resources unwisely, to the detriment of local communities.	01/07/2015	3	5	15	3	5	15	• Clear robust planning framework in place which sets the overall vision and priority outcomes. • Strategic service and financial planning process which translates the vision and priorities into achievable, measurable objectives, with clear targets. • A robust annual process to provide evidence for Members to make decisions about spending priorities. • Sound engagement and consultation with stakeholders and the public. • A performance management system which ensures resources are used to best effect, and that the Council delivers against its objectives and targets. Overall risk treatment: reduce	• Full Council agreed a three-year medium term financial and service strategy, including the budget for 2016/17, at its meeting on February 22nd 2016. In making their decisions, Councillors had the benefit of extensive feedback from public consultation, which had been considered in some detail by all Committees. • A new County Council Plan was considered by Policy and Resources and was recommended to Full Council, although is awaiting sign-off. • The Plan outlines the strategic context for the Council, providing direction and guide strategic and resource choices. It will then translate into delivery at a service committee level, setting out actions to address the four priority outcomes, objectives for the Department's core business; spending plans - what the money will be spent on and what it will deliver/achieve; performance, risk and accountability framework • A new performance management framework was agreed in October 2015, and regular performance reporting to committees is focusing attention on poorly performing areas and highlighting areas of good performance. Dashboards are used providing a summary of key performance indicators (KPIs) which focus on key areas agreed by Members and Chief Officers, together with the red, amber, green rating (RAG) ratings and direction of travel (DoT).	1	5	5	31/07/2016	**Green**	Wendy Thomson	Debbie Bartlett	09/05/2016

CDG	Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Original Likelihood	Original Impact	Original Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
C	Resources	RM007	Potential risk of organisational failure due to data quality issues.	Failure to manage the data quality will prevent us from ensuring that data relating to key Council priorities is robust and valid. This places the Council at risk of making decisions using data that is not always as robust as it should be. This may lead to poor or ineffective commissioning, flawed decision making and increased vulnerability of clients, service users and staff.	01/07/2015	3	5	15	3	5	15	1) Implementation of the Information Management Strategy, Information Governance Framework, Data Protection, Information Sharing, Freedom of Information, Records Management, Managing Information Risk, and Information Security. 2) Information Compliance Group (ICG) has the remit to ensure the overarching Information Governance Framework is embedded within business services and NCC and elements of the IM Maturity Readiness Plan. 3) Ensuring that all staff and managers are provided with training, skills, systems and tools to enable them to meet the statutory/NCC standards for information management. 4) Ensuring the Mandated E-Learning Data Protection 3 year refresher data - Information sent to CLT and CLG on a monthly basis for review and action 5) NCC is PSN accredited 6) NCC is NHS Information Governance Toolkit compliant to Level 2 7) The implementation of a corporate Records Management solution 8) The implementation of a corporate Identity and Access Management solution The target likelihood score has increased from 1 to 2 to take into account the current climate around corporate information compliance,	The Corporate Information Management Strategy and IM Maturity Readiness Plan was signed off by CLT on the 11th March 2016. The strategy and plan have been developed around the 7 National Archive Information Principles. The IM Maturity Readiness plan has objectives and outcomes around the key information management tasks identified within the risk. The plan is initially focussed on the first three information principles as the foundation layers, Information is a valued asset, information is managed and information is fit for purpose. The next update to CLT is on the 19th May 2016, in relation to progress on the IM Maturity Readiness Plan. The Maturity Readiness Plan is being monitored by the BI/IM Programme Board on a monthly basis with highlight reports. The scrutiny will also be provided by regular updates to CLT. Norfolk County Council has now been NHS IG toolkit accredited for 2016/17 Norfolk County Council has now gained PSN accreditation for 15/16, with re-accreditation due in September 16. A delivery plan is in place to work through for September 2016.	2	4	8	30/10/2016	**Amber**	Anne Gibson	Mark Crannage	06/05/2016
C	Resources	RM008	The potential risk of failure to deliver effective procurement processes.	Failure to engage members or senior officers effectively at an early stage in tendering or contract extension, or to maintain engagement, or failure to deliver a robust procurement process, leads to commissioned services which are politically unacceptable, poor value for money, undeliverable or a poor fit with our strategic direction, or leaves us open to legal challenge and a risk of substantial damages. The council spends some £600m on contracted goods and services each year.	01/07/2015	3	4	12	2	4	8	1) 'Significant procurements routinely brought to CLT at an early stage to review strategic fit and political implications; 2) Effective corporate contract register in place and regularly reviewed; 3) Clarification re: ownership of each category of spend following recent restructures in service departments. 4) Attendance at Commissioning Academy training for key officers Overall risk treatment: reduce	1) Significant procurements are now coming to CLT as a matter of course. A review of the contract pipeline has been undertaken and meetings held between the Head of Procurement and each exec Director to clarify future intentions for major contracts. 2) Corporate contract register now in a good state and the quality of data about ICT contracts has improved significantly 3) Clarification of ownership has been picked up by the social care contract management team in procurement and ownership of most categories has been clarified. 4) Key officers attended the Commissioning Academy	2	3	6	31/07/2016	**Green**	Anne Gibson	Al Collier	06/05/2016

CDG	Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Original Likelihood	Original Impact	Original Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
C	CLT	RM009	The potential risk of failure of corporate governance and leadership.	Failure of corporate governance may result in poor or rushed decision making, disengaged members and officers and reputational damage. This could lead to the Council being unable to carry out its duties in an effective manner and possible non-compliance with legislation and regulations.	01/07/2015	3	4	12	3	4	12	The review of the Committee system has strengthened the clarity around member roles and involvement. In particular, it stressed the important role of Group Spokesperson. Committee Forward Plans ensure visibility of forthcoming decisions. The Committee system was brought in to enhance the role of all members who are now all part of the decision making process in a way that could not happen under the previous executive arrangements. The Constitution sets out the roles, responsibilities and role descriptions, and contains provisions relating to committee terms of reference, procedure rules, political and officer management arrangements, roles and responsibilities of Senior Officers, principles of decision making and a scheme of delegation of powers to Officers. The Constitution sets out the Member and Officer Relations Protocol and Codes of Conduct. Report templates and sign off procedures make it clear where the accountability for sign off is. The Council has a S.151 Officer and Deputy Officer in place, ensuring that appropriate advice is given on all financial matters, keeping proper financial records and accounts and for maintaining an effective system of internal financial control. The Head of Law is the Council's Monitoring Officer. The roles and responsibilities of the Monitoring Officer are set out in legislation and are reiterated in the Council's Constitution and the Job Description and	The officer decision record form and associated guidance is being rolled out. The whistleblowing Policy review is currently being undertaken. A review of Performance Management framework has been undertaken and strengthened performance management and reporting are being put in place during Autumn / Winter 2015. The Council publishes an Annual Governance Statement - the process to review and develop the statement is being strengthened during 15/16, with greater engagement of the County Leadership Group at an early stage. The policy of providing a dedicated telephone contact to raise concerns is being reviewed.	1	4	4	31/07/2016	**Green**	Wendy Thomson	Anne Gibson	16/05/2016
C	Resources	RM010	The risk of the loss of key ICT systems including: - internet connection; - telephony; - communications with cloud-provided services; or - the Windows and Solaris hosting platforms.	Loss of core / key ICT systems, communications or utilities for a significant period - as a result of physical failure, fire or flood, supplier failure, misconfiguration or loss of PSN accreditation - would result in a failure to deliver IT based services leading to disruption to critcial service delivery, a loss of reputation, and additional costs. Overall risk treatment: reduce.	02/09/2015	3	4	12	3	4	12	1) Full power down in June 2015, completion of electrical works and test of ability to restore service. 2) Catalogue key ICT systems by 30th Sept 2015 - determine Recovery Time Objectives ("How long to restore") and Recovery Point Objectives ("acceptable amount of data loss") with business owners by 31st Oct. 3) Develop rolling Disaster Recovery test schedule by 30th Nov. 4) Determine target location for Highways Management System, CareFirst, Oracle e-Business Suite and Windows servers 5) Complete voice and data network re-procurement by 31st Dec to mitigate resilience issues, including with telephony, the data network, remote access, mobile devices and schools services. 6) Take necessary steps to retain PSN accreditation. Overall risk treatment: reduce	1) Full power down completed and procedures updated from lessons learned. 2) Recovery Time Objectives now documented. 3) Initial set of DR tests will be undertaken, associated with testing failover of the new network. A rolling programme wll follow. 4) cloud-based highways management system being implemented; procurement starting for CareFirst replacement (will be resiliently hosted); review of Oracle hosting has been commenced in light of this; review of Windows hosting still to be completed 5) Voice and Data network procurement completed and once implemented will improve resilience. 6) PSN re-accreditation has been achieved, and a programme of works to retain accreditation put in place.	1	3	3	30/06/2017	**Amber**	Anne Gibson	John Gladman	08/03/2016
C	Resources	RM011	The potential risk of failure to implement and adhere to an effective and robust performance management framework.	The failure of leadership to adhere to robust corporate performance practice / guidance, resulting in organisational / service performance issues not being identified and addressed. This will have a detrimental impact on future improvement plans and overall performance and reputation of the Council.	02/09/2015	3	4	12	3	4	12	A review of the tasks to mitigate and to reduce this risk has been undertaken in April 2016 and the following actions for 2016/17 have been identified:- (1) CLT/CLG developing a new performance management framework to better align priorities, resources and managerial accountability for delivering results. This includes better linking of the new set of performance indicators (vital signs & organisational health measures) with senior manager individual performance appraisal ratings. To implement a new set of common leadership objectivest (for the second year).(2) For CLT to regularly review the quality and robustness of the our people performance management framework and ensure consistent adherence across NCC. To undertake an Audit in August/September 17 against agreed criteria. To track appraisal completions of the 2016 end of year appraisals and to ensure an improvement on the 2015 81% completion rates.(3) As part of a new leadership & management development strategy to undertake an assessment of all managers M grade and above between July to September 17. (4) To evaluate the Performance Conversations skills workshops that 500 managers attended - and follow up to ensure that this learning is embedded across the organisation. (5) CLT to agree focus for further performance management skills development - following assessments..	Whilst progress has been made on implementing key actions the risk scores are assessed as remaining the same; given the criticality of this area. It is essential that this work continues with managers to achieve a majior shift in the day to day performance routines of all levels of managers. Set out below is progress in the last 12 months - (1) New performance framework in place and a number of briefings and development work has been undertaken with CLT/CLG. (2) Appraisal completion rates 81% (variation of 57% to 95% in different parts of the Council) in 2015 (insert 2014/2013 figures) - CLT agreed to track & improve on this for 2016. (3) Through the manager e-zine/ DMTs have set robust expectations for performance reviews and clear messages on the areas for improvement. Set of common objectives agreed by CLT and communicated to all managers - with clear expectations for the senior manager scheme. (4) In last year started to achieved a greater understanding in our management population of the gaps in our performance framework and their role in addressing the changes needed. (5) Note employee sickness levels have reduced (insert figures). Sess revised 2016/17 tasks to mitigate.	1	3	3	31/03/2017	**Amber**	Anne Gibson	Audrey Sharp / Kerry Furness	03/05/2016

CDG	Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Original Likelihood	Original Impact	Original Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
C	CLT	RM013	The potential risk of failure of the governance protocols for entities controlled by the Council, either their internal governance or the Council's governance as owner. The failure of entities controlled by the Council to follow relevant guidance or share the Council's ambitions.	The failure of governance leading to controlled entities: Non Compliance with relevant laws (Companies Act or other) Incuring Significant Losses or losing asset value Taking reputational damage from service failures Being mis-aligned with the goals of the Council The financial implications are described in the Council's Annual Statement of Accounts 2014-15, from page 88, covering Group Accounts available on the Council's website at http://www.norfolk.gov.uk/view/NCC167254	02/09/2015	1	4	4	1	4	4	1) All controlled entities and subsidiary companies have a system of governance which is the responsibility of their Board of Directors. The Council needs to ensure that it has given clear direction of it's policy, ambitions and expectations of the controlled entities. The NORSE Group objectives are for Business Growth and Diversification of business to spread risks. Risks are recorded on the Group's risk register. 2) The NORSE board includes a Council Member and is currently chaired by the Executive Director of Resources of the Council. There is a shareholder committee comprised of six Members. The shareholder committee meets quarterly and monitors the performance of NORSE. A member of the shareholder board, the shareholder representative, also attends the NORSE board. 3) The Council holds control of the Group of Companies by way of its shareholding, restrictions in the NORSE articles of association and the voting rights of the Directors. The mission, vision and value statements of the individual NORSE companies are reviewed regularly and included in the annual business plan approved by the Board. NORSE has its own Memorandum and Articles of Association outlining its powers and procedures, as well as an overarching agreement with the Council which	1) There are regular Board meetings, share holder meetings and reporting as required. 2) The Norse Group follows the guidance issued by the Institute of Directors for Unlisted Companies where appropriate for a wholly owned local authority company. 3) The Council has reviewed its framework of controls to ensure it is meeting its Teckel requirements in terms of governance and control, and a series of actions has been agreed by the Policy and Resources Committee.	1	4	4	30/09/2016	Green	Wendy Thomson	Simon George	13/05/2016
C	Children's Services	RM014a	The amount spent on home to school transport at significant variance to predicted best estimates	There is a risk that the amount spent on home to school transport is at significant variance (overspend) to predicted best estimates. Cause: Home to school transport being a demand led service. Event: The amount spent on home to school transport is at significant variance with the predicted best estimates. Effect: Significant overspend on home to school transport than has been estimated for. Rising transport costs, the nature of the demand-led service (particularly for students with special needs) and the inability to reduce the need for transport or the distance travelled will result in a continued overspend on the home to school transport budgets and an inability to reduce costs.	04/11/2015	3	3	9	4	3	12	Continue to enforce education transport policy, and work with commissioners re school placements. Continually review the transport networks, to look for integration and efficiency opportunities. Work with Norse to reduce transport costs and ensure the fleet is used efficiently and effectively. Look for further, more innovative, ways to plan, procure and integrate transport. Overall risk treatment: reduce	Conversations with SEN commissioners in Children's Services ongoing. Consultant has been 'recruited' to help deliver new Inclusion strategy, including SEN transport savings. New School Inclusion Strategy should help to reduce the number of children accessing alternative specialist provision, but this will not really kick in until 2016/17 SEN budget has been split down to lower levels and regular data is being sent to decision-makers in Children's Services to enable further transparency and better budget monitoring. While student numbers continue to decrease in secondary and Post 16 education, spend is reducing.	2	3	6	31/03/2017	Red	Gordon Boyd	Richard Snowden and Michael Bateman	06/05/2016
C	Adult's Services	RM014b	The savings to be made on Adult Social Services transport are not achieved.	The risk that the budgeted savings of £3.8m to be delivered by 31 March 2017 will not be achieved.	04/11/2015	3	3	9	4	3	12	As part of reviews and reassessments identify the potential to reduce transport costs, eg by using local services that meet needs, using mobility allowance/motability vehicles - and work with individuals to achieve this. Travel and Transport continually review the transport networks, to look for integration and efficiency opportunities, and reprocure transport. Work with Norse to reduce transport costs and ensure the fleet is used efficiently and effectively.	Project set up in ASSD. One FTE in Travel and Transport now dedicated to helping ASSD transport savings programme. Regular data and costs are being sent to ASSD managers. Promoting Titan (Travel Independent Training Across the Nation) training eg so that people can use public transport by themselves. Corporate approval to refurbish a centre in Thetford to provide day services for younger people with complex Learning Difficulties in that area rather than them having to travel long distances which will result in savings. Engagement events being held to encourage transport providers to sign up to Trusted Traders for Transport so that where people are able they can arrange and pay for transport themselves. Data has been analysed by the project team and potential savings identified, but the teams haven't got the capacity to do the reassessments of service users at pace and people haven't applied for additional posts that have been created. Part of regular report to ASSD SMT and Promoting Independence	2	3	6	31/03/2017	Red	Janice Dane	Janice Dane	08/06/2016
C	CES	RM016	Failure to adequately embed Business Continuity into the organisation.	To ensure disruption is minimised and ensure that we are able to maintain services and respond appropriately to a significant incident (Major or Moderate) both within and out of core office hours (N.B. this risk will be scored differently for different departments due to different levels of preparedness).	10/12/2015	2	5	10	2	5	10	1) All corporately agreed critical activities must have comprehensive Business Continuity plans. Plans to be agreed at Senior Management meetings. 2) That departments are represented at Resilience Management Board meetings, that training is completed and that the department completes exercises/tests.	1) 62% of BC plans completed across the organisation and 66% of critical plans. Figures have been affected by a consolidation of significant numbers of libraries plans into one BC plan. Adult Social Services are impacting the figures as only 22% of their plans are completed. The chair of the Resilience Management Board (RMB) will raise with the relevant director. 93% of BIAs are completed. The RMB have agreed the list of critical activities which will be included in an updated Corporate BC plan. The Resilience Team audits the quality of plans and provides additional support where required. 2) Most departments are represented at meetings regularly. Procurement have never attended and ICT Services do not attend the Management board regularly. A letter is being sent from the chair of the group regarding this. Progress is being made on developing stronger relationships between Resilience and ICT. Resilience Managers arranged a meeting with the Interim Head of ICT on 06/06/16. As a result, corrective actions have been identified, with follow-up meetings scheduled at monthly intervals to monitor progress of ICT Business Continuity. A programme of training and exercising needs to be developed for 2016.	2	3	6	30/09/2016	Green	Tom McCabe	Emma Tipple	23/05/2016

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												3) No notice exercise with Customer Service Centre at work area recovery (WAR) site. Also, an exercise with the Resilience Management Board and CLT.	3) Full no-notice exercise has been delayed as a result of changes in layout and equipment available for use at the Work Area Recovery site, new requirements around this are being assessed to review plans and looking possibly to mid 2016 for this exercise. CLT have had a number of briefings from the Resilience Team as well as an Exercise on pandemic flu.								
												4) Complete a Business Impact Analysis every two years and review risks which could affect critical activities.	4) This has been completed and 93% of BIAs were returned. We will complete a session on risks to critical activities with the Resilience Representatives and present this to the Resilience Management Board.								
												5) To review Business Continuity E-Learning Course, relaunch, monitor uptake. Overall Risk Treatment: Reduce	5) The online BC e-learning is available there are no funds to improve it further using suitable software or consultants. We will promote the current e-learning module and monitor uptake.								
C	Corporate (CES)	RM017	Failure to construct and deliver Norwich Northern Distributor Route (NDR) within agreed budget (£178.55m)	There is a risk that the NDR will not be constructed and delivered within budget. Cause: environmental / building contractor factors affecting construction progress. Event: The NDR is completed at a cost greater than the agreed budget. Effect: Failure to construct and deliver the NDR within budget would result in the inability to deliver other elements proposed in the Norwich Area Transport Strategy (NATS) Implementation Plan. It would also result in a reduction in delivering economic development and negatively impact on Norfolk County Council's reputation. Exceeding the budget will also potentially impact wider NCC budgets and its ability to deliver other highway projects or wider services (depending on the scale of any overspend).	26/11/2015	3	3	9	3	3	9	The total project cost, not including the Postwick junction which has already been delivered, is £151.25m. 1) A project Board and associated governance mechanisms to be put in place. Monthly reporting will be provided to the Board (Chaired by Tom McCabe). 2) A project team is to be developed to include sufficient client commercial scrutiny throughout the works by Balfour Beatty, which will include a commercial project manager. 3) Main clearance works, archaelogical investigation and utility diversions planned for start on 4 January 2016. This will enable main construction to meet start planned for March 2016 to keep programme as short as possible. 4) Project controls and client team to be assembled to ensure sufficient systems and staffing in place to monitor costs throughout delivery of project. 5) Cost reduction opportunity meetings will be held throughout the duration of the construction. Overall risk treatment: reduce	1) A project Board and associated governance mechanisms are in place and monthly reporting is being provided to the Board (Chaired by Tom McCabe). 2) The project team is developed and includes sufficient client commercial scrutiny throughout the works by Balfour Beatty, including a commercial project manager.The contract includes significant incentivisation with the intention for the whole delivery team to stay within the available budget. 3) Works start delayed, but some clearance and environmental mitigation able to be started in December 2015. Main clearance works, archaeological investigation and utility diversions started on 4 January 2016 and have been delivered on programme (although potential for bird nesting and other environmental constraints are being monitored). 4) Project controls and client team now assembled to ensure sufficient systems and staffing in place to monitor costs throughout delivery of project. 5) All team focussed on reducing costs and further cost reduction opportunity meeting already held with further meetings ongoing.	2	2	4	12/02/2018	**Green**	Tom McCabe	David Allfrey	27/04/2016
C	Children's Services	RM018	Potential failure to meet the needs of children in Norfolk.	CS Teams do not show the improved performance at the speed which is acceptable to DfE and Ofsted.	01/12/2013	2	5	10	2	5	10	Recruit the right people with the right skills into posts. Train and support managers to improve their performance. Ensure the Ofsted Action Plan is fully delivered through robust scrutiny and affirmative action to quickly address any deviation from the plan. Additional capacity has been secured via the Reimagining Norfolk (RN) team.	The NIPE programme continues to attract new social workers but we continue to struggle to attract suitably experienced workers. The Ofsted Action Plan is being delivered at pace and the impact of those actions will be scrutinised by Ofsted as part of their improvement offer. The RN team continue to support us on the areas of greatest concern i.e Health Assessments, Personal Education Plans and Permanence.	1	5	5	31/03/2017	**Amber**	Michael Rosen	Don Evans	19/05/2016

Adult Social Care Committee

Item No:

Report title:	**Promoting Independence update**
Date of meeting:	**4 July 2016**
Responsible Chief Officer:	**Harold Bodmer, Executive Director of Adult Social Services**

Executive summary

In 2015 the Adult Social Care Committee agreed Promoting Independence as the strategy for transforming adult social care in Norfolk. The strategy was developed following detailed analysis of needs, existing patterns of social care provision in Norfolk and best practice both locally and from around the country. The principle proposed was that promoting independence is key to creating a service which delivers both better outcomes for citizens in Norfolk and is financially sustainable.

Recommendations:

Committee is asked to note and comment on the content of this report.

1. Delivery during 2015/6

1.1 A programme has been established, chaired by the Deputy Executive Director and a delivery programme is in train, recognised as major transformation which is programmed over the medium term. Delivery of savings will be reliant on implementing the changes which allow people to meet their outcomes whilst preventing, reducing and delaying the demand for formal care services.

1.2 A Promoting Independence Partnership Group has been formed in order to engage a wider group of stakeholders in supporting and informing the strategy, recognising that success is dependent not just on making effective changes in the Council but also on the contribution of partners.

2. Workstream delivery

2.1 A summary of the workstreams and current projects within those workstreams are shown in the table below.

Pathway Stage	Projects	Business Justification	Latest Progress/ Notes
Looking after yourself	Customer Pathway workstream - includes community clinics Lead is Lorna Bright	At the time of establishing this workstream benchmarking data showed NCC as receiving a disproportionate level of contacts in comparison with its family group. A high proportion of these contacts were converted into assessment, and in turn a high proportion of assessments led to services. Good practice audit showed that 75% of front door contact should be resolved with information, advice or external referral. It was also noted that community clinics were emerging as an efficient alternative to home assessment for the majority of clients, resulting in higher levels of external referral and lower levels of formal services. Accordingly the board has agreed a programme of pilot clinics to test the method locally, on a cost-neutral basis. (Sources: LGA efficiency programme)	The customer pathway from initial call to assessment has been mapped and issues with data have been addressed. We are now confident that NCC deals with 70% of intial contacts by way of information and advice or referral to external services. There are issues with other routes to service which are being addressed. Draft operational specification has been prepared and will be developed further alongside the community links.
Recovering your wellbeing	Reablement Lead is Janice Dane	It is clear from the LGA efficiency programme and our own experience that people receiving effective reablement go on to receive less formal services than those who do not. Due to capacity issues NCC was only able to reable 71% of suitable clients. The project was established under an invest-to-save business case to raise the capacity in order to satisfy all referrals.	Local Reablement teams are starting to working with locality LD teams on providing enablement. Recruitment of new reablement staff continues and additional capacity is employed.
Living with complex needs	PBQ & RAS Project Lead is Janice Dane	The introduction of Strength-Based assessments requires a revised Personal Budget Questionnaire (PBQ) so that the questions reflect the new type of conversation. The Resource Allocation System (RAS) will need to be revised to match the new PBQ.	The project has been established and is currently working to establish the basis for co-production of a new questionnaire in conjunction with staff, service users and other stakeholders.

	ASC0009 Review Packages of Care for LD/PD/MH Lead is Lorna Bright	This project was established before Promoting Independence and is show here due to its relevance to the strategy. Some of the highest cost packages sit in these areas. The business justification was established through the Project Initiation Document	The project has delivered £1.7m of savings and continues to work to deliver further savings. In addition to the reassessment of individual service users, strategic work with providers is driving down costs
	ASC0014 Transport Project (J Dane Sponsor V. Dobson PM) Reviewing individuals with significantly high transport costs. Consulting on withdrawal of funding for all transport Lead is Janice Dane	This project was established before Promoting Independence and is show here due to its relevance to the strategy. It was established to deliver efficiency savings approved by ASC Committee. The business justification was established through the Project Initiation Document and authorised by the Transformation Programme Board	Transport project being re-planned to deliver these savings and new savings for 2016-17 and 2017-18, based on helping people to be independent and meet their transport needs. Council made the decision on 22 February to not cut all of the ASS transport budget (considered as part of 2016-19 budget proposals). Savings of £3.8m still need to be achieved from previous agreed budget plans. Two people recruited to the fixed term centralised LD Reassessment Team of four. Funding agreed for development of new resource at Elm Road Thetford. Elm Road PID developed.
Cross-Cutting	Development of Strategy Lead is Catherine Underwood	The Promoting Independence Strategy is Adult Social Services response to Reimagining Norfolk	Narrative PI strategy approved by PI Board. Target demand model in development for completion by July 2016 Financial modelling to be included. Working with Public Health to develop a greater understanding of population driven demand.

	Staff Engagement and OD Lead is Lucy Hohnen	Once the principles of promoting independence were established it was clear that a programme of staff engagement and training would be required to establish the principles of strength-based assessments and that this work should proceed in parallel to the development of the PI strategy. The staff would therefore understand the relevance of, and be ready for, the implementation of any subsequent interventions.	Full OD workstream plan developed and being implemented. Strengths-based assessments commenced in October 2015 with Practice Consultants and due to the positive reception received is now being rolled out to all staff involved in assessment work. Use of ASC Newsletter, Quarterly Managers Forum, Intranet site, direct communication and face to face meetings with SMT members to deliver and reinforce message.
	Finance & Performance Lead is Susanne Baldwin	This workstream was established to develop an evidence base on which to develop the strategy, and a performance management framework for the department which would effectively measure the progress on the PI strategy. The framework is under development with the ASC Performance Board and is working on a single framework to report on Volumes, Costs and Quality.	Developing baseline financial model and defining links between required financial savings and programme activity is due to complete as part of target demand modelling.

2.2 A variety of case studies with examples of how Promoting Independence is already showing progress in the community can be seen at Appendix B.

3. Risks and issues

3.1 There is a risk that delivery of the strategy does not meet financial targets. Detailed financial modelling and monitoring will be critical.

4. Activity and performance impact in year

4.1 Changes in key operational and performance metrics evidence the implementation of elements of the Promoting Independence strategy. These include:

a) Significant and sustained reductions in permanent admissions to residential and nursing care homes. Previously Norfolk was an outlier, but is now 'in the pack' compared to its family group of similar councils – with admissions for older people likely to be below the median when future benchmarking data becomes available. Reductions in admissions are now beginning to reduce the overall number of people in long term residential and nursing care.

b) A commensurate increase in the percentage of people in long term services that receive them in community settings.

c) Improvements in the scale and effectiveness of reablement interventions. Increased investment has seen the number of people receiving reablement increase, whilst at the same time the number of people remaining in their own home after reablement has gone up (and consistently remains above 90%); and the number of people not requiring significant long term support after reablement has increased from around 82% in 2015 to over 90% now

4.2 Some areas of activity and performance have yet to see sufficient improvement, and will remain operational priorities until they do. These areas include support to carers and support to help people with learning disabilities or mental health problems to get into meaningful employment.

4.3 All of these areas are measured through the departments Vital Signs key performance indicators and are reviewed regularly by Senior Management Team and the Adult Social Services Committee. Further work is underway to better understand the impact of strength based assessments on the future outcomes and costs for people that experience them, and this will be outlined in future reports.

6. Next steps

6.1 A key live activity is the development of a target demand model which sets out how we expect people's needs to be met in the future, what this means for service redesign and activity and how this will impact on financing.

6.3 The full target demand model and associated delivery plan will provide us with the blueprint for the next stages of our transformation, aligning with the delivery of the savings required in the medium term financial plan. In our initial budget planning we modelled against matching average and best family comparators. This will give us the detailed underpinning delivery plan to meet these models.

6.4 **Developing our Target Demand Model**

6.4.1 During May and June we have been working with iMPOWER, an organisation which has worked with a number of authorities to develop such modelling in social care. A target

demand model establishes a picture of current demand and its drivers, projects future demand based on likely growth plus existing initiatives and, if there is a gap between that future demand and what is affordable identifies initiatives that could close the gap.

6.4.2 The project consists of four main phases:

1. Build a clear picture of current demand – including service volumes, flows and costs
2. Forecast future demands – combine demographic and other data to forecast future demand, factoring in the impact of existing change programmes
3. If the predicted demand exceeds what the service can manage and afford then identify what demand levels would need to reduce in order to close the gap
4. Define the workstreams/projects required to deliver the target demand and build high level implementation plans and team level targets.

6.4.3 To help inform this work we have undertaken analysis of a number of cases for adults in receipt of formal service packages to help determine whether some of these needs could have been avoided or met by alternative means.

6.4.4 We are now in the third phase of the project which is to use the data gathered to date to provide an analysis of demand and forecast demand against the medium terms financial plans. Where this analysis suggests that future demand will not meet the financial requirements we will work with the adults team and wider stakeholders, such as the Promoting Independence Partnership Group, to identify what a new model of responding to demand would need to look like in order to be affordable. We will bring wider evidence of what initiatives have worked elsewhere to assist us in determining the initiatives we next take forward.

6.4.5 In the final phase of this work, we will develop what a programme of interventions to meet this target model would look like and for some of the more significant interventions we shall develop outline business cases. A key aim of this phase would be to develop realistic and tangible targets that can be applied at locality level, coupled with the initiatives to achieve them.

6.4.6 This work with conclude by the end of July and will provide us with a detailed analysis and modelling to underpin the next stages of our Promoting Independence programme which can then be developed into delivery plans.

Officer Contact

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

Officer Name:	**Tel No:**	**Email address**:
Catherine Underwood	01603 223478	catherine.underwood@norfolk.gov.uk

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Risks and issues

Ref	Description	Response	Progress	Lead
Ri005	Providers may have concerns that the strategy will negatively affect their income or place greater burdens of them without compensation. This may lead to opposition which might be expressed in the public domain	Provider engagement will be carried out by members of SMT under the communications plan	Comms plan in development. Catherine Underwood spoke to Norfolk Strategic Workforce Development Partnership, and subsequently had an article published in their quarterly newsletter	Catherine Underwood
Ri014	There will be a change freeze on Care First between Nov 2016 and Nov 2017. This is due to the introduction of the new system. It is likely that the need will arise for process changes during that time to enable the implementation of practice changes arising from PI. Not all of these changes can be foreseen so the change freeze will delay the implementation of such interventions.	Ensure as many changes as possible are identified and carried out prior to October 2016. Benefits planning should take into account delays to implementation	NEW	Janice Dane

Case studies and examples of changes under Promoting Independence

Examples from workstreams of practical and visible differences under Promoting Independence.

- Strengths based assessment case
- OT first pilot example
- Moving on from residential care
- Preventative assessment
- Housing with care

Case study 1 – enabling in supported living

Assessment:

AB lives in an assisted living accommodation with on-site carers who assist her with every day personal care and domestic tasks. AB told me that when she first moved in she enjoyed having all the carers available to help her however, she would like to get some control back. She told me how she used to be a chef but she is no longer able to prepare or cook any food and she also doesn't get herself any drinks either. She said this is mainly due to the height of the work tops and not being able to reach properly and that staff do this whenever she presses her call button. She also told me that she has assistance with her personal care.

Desired outcome: "I used to be a chef and would love to get independent in meal preparation again. I just want to be able to do more for myself"

Outcome:

AB is much more independent, her worktops have been lowered so that she can now reach everything with much more ease. AB feels as though NFS have helped her greatly to get her confidence back with everyday tasks and she feels that no further help is required anymore.

AB is now independent with her personal care.

AB is much more independent in cooking and can complete tasks like cooking a roast. She is enjoying relearning the skills she had before and coming up with new recipes to try out. The main area of assistance with this was rebuilding confidence and learning different ways of doing things.

NFS have ceased all calls with AB and she now calls for help less often from the workers and has built confidence in other areas.

Occupational Therapist (OT)/Assistant Practitioner (AP) project

Northern and Norwich localities have developed a project model to:

- contribute to budget savings by diversion from commitment to long term care packages
- tackle the locality's SW waiting list in the context, at the time, of less pressure on OT and AP waiting list
- embed the culture of promoting independence within the locality and motivate the team by looking for new and innovative ways of improving service delivery

Two pairs of OT's and AP's focused largely on new referrals coming via SCCE indicating the need for POC where there are no current services. This was to:

- utilise OT functional assessment
- encourage a creative use of resources
- have a strength based focus
- use knowledge of local voluntary, third sector and community resources
- wherever possible prevent, reduce or delay the need for care

Case study 2 – OT/AP project

Assessement:

80 year Mrs T living alone in sheltered accommodation. Request from warden to provide a package of care due to reported concerns about short term memory difficulties and physical frailty.

Outcome:

OT completed a joint assessment with Mrs T and her daughter. OT equipment identified as beneficial to support transfers and personal care tasks. OT also identified assistive technology and falls assessment would be beneficial to support safe home environment.
Working with the daughter also, we identified additional strategies to support (i.e. requesting medication in dossett box). NFS completed three weeks of assessment and support and at the end of the input, combined with provision of OT equipment (commode, bed lever, shower chair), assistive technology (integrated smoke detectors, heat sensors in kitchen, calendar clock), and changes to layout of the property to reduce falls risks, Mrs T was found to be independent and safe. Mrs T was so pleased with changes made, and reported feeling like "a weight had been lifted" from her shoulders. Daughter was also pleased and felt reassured that her mum was safe and could continue living independently within her home, which was the service user's main priority.

Case study 3 – OT/AP project

Assessment:

Referral received for a significant care package from a service user and a family.

Outcome:

The outcome was for a level access shower and raised toilet seat. There was a need for some reablement through the input of NFS for two weeks. Advice and information was also provided alongside carers support. A compliment was sent to the department outlining the support they had been given and the high satisfaction level.

Case study 4 – Ben's workforce

Ben's Workforce

Ben's Workforce was set up in North Norfolk using Strong and Well Funding. Set up by Benjamin Foundation and provide a handyperson's service, using volunteers, which also provides work experience to the volunteers.

Assessment:

Mrs E is an 82 year old lady who is partially sighted and lives on her own. She has been living without a bathroom light for two months. When she contacted Ben's Workforce she explained she had nearly fallen one night so had taken to leaving candles burning on the side of the bath so she could see when using the bathroom.

Outcome:

We went to Mrs E that day. It was a simple case of changing the bulb to repair the light in the bathroom. While we were at the premises, Mrs W agreed for us to do our Home Safety Check. From looking round the house we highlighted quite a few tripping hazards which were easily rectified and some heavily overloaded plug sockets with the old style three sided extension plugs which we replaced with some extension leads with circuit breakers built in. We also spent some time explaining some ways in which she could stay safe in her own home.

Mrs E can visit the bathroom safely at night and from our one hour visit we have reduced the risk of falls and fires within her home.

Case study 5– Mrs F

Assessment:

Mrs F's husband died two years ago and their pride and joy was the garden they had created together. Since his death she had struggled to keep on top of the garden so had employed a gentleman who had turned up on her doorstep one day claiming to be a gardener. She didn't want the gardener to come any more as she couldn't see what he had done and it was expensive, but she was frightened by the thought of telling him she no longer required his services. Mrs F had contacted Ben's Workforce after seeing our advert in the North Norfolk News.

Outcome:

We went over to the house on the day the gardener was coming and explained politely to him that Mrs F would like us to take over the gardening from now on. We then took over her gardening.

We have reduced Mrs F's gardening bill and her garden is now being taken care of properly. Mrs F regularly comes and sits in the garden while we are working and enjoys talking about how she and her husband planned and created it. She has started to do a little bit of gardening herself while we are there.

Sensory Support

Case study 6 - J

Assessment:

Male 32, Sign language user with additional mental health needs. J has little insight into social interactions, value of money and keeping himself safe. Despite being deaf without speech, he seeks people out to befriend and has many hours each day to fill.

Sensory Support Deaf team input:

Provide a crisis intervention to build up J's confidence and to provide an updated support plan to deal with current issues. Previously the team has dealt with homelessness, financial abuse, physical assault and several instances of daily living needs requiring one-off interventions. Without intervention J would almost certainly require a large financial package to manage his safety and well-being. This would also have an inferior outcome due to the communication barriers and having a "time-tabled" service rather than one that is accessible when needed.

Outcome:

J remains living independently without a personal budget. He uses the Deaf centre several times week for support and social interaction to improve his personal skills and social awareness. Deaf Connexions contact the team as unpredictable situations arise and require social work involvement.

Development Workers

Case study 7 - Costessey Memories Group

Assessment:

A chance conversation between development workers and two local residents who were keen to share collection of photos and memories of the local area spanning 50 years. Although the residents were in touch with old school friends they didn't meet up socially.

Outcome:

Development workers worked with the library service, adult education and museum service to create Costessey Memories Group. The group is now independent with 20 – 30 regular members. Monthly meetings with host speakers, wellbeing walk and picnic by local stream, exhibition at Bridewell Museum. Reduced social isolation, enhanced wellbeing, stronger social networks, inter-generational links with relatives via on-line blogs. Members meet outside the group for other social/leisure opportunities.

Adult Social Care Committee

Item No:

Report title:	**Transport**
Date of meeting:	**4 July 2016**
Responsible Chief Officer:	**Harold Bodmer, Executive Director of Adult Social Services**

Strategic impact

The Council has responded to the financial challenges facing all local authorities through the development of a new strategy which sets out a direction for the Council to radically change its role and the way it delivers services. This commits the Authority to delivering the Council's vision and priorities, working effectively across the whole public sector on a local basis, and will ensure that the Council's budget of £1.4bn is spent to the best effect for Norfolk people. Adult Social Care is contributing to this vision through the Promoting Independence strategy where people are able to achieve their outcomes through the most independent means possible helping individuals and families to connect easily to the support of their communities and targeting Council's resources where additional support is needed. The aim is to develop a sustainable approach to social care in Norfolk, by working with local communities and changing the mix of service provided we aim to reduce the level of long term packages of care; help people to stay at home longer and provide better use of all resources available to reduce the cost of care packages. Part of this change includes changes to transport and savings in this area.

Executive summary

The report provides an update on the Transport savings and project as requested by the Committee. Various strands of work have and are being carried out including: the reduction in the allocation for funding for transport in peoples' Personal Budgets; discussing with people at their annual review how they can meet their transport needs in a more cost effective way; and charging self-funders. However at the end of 2015-16 the spend on transport was £6.909m compared to a budget of £4.581m, ie an overspend of £2.328m. The savings from transport are taking longer to deliver than originally anticipated and the reasons are outlined in the report.

Recommendations:

Adult Social Services Committee Members are asked to:

a) **Note the work being carried out to deliver transport savings**
b) **Agree that if people are assessed as being suitable for travel training (to safely use public transport) and they will not participate in the travel training, the department will not fund the transport for that person going forward. This is to ensure that people take part in travel training when it is offered**

1 Background

1.1 Adult Social Care currently spends about £7m each year on providing transport for people eligible for social care for social care funding. It is difficult to provide the total amount of funding that the department spends on transport for people who use the services as some of the funding is given to people as part of their personal budget allocation. Transport is not a service in its own right – it is a means of accessing

services or support. The Travel and Transport team in Community and Environmental Services (CES) arrange transport for people on behalf of Adult Social Services.

2 Budget Savings

2.1 Included in the 2014-17 budget agreed by Council in February 2014 were Adult Social Services transport savings of £2.1m.

Financial Year	£m
2014-15	1.800
2015-16	0.150
2016-17	0.150
Total	**2.100**

2.2 The department proposed to revisit the eligibility of a person to have transport provided by the department or to use their personal budget allocation to buy transport, particularly if they have a Motability vehicle or mobility allowance. As part of this the department would also review the provision of lease cars to service users. To implement this proposal the department said it would review the weightings of the questions in the Personal Budget Questionnaire.

2.3 To deliver the £2.1m saving the department reduced the funding allocated for transport in the Resource Allocation System (RAS) from 1 April 2014. The reduction was implemented with immediate effect for new service users and from time of annual review for people who were already service users. Therefore all new service users from April 2014 have had a reduced allocation for transport. The Council said that for people who were already service users they would have a face to face annual review (some people have telephone reviews) where there was a reduction in their Personal Budget for transport or for wellbeing. For transport the reduction was effective from the date of the annual review. At the face to face review the person carrying out the review would have the discussion with the service user about how to meet their transport needs in other ways with less funding.

2.4 The reductions in peoples' personal budgets where they were already service users ranged from nil to £720 per annum, or 0% to 56% of previous allocations. Those with highest reduction were those who make fewer journeys but who received the uplift for "specialist transport". The most common reduction was £576 per annum or around 25% of the previous allocation.

2.5 As part of the 2015-18 Budget planning additional savings were agreed to be made from transport:

Financial Year	£m
2016-17	0.900
2017-18	0.800
Total	**1.700**

Therefore a total of £3.8m of savings has been budgeted to be achieved in the years 2014-18.

2.6 The 2015-18 savings of £1.7m are to be delivered by:

a) Making sure people are using their Motability vehicle or mobility allowance for their transport
b) Asking people to use public transport or community transport where we assess that they are able to do this

c) Asking people to use the service that is closest to them if this will meet their needs, for example, their local day centre. If they don't want to use the local service as they prefer to use a service that is further away, we will not pay for them to travel there
d) If we cannot find a service that meets people's needs in their local area we would not automatically pay for them to travel a long way to get the service elsewhere. Instead we would work with the person who needs the service and their carer/s to come up with a more creative solution that involves less travel. For example a group of people in a town could pool their Personal Budgets and pay for a personal assistant to help them access local services rather than travel to a day centre in another town
e) If we cannot meet people's care needs through the options listed above, we will pay for people's transport through their personal budget

2.7 The department started using the new policy from 1 April 2015, assessing all new service users under the new criteria. The department re-assesses existing service users, who use their personal budget to buy transport or who have their transport paid for by the department, at their annual review.

3 Other Work Being Carried Out

3.1 In addition to reducing the amount allocated to peoples' Personal Budgets for transport, the discussion at reviews about how to meet transport needs with less funding and the regular route reviews and reprocurements carried out by Travel and Transport the following work is being carried out as part of the project to help deliver savings:

3.2 **a) Self-funders.** The project team identified some people who should be funding their own care (self-funders) who were not paying for their transport. Cabinet agreed in August 2011 that self-funders should be paying the actual cost of adult social services they used. These people were given notice that they would be charged for their transport and this has been implemented. Some of the self-funders have since stopped using NCC provided transport

3.3 **b) Trusted Traders for Transport**. The department is working with Trading Standards and Travel and Transport to have accredited Trusted Traders for Transport. The aim is that people who need transport, including those who are not eligible for social care funding, and are able to arrange it for themselves, can then be directed towards the Trusted Traders in their area. The person would arrange and pay for their transport themselves. If the person is not able to arrange their transport and has no-one who could help them, NCC could facilitate this. This helps people to remain independent as well as meaning that NCC is not funding the transport. It is similar to the model now used for community meals. Engagement events are being held in localities with interested transport providers for the Phase One Pilot. There has been some interest from transport providers but it has been limited so work continues to promote the scheme and ensure that potential providers understand the benefits to them of being a Trusted Trader for Transport

3.4 **c) High cost packages.** The project team have reviewed information from the system used by Travel and Transport to arrange transport and have identified potential savings from transport packages for individuals that seem high cost. These packages are mainly for people with complex Learning Difficulties. This information has been shared with the locality teams to help inform their reviews/reassessments of people, as the department should not make changes to peoples' packages of care without carrying out a reassessment. Due to the

lack of capacity in the locality Learning Difficulties teams the reassessments of these people have not happened at the pace hoped for

3.5 **d) Thetford Day Services for people with Learning Difficulties.** As part of looking at the high cost packages the project team identified that there were a number of younger people with complex needs being transported from the Thetford area to a service in Norwich. From the information available it seems as if there will be one or two more of these people each year transitioning from Children's to Adult Social Services. The project team identified an NCC property in Thetford which would be suitable for day services for people with Learning Difficulties. If a suitable service was available in Thetford and met these person's needs closer to where they lived, the department could make significant savings on transport for these people. A business case has been prepared and it has been agreed corporately that the department could use some of the Social Care Capital grant to refurbish the building and make it into a day services hub. The team are waiting for detailed costings to check that there is sufficient funding to proceed

3.6 **e) TITAN (Travel Independence Training Across the Nation) travel training**. TITAN is a travel training programme, set up by Children's Services, which was devised to assist students who have problems with regard to the use of public transport. It enables students to raise their levels of confidence and self-esteem, and gives them the opportunity and entitlement to be proficient in independent travel skills. Travel Training staff train 'in-house' trainers, provide ongoing support to schools/establishments and monitor progress at each establishment. Although this scheme has been used in the past by some Adult Social Services day services and providers, it seems that Adults could use more of this training to enable people to use public transport rather than having transport provided. The department is having discussions with Children's Services about how TITAN training can be made available to adults, eg providing training at "off peak" times for schools and colleges, and is looking at starting a pilot in October 2016. There may be a small cost to this, but this would be on an invest-to-save basis

3.7 **f) Bus Passes.** An issue for some people is that they cannot use their bus pass before 09:30 and NCC is then providing transport so that they can travel before this time. The department is working with Travel and Transport to see if there is a cost effective way of having bus passes that people can use before 09:30

3.8 **g) Arranging Transport.** The processes for arranging transport have been reinforced: all transport requests have to go through the Adult Social Services Care Arranging Service (CAS) and then to Travel and Transport. There have been cases of day services providers and people contacting Travel and Transport direct to arrange transport for people, who may not be eligible for social care funding

4 Financial Implications

4.1 At the end of 2015-16 the spend on transport was £6.909m compared to a budget of £4.581m, ie an overspend of £2.328m. The savings from transport are taking longer to deliver than originally anticipated for the reasons in the section below.

5 Issues, risks and innovation

5.1 The savings from transport are taking longer to deliver than anticipated:

a) lack of capacity in the locality teams has meant the reassessments of people, particularly the high cost packages, have not happened at the pace hoped for, despite having additional bank staff for a period of time
b) the travel systems do not provide the information in the format most useful to the department in terms of identifying where savings could be made
c) even if two people make alternative travel arrangements and no longer travel on an NCC funded minibus, there might still be four people travelling which means the minibus is still required and therefore no overall savings are achieved until more people have different transport
d) the savings on Transport rests upon a general assumption and expectation that service users will meet their own needs for transport to access and take advantage of existing services or support, including public transport. Funded transport should only be provided if, in the opinion of the assessor, it is the only reasonable means of ensuring that the service user can be safely transported to an assessed and eligible service. The overriding principle is that the decision to provide transport is based on needs, risks and outcomes and on promoting independence. This is a cultural shift and it is taking time to embed

5.2 Children's found that people and their families can be reluctant to undertake travel training as they are concerned about the consequent reduction in provision of transport or funding. The Children's department's policy is to offer people the travel training and if they will not participate in the training, they will not fund the transport. Adult Social Services wish to adopt a similar policy to ensure that people take part in travel training when it is offered.

6 Background Papers

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

Officer Contact

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

Officer Name:	**Tel No:**	**Email address**:
Janice Dane	01603 223438	janice.dane@norfolk.gov .uk

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Adult Social Care Committee

Report title:	**Adult Social Care and Support Quality Framework Annual Report**
Date of meeting:	**4 July 2016**
Responsible Chief Officer:	**Harold Bodmer, Executive Director of Adult Social Services**

Strategic impact

The Council invests more than £260m a year in purchasing adult social care services from the market. The Council has legal duties under the Care Act 2014 to promote the effective and efficient operation of a care market securing a choice of high quality services

Executive summary

Ensuring that the social care and support services that adults in Norfolk may require to meet their needs and to help them to live as independent a life as possible is a key priority for the Council. The Care Act has now placed this priority on a statutory footing through new duties requiring it to seek continuous improvements in quality and choice of services in its promotion of the market. The Adult Social Care Committee (the committee) approved and adopted a new quality framework in January 2015 and this report updates the committee on its implementation and includes the first annual quality report for the committee's consideration.

Recommendations

The Committee is recommended to:

a) Consider and comment upon the annual quality report 2015/16 at Appendix 1

1. Proposal

1.1 Since the adoption of the quality framework in January 2015 considerable progress has been made in taking forward key actions that are set out in the annual report attached as Appendix 1 to this report. The governance proposals within the framework provide an opportunity for the committee to thoroughly consider the quality of adult social care in Norfolk, the actions taken by the Council to secure quality and proposals for future actions to improve quality in adult social care.

2. Evidence

2.1 **Care Act 2014**

2.2 The Care Act places duties on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways.

2.3 The ambition is for local authorities to influence and drive the pace of change for their whole market leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.

2.4 Poor quality services are not effective in supporting people to achieve their wellbeing outcomes. It is essential, therefore, that we ensure we know that all the services we pay for are high quality and effective. This requires regular ongoing proactive monitoring of provider performance across the board and effective interventions to restore high quality services if things are beginning to go wrong. The quality framework supports this.

2.5 **Annual Quality Report**

2.5.1 The committee approved and adopted the quality framework at its meeting in January 2015. Since that time considerable progress has been made in the implementation of the framework supported by additional financial investment in quality assurance staff and systems.

2.5.2 It is critical that the Council gains a thorough understanding of quality in the care market and a key feature of the framework lies in its governance, review and reporting arrangements that are intended to ensure that the quality of care is understood throughout the department and the committee. To this end the framework requires the production of an annual quality report for consideration by the committee.

2.5.3 The report is intended to be a public document and thus serves the purpose of helping the Council as a whole, key commissioning partners, stakeholders and the public understand the quality of care in Norfolk. The annual report attached at Appendix 1 is the first such report which provides a baseline from which progress and improvement can be tracked in future years and links to the "vital signs" performance improvement programme.

3. Financial Implications

3.1 There are no direct financial implications arising from the implementation of the quality framework.

4. Issues, risks and innovation

4.1 The quality framework places the Council in a strong position to effectively discharge its duties in securing high quality adult social care and support services in Norfolk. The current quality picture presents significant challenges to the Council and it will be important to keep the position under review taking such steps as are necessary and proportionate to secure high quality care services.

5. Background

5.1 The quality framework itself can be accessed via the link below

www.norfolk.gov.uk/careproviders

Officer Contact

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

Officer Name:	**Tel No:**	**Email address**:
Catherine Underwood	01603 224378	catherine.underwood@norfolk.gov.uk
Steve Holland	01603 638353	Steve.holland@norfolk.gov.uk

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Norfolk County Council

Adult Social Care and Support Services Annual Quality Report 2015/16

Introduction

It is a key priority for Norfolk County Council (the Council) to ensure the availability of social care and support services which adults in Norfolk may need to meet their needs and to help them to live as independent a life as possible. The Care Act has put this on a statutory footing through new duties regarding the promotion of the effective and efficient operation of the care market in which there must be a choice of diverse high quality services that promote wellbeing.

In January 2015, and before the Care Act came into force, the Council decided that it needed to develop and implement a revised quality framework to support the achievement of its priorities for adults requiring care and support and to evidence the proper discharge of its new Care Act duties.

The implementation of the framework provides the Council with an evidence based comprehensive quality baseline which can inform targeted and effective interventions where they are needed.

The Quality Framework

The new quality framework itself is a published document and can be accessed through the following link www.norfolk.gov.uk/careproviders . The framework is based on a set of principles which are set out below:

- Supports a whole systems approach to promoting individual wellbeing and independence
- Supports the development and implementation of quality standards that set out what good looks like
- Sets out how high quality care provision will be secured from the market
- Sets out how provider performance will be monitored and how the effective and efficient operation of the market will be promoted
- Sets out governance, review and oversight arrangements that will enable the Council to judge the extent to which it is discharging its responsibilities properly

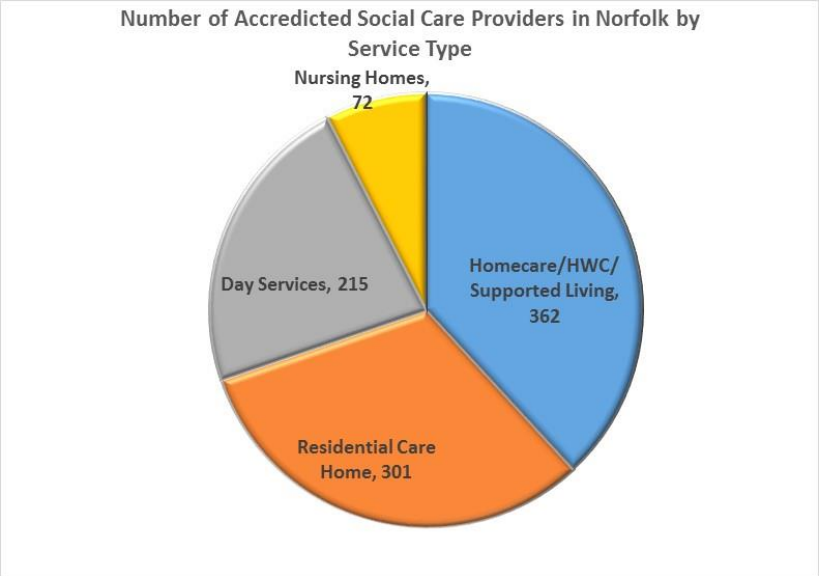
At the heart of the framework is the development of a systematic approach to quality assurance involving standard setting, securing quality, monitoring quality and intervention and finally governance, review and reporting.

The Care Market in Norfolk

The care market in Norfolk is large and complex providing a vast range of services to thousands of adults whose needs vary significantly and whose expectations as to quality and choice continue to rise. (For a comprehensive overview of this market please refer to the Council's Market Position Statement 2016).

The Council currently invests over £260m annually in this market to support more than 15,000 adults mainly through contracts with almost a thousand different care providers most of whom are independent businesses. The diagram below shows how many accredited providers there are in each of the main sectors of the market. Even this, however, is not the full picture as there are increasing numbers of personal care providers directly employed by individuals using direct payments from personal budgets. Critically the market is also

supported by more than 94,000 unpaid carers supplying care to loved ones valued at over £500m.



Setting standards and assessing quality

The quality framework begins with standards of quality. The starting point is the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which include regulations which are the fundamental standards of care below which no registered provider should fall. (Not all providers are required to register as they may not carry out regulated activities. For example providers in all the care sectors in the diagram above have to be registered except day services).

The Care Quality Commission (CQC) is responsible for the registration, inspection and assessment of all registered providers. It is important to understand, however, that the Care Act 2014 places the duty of securing the quality of care in Norfolk on the Council itself.

The CQC assessment process is a relatively recent development and is intended to enable all registered care providers to be classified into one of four categories following an appraisal which asks five key questions:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

The four categories are:

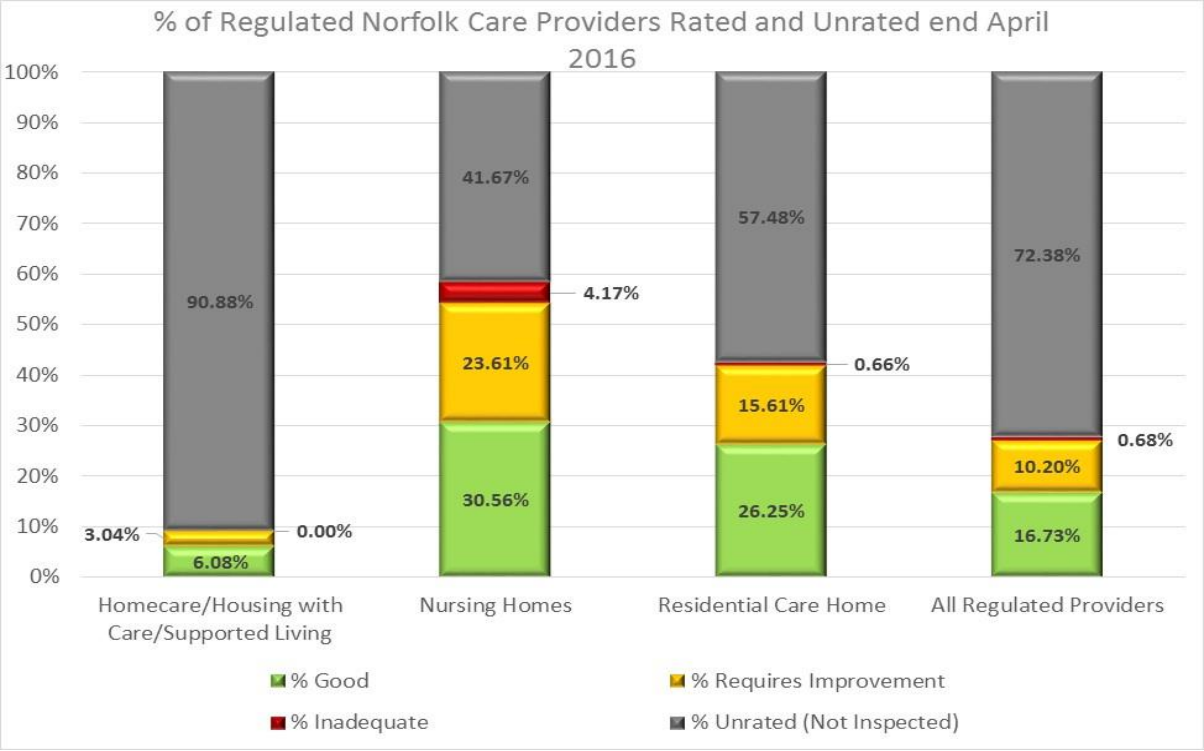
- Inadequate
- Requires improvement
- Good
- Outstanding

The results of all CQC inspections are published in reports that include the rating awarded. The reports can, however, take many months to be published as a thorough due diligence

process has to be undertaken prior to publication. This often means that by the time the report is published the provider (with appropriate support and intervention from the local authority) may have already corrected some or all of the deficiencies discovered at the time of the inspection.

How are we doing in Norfolk?

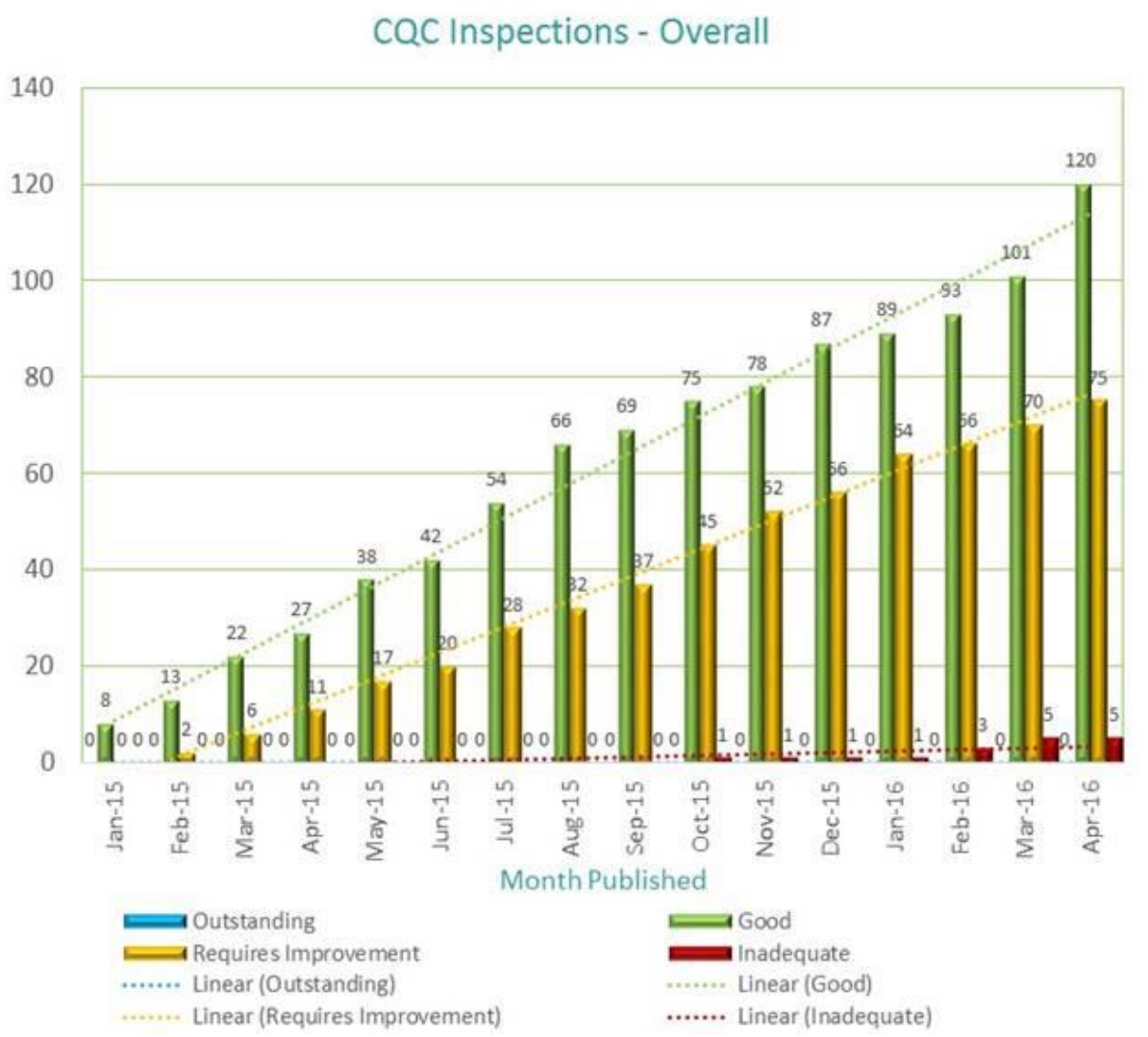
As at 30 April 2016 200 registered providers in Norfolk had been inspected and rated. The diagram below shows the extent of the inspections carried out by CQC by care sector and the proportions of ratings awarded in each category.



It can be seen that large numbers of registered providers (over 72%) have yet to be inspected and assessed for the first time. The focus appears to have been on care homes rather than home care and this has been a pattern repeated in other local authority areas. In addition the CQC have stated that their inspections have, to date, targeted providers who they believed presented the greater risk of failing to meet the fundamental standards.

Whilst the majority of providers rated thus far are rated as “good” in each sector there are significant numbers rated as “requires improvement” and some providers rated as “inadequate”.

The diagram below shows the numbers of providers in Norfolk assessed by CQC and their rating since inspections began.

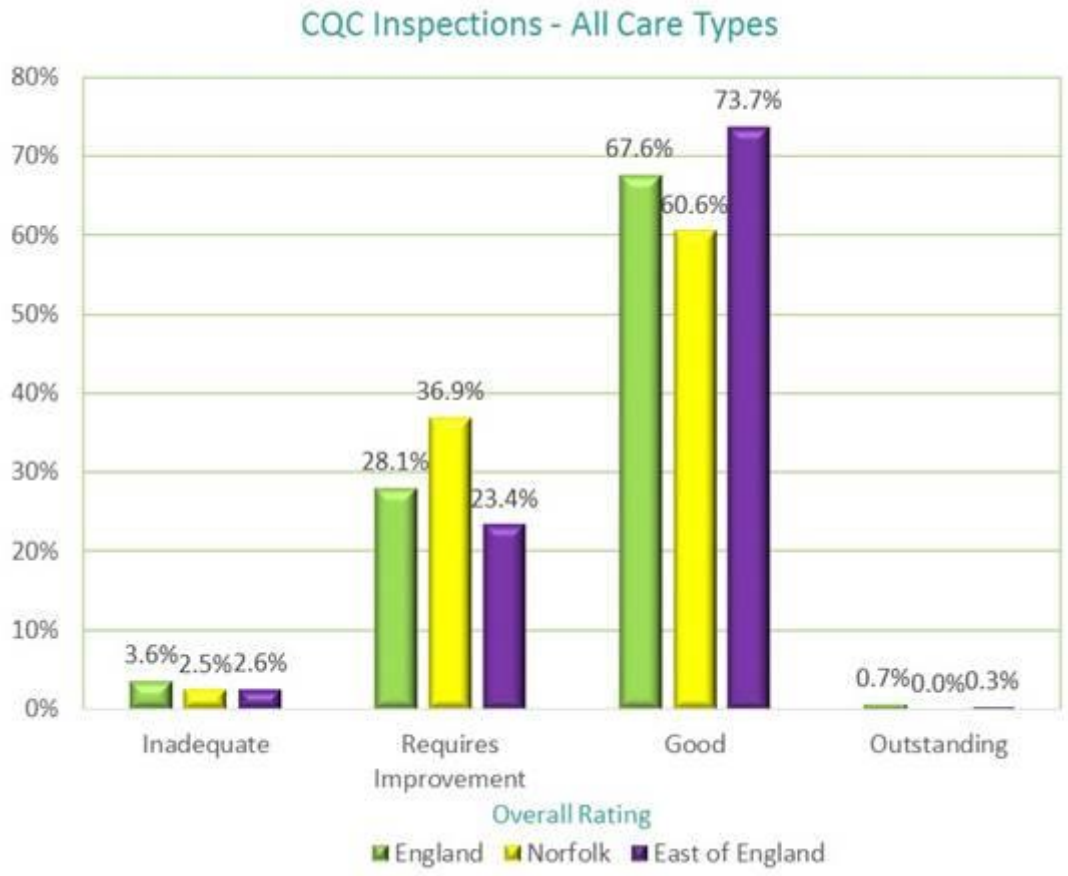


The diagram shows that 60% of providers rated thus far are rated as “good” but 37.5% are rated as “requires improvement”.

Subject to the health warning regarding improvements that may have been made after initial inspections and the focus on providers thought to present as higher risk this clearly indicates a need for significant improvement.

How do we compare with other local authorities?

To gain a better sense of how providers are doing in Norfolk the results need to be seen in the context of assessments of providers elsewhere. The diagram below shows the average ratings of providers in other local authorities in the east of England as well the all England averages.



Although the proportion of providers rated “inadequate” is lower than both the east of England and all England averages, Norfolk has the lowest proportion of providers rated “good” and the highest proportion of providers rated “requires improvement”. There are no providers rated as “outstanding” in Norfolk although this is typical of all other areas.

It is interesting to note that at this stage of the assessment regime all of the smaller unitary authorities in the eastern region are doing better than the larger shire counties. This may simply be a function of the overall size of the care market in different sized local authorities.

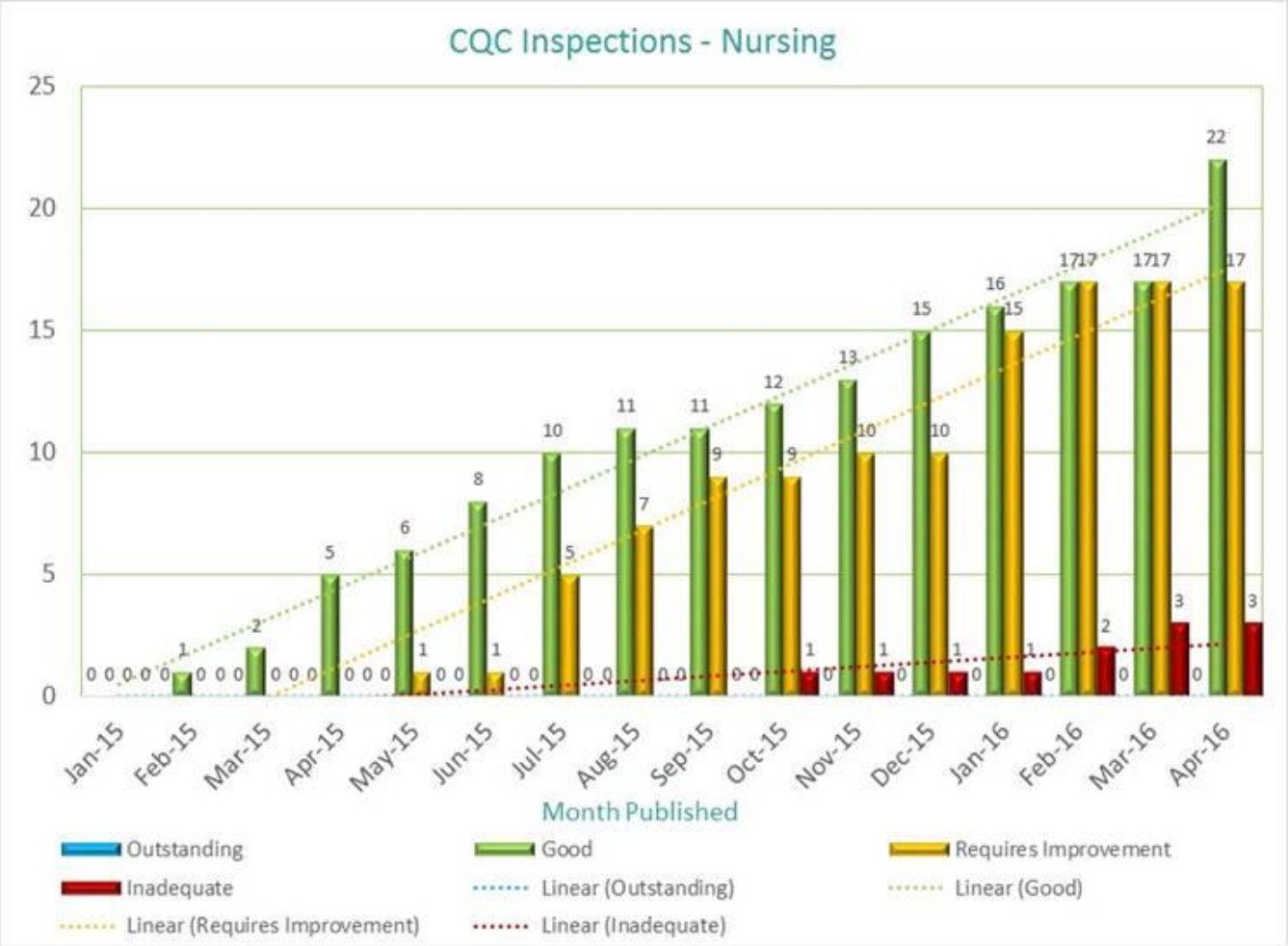
Does quality vary in different sectors of the market?

In order to be able to intervene as effectively as possible to improve quality a more detailed understanding of where the weaknesses are is needed. The following diagrams provide the same ratings data by market sector.

Residential Care

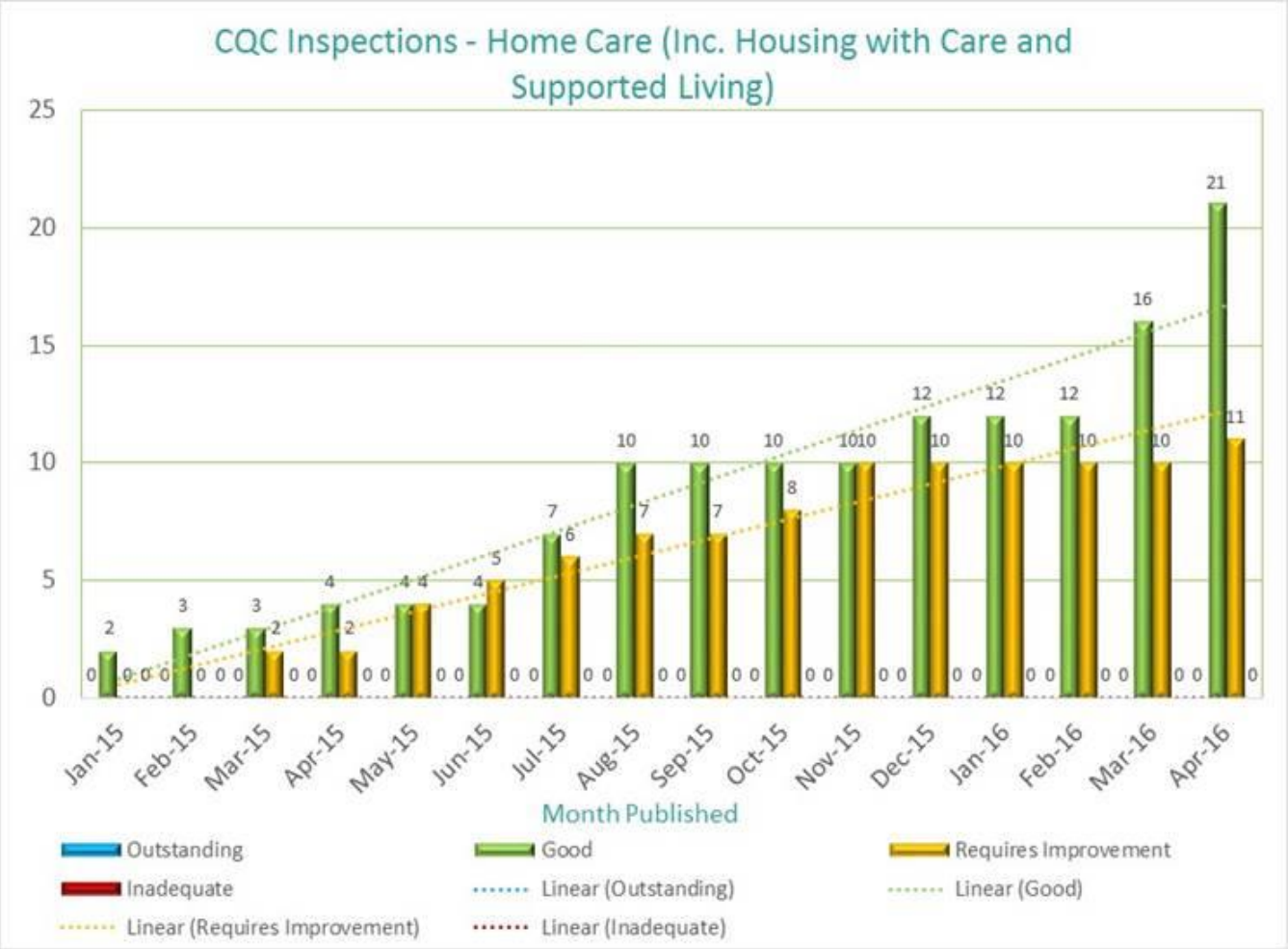
In the case of residential care a little over 61% of providers out of 126 are rated as “good” with a little over 37% rated as “requires improvement” and two homes were rated as “inadequate”

Nursing Care



In the case of nursing care a little over 52% out of 42 homes assessed were rated as “good” with just over 40% rated as “requires improvement” with three homes being rated “inadequate”

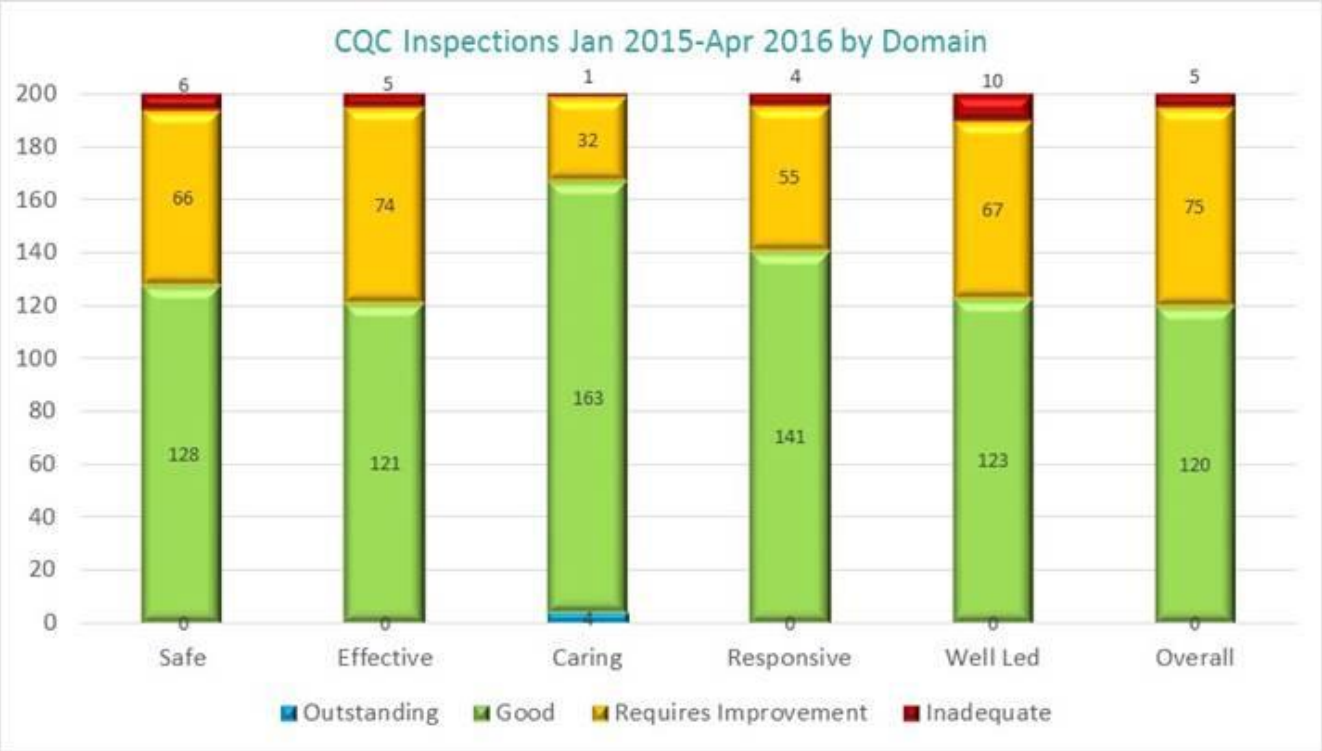
Home Care and housing related services



In the case of home care and housing related providers just under 66% of providers out of a total of 32 are rated as “good” with the remainder rated as “requires improvement”.

Are providers stronger in some areas and weaker in others?

Ratings are given for each of the five inspection domains which collectively result in the overall assessment of performance. The following diagram shows how providers in Norfolk were rated against the five domains



This analysis shows that on average all providers score well in the “caring” domain. This seems to be a reflection of the behaviour of front line carers. Providers do less well in both the “effective” and “well led” domains. This suggests that leadership and management are weaker areas on average for providers. The CQC themselves have in particular highlighted leadership as a key concern.

Unregulated services including day services

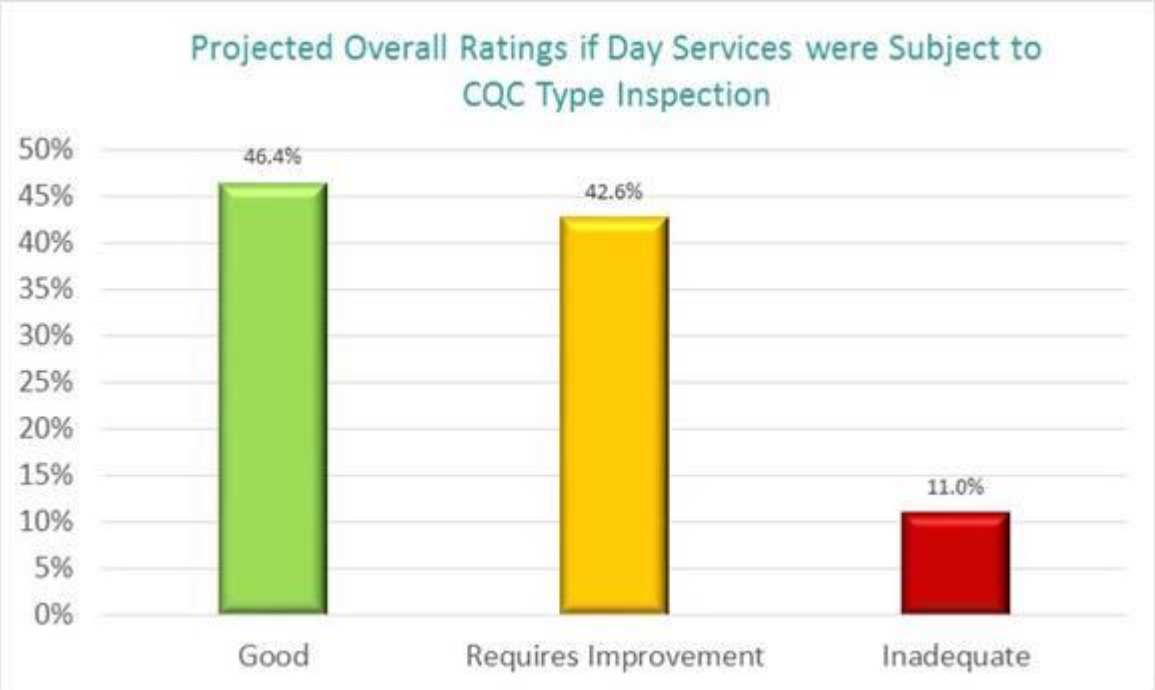
Some care providers are not required to be registered by the CQC. This means that they will not receive any inspections by the CQC or be rated within the assessment regime. The vast majority of providers with whom the Council has contracts for care and support services who are not required to be registered with the CQC are in the day services sector. There are currently 215 accredited day services providers in Norfolk supporting adults of all ages providing services ranging from lunch clubs to intensive support to adults with learning disabilities.

These providers must nevertheless be accredited and pass the Council’s own accreditation thresholds before they can be awarded care or support contracts. Providers in this sector are regularly inspected and the intelligence from these inspections together with other intelligence such as safeguarding concerns is used to target providers who need help to meet our quality expectations.

The Council is developing its own comprehensive risk assessment scheme that enables it to rank all providers by the risk they present of providing unacceptable quality of services. The system ranks providers into five categories of risk: very high, high, medium, low and very low.

In broad terms providers ranked as very high or high risk can be equated to inadequate or requires improvement respectively

The table below shows our current assessment of quality of day services expressed in terms of CQC equivalent ratings



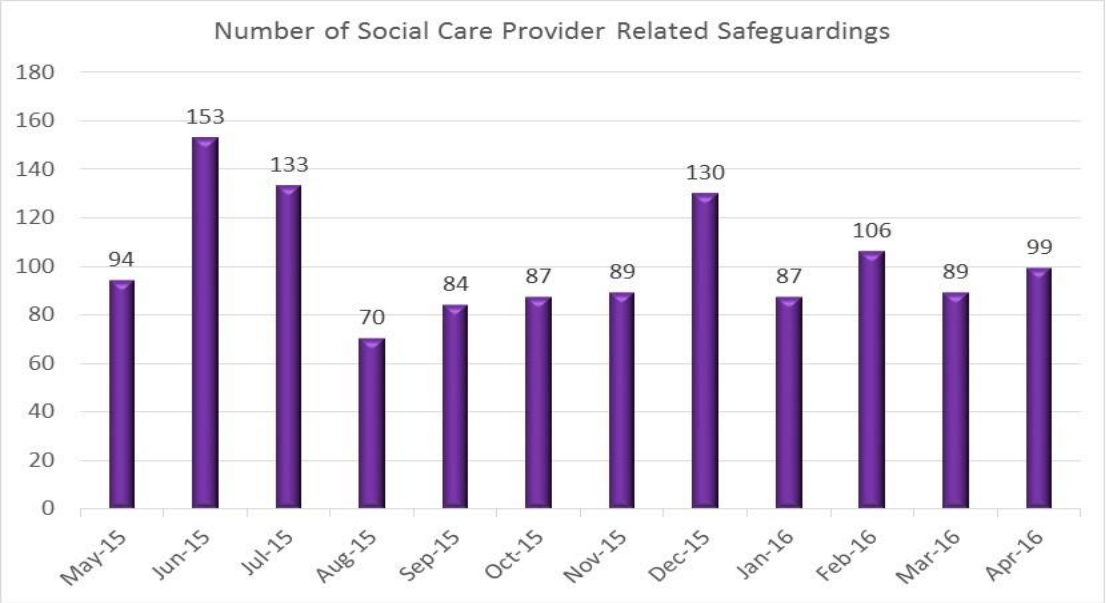
Completing the quality picture

The CQC assessments provide important intelligence to help the Council to understand the quality of care in Norfolk and to target its resources to secure quality. Like all inspections however they can only paint part of the picture at a moment in time.

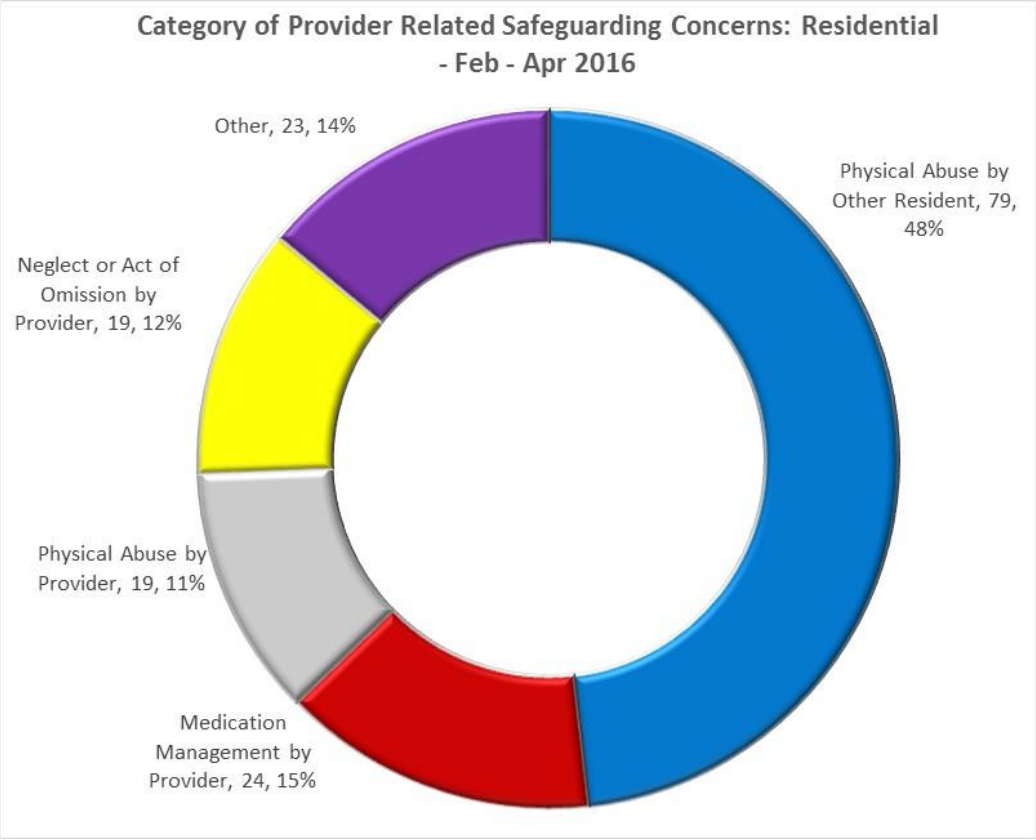
Providers giving rise to safeguarding concerns

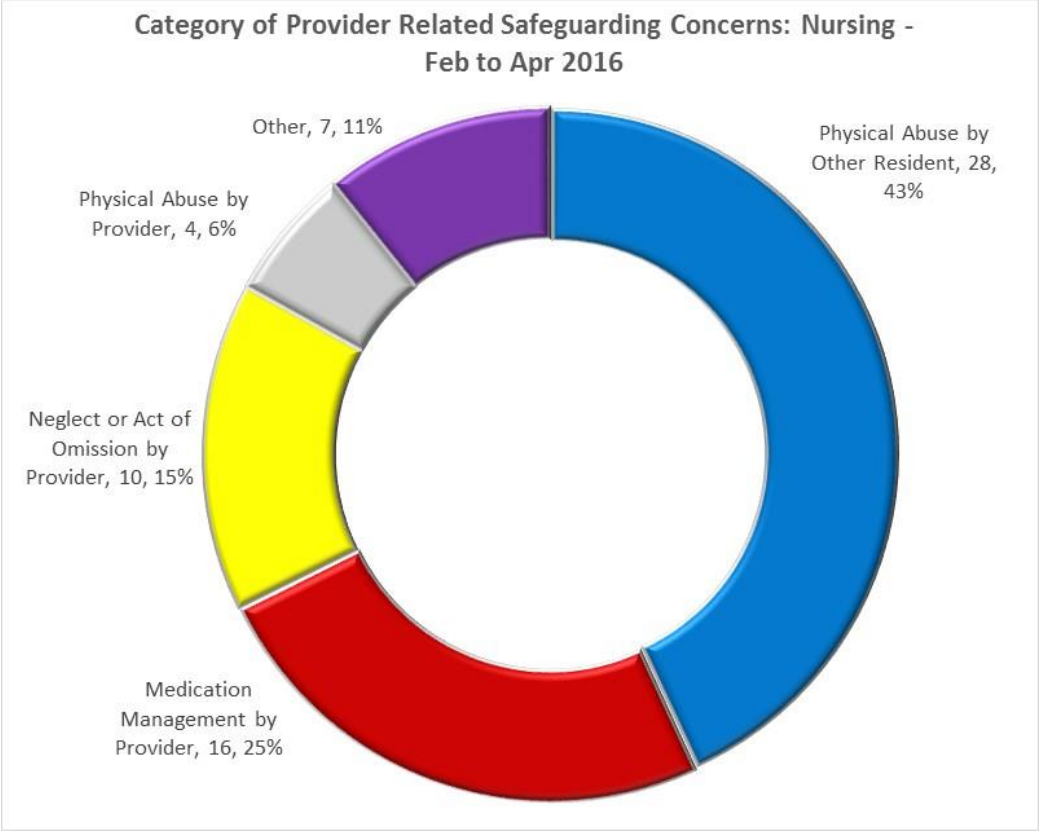
The safety of people in the care of providers is of paramount importance to the Council and adult safeguarding has been placed on a statutory footing by the Care Act. Safeguarding concerns provide a valuable insight into care quality when the evidence points to possible failings by care providers as the cause or a contributory factor.

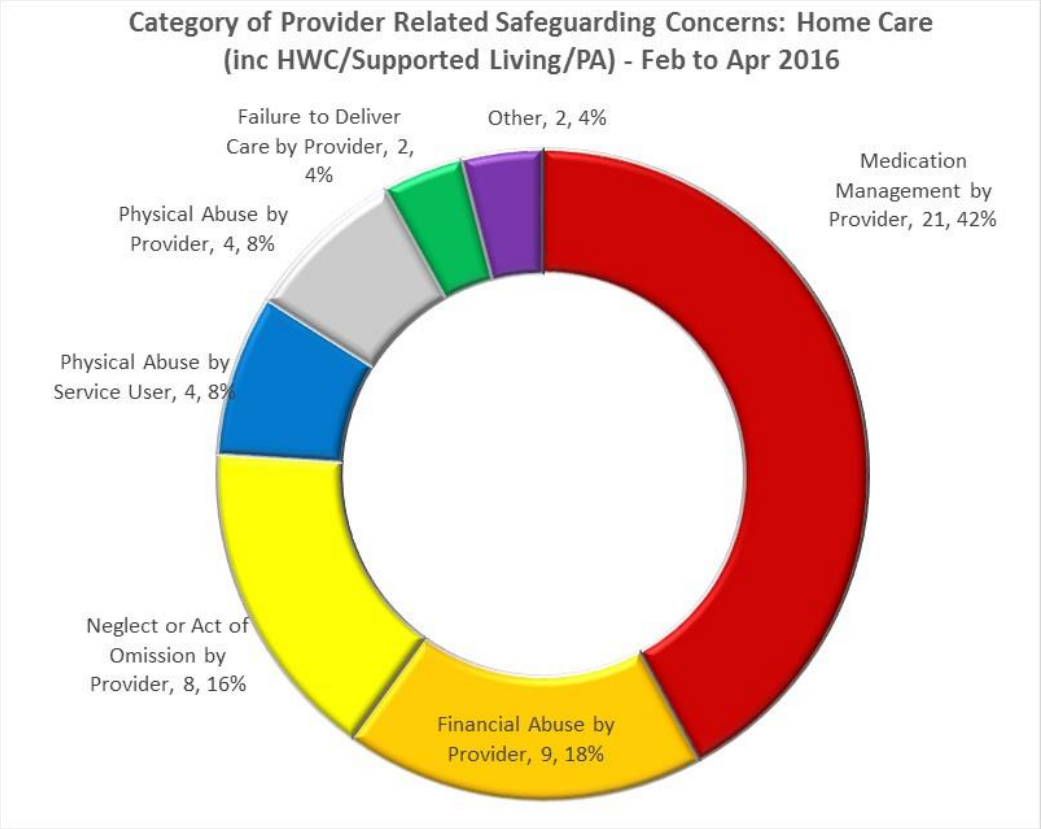
The table below shows the number of concerns raised in the last year involving providers of care.

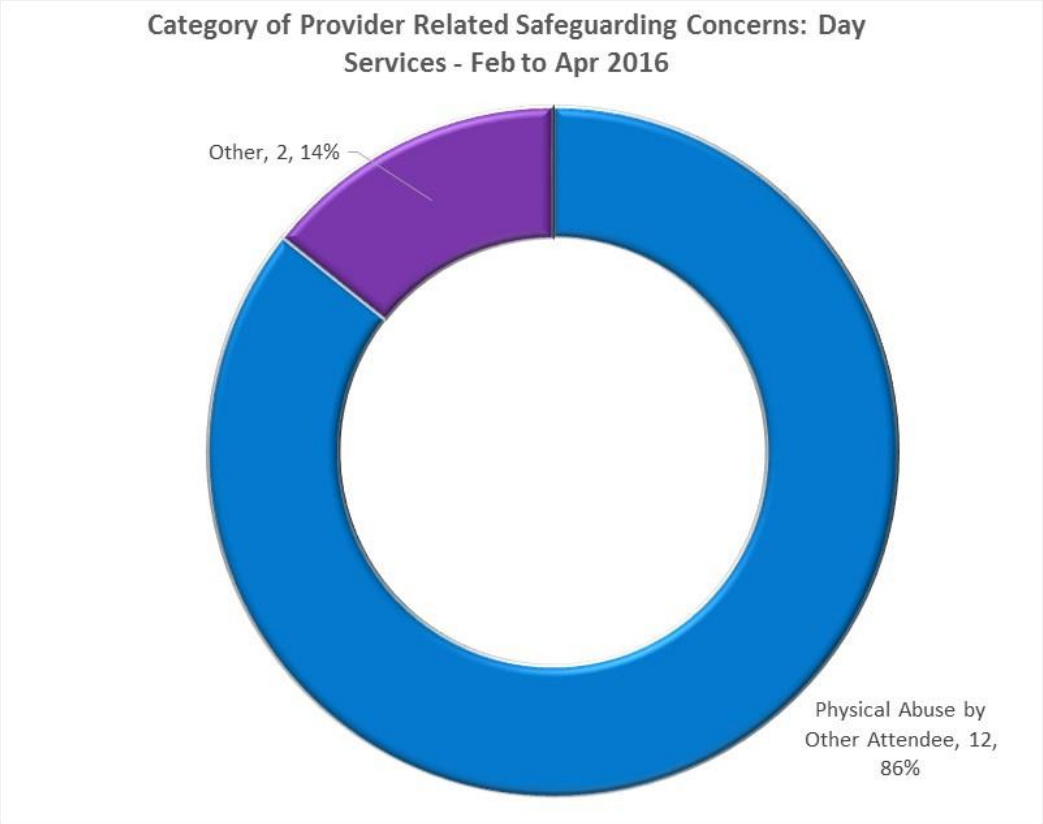


The following diagrams show the prevalence of different types of safeguarding concern regarding care providers by sector:




Category of Provider Related Safeguarding Concerns: Nursing - Feb to Apr 2016
Other, 7, 11%
Physical Abuse by Other Resident, 28, 43%
Physical Abuse by Provider, 4, 6%
Neglect or Act of Omission by Provider, 10, 15%
Medication Management by Provider, 16, 25%


Category of Provider Related Safeguarding Concerns: Home Care (inc HWC/Supported Living/PA) - Feb to Apr 2016
Failure to Deliver Care by Provider, 2, 4%
Other, 2, 4%
Medication Management by Provider, 21, 42%
Physical Abuse by Provider, 4, 8%
Physical Abuse by Service User, 4, 8%
Neglect or Act of Omission by Provider, 8, 16%
Financial Abuse by Provider, 9, 18%



These diagrams demonstrate the diversity and complexity of the issues that contribute to poor quality care and also reveal that:

- Incidents of physical assault between service users are most frequent in residential, nursing care and day services
- Medication errors are most frequent in home care but also common in residential and nursing care
- Neglect is common in all provider types apart from day services
- Financial abuse of service users occurs most in homecare
- Physical abuse of residents by care staff occurs most in residential homes but is noticeable in nursing homes and homecare

What steps have been taken to secure quality?

Securing quality is the key task of the local authority and the quality framework requires appropriate and effective interventions to be made by the Council in the event of providers failing to deliver quality care. The starting point is a clear understanding of provider performance so that interventions can be targeted and effective.

Quality dashboards

In the quality framework we committed to using some of the additional investment agreed by the committee in information technology and analytics capability so that we could produce quality dashboards that would help the quality team target its resources. The dashboards would bring together for the first time all the available intelligence about provider quality including CQC ratings.

This was a significant challenge and undertaking but the quality team have succeeded in developing and publishing 85 dashboards at the time of writing including monthly dashboards

for each of the five geographical localities and a countywide dashboard for consideration by senior operational and commissioning officers.

Not only do the dashboards help the quality team target its interventions they are also used by the team to support their work with operational and commissioning colleagues to support a better understanding of what level of quality is being secured in the market at both county and local level. This helps commissioners to support their engagement with providers and operational social care staff in selecting providers with whom service users can be safely placed.

The Clinical Commissioning Groups (CCGs) also employ significant numbers of staff whose purpose is to secure quality services from providers with whom they have contracts. The Council often has separate contracts with the same providers and it is clearly important that colleagues with responsibility for quality are able to understand how these shared providers are performing. To that end the Council has made its dashboards available to all five CCGs covering Norfolk. In addition the quality team has regular contact with quality colleagues in the CCGs to ensure that we have as joined up an approach to securing quality as possible.

The quality team has also worked closely with Public Health colleagues both on data analysis and in particular infection control staff who carry out inspections of providers including care homes. The dashboards include the results of all of these inspections.

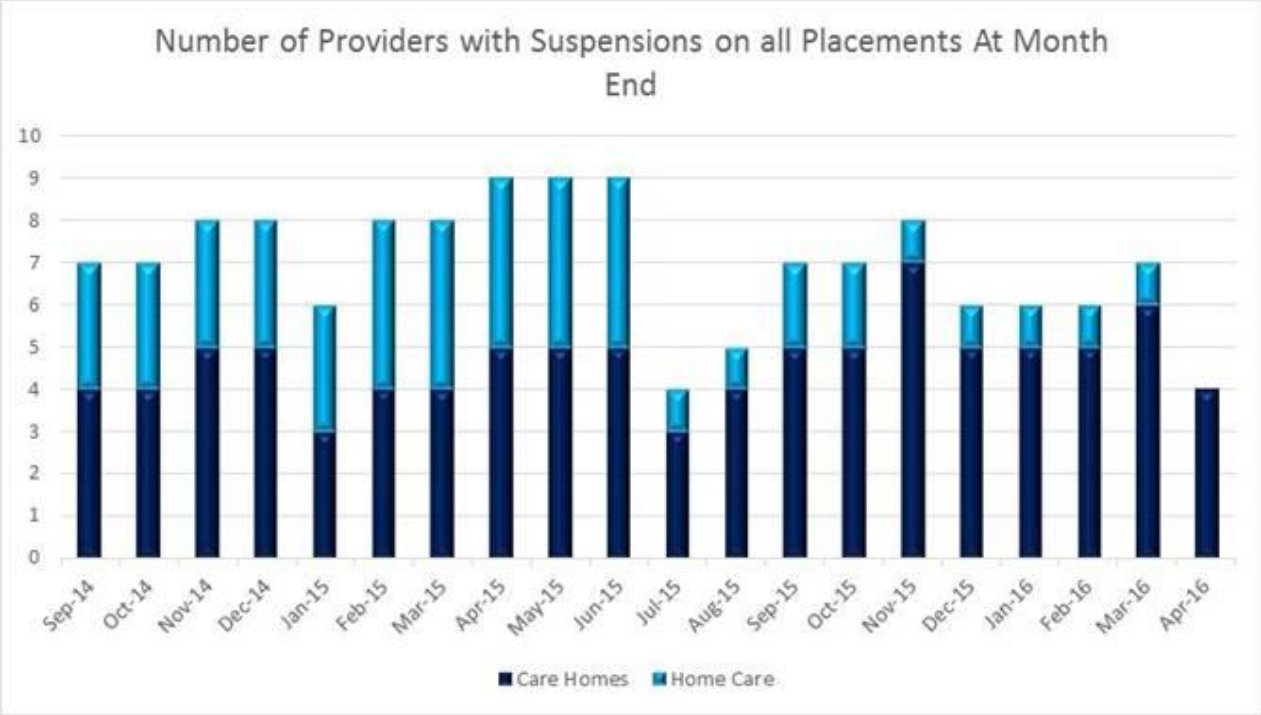
Providers rated as “inadequate” by CQC

An “inadequate” rating generally means that urgent action is needed to secure compliance with the fundamental standards and often includes a requirement on the provider to develop an action plan whose implementation will be monitored by CQC. This requires close working with the local authority concerned as the body responsible for securing the quality of services in its area.

Providers giving rise to other serious concerns

The team uses all available intelligence to target providers presenting higher risk including in particular complaints which are always investigated. Interventions can vary from a simple visit and advice to protracted investigation and close monitoring sometimes on a daily basis over many months.

The table below shows the number and type of providers subject to suspended service placements. (These include CQC rated “inadequate” providers since the new assessment regime commenced in October 2014)



Providers rated by CQC as “requires improvement”

A “requires improvement” rating generally means that there are partial failures in one or perhaps two of the five assessment domains covered by the CQC inspection. The extent to which improvements are required according to CQC inspection reports for providers rated as “requires improvement” varies considerably from a number of improvements required in a single domain to numerous improvements across more than one domain. The team has focussed throughout the year on those providers with the most improvement work to undertake.

What interventions were made to secure quality services?

The quality team itself is small with a compliment of 5.3 full time equivalent quality assurance officers and a whole time quality assurance manager. The Council agreed to increased investment in staffing and two whole time market assurance officers joined the team in November 2015 focusing on the home care market. The team works with key colleagues in commissioning, procurement and operational social care to maximise the impact that the Council has in securing quality care. The team is risk driven and the clear priorities are therefore to focus on the highest risk providers as described earlier in this report.

Providers rated as “inadequate”

During the year in question, five providers were rated as inadequate by the CQC. In all cases the Council’s adult care quality team had intervened well before the inspections and had provided CQC with intelligence that helped target these providers for inspections.

In addition the team had taken preventative actions to safeguard potential service users by suspending further placements until such time as the team were satisfied that safe high quality care could be provided.

Actions taken included:

- Suspension on further placements
- Arranging nursing care with new providers
- Arranging residential care with new providers
- Supporting providers to secure improvements

At the time of writing one provider has ceased to provide services altogether, another provider has ceased to provide nursing care but is continuing as a residential care provider, two providers remain under CQC enforcement action and one provider has made improvements and is now rated as “good”

Providers giving rise to serious concerns

During the year there have been particular difficulties in securing home care in some parts of the County where recommissioning of services has resulted in new block providers being awarded contracts. Such recommissioning always gives rise to transitional risks but on this occasion the problems have been significantly more challenging than usual.

The committee agreed to some additional investment in the quality team when approving the quality framework in January 2015. This investment has enabled two market assurance officers to be appointed. These are new roles that support the quality assurance officers and commissioners with an initial focus on the home care market following the recommissioning of services and the introduction of a new model of care based on promoting independence principles.

The officers joined the department in November 2015 and following induction and training have engaged with all the new block home care providers in place following the recommissioning exercise.

The officers carry out quality assurance reviews that focus on seven domains:

- Understanding the business and processes
- Examining care files
- Examining staff files
- Consulting with care staff
- Consulting service users
- Examining policies and procedures
- Reviewing data the Council holds on the provider such as complaints, safeguarding reports and provider submitted data and looking at their most recent Care Quality Commission report

The aim of the visits is to check and secure compliance with contractual and regulatory quality requirements and to identify areas of improvement to drive up the quality standards of homecare in Norfolk. This also helps to build a picture of key themes and challenges across the homecare market in Norfolk.

This has enabled key areas of weakness to be identified by robustly assessing and managing risk, focusing on assessment, care plans, risk assessment and medication errors.

Since January 2016 the Market Assurance Officers have:

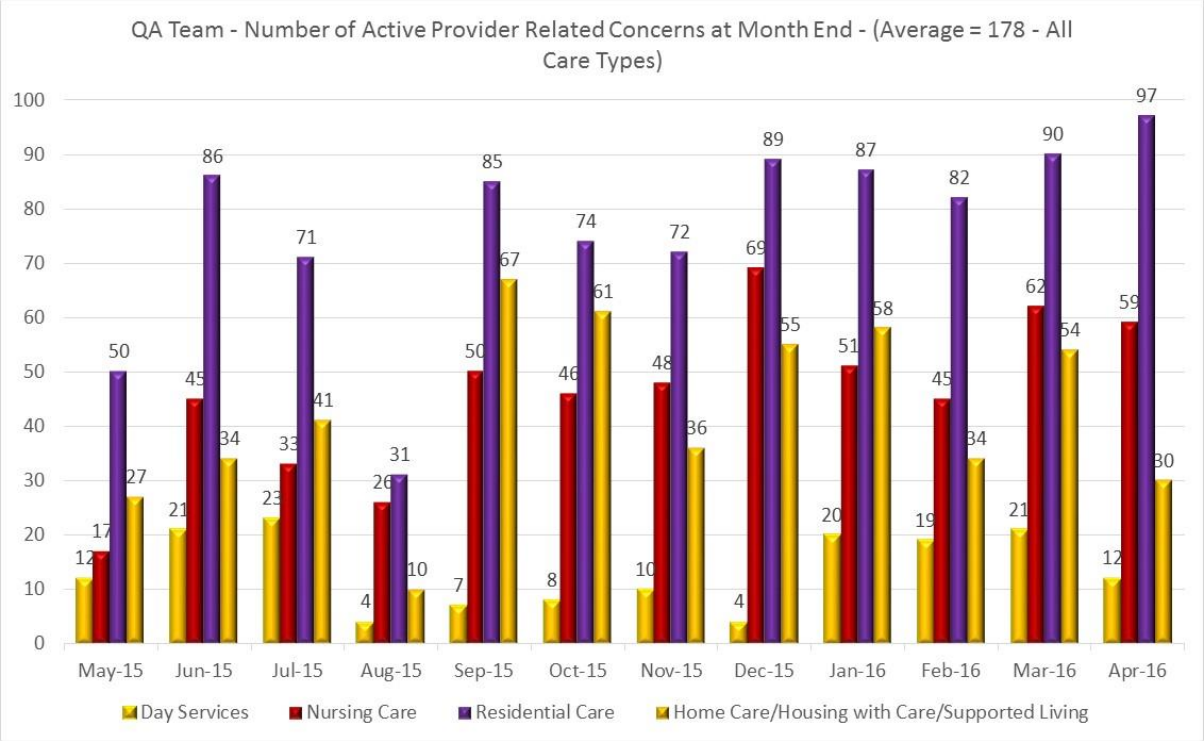
- Monitored six providers covering 14 block areas and three spot providers in Norwich, South Norfolk, and West Norfolk
- Visited 104 Service Users
- Supported the QA officer on nine accreditation visits to new providers and wrote (drafted) up the reports for them
- Supported the QA officer on two focussed audits in response to safeguarding concerns and drafted the reports for these
- Supported QA officers and commissioning managers in the transition of Eastern block homecare providers
- Supported QA officers and commissioning managers with the transition of care packages between block providers in West Norfolk
- Supported the QA response to homecare complaints and concerns in West, South, North and East Norfolk

The Market Assurance Officers have also provided a role in the close monitoring of providers where there is a risk of failure to comply with contractual obligations by requesting daily and weekly service provision information to monitor concerns and provide feedback and assurance to ensure that service user care is not compromised in any way.

At the time of writing two providers continue to be the subject of daily monitoring requiring a multi-disciplinary approach involving quality, commissioning and procurement personnel.

Providers rated as "requires improvement" or where there are safeguarding concerns

At any given moment in time the quality team was involved with numerous active concerns arising from the priority higher risk categories described above. The table below shows the active concerns case load by provider type over the past year.



It can be seen that at any given moment in time the team was on average actively working with providers to resolve about 180 live concerns. This work is critical to securing quality in the care market.

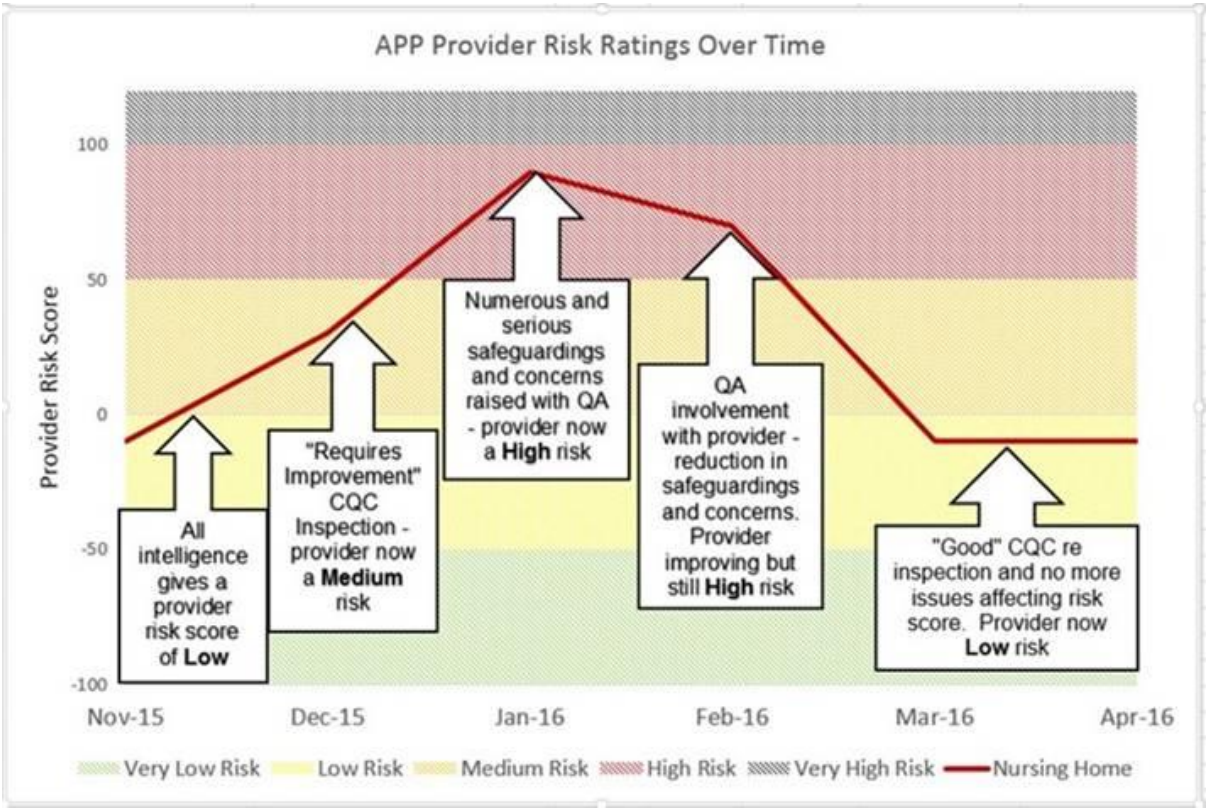
Priority quality initiatives planned for 2016/17

This report sets out a comprehensive picture of the quality of adult social care and support services in Norfolk and the actions taken by the Council to secure high quality services. Whilst recognising that many care providers have yet to be assessed by the CQC against the national standards and that there are many good providers it is clear that improvement in quality is required across the board. The team will continue to deal with quality issues as they arise, however, we want to do more to address the quality deficit so that we can match the standards being achieved in other parts of the eastern region. We will therefore implement the following programme of initiatives and actions.

Using market intelligence to target quality improvement - APP system

We are excited about the next stages of development of our market intelligence and risk profiling system which will enable the team to assess provider risk on an ongoing basis in real time. The system is based on the Authority Public Protection (APP) system developed for use in trading standards and environmental health services and will go live in July 2016.

The system is being developed to enable all intelligence including but by no means limited to CQC data about the performance of care providers to be analysed to produce a risk rating. There are 5 levels of risk; very low, low, medium, high and very high. The rating varies on an ongoing basis depending upon the intelligence gathered which will enable the team to identify providers who are becoming more risky and to intervene in a timely manner. The system will enable us to see the effect of our interventions as the risk profile changes following intervention. The diagram below illustrates this point:



The system will also replace the paper based systems currently in use and will support performance management, case management and provide greater insight into quality in the market through its powerful reporting capabilities.

Delivering a "requires improvement" to "good" programme

The current CQC ratings position is clearly not acceptable and so we will use our Market Development Fund to commission a new programme of work aimed at securing better CQC ratings We will develop and implement a programme focused on ensuring that providers with a "requires improvement" rating from CQC are supported to achieve a "good" rating at next inspection. The programme will also support providers yet to be inspected for the first time to have a better chance of being rated as "good" when the inspection takes place.

Promoting the Harwood Care Charter

The Harwood Care Charter is the Council's own quality standard focussing on putting service users in control of the care they receive. We will re-promote the Harwood Care Charter to providers encouraging them to demonstrate their commitment to person centred care by registering as adherents to the scheme and its principles. We will use the Councils website to ensure that people can see which providers have committed to person centred care in this way.

Using service user feedback to drive quality improvement

We want real insight into whether the services that the Council pays for are actually helping people achieve the outcomes that they want. We will therefore implement a new scheme, initially in block home care provision, by commissioning a specialist organisation to carry out satisfaction surveys to secure feedback which will be analysed. We will share the analysis with providers and use it to support quality improvement. We will run the scheme as a 12 month pilot with a view to extending the scheme to all care sectors in line with our Commissioning for Better Outcomes approach.

Delivering a sector skills plan to support the workforce

A stable skilled workforce is essential to delivering good quality care. Providers of health and social care services are experiencing challenges in the recruitment and retention of staff. We will implement a sector skills action plan which identifies three priority areas that Norfolk and Suffolk health, social care, private and voluntary sector partners are going to focus on to actively improve the current situation:

- Entrance and retention to the health and social care sector with a particular focus on adult social care
- Recruitment and retention of registered nurses in nursing homes
- Leadership and succession planning for registered managers and owners of adult social care businesses

Funding has been secured from the Better Care Fund and Health Education East to appoint a project officer to lead this exciting and important piece of work. In addition the Council will use its workforce development fund to make a 12 month appointment to a post to work with sector leaders and mangers to design and deliver an innovative recruitment and retention strategy for adult social care providers in Norfolk

Supporting the care home improvement agenda

Integration between the Council and the Norfolk Community Health and Care (NCHC) Adult Services can be beneficial to the Care Home Improvement Agenda. Initiatives that we will explore include NCHC health staff working with Council social care staff via integrated teams to offer an in-reach service to residential and nursing homes. This could include a Matron "overseeing" the home, a nurse prescribing and triaging for the GP or simple in-reaching by

nursing staff to advise and support the staff. The integrated teams would address mental capacity and deprivation of liberty and ensure appropriateness of arrangements and ensure flow, pace and communication.

In addition we will explore how the various quality related roles within NCHC could dovetail with the Council's own quality team in a targeted and integrated approach to quality in care homes. This aligned approach fits perfectly with the Sustainable Transformation Plan pathway and ethos.

Investing in and engaging with the market

We will establish a new formal dialogue process that will enable the Council to work with provider representatives from all the major care sectors to gain a thorough understanding of the cost of providing care so that in setting and agreeing prices the Council can be confident that those cost are properly recognised.

We will also work with providers throughout the year to develop and establish effective arrangements at both the strategic and operational level so that the Council can tackle issues including care quality improvement alongside providers themselves.

We will also use our Market Development Fund to invest directly in activities that support care quality prioritising care sectors where quality needs the most improvement.

Innovative commissioning

We will develop innovative approaches for securing sustainable high quality services through our commissioning and procurement activity with a particular focus in the coming year on the home care market.

Our market assurance officers will support commissioners in this work through:

- Return visits to those block providers already reviewed to monitor progress against action plans
- Reviews of the remaining block providers in Norfolk
- Reviews of the larger spot providers
- Review of Housing with Care Schemes
- Capturing common themes emerging form these reviews in order to look at how support can be provided to address these specific areas