



Adult Social Care Committee

Date: **Monday 12 October 2015**

Time: **10:00am**

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

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

Membership

Ms S Whitaker (Chair)

Mr B Borrett
Ms J Brociek-Coulton
Mr M Chenery of Horsburgh
Mr D Crawford
Mr T Garrod
Mr A Grey
Ms E Morgan (Vice Chair)
Mr J Perkins

Mr G Plant
Mr A Proctor
Mr W Richmond
Mr M Sands
Mr E Seward
Mrs M Somerville
Mrs A Thomas
Mr B Watkins

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

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

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

A g e n d a

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

- 2. To agree the minutes from the meeting held on 7 September 2015**

(Page 4)

- 3. Members to Declare any Interests**

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

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

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

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

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

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

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

- 5. Local Member Issues**

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk or 01603 223053) by **5pm on Wednesday 7 October 2015.**

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

- 7. Executive Director's Update**
Verbal Update by the Executive Director of Adult Social Services
- 8. Chair's Update**
Verbal Update by Cllr Sue Whitaker
- 9. Exercise of Delegated Authority**
Verbal report by the Executive Director of Adult Social Services
- 10. Adult Social Care Finance Monitoring Report Period 5 (August) 2015-16** (Page 11)
Report by the Executive Director of Adult Social Services
- 11. Performance Monitoring Report** (Page 26)
Report by the Executive Director of Adult Social Services
- 12. Risk Management** (Page 38)
Report by the Executive Director of Adult Social Services
- 13. Feedback from the Performance and Placement Rate Task and Finish Group** (Page 46)
Report by the Executive Director of Adult Social Services
- 14. The Cost of Care in Adult Social Services – interim report** (Page 48)
Report by the Executive Director of Adult Social Services
- 15. Reimagining Norfolk** (To Follow)
Report by the Executive Director of Adult Social Services

Group Meetings

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

Chris Walton
Head of Democratic Services

County Hall
Martineau Lane
Norwich
NR1 2DH

Date Agenda Published: 3 October 2015



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

Adult Social Care Committee
Minutes of the Meeting Held on 7 September 2015
10:00am Edwards Room, County Hall, Norwich

Present:

Ms S Whitaker (Chair)

Ms J Brociek –Coulton
Mr D Crawford
Mr T Garrod
Mr A Grey
Mr C Jordan
Mrs J Leggett
Ms E Morgan
Mr J Perkins

Mr G Plant
Mr A Proctor
Mr W Richmond
Mr M Sands
Mr N Shaw
Dr M Strong
Mr R Smith
Mr B Watkins

Also present: James Joyce, Daniel Roper

Chair's Announcements

The Chair welcomed Graham Plant to his first meeting of the Adult Social Care Committee.

1. Healthwatch Report on Mental Health Services in Norfolk

- 1.1 The annexed report (1) by Healthwatch Norfolk was received by the Committee and provided Members with an overview of the findings from an independent study into mental health services in Norfolk.
- 1.2 The Committee acknowledged that the report findings were very useful, and agreed to a further report being presented in March 2016 when the follow up actions highlighted in the report had been carried out.
- 1.3 The coordination of the tasks would be via a task and finish group hosted by Healthwatch which would report to the Healthwatch and Health and Wellbeing Boards.
- 1.4 The Committee **NOTED** the report and requested a further update report in March 2016.

2. Apologies

- 2.1 Apologies were received and accepted from Eric Seward (substituted by Marie Strong), Bill Borrett, Michael Chenery, Margaret Somerville, Alison Thomas

(substituted by Nigel Shaw, Roger Smith, Cliff Jordan and Judy Leggett respectively).

3. To agree the minutes from the meeting held on 29 June 2015

- 3.1 The minutes from the meeting held on 29 May 2015 were agreed as an accurate record and signed by the Chair.
- 3.2 In response to a member question relating to point 18.2, the Business and Development Manager confirmed that the report relating to VPN would be taken to Policy and Resources Committee and that the Council was well placed to receive the accreditation.

4. Members to Declare Any Interests

- 4.1 There were no interests declared.

5. To receive any items of urgent business

- 5.1 No items of urgent business were received.

6. Local Member Issues

- 6.1 There were no local member issues received.

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

- 7.1 Elizabeth Morgan reported that with regard to the shadow Governors of NCH&C, she had attended a task group meeting and training sessions. She had also attended a meeting of the Norfolk Safeguarding Adults Board and reminded the committee that it was Safeguarding Adults week in Norfolk.
- 7.2 Brian Watkins reported that since the last meeting of the Adult Social Care Committee, he had been appointed as the Chair of the Health and Wellbeing Board, which was now undergoing a self-evaluation process. He was also a board member of the Norfolk and Norwich University Hospital, which had recently appointed Mark Davies as interim Chief Executive.
- 7.3 Julie Brociek-Coulton had attended a service user and carer involvement strategy workshop and had attended a 'patient experience' session at James Paget Hospital.
- 7.4 Jim Perkins had attended a meeting at the Queen Elizabeth Hospital and had an induction planned for later this month.
- 7.5 The Chair reported that she had attended four Norfolk and Suffolk Foundation Trust meetings, an Age UK Norfolk meeting and NCC/NorseCare Liaison Board.

8. Executive Director's Update

- 8.1 The Executive Director of Adult Social Services reported that the main focus since the last Committee meeting had been managing the current budget pressures, and work is being carried out to manage the current situation.
- 8.2 Promoting Independence was still high on the agenda of the work, with decisions being taken to increase the capacity of the reablement service which in turn would make considerable savings for the department. A budget challenge workshop had been held with the Deputy Leader of the Council.
- 8.3 The Committee heard that the department had received another visit from Professor John Bolton who was acting as a critical friend for the department. In response to a question by the Committee, the Executive Director confirmed that a number of local authorities who had worked with him and had made appreciable savings. Professor Bolton had suggested a number of other contacts for Norfolk to use.
- 8.4 The Executive Director confirmed that all section 75 agreements as part of the Better Care Fund had been signed since the last Committee meeting.
- 8.5 The Committee were informed that the Government had recently deferred the implementation of part two of the Care Act.

9. Chair's Update

- 9.1 The Chair reported that she had attended a young Carers Strategy meeting with the Chair of the Children's Services Committee, four Norfolk County Council Budget Challenge meetings, Alzheimer's Society meeting with the Executive Director of Adult Social Services and a Joint Safeguarding meeting. She had also been part of the stakeholders' panel in the interviews for a new Director of Public Health, attended the launch of North Walsham's Dementia Friendly Community with Executive Director of Adult Social Services and had visited the Bowthorpe Care Village with Clive Lewis MP.

10. Exercise of Delegated Authority

- 10.1 There was nothing to report.

11. Risk Management

- 11.1 The annexed report (11) by the Executive Director of Adult Social Services was received by the Committee. The report included the departmental risk summary together with changes to revised risk scores for 2015/16 and any significant changes since the last report.
- 11.2 Although there were concerns that it was never certain that market failure could be prevented, there were provisions put in place to respond and the Care Quality Commission could intervene. The Committee were assured that actions were robust if it did occur.
- 11.3 The Committee were concerned that the risk of the outcome of the judicial review would bring extra pressure on an already pressurised budget.

- 11.4 The department were working with providers on a Trusted Trader scheme, which was firmly rooted in the Harwood Care Charter, where providers would have their services inspected and therefore be able to promote publicly that they had achieved the status. This would give individuals a more informed choice about their care.
- 11.5 The Committee **RESOLVED** to;
- Note the changes to departmental risks and significant changes.
 - Comment on the changes to departmental risks significant changes.
 - Consider if any further action is required.
- 12. Adult Social Care Finance Monitoring Report Period 4 (July) 2015-16**
- 12.1 The annexed report (12) by the Executive Director of Adult Social Services was received by the Committee. The report provided the Committee with financial monitoring information, based on information to the end of July 2015. It provided an analysis of variations from the revised budget and recovery actions taken in year to reduce the overspend.
- 12.2 The Committee heard that there was a project in place to consider the various care packages that were currently in place for those with learning disabilities. There was a long lead in time for the changes to take effect as individuals had to be reassessed and potentially rehoused. An interim Head of Learning Disabilities had been appointed and it was agreed that she would attend the November Committee meeting to give an update on progress.
- 12.3 An analysis of hired transport was being undertaken on a locality by locality basis. It was considering why individuals travelled, and if there was a more cost-effective way i.e. providing the service closer to home.
- 12.4 The Committee heard from the Executive Director that the agreed budget was not without significant risk and was the best that could be managed. Information about placements is made available on a weekly and monthly basis to the Executive Director. It was agreed that the Committee needed more detailed regular updates on the action plan for the predicted overspend.
- 12.5 The Committee expressed concern that the service development of N-able to promote early help and prevention had not been successful. The overspend in mental health would decrease as there was a project in place which was reassessing individuals to identify if they could be housed more appropriately.
- 12.6 Staff were being kept informed. The Autumn / Winter training programme was built around Promoting Independence and to support people in their decision making.
- 12.7 The Committee **RESOLVED** to note;
- The forecast outturn position at period 4 for 2015-16 Revenue Budget of an overspend of £5.608m.
 - The planned recovery actions being taken in year to reduce the overspend.
 - The planned use of reserves.
 - The forecast outturn position at period 4 for 2015-16 Capital Programme.
 - The overspend action plan at 2.6 and requested a regular detailed update.

13. Strategic and Financial Planning 2016-19 – Re-Imagining Norfolk

- 13.1 The annexed report (13) by the Executive Director of Adult Social Services was received which considered the impact of re-modelling their services based on 75% of their current addressable spend.
- 13.2 The Committee heard that, in order to implement the model, it was critical that the detail was considered and best practice within our family of the local authorities looked at. The model was based upon individuals using services available to them in their local community and therefore it was important to know the variance of the services and at what stage people were using them in their lives. It was important to use all available networks (such as County Councillors) and communities needed robust infrastructures to take this on board in order to help achieve 25% savings.
- 13.3 It was confirmed that there had been discussions with UEA about social workers training.
- 13.4 The Committee expressed concern that there was significant complexity in the delivery of such a transformational programme and the length of time it would take to make an impact. There needed to be honesty and openness about the detail of the implementation and the resource requirements.
- 13.5 There was concern that the planning for 75% of funding was taking place when the department was estimating a £5.5 million overspend for the current financial year.
- 13.6 The Committee **RESOLVED** to;
- Note the savings proposals set out in section four for further development.
 - Note the investment proposals set out in section six for consideration by Policy and Resources Committee.
 - Ask officers to bring back further savings proposals in October which will contribute to the development of budgets based on 75% of the Committee's addressable spend, to allow for choices and options to be considered, and to support the delivery of a balanced budget for 2016-17. This would be for subsequent consideration at Policy and Resources Committee in October.

14a. Cost of Care – The Cost of Care in Adult Social Services – interim report

- 14a.1 The annexed report (14a) by the Executive Director of Adult Social Services was received, which set out the process for a cost of care exercise.
- 14a.2 The Committee **RESOLVED**;
- To consider the proposed process to enable it to retake its decision of 9 March regarding the prices the Council would usually expect to pay for residential and nursing care in Norfolk for the 2015/16 financial year.

14b. Towards meeting the new market development responsibilities for Adult Social Care

- 14b.1 The annexed report (14b) by the Executive Director of Adult Social Services was received. The report summarised the overall approach to the new market development duties and also proposed the development of a concordat for future engagement with the market and support for sector led programmes.
- 14b. 2 Norfolk Independent Care (NIC) had recognised that their reach to providers is limited so NCC were working with them to develop engagement of care providers.
- 14b. 3 The Committee were reassured that NIC had already expressed its commitment to the remuneration of carers. The National living wage would increase the wage to £7.20 per hour, and to £9 per hour by 2020.
- 14b.4 **The Committee RESOLVED;**
- To endorse the development of a market development framework within the Promoting Independence strategy that enables the Council to develop and set out its programmes in future Market Position Statements.
 - To endorse the development and implementation of new arrangements for effective provider engagement and sector led market development programmes.

14c. Exclusion of the Public

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.

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

14d. Cost of Care – review of 9 March Adult Social Care Committee Decision

This item was withdrawn before the meeting on the advice of the Head of Nplaw. The report would be brought to a future meeting of the Committee.

15. To agree the exempt minutes from the meeting held on 29 June 2015

- 15.1 The exempt minutes of the meeting held on 29 June 2015 were agreed and signed by the Chair.

Meeting finished at 1.15pm.

CHAIR



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

Adult Social Care Committee

Item No. 10

Report title:	Adult Social Care Finance Monitoring Report Period 5 (August) 2015-16
Date of meeting:	12 October 2015
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 August 2015. It provides an analysis of variations from the revised budget and recovery actions taken in year to reduce the overspend.

Executive summary

As at the end of August 2015 (Period 5) the forecast revenue outturn position for Adult Social Services for 2015-16 is an overspend of £5.608m, after application of a proportion of Care Act Funding and recovery actions.

Expenditure Area	Budget 2015/16 £m	Forecast Outturn £m	Variance £m
Total Net Expenditure	241.721	252.529	10.808
Application of Care Act Funding (included in budget)	0.000	(5.200)	(5.200)
Revised Net Expenditure	241.721	247.329	5.608

- Adult Social Services has a net revenue budget for 2015/16 which is £6.3m less than for 2014/15.
- Forecast expenditure for 2015/16 is £10.808m over budget before use of new funding, but nearly £10m less compared to the actual outturn for last year
- Significant pressures remain as a consequence of the number of people receiving social care services, particularly the numbers of people aged 18-64.
- There is a projected shortfall of £5.235m on the department's saving target for 2015/16 of £16.296m
- The additional funding for the implementation of the Care Act of £8.2m for 2015/16 though included in the budget is not fully committed. Taking account of assumptions about future costs, £5.2m of the total funding has been allocated
- The revenue budget does not take account of spending the £1.753m allocated to the department from the 2014/15 Council underspend

Adult Social Services reserves at 1 April 2015 stood at £10.336m. The service plans to make a net use of reserves in 2015-16 of £6.545m therefore it is estimated that £3.791m will remain at 31 March 2016. Included in the planned use of reserves is £3.156m approved by Full Council in setting the revenue budget for 2015/16 and estimated use of £0.520m of the £1.753m agreed by the Policy & Resources in June to support transformation of Adult Social Services and policy decision regarding War Veterans.

Recommendation:

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

- a) The forecast outturn position at period 5 for 2015-16 Revenue Budget of an overspend of £5.608m
- b) The planned recovery actions being taken in year to reduce the overspend
- c) The planned use of reserves
- d) The forecast outturn position at period 5 for the 2015-16 Capital Programme
- e) The overspend action plan at 2.8

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 5 forecast including assumptions about the implementation and achievement of savings before the end of the financial year. It also includes the allocation of £5.2m of £8.2m of the funding provided for the implementation of the Care Act.
- 1.3 Since the period 4 monitoring report, further work has been undertaken to improve the robustness and understanding of the forecast, particularly in relation to the purchase of care packages to meet the individual needs of service users.

2 Detailed Information.

- 2.1 The table below summarises the forecast outturn position as at the end of August 2015 (Period 5).

Actual 2014/15 £m	Expenditure Area	Budget 2015/16 £m	Forecast Outturn £m	Variance @ P5 £m	Previously Reported £m
8.125	Business Development	10.225	9.864	(0.361)	(0.311)
71.428	Commissioned Services	70.388	71.716	1.328	1.318
9.522	Early Help & Prevention	6.416	6.760	0.344	0.189
174.780	Services to Users (net)	155.076	164.713	9.637	9.788
(1.605)	Management, Finance & HR	(0.384)	(0.524)	(0.140)	(0.176)
262.250	Total Net Expenditure	241.721	252.529	10.808	10.808
(5.572)	Use of reserves & one-off funding to support revenue spend	0.000	0.000	0.000	0.000
0	Application of Care Act Funding (included in budget)	0.000	(5.200)	(5.200)	(5.200)
(1.000)	Other Management Actions	0.000	0.000	0.000	0.000
255.678	Revised Net Expenditure	241.721	247.329	5.608	(5.200)

- 2.2 As at the end of Period 5 (August 2015) the revenue outturn position for 2015-16 after use of new funding for implementing the Care Act of £5.200m is a £5.608m overspend.
- 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 savings, resulting in a forecast overspend of £10.457m

2.5 Services to Users

2.5.1

Actual 2014/15 £m	Expenditure Area	Budget 2015/16 £m	Forecast Outturn £m	Variance £m	Previously Reported £m
107.803	Older People	107.293	108.174	0.881	0.156
23.325	Physical Disabilities	24.053	23.896	(0.157)	(0.021)
87.350	Learning Disabilities	79.239	85.762	6.523	6.825
12.814	Mental Health	11.834	13.132	1.298	1.416
7.196	Hired Transport	4.581	7.128	2.547	2.609
14.948	Care & Assessment & Other staff costs	15.734	15.099	(0.635)	(0.676)
253.436	Total Expenditure	242.734	253.191	10.457	10.310
(78.656)	Service User Income	(87.659)	(88.478)	(0.819)	(0.524)
174.780	Revised Net Expenditure	155.075	164.713	9.638	9.786

2.5.2 Key points.

- The number of permanent residential placements of older people has been successfully reduced to bring the forecast residential spend in line with the budget
- Reducing the number of working age adults in residential placements is challenging but longer terms plans to achieve this are in place
- The review and refocus of transport savings is underway to achieve reduction
- The personal budget savings target is proving extremely challenging with at best only 50% of the £6m target likely to be achieved in 2015/16
- The Learning Disability and Physical Disability savings are off target as it is taking longer than anticipated to deliver the changes required. It is anticipated that £1m will be delivered of the £2m target in the financial year
- The risk in relation to income from charges to service users has been quantified and is forecast to be £0.363m less than budget. As the numbers of service users in residential care reduce there will of course be a corresponding reduction in income from charges. This is offset by additional income in relation to the ceasing of the Independent Living Fund (£1.182m), where the service has seen corresponding additional costs

2.6 Commissioned Services

2.6.1

Actual 2014/15 £m	Expenditure Area	Budget 2015/16 £m	Forecast Outturn £m	Variance £m	Previously Reported £m
1.224	Commissioning	1.402	1.292	(0.110)	(0.080)
10.337	Service Level Agreements	11.000	10.829	(0.171)	(0.030)
1.836	Integrated Community Equipment Service	2.599	2.772	0.173	0.000
32.922	Norsecare	31.212	32.648	1.436	1.436
10.092	Supporting People	9.282	9.295	0.013	0.013
13.292	Independence Matters	13.151	13.151	0.000	0.000
1.896	Other Commissioning	1.742	1.728	(0.014)	(0.021)
71.428	Total Expenditure	70.388	71.716	1.328	1.318

2.6.2 Key points

- The Integrated Community Equipment Service budget has been pooled alongside funding from four of the five CCGs in Norfolk. Based on commitments for the year to date the proportion of equipment issued for a social care need has increased compared to that issued for a health need, this is proportionately different compared to the original budget assumptions
- Whilst there is a risk in delivering the savings against the Norse Care contract, work is in hand with Norse Care to minimise the shortfall

2.7 Savings Forecast

2.7.1 The department's budget for 2015/16 includes savings of £16.296m. As previously reported to the Adult Social Care Committee on 29 June 2015 and 7 September 2015, and to Policy and Resources Committee on 1 June 2015, there are significant risks to the delivery of £5.235m of these savings. This shortfall has been built into the forecast outturn figures in paragraph 2.1 above. At period 5 the position remains largely the same.

Savings	Saving 2015/16 £m	Forecast £m	Variance £m	Previous y Reported £m
Savings off target (explanation below)	9.835	4.420	5.235	5.235
Savings on target	6.461	6.641	0.000	0.000
Total Savings	16.296	11.061	5.235	5.235

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.

2.7.2 Review Care Arranging Service (target £0.140m, forecast £0, variance £0.140m)

This proposal predated the introduction of the Care Act which gives the council increased responsibilities for arranging care for people who fund their own care. There will in fact be

additional workload responsibilities for this team and alternative means of achieving this saving are being sought within the department.

2.7.3 Change the type of social care support that people receive to help them live at home (target £0.200m, forecast £0.100m, variance £0.100m)

A tender for the re-procurement of home care services in West Norfolk and in Yarmouth and Waveney has been awarded. The Great Yarmouth and Waveney tender was run jointly with Suffolk County Council to deliver a more integrated and efficient service. However this has resulted in a delay in the original procurement timetable. Full year savings will not be achieved in 2015-16 as the new contract will commence on 1st November 2015.

2.7.4 Renegotiate contracts with residential providers, to include a day service as part of the contract, or at least transport to another day service (target £0.100m, forecast £0, variance £0.100m)

This has been further examined in detail and it has been concluded that these savings will not be achieved. Residential providers will increase their prices if they have to provide day service. Compensating savings are being sought, in particular through a new model of care to meet the needs of people with Learning Disability.

2.7.5 Changing how we provide care for people with learning disabilities or physical disabilities (target £2.000m, forecast £1.000m, 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. While the total saving will be achieved over time, this project does have a longer lead in time. This project is under review to ensure that all possible savings can be achieved.

2.7.6 Reduce funding for wellbeing activities for people receiving support from Adult Social Care through a personal budget (target £6.000m, forecast £3.000m, variance £3.000m)

The time lag in implementing the change for existing service users, which was agreed following the consultation exercise, along with pressure on the reviewing capacity in the teams means it is uncertain whether the full £6.000m saving will be achieved in 2015-16. Additional reviewing capacity has been brought in to speed up this process, and the project is being reviewed to seek alternative means of reducing costs from the purchase of care budget.

2.7.7 Redesign Adult Social Care pathway (target £0.395m, forecast £0, variance £0.395m)

This saving was about using data and information better to manage voids in Supported Living. Initially this was linked to the sprint and development of the i-Hub but the work done manually to improve data quality and processes alongside the sprint has delivered significant benefits and this saving is therefore being incorporated into the wider Adult Social Care Committee saving from Changing Models of Care.

2.7.8 Norse Care rebate (target £1.000m, forecast £0.500m, variance £0.500m)

Based on the current Norse Care strategic financial plan, there is a shortfall against the current Adult Social Services target, work is underway with Norse Care to reduce the gap and deliver the saving in full.

2.8 Overspend Action Plan

- 2.8.1 The department is taking recovery action to reduce in year spending as far as possible. A number of actions were initiated by the Executive Director of Adult Social Services to mitigate the 2014/15 reported overspend to March 2015. In addition to these, further actions have been identified to deal with the forecast position for 2015/16. These actions and progress are detailed in **Appendix C** and have been reinforced by an e-mail from the Executive Director of Adult Social Services to all Adult Social Services Staff on 12 August 2015

2.9 Reserves

- 2.9.1 The department's reserves at 1 April 2015 were £10.336m. The service is forecasting a net use of reserves in 2015-16 of £6.545m to meet commitments, including the planned use of reserves is £3.156m approved by Full Council in setting the revenue budget for 2015/16. This does not assume use of reserves to offset general overspend. The 2015-16 forecast outturn position for reserves and provisions is therefore £3.791m. The projected use of reserves and provisions is shown at **Appendix D**.

2.10 Capital Programme

- 2.10.1 The department's capital programme for 2015/16 is £8.7m though at this stage £7.0m has yet to be committed. The priority for use of capital is Housing with Care and the development of alternative housing models for young adults. Projects are in development that are expected to utilise some of the uncommitted funding and the schemes will have benefits for revenue spend. 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 and the action plan aims to address the overspend.

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 £16.296m where major transformation change is taking longer to deliver than anticipated resulting in a potential savings shortfall of £5.235m
 - c) Based on the level of back payments processed to date the forecast level is estimated to be higher than previous years, and even though the current forecast accounts for the higher level of back payments there is a risk that more will be

required than has been allowed for. The need for these payments arise where there has been a dispute with other authorities, an under-estimation of prior year creditors and where the council has to pick up the costs of care for people whose capital has dropped below the threshold level. The locality teams prioritise people who are at risk and so there are sometimes delays in undertaking these assessments

- d) The current Judicial Review and the Cost of Care exercise currently underway may result in increased costs
- e) There is a risk that the use of block Supported Living contracts are not maximised, leading to use of spot contracts instead and consequently increased forecast costs.

5 Background Papers

- 5.1 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:

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

Officer Name:	Tel No:	Email address:
---------------	---------	----------------

Neil Sinclair	01603 228843	neil.sinclair@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 2015-16: Budget Monitoring Period 5 (August)

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

Summary	Revised Budget	Forecast Outturn	Variance to Budget		Previously Reported
	£m	£m	£m	%	£m
Services to users					
Purchase of Care					
Older People	107.293	108.174	0.881	1%	0.156
People with Physical Disabilities	24.053	23.896	(0.157)	-1%	(0.021)
People with Learning Difficulties	79.239	85.762	6.523	8%	6.825
Mental Health, Drugs & Alcohol	11.834	13.132	1.298	11%	1.416
Total Purchase of Care	222.419	230.964	8.545	4%	8.377
Hired Transport	4.581	7.128	2.547	56%	2.609
Staffing and support costs	15.734	15.099	(0.635)	-4%	(0.676)
Total Cost of Services to Users	242.734	253.191	10.457	4%	10.310
Service User Income	(87.659)	(88.478)	(0.819)	1%	(0.524)
Net Expenditure	155.075	164.713	9.638	6%	9.786
Commissioned Services					
Commissioning	1.402	1.292	(0.110)	-8%	(0.080)
Service Level Agreements	11.000	10.829	(0.171)	-2%	(0.030)
ICES	2.599	2.772	0.173	7%	0.000
Norse Care	31.212	32.648	1.436	5%	1.436
Supporting People	9.282	9.295	0.013	0%	0.013
Independence Matters	13.151	13.151	0.000	0%	0.000
Other	1.742	1.728	(0.014)	-1%	(0.021)
Commissioning Total	70.388	71.716	1.328	2%	1.318
Early Help & Prevention					
Housing With Care Tenant Meals	0.692	0.688	(0.005)	-1%	0.010
Personal & Community Support	0.173	0.173	0.000	0%	0.000
Norfolk Reablement First Support	2.822	2.625	(0.198)	-7%	(0.298)
Service Development (incl. N-Able)	0.559	1.425	0.865	155%	0.832
Other	2.169	1.850	(0.320)	-15%	(0.355)
Prevention Total	6.416	6.760	0.344	5%	0.189

Adult Social Care 2015-16 Budget Monitoring Forecast Outturn Period 5 Explanation of variances

1. Business Development, forecast underspend (£0.361m)

Business Support vacancies, especially in the Southern and Norwich teams.

During Period 5 (£0.384m) budget was moved to the Corporate Property Team relating to Building Maintenance Fund and staffing in accordance with the Member decision to set up a central property function.

2. Commissioned Services forecast overspend £1.328m

The main variances are:

Norse Care, forecast overspend of £1.436m. Shortfall on budgeted reduction in contract value compared the 2014/15 outturn together with risk around achieving savings target. Work is underway working with Norse Care to minimise or reduce the level of overspend.

ICES, forecast overspend of £0.174m. The recycling credits due to NCC have reduced compared to prior years, which are a reflection of the reduction in NCC's purchasing spend during the previous year following contract renegotiations. Recycling rates are being closely monitored and the contract provides financial incentives to the provider to recycle and reduce waste.

3. Services to Users, forecast overspend £9.638m

The main variances are:

Purchase of Care (PoC), forecast overspend £8.545m.

There are significant savings to be delivered across the year, with the £6m planned to be delivered on the reduction in personal care budgets at risk. As a result the saving is being refocused to reconsider the Resource Allocation System and to ensure that service reviews are being conducted in a consistent way.

Older People, forecast underspend of £0.881m. The work to reduce the level of permanent residential placements in the last four months of 2014/15 has continued in 2015/16 and as a result the forecast for 2015/16 suggests that residential spend will be to budget if these reductions continue. The forecast for home care is overspent, which reflects the drive to support more service users to remain in their own homes.

Learning Difficulties, forecast overspend £6.523m. The projected overspend in this area is at the same level in 2014/15. It is relevant to note that the bulk of the personal care budget savings and the savings to be achieved through changing how we provide care for people with Learning or Physical Disabilities have been set against this budget. The overspend for day care and supported living service provision, budgets particularly affected by these savings, is partially offset by an underspend on residential service provision. The numbers of residential placements for younger adults has reduced but remains high relative to comparator councils. The department

has set out as a default position that there should be no residential placements for younger adults, except for in rare and particular circumstances. The savings target for Learning Difficulties is exacting but revised plans suggest that whilst there will be a shortfall in 2015/16 against the target, and possibly a further shortfall in 2016/17, the saving will be achieved in full by 2017/18.

Mental Health, forecast overspend £1.640m. A significant proportion of the overspend is on residential placements where the department has a high number of placements compared to comparator councils. Work has been undertaken to review residential placements to identify service users who are ready to move on to community based support or to identify further support required for readiness. This has been carried out alongside work to identify the community support needed to support the transition away from residential services.

Hired Transport, forecast overspend £2.547m. Revised plans to deliver savings carried over from 2014/15 are being put in place, but the development of the plans are being hindered by the lack of detailed accurate information about transport use across the county and where there may be opportunities to reduce or replan the transport available. These plans include reviewing the location of provision with a view to reducing the need for service users to travel as far.

Service User Income, forecast underspend (£0.819m). There is a forecast shortfall on income from charges to service users and NHS contributions to jointly funded packages, £0.363m, offset by income of £1.182m received to cover care packages for service users previously funded directly by the Independent Living Fund. The Independent Living Fund (ILF) closed on the 30th of June 2015 and the Council has received ring fenced funding for the period 1st July 2015 to 31st March 2016 to cover the cost of care for those individuals previously funded directly by the ILF. Expenditure matching this income has been identified.

4. Early Help and Prevention, forecast overspend £0.344m

The main variances are:

Norfolk Reablement First Support, forecast underspend (£0.198m). The underspend is due to the allocation of a Department of Health grant to assist with helping with hospital discharge and staffing related underspends. Plans are under-way to expand the service to provide reablement to more service users with the potential to benefit from this service to support them to live more independent lives.

Service Development, forecast overspend £0.865m. The savings target for N-able (the assistive technology service run by Norse) remains off-target from 2014-15. Work is continuing to implement the saving which is based on N-Able making increased profits.

Other, forecast underspend (£0.320)m. There is a forecast overspend of £0.146m as a result of the savings target for the Care Arranging Services not being achieved. This is offset by an underspend on the Transformation budget, (£0.500m), as reserves are planned to be utilised to fund the team.

Action Plan Progress Tracker

	Action	Progress	Update	Timescale
1	No new under 65 placements in residential care, as default position.	Progress is monitored on a weekly basis with numbers no longer increasing	Numbers of placements have fallen during July and early August but levelled off in September	Continue until 31/3/16
2	Targets for locality teams to reduce the numbers of older people in residential care by 25%	Targets in place and monitored on a weekly basis, linked with 2 for 1 flow	Numbers of placements have fallen during July and early August but levelled off in September	Continue until 31/3/16
3	Prioritise the use of Norsecare block purchased beds	Target to achieve a 95% occupancy on average for the remainder of the year	Weekly monitoring, agreed with Norsecare	Continue until 31/3/16
4	To manage our funding flows we will only fund a residential or nursing home placement in each locality when two placements have been released	Target newly introduced with potential saving still to be quantified	Numbers of placements have fallen during July and early August but levelled off in September	Continue until 31/3/16
5	Temporary residential placements should only be used where a clear plan exists for the service user to return home and the placement only authorised for the period in the plan.	Will contribute to overall reduction in cost of older people placements	Numbers of placements have fallen during July and early August but levelled off in September	Continue until 31/3/16
6	Reinforce our practice on Personal Budgets. These should only be used to meet any unmet eligible social care need. Working on the basis of least spend to deliver the best outcomes	Will contribute to overall reduction in cost of packages of care.	Strength based assessments being rolled out from November, small sample suggests potential of 12% on Personal Budget	On-going
7	Reviewing all care packages which involve two carers, to ensure that use of additional equipment or assistive technology has been considered.	Work still ongoing to quantify savings benefit	Strength based assessments being rolled out from November, small sample suggests potential of 12% on Personal Budget	On-going

	Action	Progress	Update	Timescale
8	Reviewing packages of care of up to 10 hours per week, to ensure that there are no informal alternatives that could be used.	Work still ongoing to quantify savings benefit	Strength based assessments being rolled out from November, small sample suggests potential of 12% on Personal Budget	On-going
9	Reviews of last 100 placements in residential care to make sure that decision making about access to residential care is robust.	Learning from the reviews is being fed into refocused PB reviews to be rolled out next month	Strength based assessments being rolled out from November, small sample suggests potential of 12% on Personal Budget	On-going
10	Scrutiny of all personal budgets reviews where the service remains unchanged	Learning from the reviews is being fed into refocused PB reviews to be rolled out next month	Strength based assessments being rolled out from November, small sample suggests potential of 12% on Personal Budget	On-going
11	Weekly Panels to scrutinise proposed overrides of the RAS (Resource Allocation System) funding for indicative Personal Budgets for younger adults	Panels commenced w/c 17 th August.	Seven panels have been held having reviewed 112 cases. Of the 112 cases 39% have been approved and the balance have been deferred for further work. The panel process is being reviewed following the appointment of the Interim Head of LD with revised locality based panels being rolled out during October.	Continue until 31/3/16

	Action	Progress	Update	Timescale
12	Urgent 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	31/3/16
13	A freeze on Learning and Development spending, except for statutory training and training on the Care Act.	Review has been undertaken and savings of £200k have been incorporated into the current forecast	Saving achieved	Complete
14	Appoint an Interim Head of Learning Disability, who will be drive forward improvements in the Learning Disabilities services to reduce expenditure.	Kerry Wright now in post.	n/a	Complete

Adult Social Services Reserves and Provisions 2015/16

	Balance	Planned Usage	Balance
	1 April 2015	2015/16	31 March 2016
	£m	£m	£m
Doubtful Debts provision	1.572	0.000	1.572
Redundancy provision	0.016	0.000	0.016
Prevention Fund - Living Well in Community	0.006	(0.006)	0.000
Prevention Fund – General - As part of the 2012-13 budget planning Members set up a Prevention Fund of £2.5m to mitigate the risks in delivering the prevention savings in 2012-13 and 2013-14, particularly around Reablement, Service Level Agreements, and the need to build capacity in the independent sector. The funding has now been earmarked to support the early implementation of an expanded Reablement service, which is linked to budget savings for 2016-18. 2013-14 funding for Strong and Well was carried forward within this reserve as agreed by Members £0.321m remains of the Strong and Well funding, all of which has been allocated to external projects and will be paid upon achievement of milestones (mostly anticipated in 2015-16).	0.734	(0.686)	0.048
Repairs and renewals	0.043	0.000	0.043
IT reserve - For the implementation of various IT projects and IT transformation costs.*	0.876	(0.876)	0.000
Residential Review - Required in future years for the Building Better Futures programme, including the transformation of the homes transferred to Norse Care on 1 April 2011.*	2.278	(2.278)	0.000
Unspent Grants and Contributions - Mainly the Social Care Reform Grant which is being used to fund the Transformation in Adult Social Care	3.058	(2.179)	0.879
The Council underspend at 31 st March 2015 of £1.753m has been included in the opening balance, £0.520m has been committed for the engagement of a temporary Learning Difficulties Manager to drive forward improvements in that services and to offset the loss of income relating to the policy change regarding War Veterans' pre 1 st April 2015 War Disablement Pensions	1.753	(0.520)	1.233
Total ASC reserves and provisions	10.336	(6.545)	3.791

* Use of reserves agreed by Full Council in setting the revenue budget for 2015/16

Adult Social Care Capital Programme 2015-16

Summary	2015/16		2016/17	2017/18
	Current Capital Budget	Actual outturn at Year end	Draft Capital Budget	Draft Capital Budget
Scheme Name	£'000s	£'000s	£'000s	£'000s
Failure of kitchen appliances	18	18	13	0
Supported Living for people with Learning Difficulties	17	17	0	0
Adult Social Care IT Infrastructure	141	141	0	0
Improvement East Grant	60	60	0	0
Prospect Housing - formerly Honey Pot Farm	318	318	0	0
Young Peoples Scheme - East	200	200	0	0
Great Yarmouth Dementia Day Care	162	162	0	0
Adult Care - Unallocated Capital Grant	6,075	6,075	2,000	2,000
Strong and Well Partnership - Contribution to Capital Programme	252	252	0	0
Bishops Court - King's Lynn	198	198	0	0
Dementia Friendly Pilots	1	1	0	0
Lakenfields	125	125	0	0
Autism Innovation	19	19	0	0
Cromer Road Sheringham (Independence Matters	199	199	0	0
Winterbourne Project	50	50	0	0
Humberstone	24	24	0	0
Baler Press	32	32	0	0
Care Act Implementation	871	871	0	0
TOTAL	8,761	8,761	2,013	2,000

Adult Social Care Committee

Item No. 11

Report title:	Performance Monitoring Report
Date of meeting:	12 October 2015
Responsible Chief Officer:	Harold Bodmer, Executive Director of Adult Social Services
Strategic impact Performance monitoring and management information helps committees undertake some of their key responsibilities – informing Committee Plans and providing contextual information to many of the decisions that are taken.	

Executive summary

This paper reports Quarter 1 performance results for Adult Social Care, with a performance dashboard presented in Appendix A.

The paper highlights that ‘red’ measures that are off target or getting significantly worse, specifically:

- a) High permanent residential and nursing care placements for people aged 18-64
- b) Low rates of people with a learning disability in paid employment
- c) Below-target rates of people remaining at home 91 days after being discharged from hospital into reablement and rehabilitation services

The paper highlights notable ‘amber’ measures that are just off-target as:

- a) Long term service users that have received a review within the last 12 months

The paper highlights notable ‘green’ measures as:

- a) Permanent admissions to residential and nursing care for people aged 65+
- b) Delayed transfers of care attributable to social care
- c) Safeguarding strategy discussions taking place within 3 working days

Targets against key statutory performance measures are proposed in Appendix B.

These targets, and performance reporting in general, are described within the context of the developing Promoting Independence strategy. A wider range of more business-relevant measures will be required over time, and the paper describes how the committee will be briefed and involved in this process.

Finally the paper updates the committee on a corporate review of performance management arrangements.

Recommendations:

The committee are asked to:

- 1. Review and comment on the performance management information, including the Dashboard presented in Appendix A
- 2. Review and comment on the proposed targets in Appendix B
- 3. Consider any areas of performance that require a more in-depth analysis
- 4. In the light of likely changes to the performance report for 2015/16 in response Promoting Independence and other factors, propose any specific changes or improvements to performance reporting

1. Background

- 1.1. This report presents first quarter performance results for 2015/16. Quarter 1 reporting has been delayed by one month, in line with corporate requirements in previous meetings to focus on budget discussions. Quarter 2 reporting will follow as usual in November.

As is usual with the first monitoring paper of the reporting year, this paper:

- a. Provides a brief overview of the results and emerging performance headlines
- b. Suggests targets for the coming year to inform future reports

In addition this report:

- c. Outlines the implications for performance reporting of the developing Promoting Independence Strategy, and changes to the whole-council corporate performance framework

2. Quarter 1 performance

- 2.1. The 2014/15 Adult Social Services Committee performance dashboard currently contains 20 measures. Many of these do not currently have targets (see section 6), and as such many do not have the usual 'red', 'amber' and 'green' alerts. As a result this report focuses both on performance against target, and where performance is getting significantly better or worse.

- 2.2. The dashboard is smaller than in previous years. This is because both risks and progress against key projects are now reported regularly in other reports to the Committee.

It is likely, as the Promoting Independence strategy develops, that further measures will be added – see section 7.

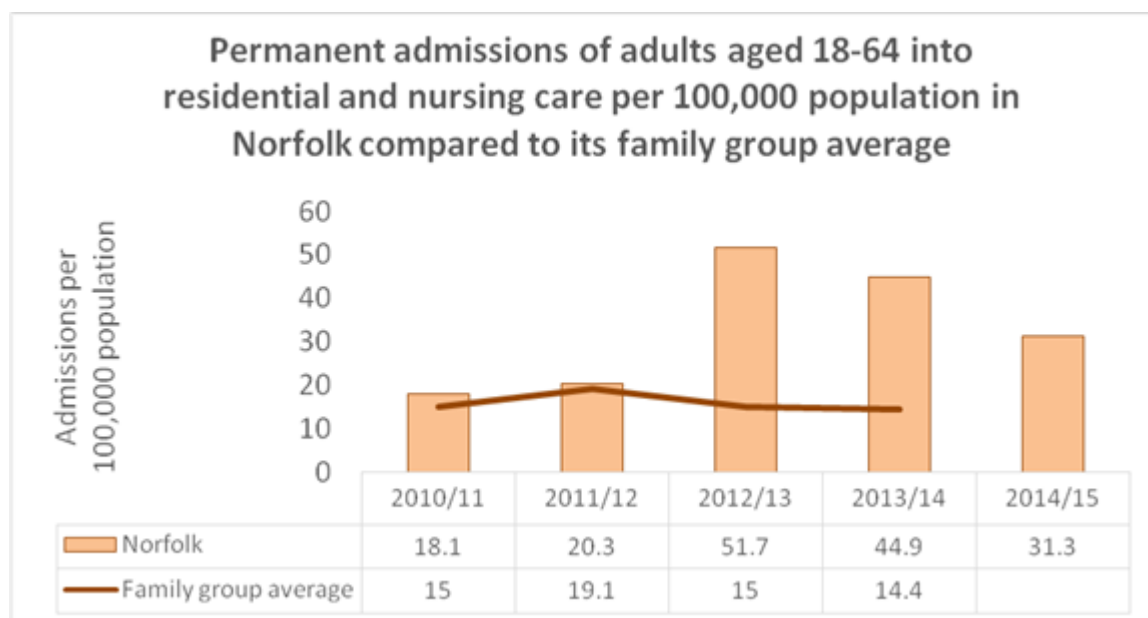
3. Measures where we're off target or getting significantly worse

The following areas are currently missing target by a significant amount (red alert) or are getting significantly worse:

- 3.1.

Red measure: 18-64 Permanent residential and nursing care placements

- 3.1.1. Whilst improvements have been made, and the rate of placements has reduced (from a 44.9 placements per 100,000 population in 13/14 to 30.8 in 14/15), Norfolk is likely to remain significantly above the family group average at current levels. The rate of 5.34 at the end of Quarter 1 equates to 27 actual placements – 23 in residential care and 4 in nursing care.



- 3.1.2. A policy has been introduced whereby nobody aged 18-64 should be placed into residential and nursing care, unless there is no other reasonable and more cost effective option. Whilst this approach has driven reductions in placements, efforts have been hampered by a lack of alternative community-based options to residential and nursing care.
- 3.1.3. Ensuring the availability of such alternatives, alongside the development of better rehabilitation practices, is at the heart of the developing Promoting Independence strategy.

3.2. **Red measure: People with a learning disability in employment**

- 3.2.1. Whilst there is currently not an agreed target for this measure, Norfolk's rate of employment for people receiving learning disability services has reduced significantly from 7.1% of service users in 2013/14 to 3.9% in 2014/15, and stood at 3.5% at the end of August. In the same period other councils, and in particular those in Norfolk's 'family group' have also experienced reductions, though not as severely as in Norfolk. In real terms this means, of the 2,088 people with a learning disability receiving services, 74 are in employment. Of these, 57 work 16 or more hours a week, and 17 work less than 16 hours a week.
- 3.2.2. Alongside settled accommodation arrangements, having a job and income can prompt a step-change improvement in outcomes and independence for people with a learning disability. The council recognises this, and our performance in this area was one of the prompts for recruiting an Interim Lead for Learning Disabilities with a brief to make significant changes to practices that support people to improve their independence. Efforts are being re-focused on improving the support we provide to help people into work where this is appropriate.

3.3. **Red measure: Older people still at home 91 days after discharge from hospital into reablement or rehabilitation services**

- 3.3.1. At year-end 2014/15 84.6% of older people receiving reablement services remained at home 91 days after their discharge from hospital. At the end of Quarter 1 this rate stood at 84.7%. The target for this measure stands at 90%.
- 3.3.2. Whilst this generates a 'red' alert, performance in this area should be viewed within the context of an aspirational target and benchmarked performance. The 'red' alert is

against a target of 90%, agreed as part of the 'non-reward' element of the nationally-agreed Better Care Fund (meaning that no reward payments are attached to performance). When compared to other councils, and in particular its 'family group' of similar authorities, Norfolk has performed consistently and significantly ahead of the average since 2011/12. Preliminary (and embargoed) benchmarking data from last year suggests a similar picture for 2014/15.

- 3.3.3. As previously reported to the committee, performance in this measure has reduced slightly in the last year in response to increases in the number people being supported through reablement. In short, as the scope of reablement services increases, the 'failure rate' increases too. Whereas efforts were previously focused on those people most likely to be successfully re-abled, the expansion of the service means that people with more complex conditions go through the service – particularly in older age groups.
- 3.3.4. Reablement is clearly vital as we seek to reduce the number of people receiving long term care, and we will continue to monitor performance in this area closely.

4. Amber measures

The following measures are off target but within 5% variance of target (amber alert)

4.1.

Amber measure: Long term service users reviewed in the last 12 months

- 4.1.1. At the end of Quarter 1, 72.3% of people with a long term service had been reviewed in the previous 12 months, short of the 76% target. This is actually an improvement on performance at the end of 2014/15 (64%), but the alert remains 'amber'.
- 4.1.2. We will be closely assessing how to best measure reviews through the Promoting Independence strategy. Preliminary (and embargoed) benchmarking data shows that Norfolk's rates of reviews are in line with its 'family group' of councils. Investigations being undertaken in developing Promoting Independence seem to test whether the quality of reviews, and the extent to which they support further independence, are more important than the number undertaken. We will continue to evaluate whether other measures of the effectiveness of reviews are required to support the committee, and report back.

5. Green Measures

The following explains noteworthy measures that are on or better than target (green alert)

5.1.

Green measure: Permanent residential and nursing care admissions for people aged 65+

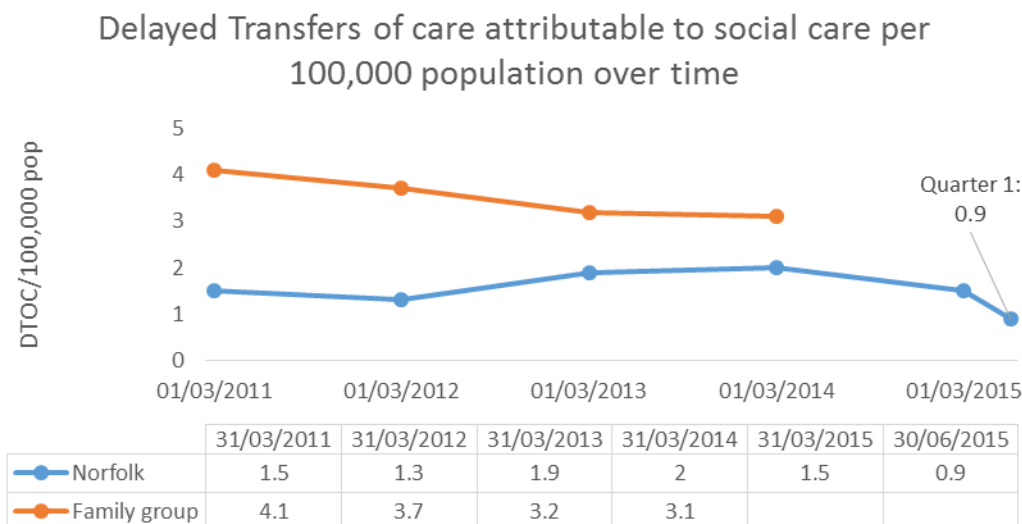
- 5.1.1. The councils continues to make good progress in reducing residential and nursing care admissions for people aged 65+, and we continue to be ahead of target.
- 5.1.2. It is vital that we guard against complacency in this area. Whilst performance against target is good and improving, we are likely to remain above the family group average when benchmarking data for 14/15 is published. Moreover, residential care admissions is a headline 'outcome' measure of the success with which we are supporting people to remain independent. We know there is much more work to do to reduce the rate of admissions from hospitals, and in areas (for example North Norfolk) where a lack of alternative services can mean that too many people still go into residential care.

- 5.1.3. An ambitious approach to reducing residential and nursing care admissions for older people will, as with other measures highlighted above, form an important part of the monitoring of performance against the Promoting Independence strategy in future reports.

5.2.

Green measure: Delayed transfer of care attributed jointly or solely to social care per 100,000 population aged 18+

- 5.2.1. Delayed transfers of care contribute to 'bed blocking' in hospitals, where people who are fit to leave hospital are unable to because arrangements have not been made for them to safely return home or into another setting.
- 5.2.2. Norfolk's social care performance in this area is historically very strong, reflecting the high priority we have given this issue as part of our work with health to improve integrated arrangements, and in particular the important role of hospital social work teams in moving people out of hospital. Delayed transfers of care are a particularly important area of performance as hospitals come under increasing pressure. This quarter's results show very low levels of delays. The below chart shows our historical performance, and finally how this compares to the quarter 1 total of 0.9 delays per 100,000 population:



5.3.

Green measure: Adult safeguarding strategy discussions completed within 3 working days

- 5.3.1. This measure shows continued improvement, with 91% of discussions now completed within 3 working days. This steady rise in numbers reflects actions to speed up strategy discussions and to record these discussions fully and in a timely manner.

6. Targets for 2015/16

- 6.1. Appendix B outlines proposed targets for key indicators in 2015/16.
- 6.2. The appendix suggests considering the indicators within three groups as follows:
- Priority improvement areas: that are key to our strategy and/or require significant improvements

- b. Steady improvement areas: that require ongoing monitoring to ensure continued good levels of performance
- c. Watching measures: that require monitoring, but that are not priorities for improvement

6.3. The targets have been proposed in the light of benchmarked performance against our family group of councils, our own historical performance, and the level of priority.

6.4. It is important to note that the indicators outlined in Appendix B are all statutory indicators that we are required to collect nationally. As the next section will describe, it will be necessary to set further targets against a range of more business-focused key performance indicators in the future.

7. Developing the Promoting Independence strategy – implications for performance reporting

7.1. The developing Promoting Independence strategy will require different measures of performance. These will be more closely aligned to business processes and financial targets, and are likely to include measures around:

- a. The care pathway – so the numbers of people contacting Adult Social Services, and then the numbers going on to receive information and advice, assessments, and short and long term services
- b. The numbers of referrals from different sources, including hospitals
- c. The outcomes of assessments and reviews
- d. The performance of commissioned prevention services
- e. The proportion of long term service users in receipt of 'block' commissioned services

7.2. We will continue to involve the committee in these developments through both regular performance reports, and through papers setting out the developing Promoting Independence Strategy.

8. Changes to the corporate performance framework

8.1. The council's performance management arrangements are currently subject to a review commissioned by the Managing Director. The outcome this will further help shape what we report and how we report it. The review has been in response to: changing organisational demands; feedback from members; and a need to present performance data, information and analysis in an accessible and engaging format that promotes good governance and accountability.

8.2. The scope of the review is wide ranging and covers the development of: an outcomes framework; 'vital signs' and 'organisational health' indicators; a new approach to risk management; a revised change management programme; integrated financial monitoring (budget and savings). It is anticipated that a new corporate performance management framework will be fully implemented by April 2016.

8.3. The performance data and analysis that is reported to this committee will be aligned to developments in the council's performance management framework over 2015/16.

9. Evidence

9.1. The appendices of this report outline the contextual evidence for this report, specifically:

Appendix A: Performance Dashboard. This outlines the indicators, targets and performance alerts for each indicator

Appendix B: Targets for 2015/16. This outlines proposed targets for key statutory indicators

10. Financial Implications

- 10.1. The Performance information presented in this report supports, and should be viewed alongside, finance monitoring reports to gain a full picture of the performance of services.
- 10.2. There are, however, no specific financial implications arising from the performance figures and commentary presented in this report.

11. Issues, risks and innovation

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

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:
Jeremy Bone

Tel No:
01603 224215

Email address:
jeremy.bone@norfolk.gov.uk



If you need this Agenda 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 Performance Dashboard








Key






Rating symbols:	★	On or ahead of target
	●	Within 5% variance of target
	▲	Missing target by more than 5% variance
Direction of travel symbols	↑	Getting better ('higher is better' indicators)
	↓	Getting better ('lower is better' indicators)
	↑	Getting worse ('higher is better' indicators)
	↓	Getting worse ('lower is better' indicators)
	→	Same performance

Measure	Value	Date	Rating	2015/16 Target	Direction of Travel
Managing our resources					
Number of sickness absence days per FTE	2.0	Jun 2015	-	-	↓
Contacts closed in SCCE as Information and Advice only	31.5%	Jun 2015	-	-	↓
Work transferred by SCCE to localities where no service was provided	6.7%	Jun 2015	-	-	↑
Service Performance					
Service users using self-directed support at the end of the reporting period	88.2%	Jun 2015	-	-	↑
Service users using self-directed support at the end of the reporting period who receive cash payments	34.3%	Jun 2015	-	-	→
Carers supported following an assessment or review	48.8%	Jun 2015	-	-	↑
Carers using self-directed support during the year	87.9%	Jun 2015	-	-	↑
Delayed transfers of care attributed jointly or solely to social care (per 100,000 population aged 18 and over)	0.9	Jun 2015	-	-	↓
People with a long term service whose needs have been reviewed in the last 12 months	72.3%	Jun 2015	●	76%	↑
Overall satisfaction of people who use services with their care and support	66.9%	Mar 2015 (annual)	●	68.7%	↓

Measure	Value	Date	Rating	2015/16 Target	Direction of Travel
Adult safeguarding strategy discussions completed within 3 working days	91%	Jun 2015	★	90%	↑
Outcomes for Norfolk					
Permanent admissions to residential/nursing care aged 18-64 (per 100,000 population)	5.34	Jun 2015	-	-	↓
Permanent admissions to residential/nursing care aged 65 and over (per 100,000 population)	156.8	Jun 2015	★	165.4	↓
Older people (aged 65 and over) still at home 91 days after discharge from hospital into reablement/rehabilitation services	84.7%	Jun 2015	▲	90%	↓
People who use services who feel safe	65.8%	Mar 2015 (annual)	●	69.6%	↓
People who use services who say that those services have made them feel safe and secure	83.5%	Mar 2015 (annual)	★	82.5%	↑
People who find it easy to find information about support	74.3%	Mar 2015 (annual)	●	77.8%	↓
People who feel they have control over their daily life	80.8%	Mar 2015 (annual)	●	82.5%	↓
People aged 18-64 in contact with secondary mental health services in paid employment	7.6%	Mar 2015	-	-	↑
People aged 18-64 in contact with secondary mental health services living independently, with or without support	72.0%	Mar 2015	-	-	↑
People aged 18-64 receiving learning disability services in paid employment	3.5%	Aug 2015	-	-	↓
People aged 18-64 receiving learning disability services living independently, with or without support	73.9%	Aug 2015	-	-	↑

Proposed Targets for 2015/16

			2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Priority improvement areas: that are key to our strategy and/or require significant improvements	% Adult's being supported by learning disability services in employment	Actual	5.2	6.7	6.9	7.1	3.9	
		Family Group Average	6.6	7.1	7	6.7		
		Proposed target						5.6
		Rationale: Significant stretch target to bring us in line with family group						
	%Adults being supported by mental health services in employment	Actual	3.1	3.4	2.9	2.5	3.9	
		Family Group Average	9.5	8.9	8.8	7		
		Proposed target						5.5
		Rationale: Significant stretch target to begin to bring us in line with family group - will require similar improvements in future years						
	Permanent admissions to residential and nursing care 18-64 per 100,000 pop	Actual	18.1	20.3	51.7	44.9	30.8	
		Family Group Average	15	19.1	15	14.4		
		Proposed target						20
		Rationale: Ambitious target to get to close gap to family average to 5 admissions per 100,000 population						
	Permanent admissions to residential and nursing care 65+ per 100,000 pop	Actual	639.1	761.3	778.7	776.8	724.4	
		Family Group Average	686.6	672.9	680.3	644.1		
		Proposed target						661.1
		Rationale: Target set as part of the Better Care Fund process						
	% People who use services who feel safe	Actual	59.7	68.1	67.9	69.6	65.7	
		Family Group Average	62.4	63.8	65.1	66		
		Proposed target						70
		Rationale: Stretch target - safety is a key statutory responsibility and priority and improvements are required to achieve family group average						
	% People who use services who say that those services have made them feel safe and secure	Actual		88	81.4	82.5	83.4	
		Family Group Average		75.5	78.1	79.1		
		Proposed target						86
		Rationale: Stretch target - safety is a key statutory responsibility and priority						
	% People who find it easy to find information about support	Actual				77.8	74.8	
		Family Group Average				74.5		
		Proposed target						75
		Rationale: Key to our strategy - levels of performance need to be at least at family group average levels						

			2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Steady improvement: that require ongoing monitoring to ensure continued good levels of performance	% Overall satisfaction of people who use services with their care and support	Actual	55.1	60.8	68.7	70.1	66.9	
		Family Group Average	62.1	62.8	64.1	64.8		
		Proposed target						68
		Rationale: To keep ahead of family group average whilst accepting satisfaction may be reduced by budget reductions						
	% People who feel they have control over their daily life	Actual	70.3	73.5	81.2	85.2	80.8	
		Family Group Average	75	75.1	76.1	76.8		
		Proposed target						82
		Rationale: Remaining ahead of family group average						
	% Proportion of people who have as much social contact as they would like	Actual				48.8	48.7	
		Family Group Average				44.2		
		Proposed target						50
		Rationale: Remaining ahead of family group average						
	% Safeguarding strategy discussions completed within 3 working days	Actual					93.1	
		Family Group Average						
		Proposed target						90
		Rationale: Remaining ahead of family group average						
	Delayed transfers of care attributable to ASSD per 100,000 pop aged 18+	Actual	1.5	1.3	1.9	2	1.6	
		Family Group Average	4.1	3.7	3.2	3.1		
		Proposed target						2
		Rationale: To remain significantly ahead of family group average						
	% Older people at home 91 days after discharge from hospital into reablement or rehabilitation	Actual	79.4	87.3	88.7	87	84.6	
		Family Group Average	82	82.7	81.4	82.5		
		Proposed target						90
		Rationale: Target set as part of the Better Care Fund process						
	% Adults being supported by learning disability services in settled accommodation	Actual	70.2	71.9	72.1	73.4	74.2	
		Family Group Average	59	70	73.5	74.9		
		Proposed target						75
		Rationale: Target set as part of the Better Care Fund process						
	% Adults being supported by mental health services in settled accommodation	Actual	31.1	35.8	38.4	46.9	62.3	
		Family Group Average	52.7	55.3	63.1	63.2		
		Proposed target						65
		Rationale: Continued improvement and remaining in line or ahead of family group average						

			2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Watching measures	% Adult's receiving self-directed support	Actual	18.3	43.8	53.8	60.9	88.7	
		Family Group Average	29.2	43	56.2	61.9		
		Proposed target						85
		Rationale:						
		Statutory target of 70%. Proposed target means we would remain ahead of family group average						
	% Adults receiving direct payments	Actual	14.6	18.9	21.8	23.4	34.8	
		Family Group Average	11.7	13.7	16.8	19.1		
		Proposed target						35
		Rationale:						
		Continued improvement and remaining ahead of family group average						

Adult Social Care Committee

Item No. 12.

Report title:	Risk Management
Date of meeting:	12 October 2015
Responsible Chief Officer:	Harold Bodmer, Executive Director of Adult Social Services
Strategic impact Monitoring risk management and the departmental risk register helps the Committee undertake some of its key responsibilities and provides contextual information for many of the decisions that are taken.	

Executive summary

At the ASC meeting of 11 May Members requested a full report at the first meeting of the year followed by exception reports to subsequent meetings. The first exceptions paper was reported to the 9 September meeting.

This report includes the departmental risk summary together with an update on progress since the 9 September. There are no changes to risk scores for 2015/16 and there are no additions or deletions to report this time.

Risks are where events may impact on the Department and County Council achieving its objectives.

Recommendations:

Committee Members are asked to:

- a) note progress with departmental risks since 9 September
- b) comment on progress with departmental risks since 9 September
- c) consider if any further action is required

1 Proposal

1.1 Recommendations:

- a) note progress with departmental risks since 9 September
- b) comment on progress with departmental risks since 9 September
- c) consider if any further action is required

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

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 Each risk score is expressed as a multiple of the impact and the likelihood of the event occurring:
- a) Original risk score – the level of risk exposure before any action is taken to reduce the risk when the risk was entered on the risk register
 - b) Current risk score – the level of risk exposure at the time the risk is reviewed by the risk owner, taking into consideration the progress of the mitigation tasks
 - c) Target risk score – the level of risk exposure that we are prepared to tolerate following completion of all the mitigation tasks
- 2.3 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", four risks are reported as "High" (risk score 16–25) and 10 as "Medium" (risk score 6–15). A copy of the Risk Matrix and Tolerance Levels appears at Appendix 2.
- 2.4 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 addressed and/or new tasks are introduced
- 2.5 The current risks are those identified against the departmental objectives for 2015/16 and have been updated for this report.
- 2.6 There are currently three risks that have a corporate significance and appear on the corporate risk register.
- RM14079 "Failure to meet the longer term needs of older people". If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local authorities may only have sufficient funding for Adult's and Children's care
 - 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

- RM012 “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”

2.7 There are no changes to risk scores and no additions or deletions to report this time.

2.8 Appendix 1 provides Committee members with a summary of the risks on the register.

2.9 Progress with departmental risks

2.9.1 Since the last report to this Committee progress has been made with the following risks:

Risk Number	Risk Name	Progress Update
RM14079	Failure to meet the long term needs of older people	The department has set up a project for Promoting Independence which will radically change Adult Social Services in Norfolk. This includes a project reviewing the Front Door/Customer Pathway, with the aim of; improving when and how people can get information and advice locally; helping people to meet their needs locally; and in turn reducing the number of social care assessments that Norfolk carries out.
RM13926	Failure to meet budget savings	The department continues to monitor the achievement of savings very closely. The biggest risk relates to the achievement of personal budget savings (wellbeing savings). At present it is assumed that £3m of the £6m savings required this year will be made. The measures that the department is taking to manage in year pressure is being used to mitigate this risk.
RM13931	A rise in hospital admissions	Situation continues to be closely monitored and actions taken in line with the Central Capacity Planning group. Situation remains highly pressurised across the 3 acute teams but well managed.
RM13923	Uncertainty around the shift towards investment in prevention services	The Council's website is being improved so that people can find information and advice more easily. Approval was granted by Norfolk's Health and Well-being Board for our Ageing Well initiative (linked to the Public Health Healthy Towns programme) and this worked has commenced through a dedicated post within Community Services. Adult Social Services is remodelling its offer based on "Promoting Independence", with the aim of helping people to live at home wherever possible. The new strategy will be part of helping people to retain and restore their health and wellbeing by building on what is available to them: a shift from finding needs and meeting them, to building on assets and harnessing them. One of

		the projects is a review of Reablement including: increasing the capacity of the service so it can take 100% of referrals; working with people with Learning Difficulties and Mental Health problems who have been in residential care for a long while to help them move to other accommodations; and a different planning bed model.
RM14150	Impact of DNA	The department has actively engaged with the DNA programme that is substantially complete in ASSD. The last group of Adult Care staff to receive their new devices is based at James Paget University Hospital. Works are also in hand at the JPUH to upgrade onsite networks and improve the resilience and ease of connectivity for staff. These are planned to be completed by the end of January 2016. The preparation of SystmOne (the NHS patient record system) for use on new laptops was completed on 19 August and will be installed on relevant staff laptops by the end of September 2015.
RM13936	Inability to progress integrated service delivery	Kerry Wright was appointed as the lead role appointed and is pushing forward transformation of the joint LD service.

- 2.10 There remains a strong corporate commitment to the management of risk and appropriately managing risk, particularly during periods of organisational change. A clear focus on strong risk management is necessary as it provides an essential tool to ensure the successful delivery of our strategic and operational objectives.

3 Financial Implications

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

4 Issues, risks and innovation

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

5 Background

- 5.1 Appendix 1 provides the Committee members with a summary of the risks on the register.
- 5.2 The review of existing risks has been completed with responsible officers.
- 5.3 There remains a strong commitment to the management of risk and appropriately managing risk, particularly during periods of organisational change, such as the accelerated programme to deliver all the elements of the vision for the County Council.

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

Officer Contact

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

Officer name : John Perrott **Tel No. :** 01603 222054

Email address : john.perrott@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.

Risk Register - Norfolk County Council

Risk Register Name		Adult Social Care Departmental Risk Register - Appendix 1									Red	↓	Worsening
Prepared by		Harold Bodmer and Steve Rayner						High			Amber	↔	Static
Date updated		September 2015						Med			Green	↑	Improving
Next update due		October 2015						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	10	31/03/2017	Red	↔	Neil Sinclair		
Adult Social Services Transformation	RM14149	Impact of the Care Act 2014	Impact of the Care Act 2014/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	31/03/2016	Green	↔	Janice Dane		
Safeguarding	RM13931	A rise in hospital admissions	A significant rise in acute hospital admissions for whatever reason would lead to increased demand for social care services. This would result in budget pressures, possible overspends and could lead to delayed transfers of care which would negatively impact on user experience and on our reputation.	4	4	16	6	31/03/2016	Amber	↔	Lorraine 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	31/03/2016	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	31/03/2016	Amber	↔	John Perrott		
Adult Social Services Prevention	RM13923	Uncertainty around the shift towards investment in prevention services	There is uncertainty around achieving a general shift towards investment in prevention services by health care and housing organisations, meaning that key strategic strategies for older and disabled people were not met in line with Living Longer, Living Well. This results in poorer outcomes for service users and higher expenditure.	3	4	12	8	31/03/2016	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.	3	4	12	8	31/03/2016	Amber	↓	Lucy Hohnen		

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	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.	3	4	12	3	31/03/2016	Green	↑	John Perrott
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	31/03/2016	Green	↑	Harold Bodmer
Adult Social Services Transformation	RM13936	Inability to progress integrated service delivery	Inability to progress integrated service delivery between NCC and Health due to; different governance regimes, the lack of management capacity and the on-going NHS changes. This could result in the programmes objectives not being fully met.	2	5	10	5	31/03/2016	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: <ul style="list-style-type: none"> • 222 of priority 1 cases not seen • 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 	3	4	12	8	31/03/2016	Amber	↔	Alison Simpkin
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.	2	3	6	1	30/11/2015	Green	↑	Lorna Bright
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	31/03/2016	New		Harold Bodmer
Adult Social Services Commissioning	RM?	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.	4	3	12	6	31/03/2016	New		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

Adult Social Care Committee

Item no. 13

Report title: Feedback from the Performance and Placement Rate Task and Finish Group

Date of meeting: 12 October 2015

Responsible Chief Officer: Executive Director of Adult Social Services

Executive summary

The Adult Social Care Committee established a task and finish group to focus on performance. The group has held its first meeting in September and has addressed terms of reference and a work plan. This report sets out the work of the Group to date.

1. Current position

- 1.1 The Task and Finish Group members are Cllr Watkins, who agreed to accept the Chair, Cllr Brociek-Coulton, Cllr Perkins, Cllr Somerville and Cllr Morgan. Officer Group members are Catherine Underwood, Director of Integrated Commissioning and Jeremy Bone, Service Delivery Manager. Other officers will attend meetings as required.
- 1.2 The Group met on 18 September 2015, the Terms of Reference are to be finalised but will be based on the following :-
 - a) A need for improved performance reporting that meets Members' needs and allows the Committee to hold services to account
 - b) A desire for the Members and the Committee to have a more direct say in how targets are set for adult social care
 - c) A need to drill down into areas of performance concern: e.g. high reported rates of residential care placements
- 1.3 Corporate performance management arrangements are being reviewed. A revised approach is being developed for consideration by the Policy and Resources Committee that will:
 - a) Align to the Council's four priorities – with key outcome measures against each
 - b) Include performance, risk, financial and planning data
 - c) Use 'vital signs' and 'organisational health' indicators to measure performance at departmental level
 - d) See Committee reports reflecting the appropriate 'slice' of the performance pyramid
- 1.4 It is anticipated that within this framework performance indicators - 'vital signs' – will need to be set for the departments.
- 1.5 The Group received a presentation on the performance reporting regimes which have applied to adult social services and the derivation of the current reporting measures. The presentation also set out the role of the Local Account, which local authorities have been encouraged to publish as a document to support local accountability and is an opportunity to set out wider information for the public.

1.6 Promoting Independence will be a key focus for setting future performance monitoring.

2. Future meetings and reporting

2.1 It was agreed to hold three future meetings early in November 2015, December 2015 and January 2016, these meetings will include reporting on the following three key performance areas (order to be agreed) :

- a) Learning disabilities
- b) Carers
- c) Residential care/housing with care

2.2 The Group will produce a final report for the January 2016 Committee. Meeting timings are such that an update will not be available for the November Committee meeting.

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:

Catherine Underwood
Jeremy Bone

Tel No:

01603 224378
01603 224215

Email address:

catherine.underwood@norfolk.gov.uk
jeremy.bone@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 Committee

Item No. 14.

Report title:	The cost of care in Adult Social Services - interim report
Date of meeting:	12 October 2015
Responsible Chief Officer:	Harold Bodmer, Executive Director of Adult Social Services
Strategic impact <p>One of the Council's top priorities is to promote wellbeing and safeguard vulnerable adults and this includes the provision of residential and nursing care where people's assessed needs are best met in this way. The Council relies upon its contractual arrangements with the market as a means of providing these key services and has specific responsibilities for the determination of the prices it pays for them.</p> <p>The outcome of the cost of care exercises which are currently underway to establish what the Council would usually expect to pay for residential and nursing care may impact upon the cost of these services.</p>	

Executive summary

The Adult Social Care Committee (the Committee) considered an interim report on 29 June 2015 on the cost of care exercise being carried out to enable it to set fee rates for residential and nursing care for its next planning period, beginning in 2016/17. In the light of legal advice, the Committee resolved that the decision it had previously made on 9 March 2015 concerning the fee rates for the current financial year should be retaken. The Committee considered a further interim report on the progress of the new process on 7 September.

In order to enable the Committee to retake its 9 March decision it has been necessary to devise and implement a robust process that will enable the Council to:

- undertake market engagement and gather sufficient information to take into account, amongst other things, the actual costs of providing residential and nursing care in Norfolk so that it can set a series of proposed rates to be used as its 'usual prices'
- consult with residential and nursing care providers in Norfolk on the proposed rates, its explanations and reasons for its 'usual prices', giving sufficient opportunity for providers to set out their views
- determine the final 'usual prices' for 2015/16 having regard to all relevant information and any feedback received from the consultation

The process has been designed having full regard to legal advice, including the amount of time needed for the data collection and consultation phases. Revised timescales are planned to enable a report to be brought to the Committee meeting on 25 January 2016 for a decision to set the final 'usual prices' for 2015/16 financial year. Timescales have been extended to accommodate provider's requests to extend the data collection stage and to ensure that sufficient time has been allowed to complete the data analysis thoroughly.

Recommendations

The Committee is recommended to:

Consider the revised timescale to enable it to retake its decision of 9 March regarding the prices the Council would usually expect to pay for residential and nursing care in Norfolk

1. Proposal

- 1.1 The proposal is to amend the timescales for the process to complete the cost of care exercise in order to ensure a robust process to enable the Committee to retake its 9 March decision regarding the prices it would usually expect to pay for residential and nursing care to meet assessed needs in Norfolk for the 2015/16 financial year (the 'usual prices').

2. Evidence

- 2.1 On 29 June the Committee resolved to retake the decision that it had previously taken at its 9 March meeting regarding setting its 'usual prices' for the financial year 2015/16. This was due to a legal challenge.
- 2.2 This has required the development and implementation of a new Cost of Care process as described below.
- 2.3 **Cost of Care 2015/16**

The Cost of Care process 2015/16 consists of a number of key distinct phases as set out in the high level project plan shown below:

2.3.1

Final	30-Sep-15	WEEK ENDING																												
Cost of Care Project Plan	July				August				September				October				Nov				Dec				Jan-16					
	10-Jul	17-Jul	24-Jul	31-Jul	07-Aug	14-Aug	21-Aug	28-Aug	04-Sep	11-Sep	18-Sep	25-Sep	02-Oct	09-Oct	16-Oct	23-Oct	30-Oct	06-Nov	13-Nov	20-Nov	27-Nov	04-Dec	11-Dec	18-Dec	25-Dec	01-Jan	08-Jan	15-Jan	22-Jan	29-Jan
15/16																														
EqIA																														
Prepare data collection templates and market engagement letter																														
Market Engagement (Data collection) - 28 days																														
Market Engagement Ends																														
Data Analysis																														
Report writing																														
Consultaion Approval																														
Consultation - 28 days																														
Consultation analysis & recommendations																														
Consultaion findings review meeting																														
Committee- Usual Price decisions																														

2.4 Equality Impact Assessment

A Cost of Care Equality Impact Assessment (EqIA) has been undertaken. Because of the nature of the cost of care proposal the impact in this instance is on 'service providers', rather than service users. Regular EqIA review points have been incorporated into the project plan to ensure that when information from providers is received, at the market

engagement and consultation stages, these will be considered as part of ongoing equality assessment work.

2.5 Data Collection

The data collection phase began on 23 July and closed on 10 September. We have maintained regular contact with every provider with whom we contract for services, keeping them informed of the Cost of Care exercise we are undertaking and the opportunities available for them to engage with the exercise.

- 2.5.2 At the same time as collecting data from providers we have gathered other relevant cost data to enable proper testing and evaluation of the actual costs of care in Norfolk.

2.6 Data Analysis

- 2.6.1 Officers are undertaking an analysis of the information about actual costs supplied by providers together with other information relevant to actual costs. This information will be considered alongside any local or other relevant factors, as well as the Council's duty of Best Value and its obligations under the Care Act 2014, to which the Council will have due regard.

- 2.6.3 The process enables the calculation of provisional 'usual prices' for 2015/16 which will be incorporated into a detailed report for consultation.

2.7 Consultation

A 28 day consultation phase is planned to begin on 3 November

- 2.7.1 All providers will be sent a consultation pack that will transparently set out:
- (a) the process followed; and
 - (b) the report prepared and described above detailing the proposed 'usual price(s)' and an explanation as to how the Council calculated them; and
 - (c) the equality impact assessment; and
 - (d) the timelines; and
 - (e) who can be contacted in case of queries; and
 - (f) the ability for providers to set out whatever they think is appropriate, including but not limited to further evidence, criticism of methodology, additional reports, comments and concerns, including any data that they might want to share to support their arguments

2.8 Determining the 'usual prices'

The consultation phase is planned to end on 2 December and following proper consideration of the results of the consultation a report will be prepared for consideration by the Adult Social Care Committee on 25 January 2016. The report will set out the process, the results of the consultation, how that and other relevant factors have been taken into account and the proposed usual prices.

3. Financial Implications

- 3.1 The financial impact of implementing any changed rates will be set out in the report to the

4. Issues, risks and innovation

4.1 Actual Costs

There is a risk that during the consultation stage the providers do not consider the data analysis and methodology applied to calculate the 'usual price' to be robust enough. This risk will be mitigated by building in additional time at the data analysis stage and to ensure the consultation pack is presented in an accessible format that evidences a robust process.

4.2 Legal challenge

Risk of further legal challenge could arise if we do not follow our established process or if the decision is not sound. We are mitigating these risks by taking and acting on legal advice.

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:

Steve Holland: **01603 638635** steve.holland@norfolk.gov.uk

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.