

Adult Social Care Committee

Date: **Monday, 04 September 2017**

Time: **10:00**

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

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

Membership

Mr B Borrett (Chairman)

Mr Tim Adams Mr W Richmond

Miss K Clipsham Mr M Sands

Mrs S Gurney (Vice-Chair) Ms S Squire

Mrs B Jones Mr M Storey

Mr J Mooney Mr H Thirtle

Mr G Peck Mr B Watkins

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

Hollie Adams on 01603 223029
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A g e n d a

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

2. Minutes

Page 5

3. Declarations of Interest

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

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

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

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

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

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

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

5. Public Question Time

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm Wednesday 30 August 2017**.

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

Or view the Constitution at www.norfolk.gov.uk

6. Local Member Issues/ Member Questions

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm on Wednesday 30 August 2017**.

7. Chairman's Update

Verbal update by Cllr Bill Borrett

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

9. Executive Director's Update

Verbal Update by the Executive Director of Adult Social Services

10. Internal and External appointments **Page 13**

A report by the Head of Democratic Services

11. Adult Social Care Finance Monitoring Report Period 4 (July) 2017-18 **Page 15**

A report by the Executive Director of Adult Social Services

12. Strategic and Financial Planning 2018-19 to 2021-22 **Page 33**

A report by the Executive Director of Adult Social Services

13. Next steps for integration with the health service **Page 46**

A report by the Executive Director of Adult Social Services

14. 'Living Well – Three Conversations' - a strengths-based approach to social work **Page 57**

A report by the Executive Director of Adult Social Services

15. Transforming Care Partnership update

Page 63

A report by the Executive Director of Adult Social Services

16. Transport

Page 85

A report by the Executive Director of Adult Social Services

Group Meetings

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

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

Date Agenda Published: 24 August 2017



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Adult Social Care Committee

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

Present:

Mr B Borrett (Chairman)

Mr Tim Adams

Miss K Clipsham

Mrs S Gurney (Vice-Chair)

Mrs B Jones

Mr J Mooney

Mr G Nobbs

Mr G Peck

Mr W Richmond

Mrs S Squire

Mr H Thirtle

Mr B Watkins

1. Apologies

- 1.1 Apologies were received from Mr M Sands, (Mr G Nobbs substituting) and Mr M Storey.

2. To confirm the minutes of the meeting held on

- 2.1 The minutes of the meeting held on 19 June 2017 were agreed as an accurate record and signed by the Chairman.

3. Declarations of Interest

- 3.1 There were no declarations of interest.

4. Urgent Business

- 4.1 There was no urgent business discussed.

5. Public Question Time

- 5.1 Three public questions were received and the answers circulated; saw appendix A.

6. Local Member Questions

- 6.1 There were no Local Member Questions received.

7. Chairman's Update

- 7.1 The Chairman had nothing to add that was not already on the agenda.

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

8.1 There were no updates received from Members.

9. Executive Director's Update

9.1 The Executive Director updated the Committee on:

- Continued progress on the replacement of the existing social care I.T. system with Liquid Logic. It was now moving into the implementation phase which was on schedule for November;
- The CQC (Care Quality Commission) State of the Nation report on the quality of social care which had been published; the local state of care in Norfolk was covered in the Market Position Statement and at the Committee meeting on the 19 June in the report "Adult Social Care Annual Quality Report 2016/17".

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

10.1.1 The Committee received and discussed the first monitoring report providing financial monitoring information, based on information to the end of May 2017.

10.1.2 Confidence of Officers in the long term sustainability of the reported budget position was queried. The Executive Director of Adult Social Services reported that the budget shown did not provide a detailed position; as it was early in the year, variations caused by risks such as those related to changes to the Social Care market, winter pressures and seasonal budget variations were not yet known. He was confident that the strategy for managing the budget outlined in the report was the right strategy to take moving forward.

10.1.3 The Finance Business Partner (Adult Social Services) clarified that significant investment by County Council in February 2017 helped support pressures to the budget, and in order to provide similar support in the long term additional savings for 2018-19 were needed. This funding would not be available in subsequent years; some risks were mitigated through commissioning savings and demand led savings. A small overspend was forecast in the report which was an area for focus.

10.1.4 In order to keep costs down, commissioning teams worked with the market to ensure the correct types of placements were in place across the County and fair prices were paid to providers; charges were due to be increased to the independent sector this year, 2017, to ensure a good quality care market. The Acting Director of Integrated Commissioning reported that the cost of care exercise carried out in 2016 would be repeated in 2017 to evaluate the suitability of prices paid for care across the County.

10.1.5 The smaller budget allocated to Mental Health Services was queried. The Executive Director of Adult Social Services clarified that budgets were based on a needs analysis which evaluated the number of people being supported and associated cost. At the time of the meeting there were 1139 service users engaged with Mental Health Services compared to over 14,000 Adult Social Care service users. Benchmarking indicated Norfolk was in line with national averages.

10.1.6 Changes to managed contracts was queried; the Acting Director of Integrated

Commissioning clarified that in order to inform decisions, detailed analysis had been carried out in the home care market of how services were provided to people. Through reorganising commissioning, costs could be lowered.

- 10.1.7 Work to address the cost of transition cases moving up from Children's Services was queried; an agreement between the Executive Director of Adult Social Services and the Executive Director for Children's Services was in place to work to ensure a focus on improving independence for families and young people.
- 10.2 With 12 votes for and 0 against, the Committee **RESOLVED** to **AGREE**:
 - a) The forecast outturn position at Period 2 for the 2017-18 Revenue Budget of £261.453m;
 - b) The planned use of reserves;
 - c) The forecast outturn position at Period 2 for the 2017-18 Capital Programme.

11. Additional Social Care Funding

- 11.1.1 The Committee received the report outlining how Adult Social Services proposed to use additional one-off funding announced as part of the budget in March 2017.
- 11.1.2 The long awaited formal guidance on the use of Better Care Fund had now been published subsequent to the submission of papers to the Committee. It included additional requirements related to delayed transfers of care, setting targets which were not anticipated. The proposals therefore had not been signed off by the Clinical Commissioning Groups (CCGs) (Clinical Commissioning Groups), who may be likely to request further assurances to meet those conditions. Formal agreement from them would be sought in advance of proposals being considered by the Policy and Resources Committee for agreement.
- 11.1.3 The Executive Director of Adult Social Services hoped that following meetings with the CCGs, an agreement would be reached by the end of July 2017.
- 11.2.1 Despite the announced additional requirements, the Chairman proposed continuing with the item, as the funding also related to investment in extra social workers. Final decision on the funding would be taken by Policy and Resources Committee.
- 11.2.2 The Executive Director of Adult Social Services confirmed the investment in 50 social workers would be in addition to existing vacancies; this would provide additional capacity for social workers to carry out assessments and support hospitals. This would support the savings programme through an invest to save approach.
- 11.2.3 The Chairman clarified that the funding outlined in the report was a result of the administration lobbying Government and that he would continue to do so; he had met with the Leader of the Council recently who had made the case for more Social Care funding at a Local Government Association conference.
- 11.2.4 In relation to a query related to building resilient lives funding, it was clarified that the funding would not be used to reverse agreed savings by Council but to mitigate risks and meet targets moving forward with a particular focus on delayed transfers of care.
- 11.2.5 In order to address the vacancy rate the advertising campaign was national and newly qualified social workers could be recruited. In response to a query, the

Chairman confirmed that integration would be a challenge as the STP (Sustainability and Transformation Plan) was an autonomous process and discussed the challenges raised by different parts of the NHS having different targets. The challenge of recruiting 50 social workers was recognised however increasing capacity was important and the new money provided an opportunity to address recruitment.

11.3 With 12 votes for and 0 against, the Committee:

- **RESOLVED** to **AGREE** to support the proposals for use of the additional monies as set out in Appendix 1 of the report;
- **AGREED** to **RECOMMEND** to Policy and Resources Committee for agreement.

12. Promoting Independence progress and actions for 2017/18

12.1 The Committee received the report summarising the overall purpose and case for change for Promoting Independence, highlighting the impact of the programme to date and key activities to be delivered during 2017/18.

12.2.1 An indicative budget had been given to Social Work teams for the year and changes to the model of social care would enable Social Workers to work in a different way to make savings. Commissioning services differently, effective and efficient working would also contribute to savings in the Social Work team budgets.

12.2.2 The Executive Director of Adult Social Services discussed the importance of working to support people to remain independent in their home and community while also providing effective and consistent support to people when they were in crisis.

12.2.3 The 80% of cases which the report showed could have had different outcomes was queried. The Director of Norfolk Adult Operations and Integration clarified that this related to a small sample of cases and referred to faster outcomes being achieved.

12.2.4 Following a query over how capacity and a consistent approach would be built, it was clarified that community capacity officers were working in locality areas to identify need and support increased capacity.

12.2.5 Implications to day-care centres of the changes to day-care services was queried; it was clarified that it was planned that centres be more outcome focussed.

12.3 With 12 votes for and 0 against the Committee:

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

13. Learning Disabilities and Autistic Spectrum Disorder

13.1 The Committee received the report setting out the ambition and implementation plans for transforming the support for people with Learning Disabilities and Autistic Spectrum Disorder, which was one of the key priorities for Adult Social Care within the Promoting Independence Programme.

- 13.2.1 A concern was raised over paragraph 1.8 of the report, that current practice was not fully addressing need with the right pace of change, and it was queried whether the legislative requirements in paragraph 4 of the report were being met. the Director of Norfolk Adult Operations and Integration confirmed that current practice did meet the care needs of individuals however was not as ambitious or modern as it could be; individuals could be supported further to make steps to help them reach goals and be as independent as possible.
- 13.2.2 Cllr Squire noted that support for people with autism had historically focussed on what they could not do, whereas the focus was now on what people could do and helping them to be independent.
- 13.3 With 12 votes for and 0 against, the Committee:
- a) **AGREED** the overall approach set out in the paper to transform services for people with Learning Disabilities and Autistic Spectrum Disorder;
 - b) **AGREED** to strengthen transitions arrangements across Adults and Children's services as pivotal in securing good opportunities for further education, work and independence for young people as they reach adulthood;
 - c) **AGREED** a strengthened approach to commissioning that increased alternative forms of care and support that would deliver personalisation and promote independence;
 - d) **AGREED** to monitor and ensure that the new developments bring the budget in line with previously agreed savings requirements;
 - e) **AGREED** Adult Social Services' approach to co-production of a strategy for people with learning disabilities and autistic spectrum disorder referred to at point 2.2.1 in the report.

14. Market Position Statement 2017/18

- 14.1 The Committee considered the report setting out the Market Position Statement (MPS), the Council's overall approach to shaping the adult social care market in Norfolk, which set out the challenges in the market and the Council's commissioning strategies to promote its effective and efficient operation.
- 14.2 The Director for Health and Integration was reviewing integrated structures and there was a report on integration scheduled for the September 2017 meeting.
- 14.3 With 12 votes for and 0 against, the Committee **APPROVED** the draft Norfolk Adult Social Care Market Position Statement 2017/18.

The meeting finished at 11:01am

**Mr B Borrett, Chairman,
Adult Social Care Committee**



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PUBLIC QUESTIONS TO ADULT SOCIAL CARE COMMITTEE

MONDAY 10 July 2017

1a. Question from Anjum Hussain, Director, Norfolk Care Homes Limited

Does the Chairman accept that the 'blank-cheque' approach to funding NorseCare is a failure of his department to properly manage its resources and must end? With c£3.5m overspend in 16/17 and c£3.5m projected just 2 months into 17/18, this must be immediately addressed. A two-tier system, favouring Norsecare without real accountability, is unsustainable and impacts the quality of provision across the sector.

The Chair should address his answer to those staff working in independent care homes, who the council directs to be paid significantly less than new recruits to Norsecare for equivalent work, due to unequal, unreasonable and unfair funding disparities. Workers, residents and their families suffer the consequences.

1b. Response from Chair

The Council is committed to reducing the costs of the NorseCare contract over the medium term, which are higher due to legacy costs and is working to bring the cost of care more in line with the wider market. As part of this work NorseCare implemented new terms and conditions for new employees in February 2017.

As well as reducing costs within NorseCare the Council previously undertook a cost of care exercise for residential and nursing care for older people, which resulted in an increase in the price paid for care in Norfolk within the independent care homes. For example, this supported the decision to increase the price paid for standard residential care by an additional 8.5% in 2015/16, 4.6% in 2016/17 and 5.3% in 2017/18.

The 2017/18 budget included an £18.439m investment to manage the recurrent costs to care providers from inflation, national living wage increases and the impact of the cost of care review for older people residential and nursing care.

The NorseCare contract was increased by 1.5% in 2017/18.

2a. Question from Tim Armitage, Woodspring House, Fakenham

Following last year's overspend of £3.5m, Norsecare has already been bailed out to the tune of £2m this year and is already forecast to be over-budget by £1.4m. Given that the care it does provide is also extremely expensive, in the face of £31m of cuts is it not time for the committee to grasp the nettle and look at altering the NorseCare contract so that it provides genuine value for money and a level playing field for all providers. Any reduction in residential placements should obviously start with the most expensive.

2b. Response from Chair

The Council is committed to reducing the costs of the NorseCare contract over the medium term, which are higher due to legacy costs and is working to bring the cost of care more in line with the wider market. As part of this work NorseCare implemented new terms and conditions for new employees in February 2017.

The temporary increase in budget aligned to NorseCare for 2017/18 relates to the decision taken by County Council in February and following recommendations from the Adult Social Care Committee, to provide additional funding in 2017/18 to manage the ongoing impact of the 2016/17 overspend.

This investment was allocated to those budgets where there was spending in excess of budget, which would not be resolved immediately – this was primarily within the purchase of care budgets, but also in relation to NorseCare – which we show separately for transparency purposes. Due to the fact that it had not been possible to reduce the NorseCare contract in line with budget targets, in 2016/17 the NorseCare budget was overspent by £3.257m. There is still a gap between budget and expected outturn in 2017-18, however, the implementation of the new Tier 3 terms and conditions and ongoing work to make changes within the contract will help to reduce this.

The allocation is purely a budget change to ensure the budget is more in line with the actual contract costs for NorseCare and this is not an increase in spending with NorseCare. Our budget plans only include the budget increase for one year.

3a. Substantive Question from Bharat Rhagu, Managing Director East Anglia Care Homes Ltd

The Council is under a legal duty to get value for money when it is spending taxpayers' money. How does the Council discharge this legal when it is paying significantly over the market rate for services from Norsecare and is using public money to prop up Norsecare because of its overspend?

3b. Response from Chair

The NorseCare contract was entered into in 2011 and included a TUPE transfer of staff and transfer of property assets from the County Council. The primary benefits at that time were to help managed the transformation of the care estate and help create an increase in specialist care places. 168 specialist dementia care places have been delivered and 92 housing with care flats.

The variances between the budget and contract occurred due to it taking longer to make changes to the NorseCare contract and reshape services. The Council is committed to reducing the costs of the NorseCare contract over the medium term, which are higher due to legacy costs and is working to bring the cost of care more in line with the wider market. NorseCare has continued to deliver services within the contract price.

3c. Supplementary Question from Bharat Rhagu, Managing Director East Anglia Care Homes Ltd

The Council is asked to clarify the source of the £2m which has been used to cover NorseCare overspend and the terms for this support?

3d. Response from Chair

The temporary increase in budget aligned to NorseCare for 2017/18 relates to the decision taken by the County Council in February and following recommendations from the Adult Social Care Committee, to provide additional funding in 2017/18 to manage the ongoing impact of the 2016/17 overspend. This was funded in part from the £4.197m one-off Adult Social Care Support Grant announced by the Government in the Autumn.

The allocation is purely a budget change to ensure the budget is more in line with the actual contract costs for NorseCare and this is not supporting an increase in spending with NorseCare. Our budget plans only include the budget increase for one year.

Adult Social Care Committee

Item No.....

Report title:	Internal and External Appointments
Date of meeting:	4 September 2017
Responsible Chief Officer:	Wendy Thomson, Managing Director
Executive Summary: At its meeting on 19 June 2017, the Committee deferred consideration of the appointment of a Member Champion for Learning Difficulties and also a Member Champion for Physical Disability and Sensory Impairment. This report asks Members to consider making these appointments. Subsequently, a request has been received for the Committee to appoint a Member to serve on the Norfolk Safeguarding Adults Board (NSAB) and Members are invited to consider making that appointment. Recommendation: That Members consider and make appointments to the following posts: <ul style="list-style-type: none">• Member Champions for Learning Difficulties• Member Champion for Physical Disability and Sensory Impairment• Member of the Norfolk Safeguarding Adults Board (NSAB).	

1. Proposal

a. Member Champions

1.1 At the meeting of the Committee held on 19 June, the Committee deferred consideration of the appointment of a Member Champion for Learning Difficulties and a Member Champion for Physical Disability and Sensory Impairment.

1.2 Communities Committee has recommended that that the Member who is appointed as Member Champion for Physical Disability and Sensory Impairment should also serve as the Council's representative on Norfolk and Norwich Association for the Blind.

b. Norfolk Safeguarding Adults Board (NSAB)

1.3 The Norfolk Safeguarding Adults Board (NSAB) helps and protects adults in Norfolk who have care and support needs and who are experiencing, or are at risk of, abuse or neglect. An SAB has to do this by:

- assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance;
- assuring itself that safeguarding practice is person-centred and outcome-focused;
- working collaboratively to prevent abuse and neglect where possible
- ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred;
- assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

The SAB must lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. The elected member representative plays a key role linking the County Council to the Board and helping develop Norfolk safeguarding adults work and would join 24 colleagues from statutory agencies including police, the local authority, health commissioning and representatives from the acute hospital providers, community health providers, prisons, probation, community and voluntary sector, Healthwatch, fire and rescue, PCC Office. The board is led by Joan Maughan, independent chair.

2. Financial Implications

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

3. Issues, risks and innovation

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

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

Officer Contact

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

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Chris Walton	01603 222620	chris.walton@norfolk.gov.uk



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Adult Social Care Committee

Item No

Report title:	Adult Social Care Finance Monitoring Report Period 4 (July) 2017-18
Date of meeting:	4 September 2017
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic impact

This report provides Adult Social Care Committee (the Committee) with financial monitoring information, based on information to the end of July 2017. The report sets out variations from the budget, progress against planned savings and the actions being taken by the service to remain within budget.

Executive summary

As at the end of July 2017 (Period 4), Adult Social Services is forecasting an outturn position to budget. This is following review of risks and achievement of savings. The budget was set in February 2017, prior to the announcement by the Government of additional funding for adult social care.

Expenditure Area	Budget 2017/18 £m	Forecast Outturn £m	Variance £m
Total Net Expenditure	261.313	261.313	0.000

The headline information and considerations include:

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

Adult Social Services reserves at 1 April 2017 stood at £2.074m. The reserves at the beginning of the year included committed expenditure, which was carried forward in 2016/17. At period 4 the forecast includes the planned use of £1.273m of reserves in this financial year.

The 2017-18 forecast outturn position for reserves is £0.801m. Provisions totalled £4.157m at 1 April 2017, mainly for the provision for bad debts.

Plans for the use of the additional one-off social care grant, which totals £18.561m in 2017-18 has been agreed with health partners. Work has commenced to implement the interventions that will support the priorities, including supporting hospitals to reduce delayed transfers of care and care market stability. However, due to the timing of the grant and the requirement for plans to be agreed with health partners in advance of spending, the one-off grant is not expected to be spent in full during this financial year and it is recommended that a reserve is put in place to enable funds to support invest to save interventions over the planned life of the projects.

Recommendations:

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

- a) The forecast outturn position at Period 4 for the 2017-18 Revenue Budget of £261.313m
- b) The planned use of reserves
- c) Agreement in principle to set up a reserve to support the planned actions to be delivered through the improved Better Care Fund.
- d) The forecast outturn position at Period 4 for the 2017-18 Capital Programme

1. Introduction

- 1.1 The Adult Social Care Committee has a key role in overseeing the financial position of the department including reviewing the revenue budget, reserves and capital programme.
- 1.2 This monitoring report is based on the Period 4 (July 2017) forecast including assumptions about the implementation and achievement of savings before the end of the financial year.

2. Detailed Information

- 2.1 The table below summarises the forecast outturn position as at the end of July (Period 4).

Actual 2016/17 £m	Over/ Underspend at Outturn £m	Expenditure Area	Budget 2017/18 £m	Forecast Outturn £m	Variance @ P4 £m
10.392	(0.471)	Business Development	4.001	3.635	(0.365)
69.600	0.123	Commissioned Services	68.640	69.342	0.703
5.492	(0.727)	Early Help & Prevention	8.614	8.438	(0.176)
168.243	12.971	Services to Users (net)	186.524	184.761	(1.763)
1.064	(7.497)	Management, Finance & HR	(6.465)	(4.863)	1.602
254.791	4.399	Total Net Expenditure	261.313	261.313	0.000

- 2.2 As at the end of Period 4 (July 2017) the forecast revenue outturn position for 2017-18 is £261.313m, which is a forecast outturn to budget.
- 2.3 The detailed position for each service area is shown at **Appendix A**, with further explanation of over and underspends at **Appendix B**.
- 2.4 The areas of overspend are Commissioned Services, and Management, Finance and HR. These are offset by underspends elsewhere.
- 2.6 **Additional Social Care Funding**
 - 2.6.1 The Chancellor's Budget in March 2017 announced £2bn additional non-recurrent funding for social care, of which Norfolk will receive £18.561m in 17/18, followed by £11.901m in 2018/19 and £5.903m in 2019/20. The funding is paid as a direct grant to councils by the DCLG and as a condition of the grant, councils are required to pool the funding into their BCF. This fund is governed by the Health and Wellbeing Board and monitored by NHS England and the Department for Communities and Local Government (DCLG) through national and local assurance and quarterly returns.

The guidance received by DCLG requires that the funding is used by local authorities to provide stability and extra capacity in the local care system. Specifically, the grant conditions require that the funding is used for the purposes of:

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

2.6.2 This funding was not known at the time County Council set the 2017/18 budget and was not included in the budget reflected in the Period 2 monitoring report. Plans for the use of the funding were reported to Committee in July and have subsequently been agreed with Norfolk's Clinical Commissioning Groups. In agreeing the plans one adjustment to the plans was negotiated, which will see an additional £200,000 spent specifically on actions to reduce mental health delayed transfers of care and reduces accordingly the allocation to support market stability from £9.3m in 2017-18 to £9.1m.

2.6.3 The revised budget shows the increased budget position for the service. Due to the timing of the grant announcement and subsequent requirement for developing and agreeing plans across the health and social care system, work to implement interventions was not able to implemented earlier in the financial year. Actions to implement the plan have now started and include:

- a) The launch of a recruitment campaign for additional social workers
- b) Commissioning of accommodation based reablement
- c) Implementing short stay accommodation for people with mental health needs following discharge from hospital
- d) Developing social prescribing opportunities
- e) Development of the high impact change model

However, the total grant for 2017-18 will not be utilised fully in this financial year and it is therefore recommended that a reserve is put in place to enable funding to be used in line with the agreed plan over the planned three year period. This will ensure that invest to save projects can be developed and implemented appropriately and give adequate time to enable outcomes to be achieved and evaluated. At this stage it is proposed that the creation of a reserve is agreed in principle.

2.6.4 Where investment in social care is evidenced to provide wider system benefits the expectation is that financial support will be sought from across health and social care to enable new ways of working to continue beyond the project timescales. Where benefits cannot be evidenced or wider financial support from the health sector is not available, it is expected that the interventions will need to be stopped at the end of the projects.

2.7 **Services to Users**

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

Actual 2016/17 £m	Over/ Underspend at Outturn £m	Expenditure Area	Budget 2017/18 £m	Forecast Outturn £m	Variance @ Pd4 £m
111.914	8.238	Older People	110.926	113.515	2.589
23.246	1.207	Physical Disabilities	23.148	23.935	0.787
94.527	11.119	Learning Disabilities	96.391	98.319	1.928
13.174	0.267	Mental Health	13.545	13.863	0.318
6.746	3.074	Hired Transport	6.672	6.572	(0.100)
9.144	(1.194)	Care & Assessment & Other staff costs	16.901	16.370	(0.532)
258.751	22.710	Total Expenditure	267.583	272.574	4.991
(90.508)	(9.739)	Service User Income	(81.060)	(87.813)	(6.754)
168.243	12.971	Revised Net Expenditure	186.524	184.761	(1.763)

2.7.2 Key points:

- a) Permanent admissions to residential care – those without a planned end date – have been consistently reducing for the last three years in both 18-64 and 65+ age groups, and reductions had accelerated in the first half of the last financial year in response to the provisions put in place in response to Promoting Independence. Over quarter three, there had been some increase in permanent residential placements – the key reasons were improved timeliness of recording, but teams also reported increased pressure from hospital discharge and a number of previous self-funders that had dropped below the threshold for self-funding. At April 2016 the rolling 12 months admissions for people aged 65+ was 616 per 100,000 population. This had reduced to 613 by August 2016, but then increased in each of the following periods, to 637 by November 2016, before reducing to 633 by March 2017. For people aged 18-64 there is a reduction, with 21 people per 100,000 population admitted into permanent residential care in April 2016, reducing in most periods to 19 per 100,000 population by March 2017. However, whilst total numbers have reduced, those that do go into residential care tend to be people with higher levels of need that require longer lengths of stay and more expensive care packages, meaning that spend has not reduced proportionally
- b) The forecast expenditure for purchase of care, excluding care and assessment is £6.597m more than the 2016/17 outturn. The forecast reflects some readjustment for savings that are high risk of non-delivery
- c) Overall there is a reduction of £2.695m in forecast income in 2017/18 compared to 2016/17 outturn. This relates to both one-off income items accounted for against purchase of care income in 2016/17, for example £5.155m in relation to Cost of Care and National Living Wage and £5m to protect social care following reductions in the Better Care Fund. This is offset by a forecast increase in service user income

2.8 Commissioned Services

2.8.1

Actual 2016/17 £m	Variance at outturn £m	Expenditure Area	Budget 2017/18 £m	Forecast Outturn £m	Variance @Pd4 £m
1.185	(0.289)	Commissioning Team	1.662	1.688	0.026
10.361	(0.795)	Service Level Agreements	11.122	10.708	(0.414)
2.184	(0.418)	Integrated Community Equipment Service	2.651	2.382	(0.269)
33.280	3.257	NorseCare	32.385	33.788	1.403
8.323	(1.172)	Housing related support	6.478	6.478	0.000
13.114	(0.244)	Independence Matters	12.857	12.857	0.000
1.153	(0.216)	Other Commissioning	1.485	1.441	(0.044)
69.600	0.123	Total Expenditure	68.640	69.342	0.703

2.8.2 Key points: NorseCare

- The variance is unchanged from Period 2. As part of the management of the Council's overall 2016/17 underlying overspend for adult social services, one-off funding of £2m has been used in 2017/18 to temporarily manage part of the variance between the previous budget set by the County Council and the NorseCare contract price. Despite on-going reductions in the real-terms contract costs (including NorseCare forgoing the inflationary increase for this year that the contract entitles it to) there remains a variation between the approved budget and the contract price
- Savings targets set in the council's prior-year budgets were not able to be achieved within the 2017-18 contract price – this is mainly because of the 'legacy' costs that NorseCare carries in respect of staff terms and conditions and property maintenance
- Work continues to reduce NorseCare's costs and increase its income from contracts with third parties. This should result in delivery of a contract that is more closely aligned to market prices

2.9 Savings Forecast

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

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

workstreams and projects. The report to this Committee in July 2017 detailed the revised programme of work and cross referenced these to the original savings descriptions.

- 2.9.3 Period 4 monitoring and savings analysis has shown that £3.587m of the planned savings are at risk of non-delivery and £10.626m is on track. **Appendix C** sets out the delivery status of the programme by workstream and project.

Savings	Saving 2017/18 £m	Forecast £m	Variance £m	Previously Reported £m
Savings off target (explanation below)	(7.092)	(3.505)	3.587	0.000
Savings on target	(7.121)	(7.121)	0.000	0.000
Total Savings	(14.213)	(10.626)	3.587	0.000

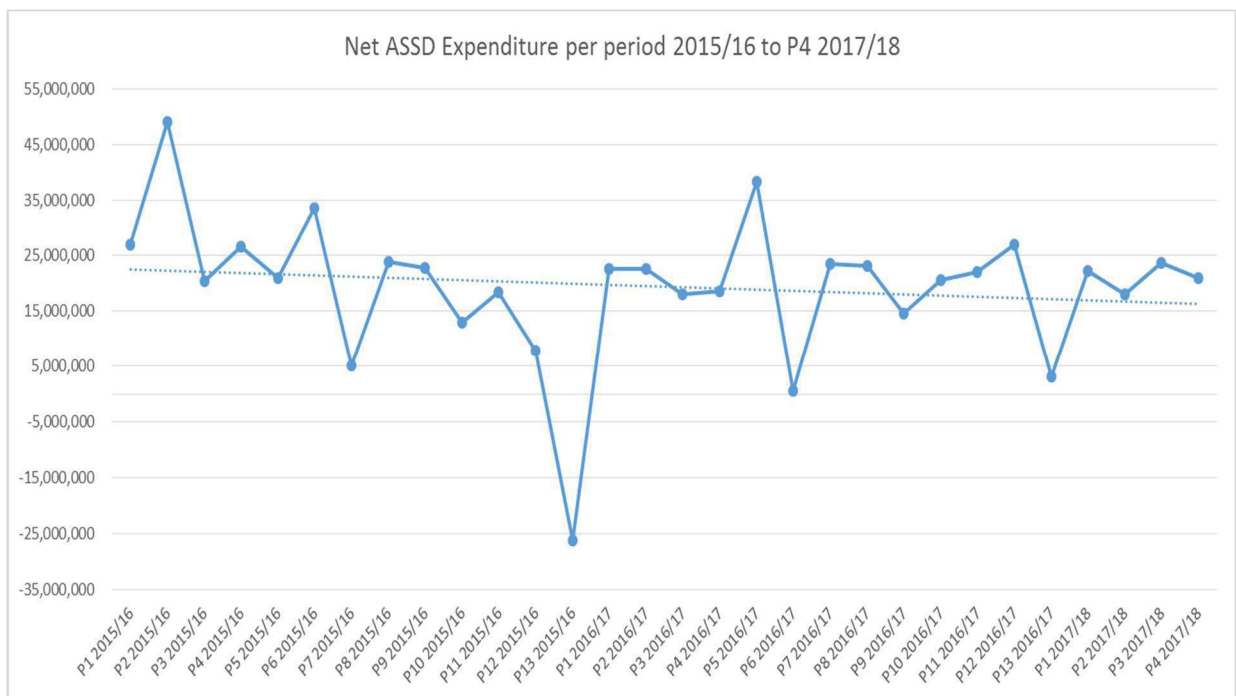
- 2.9.4 A brief explanation is provided below of the key variances and, where applicable, planned recovery actions.

Younger adults and older people reviews (target £4.445m; forecast £1.958m; variance £2.487m) This initial forecast is based on evidence of the actual impact from reviews completed earlier in the year. However, this is a difficult saving to accurately evidence and savings could still be achieved through other demand management interventions that will enable savings to be achieved across the workstream. Recruitment for additional social workers is underway and the Living Well programme has been launched, which will support approaches that will deliver increased independence for individuals.

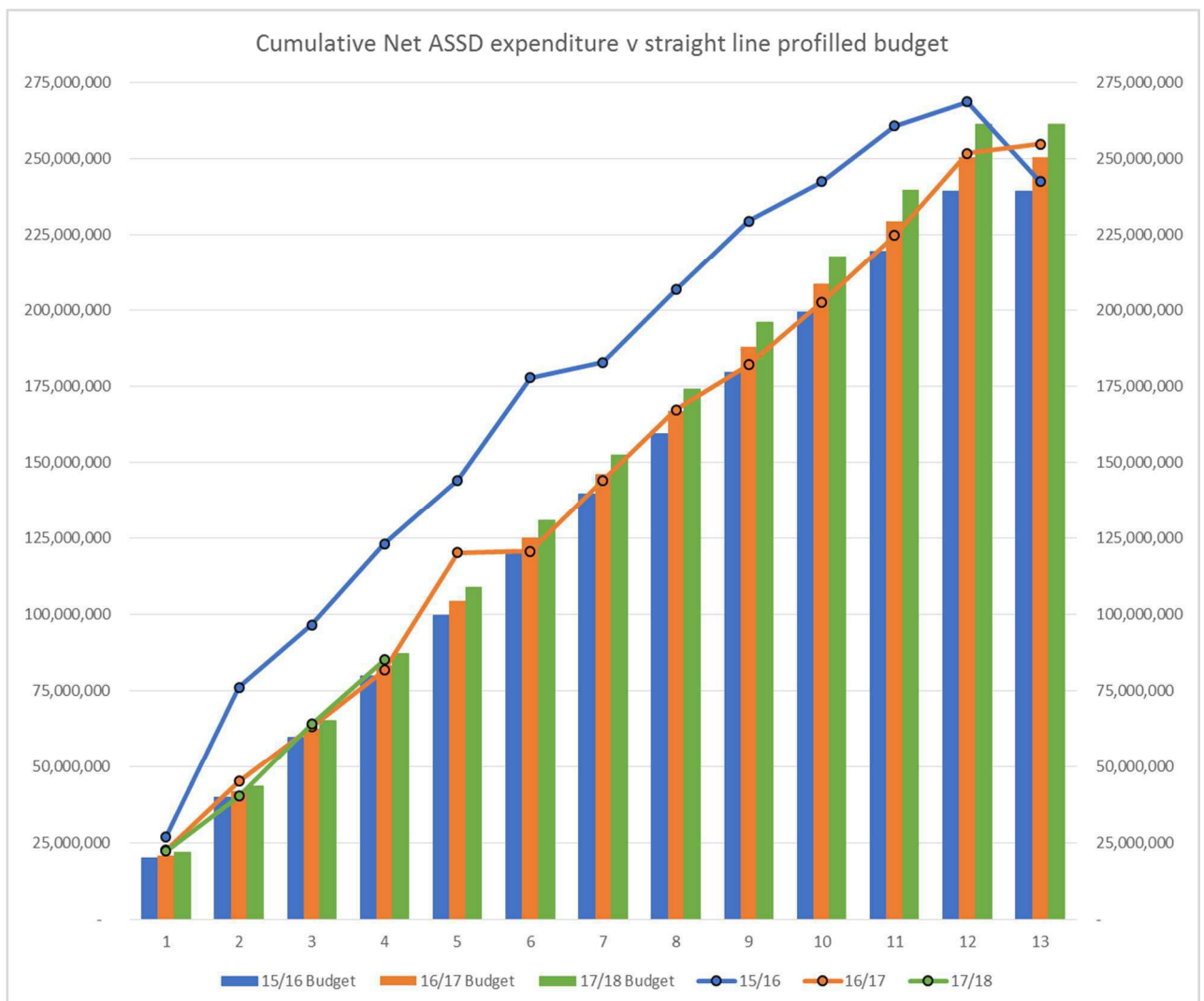
Home care commissioning (target £0.183m; forecast £0.000m; variance £0.183m) A new framework is in place for the Northern, Central and Southern areas and work is being finalised regarding fee structures. The framework is expected to improve stability in this market but is not forecast to achieve immediate savings. The new framework encourages provider collaboration to improve efficiency of home support rounds, which will improve the financial sustainability and support more cost effective commissioning of wider services.

Review of day services (target £1.000m; forecast £0.650m; variance £0.350m) The service is working closely with Independence Matters to reshape the contract and service model to enable long term savings to be delivered, however, part of the savings will require reduction in demand for day services and alternative approaches.

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



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



2.10 **Action plan and Finance and Performance monitoring**

- 2.10.1 Last year all locality and service teams developed financial recovery plans, which were used for focused actions to improve the financial position and to support both team management and reporting to finance and performance board. Monthly performance and finance data is reviewed by senior management team in order to highlight key areas of focus for monthly finance and performance board meetings. This is also a forum, which enables escalation by teams of blockages to progress and priority actions for the service. In addition quarterly accountability meetings have been introduced, enabling scrutiny at team level and are led by the Executive Director of Adult Social Services.
- 2.10.2 Looking ahead the service will be implementing the new social care replacement system, Liquid Logic, in November 2017. This will provide an improved management and reporting system for social care, but also includes implementing a new financial system for social care. It is expected that financial reporting will be limited during and immediately after implementation of the new system. This is both due to capacity and to enable full testing to be carried out following transition to the new system.

2.11 **Reserves**

- 2.11.1 The department's reserves and provisions at 1 April 2017 were £6.231m. Reserves totalled £2.074m.
- 2.11.2 The reserves at the beginning of the year included committed expenditure, which was carried forward in 2016/17. At period 4 the forecast includes the planned use of £1.273m of reserves in this financial year.
- 2.11.3 The forecast reserve position at 31 March 2018 is £0.801m.
- 2.11.4 Provisions totalled £4.157m at 1 April 2017, mainly for the provision for bad debts. The projected use of reserves and provisions is shown at **Appendix D**.
- 2.11.5 As set out in section 2.6 of this report, it is proposed that a reserve is approved in principle to enable ring fenced additional social care funding to be carried forward. This will ensure that the plans agreed as part of the Better Care Fund can be used for the agreed purposes and invest to save projects can be managed across an agreed timeframe. Further information will be reported to this Committee in October 2017, including a forecast reserve amount. Plans for the use of the additional social care funding were agreed at the end of July 2017, at which point £6.187m of the 2017-18 had been received from Department for Communities and Local Government (DCLG).

2.12 **Capital Programme**

- 2.12.1 The department's three year capital programme is £21.668m. The programme includes £6.924m relating to Department of Health capital grant for Better Care Fund (BCF) Disabled Facilities Grant (DFG), which is passported to District Councils within the BCF. Work continues with district councils as part of the BCF programme of work, to monitor progress, use and benefits from this funding. The capital programme also includes £7.240m for the social care and finance replacement system. The priority for use of capital is development of alternative housing models for young adults. Allocation of funding in Period 4 includes £0.068m for IT equipment to support the student social worker cohorts through the Teaching Partnership. Details of the current capital programme are shown in **Appendix E**.

3. **Financial Implications**

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

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

4. Issues, risks and innovation

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

5 Recommendations

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

- a) The forecast outturn position at Period 4 for the 2017-18 Revenue Budget of £261.313m
- b) The planned use of reserves
- c) Agreement in principle to set up a reserve to support the planned actions to be delivered through the improved Better Care Fund.
- d) The forecast outturn position at Period 4 for the 2017-18 Capital Programme

6. Background

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

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

[Norfolk County Council Revenue Budget and Capital Budget 2017-20 - County Council February 2017 – p22](#)

[Finance Monitoring Report – Adult Social Care Committee July 2017](#)

Officer Contact

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

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

Adult Social Care 2017-18: Budget Monitoring Period 4 (July 2017)

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

Summary	Budget	Forecast Outturn	Variance to Budget		Variance @ Pd 2
	£m	£m	£m	%	£m
Services to users					
Purchase of Care					
Older People	110.926	113.515	2.589	2.33%	(1.664)
People with Physical Disabilities	23.148	23.935	0.787	3.40%	0.090
People with Learning Disabilities	96.391	98.319	1.928	2.00%	1.048
Mental Health, Drugs & Alcohol	13.545	13.863	0.318	2.35%	(0.440)
Total Purchase of Care	244.010	249.632	5.622	2.30%	(0.966)
Hired Transport	6.672	6.572	(0.100)	(1.50%)	0.000
Staffing and support costs	16.901	16.370	(0.532)	(3.15%)	(0.225)
Total Cost of Services to Users	267.583	272.574	4.991	1.87%	(1.191)
Service User Income	(81.060)	(87.813)	(6.754)	8.33%	(1.851)
Net Expenditure	186.524	184.761	(1.763)	(0.95%)	(3.042)
Commissioned Services					
Commissioning	1.662	1.688	0.026	1.54%	(0.061)
Service Level Agreements	11.122	10.708	(0.414)	(3.72%)	(0.251)
ICES	2.651	2.382	(0.269)	(10.14%)	(0.392)
NorseCare	32.385	33.788	1.403	4.33%	1.403
Housing Related Support	6.478	6.478	0.000	0.00%	(0.232)
Independence Matters	12.857	12.857	0.000	0.00%	0.000
Other	1.485	1.441	(0.044)	(2.93%)	0.000
Commissioning Total	68.640	69.342	0.703	1.04%	0.467
Early Help & Prevention					
Norfolk Reablement First Support	4.516	4.483	(0.033)	(0.73%)	(0.084)
Service Development	1.244	1.220	(0.024)	(1.94%)	0.000
Other	2.852	2.736	(0.116)	(4.07%)	(0.169)
Prevention Total	8.614	8.438	(0.176)	(2.05%)	(0.253)

Adult Social Care

2017-18 Budget Monitoring Forecast Outturn Period 4

Explanation of variances

1. Business Development, forecast underspend (£0.365m)

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

2. Commissioned Services forecast overspend £0.703m

The main variances are:

NorseCare, overspend of £1.403m. The variance is unchanged from period 2. As part of the management of the Council's overall 2016/17 underlying overspend for adult social services, one-off funding of £2m has been used in 2017/18 to temporarily manage part of the variance between the previous budget and the NorseCare contract price. Despite on-going reductions in the real-terms contract costs (including NorseCare forgoing the inflationary increase for this year that the contract entitles it to) there remains a variation between the approved budget and the contract price.

Savings targets set in the council's prior-year budgets were not able to be achieved within the 2017-18 contract price – this is mainly because of the 'legacy' costs that NorseCare carries in respect of staff terms and conditions and property maintenance.

Work continues to reduce NorseCare's costs and increase its income from contracts with third parties. This should result in delivery of a contract that is more closely aligned to market prices.

Service Level Agreements, underspend of (£0.414m). The underspend is due to a reduction in planned costs, following retendering of agreements.

Integrated Community Equipment Store, underspend of (£0.269m). Working practices have changed, which has reduced the equipment backlog. This combines with a recycled equipment rebate to deliver an underspend.

3. Services to Users, forecast underspend (£1.763m)

The main variances are:

Purchase of Care (PoC) expenditure, overspend of £5.622m. Additional funds were added into the budget for 2017/18 to cover some of the pressures within PoC, including the impact of Cost of Care and the National Living Wage. The Period 4 forecast includes an adjustment to reflect possible non-delivery of £3.250m net savings, the impact on gross expenditure is therefore higher and accounts for the majority of the variance compared to Period 2.

Service User Income, over-recovery of (£6.754m). Income from service users has exceeded 2016/17 figures up to the end of July 2017, and this trend is expected to continue. The increases are a reflection of the alteration to the charging policy so that the calculation of charges takes into consideration an amount more closely reflected to actual disability related expenditure incurred by individuals and a new piece of work to support people who may not be accessing all financial benefits available to them. The variance compared to Period 2 reflects the forecast non-delivery of savings, which will increase income, as it is expected that more service users than planned will receive residential care.

4. Early Help and Prevention, forecast underspend (£0.176m)

The main variances are:

Other Services, underspend of (£0.116m). The variance relates to vacancies within Care Arranging Service and the Emergency Duty Team.

5. Management, Finance and HR, forecast overspend £1.602m

The main variances are:

Management and Finance, overspend of £1.575m. A contingency has been put in place to provide for the risk of not delivering the savings identified within the forecast, and to cover potential increases in demand. This has been reduced from Period 2, reflecting that the forecast this month incorporates the impact of £3.587m of savings that are at high risk of non-delivery.

2017-20 Savings Programme

- 1 The overall revised savings programme is now structured as follows:

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

Summary

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

Workstream	Workstream Savings 2017-20		2017-18 Saving	2017-18	Period 4 forecast	Variance to budget
				£m	£m	£m
Early Help and Prevention workstream	-5.800	=	Promoting Independence - Reablement - net reduction - expand Reablement Service to deal with 100% of demand and develop service for working age adults	-1.500	-1.500	0.000
Older and Younger Adults workstreams	-23.104	=	Younger adult reviews	-2.581	-1.158	1.423
			Replacement of planning beds	-0.500	-0.500	0.000
			Older people reviews	-1.864	-0.800	1.064
Commissioning workstream	-13.882	=	Remodel contracts for support to mental health recovery	-0.125	-0.125	0.000
			Home care commissioning - an improved framework for procuring home care services in Norfolk	-0.183	0.000	0.183
			Promoting Independence - Integrated Community Equipment Service - expand service so through increased availability and access to equipment care costs will be reduced	-0.250	-0.150	0.100
			Building resilient lives: reshaping our work with people of all ages requiring housing related support to keep them independent	-2.100	-2.100	0.000
			Radical review of daycare services	-1.000	-0.650	0.350

Business as usual	-4.340	=	Reduce Training & Development spend following implementation of Promoting Independence	-0.200	-0.200	0.000
			Review of commissioning structure and wider opportunities to realign staffing structures in localities	-0.155	-0.155	0.000
			Review of various commissioning arrangements to identify more cost effective ways of providing services	-1.159	-0.709	0.450
			Multiple small efficiencies within Service Level Agreements	-0.190	-0.190	0.000
			Maximise use of apprenticeships	-0.020	-0.020	0.000
			Rationalise mobile phones	-0.010	-0.010	0.000
			Additional savings proposals currently being developed	-1.141	-1.141	0.000
			A consistent approach to specific laundry needs	-0.055	-0.038	0.017
			Align charging policy to more closely reflect actual disability related expenditure incurred by service users	-1.180	-1.180	0.000

Adult Social Services Reserves and Provisions 2017/18

	Balance	Period 4	
		Proposed usage	Balance
	01-Apr-17	2017/18	31-Mar-18
	£m	£m	£m
Doubtful Debts provision	4.157	0.000	4.157
Total Adult Social Care Provisions	4.157	0.000	4.157
Prevention Fund – General - As part of the 2012-13 budget planning Members set up a Prevention Fund of £2.5m to mitigate the risks in delivering the prevention savings. £0.131m was brought-forward on 1 April 16, and it is being used for prevention projects: Ageing Well and Making it Real. 2013-14 funding for Strong and Well was carried forward within this reserve as agreed by Members. £0.122m was brought-forward on 1 April 16, all of which has been allocated to external projects and will be paid upon achievement of milestones.	0.200	-0.187	0.013
Market Development Fund	0.020	-0.020	0.000
Repairs and renewals	0.043	0.000	0.043
Adult Social Care Workforce Grant	0.255	-0.255	0.000
IT Reserve - Slippage in revenue spending pattern in relation to social care information system reprocurement	0.361	-0.361	0.000
Unspent Grants and Contributions	1.196	-0.450	0.746
Total Adult Social Care Reserves	2.074	-1.273	0.801
Total Reserves & Provisions	6.231	-1.273	4.958

Adult Social Services Capital Programme 2017/18

Summary	2017/18		2018/19
Scheme Name	Current Capital Budget	Forecast outturn at Year end	Draft Capital Budget
	£m	£m	£m
Failure of Kitchen Appliances	0.030	0.030	0.000
Supported Living for people with Learning Difficulties	0.015	0.015	0.000
Adult Social Care IT Infrastructure	0.141	0.141	0.000
Adult Care - Unallocated Capital Grant	4.078	4.078	0.000
Strong and Well Partnership - Contribution to Capital Programme	0.121	0.121	0.000
Bishops Court - King's Lynn	0.085	0.085	0.000
Winterbourne Project	0.050	0.050	0.000
Care Act Implementation	0.871	0.871	0.000
Social Care and Finance Information System	5.238	5.238	1.912
Elm Road Community Hub	1.324	1.324	0.109
Better Care Fund Disabled Facilities Grant and Social Care Capital Grant – passported to District Councils	6.924	6.924	0.000
Teaching Partnership IT Equipment	0.068	0.068	0.000
Netherwood Green	0.703	0.703	0.000
TOTAL	19.647	19.647	2.021

Adult Social Care Committee

Item No.....

Report title:	Strategic and Financial Planning 2018-19 to 2021-22
Date of meeting:	4th September 2017
Responsible Chief Officer:	James Bullion – Executive Director of Adult Social Services

Strategic impact

This report provides an update on the Council's budget setting process, and summarises the Policy and Resources Committee's guidance to Service Committees on the actions required to enable the Council to set a balanced budget for 2018-19. It also provides the Committee with an update on the Council's overall forecast financial position and in particular sets out details of the forecast budget gap for 2018-19 to 2021-22, and the strategic and financial planning framework recommended by the Policy and Resources Committee.

It also confirms key themes to be taken into account in the development of the next iteration of the Council Plan and sets out an overview of the organisational response to financial pressures.

Executive summary

The report sets out Policy and Resources Committee's guidance to the Committee on the actions required to support preparation of a balanced budget for 2018-19. This includes an overview of the Council's budget planning process, the principles for this year's budget-setting activity, and the latest forecast gap for budget planning purposes for the period 2018-19 to 2021-22.

Recommendations:

Adult Social Care Committee is recommended to:

- a) **Note the budget planning guidance for 2018-19 agreed by Policy and Resources Committee and in particular note:**
 - i. the budget assumptions set out in this report
 - ii. the budget planning principles for 2018-19
 - iii. the forecast budget gap of £100.000m reflected in the Council's latest financial planning
 - iv. the allocation of saving targets for the MTFS period 2018-19 to 2021-22 to Departments and Committees, noting the existing savings for 2018-19 and beyond which were agreed as part of the 2017-18 budget round
- b) **Consider and agree the service-specific budgeting issues for 2018-19 as set out in section 3.**
- c) **Consider whether any planned 2018-19 savings could be implemented during 2017-18 to provide an in-year saving**
- d) **In order to help close the forecast 2018-19 budget gap (as defined in recommendation a)iii, commission officers to report to the October Committee cycle:**
 - i. whether any savings identified for 2019-20 have the capacity to be brought forward to 2018-19
 - ii. to identify alternative new savings for 2018-19

- iii. to identify further savings for the future years 2019-20 to 2021-22 to close the budget gap identified in those years

1. Introduction

- 1.1 The County Council agreed the 2017-18 Budget and Medium Term Financial Strategy (MTFS) to 2019-20 at its meeting 20 February 2017. At this point, the MTFS identified a gap for budget planning purposes of £35.015m. The Council has a robust and well-established framework for strategic and financial planning which updates the MTFS position through the year to provide Members with the latest available financial forecasts to inform wider budget setting work across the organisation. At its meeting 3 July 2017, Policy and Resources Committee therefore received a report “Strategic and Financial Planning 2018-19 to 2021-22” which updated Members on the Council’s financial position forecasting a gap of £100.000m for the period to 2021-22, and represented the beginning of Committees’ budget planning for 2018-19.
- 1.2 In 2018-19 the budget-setting process will also be closely aligned with development of the new Council Plan and associated corporate strategy work, to be completed in the autumn. Further details of this approach were set out in the report “Caring for your County” and also in the Strategic and Financial Planning report considered by Policy and Resources Committee in July.
- 1.3 **2017-18 budget position**
- 1.3.1 The latest details of the 2017-18 budget position are set out in the budget monitoring report elsewhere on the agenda. The budget planning assumptions for 2018-19 set out later in this report include an assumption that the 2017-18 Budget is fully delivered (i.e. that all savings are achieved as planned and there are no significant overspends).
- 1.4 **Use of reserves to support the budget in 2017-18**
- 1.4.1 The 2017-18 Budget included plans for available reserves totalling £5.813m to be identified during the process of closing the 2016-17 accounts. This work has now been completed with sufficient reserves to support the Budget having been successfully identified. As a result the potential mitigating actions anticipated at the time the Budget was set will not be required in this respect. Further details of the proposed reserves to be used were provided in the 2016-17 Finance Monitoring Report Outturn to Policy and Resources Committee. As reported to this Committee in July, the review included £0.150m from Adult Social Care reserves, relating to money previously allocated, but no longer required, for a zero based review and Care Act implementation.

2. 2018-19 Budget planning

- 2.1 **2017-20 Medium Term Financial Strategy**
- 2.1.1 The Medium Term Financial Strategy (MTFS) for 2017-20 agreed by Full Council in February set out a forecast gap for the years 2018-19 and 2019-20 of **£35.015m** and included planned net savings of **£72.737m**. The table below shows savings by Committee and the categorisation of these savings is shown in Appendix 1.

Table 1: Agreed MTFS savings 2017-20 by Committee

	2017-18	2018-19	2019-20	Total
	£m	£m	£m	£m
Adults	-11.213	-18.716	-10.000	-39.929
Children's	-1.854	-0.859	-0.535	-3.248
Communities	-1.906	-0.102	0.000	-2.008
EDT	-5.340	-0.605	0.000	-5.945
Policy and Resources	-23.646	9.100	0.290	-14.256
Business and Property	-1.710	-1.751	-1.000	-4.461
Digital Innovation and Efficiency	-2.105	-0.726	-0.059	-2.890
Total	-47.774	-13.659	-11.304	-72.737

2.1.2 The MTFS position represents the starting point for 2018-19 budget planning.

2.2 Budget planning principles 2018-19

2.2.1 Policy and Resources Committee have agreed the following key principles for budget planning in 2018-19:

- Budget planning will cover the four year period 2018-19 to 2021-22
- Budget planning will have an emphasis equally on increasing income as much as reducing cost
- Budget planning will seek the early identification, and Member agreement, of 2018-19 savings where possible (i.e. before February 2018), in order to facilitate implementation and delivery
- Savings targets will be profiled to require savings towards the beginning of the budget period in order to seek to ensure that no savings are necessary in the final year of the Medium Term Financial Strategy 2021-22

2.2.2 The outline budget-setting timetable for 2018-19 is set out in Appendix 2 to this report.

2.3 Latest forecast budget gap 2018-19

2.3.1 As set out above, the budget gap identified in the MTFS at February 2017 was **£35.015m**. In spite of the four-year funding settlement from Government for the period 2016-17 to 2019-20, there is considerable uncertainty about future funding levels, in part as a result of the general election. Financial forecasts have now been extended to cover the four year budget period, although the levels of funding to be received in the final two years, 2020-21 and 2021-22, are unknown. There is currently particular uncertainty about the implementation of 100% rates localisation. **Based on previous indications from the government, this forecast assumes that Revenue Support Grant will substantially disappear in 2020-21. This equates to a pressure of around £36m, but significant uncertainty is attached to this and clearly the level of savings required in year three could be materially lower should this loss of funding not take place.**

2.3.2 With these caveats, the latest estimate of the budget gap for the four year planning period up to 2021-22 is **£100.000m**. The table below sets out the summary County Council forecast

position. Further details of the budget planning changes as reported to Policy and Resources Committee are shown in Appendix 3.

Table 2: Revised Norfolk County Council budget gap forecast

	2018-19	2019-20	2020-21	2021-22	Total
	£m	£m	£m	£m	£m
Gap as at MTFS February 2017	16.125	18.890	0.000	0.000	35.015
New pressures	13.135	-6.897	20.773	21.366	48.377
Funding changes	-11.612	5.998	42.343	0.000	36.729
Savings changes	0.878	0.535	-10.000	0.000	-8.587
Council tax increase (1.99% 2020-21, 0% 2021-22)	0.000	0.000	-7.657	0.000	-7.657
Council tax base growth (0.5%)	0.000	0.000	-1.914	-1.962	-3.877
Revised gap as at P&R July 2017	18.526	18.526	43.544	19.404	100.000
Reallocate year 4 saving to years 1-3 (split 20/60/20)	3.881	11.642	3.881	-19.404	0.000
Total new savings to find (in addition to savings in 2017-18 MTFS)	22.407	30.168	47.425	0.000	100.000
<u>Note: Budget planning assumes:</u>					
Forecast council tax	373.535	382.873	392.445	394.407	n/a
Forecast increase in council tax in budget planning (including ASC precept, council tax increase and council tax base growth)	14.723	9.338	9.572	1.962	35.595
Council tax increase	1.9%	2.0%	2.0%	0.0%	
Adult Social Care precept increase	3.0%	-	-	-	

2.4 Budget assumptions 2018-19

2.4.1 The 2018-22 MTFS forecast position assumes:

- 2017-18 Budget and savings delivered in line with current plans (no overspend)
- Use of additional Adult Social Care funding during 2017-18 and future years as agreed by Adult Social Care Committee 10 July 2017
- Substantial loss of RSG will occur in 2020-21
- Council tax increases are agreed (subject to annual decision by Full Council) as shown in the table above for 2018-19 to 2020-21 (including Adult Social Care precept in 2018-19) with no increase in council tax in 2021-22
- Moderate council tax base growth over the period of the MTFS

2.4.2 Uncertainties remain about a number of items which **have not been reflected** in the budget planning assumptions, but which could potentially result in an increase in the overall gap. Risks include:

- a) Implications of work on the National Pay Spine resulting from the National Living Wage (potentially costing 6-7% over three years) this could result in an additional 1% pay pressure each year, as 1% is already included within the MTFS
- b) The potential for transfer of the Fire and Rescue Service to the Police and Crime Commissioner

2.4.3 This budget position and the associated assumptions will be kept under continuous review, and updated to reflect any changes arising from the Government's Autumn Budget, or further information about the Council's funding position as it becomes available. Reports on the latest financial planning position will be presented to Policy and Resources Committee up until budget-setting by County Council in February.

2.5 Allocation of savings required

2.5.1 The following table sets out indicative savings by department (excluding Schools and Public Health) as approved by Policy and Resources Committee. Savings have been based on allocating the budget gap with reference to the planned departmental net budgets for 2018-19. Recognising that Adult Social Care is delivering a significant proportion of the savings planned in the 2017-20 MTFS (see Table 1), and further savings enabled by the additional funding reflected in the budget planning gap, the indicative savings do not include a further apportionment to Adult Social Care for 2018-19. Adults do however receive a share of the year 4 (2021-22) saving to be achieved.

Table 3: Allocation of 2018-19 savings required by Department

Allocation of savings by Department excluding Schools & Public Health	Net previously agreed savings 2018-19	Share of new savings 2018-19	Share of year 4 savings 2021-22	Total new savings to find	New savings & proposed changes to agreed savings identified in budget planning	Total net savings to deliver 2018-19
	a	b	c	(b+c)	d	(a+b+c+d)
	£m	£m	£m	£m	£m	£m
Adult Social Care	-18.716	0.000	-1.477	-1.477	0.250	-19.943
Children's Services (non schools)	-0.859	-6.314	-0.819	-7.134	0.450	-7.543
Community and Environmental Services	-0.178	-8.373	-1.087	-9.460	0.000	-9.638
Managing Director's Department	-1.016	-0.339	-0.044	-0.383	0.300	-1.099
Finance and Commercial Services	-3.489	-0.991	-0.129	-1.119	0.000	-4.608
Finance General	10.599	-2.509	-0.326	-2.835	-0.122	7.642
Total	-13.659	-18.526	-3.881	-22.407	0.878	-35.188

Notes to Table 3

Savings have been considered by Policy and Resources allocated by Department. Work has been undertaken to determine the apportionment of savings to Service Committees following confirmation of the Committee structure. Indicative savings by Committee are shown in this report, subject to confirmation by Policy and Resources Committee of the budgets which are the responsibility of the Business and Property Committee and the Digital Innovation and Efficiency Committee.

Proposed changes to agreed savings for this Committee, shown in column d above relate to the removal of saving ASC021 (Information Advice and Guidance).

The savings allocated to Adult Social Care for 2018-19 represents 7.6% of the current £261.313m net budget for the service. In addition, the savings for next financial year require a further £4.197m, reflecting the one-off funding invested in the service in 2017-18 – this represents savings of 9.2% of the net budget.

The net position of Finance General savings reflects the reversal of a number of one-off savings from 2017-18. Further details can be seen in the 2017-18 Budget Book.

Table 4: Allocation of new MTFS 2018-22 savings required by Department

Allocation of new 2018-22 MTFS savings by Department excluding Schools and Public Health	2018-19	2019-20	2020-21	2021-22	Total
	£m	£m	£m	£m	£m
Adult Social Care	-1.477	-11.480	-18.047	0.000	-31.004
Children's Services (non schools)	-7.134	-6.369	-10.013	0.000	-23.516
Community and Environmental Services	-9.460	-8.447	-13.279	0.000	-31.186
Managing Director's Department	-0.383	-0.342	-0.537	0.000	-1.262
Finance and Commercial Services	-1.119	-0.999	-1.571	0.000	-3.689
Finance General	-2.835	-2.531	-3.979	0.000	-9.345
Total	-22.407	-30.168	-47.425	0.000	-100.000

2.5.2 The County Council has approved the establishment of two new Committees, the Business and Property Committee, and the Digital Innovation and Efficiency Committee. Taking account of the budgets relating to these Committees, the allocation of savings by Committee is shown below.

Table 5 Allocation of new MTFS 2018-22 savings required by Committee

Allocation of new 2018-22 MTFS savings by Department excluding Schools and Public Health	2018-19	2019-20	2020-21	2021-22	Total
	£m	£m	£m	£m	£m
Adult Social Care	-1.477	-11.480	-18.047	0.000	-31.004
Children's Services	-7.134	-6.369	-10.013	0.000	-23.516
Communities	-2.461	-2.197	-3.454	0.000	-8.112

Environment, Development and Transport	-6.663	-5.950	-9.353	0.000	-21.966
Policy and Resources	-3.553	-3.172	-4.987	0.000	-11.712
Business and Property	-0.362	-0.323	-0.507	0.000	-1.192
Digital Innovation and Efficiency	-0.757	-0.677	-1.064	0.000	-2.498
Total	-22.407	-30.168	-47.425	0.000	-100.000

3. Committee response

- 3.1 The Council is responding to the financial challenges through a number of strategic initiatives focused on demand management, prevention and early help, and a locality focus to service provision.
- 3.2 In Adult Social Care, the scale of transformation to achieve a new approach to social care is substantial. The Promoting Independence programme has been refreshed and a new model of future service delivery – supported by a cost and demand model – has been developed to identify and focus delivery on interventions which have the greatest impact on outcomes for people as well as on reducing reliance on formal services. Underpinning the programme is the delivery of the Care Act 2014 and further integration with Health by 2020, taking into account the Norfolk and Waveney Sustainability and Transformation Plan. A full commissioning review is also expected to contribute to the savings, with significant activity planned around critical services such as the review of Day Services and Carers' Support.
- 3.3 Additional social care grant announced this year and the utilisation of the improved Better Care Funding has been incorporated into the corporate planning assumptions. The recurrent elements of this funding will also support areas of financial risks for social care, particularly in relation to national living wage legislation.
- 3.4 The 2017-18 budget included one-off funding of £4.197m to support a more gradual management of the Adult Social Care overspend in 2016-17. Additional savings are planned for 2018-19 to manage the impact from the reversal of this funding, but will increase savings risks due to the high level of demand management savings included within the 2018-19 plans. This is additional to the £19.943m savings target set out in this report.
- 3.5 In preparing for the 2018-22 budget planning, Adult Social Services is reviewing both existing savings and new opportunities. In particular the service is focussing on the medium to longer term opportunities that could be achieved through the Norfolk Futures corporate priorities, which includes promoting independence for adults and through information, advice and guidance, digitisation of services and housing.
- 3.6 In addition to the removal of saving ASC021 (Information Advice and Guidance) as set out in Table 3, the review of the current savings programme has led to a revised expectation for delivery of transport savings, which is set out in detail in a separate report to Committee on this agenda. The recommendation includes amending the transport savings from £3.8m over the next two years to a total of £1.7m. This reflects a realistic target based on the evidence from actions already completed and further interventions being introduced. If this is agreed by members, the implications will be included in the budget planning report and savings proposals for October Committee.

4. Financial implications

- 4.1 Financial implications for the Committee's Budget are set out throughout this report.

- 4.2 As set out within the Period 4 Finance Monitoring Report, which is elsewhere on this agenda, Adult Social Services is currently forecasting to budget at outturn.

5. Issues, risks and innovation

- 5.1 Significant risks or implications have been set out throughout the report. Specific financial risks in this area are also identified in the Corporate Risk Register, including the risk of failing to manage significant reductions in local and national income streams (RM002) and the risk of failure to effectively plan how the Council will deliver services (RM006).
- 5.2 Decisions about significant savings proposals with an impact on levels of service delivery will require public consultation. As in previous years, saving proposals, and the Council's Budget as a whole, will be subject to equality and rural impact assessments later in the budget-setting process.

6. Background papers

- 6.1 Background papers relevant to the preparation of this report are set out below.

[Norfolk County Council Revenue and Capital Budget 2017-20, County Council, 20 February 2017, Item 4:](#)

Norfolk County Council Budget Book 2017-20, May 2017:

<https://www.norfolk.gov.uk/-/media/norfolk/downloads/what-we-do-and-how-we-work/budget-and-council-tax/the-2017-2020-budget-book.pdf?la=en>

[Caring for your County, Policy and Resources Committee, 3 July 2017, Item 7:](#)

[Strategic and Financial Planning 2018-19 to 2021-22, Policy and Resources Committee, 3 July 2017, Item 9:](#)

[Finance Monitoring Report Outturn, Policy and Resources Committee, 3 July 2017, Item 11:](#)

[Additional Social Care Funding, Adult Social Care Committee, 10 July 2017, Item 11 p34](#)

Officer contact

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Categorisation of previously agreed MTFS savings 2017-20

Categorisation of saving	2017-18	2018-19	2019-20	2017-20
	£m	£m	£m	£m
A) Cutting costs through efficiencies	-32.813	8.967	-0.245	-24.091
(i) Efficiency savings	-32.531	9.589	-0.245	-23.187
(ii) Reducing service standards	-0.282	-0.622	0.000	-0.904
B) Better value for money through procurement and contract management	-1.161	-1.044	0.000	-2.205
(i) Efficiency savings	-1.161	-1.044	0.000	-2.205
C) Service Redesign: Early help and prevention, working locally	-8.978	-18.411	-10.000	-37.389
(i) Efficiency savings	-0.458	-0.950	-0.500	-1.908
(ii) Reducing service standards	-1.170	-7.199	-0.800	-9.169
(iii) Ceasing a service	-0.350	0.000	0.000	-0.350
(iv) Providing statutory services differently	-7.000	-10.262	-8.700	-25.962
D) Raising Revenue; commercial activities	-3.059	-1.561	0.000	-4.620
(i) Efficiency savings	-3.049	-1.561	0.000	-4.610
(ii) Reducing service standards	-0.010	0.000	0.000	-0.010
E) Maximising property and other assets	-1.763	-1.610	-1.059	-4.432
(i) Efficiency savings	-1.763	-1.610	-1.059	-4.432
Total	-47.774	-13.659	-11.304	-72.737

Further details of savings by Department can be found in the 2017-18 Budget Book.

2018-19 Budget Timetable

Activity/Milestone	Time frame
County Council agree recommendations for 2017-20 including that further plans to meet the shortfall for 2018-19 to 2019-20 are brought back to Members during 2017-18	20 February 2017
Spring Budget 2017 announced	8 March 2017
Consider implications of service and financial guidance and context, and review / develop service planning options for 2018-20	March – June 2017
Executive Director of Finance and Commercial Services to commission review of 2016-17 outturn and 2017-18 Period 2 monitoring to identify funding from earmarked reserves to support Children's Services budget.	June 2017
Member review of the latest financial position on the financial planning for 2018-20 (Policy and Resources Committee)	July 2017
Member review of budget planning position including early savings proposals	September – October 2017
Consultation on new planning proposals and Council Tax 2018-21	October to December 2017 / January 2018
Service reporting to Members of service and budget planning – review of progress against three year plan and planning options	November 2017
Chancellor's Autumn Budget 2017	TBC November / December 2017
Provisional Local Government Finance Settlement	TBC December 2017
Service reporting to Members of service and financial planning and consultation feedback	January 2018
Committees agree revenue budget and capital programme recommendations to Policy and Resources Committee	Late January 2018
Policy and Resources Committee agree revenue budget and capital programme recommendations to County Council	29 January 2018
Confirmation from Districts of council tax base and Business Rate forecasts	31 January 2018
Final Local Government Finance Settlement	TBC February 2018
County Council agree Medium Term Financial Strategy 2018-19 to 2020-21, revenue budget, capital programme and level of Council Tax for 2018-19	12 February 2018

2018-19 to 2021-22 Forecast Budget Gap

	2018-19	2019-20	2020-21	2021-22	Total
	£m	£m	£m	£m	£m
MTFS gap as at February 2017	16.125	18.890	0.000	0.000	35.015
<u>New pressures</u>					
Additional expenditure funded from ASC allocations announced in Spring 2017 budget	15.841	-3.733	-0.665		11.443
Pressure from ending of Section 75 protection of social care funding agreement		5.100			5.100
ASC demand and demographic growth – future years			6.100	6.100	12.200
Other pressures within Adult Social Care	0.288				0.288
Remove unspecified iBCF pressures from 2017-20 Budget round	-13.943	-12.544			-26.487
Remove 2017-18 growth for ASC 2016-17 overspend lower than forecast	-1.000				-1.000
Children's: New funding School Improvement (Monitoring and Brokering) which may come with additional responsibilities	0.635				0.635
Add back 2017-18 growth in Children's Services as ongoing pressure	9.000				9.000
Assumed waste pressures (based on average annual increase)	1.700	1.700	1.700	1.700	6.800
Coroners – additional ongoing cost for storage of bodies. (Note: may be potential to offset in future through capitalisation – i.e. construction of an NCC facility)	0.080	0.080	0.080	0.080	0.320
CRC - increased price per tonne (£16.60 to £17.20)	0.045				0.045
National Living Wage pressure for NCC staff (based on £0.15 increments)	0.026	0.121	0.271		0.418
NCC Pensions valuation 31 March 2019 for 2020-21 to 2022-23 (estimate)			1.067	1.152	2.219
Other Pensions valuation 31 March 2019 for 2020-21 to 2022-23			0.933	0.848	1.781
Environment Agency Levy pressure for annual increases experienced	0.050	0.050	0.050	0.050	0.200
IR35 Personal Service Companies additional employer's national insurance liability (estimate)	0.138				0.138
Reduced cost of borrowing - defer borrowing to 2019-20	-0.630	2.329			1.699
Inflation – higher than forecast at 2017-20 MTFS and addition of future years	0.905	0.000	11.237	11.436	23.578
Total new pressures	13.135	-6.897	20.773	21.366	48.377
<u>Funding changes</u>					
War veterans (assumed recurring)	-0.287				-0.287

2018-19 to 2021-22 Forecast Budget Gap

	2018-19	2019-20	2020-21	2021-22	Total
	£m	£m	£m	£m	£m
Additional ASC allocations announced in Spring 2017 budget	-11.901	-5.903			-17.804
Reversal of additional ASC allocations announced in Spring 2017 budget		11.901	5.903		17.804
Children's: Troubled Families Grant less than expected	0.576				0.576
Risk of loss of Revenue Support Grant following implementation of 100% BRRS - probably addressed through increased retention of business rates (though additional responsibilities may be also given). Significant uncertainty around implementation.			36.440		36.440
Total new funding changes	-11.612	5.998	42.343	0.000	36.729
Revised gap / (surplus)	17.648	17.991	63.116	21.366	120.121
<u>Potential changes to agreed savings</u>					
Removal of saving ASC021 (Information Advice and Guidance)	0.250				0.250
Removal of saving CHL017 (Reducing number of social workers)	0.450	0.535			0.985
Adjustment for duplicated savings not achievable	0.300				0.300
Additional saving from reduction in Second Homes repayment to Districts to 12.5% (saving value updated for latest forecasts)	-0.122				-0.122
Total potential saving changes	0.878	0.535	0.000	0.000	1.413
Revised gap including changes to agreed savings	18.526	18.526	63.116	21.366	121.534
<u>New savings identified</u>					
Add in ASC saving (ASC006) re-profiled from 2018-19 to 2020-21 in MTFS February 2017			-10.000		-10.000
Revised gap including new savings identified	18.526	18.526	53.116	21.366	111.534
Council tax increase (1.99% 2020-21, 0% 2021-22)			-7.657	0.000	-7.657
Council tax base increase (0.5%)			-1.914	-1.962	-3.877
Final revised gap as at July 2017	18.526	18.526	43.544	19.404	100.000
Reallocate year 4 saving to years 1-3	3.881	11.642	3.881	-19.404	0.000

2018-19 to 2021-22 Forecast Budget Gap

	2018- 19	2019- 20	2020- 21	2021- 22	Total
	£m	£m	£m	£m	£m
Total savings to find (in addition to savings in 2017-18 MTFS)	22.407	30.168	47.425	0.000	100.000

Adult Social Care Committee

Item No.....

Report title:	Next steps for integration with the health service
Date of meeting:	4 September 2017
Responsible Chief Officer:	James Bullion, Executive Director for Adult Social Services
Strategic impact <p>The health services are key strategic partners for Norfolk County Council (the Council). Integration of health and care is about placing individuals at the centre of the design and delivery of care with the aim of improving individual outcomes, satisfaction and value for money.</p>	

Executive summary

A significant proportion of demand for social care services comes through the NHS. Ensuring we have effective arrangements across health and care services is critical to meet national policy expectations for health and care integration. Over £56m of adult social care funding is now held within the Better Care Fund (BCF) jointly with the Clinical Commissioning Groups (CCGs) and requires us to reduce delayed discharges from hospital. Being good partners for integration is one of the five priorities for Adult Social Care.

This report sets out the impact of integration to date, and proposes to refresh and renew the current integration arrangements in the context of the shared challenges across the health and social care system.

Recommendations:

- a) **By March 2018 to renew our arrangements for the integrated management of community services with Norfolk Community Health and Care to March 2019**
- b) **By March 2018 to renew our arrangements for the integrated management of community services with East Coast Community Healthcare to March 2019**
- c) **To put in place arrangements to address integrated leadership in mental health services**
- d) **To enter negotiations with hospital services to promote a community-based 'in-reach' model with a greater focus on admission avoidance and discharge support**

1. The drivers for integrated care

1.1 Integrated care responds to increasing demand, increasing complexity of needs and the need to develop a more financially sustainable model for health and care. Drivers include:

- | | |
|------------------|--|
| Policy: | <ul style="list-style-type: none"> ○ Requirement set out in the Autumn spending review of 2015 for 'integration of health and social care by 2020' ○ Better Care Fund with a focus on integration and hospital discharge |
| Savings: | <ul style="list-style-type: none"> ○ Removing duplication ○ Creating shared digital systems |
| Managing demand: | <ul style="list-style-type: none"> ○ Targeting support to high risk needs |

- Prevention and admission avoidance
- Better crisis management, better discharge
- Citizen experience:
 - Seamless services, single assessment
 - People don't recognise the health and care divide

2. The case for integration with the NHS

- 2.1 The 2015 spending review set out the intention that health and social care will be integrated by 2020 and the Better Care Fund requires us to set out how we will achieve this, including a particular focus on ensuring effective discharge from hospital.
- 2.2 In June 2016, the Local Government Association published "Efficiency opportunities through health and social care integration" which, working with Newton Europe and five councils identified opportunities for delivering better outcomes at reduced cost. It set out efficiency savings of 7-10% *of the affected budget areas* and highlighted priority areas of focus: variation in front line decision making, avoidance of admissions to acute hospitals, discharge planning to maximise independence, deploying better skill mix in teams and noted the most important factor in realising these opportunities is the approach taken to change, characterised by prioritised, evidence-based, locally developed solutions. The report notes that given the increasing demand, any savings are likely to be needed for reinvestment.
- 2.3 The National Audit Office (NAO) published a report "Health and social care integration" in February 2017. Of their key findings they noted that whilst the Department of Health and Department for Communities and Local Government are driving integration, they have not yet established a robust evidence base to show that integration leads to better outcomes for patients in England, not having tested integration at scale and not having demonstrated that benefits are a consequence of integration. In addition they note that there is no compelling evidence to show that integration in England leads to sustainable reductions in the cost of care, noting the difficulty in tracking patients and in securing comparable data. They recognize that achievements have been made at local level in terms of reablement and reduction in residential admissions for older people.
- 2.4 The report concludes that joint working between the NHS and local government to manage demand and support out-of-hospital care through integration could be vital to the financial sustainability of the NHS and local government. It notes that the Better Care Fund has increased joint working and the provision of integrated services, but that it has not yet achieved its potential.
- 2.5 The NAO concludes that there is national work to do to create the environment within which integration can thrive and to create a clear evidence base of what works. It sets out recommendations for action at national level to strengthen the evidence base and co-ordination and measures to support local integration, including addressing financial incentives, workforce and data sharing.
- 2.6 We know that the population of Norfolk will change substantially over coming years. The number of people who risk being vulnerable adults is projected to grow substantially over the coming years, particularly those people most likely to need health and care services.
- 2.7 Figure 1: illustrates the anticipated increase in numbers of people with multiple long term conditions which is likely to reflect a need for care services. The solution is not to provide ever more social care services, but to think very differently about how we allow people to retain their wellbeing and independence from formal care. Working effectively with the NHS will be critical to achieving transformation in the health and care system which meets this increased level of need and is reflected in the plans of the

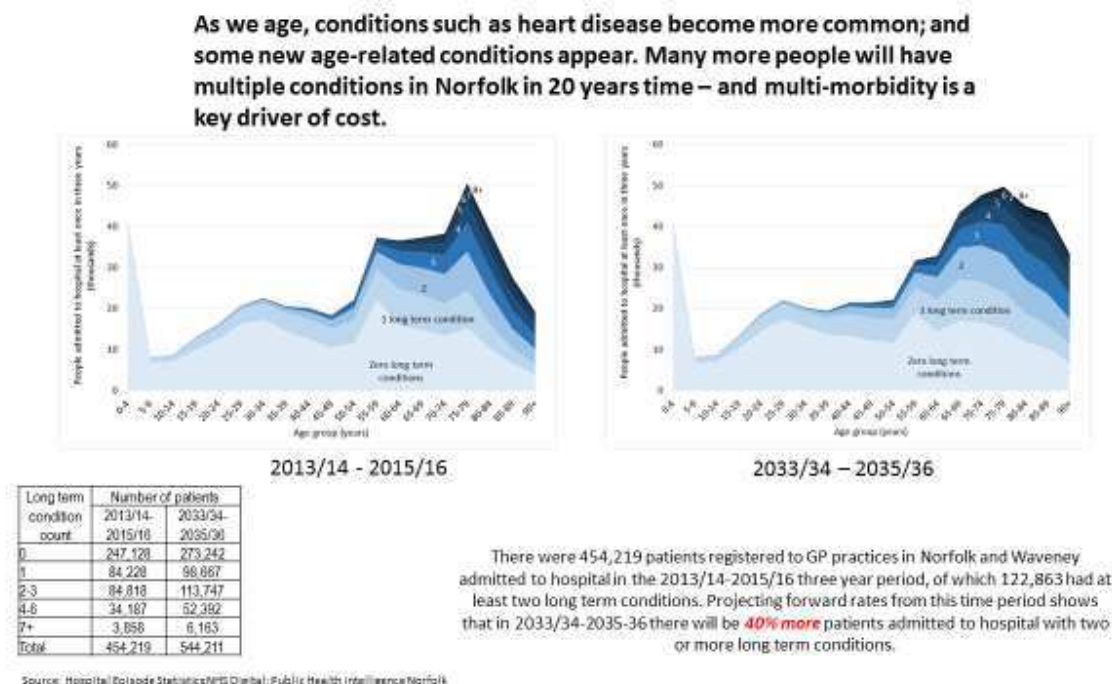


Figure 1: increase in multi-morbidity over the next 20 years

2.8 Delayed Transfers of Care (DToC) targets

- 2.8.1 The increased focus on delayed transfers of care poses challenges for most areas, Norfolk included. The Council has recently received a letter from Jeremy Hunt, Secretary of State for Health, commending Norfolk for the reduction in delayed discharges from hospital. Although our performance has been generally good the targets that the Council is now expected to deliver are very ambitious.
- 2.8.2 There is an indication that failure to meet delayed transfer targets will mean a reduction in the additional funding available in 2018/19 through the Better Care Fund, currently budgeted for £11m. We will continue to ensure effective discharges and will seek to work with the hospitals to focus our approach on community teams working with patients in hospital to ensure they return home as soon as possible. We know that almost 50% of referrals to adult social care come through our hospitals, so we will also seek to identify people who are most at risk of admission to hospital and work with them to prevent admission and to retain people's independence.

2.8.3

Delayed transfer target	Jul-17	Sep-17	Nov-17	Mar-18
Social care attributed delayed days	860.3	700.5	568.4	587.3
Jointly attributed delayed days	54.4	47.8	42.9	44.3

3. Performance impact to date

- 3.1 Using standard performance data provided by NHS England, we can summarise Norfolk's rates of admissions/attendances in comparison with other areas:
- A&E attendances are low – the STP has set a target to reduce these by 20% against expected growth by 2021
 - Rates of non-elective admissions are relatively low apart from West Norfolk – the STP has set a target to reduce these by 20% against expected growth by 2021

- c) Emergency length of stay is relatively lower than we would expect – the STP has set a target to reduce this by 35% by 2021
- d) Rates for outpatients attendances are relatively low
- e) Rates for elective admissions are relatively high
- f) Length of stay for elective admissions is relatively high for Norwich and average or relatively low for the other CCGs

3.2 The challenge this relatively strong picture poses for Norfolk is the need to go further in improving our performance.

3.3 Time to refresh current arrangements

3.3.1 Norfolk has put in place integrated arrangements with NHS partners over recent years and has made sound progress. There is no clear blueprint for achieving integration in national policy, this is for local determination.

3.3.2 At present, we have 15 joint posts with our community healthcare trusts, Norfolk Community Health & Care (NCH&C) and East Coast Community Healthcare (ECCH). The arrangements have allowed us to develop more seamless and co-ordinated services but they have been based on creating opportunities as they arise and are not even across our geography. We no longer have formal arrangements with Norfolk and Suffolk Foundation Trust (NSFT) for mental health. Our links with primary care are not sufficiently strong for today's requirements and the future of services designed around primary care which will be critical to determining how local services are shaped.

3.3.3 It is proposed that we renew our arrangements with NCH&C and with ECCH to allow us to work together to shape new services with primary care at a local level. Alongside this, it is proposed that we consider how we work with NSFT to ensure we strengthen integrated care for older and working age adults with mental health needs.

3.3.4 Alongside our arrangements for integrated management of services, we have integrated commissioning arrangements, with all commissioners of adult social care and support in joint posts with CCGs. The CCGs and Council are considering how they work together to plan across the Norfolk and Waveney footprint, whilst delivering change at a local level.

3.4 Integration with other partners

3.4.1 Whilst integration with the NHS is a practical and policy priority, it will remain critical that we create integrated approaches with other partners, particularly:

- a) Aligning our work with the NHS with the development of local services within NCC
- b) Working closely with Children's Services to support families
- c) Linking with Public Health prevention services and evidence
- d) Working closely with District Councils on housing and prevention services
- e) Working with other community, voluntary and independent care services

4 What could integration look like?

4.1 1. Local health and care teams in around 20 localities

4.1.1 Services will become devolved into local areas. Social workers, nurses, occupational therapists, mental health workers and reablement workers working with GPs:

- a) Providing streamlined health and care
- b) Acting early to support independence and manage health conditions

- c) Using data to identify people whose needs may be increasing and who may need additional support to avoid a crisis ('risk stratification')
- d) Sticking with people in crisis, ensuring that no long term decisions are made until their situation has stabilised
- e) Connecting people with community prevention resources through information and guidance, including social prescribing
- f) Population-based budgets will be developed to run in shadow form during 2018

Under the STP we will be working closely with primary care to develop the model for these services at local level.

4.2 **2. Bespoke integrations for complex care for some people with mental health needs, learning disabilities and autism**

- 4.2.1 Most services should be provided in ordinary community settings, but for some people needing more complex support, specific integrated working with pooled funds may be developed. For example, under the Transforming Care Programme to better support people with learning disability and/or autism and behaviour which challenges.

4.3 **3. Community prevention model**

- 4.3.1 Our approach to social care will be based on the three conversations in Living Well:

- 1. Listen hard and connect
- 2. Work intensively with people in crisis
- 3. Build a good life

There will be a core offer of information and guidance to help people put in place the elements which help them stay well and independent of formal care: social contacts, welfare advice, equipment or adaptations at home for example. We will make sure family carers are able to access the support to allow them to continue caring as they wish to. Through social prescribing GPs and others will be able to connect their patients to the wider social and practical support which medical services cannot offer.

4.4 **4. One commissioning approach with the NHS**

- 4.4.1 We will plan health and care services across the Norfolk and Waveney area for consistency and efficiency. The six clinical commissioning groups will be establishing a single joint commissioning committee of which the Council will be a member.
- 4.4.2 We will plan locally with commissioners where this is the most effective approach, for example working with local community and care services to design local multi-disciplinary team working within the framework agreed across Norfolk and Waveney.

4.3 **5. The infrastructure for integration**

- 4.3.1 We will put in place the core components to support integrated care:

- a) Shared records across health and care: so all professionals know what is going on and people don't need to keep repeating their story
- b) IT systems which are connected and remove the need to duplicate
- c) Single point of access to services
- d) Co-locating staff in premises to aid better joint working
- e) Better use of estates
- f) Work force capacity building

5 Principles

- 5.1 Being a good partner with the NHS means we will take into partnership clarity about our principles which sit under the Department's overarching aim:

'To support people to be independent, resilient and well'

- a) A strong social care approach with strong leadership of social work
- b) A standard level of service across the county with delivery devolved locally
- c) Strong links with primary care – we don't want to first meet people in hospital
- d) Simple processes, swift solutions
- e) Saving money and avoiding demand
- f) Fewer organisations for the public to deal with
- g) Providing for the local population within a clear local budget
- h) Ensuring that social care does not become dominated by a medical model
- i) A focus on person-centred care and personalisation, choice and control

6. Financial implications

- 6.1 Over £56m of the adult social care budget now comes through the Better Care Fund, which has to be agreed jointly with Clinical Commissioning Groups.

7. Issues, risks and innovation

- 7.1 Risk and opportunities are set out in Appendices 1 and 2.

8. Recommendations

8.1 Recommendations:

- a) **By March 2018 to renew our arrangements for the integrated management of community services with Norfolk Community Health and Care to March 2019**
- b) **By March 2018 to renew our arrangements for the integrated management of community services with East Coast Community Healthcare to March 2019**
- c) **To put in place arrangements to address integrated leadership in mental health services**
- d) **To enter negotiations with hospital services to promote a community-based 'in-reach' model with a greater focus on admission avoidance and discharge support**

9. Background papers

- 9.1 [Local Government Association \(June 2016\) efficiency opportunities through health and social care integration: delivering more sustainable health and care.](#)

[National Audit Office \(Feb 2017\) Health and Social Care Integration](#)

Appendix 3 provides a glossary of NHS organisations

Officer Contact

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

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Appendix 1:

Opportunities	Local evidence
Citizens' experience of services can be improved through integrated management	<ul style="list-style-type: none"> Recent survey feedback from the integrated teams provides very positive responses reflecting some of the original ambitions to improve communication and co-ordination.
Posts with responsibility across health and care are better able to create coordinated care around the individual	<ul style="list-style-type: none"> There is a level of knowledge which means a wider group of NCC staff are able to identify opportunity for improvement and efficiency, some of which has been realised e.g. co-location, building networks around primary care to better serve local people e.g. roll out of multi-disciplinary team meetings with all surgeries to focus on those at risk e.g. aligning NCC and NHS commissioning of local services to common objectives.
Integrated posts are better able to influence the NHS agenda	<ul style="list-style-type: none"> We have a cohort of staff who have established their credibility and standing within the system and are around the tables in shaping services. However, they are frequently having to represent both an NHS and NCC perspective which is challenging e.g. they are key partners in shaping local pathways with primary care
Efficiency can be created	<ul style="list-style-type: none"> There has not been evidence of notable efficiency as a consequence of the integrated arrangements, however opportunities to manage demand are key Enabling structures are being strengthened e.g. access across data systems, ICT support to co-location Use of estates will offer opportunities for efficiency.
Leadership role for the Council in establishing new models	<ul style="list-style-type: none"> Opportunities to influence how the NHS shapes up – increasing social models and prevention

Appendix 2:

Risk	Likelihood	Severity	Mitigation	Outcome
Loss of democratic accountability	Low	High	<ul style="list-style-type: none"> • Ensure that governance through democratic structures remains clear • Ensure governance of integration includes elected members • Secure in Section 75 	Formal democratic processes can be clearly secured in agreed governance. There will be additional complexity and members may need to engage with governance of partner organisations.
Loss of organisational grip Failure to deliver Care Act and/or financial control	Medium	High	<ul style="list-style-type: none"> • Clarify NCC priorities • Ensure clear accountability structures equivalent to in-house accountability • Establish clear Key Performance Indicators and ensure robust monitoring. 	A risk which will need to be closely monitored and robust mitigations put in place.
Loss of resource for adult social care due to competing priorities	Medium	Medium	<ul style="list-style-type: none"> • Agree priorities and ensure monitoring • Clear agreements about resourcing changes • Secure in S75. 	Formal change can be managed, but the softer elements of competing demands is harder to manage.
Loss of efficiencies of a countywide approach by working on a locality basis	Medium	Medium	<ul style="list-style-type: none"> • Use of options appraisal to give explicit consideration of the trade-off between local and countywide approaches. 	This is not peculiar to integration and is a dynamic the Council will need to manage in many domains.
Changing configuration of NHS providers makes partnerships obsolete i.e. partner loses contract	Medium	Medium	<ul style="list-style-type: none"> • Assess the likelihood of this as part of the consideration of the business case for integration • Secure what happens in this is eventuality in S75 agreement. 	This will be a risk and would cause disruption and distraction to staff and services which would be undesirable but could be managed.
Reputational damage from NHS problems	Low	Low	<ul style="list-style-type: none"> • Keeping alert to upcoming issues • Agreement of press handling between 	This can be handled although there will remain a lower level risk.

			partners.	
Dominance of NHS culture and accountabilities	High	Medium	<ul style="list-style-type: none"> • Senior leadership brings clear visibility of social care/local authority culture and approaches • Challenge at senior level • Organisational development to support culture. 	Joint and separate accountability mechanisms can be made clear.

Glossary of health service arrangements:

Clinical Commissioning Groups (CCGs): Responsible for arranging the health services for their area within a given budget.	West Norfolk CCG North Norfolk CCG Norwich CCG South Norfolk CCG Great Yarmouth and Waveney CCG
Acute hospitals:	Queen Elizabeth Hospital, Kings Lynn Norfolk and Norwich University Hospital James Paget Hospital, Gorleston
Community health care providers:	Norfolk Community Health and Care East Coast Community Healthcare (community interest company) Norfolk and Suffolk Foundation Trust (mental health)
Sustainability and Transformation Programme (STPs): One of 42 STPs across England required to transform health services to achieve financial sustainability and to address variation in quality.	Norfolk and Waveney STP
NHS England: Leading the NHS for England, including setting vision, holding commissioners to account and commissioning specialist services.	NHS England Midlands and Eastern region

Adult Social Care Committee

Item No:

Report title:	<i>‘Living Well – Three Conversations’ - a strengths-based approach to social work</i>
Date of meeting:	4 September 2017
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic impact

Strengths-based social work, delivered using the *Living Well* operating model will embed an enabling model of practice which focusses on helping individuals to achieve the highest possible level of independence, supporting them in the context of their own families and support networks. In doing so, the service will deliver the Care Act imperatives of ‘preventing, reducing and delaying’ the need for formal care services, ensuring that the Department meets its statutory duties in relation to the Care Act and does so in a sustainable way, within its prescribed budget.

Executive summary

Implementing a strengths-based approach to social work is critical for achieving the changes set out in the Promoting Independence strategy.

Living Well is a tried and tested operating model which provides the structure and tools to support and strengthen social work teams’ capacity to deliver the strengths-based approach to social work. It has been adopted by the department, and its roll-out is one of the high priority activities for the year agreed by this Committee in July.

Strengths-based approaches emphasise wellbeing, and helping people to remain or regain independence using help available in their own communities and social networks first and foremost. This is a big shift away from the established ‘care management’ approach, common to most local authorities, which was introduced by the NHS and Community Care Act 1990. The latter is characterised by ‘matching’ people to a set list of services - predominantly residential care, day centres and domiciliary care.

Our goal is to reset social work and fundamentally challenge the old culture and ways of working, winding back the creep of bureaucracy that has gradually overtaken our social care teams. We need to ensure that the social care teams’ focus and time-commitment is restored to the people they work with; all of which is necessary to achieve a sustainable model of social care and achieve great outcomes for people.

To support the implementation, the department is publishing a ‘Practice Principles’ booklet to enable staff to deliver consistent, reflective and strengths-based practice within the constraints of Departmental budgets. The six principles are set out at 5.2.

Recommendations:

Committee is asked to:

- a) **Agree plans to implement the Living Well - 3 conversations model.**
- b) **Agree to publish the Practice Principles booklet based on the six key principles at 5.2**

1. The Challenge

- 1.1 Norfolk County Council’s Adult Social Care Department has undergone significant changes over the last six years. In common with most other councils, Norfolk has made

progress in adopting the personalisation agenda, leading the way in some aspects, and embedding the provision of care via personal budgets as our default 'business as usual' approach.

- 1.2 Similarly, the challenges of austerity have been tackled and mitigated to some extent by collaborative working with partners to minimise the impact of reducing budgets across both health and social care.
- 1.3 The Care Act itself has driven change across our services with its ambitious goal to promote 'wellbeing', whilst preventing, reducing and delaying the requirement for formal services.
- 1.4 Wellbeing itself is broadly defined in Care Act terms, going further than simply referring to good mental or physical health. It also points to the ability to be a citizen, a family member, an employee, and so on, and in this respect it shifts the requirement of social work practice well beyond the provision of formal services which clearly can't deliver these outcomes without an individual's community and social support networks coming into play.
- 1.5 The Department has achieved improvements in terms of its performance when compared to similar authorities across the country. For instance, whilst older people are still more likely to be admitted to residential care in Norfolk, particularly when being discharged from hospital, this figure has reduced – and thus, improved – during 2016. Similarly, the numbers of younger adults in residential homes exceeds those of comparator authorities but this has significantly reduced over the past 18 months.
- 1.6 Adult Social Care Committee agreed in July to recruit an additional 50 social workers. This followed a detailed analysis of patterns of social work and associated activity. This showed that the staffing establishment has not sufficiently kept pace with changes introduced by the Care Act, the changing complexity of workloads, and increasing expectations about discharge from hospital and admission avoidance.
- 1.7 The additional capacity, coupled with the new model, set out in this paper will be critical in addressing the backlog of work across teams as well as strengthening social work to ensure that people remain as independent as possible for as long as possible.

2 A Successful Environment

- 2.1 Shifting to a strengths based model of social work is an essential element of our strategy Promoting Independence. Strengths-based social work relies on social care workers having conversations which support people to live as independently as possible, enabling them to overcome crises, and reducing the need for dependence on formal services.
- 2.2 We do not underestimate the sheer scale and pace of the cultural shift required to eradicate waiting lists, fully embed the Care Act principles and achieve great outcomes for the people we work with in a way that is financially sustainable for the council.
- 2.3 With this, comes the recognition that social care staff need to be provided with the environment and tools to work differently.
- 2.4 Merely 'tinkering' with the complexities of our existing model of working is unlikely to deliver the level or pace of cultural change required, nor is it likely to allow space for workers to re-immers themselves into the community and work in a spirit of true partnership with less formal support systems.

- 2.5 A whole-systems approach is needed to ensure that the right level of intervention can be secured at the right time, underpinned by a culture that prioritises universal services and community solutions in the first instance.
- 2.6 To this end, the Department has begun work with an organisation called Partners4Change to implement a very different but well-evidenced and established operating model that is known as the 'three conversations' approach. For Norfolk, the Three Conversations model has been called 'Living Well'.

3 The Three Conversations Model (3Cs)

- 3.1 The 3Cs model was developed by Partners4Change who are a social care consultancy firm. Partners4Change work with local authorities to assist them to deliver on the promises of personalisation in the financially austere environment that they face.
- 3.2 The model has been demonstrated to deliver excellent quality outcomes and cost reductions in terms of spend on long-term, formal social care services.
- 3.3 The central tenet of 3Cs is to humanise our approach and shift social work engagement away from 'gatekeeping' for formal care where practice broadly conforms to 'assessment for services' to an approach based on three conversations as follows:-
- 3.4 Conversation 1
How can I connect you to things that will help you get on with your life – based on your assets, strengths and those of your family and neighbourhood? What do you want to do? What can I connect you to?
- 3.5 Conversation 2
When people are at risk – What needs to change to make you safe and regain control? How do I help make that happen? What offers do I have at my disposal, including small amounts of money and using my knowledge of the community to support you? How can I pull them together in an 'emergency plan' and stay with you (like glue!) to make sure it works?
- 3.6 Conversation 3
What is a fair personal budget and where do the sources of funding come from? What does a good life look like? How can I help you use your resources to support your chosen life? Who do you want to be involved in good support planning?
- 3.7 In implementing the model in the innovation site, there are a set of 'golden rules':-
- a) Always start conversations with the assets and strengths of people, families and communities
 - b) Always exhaust conversations 1 and 2 before having conversation 3 – and test this out with your colleagues
 - c) Never plan long-term in a crisis
 - d) No waiting lists, 'hand offs', 'triage', referrals or allocations. There is no compromise on this
 - e) We are not the experts – people and families are
 - f) Stick to people like glue during conversation 2 – there is nothing more important than supporting someone to regain control of their life
 - g) Listen hard to carers
 - h) Abandon 'assessments for services' as an activity – forever
- 3.8 The model represents a massive cultural shift for social care staff and in doing so, captures the essence of restorative approaches to social work practice. These are

exemplified by building and maintaining healthy relationships, resolving difficulties, and working alongside people rather than making decisions for them.

4 What makes 3Cs different?

4.1 Implementation of the 3Cs approach is managed very differently to traditional models of organisational change:-

- a) It is delivered incrementally on a team-by-team basis, learning what works well for a defined cohort of people and what is less effective
- b) It is not imposed by senior management. On the contrary, teams and individuals are invited to become involved and to volunteer as 'innovation sites' as the model is rolled out
- c) It strips back established processes, procedures and bureaucracy, restoring the focus and time to the people we work with
- d) It promotes an integrated collegiate approach where expertise is sought from other professionals, but the person is not subjected to 'episodic' working, being passed from worker to worker
- e) It removes the management of risk from the individual worker, allowing team culture to move away from a risk-averse approach, towards being ambitious for what can be achieved and focussing on the least restrictive option to maintain a person's independence
- f) Its tiered approach promotes proportionate assessment

5 Steps to support the model

5.1 Staffing

Evidence shows that investment in frontline social work staff results in better outcomes and manages demand for long-term services both in terms of formal social care services and health services. However, it is clear that strengths-based and personalised approaches take longer; Essex County Council's experience suggests up to 30% longer in terms of worker time. This Committee previously committed to support social work by the investment of £2.975m, which equates to approximately 50 social worker roles and 15 frontline management roles.

5.1.1 Each innovation site will be supported by staff from Quality Assurance, Intelligence and Analytics, Finance, HR, and Learning and Development. The intention is to maximise the opportunities for success of the sites and also draw as much learning as possible from them to inform the rollout of further innovations sites.

5.2

Practice Principles

The Department is publishing a 'Practice Principles' booklet to support staff to deliver consistent, reflective and strengths-based practice within the constraints of Departmental budgets. It is consistent with codes of ethics from British Association of Social Workers and College of Occupation Therapy. It sets out overarching practice outcomes which are:

- Promoting independence and wellbeing
- Ensuring available resources are used fairly
- Promoting people's choice and control
- Balancing risk with having a good life.

The six key principles are:

1. All staff will comply with the legal framework for adult social care (e.g. Care Act 2014, Mental Capacity Act 2005, Mental Health Act 1983).

We must always consider and promote an individual's wellbeing in everything we do, and practitioners' decisions may affect people's wellbeing. We must fully involve the person and their carer(s) in assessment and support planning.

2. Decision making (and recording) must be timely and defensible.

Our recording must evidence robust decision making and always include an analysis of why a decision has been made and why other options were not appropriate.

3. Alternatives to traditional care services must be offered.

We must work creatively with people to explore all the options available to them and support them to source alternatives to traditional care services.

4. Always aim for outcomes that aim to maximise independence, enablement and recovery.

Our intention should always be to support the person to be as independent as possible and reduce their reliance of formal care by working with the person, their family and providers to focus on recovery and personal development.

5. Consider value for money, effectiveness and efficiency at every opportunity.

The views of the person and their carers are central to any assessment or review.

We should support people to make choices within the resources available to them and help them explore all other options to promote wellbeing and meet eligible needs before proposing formal services.

6. Respect our safeguarding responsibilities throughout our work.

We must always adhere to the Norfolk Safeguarding Adults policy and recognise we all have a leadership role to take immediate action where practice falls short of our own standards.

6. Evidence and Financial Implications

- 6.1 The 3Cs model has been adopted by a number of councils across the country, notably Essex County Council, Reading Council and Medway Council.
- 6.2 The approach is underpinned by providing protected environments (or 'innovation sites') in which social care staff can work in a truly proportionate, strengths-based way, stripping back processes and bureaucracy to create capacity in the system.
- 6.3 Survey evidence suggests that workers' well-being, job-satisfaction and productivity rises, fostered by the opportunity for workers to innovate and lead the changes.
- 6.4 There is a growing evidence base demonstrating the benefits of strength-based approaches in delaying the need for formal care services which will drive savings in our purchase of care budget.
- 6.5 The three conversations approach is 'data-driven' in that it requires the collection of data on a daily basis to ensure real-time evaluation and analysis of the impact of team activity.

Both numeric and qualitative data is required to ensure accountability and to capture the learning for the future rollout of the model.

- 6.6 The level of savings and speed to which they are delivered in Norfolk will be predicated on our ability to learn from our initial innovation sites and build capacity towards an expanded rollout. We will be conducting a full learning process after an initial period of the innovation site/s and it will be at this stage that we will be more informed about benefits realisation. The implementation of Living Well in Norfolk is seen as a major enabler and driver of our cost reduction requirements across 2017-21.

7. Recommendations

7.1 Committee is asked to:

- a) Agree plans to implement the Living Well - 3 conversations model**
- b) Agree to publish the Practice Principles booklet based on the six key principles at 5.2**

Officer Contact

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Adult Social Care Committee

Item No.....

Report title:	Transforming Care Partnership update
Date of meeting:	4 September 2017
Responsible Chief Officer:	James Bullion, Executive Director for Adult Social Services
Strategic impact <p>Ensuring there is good quality support available to vulnerable people with complex needs reflects the legal duties and corporate priorities of the Council for both children and adults. Transforming Care is a national programme which forms part of the Council's wider ambitions to transform the opportunities available to people with learning disabilities and autistic spectrum disorders. There are operational and cost implications of the programme.</p>	

Executive summary

When abuse and neglect was uncovered at Winterbourne View assessment and treatment centre in 2012, a review concluded that inpatient services were being used too often and for too long for people with a learning disability or autistic spectrum disorders and behaviour which is challenging. A national programme was established to address this - Transforming Care. The programme priorities are to reduce the level of inpatient care, to improve the quality of life and to improve the quality of care provided for people with learning disabilities and/or autistic spectrum disorders who display behaviour which challenges. Norfolk and Waveney Transforming Care Partnership (TCP) is one of 48 such partnerships across England established to deliver these changes.

The Norfolk and Waveney Transforming Care Plan was agreed by Norfolk County Council and the six Clinical Commissioning Groups (CCGs) in 2015 in line with national requirements. The Senior Responsible Officer (SRO) for the Programme is the Council's Director of Health and Integration with Deputy SRO South Norfolk CCG's Director of Quality Assurance.

This transformation will require new accommodation and support services for people with complex needs alongside changes in practice operations and culture. It carries potentially significant financial implications for the Council as more people move from services where their care is funded solely by the NHS into community-based services for which the local authority has responsibility for the social care element.

The programme is overseen by NHS England with close monitoring of performance. Trajectories for the reduction in use of inpatient services have been met to date, however it is clear that achieving the further reductions by March 2019 will be challenging.

The recent end of year report is attached at Appendix 1.

Recommendations:

Committee is asked to support the following recommendations which are included in the attached end of year report:

- a) **To develop a local Risk Share Agreement with the CCG's and NHS England Specialised Commissioning for people with a learning disability and/or autistic spectrum disorders with behaviour which challenges**
- b) **To commission new services specifically aimed at reducing the number of hospital**

admissions and facilitating the discharge from long term hospital settings into the community, including crisis accommodation, settled accommodation and a skilled and sustainable workforce

- c) To support an increase in the use of integrated Personal Health and Social Care Budgets**

1 Background to the Transforming Care Programme

- 1.1 In July 2017, the Adult Social Care Committee considered a paper on learning disabilities and autistic spectrum disorder services which set out the broad strategic ambitions for service transformation and which made reference to the Transforming Care Programme as a key area of activity with health services.
- 1.2 Transforming Care stemmed from the revelation of abuse and neglect of people with a learning disability at the Winterbourne View assessment and treatment centre. It is a national programme to secure at local level the necessary transformation of services available to people with a learning disability and/or autistic spectrum disorders and behaviour which challenges. The national programme was established by NHS England, Department of Health, Local Government Association, Association of Directors of Adult Social Services, Care Quality Commission and Health Education England.
- 1.3 The aims of the national programme are:
- a) Reduced reliance on inpatient services (by closing hospital services and strengthening support in the community)
 - b) Improved quality of life for people in inpatient and community settings
 - c) Improved quality of care for people in inpatient and community settings
- 1.4 In order to reduce the use of inpatient services we need to develop services which are able to support people with complex needs in their communities and to work in multi-disciplinary teams to secure effective care planning with individuals and their families, including at times of crisis.

2 Transforming Care in Norfolk

- 2.1 Data from the Joint Strategic Needs Assessment suggest there are around 21,786 adults with a learning disability living in Norfolk and Waveney and 5,136 people with autistic spectrum disorders. However, only a very small percentage of people with a learning disability or autistic spectrum disorders will present at some time with behaviour which challenges and therefore be at risk of admission to a hospital or assessment and treatment unit.
- 2.2 At the end of April 2017, there were around 23 adults from Norfolk and Waveney in inpatient services commissioned by Clinical Commissioning Groups (CCGs) and 17 adults, children and young people in services commissioned by NHS England Specialised Commissioning.
- 2.3 Behaviour that challenges can be brought about by many factors, for example a mental health crisis, physical changes such as adolescence, or changes in an individual's life. It may be difficult to predict and individuals may not previously have been known by services.
- 2.4 The national Transforming Care programme introduced Care and Treatment Reviews (CTRs) and this process is well-established in Norfolk. CTRs are a tool for planning the

care and support of people who are in an inpatient unit or who are at risk of admission. It requires a multi-disciplinary team across health and care to use a specific format to consider an individual's needs and to plan care and support. Crucially the team must include 'experts by experience', individuals who have experience of using services themselves. Local areas are required also to identify and take action to support people at risk of admission.

- 2.5 The Council and Clinical Commissioning Groups commission services for people with learning disabilities and/or autistic spectrum disorders and behaviour which challenges. Services will be developed or changed in order to support complex needs in the community.
- 2.6 We are also required to implement the Learning Disability Mortality Review, a national programme to review all deaths of people with a learning disability. Norfolk has been prompt in training reviewers who are now undertaking active reviews and contributing to the national review.
- 2.7 The work associated with the Transforming Care Programme sits alongside the Department's change and transformation of learning disabilities which was reported to Committee in July. Whilst there are separate governance arrangements, the two strands of work are closely connected and aligned.

2.8 Governance

- 2.8.1 The Norfolk and Waveney TCP consists of Norfolk County Council, Suffolk County Council and the CCGs of Great Yarmouth and Waveney, North Norfolk, Norwich, South Norfolk and West Norfolk and NHS England Specialised Commissioning. The programme is supported by and co-produced with Opening Doors who facilitate a forum of people who have direct experience of using services. Norfolk has a positive national profile for the work of experts by experience in this programme.
- 2.8.2 All partners agreed their commitment to working together through the Transforming Care Plan and a detailed programme of delivery is in place.

3. Commissioning priorities

- 3.1 The TCP programme has developed revised pathways of support for people with learning disability and/or autistic spectrum disorders and behaviour which challenges and implementation is in train.
- 3.2 The TCP has established a new community based intensive behaviour support team which works with individuals, their families and care services to avoid inpatient admission or to support discharge. The TCP has successfully bid for funding from the national programme, to strengthen forensic services, which is being implemented.
- 3.3 A priority for the TCP is the development of a housing plan to scope the housing and support needs of this group, in order that we can secure services which effectively support people in their communities. Housing will need to be suitable in terms of design, facilities and location. The TCP has successfully bid for capital funding from NHS England to support development of accommodation, and housing and support providers are positively engaged in forming proposals for how needs can best be met.
- 3.4 The provision of support in crisis is a key element including the need for accommodation-based services which allow people to take time away from their home where necessary and this is under review.

- 3.5 A practice-led operational group is supporting changes in practice and culture and this group is overseeing the CTR process. A joint conference is being planned with Opening Doors to enable experts by experience to work with practitioners. A workforce development programme is being put in place across health and care.

3. Performance to date

- 3.1 The programme is performance managed by NHS England with clear trajectories set for reduction in the use of inpatient services. Norfolk and Waveney TCP has met its trajectory for the reduction in inpatient beds to date. We have fewer people in hospital placements than we did at the start of the programme and have plans in place to meet the local target to reduce further the use of inpatient beds by the end of March 2019. However, this will be challenging. As with other areas, the number of new admissions to hospital may outweigh the number of discharges.
- 3.2 Our priority is to ensure that people receive the support that they require. The planned service and practice changes are all designed to better support people in the community and to prevent admissions where this is appropriate and multi-disciplinary teams work closely with individuals to ensure they are appropriately supported.

4. Financial implications

- 4.1 Transforming Care has potentially significant financial implications for the Council as more people with complex needs move from inpatient services funded wholly by the NHS to community services where the Council may be responsible for funding care. It cannot be assumed that a community service is less costly than hospital care.
- 4.2 At present, funding agreements are reached on a case by case basis. 'Building the Right Support', the national guidance for Transforming Care, suggests that a local risk share or pooled budget should be developed between CCGs and Local Authorities. In order to facilitate integrated care and risk management, an agreement will be developed to support agreement of costs for this group of people. The Council will need to continue to review future demand and costs as part of budget planning.

5. Issues, risks and innovation

- 5.1 Transforming Care provides an opportunity to provide improved outcomes for individuals with complex needs by reshaping how they are supported. The nature of behaviour which challenges may be that it poses risk to the individual or to others and decisions will always be guided by appropriate professional expertise.

6. Recommendations

- 6.1 **Committee is asked to support the following recommendations which are included in the attached end of year report:**
- a) **To develop a local Risk Share Agreement with the CCG's and NHS England Specialised Commissioning for people with a learning disability and/or autistic spectrum disorders with behaviour which challenges**
 - b) **To commission new services specifically aimed at reducing the number of hospital admissions and facilitating the discharge from long term hospital settings into the community, including crisis accommodation, settled accommodation and a skilled and sustainable workforce**
 - c) **To support an increase in the use of integrated Personal Health and Social Care Budgets**

7. Background papers

- 7.1 Norfolk and Waveney Transforming Care Plan. Please refer to Pages 130-137 of the following agenda: [H&WB Board agenda 041115](#)

Officer Contact

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

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

**Norfolk and Great Yarmouth and Waveney
Transforming Care
Partnership
End of year report
June 2017**

**Alison Leather Director of Quality
SNCCG/Deputy SRO**

Contents

1. Executive summary.

2. Purpose of this document

3. Transforming Care in England

3.1 National population

3.2 The Transforming Care agenda

3.3 The national Transforming Care programme

3.4 NHS England monitoring

3.5 Programme funding

4. Transforming Care in Norfolk and Great Yarmouth and Waveney

4.1 Norfolk and Great Yarmouth and Waveney population

4.2 Locality-based work

4.3 The Transforming Care Partnership

4.4 Progress to date

4.4.1 What has gone well?

4.4.2 What could have been better?

4.5 Next steps

4.6 Key challenges

4.7 Making it happen

5. Recommendations

1. Executive summary

Transforming Care is a response to the crises at Winterbourne View and other inpatient units for people with learning disabilities (LD) and/or autism. The national agenda is being driven by a national, cross-sector programme, and delivered locally across the footprint of the Sustainability and Transformation Plan (STP) through the Norfolk and Great Yarmouth and Waveney Transforming Care Partnership (TCP). The programme period is from April 2016 to March 2019.

The Norfolk and Great Yarmouth and Waveney TCP consists of the CCG's and councils of Norfolk and Great Yarmouth and Waveney and NHS England Specialised Commissioning (SCG).

The Transforming Care initiative is now setting the agenda nationally for all services for people with LD and/or autism. NHS England's monitoring and assurance of services for people with LD and/or autism is increasingly under the Transforming Care agenda and moving to an STP/TCP footprint.

The Transforming Care agenda is broad however the key performance metric for the programme is a reduction in inpatient numbers – there is a national commitment to reduce the number of people in inpatient settings by 35 to 50%, by March 2019. The Norfolk and Great Yarmouth and Waveney TCP has a relatively low number of inpatients currently 24 patients in inpatient beds funded by the CCGs and 18 funded by SCG.

While we have fewer inpatients than we did at the start of the programme, and are working hard to reduce this number to deliver the CCG trajectory of 12 inpatient beds by the end of March 2019 this is hugely challenging. This is in part due to the complexity of need and an increase in activity whereby we are seeing an increase in both admissions and discharges, with admissions outstripping the number of discharges. This means that without making significant changes to the way we commission services across health and social care we will not deliver the trajectory agreed by NHS England, the CCG's and Local Authorities.

There is no recurrent revenue funding available to deliver the Transforming Care agenda. NHS England has provided a small amount of capital funding and non-recurrent transformation (programme) funding for the programme period. Not all TCPs have received programme funding from NHS England's national transformation fund. Locally we have bid for and have successfully obtained programme funding for the development of a small community Forensic service.

In the first year of the programme, the TCP governance was established and a number of changes were delivered across the Norfolk and Great Yarmouth and Waveney TCP. We have delivered against our local trajectory consistently since Quarter 4 of 2016. We have successfully reconfigured services to deliver a new Intermediate Support service for people with Learning disabilities in the community and implemented the new Clinical Treatment Review process across the TCP. We have successfully bid for £880k Capital programme funding from NHS England, for the development of local accommodation. We have also successfully bid for £70k and £87k non-recurrent revenue funding which has enabled us to recruit a

Programme Manager to support the TCP and to establish a new community forensic service respectively. Finally we have been recognised nationally for both our approach to co-production working in partnership with Opening Doors to deliver the programme and for our delivery of the new Learning Disability Mortality Review Programme which was launched on April 1st this year.

This paper sets out a proposal for the on-going governance of the programme and seeks support from CCG's and Local Authorities for its delivery in the following key areas:

- Development of a Risk Share Agreement across NCC/SCC, CCG's and SCG for people with a Learning Disability & Autism with Challenging Behaviour.
- Commissioning of new services specifically aimed at reducing the number of hospital admissions and facilitating the discharge from long term hospital settings into the community. Specifically crisis beds (which will provide an alternative to admission for children and adults), settled accommodation and a skilled and sustainable work force.
- An increase in the use of integrated Personal Health Budgets.
- To transfer the Transforming Care Database to BroadCare.
- An identified resource to support co-production for the remainder of the programme.

2. Purpose of this document

This paper is for the governing bodies of the Norfolk and Great Yarmouth and Waveney CCG's and Norfolk and Suffolk County Councils. It provides information about the Transforming Care agenda, the national Transforming Care programme and Norfolk and Great Yarmouth and Waveney Transforming Care Partnership (TCP).

The Norfolk and Great Yarmouth and Waveney TCP was established in April 2016. This paper takes stock of progress made by the TCP. It also sets out a plan for the remaining two years of the programme, and seeks support from CCG's governing bodies and other key partners in delivering this programme.

Specifically, stakeholders are asked to:

- confirm their continued support for the Transforming Care agenda
- help raise awareness of learning disabilities and autism, and statutory sector organisations' legal duties in relation to these groups under equalities legislation
- commit to working with the TCP in delivering the programme outlined in section 3.3 below.

3. Transforming Care in England

3.1 National population

In England there are around 900,000 to 1.2 million people with learning disabilities and around 650,000 people with autism (some of whom also have LD). Of that population, around 24,000 present behaviour that challenges and around 2,500 are in inpatient beds.

3.2 The Transforming Care agenda

In 2011, the BBC programme Panorama exposed abuse and neglect at Winterbourne View, an assessment and treatment unit for people with learning disabilities (LD). A further programme in 2012 showed that staff were continuing to abuse patients at Winterbourne View, that training was poor and there was evidence of false record keeping. The Panorama programmes sparked a national debate about not just Winterbourne View, which was then closed, but about the way in which the health and care system, and society as a whole, treats people with learning disabilities.

In 2012, following the scandal at Winterbourne View, the Department of Health, the Local Government Association, the Association of Directors of Adult Social Services, a number of Royal Colleges and voluntary sector organisations signed the Winterbourne View Concordat² to “*commit to a programme for change to transform health and care services and improve the quality of the care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges to ensure better care outcomes for them*”.

Following the Winterbourne View Concordat, a large number of people were discharged from inpatient units. Between September 2013 and September 2014, 923 people were discharged from inpatient care. However, over the same period 1,306 people were admitted to inpatient care. The Winterbourne View Concordat did not achieve a key aim of reducing the number of people in inpatient care.

In 2014, the Government commissioned Sir Stephen Bubb to produce a report on how services for people with learning disabilities (LD) and/or autism can be transformed. Following Sir Stephen Bubb’s report, and building on the Winterbourne View Concordat, the national Transforming Care Programme was established by six partner organisations: NHS England, the Department of Health, the Local Government Association, the Association of Directors of Adult Social Care, the Care Quality Commission and Health Education England. The programme will run from April 2016 to March 2019.

3.3 The national Transforming Care programme

In October 2015, the paper ‘Building the Right Supports’ was published. This is the key paper for the national Transforming Care programme and sets out the vision and plan for that programme.

The scope of the national programme, and all work under the Transforming Care agenda, is people with LD or autism, who present 'behaviour that challenges' – referred to as the 'Transforming Care cohort'.

The aims of the national programme are:

- reduced reliance on inpatient services (by closing hospital services and
- strengthening support in the community)
- improved quality of life for people in inpatient and community settings
- improved quality of care for people in inpatient and community settings.

The national programme consists of five work-streams, each led by one or more of the national partners. The work-streams (with lead organisation):

1. Empowerment (Local Government Association)
2. Right Care, Right Place (All six. This work-stream includes setting up Transforming Care Partnerships and the development of Care and Treatment Reviews)
3. Data (Department of Health)
4. Workforce (Health Education England)
5. Regulation and Inspection (Care Quality Commission).

The documents which set out the national programme and requirements of CCGs under the Transforming Care agenda are:

- *'Building the Right Support'* – produced by NHS England, ADASS and the LGA, this paper sets out the national plan for a three-year programme, April 2016 to April 2019, to deliver Transforming Care agenda. TCPs were set up following the publication of this paper.
- NHS England's *Operational Planning and Contracting Guidance, 2017- 2019* – this was published after 'Building the Right Support'. It sets out the nine 'must do' priorities for CCGs and STPs. One of those must do areas is 'learning disabilities'.
- *'High impact actions for service improvements and delivery by Transforming Care Partnerships'* – this NHS England paper sets out key areas of work for TCPs.

3.4 NHS England monitoring

Whilst Transforming Care is sector-wide agenda, the delivery is primarily through the NHS and the NHS assurance process is central to monitoring delivery of the agenda. As the second national response to the crises at Winterbourne View, the programme is closely scrutinised by NHS England.

A key lesson from the first national response to the Winterbourne View scandal is that we cannot focus only on discharging individuals from inpatient care. Therefore, any change programme must also focus on prevention. Whilst the number of inpatients remains a key performance metric, monitoring of the Transforming Care agenda is broader, and includes:

Inpatient numbers – ‘Building the Right Support’ sets out the levels of reduction in inpatient numbers required by the national programme. Inpatient beds for adults, without forensic needs, are commissioned by CCGs. Inpatient beds for adults with forensic needs and for children and young people are commissioned by NHS England Specialised Commissioning. **By April 2019, there should be a 45-65% in CCG-commissioned inpatient beds and 25-40% reduction in inpatient beds commissioned by NHS England Specialised Commissioning.**

NHS England continues to monitor the number of people in inpatient units. CCG commissioners must update NHS Digital with information on individual inpatients, including planned discharge dates and information about Care and Treatment Reviews (CTRs). CCG commissioners have to submit detailed weekly updates to NHS England to monitor inpatient numbers.

In addition to individual CCGs monitoring their inpatients, the TCP monitors the number of inpatients across all five areas on a monthly basis. As part of the national programme, the TCP had to submit a three-year trajectory of inpatient numbers, showing the estimated number of inpatients every quarter between April 2016 and March 2019. The TCP is now monitored against this trajectory.

Monitoring of TCP set up and programme – NHS England is closely monitoring TCP’s through quarterly assurance meetings. The TCP must submit monthly milestone monitoring reports. In addition the TCP has to submit information through the process for bidding for funding and we respond to additional requests from NHS England and organisations which are working with them, e.g. in the first year we responded to in the region of thirty information requests from NHS England on this agenda.

CCGs’ Improvement and Assessment Framework – NHS England’s assurance approach is evolving and the latest Improvement Assessment Framework (IAF) was started in March 2016. The IAF includes a number of fields for individual CCGs on the Transforming Care agenda and also for TCPs. The IAF reflects the requirements set out in the NHS Operational Planning and Contracting Guidance 2017-19.

The programme is one of a series of must-do’s of the Sustainability and Transformation Plan (STP) and as such we are also required to report via the STP.

3.5 Programme funding

There is no recurrent funding available for Transforming Care. Programme funding, both revenue and capital, was announced for the three-year programme, when ‘Building the Right Support’ was launched.

3.5.1 Capital funding

There are two sources of capital funding for projects and initiatives carried out by TCPs:

1. One-off capital funding from the NHS England national Transforming Care team - £15M is available for the three-year programme. This funding has been

allocated to a small number of TCPs which are undertaking major capital developments.

2. Funding from the sale of buildings on which the Department of Health has a charge. Councils or independent provider organisations, including registered social landlords, are able to apply for this ongoing funding stream, through the TCP.

Norfolk and Great Yarmouth and Waveney TCP have been successful in bidding for c£870 of capital. To date this has not been drawn down due to lack of assurance about revenue costs associated with care costs to support people in the community.

3.5.2 Revenue funding

There is no recurrent revenue funding for Transforming Care, NHS England have opened a series of bidding processes whereby all TCP's apply to access non-recurrent funding. Any non-recurrent funding is allocated on the assumption that the TCP will match the funding locally.

Norfolk and Great Yarmouth and Waveney TCP have recently been awarded £78k non-recurrent revenue for the implementation of a new community forensic service.

4. Transforming Care in Norfolk and Great Yarmouth and Waveney

4.1 Population

The TCP footprint has a population of around 1,000,000 (As of June 2015 Norfolk's population, excluding Waveney, was estimated at 877,700 in mid-2014). Data from local Joint Strategic Needs Assessments suggests that there are around 21,786 adults with learning disability living in Norfolk including Waveney (as of 2011) and 5136 people with autism.

A proportion of the population with LD or autism (2-3% is a reasonable assumption, based on national data) will, at some point in their lives, present behaviour that challenges, and therefore be at risk of admission to specialist Mental Health or LD hospitals or assessment or treatment units.

Many factors can bring about behaviour that challenges in an individual e.g. a mental health crises, physical changes (e.g. onset of adolescence) or changes in an individual's life. It is unpredictable, and some people who end up in inpatient care are not known to local health and care learning disability teams.

This group of individuals i.e. those who are at risk of admission, the 'Transforming Care cohort' – is not a readily identifiable cohort. The number of people in inpatient beds changes every day. As the number of individuals is small, the data needs to be treated carefully and information governance advice is that we avoid sharing exact numbers of patients, where possible.

As at the end of April 2017, there were around 23 adults from Norfolk and Great Yarmouth and Waveney in CCG-commissioned inpatient beds and 17 adults and children and young people in beds commissioned by NHS England Specialised Commissioning.

4.2 Locality-based work

The Transforming Care agenda was launched in 2014 and work on the agenda was already taking place before the publication of 'Building the Right Support' and the creation of TCPs.

The first change brought about by the Transforming Care agenda was the introduction of Care and Treatment Reviews (CTRs). CTRs are a tool for managing people with LD or autism, who present behaviour that challenges, and who are in an inpatient unit or at risk of being admitted to one. The CTR is similar to the 'Care Programme Approach' used in Mental Health services, with some additional requirements, notably CTRs must include 'Experts by Experience'.

The national Transforming Care programme has also introduced the concept of 'At Risk of Admission Registers' (also known as 'Dynamic Registers'), as a tool for monitoring individuals who may be at risk of inpatient admission.

The TCP has established a CTR Steering Group to monitor and actively manage inpatients and those at risk of admission.

Work on the Transforming Care agenda at locality level now continues as business as usual and this work builds on and supports the ongoing work of the TCP.

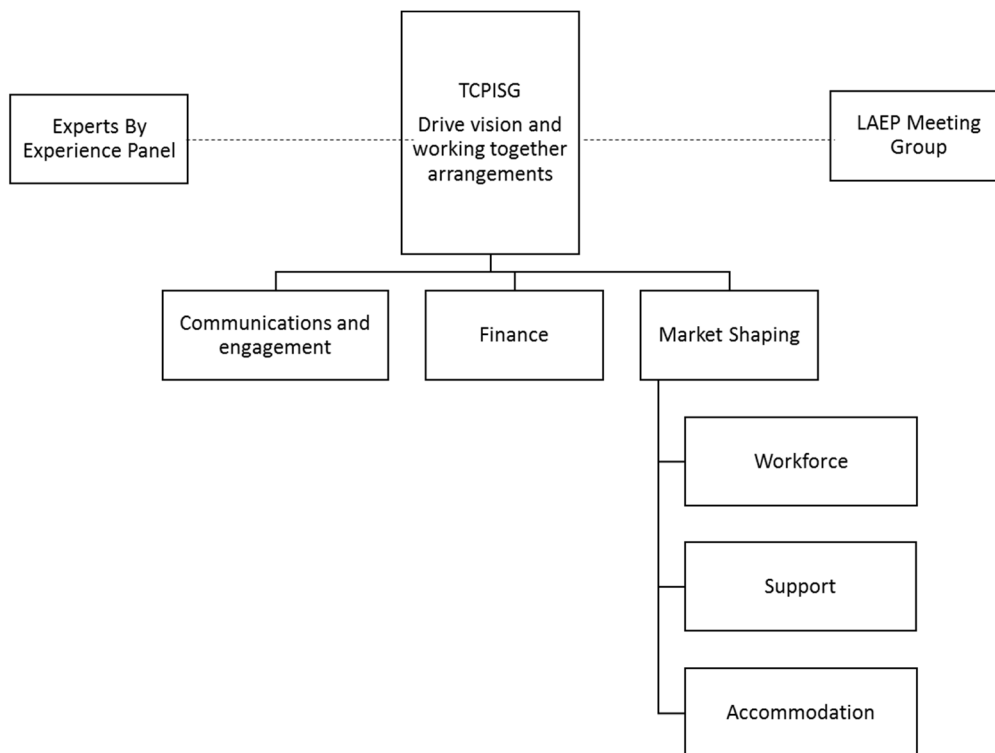
It is also worth bearing in mind that health and care services for people with LD or autism are commissioned by CCGs and councils. As a result of the Transforming Care agenda, there is a move towards monitoring patient numbers and provision on a TCP basis as opposed to a locality basis and an expectation that CCGs and councils will commission some services on a TCP footprint.

4.3 The Norfolk and Great Yarmouth and Waveney Transforming Care Partnership

The Norfolk and Great Yarmouth and Waveney TCP consists of both Suffolk and Norfolk County Councils and the CCG's of North Norfolk, South Norfolk, Norwich, West Norfolk and Great Yarmouth and Waveney and NHS England Specialised Commissioning. The TCP forms part of the Norfolk Sustainability and Transformation Plan (STP).

The Norfolk and Great Yarmouth and Waveney Transforming Care Partnership was established in April 2016. All seven organisations added their signatures to the original Transforming Care Plan in July 2016 agreeing to work together on this agenda.

NHS England have recently reviewed the programme governance. In keeping with this and following the appointment of a new programme lead the TCP has refreshed the local programme and the diagram below shows the new governance structure of the TCP:



The Senior Responsible Owner (SRO) for the TCP is Catherine Underwood Director of Health and Integration at Norfolk County Council. The Deputy SRO is Alison Leather Director of Quality Assurance, NHS South Norfolk CCG.

The TCP Board is responsible for delivery of the Norfolk and Great Yarmouth and Waveney Transforming Care programme. It consists of representatives from all seven organisations as well as NHS England and Specialised Commissioning. The work of the TCP Board is supported and co-produced with Opening Doors. This is a forum of service users and carers who have direct experience of services for people with LD or autism and behaviour that challenges.

4.4 Progress to date

4.4.1 What has gone well?

The Norfolk and Great Yarmouth and Waveney TCP is established and working – the TCP structure and governance are in place and the TCP is working to deliver the Transforming Care agenda. All organisations involved added their signatures to the original Transforming Care Plan in July 2016 agreeing to work together on this agenda. We have representation from all organisations on our TCP Board. Despite financial pressures, local authorities and CCGs are working together to review and, where possible, move patients to the community, and are contributing to the Midlands and East Regional and national programmes.

Inpatient numbers – we are currently meeting the local trajectory for our inpatient numbers.

Intensive community-based support – we have established a new community based intensive support team who are now actively helping to prevent admissions and facilitating early discharge from inpatient beds.

Programme funding – we were awarded £70k programme funding in 2016.

LeDeR – we have received national recognition for the rapid roll out and implementation of the learning disability mortality review programme with over 20 reviewers trained and now undertaking active reviews.

NHS England assurance – at the start of the programme, i.e. March 2016, our initial plan did not meet the standards set by NHS England. By July 2016 we were informed that ours was an ‘assured’ programme. Our TCP set up, governance and plan have received positive feedback.

Influencing the regional programme – we have developed a good working relationship with the regional programme team and are active members in a number of regional work streams that are influencing and driving the programme forward both regionally and nationally.

User and carer forum and co-production - we have worked with Opening Doors and people with lived experience in planning our programme and in workshops and events. We have appointed Opening Doors to set up and run an ‘Expert by Experience’ reference group for people with lived experience, and to undertake other engagement work. This forum will ensure that our programme is grounded in people’s real experience.

4.4.2 What could have been better?

A consistent pathway across Norfolk and Great Yarmouth and Waveney – the national Transforming Care agenda has provided guidance on managing people with LD or autism and challenging behaviour, and on how the health and social care system should meet their needs. As commissioning arrangements and service provision are different in our five CCG’s there are different operational responses in each areas approach to the Transforming Care agenda. We have not yet explored whether these approaches need to be different and, whether by working closer together, we could implement a consistent pathway for this cohort across the TCP and so further reduce the number of people who are in hospitals or assessment and treatment units.

There are also cultural differences across health and social care that need to be further explored. Establishing a shared understanding and commitment at an operational level in both adults and children’s services is an area that continues to develop. We will need to focus on this to help us meet our objectives. This will be helped by the development of a set of shared outcomes for the programme.

Risk Share across Specialised Commissioning, CCG’s and Local Authorities – there are 18 people from Norfolk and Great Yarmouth and Waveney CCGs who are in beds commissioned by NHS England Specialised Commissioning including seven who have been in an inpatient setting for five years or more.

'Building the Right Support' suggests that the responsibility and budget for Specialised Commissioning may be managed on a TCP footprint. There is a proposal from NHS England that, for people in Specialised Commissioning's beds who have LD or autism, some funding – and commissioning responsibility – may be transferred to TCPs. There is uncertainty around Specialised Commissioning and we need greater understanding of the plans for Specialised Commissioning and to be more involved in shaping their development.

'Building the Right Support' also suggests that a local Risk Share or Pooled Budget should be developed between the CCG's and Local Authority. Recognising that both parties are concerned about additional cost pressures in what are difficult financial environments, there is a need to progress this sooner rather than later.

Integration with the STP – the governance of the Norfolk and Great Yarmouth and Waveney TCP was well established before that of the STP and while it is a key deliverable of the work of the STP, the governance structure of the STP continues to emerge. The SRO of the TCP is a member of the STP. In order to deliver its aim, the Transforming Care programme needs to influence other component parts of the STP especially the Housing/Estates Strategy and Workforce Development Plan. Working closely with and influencing existing groups, set up under the STP will be crucial to the success of the TCP.

4.5 Next Steps

The national Transforming Care programme is evolving and the requirements of NHS England are developing. Moreover, the wider health and care system is undergoing enormous change, at national, regional and local levels. In addition to this, we have revised the governance of the TCP locally in order to shape the work of the TCP going forward. Therefore any plan for the remaining two years of the national Transforming Care programme period needs to be flexible. The plan presented below is an initial view, and will be subject to change, through an agreed change control mechanism:

	Q2 2017/18	Q3 2017/18	Q4 2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19
Finance	Finance protocols for LA and CCGs						
	Ongoing support to financial planning and bid development						
Accommodation	Development of housing plan	Implementation of housing plan					
Support	Development of LD strategy		Crisis Support Team		Intermediate Care/ alternative accommodation	Autism pathway commissioned	
		Forensic service development					
	Ongoing development of services to support embedding of care pathways						
Workforce	Development of workforce strategy	Implementation of workforce strategy					
Communications and Engagement	Ongoing engagement with Opening Doors						
	Ongoing support to programme communications development, and stakeholder engagement						
Operational CTR	Ongoing learning provided to programme and challenge to CTRs/patient updates						
	Increase uptake of LD health checks throughout programme						
Programme	Programme management including reporting and monitoring						
	Support to workstreams to deliver activity						

As shown in the diagram above, there are a number of large, ongoing pieces of work, and some smaller one-off projects, to be delivered by the TCP. All of the work of the Norfolk and Great Yarmouth and Waveney TCP will be informed by Opening Doors 'Experts by Experience'. We will also liaise with a range of providers, exactly which and when will be determined by the nature of the project or initiative.

More information on the specific areas of work is given below:

Locality-based work on Transforming Care – the TCP has worked with the local CRT groups, to share knowledge and good practice. This will continue through the remaining two years of the programme. Through the TCP, we will ensure that each area is following national guidance, and using CTRs and Dynamic Registers to ensure people are only in inpatient care when they need to be and only there to be assessed and treated.

Localities will also be responsible for ensuring that Physical Health Checks are implemented for people with Learning disabilities and Autism including new cancer screening programmes. The ongoing alignment of health and social care Learning Disability Registers will support this work. The outcome of this work will be:

- To make a significant and sustained increase the number of people on LD registers, and increase the number of people who have LD health checks
- To raise awareness of annual health checks and the primary care pathway, including medication reviews and the summary care record, for people with LD amongst local people
- To ensure that annual health checks are done consistently and to a high standard across the TCP, including medication reviews (STOMP)
- To increase the use of summary care records for people with LD.

TCP-wide monitoring – in order to develop and deliver more appropriate services for people with LD or autism and behaviour that challenges, we need to understand

our population and this cohort in particular. As part of this work, we will monitor inpatient numbers across the TCP area, including data on patients' needs, the types of services used and their location. We will work with the NHS England Information Governance Task and Finish Group to ensure that this work is compliant with good information governance practice.

Locally we are proposing that the data is held on BroadCare and the Transforming Care cohort will be monitored by the new CHC Business Unit.

TCP inpatient commissioning – most of the inpatient beds being paid for by CCGs in Norfolk and Great Yarmouth and Waveney are spot-purchased. The requirement for inpatient services is so small – though could be smaller – that it does not make sense for CCGs to commission on their own. The numbers alone make a compelling case for working beyond borough and organisational boundaries. As part of the work of the TCP, we will produce a more detailed cost model, showing the overall cost impact of Transforming Care and the likely inpatient requirement in future years. We may then make a case for commissioning inpatient services for the Transforming Care cohort on the TCP footprint. This project will include work on improving the quality of inpatient provision.

We will also redesign current Assessment and Treatment beds to deliver alternatives to admission, crisis beds and intermediate care beds.

CAMHS co-commissioning – in its first year, the TCP, has focused primarily on adults. We have now established a link with commissioners of Children Services including Education. We need to move towards co-commissioning with NHS England Specialised Commissioning.

The TCP will support this work and ensure that the CAMHS transformation plan takes account of the needs of children and young people with LD or autism, and that the co-commissioning model fits with Specialised Commissioning's New Care Models programme.

Local SEND pathways – pathways for children and young people with Special Educational Needs or Disabilities (SEND) are being developed locally, by education and social care departments in councils and CCGs. This needs to ensure that these pathways work for children and young people who have LD or autism and supporting local work, where needed.

Personalisation and increasing the uptake of Personal Health Budgets – we are mindful of the requirement in the NHS Mandate to expand the offer of Personal Health Budgets and the planned work by the Department of Health to expand the rights of people with LD to a Personal Health Budget. Our personalisation and Personal Health Budget work has two strands:

1. Ensuring that everyone with LD or autism who has the right to have a personal health budget is offered one, and has a good experience of PHBs. This includes people eligible for NHS Continuing Healthcare, children and young people eligible for continuing care and Education, Health and Care plans.

2. Work with STP work-streams to identify which other patient groups can benefit from personal integrated health and social care budgets and personalised care planning, and develop a TCP wide strategy and delivery plan to make this happen.

Accommodation-based services for the Transforming Care cohort – this initiative will require us to develop a local TCP cost model. The cost model will allow us to understand the accommodation needs and associated costs of the Transforming Care cohort in Norfolk and Great Yarmouth and Waveney. We will work with local councils, and providers, to obtain capital funding from NHS England, and we will enable commissioners to work together to find suitable accommodation for this group of people.

4.6 Key challenges

Undertaking any change in the current financial climate, with a number of other major changes in the NHS infrastructure currently also underway, is not easy. Transforming Care is a particularly complex agenda and some of the challenges which we face as a TCP are listed below:

Financial risks – everyone in the TCP agrees that delivering services closest to people's homes is the right thing to do. However, it must be noted that for Norfolk and Great Yarmouth and Waveney TCP the Transforming Care agenda carries very real financial risks. Our TCP is not closing any NHS inpatient units and we will not have financial savings to re-invest. Whilst moving people closer to home, to the least restrictive environment is absolutely the right thing to do, for CCG's and councils the Transforming Care agenda represents a potential cost pressure. This is in addition to the financial risks related to NHS England Specialised Commissioning's proposals, outlined below.

Proposed changes to Specialised Commissioning – NHS England Specialised Commissioning currently commission 'tier four' services, i.e. inpatient beds for children and young people and for adults who have forensic needs. We understand there are two proposals from NHS England with regard to Specialised Commissioning:

- The New Care Models programme - which involves moving a significant number of people with complex needs are discharged into local areas, with no additional funding for their care.
- A proposal from NHS England's national Transforming Care team that some funding (around £120k per patient, adult or child) is given to the CCG of origin when the patient is discharged. This may not meet the full cost of care locally and the CCG then has responsibility for re-commissioning inpatient care if the individual required re-admission.

Both options represent a financial risk to CCGs and councils and the TCP needs to work with NHS England to better understand and influence this work.

Autism – the scope of the Transforming Care agenda is autism as well as learning disabilities. However, the national delivery programme which supports the

Transforming Care agenda is NHS England Learning Disability programme. There is potentially a gap in the national and sub-regional programmes and a risk that the programme does not deliver for people with autism.

An evolving agenda – the national programme is changing, as are the requirements of NHS England. This impacts the work, and the resourcing, of the TCP.

Information governance – the national programme requires the TCP to operate as a single entity, to manage and monitor patients, to deliver a change programme and to plan as a TCP. However, the constraints on CCGs holding person-identifiable data make this difficult. We are working with NHS England to address this issue.

4.7 Making it happen

The Transforming Care agenda represents an opportunity to improve services for and increase awareness of a group of people whom the NHS has consistently failed. Whilst the agenda is broad, we can deliver real change within the programme period, but we need the support of those directly involved with the TCP and others in CCGs and councils.

From those individuals directly involved with the Norfolk and Great Yarmouth and Waveney Transforming Care Partnership, we need:

- Recognition that working on the TCP is about more than delivering a response to NHS England's assurance requirements – it is about working across the TCP to make a positive difference to people with LD or autism.
- Working in way that embodies the values and principles which are behind the Transforming Care agenda.
- Confirm commitment to work collaboratively across organisational boundaries.

What we need from CCGs and councils:

- Recognition that the scope of the Transforming Care agenda is all services for people with LD and/or autism and challenging behaviour, and not just those referred to as the 'Winterbourne cohort'.
- Confirmation of the ongoing commitment to the Transforming Care agenda and to improving services for people with LD and/or autism.
- Confirmation of the ongoing commitment to developing community-based services for people with LD or autism
- Ensure that local health and social care change programmes take account of the needs of people with LD or autism, working with the TCP when needed.

5. Recommendations

We would like Norfolk and Great Yarmouth and Waveney CCG governing bodies to continue to support the Transforming Care agenda and the work of the Norfolk and Great Yarmouth and Waveney TCP. The agenda is about equalities and the whole system making reasonable adjustments for people with LD or autism, as it should

under equalities legislation. This is massive cultural change that cannot happen in isolation.

In addition, we have some recommendations for CCG governing bodies and local authority partners:

- Development of a local Risk Share Agreement across NCC/SCC, CCG's and SCG for people with a learning disability and/or autism with challenging behaviour.
- Commissioning of new services specifically aimed at reducing the number of hospital admissions and facilitating the discharge from long term hospital settings into the community. Specifically crisis beds (which will provide an alternative to admission for children and adults), settled accommodation and a skilled and sustainable workforce.
- To support an increase in the use of integrated Personal Health and Social Care Budgets.
- To transfer the Transforming Care database to BroadCare.
- To agree a budget to support co-production for the remainder of the programme.

Adult Social Care Committee

Item No:

Report title:	Transport
Date of meeting:	4 September 2017
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic impact

The Council has responded to the financial challenges facing all local authorities through the development of a new strategy which sets out a direction for the Council to radically change its role and the way it delivers services. Adult Social Care is contributing to this vision through the Promoting Independence strategy where people are able to achieve their outcomes through the most independent means possible helping individuals and families to connect easily to the support of their communities and to stay at home longer, targeting the Council's resources where additional support is needed. The Care Act, the biggest legislative change for 60 years, shapes and informs this new approach by giving us clear and new responsibilities across the whole population of Norfolk to prevent, reduce and delay demand for social care.

Part of this includes changes to transport and savings in this area.

Executive summary

This is an update regarding the work being carried out in relation to delivering the savings from Adult Social Services transport. It needs to be read in conjunction with the reports to Adult Social Care Committee on 4 July 2016, 5 September 2016, 23 January 2017 and 6 March 2017 and the update in November 2016.

Local Authorities are responsible for preventing, reducing and delaying the need for statutory support. The implementation of the Care Act gives us a responsibility to the whole population of Norfolk, including carers, to provide good information about what is available. For those requiring social care our vision is for short term interventions that support people to gain skills and confidence to be able to undertake personal care and the activities of daily living and be active within their communities within individual capabilities. Adult Social Services has reframed its transport offer in line with the Care Act and the department's Promoting Independence strategy.

We are working with Community and Environmental services on a strategic review of the whole authority approach to transport, including how to remove the need for transport. It is likely that the Council's corporate priority on Local Service Strategy will contribute to this. This will be reported to the Council's Policy and Resources Committee and relevant items will be reported to this Committee.

The department has carried out actions in line with the budgets agreed by Council to deliver the transport savings however this has not resulted in the level of transport savings required in previous years. The department does appear to be managing demand in this area, as expenditure has not increased despite there being an increasing demand for services, and some savings have been achieved. However the cultural shift is taking time to embed and therefore revised savings figures are proposed for this area.

Recommendations:

Adult Social Services Committee Members are asked to:

- a) Agree to amend the transport savings to £0.700m in 2018-19 (from £3m) and £1m in 2019-20 (from £0.800m)**
- b) Agree to meet the difference of £2.1m in savings through the purchase of care budget as a result of changes to patterns of care**

1 The Care Act

- 1.1 Adult Social Services has a legal duty to provide transport to service users who are eligible for social care support in certain circumstances. The Care Act 2014 states:
“Local authorities should consider the adult’s ability to get around in the community safely and consider their ability to use such facilities as public transport, shops or recreational facilities when considering the impact on their wellbeing.”
- 1.2 Transport is a means of accessing other services or support. The overriding principle is that the decision to provide transport is based on a person’s individual circumstances including: needs; risks; outcomes; and promoting independence. There is no statutory duty for Councils to provide transport nor funding for it.
- 1.3 Norfolk County Council’s role should be to:
 - a) help our customers to access services by the most suitable transport available
 - b) help people live as independently as possible
 - c) help people to develop new skills, and take risks that are positively managed, thereby building confidence
 - d) promote the development and use of local services which result in a reduction in distances travelled and time spent travelling
 - e) improve health and well-being through community and social inclusion
 - f) ensure the efficient use of resources
 - g) reduce the numbers of people using council funded transport to services where they are capable of travelling more independently
 - h) provide guidance and support to individuals to look at their transport needs as part of their support plan
- 1.4 There is an expectation that service users will meet their own needs for transport to access and take advantage of services, or support to facilitate them.

2 Expenditure and Budget Savings

- 2.1 The County Council currently spends approx. £6.7m each year (based on the 2016-17 out-turn/final year end position) on transport for adult social care service users to access day - and respite services. This spend is for approximately 450,000 journeys per year at an average cost of £15 per journey. This does not include other expenditure by the Council on transport such as: Blue Badges; Community Transport; bus subsidies etc.
- 2.2 Adult Social Services funds the transport of about 2,000 people enabling them to access their social care/community activities. Approximately 1,500 of these have transport arranged and commissioned by Travel and Transport (Community and Environmental Services).
- 2.3 Included in the 2014-18 budgets agreed by Council were Adult Social Services transport savings totalling £3.8m.

Financial Year	£m	£m	£m
2014-15	1.800		1.800
2015-16	0.150		0.150
2016-17	0.150	0.900	1.050
2017-18		0.800	0.800
Total	2.100	1.700	3.800

- 2.4 At the end of 2016-17 there had been a net reduction of approximately £0.487m in spend over two-three years since 2013-14. Although the department has not made the significant savings yet that it needs to make on transport, it does appear to be managing demand in this area, as expenditure has not increased despite there being an increasing demand for services.
- 2.5 Following a review of the achievability of savings in the timescales the Council delayed £3.000m of the transport savings to 2018-19 and £0.800m to 2019-20.

3 Work to Date

- 3.1 In line with the budgets agreed by Council to deliver the transport savings the department has:
- a) reduced the funding allocated for transport in the Resource Allocation System (RAS) from 1 April 2014. The RAS calculates the indicative personal budget allocation. The reduction was implemented with immediate effect for new service users and from time of annual review for people who were already service users
 - b) Started using a new policy from 1 April 2015:
 - i. Making sure people are using their Motability vehicle or mobility allowance for their transport
 - ii. Asking people to use public transport or community transport where we assess that they are able to do this
 - iii. Asking people to use the service that is closest to them if this will meet their needs, for example, their local day centre. If they don't want to use the local service as they prefer to use a service that is further away, we will not pay for them to travel there
 - iv. If we cannot find a service that meets people's needs in their local area we would not automatically pay for them to travel a long way to get the service elsewhere. Instead we would work with the person who needs the service and their carer/s to come up with a more creative solution that involves less travel
 - c) The project team reviewed information and identified potential savings from transport packages for individuals that seem expensive and not good value for money. This information was shared with the locality teams to help inform their reviews/reassessments of people
 - d) Ensured it is charging people who fund their own social care but where NCC provides the transport
 - e) Adult Social Services has reframed its transport offer and arrangements in line with the Care Act and the department's Promoting Independence strategy, and to enable it to focus on statutory priorities. ASC Committee agreed on 6 March 2017 a transport Policy and revised Guidance for social care staff. For new people eligible for adult social services this policy came into effect on 5 April 2017. For existing people getting adult social services funding, this policy will be introduced in a gradual manner as part of their annual review and reassessment and will be part of the reassessments and reviews carried out under the Working Age and Older People projects under the Promoting Independence programme

4 Current and Future Work

4.1 Elm Road, Thetford

The project team identified that there were a number of younger people with complex needs being transported from the Thetford area to a service in Norwich, and that there could be better outcomes and efficiencies by having a more local service. The department is refurbishing a building to provide day services and respite care locally in this area and is working with the Corporate Property team and NPS on this. The planning application has now been submitted and if this is agreed, the building work will be tendered in September 2017. The building work is estimated to be completed by May 2018. The tender for care services will go out in the autumn 2017, once the day services consultation is completed.

4.2 TITAN Travel Training

TITAN Travel Training works with independent providers and services users, to enable people to use public transport rather than having transport provided. TITAN can demonstrate significant transport savings in Children's Services but is as yet untested in adults. The department is working with TITAN for a fixed term initially so potential savings can be evaluated. The TITAN team are recruiting the posts needed for adults and travel training will start in August/September 2017. TITAN will work with an individual day service in order to free up buses and allow these to be decommissioned, and will also work with new service users. This will become part of our travel offer, subject to the success of the initial work.

4.3 Transport Offer

NCC needs to provide good information about transport to help prevent, reduce and delay the need for ongoing support. The department has drafted a transport offer to the resident population and is working with the corporate web team to get this onto the NCC website. This will help to clarify and strengthen the Council's responsibility to the wider resident population including carers and war veterans and is in line with the Transport Policy and new Guidance, and in turn with the Promoting Independence strategy and the Care Act 2014. A Transport offer was also one of the products required from the improved web offer for the population of Norfolk as part of the Entry Points workstream, which is part of the Adult Social Services Promoting Independence programme.

4.3.1 The Transport offer will include information about:

- a) Buses and Trains – including timetables, cost, wheelchair and disability access
- b) Concessionary fares
- c) Where to apply for a senior bus pass or railcard, if a person meets the local criteria
- d) a disabled persons bus pass or railcard
- e) Shop mobility
- f) Taxi services – including those that NCC registers regulates and licences to provide safe, reliable services and details of these
- g) Norfolk Community Transport
- h) Blue Badges
- i) Motability Cars and Mobility allowances
- j) Car Tax Exemption
- k) When the NHS provides help with travel and transport costs

It will also describe to people, what happens if they are deemed to have a need as outlined in the policy and their needs cannot be met by the above.

4.4 Lease cars

The project team identified 17 cars that NCC leases for adult service users. Some of the original lease periods have expired and the vehicles are effectively now on a rolling yearly

lease. The project team is working with the social care teams so that the use of the lease cars, and the need for them, are reviewed on an individual basis.

4.4.1 The lease cars are a relatively expensive transport option, especially when the people are probably eligible for a Motability vehicle or in some cases have one as well. The lease cars are old now and expensive to replace/maintain. The project asked locality teams to work with people to put alternative transport in place so that we can hand the lease cars back. Some have been returned, eg service users now have Motability vehicles – and work carries on. There are potential savings of £0.100m pa if all 17 lease cars are returned. The savings are dependent on working with each person and alternative transport arrangements being in place but the lease cars should all be returned by the end of this financial year.

4.4.2 Examples of some of the savings that are being made from returning the lease cars are included in **Appendix One**.

4.5 **Travel Viewer**

IMT have developed the first version of a Transport application for use by Adult Social Services and Travel and Transport where you can see for each day centre where people are travelling from, whether they are travelling alone/with others and which day services other people charged to that budget code are going to. It is based on an application IMT developed for Children with Special Education Needs. The application looks useful, and provides a clearer picture of transport provision than analysing pages of reports. The application will be trialled with Business Support initially.

4.6 **Internal Audit**

BDO will be carrying out an audit of Adult Social Services Transport on behalf of Norfolk Audit Services (internal audit) in the next couple of months. The audit will include looking at:

- a) the reporting of the budget position
- b) whether social care staff are complying with the Transport Policy and Guidance, agreed by ASC Committee in March 2017 when assessing the needs of service users
- c) contracts for adult social services transport services are procured and awarded in accordance with the Council's procurement procedures
- d) Adult Social Services contractors' performance is monitored against Key Performance Indicators (KPIs) set out in the contract
- e) Transport network reviews are robust and where potential savings are identified, actions are taken to ensure savings are realised

4.7 **Assessments, reassessments and reviews**

For existing people getting Adult Social Services funding, the reframed policy is being introduced in a gradual manner as part of their annual review and reassessment. This will be part of the reassessments and reviews carried out under the Working Age and Older People projects and the Review of Day Services under the Promoting Independence programme. Delivery of the bulk of the savings is dependent on social care staff doing a high enough volume of re-assessments/reviews and having the conversations with new and existing service users based on the Transport Policy and Guidance.

4.7.1 Signs of Wellbeing is Adult Social Services' approach to achieving a strengths based approach to assessment, review and support planning. Our social care staff have been provided with processes, tools and training to help them hold Signs of Wellbeing conversations with people.

4.7.2 In the context of transport, this means that practitioners should consider a person's own strengths, resources and networks to enable them to access activities that help them

achieve greater wellbeing and meet the eligible needs for care and support under the Care Act.

4.7.3 In practice, this might mean encouraging the person to use the mobility component of their benefits or their mobility vehicle, accessing voluntary or community transport schemes, or using public transport – for which we can provide ‘transport training’ if this is required. Our aim is to promote the person’s independence and help equip them to take an active part in the life of their own communities.

4.7.4 Examples of what the changes mean for people and Adult Social Services are shown in **Appendix One**.

5 Financial Implications

5.1 Following a review of the achievability of savings in the timescales the Council delayed £3.000m of the transport savings to 2018-19 and £0.800m to 2019-20:

	2018-19 £m	2019-20 £m	Total £m
Service users to pay for transport out of personal budgets, reducing any subsidy paid by the Council	0.900	0.800	1.700
Delay in delivering 2014-15, 2015-16 and 2016-17 saving: Reduce the number of service users we provide transport for	2.100	0.000	2.100
	3.000	0.800	3.800

5.2 The current forecast for 2017-18 is a £-0.100m underspend on Transport. This is viewed as earlier than anticipated delivery on the 2018-19 savings. However it is still early in the financial year and the financial position may change. Delivery of the bulk of the savings is dependent on social care staff doing a high enough volume of re-assessments/reviews and having the conversations with new and existing service users based on the Transport Policy and Guidance.

5.3 The Transport project is being reviewed as part of the refreshing of the Promoting Independence programme and as part of this an assessment of the level of savings has been carried out and revised saving figures are proposed based on the evidence available:

	2018-19 £m	2019-20 £m	Total £m
Reducing Travel through Commissioning Local Services - Elm Road	0.125	0.125	0.250
Decommissioning of lease cars used for service user transport	0.100		0.100
2017-18 recurrent impacts of introducing a new transport policy (based on current 2017-18 forecast)	0.100		0.100

Additional impacts of introducing a new transport policy and investing in Titan Travel	0.375	0.875	1.250
	0.700	1.000	1.700

Proposed Change

-2.300

0.200

-2.100

- 5.4 The budget will continue to be closely monitored and the impact of actions such as TITAN travel training and the rolling out of the Transport Policy and Guidance evaluated.

6 Issues, risks and innovation.

- 6.1 The savings on Transport rests upon a general assumption and expectation that service users will meet their own needs for transport to access and take advantage of existing services or support, including public transport. Funded transport should only be provided if, in the opinion of the assessor, it is the only reasonable means of ensuring that the service user can be safely transported to an assessed and eligible service. The overriding principle is that the decision to provide transport is based on needs, risks and outcomes and on promoting independence.
- 6.2 Even if two people make alternative travel arrangements and no longer travel on an NCC funded minibuss, there might still be four people travelling which means the minibuss is still required and therefore no overall savings are achieved until more people have different transport. With travel training and reassessments/reviews it is necessary to look at people in groups, eg where they travel on the same bus to a day service.

7 Conclusion

- 7.1 The department has carried out actions in line with the budgets agreed by Council to deliver the transport savings however this has not resulted in the level of transport savings required in previous years. The department does appear to be managing demand in this area, as expenditure has not increased despite overall there being an increasing demand for services, and some savings have been achieved. However the cultural shift is taking time to embed and therefore revised savings figures are proposed.

8 Recommendation

8.1 Adult Social Services Committee Members are asked to:

- a) Agree to amend the transport savings to £0.700m in 2018-19 (from £3m) and £1m in 2019-20 (from £0.800m)
- b) Agree to meet the difference of £2.1m in savings through the purchase of care budget as a result of changes to patterns of care

Officer Contact

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

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

Appendix One: Case Studies

Examples of what the changes in transport mean for people and Adult Social Services are shown below.

Person A

Person A was travelling via taxi from home to a day service five days per week. Having increased his independent living skills he moved into an independent living flat in Norwich and no longer attends the day service. Person A is more independent and there is a transport saving of approximately £20,500 per annum.

Person B

TD was travelling via taxi from home to a day service X once a week and to day service Y three days each week. His day service X was ceased, but he increased his attendance at Y by one day. However there is a cashable saving as he travelled to day service X in a taxi by himself resulting in a saving of £70 per day per week (approx. £3,500 per year). The additional travel to day service X was on an existing route shared with other people, so there was no increase in cost to the department for this.

Person C

Person C has a lease vehicle, but also receives a mobility allowance. The Transport Project Team raised with the social worker that this person was entitled to a Motability Vehicle and the mobility allowance should be changed as effectively the public purse was paying twice – once through the benefits system and once via the County Council. The social work team have worked with person C and their family: a Motability Vehicle has been ordered and will be delivered at the end of this summer; then the lease vehicle will be returned to Norse. The full year saving to ASS will be £6,844.

Person D

The cost of the lease vehicle for Person D was £7,303 each year. The social care team have worked with the service user and their family to apply for a Motability vehicle. The Motability vehicle was delivered on 1 April 2017 and the lease vehicle has been returned to Norse.

Person E

Person E was travelling from a market town to a day service in Norwich four days a week. Following some travel training provided by the day service the person now uses public transport. The person was travelling on an ASS commissioned vehicle with five other people, so there is no immediate cashable saving, as the vehicle still operates on the same route. In order to change the size of the vehicle or decommission the route the department needs to work with the other people travelling on the bus to see if they can make other travel arrangements.