

# Adult Social Care Committee

Date: **Monday, 05 March 2018**

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)   Mr M Storey

Mrs B Jones                      Mr H Thirtle

Mr J Mooney                      Mr B Watkins

Mr G Peck                        Mrs S Young

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

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

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## A g e n d a

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

### 2. Minutes

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To confirm the minutes of the meeting held on the 15 January 2018

### 3. Declarations of Interest

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

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

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

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

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

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

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

### 5. Public QuestionTime

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

Please note that all questions must be received by the Committee Team ([committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)) by **5pm Wednesday 28 February 2018**. For guidance on submitting public question, please visit [www.norfolk.gov.uk/what-we-do-and-how-we-work/councillors-meetings-decisions-and-elections/committees-agendas-and-recent-decisions/ask-a-question-to-a-committee](http://www.norfolk.gov.uk/what-we-do-and-how-we-work/councillors-meetings-decisions-and-elections/committees-agendas-and-recent-decisions/ask-a-question-to-a-committee)

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

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

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

Please note that all questions must be received by the Committee Team ([committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)) by **5pm on Wednesday 28 February 2018**.

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

Verbal update by Cllr Borrett

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

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

Verbal Update by the Executive Director of Adult Social Services

## **10. Adult Social Care Finance Monitoring Report Period 10 (January 2017-18) Page 14**

A report by the Executive Director of Adult Social Services

## **11. Performance Management report Page 39**

A report by the Executive Director of Adult Social Services

## **12. Responding to the enquiry into long term sustainable funding for adult social care Page 88**

A report by the Executive Director of Adult Social Services

## **13. Adult Social Care Committee Plan Page 94**

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

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

Date Agenda Published: 23 February 2018



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## **Adult Social Care Committee**

**Minutes of the Meeting Held on Monday, 15 January 2018  
at 10:00am in the Edwards Room, County Hall, Norwich**

### **Present:**

Mr B Borrett (Chairman)

Mr Tim Adams

Miss K Clipsham

Mr S Eyre

Mrs S Gurney (Vice-Chair)

Mrs B Jones

Mr G Peck

Mr M Sands

Mr M Storey

Mr H Thirtle

Mr B Watkins

Mr T White

Mrs S Young

### **1. Apologies**

- 1.1 Apologies were received from Mr J Mooney (Mr S Eyre substituting) and Mr W Richmond (Mr T White substituting).

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

- 2.1 The minutes of the meeting held on 06 November 2017 were agreed as an accurate record and signed by the Chairman.
- 2.2 An update on progress of the carers' charter task and finish group was requested; the Chairman agreed to take this under Executive Director's Update, Item 9, as this was not related to accuracy of the minutes.

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

- 3.1 Mr T White declared a non-pecuniary interest related to items 12 and 13 due to having an adult child in residential care and a family Member supporting as a personal assistant.

### **4. Urgent Business**

- 4.1 There were no items of urgent business.

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

- 5.1 There were no public questions.

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

- 6.1 There were no local Member questions.

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

- 7.1 The Chairman was due to attend a joint meeting of the Joint Executive and Joint STP (Sustainability Transformation Plan) Executive Oversight Board; this was the first joint meeting of the two boards. He would provide a further update at a future meeting.

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

- 8.1 Mr G Peck updated members on:

- A meeting of the Norfolk Safeguarding Adults Board where Norfolk & Suffolk Community Rehabilitation Company and Norfolk and Suffolk Foundation Trust gave information on their roles in safeguarding;
- The LGA (Local Government Agency) report on modern slavery which included information on public procurement and auditing of council supply chains;
  - The Executive Director of Adult Social Services confirmed Norfolk County Council (NCC) had a lead officer for understanding and promoting this report;
  - A modern slavery policy had been adopted;
  - To provide information on the number of audits carried out the Executive Director of Adult Social Services **suggested** a report was brought to a future meeting outlining links to the care sector.

- 7b.1 Mr B Watkins raised the national conversation over funding of social care, querying how parties could work to bring a deal for Social Care. The Chairman gave an update on the Council Resolution from the 12 December 2017 where it had been agreed that the Leader would write to Sajid Javid. The Leader wrote on 22 December outlining the Council resolution, copied to Lord Porter, head of the LGA. A copy was sent to all Norfolk MPs asking for support. Mr Watkins was keen for a more direct approach to lobbying. Mr Sands spoke in support of Mr Watkins and on the role of the rural and farming industry in modern slavery policy.

- 8.2 Mrs S Gurney updated members on:

- Her role in judging of the Norfolk care awards as Vice-Chair of the Committee; an award evening was due to be held in February 2018;
- A meeting with Making It Real at County Hall in December 2017. Two further dates had been set for May 10 and November 8 2018. She planned to discuss with the Executive Director and Officers the opportunity for Making It Real to do a piece of work for the Committee trialling assisted technology.

- 8.3 Mr M Sands updated members on:

- The Age UK meeting in December 2017 where a new appointee discussed his role, role of carers and of carers in the community and work towards developing the Carers Charter, in which they were interested in being involved.

- 8.4 Mrs S Young updated members on:

- Meetings she attended in November 2017 with West Norfolk CCG to look at cardiology and urology and to look at how strategies would work in future;
  - Challenges of rurality, hospital places and leadership were discussed;
- Attendance at meetings of the West Norfolk dementia strategy
- An invitation received to visit to the old persons A and E department at the Norfolk and Norwich Hospital
- An invitation received from the Mental Health Care trust to visit Chatterton House, Kelling and Hellesdon hospitals.

- 7b.2 Mr Storey requested clarification on Mr Sands' comment about the farming industry and modern slavery policy. Mr Sands clarified he was fully supportive of Norfolk County Farms, and felt they could be an open ear across the County in looking out for slavery in rural areas.

## 9. Executive Director's Update

- 9.1.1 The Executive Director of Adult Social Services updated the Committee on pressures in the NHS and Social Care over Christmas 2017:
- Norfolk had been exceptionally busy in elective and unplanned admissions from flu, respiratory disease, norovirus and accidents. Despite planning to reduce inpatients before Christmas, a lack of capacity lead to an increase in referrals to Norfolk County Council from the NHS and constraints for care providers;
  - Delayed transfer of care figures were likely to increase by an estimated 200 days;
  - Emergency duty services had 350 referrals to adult social care over this time compared to 100 a year ago;
  - The Council's response had been to: increase overtime; divert social workers from community into hospitals; increase discharge to assess and immediate discharge, and; increase payment to care providers, with golden hellos to encourage them to take on patients as early as possible;
  - It was estimated there were likely to be high levels of demand for a further 3 weeks;
  - The Executive Director of Adult Social Services thanked adult social care staff and care providers for going above and beyond over this time;
- 9.1.2 The Executive Director of Adult Social Services also updated Members on:
- In April 2016 the Committee delegated powers to conclude cost of care reviews for adults in residential and nursing care. Consultation had concluded and the Executive Director for Adult Social Care had exercised this delegated power and published the agreed prices in 2015-16, 2016-17 and 2017-18;
  - A senior management team sector led improvement visit to Bedford council;
  - Progress on recruiting to Social Work vacancies: of the 50 additional practitioner posts, 12.5 were now vacant;
  - Work of the task and finish group following Mr Watkins' question at paragraph 2.2; the Chairman of HealthWatch had agreed to oversee the group as Chairman and an initial meeting held. The Assistant Director of Strategy & Transformation updated that further meeting dates were being set and nominations from Children's Services Committee had been received. Nominations from the Carers Council for Norfolk were due to be received. A further update would be given at a later date.
- 9.2.1 Weekly meetings with health care providers included mental health care providers.
- 9.2.2 Mr T Adams suggested a report on the current position of Independence Matters would be helpful. It was confirmed that an annual statement was received in September/October but not brought to the Committee; the Chairman **requested** that the annual statement was circulated to Members of the Committee.
- 9.2.3 The Executive Director of Adult Social Services reported that most remaining Social Work vacancies were in South and West Norfolk.
- 9.2.4 Mr Watkins recalled in a previous meeting he asked for information on staff who left NCC for mental health reasons or asked for support; the Executive Director of Adult

Social Services **agreed** to check when this would be available to the Committee.

- 9.2.5 The Executive Director of Adult Social Services reported that, when last updated, there were 22 “ordinary vacancies” and 12.5 vacancies of the “additional 50 Social Work posts”, a total of 32.5 Social Work vacancies in total across Adult Social Care.
- 9.2.6 The Executive Director of Adult Social Services confirmed there were no proposed cost savings related to qualified or non-qualified staff; he **agreed** to find information on the number of non-qualified vacancies in adult social care as a result of existing staff becoming qualified and moving into qualified posts.

## **10. Risk Management**

- 10.1.1 The Committee received the report detailing risks for Adult Social Care on an exceptions basis, and outlining a new risk.
- 10.1.2 It was queried whether rm13296, “budget savings”, would change to amber in the near future; the Executive Director of Adult Social Services felt it was likely to remain red due to timing in light of current NHS pressures and other service pressures.
- 10.2.1 The final outcome of Deprivation of Liberty Safeguarding (DoLS) regulation changes were due in October 2018. A review of the DoLS team was being carried out to understand the current position and look towards recovery. The new regulations were likely to be less onerous.
- 10.2.2 Risk rm14290 “negative outcome of the judicial review into fee uplift to care providers” was queried; the Executive Director of Adult Social Services felt this was likely to remain amber due to other changes within the care market.
- 10.2.3 The Executive Director of Adult Social Services had received the sign-off letter for the Better Care Fund (BCF) so financial risk was no longer present; the main risk for delayed transfers of care was a slip in national rank and scrutiny based on this.
- 10.3 The Committee unanimously **AGREED** to the addition of the new Risk RM14314.

## **11. Adult Social Care Finance Monitoring Report Period 7 (October) 2017-18**

- 11.1.1 The Committee received the financial monitoring report based on information to the end of October 2017, setting out variations from the budget, progress against planned savings and actions being taken by the service to remain within budget.
- 11.1.2 Period 9 update was circulated; see Appendix A. It showed a balanced position with a small increase in the contingency of period 9. The proposed carry-forward related to the Better Care Fund (BCF) was £9.8m.
- 11.2.1 The BCF carry-forward increase from £3.145m to £9.8m was queried. The Finance Business Partner (Adult Social Services) reported this was to ensure invest-to-save projects were in place for longer; the money had been ring-fenced to ensure it was spent on adult social care and for the original purposes agreed with health providers.
- 11.2.2 The Executive Director of Adult Social Services reported that Norfolk’s Bad Debt Provision compared well with the national picture and NCC was working with organisations to resolve debts. He **agreed** to provide further information in a future finance report. Bad Debt Provision was not a stand-alone risk.



- 11.2.3 The Executive Director of Adult Social Services clarified that most debt related to individuals and care charges given to them; he assured the Committee that debt was followed up robustly by the council.
- 11.2.4 The Finance Business Partner (Adult Social Services) reported that Officers worked with operational teams to see where service users were waiting for services every month; this was highlighted as a risk as it fluctuated.
- 11.2.5 There would be a stabilisation in cost of care due to increased reablement which would support people to stay longer in their homes in the long term.
- 11.2.6 A query about stability of the care market was raised in reference to 4 Seasons; the Executive Director of Adult Social Services reported that Officers monitored and worked with providers who were in trouble through the Care Quality Service to solve problems within the market.
- 11.2.7 Concern was raised following discussions in the media about the sustainability of Carillion; the Executive Director of Adult Social Services was not aware that Norfolk County Council used this company's services.
- 11.3 The Committee unanimously **AGREED**:
- a) The forecast outturn position at Period 7 for the 2017-18 Revenue Budget of £261.313m;
  - b) The planned use of reserves;
  - c) The forecast outturn position at Period 7 for the 2017-18 Capital Programme.

## **12. Fee levels for adult social care providers 2018/19**

- 12.1.1 The Committee considered the report outlining the recommended approach to fee uplifts for purchasing adult social care for the 2018/19 financial year.
- 12.1.2 Work had been done across the sector to understand the market and ensure they were adequately funded. Consultation with the market would start the following week for 28 days. As 2018 was the last year for a separate cost of care update for older people, the overall uplift exceeded 6%. Officers would look at the cost model for 2019 onwards with providers; the current model had been co-produced with providers and included an impact of the increase of national minimum wage.
- 12.1.3 The Head of Quality Assurance and Market Development reported that Officers were in regular contact with the Regional Director of 4 Seasons. Abbyville care home in Great Yarmouth had recently closed for quality reasons, so Officers were looking at how to provide care in this area moving forward.
- 12.2.1 The choice of a stepped rate for care and travel over a flat hourly rate was queried. The Head of Quality Assurance and Market Development clarified that the cost model was developed with providers. It included travel time and payment for travel; the hourly rate included all paid travel time and other on-costs. NCC could not direct providers as to how much of the rate to pay to staff other than at least minimum wage however most paid in excess of the national living wage. Included in the rate was the ability for providers to pay the living wage plus 50p per hour.
- 12.2.2 Concern was raised that increases for living wage may go towards profits. The Director of Integrated Commissioning reported that providers paid by Norfolk County Council (NCC) worked to the NCC framework; this required them to work with NCC,

including paying their staff. The Chairman noted that Norse provided a more efficient and better value service than when care homes were run in-house.

- 12.2.3 The base for calculating travel was GP surgeries, chosen due to being a centre of a community or population; visits were logged on Liquid Logic so where people were located in relation to GPs could be seen and provide an audit trail. The distance of each round could be audited if required and banding checked retrospectively.
- 12.2.4 NCC had carried out audits to ensure all workers were paid at least the national minimum wage.
- 12.2.5 A list of providers who did not pay travel time was requested. It was clarified HMRC calculated this as “payable work time”. There was no requirement to pay this; only “eligible work time” was legally required therefore this information was not held.
- 12.2.6 Further detail was **requested** on how GP surgeries were used to calculate travel time and payments; the Chairman **suggested** this was brought to a Member workshop.
- 12.3 The Committee **CONSIDERED** and unanimously **AGREED** the approach to fee uplifts for the 2018/19 financial year:
  - a) In respect of contracts where an inflation index or indices were referenced an uplift was implemented to match any changes in the relevant index or indices;
  - b) In respect of contracts where there was a fixed price for the duration of the contract, no additional uplift in contract prices takes place;
  - c) In other contracts, where the Council had discretion in relation to inflationary uplifts, that uplifts were considered in line with those set out in this report.

### **13. Strategic and Financial Planning 2018-19 to 2021-22 & Revenue Budget 2018-19**

- 13.1.1 The Committee received the report outlining proposals to inform Norfolk County Council’s (NCC) decisions on council tax and contribute towards the Council setting a legal budget for 2018-19.
- 13.1.2 The Executive Director of Adult Social Services introduced the report which set out policy context and the 7 County Council priorities, and Council-wide funding gap in context of which the Committee would make their decision. He highlighted some national uncertainties such as ending of the non-recurrent improved Better Care Fund (BCF) grant at the end of 2020 and uncertainty around funding for social care, noting publication of the associated social care green paper later in the year.
- 13.2.1 Concerns were raised and discussed about proposed changes to disability related expenditure discussed in the report related to disability disregards when calculating the amount an individual can afford to contribute towards their care payments. The impact on service users was queried. The Executive Director of Adult Social Services reported it was proposed that a standard disregard would no longer be applied to those without eligible disability related expenditure, and that where people have disability related expenditure service users would need to apply for this. Through consultation, service users had been contacted and over 900 responses received.
- 13.2.2 The Executive Director outlined that the Council funded a range of advice agencies to provide support and advice for people in the social care assessment process. There was no planned reduction in funding to advice agencies to support service users, and in fact following the improved Better Care Fund proposals a £1m increase due to increased advice and support funding through social prescribing in GP surgeries on

top of existing specialist advice contracts. Service user support would include ensuring clear and simple processes and enabling providing advocacy services to get the right information to support people to apply for disregards and benefits they were eligible for.

- 13.2.3 Concern was raised that some service users affected by the proposed changes may not be able to respond by letter or have internet access, and that the 20% response from letters sent to service users did not give a clear or full picture.
- 13.2.4 It was raised that the proposed increase in Council tax precept could cover the proposed decrease in disability related expenditure.
- 13.2.5 It was confirmed that disability related expenditure disregard could cover expenditure such as community alarms, increased bill costs such as excessive laundry or fuel costs caused by disability conditions, or privately arranged care services among others; the main area where the disregard did not cover items was those that could be obtained through the NHS services, such as incontinence pads.
- 13.2.6 The Finance Business Partner (Adult Social Services) confirmed annual reviews and assessments were carried out with service users by phone, or with representatives were appropriate or via face to face meetings. Work was being planned with user representative organisations to improve and simplify forms, improve easy read text and it make as easy as possible to identify what people needed.
- 13.2.7 Concern was raised that some service users may “fall through the cracks” if they were unable to complete the forms or did not know they were eligible for the funding.
- 13.2.8 The Chairman clarified that the proposed changes would mean disability disregard was no longer paid to people who were not eligible to receive it; those who qualified would still be paid, having applied for it, therefore the benefit was available to all those who needed it.
- 13.3 a) With 8 votes for and 5 abstentions, the Committee **NOTED** the new corporate priorities – Norfolk Futures – to focus on demand management, prevention and early help, and a locality focus to service provision as set out in section 2 of this report;
- b) With 13 votes in favour the Committee **CONSIDERED** the service specific budgeting issues for 2018-19 as set out in section 5;
- c) With 13 votes in favour, the Committee **CONSIDERED** and **COMMENTED** on the Committee’s specific budget proposals for 2018-19 to 2021-22, including the findings of public consultation in respect of the budget proposals set out in Appendix 2 of the report;
- d) With 13 votes in favour the Committee **CONSIDERED** the findings of equality and rural impact assessments, attached at Appendix 3 to this report, and in doing so, **NOTED** the Council’s duty under the Equality Act 2010 to have due regard to the need to:
- i. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
  - ii. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - iii. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it;
- e) With 13 votes in favour, the Committee **CONSIDERED** and **AGREED** any

mitigating actions proposed in the equality and rural impact assessments;

f) With 8 votes for and 5 abstentions, the Committee **CONSIDERED** the recommendations of the Executive Director of Finance and Commercial Services, and:

i. **RECOMMENDED** to Policy and Resources Committee that the Council's budget includes an inflationary increase of 2.99% in council tax in 2018-19, within the council tax referendum limit of 3.0% for 2018-19

ii. **RECOMMENDED** to Policy and Resources Committee that the Council's budget planning includes an increase in council tax of 3.0% for the Adult Social Care precept in 2018-19, meaning that no increase in the Adult Social Care precept would be levied in 2019-20

g) With 8 votes for and 5 against, the Committee **AGREED** and **RECOMMENDED** to Policy and Resources Committee the draft Committee Revenue Budget as set out in Appendix 4 including all of the savings for 2018-19 to 2021-22 as set out;

For consideration by Policy and Resources Committee on 29 January 2018, to enable Policy and Resources Committee to recommend a sound, whole-Council budget to Full Council on 12 February 2018.

h) With 13 votes in favour the Committee **AGREED** and **RECOMMENDED** the Capital Programmes and schemes relevant to this Committee as set out in Appendix 5 to Policy and Resources Committee for consideration on 29 January 2018, to enable Policy and Resources Committee to recommend a Capital Programme to Full Council on 12 February 2018

13.4 Cllr Sands clarified that the extra 1% was not part of the consultation and was put in afterwards.

The meeting finished at 12.10

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



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# Member Briefing

## Adult Social Care Update

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**15 January 2018**

### Financial monitoring – Period 9 update

The financial monitoring report to January Committee includes the forecast position at the end of October 2017 (Period 7). Ordinarily, the period 8 position would be reported to this committee, but, due to the implementation of the new social care and financial system, a forecast at the end of November (during implementation) was not planned.

To provide assurance and the latest information to Members when considering the medium term financial planning and 2018-19 revenue budget, a summary position at the end of December 2017 (Period 9) is shown below.

#### Period 9 Revenue forecast

No change is reported to the forecast outturn position for 2017-18.

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

As in previous months, a contingency has been held to manage potential increases during the final two quarters of the years, which will include the impact from winter pressures across the health and social care system. The forecast contingency at Period 9 is £4m.

#### Reserves

The monitoring report at Period 7 shows forecast reserves at 31<sup>st</sup> March 2018 of £11.035. This includes carry forward of the improved Better Care Fund grant of £9.618m in order to manage the agreed work plan and specific investment initiatives, including capacity and transfer of care workstreams. The carry forward at Period 9 is forecast at £9.819m, which is included in the proposed committee revenue budget for 2018-19 to 2021-22, elsewhere on this agenda.



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# Adult Social Care Committee

Item No .....

<b>Report title:</b>	<b>Adult Social Care Finance Monitoring Report Period 10 (January) 2017-18</b>
<b>Date of meeting:</b>	<b>5 March 2018</b>
<b>Responsible Chief Officer:</b>	<b>James Bullion, Executive Director of Adult Social Services</b>

## Strategic impact

This report provides Adult Social Care Committee (the Committee) with financial monitoring information, based on information to the end of January 2018. The report sets out variations from the budget, progress against planned savings and details the use of the improved better care fund.

## Executive summary

As at the end of January 2018 (Period 10), Adult Social Services is forecasting an underspend of £2.500m. This is following review of risks and achievement of savings. This reflects the release of budget previously held in contingency, to manage the potential risk of increased commitments especially during the winter period. The level of contingency has been reported to committee during 2017-18, but is considered will not be required in full to meet demand and additional risks during the final two months of the year.

The budget was set in February 2017, prior to the announcement by the Government of additional funding for adult social care.

<b>Expenditure Area</b>	<b>Budget 2017/18 £m</b>	<b>Forecast Outturn £m</b>	<b>Variance £m</b>
<b>Total Net Expenditure</b>	261.401	258.901	(2.500)

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
- Plans for the use of the additional one-off social care grant, which totals £18.561m in 2017-18 were agreed with health partners in July 2017. A range of interventions have been implemented 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 will not be spent in full during this financial year and a reserve will be used, to enable funds to support invest to save interventions, over the planned life of the projects

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 10 the forecast includes the planned use of £0.412m of reserves in this financial year.

The 2017-18 forecast outturn position for reserves is £14.394m. Provisions totalled £4.157m at 1 April 2017, mainly for the provision for bad debts.

## Recommendations:

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

- a) **The forecast outturn position at Period 10 for the 2017-18 Revenue Budget of £258.901m**
- b) **The planned use of reserves**
- c) **The forecast outturn position at Period 10 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 10 (January 2018) 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 January (Period 10).

Actual 2016/17 £m	Over/ Underspend at Outturn £m	Expenditure Area	Budget 2017/18 £m	Forecast Outturn £m	Variance @ P10 £m
10.392	(0.471)	Business Development	4.093	3.784	(0.309)
69.600	0.123	Commissioned Services	71.928	71.902	(0.027)
5.492	(0.727)	Early Help & Prevention	6.649	6.606	(0.043)
168.243	12.971	Services to Users (net)	188.372	182.786	(5.586)
1.064	(7.497)	Management, Finance & HR	(9.642)	(6.177)	3.465
<b>254.791</b>	<b>4.399</b>	<b>Total Net Expenditure</b>	<b>261.401</b>	<b>258.901</b>	<b>(2.500)</b>

- 2.2 As at the end of Period 10 (January 2018) the forecast revenue outturn position for 2017-18 is £258.901m, which is a forecast underspend of (£2.500m).
- 2.3 The detailed position for each service area is shown at **Appendix A**, with further explanation of over and underspends at **Appendix B**.
- 2.4 The overspend within Management, Finance and HR is due to creation of a contingency to manage business risk as opposed to spend. This has been reduced in Period 10 and is offset by underspends elsewhere.
- 2.5 **Additional Social Care Funding**
  - 2.5.1 The Chancellor's Budget in March 2017 announced £2bn additional non-recurrent funding for social care, of which Norfolk has received £18.561m in 2017/18, 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 government and as a condition of the grant, councils are required to pool the funding

into their Better Care Fund. This fund is governed by the Health and Wellbeing Board and monitored by NHS England and the Ministry of Housing, Communities and Local Government through national and local assurance and quarterly returns.

- 2.5.2 The guidance received from the government 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
- 2.5.3 Plans for the use of the funding were reported to Committee in July and were subsequently agreed with Norfolk's Clinical Commissioning Groups.
- 2.5.4 The revised budget reflects the grant, which is expected to be accounted for in full either through spending or creation of a reserve. 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 be implemented earlier in the financial year. Actions and progress implementing the plan are set out at **Appendix C**.
- 2.5.5 The total grant for 2017-18 will not be spent fully in this financial year and Adult Social Care Committee and Policy and Resources Committee have agreed 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. The 2018-19 budget agreed by County Council in February 2018 included planned carry forward of £9.819m of funding to ensure delivery of the three year plan.
- 2.5.6 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.
- 2.6 **Services to Users**
- 2.6.1 The table below provides more detail on services to users, which is the largest budget within Adult Social Services:



Actual 2016/17 £m	Over/ Underspend at Outturn £m	Expenditure Area	Budget 2017/18 £m	Forecast Outturn £m	Variance @ Pd10 £m
111.914	8.238	Older People	111.098	114.994	3.896
23.246	1.207	Physical Disabilities	23.148	23.465	0.317
94.527	11.119	Learning Disabilities	99.191	100.283	1.092
13.174	0.267	Mental Health	13.545	14.592	1.047
6.746	3.074	Hired Transport	6.672	5.784	(0.888)
9.144	(1.194)	Care & Assessment & Other staff costs	11.589	10.403	(1.186)
<b>258.751</b>	<b>22.710</b>	<b>Total Expenditure</b>	<b>265.242</b>	<b>269.520</b>	<b>4.278</b>
(90.508)	(9.739)	Service User Income	(76.87)	(89.734)	(9.864)
<b>168.243</b>	<b>12.971</b>	<b>Revised Net Expenditure</b>	<b>188.372</b>	<b>182.786</b>	<b>(5.586)</b>

#### 2.6.2 Key points:

- a) January (Period 10) has seen a decrease in the purchase of care forecast since October (Period 7). This includes a continued reduction in spending on Transport. The decrease mainly relates to residential and nursing care for older people and residential respite and supported living for people with learning disabilities. The later relating primarily to adjustment of the forecast for growth. Initiatives such as accommodation based reablement have recently been implemented, which will provide more options for care provision post hospital discharge and reduce the likelihood of people requiring long term residential care. Pressures within the health service and the need to reduce delays in transfer of care, particularly from acute hospitals, mean that front line teams are reporting high volumes of work but this is not translating into increased rates of admissions to permanent residential care for people aged over 65
- b) 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. Rate of admissions reduced significantly from a rate of 724 admissions per 100k population in 2014/15 to 611.9 per 100k population in 2016/17. Reductions have slowed over the last two years, but continue to fall. Whilst further work is continuing to verify the overall position across long term and short term care, January's figures show a significant reduction in permanent admissions and below target. Whilst the trend for people aged 65+ has continued to reduce, there has been an increasing trend for people aged 18-64. Total numbers had reduced over the previous two years, but have risen since April 2017, however the increase at January 2018 equates to five additional placements compared to the 12 months preceding April 2017. 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
- c) The forecast expenditure for purchase of care, excluding care and assessment is £9.510m more than the 2016/17 outturn, this is mainly due to the higher cost of care. The forecast reflects some readjustment for savings that are at high risk of non-delivery
- d) Overall there is a reduction of £3.774m in forecast income in 2017/18 compared to 2016/17 outturn. However, 2016-17 included some one-off income items accounted

for against purchase of care income, 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. The actual service user income has therefore increased by £4.453m in 2017/18

## 2.7 Commissioned Services

### 2.7.1

Actual 2016/17 £m	Variance at outturn £m	Expenditure Area	Budget 2017/18 £m	Forecast Outturn £m	Variance @Pd10 £m
1.185	(0.289)	Commissioning Team	4.003	3.823	(0.180)
10.361	(0.795)	Service Level Agreements	12.159	11.715	(0.444)
2.184	(0.418)	Integrated Community Equipment Service	2.396	2.115	(0.281)
33.280	3.257	NorseCare	32.594	33.419	0.826
8.323	(1.172)	Housing related support	6.517	6.517	0.000
13.114	(0.244)	Independence Matters	12.857	12.945	0.089
1.153	(0.216)	Other Commissioning	1.403	1.367	(0.036)
<b>69.600</b>	<b>0.123</b>	<b>Total Expenditure</b>	<b>71.928</b>	<b>71.990</b>	<b>(0.027)</b>

### 2.7.2 Key points:

#### **NorseCare**

- The variance has increased from Period 7 to £0.826m. As part of the management of Norfolk County Council's (the Council) 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
- The reduction in the variance reflects work to maximise and reshape the contract and to ensure that income that relates to NorseCare block beds is reflected against the contract spend

#### **Independence Matters**

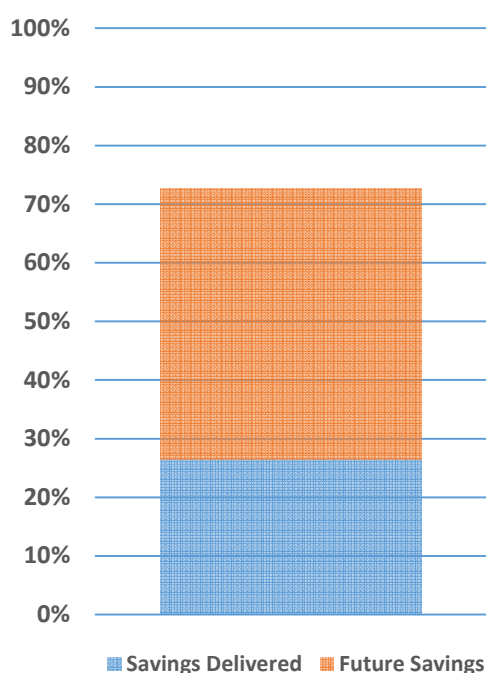
- The service is working closely with Independence Matters to reshape the contract and service model to enable long term savings to be delivered. Savings related to the review of day services will not be fully delivered in 2017-18, however one-off efficiencies have been implemented, which has reduced the shortfall to £0.089m

## 2.8 Savings Forecast

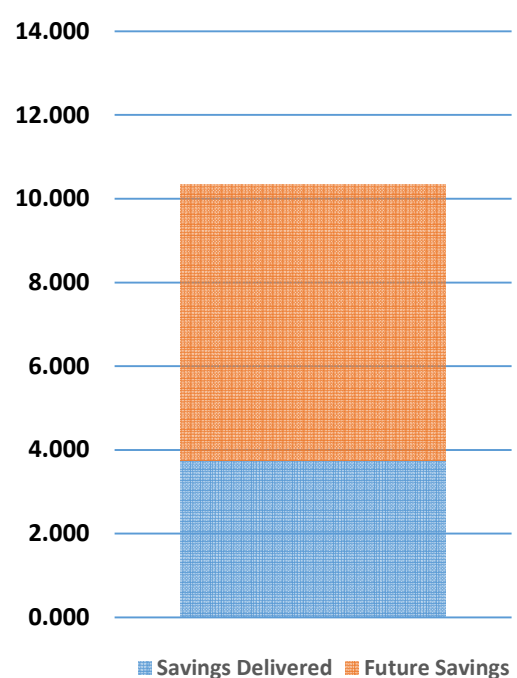
- 2.8.1 The department's budget for 2017/18 includes savings of £14.213m, the net savings reported for the service total £11.213m, which reflects the impact of reversing previous savings of £3m for transport, which are now targeted in 2018/19. In addition the service is planning to meet additional savings 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. The current forecast recurrent position for purchase of care suggests that this will not be achieved in full in 2017-18.
- 2.8.2 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 projects. The report to this Committee in July 2017 detailed the revised programme of work and cross referenced these to the original savings descriptions.
- 2.8.3 Period 10 monitoring and savings analysis has shown that £3.874m of the planned savings are at risk of non-delivery and £10.339m is on track. There is no material change from the totality of savings forecast at Period 7. **Appendix C** sets out the delivery status of the programme by workstream and project

Savings	Saving 2017/18	Forecast	Variance	Previously Reported
	£m	£m	£m	£m
Savings off target (explanation below)	-6.842	-2.968	-3.874	3.874
Savings on target	-7.371	-7.371	0.000	0

ASC Savings as a % of the requirement



ASC Savings 2017/18



- 2.8.4 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 £2.466m; variance £1.979m)** The 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 continuing and the Living Well programme is being rolled out, 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, however it is expected that this will not result in savings in the short term and savings for 2018-19 have been reversed within the agreed budget for next financial year.

**Review of day services (target £1.000m; forecast £0.266m; variance £0.734m)** 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.

**Review of the usage of short term planning beds (target £0.500m; forecast £0.080m; variance £0.420m)** The service had targeted a reduction in its usage of planning beds but the decommissioning of these services has been delayed due to the requirement to source alternative capacity to ensure no detrimental impact on hospital discharge.

**Review of various commissioning arrangements to identify more cost effective ways of providing services (target £1.159m; forecast £0.618m; variance £0.541m)** Planned reduction and decommissioning of some contracts has not been achieved. This has been mitigated through revised usage of contracts to improve value for money.

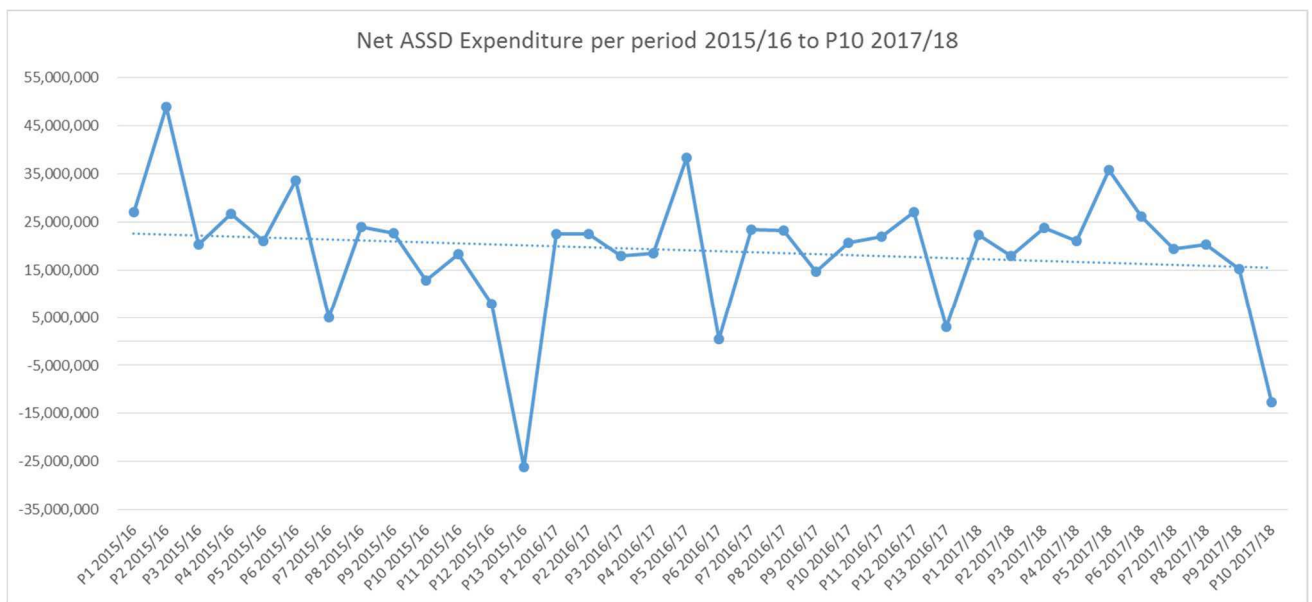
The following savings have no formal requirement for delivery in 2017/18, and are not part of the forecast savings above but are mitigating the non-delivery against the services reported forecast outturn.

**Transport (target £0.000m; forecast £0.888m)** The service is seeing an impact of the transport policy coupled with the work being undertaken to continuously review routes and contracts. This will be an early achievement of the planned savings for 2018/19.

**Service User income (target £0.000m; forecast £0.600m)** The Finance Exchequer Service has increased work with service users who make a nil contribution towards their care with a view to ensuring the service user is maximising their income and supporting them to claim all the benefits they are entitled to.

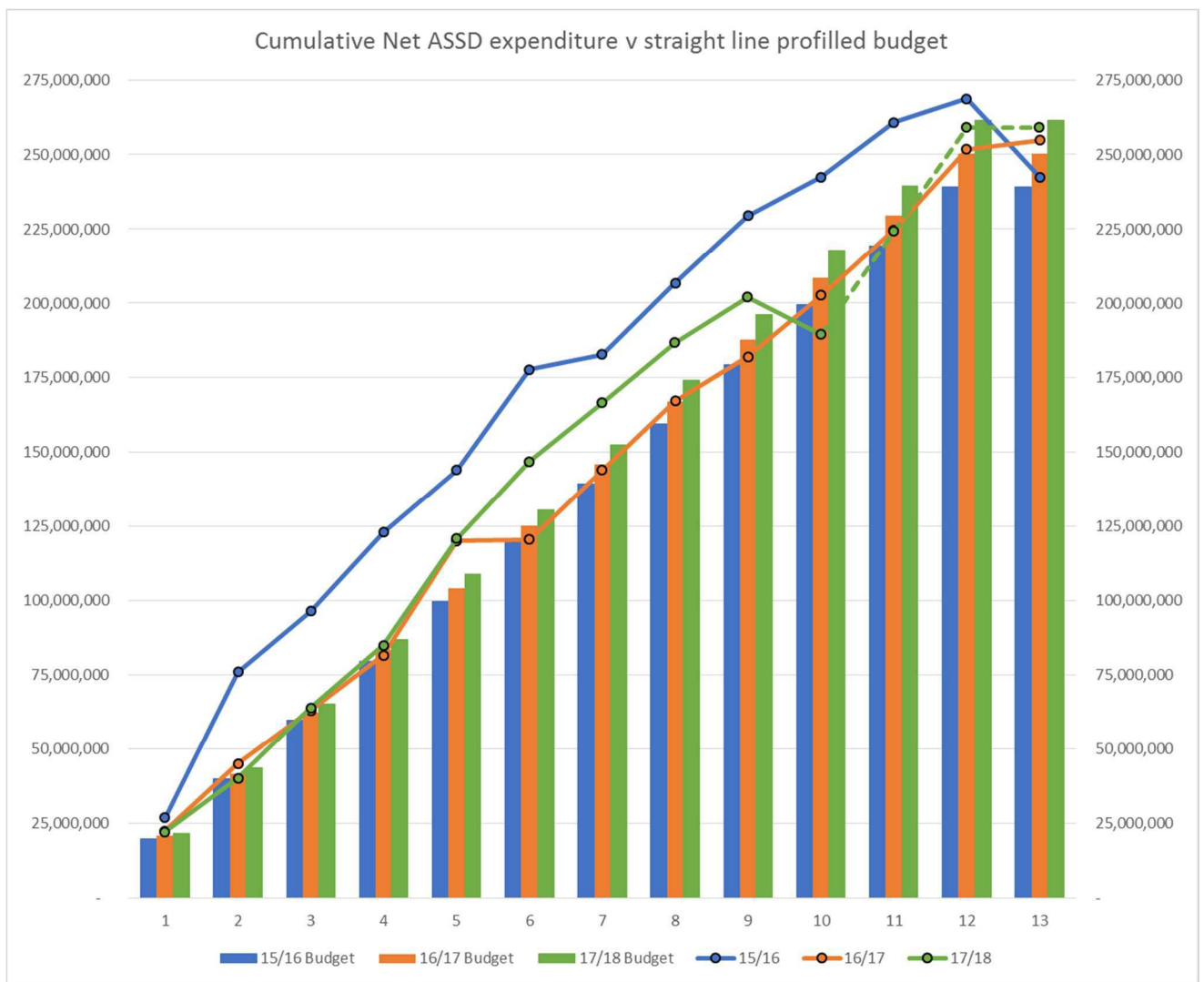
**Independence Matters (one-off forecast £0.287m)** Independence Matters has identified one-off savings from an inflationary increase that was expected to take effect in 2017/18 but will now not be paid. This is mitigating the delay in delivery of day service savings related to this contract.

- 2.8.5. 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. The spike in the period 5 2017/18 net expenditure is due to the month having two main payment runs – this is comparable to the peaks seen in similar periods of 2016/17 and 2015/16.



2.8.6. 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. The net expenditure is now significantly below the profiled budget at period 10. As the BCF agreement is now completed the whole funding transfer from the BCF pooled funds into the council's own accounts has taken place. This is shown as a steep one-off monthly reduction in net expenditure during period 10.

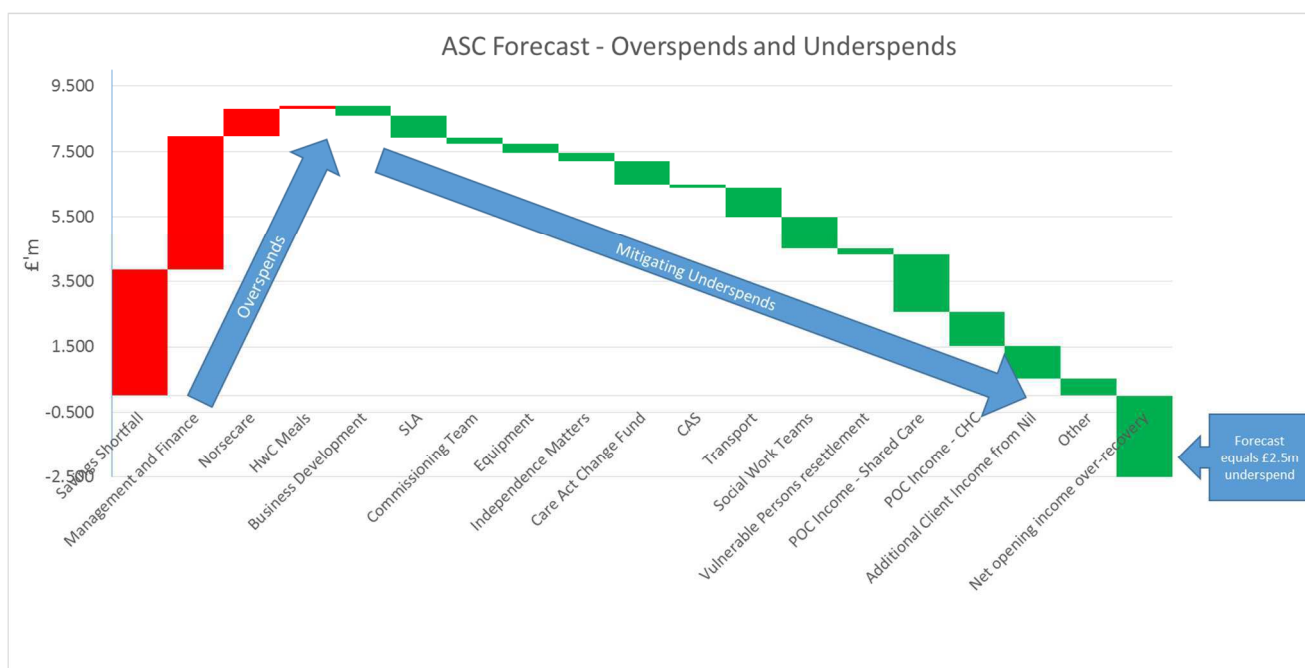
With our net expenditure sitting at £189m at period 10, our forecast allows £70m of remaining funds to cover transactions for period 11, 12 and 13. Within this £70m will be an allowance for accounting entries such as moving the allocated funding to reserves, with the IBCF being a £10m example of this.



## 2.9 Finance and Performance monitoring

2.9.1 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. Teams continue to develop actions and follow up work to scrutinise variation to forecast.

2.9.2 Furthermore, whilst the savings programme is not expected to deliver the full savings expectation in the current year, the department strives to deliver an underspent position due to mitigating underspends in non-savings related activities – as evidenced by the following graphic.



2.9.3 The service implemented the new social care replacement system, LiquidLogic, on 22 November 2017, which included implementing a new financial system for social care. The system provides an improved management and reporting system for social care. The implementation has been successful and teams are bedding in the new ways of working.

## 2.10 Reserves

2.10.1 The department's reserves and provisions at 1 April 2017 were £6.230m. Reserves totalled £2.074m.

2.10.2 The reserves at the beginning of the year included committed expenditure, which was carried forward in 2016/17. At period 10 the forecast includes the planned use of £0.412m of reserves in this financial year.

2.10.3 The forecast reserve position at 31 March 2018 is £14.394.

2.10.4 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 E**.

2.10.5 As set out in section 2.6 of this report a planned reserve is approved 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. Plans for the use of the additional social care funding were agreed at the end of July 2017.

2.10.6 Actions have been taken in line with the plan, as set out in paragraph 2.6.4 of this report. The original plan included carrying forward £3.145m of the additional grant funding to enable invest to save projects to be completed over the agreed timeframe. In order to ensure delivery of the agreed plans it is proposed that £10.9m is carried forward within reserves.

## 2.11 Capital Programme

2.11.1 The department's three year capital programme is £21.870m. 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



£7.354m for the social care and finance replacement system. The priority for use of capital is development of alternative housing models for young adults. Details of the current capital programme are shown in **Appendix F**.

### **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 was 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. As reported to Committee throughout this financial year the service in-year savings plan has focused on a stretch target to aim to deliver recurrent underspend in order to mitigate the impact of loss of funding in 2018-19. The forecast underspend underpins the service's position looking ahead to 2018-19 and helps mitigate financial risk.
- 3.3 The planned use of the one-off funding through the improved Better Care Fund was agreed with health partners during the year and reflected a three year position. This has enabled the Committee to secure this funding within reserves for the agreed purposes.

### **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
- k) Impact of legislation, particularly in relation to national living wage
- l) Achievement of targets for delayed transfers of care attributable to social care, which could impact on available funding for 2018-19

## 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 10 for the 2017-18 Revenue Budget of £258.901m**
- b) **The planned use of reserves**
- c) **The forecast outturn position at Period 10 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](#) (p21)

[Finance Monitoring Report – Adult Social Care Committee January 2018](#) (p26)

## Officer Contact

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

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



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

## Adult Social Care 2017-18: Budget Monitoring Period 10 (January 2018)

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

Summary	Budget	Forecast Outturn	Variance to Budget		Variance @ Pd 7
	£m	£m	£m	%	£m
<b>Services to users</b>					
Purchase of Care					
Older People	111.098	114.994	3.896	3.51%	4.164
People with Physical Disabilities	23.148	23.465	0.317	1.37%	0.284
People with Learning Disabilities	99.191	100.283	1.092	1.10%	2.581
Mental Health, Drugs & Alcohol	13.545	14.592	1.047	7.73%	0.632
<b>Total Purchase of Care</b>	<b>246.981</b>	<b>253.333</b>	<b>6.352</b>	<b>2.57%</b>	<b>7.662</b>
Hired Transport	6.672	5.784	(0.888)	(13.31%)	(0.700)
Staffing and support costs	11.589	10.403	(1.186)	(10.23%)	(1.113)
<b>Total Cost of Services to Users</b>	<b>265.242</b>	<b>269.520</b>	<b>4.278</b>	<b>1.61%</b>	<b>5.848</b>
Service User Income	(76.870)	(86.734)	(9.864)	12.83%	(8.842)
<b>Net Expenditure</b>	<b>188.372</b>	<b>182.786</b>	<b>(5.586)</b>	<b>(2.97%)</b>	<b>(2.994)</b>
<b>Commissioned Services</b>					
Commissioning	4.003	3.823	(0.180)	(4.49%)	(0.230)
Service Level Agreements	12.159	11.715	(0.444)	(3.65%)	(0.348)
ICES	2.396	2.115	(0.281)	(11.72%)	(0.298)
NorseCare	32.594	33.419	0.826	2.53%	0.863
Housing Related Support	6.517	6.517	(0.000)	0.00%	0.000
Independence Matters	12.857	12.945	0.089	0.69%	0.089
Other	1.403	1.367	(0.036)	(2.54%)	(0.000)
<b>Commissioning Total</b>	<b>71.928</b>	<b>71.902</b>	<b>(0.027)</b>	<b>(0.04%)</b>	<b>0.075</b>
<b>Early Help &amp; Prevention</b>					
Norfolk Reablement First Support	2.535	2.530	(0.005)	(0.18%)	0.017
Service Development	1.131	1.099	(0.031)	(2.78%)	(0.032)
Other	2.984	2.977	(0.007)	(0.24%)	0.001
<b>Prevention Total</b>	<b>6.649</b>	<b>6.606</b>	<b>(0.043)</b>	<b>(0.64%)</b>	<b>(0.015)</b>

## Adult Social Care

### 2017-18 Budget Monitoring Forecast Outturn Period 10

#### Explanation of variances

#### 1. Business Development, forecast underspend (£0.309m)

The forecast underspend is from vacancies and secondments in some teams, with roles currently being reviewed.

#### 2. Commissioned Services forecast underspend (£0.027m)

The main variances are:

**NorseCare**, overspend of £0.826m. The variance has increased from Period 7. 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

The reduction in the variance reflects work to maximise and reshape the contract and to ensure that income that relates to NorseCare block beds is reflected against the contract spend.

**Service Level Agreements**, underspend of (£0.444m). The underspend is due to a reduction in planned costs, following retendering of agreements, together with additional income from Continuing Health Care and private sale of beds within the contracts.

**Integrated Community Equipment Store**, underspend of (£0.281m). Working practices have changed, which has reduced the equipment backlog. This combines with a recycled equipment rebate to deliver an underspend.

**Commissioning team**, underspend of (£0.180m). The underspend is due to staff vacancies and additional income.

**Independence Matters**, overspend of £0.089m. The overspend is due to savings not being achieved in full in 2017-18. One-off reductions in relation to inflation are mitigating the impact in 2017-18.

#### 3. Services to Users, forecast underspend (£5.586)

The main variances are:

**Purchase of Care (PoC) expenditure**, overspend of £6.352m. 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. Period 10 has seen reductions in commitments but pressures remain within Residential and Supported Living. The forecast includes adjustment to reflect possible non-delivery of £3.316m net savings.

**Service User Income**, over-recovery of (£9.864m). Income from service users has exceeded 2016/17 figures up to the end of January 2018, 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 increase also reflects the rise in number of service users in residential care, which has increased service user income during the year, although this is now reducing in line with expenditure.

**Transport**, underspend of (£0.888m). The service has been working to reduce the use of transport in line with the Council's Transport policy and implement changes to routes and methods of transport as less people need transport. This impact of the changes is taking time, but evidence from the first four months of the year has shown that changes are now taking affect and the cost of transport provision is reducing.

#### **4. Early Help and Prevention, forecast underspend (£0.043m)**

The main variances are:

**Other Services**, underspend of (£0.121m). The variance relates to vacancies within Care Arranging Service and the Emergency Duty Team. This is offset by a pressure within Housing with Care Tenant Meals of £0.114m relating to ongoing costs, for which there is a plan to manage these downward.

#### **5. Management, Finance and HR, forecast overspend £3.465m**

The main variances are:

**Management and Finance**, overspend of £3.453m. 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 decreased from Period 7, reflecting confidence in the forecast and the proximity to the end of the financial year.

# Improved Better Care Fund (iBCF) - Summary table and October Update

## Appendix C

Planning priority	Grant Condition	Description	2017/18 £m	2018/19 £m	2019/20 £m	Impact	Activity and progress
Protect	Meeting Social Care Needs	<b>iBCF1</b> Funding required to manage shortfall in recurrent pressures and protect social care services	1.9	11.9	22.2	Over the three year period this funding will ensure that vital service provision such as homecare is maintained and people are supported to maintain their independence and stay out of hospital	Funding is part of budget planning for adult social care as a whole - over 80% of spend is with the market
Sustain	Reduce pressure on the NHS and stabilise Social Care provider market	<b>iBCF2</b> Support the care market and develop resilience against the impact of specific recurrent market pressures	9.1	10.8	10.8	Recent legislation on NMW and the cost of care presents additional pressures to the care sector that require supporting if provision is to remain sustainable. Market failure presents a risk to individuals but also the system overall funding here will support integrity of the care market	This is about sustaining the Market. In line with cost of care, legislation and market pressures – the aim is to develop a sustainable approach. Funding is targeted on specific needs such as legislative change, but some funding will be carried forward to 2018-19 where this enables funding to be targeted in a more sustainable way.
Sustain	Meeting Social Care Needs	<b>iBCF3</b> Managing recurrent capacity with DOLs when alternative funding finishes	0	0.2	0.2		To support delivery of this service from 2018-19 when current funding will no longer be available
Sustain	Reduce pressure on the NHS and meet social care need	<b>iBCF4</b> Managing capacity – strengthen social work to assist people at discharge and to prevent admissions	2.6	2.5	0.0	Social work is core to ensuring people's needs are met quickly and effectively. Supporting capacity of social work will strengthen the prevention offer, ensure people receive support that meets their needs and is fundamental to ensuring that people are able to leave formal care settings as soon as they are medically fit. Resources here will enable services to be flexed according to pressure within the system.	As part of enhancing our capacity a recruitment campaign for 50 practitioners and 15 team managers is fully underway.  By mid-February 40.25 fte appointments had been made to new roles in the service*:  There are currently 12.75 new capacity Social Worker vacancies

Planning priority	Grant Condition	Description	2017/18 £m	2018/19 £m	2019/20 £m	Impact	Activity and progress
						Investing in social work will reduce pressures on the NHS and supports the Promoting Independence agenda. The invest to save element will be realised through better management of needs and management of flow through the system. <b>Note:</b> of the £2.6m in 2017/18, £1m will need to be carried forward into 2018/19 to reflect recruitment timescales, therefore £3.5m will be spent in 2018/19. For 2019/20 it is the intention for the investment to remain at 2018/19 levels (£3.5m) but the additional capacity should be self-financing through savings delivered in the Purchase of Care budget.	to fill. Interviews took place early Feb, with 3 appointable candidates to allocate to a locality.  The West is particularly difficult to recruit and a campaign is running specifically for this locality with 3 interviews for Social Workers and 1 for a Team Manager taking place at the end of February
Invest and Improve	Reduce pressure on the NHS	<b>iBCF5</b> Expansion of prevention schemes – social prescribing and community/care navigation schemes – Invest to save	0.7	0.7	0.0	Social prescribing has been evidenced to divert demand from formal care services, especially hospitals. Combined with an offer that builds on community resilience and capacity this initiative is designed to support demand management initiatives and enhance community ability to respond to need	Supporting the development of existing initiatives working with CCGs, Public Health and District Councils. This will be taken forward on CCG boundaries. Working with Districts, CCGs & voluntary sector. Locality plans have been developed services will commence between January and June 2018, when a formal launch of the whole service will take place.

# Improved Better Care Fund (iBCF) - Summary table and October Update

## Appendix C

Planning priority	Grant Condition	Description	2017/18 £m	2018/19 £m	2019/20 £m	Impact	Activity and progress
Invest and Improve	Reduce pressure on the NHS	<b>iBCF6</b> Respond to care pressures – micro commissioning invest to save pilot	0.1	0.1	0.0	Homecare is a key service in ensuring people can stay out of hospital and be discharged quickly when they are medically fit. Micro commissioning initiatives have been shown to have a positive impact on homecare capacity in similar rural areas. Increased capacity in the system is designed to be sustainable without additional funding after the first two years	Investment in support to micro enterprises to deliver Home Support. Community Catalyst have been engaged to support this work and initial scoping discussions undertaken to identify our approach to localised development.
Invest and Improve	Reduce pressure on the NHS	<b>iBCF7</b> Managing transfers of care – Trusted assessor	0.2	0.2	0.2	Managing transfers of care and implementing the HICM requires a number of joint initiatives between social care and health partners. Key elements of the pathway are trusted assessor and discharge to assess. The implementation of these will be supported by an enhanced, wrap around, home care offer and additional capacity in reablement beds – these initiatives will support the reduction of delayed transfers of care and provide a better quality of care for people in this pathway	The Trusted Assessment Facilitator role has been developed in tandem with providers who were involved in the recruitment into the new posts. Funding from the project has also supported the development of a bed capacity tracking system. There are 5 Trusted Assessment Facilitators across the 3 acutes, the service commenced on 22 January in NNUH. The full team will be in place by 28 February 2018. 1 Facilitator in QEH 2 Facilitators in NNUH 2 Facilitators in JPUH (1 funded by Suffolk CC)
Invest and Improve	Reduce pressure on the NHS	<b>iBCF8</b> Managing transfers of care – through invest to save programme for example discharge to assess; home support wrap around	5.1	0.5	0.2	Many of these initiatives are to be run as pilots to evaluate outcomes and put in place sustainable funding based on the part of the system where benefits accrue. There will be a requirement to carry forward an element of the 2017/18	Recruitment for six discharge to assess social workers, was completed in December 2017. The service is now in place. Accommodation based reablement is implemented within the county, with 14 units currently operational.

# Improved Better Care Fund (iBCF) - Summary table and October Update

## Appendix C

Planning priority	Grant Condition	Description	2017/18 £m	2018/19 £m	2019/20 £m	Impact	Activity and progress
		service; accommodation based reablement and active assessment beds				funding depending on the progress and timing of implementing each pilot.	The enhanced home support service is operational providing unplanned, short term same day home support for up to 72 hours across all five CCG areas in Norfolk.
Invest and Improve	Reduce pressure on the NHS	<b>iBCF9</b> Enhanced community offer for carers - 3 year invest to save pilot	0.1	0.1	0.1	Carers are key to supporting people to stay safe and independent. Additional funding here will work alongside newly commissioned carers service to ensure that carers are fully supported to have a good quality of life	Using the Home First model this is being linked with iBCF 8 and 9 to provide crisis management services
Invest and Improve	Reduce pressure on the NHS	<b>iBCF10</b> Enhanced flexible dementia offer - 3 year invest to save pilot	0.2	0.2	0.2	Providing support that enables people with dementia to stay in their own homes is a priority for both health and social care. This funding will enhance the existing offer and allow innovations in service to be implemented and tested for success. This service will support people with dementia to be discharged safely from formal care settings.	Using the Home First model this is being linked with iBCF 8 and 10 to provide crisis management services



# Improved Better Care Fund (iBCF) - Summary table and October Update

## Appendix C

Planning priority	Grant Condition	Description	2017/18 £m	2018/19 £m	2019/20 £m	Impact	Activity and progress
Invest and Improve	Reduce pressure on the NHS	<b>iBCF11</b> Reduce DTOC mental health services	0.4	0.4	0.4	Providing sufficient support when people with mental health problems leave formal care services is crucial in ensuring people can settle and establish their independence. We are working with mental health colleagues to formulate the most effective mechanisms that will support discharge from hospitals and formal care settings.	There are an additional six beds/flats commissioned as “step down” and admission avoidance from mental health hospitals jointly funded with NSFT with social care support to provide suitable discharge destinations. All units are fully occupied.  Increased staff capacity, 4 additional staff includes; 1fte SW for OPMH 1fte Assistant practitioner for OPMH 1fte Assistant practitioner for Hosp SW Team 1fte AMHP for Duty Team
			<b>20.4</b>	<b>27.7</b>	<b>34.3</b>		
Funded by:	iBCF as per 2017 Spring Budget		-18.6	-11.9	-5.9	Non -recurrent funding	
	iBCF as per 2015 Spending Review		-1.9	-15.8	-28.4		
	<b>Total</b>		<b>-20.4</b>	<b>-27.7</b>	<b>-34.3</b>		

## 2017-20 Savings Programme

The overall revised savings programme is now structured as follows:

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

### Summary

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

Workstream	Workstream Savings 2017-20		2017-18 Saving	2017-18	Period 10 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	-1.766	0.815
			Replacement of planning beds	-0.500	-0.080	0.420
			Older people reviews	-1.864	-0.700	1.164
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	-0.250	0.000
			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	-0.266	0.734

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	-0.618	0.541
			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

		Period 10	
	Balance	Proposed usage	Balance
	01-Apr-17	2017/18	31-Mar-18
	£m	£m	£m
Doubtful Debts provision	4.157	0.111	4.268
<b>Total Adult Social Care Provisions</b>	<b>4.157</b>	<b>0.111</b>	<b>4.268</b>
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. Funding was brought-forward on 1 April 17, 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. Funding was brought-forward on 1 April 17, all of which has been allocated to external projects and will be paid upon achievement of milestones.	0.200	-0.133	0.067
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
Public Health grant to support the Social Prescribing Project	0.000	0.400	0.400
Supporting People	0.000	0.475	0.475
IT Reserve - Slippage in revenue spending pattern in relation to social care information system reprocurement	0.361	0.226	0.587
Improved Better Care Fund - requirement to carry forward grant to 2018/19 in relation to the managing capacity and transfers of care workstreams.	0.000	10.971	10.971
Unspent Grants and Contributions	1.196	-0.004	1.192
Vulnerable People Resettlement Programme	0.000	0.501	0.501
Mental Health Underspend	0.000	0.159	0.159
<b>Total Adult Social Care Reserves</b>	<b>2.074</b>	<b>12.321</b>	<b>14.394</b>
<b>Total Reserves &amp; Provisions</b>	<b>6.230</b>	<b>12.432</b>	<b>18.662</b>

## Adult Social Services Capital Programme 2017/18

Summary	2017/18		2018/19
Scheme Name	Current Capital Budget	Forecast outturn at Year end	Draft Capital Budget
	£m	£m	£m
Failure of Kitchen Appliances	0.030	0.000	0.000
Supported Living for people with Learning Difficulties	0.015	0.000	0.000
Adult Social Care IT Infrastructure	0.141	0.141	0.000
Adult Care - Unallocated Capital Grant	4.030	4.030	0.000
Strong and Well Partnership - Contribution to Capital Programme	0.121	0.121	0.000
Bishops Court - King's Lynn	0.085	0.000	0.000
Winterbourne Project	0.050	0.000	0.000
Care Act Implementation	0.871	0.871	0.000
Social Care and Finance Information System	4.744	3.361	2.975
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
Sheringham Hub (Cromer Road)	0.000	0.004	0.000
Accommodation Based Reablement - Benjamin Court IT	0.018	0.018	0.000
County Resilience Team IT	0.018	0.018	0.000
Wifi Upgrade Integrated Sites	0.010	0.010	0.000
<b>TOTAL</b>	<b>19.151</b>	<b>17.761</b>	<b>3.084</b>

# Adult Social Care Committee

Item No.....

<b>Report title:</b>	<b>Performance management report</b>
<b>Date of meeting:</b>	<b>5 March 2018</b>
<b>Responsible Director</b>	<b>James Bullion, Executive Director of Adult Social Services</b>
<b>Strategic impact</b> Robust performance management is key to ensuring that the organisation works both efficiently and effectively to develop and deliver services that represent good value for money and which meet identified need.	

## Executive summary

This report sets out the latest available performance position for Adult Social Services. The report comes at the time of transition between the former CareFirst system, and the new social care recording system LiquidLogic, so there is only limited information against the suite of Promoting Independence measures. For this reason the report focuses on other important aspects of performance, including the annual benchmarking report.

### Key performance messages

Adult Social Services has been under a high degree of pressure over the winter period; achievement of our centrally imposed target for delayed discharge of transfer cannot be met within the timescale set.

Holding lists have started to reduce with the introduction of a resilience team, and concerted targeted work by locality teams.

Early indications of data from the new system show that reablement has continued to benefit a high number of people, and provide critical support to the NHS over the winter period.

Despite pressures, our social work teams have continued to follow the aims of Promoting Independence, connecting people to informal support, enabling and reabling people so they can re-gain skills and a level of independence.

Permanent admissions to residential care for older people have continued to reduce, while permanent admission for adults aged 18-64 have remained broadly constant.

Our annual benchmarking review shows a steady picture of performance for the year 2016/17 compared with our family group. There are no significant fluctuations; reablement and short-term support continues to be above average; overall satisfaction dipped, although the proportion of people feeling safe using our services improved.

Six report cards are included at Appendix 1

The full presentation about the annual benchmarking report is included in Appendix 2

## **Recommendation**

**The Committee is asked to:**

**Discuss and agree the overall performance position for adult social care as described in section 2**

### **1. Introduction**

- 1.1 This report sets out the latest available performance position for Adult Social Services. The report comes at the time of transition between the former CareFirst system, and the new social care recording system LiquidLogic, so there is only limited information against the suite of PI measures. For this reason the report focuses on other important aspects of performance, including the annual benchmarking report.

### **2. Performance overview**

- 2.1 Pressure across the health and social care in Norfolk has intensified during December, January and February.
- 2.2 Latest information shows that occupancy rates for all Norfolk acute hospitals have consistently running above 85% for the whole of January. New referrals to Adult Social Care were up 57% year-on-year for January and new referrals from hospital teams continued to increase by 50% from December 2017 through to January 2018 (151 to 226).
- 2.3 In response, we have
- a) expanded re-ablement – directly into people’s homes, and as a ‘step down’ from hospital
  - b) Improved liaison with care homes through trusted assessors in all 3 hospitals
  - c) Added dedicated social care staff to manage flow in hospitals
  - d) Provided 7 self-contained flats with on-site support for adults with MH needs to prevent delays
  - e) Introduced new expanded home care using highly trained care workers that can support the high acuity of older people being discharged –and prevent admission
- 2.4 These are on top of our additional spending with the care market to reflect costs including the national living wage, and the recruitment of additional social workers and occupational health staff to strengthen social work to assist people at discharge and to prevent admissions.
- 2.5 At the periods of most intense pressure, we have
- a) Increased overtime and weekend working in our hospitals
  - b) Increased overtime and weekend working in Norfolk First Support – our in-house reablement services
  - c) Introduced financial incentives rates for homecare where agencies can take people within 12 hours – this has been for defined periods of time, triggered by extreme pressures
  - d) Introduced incentive payments for residential care – again to speed up assessment; only for a defined window of time
  - e) Pulled in social workers and occupational health staff from localities to increase the number of assessments we can do in hospitals
  - f) Appointed an assistant director to oversee discharge, and located other senior social work managers in hospital teams at peak periods of pressure



- 2.6 Despite all of the above, the published figures for December show that Norfolk (health and social care) is ranked 100 out of 151 local authorities for total delays per 100k population. Norfolk is ranked 123 out of 151 for Social Care delays per 100k population.
- 2.7 To understand and to introduce sustainable improvement across the health and care system, we have invited the Better Care Fund Support Team to work with the whole system on hospital discharge so that we benefit from new perspectives. This will give us an independent view of the current arrangements and recommendations about how we can use the collective social services and NHS teams to best effect for people in Norfolk.

### **3. Holding lists**

- 3.1 We first reported in July that teams were carrying significant backlogs of work. Latest figures show we now have just under 2700 people on our holding list. This is around 400 lower than when we last reported. However, the change from CareFirst to LiquidLogic may mean there are slight changes in how the system counts. We have three strands to address the backlog:
- a) A short-term specialist team dedicated to addressing the holding list have been in place since December. The team works across all five localities prioritising areas with the largest list and the cases which have waited longest
  - b) Additional capacity – as previously reported the recruitment to additional posts has been positive. It has helped strengthen front line teams to give them more day to day capacity to address the backlogs
  - c) Strengths-based working - 3 conversation model – as previously reported to the Committee we are introducing a new model of social work. To date we have run two sites; a further four will be running by March. Whilst it is early days, the teams in those sites have demonstrated that capacity can be created to tackle waiting lists and prevent the long waits for customers associated with the older, care management approach. However, there will always be peaks of intensive activity – for example – at times of acute winter pressure

### **4. Reablement and Norfolk First Support (NFS)**

- 4.1 Adult Social Services has provided reablement services in people's own homes for a number of years. Norfolk First Support (NFS), an in-house service, provides reablement. Reablement helps people get back on their feet after they have been in hospital or that have experienced a change in their wellbeing that might require some kind of care. This means that people are more independent and tend to experience better outcomes. Also by avoiding long term care the Council saves money.
- 4.2 Due to the migration of our social care database from CareFirst to our new social care system, LiquidLogic, there is no data available for October and November 2017. However, the early data for December and January indicates that NFS have taken more reablement referrals than usual. The service has offered overtime to staff over the last three months to try to increase the amount of people the service could work with.
- 4.3 Early data from Liquidlogic also appears to show that the rate of people reabled has decreased in December and January. We think the reasons behind this are two-fold:
- a) people referred to NFS in January are still receiving reablement services and therefore are not showing as reabled yet
  - b) the change of systems from CareFirst to LiquidLogic means there is a time-lag in the process of inputting the data and that the parameters used on CareFirst data are slightly different to in LiquidLogic. Whilst the volume of work over the winter period may have caused a slight dip, we expect the overall trend of high

performance to continue. We will update Members next time, when we expect the final outcomes for people will be reflected in the data

- 4.4 Benjamin Court, the new accommodation based reablement unit in Cromer, opened on 9 February 2018. This complements our existing home based reablement service and is aimed at people who:
- a) are medically fit but unable to return to their home safely (including due to physical/function ability and concerns about night time)
  - b) have the potential to be reabled
  - c) and would benefit from reablement
- 4.5 This new service is an important part of the social care and health system response to maximising the independence of people in Norfolk, reducing the number of people going into residential care and preventing people going into hospital.

## **5. Rate of permanent admissions**

- 5.1 Whilst our front line teams report that they are dealing with high volumes of work, this is not translating into increased rates of admissions to permanent residential care for people aged over 65 which have reduced to below our target for the first time. This would suggest that our strategy of promoting independence, focusing on short-term support to re-able people and help maintain independence is having an impact. For younger adults (aged 18-64), the rate has stayed broadly the same.
- 5.2 The change to the LiquidLogic system meant a reporting hiatus between September and January. In CareFirst there was usually a 'reporting lag' of around three months, meaning that delays in recording cases led to figures only being correct around three months in arrears. This should not be the case with LiquidLogic in the future – however we will closely monitor any changes in the data and report back to Committee if the numbers go up retrospectively.

## **6. Complaints**

- 6.1 Over the calendar year 2017, Adult Social Services received just over 500 complaints. Whilst a direct comparison on the same period for 2016 is not possible, a nine month comparison points to a reduction in the number of complaints in 2017.
- 6.2 In April to December 2016 there were 448 stage one complaints compared with 367 in the same period for 2017. The main reasons for those complaints are set out in the report card and these have largely stayed in the same proportion.
- 6.3 Detailed analysis each quarter is considered by senior managers; this looks at complaints by locality area as well as by specialty. Consistently, this shows that the main focus for improvement needs to be on good communication between our teams and people using our services.

## **7. Benchmarking**

- 7.1 Appendix 2 contains the **2016/17** benchmarking report for Adult Social Care. This report presents benchmarking information for Norfolk Adult Social Care for the year 2016/17 and is designed to help members and managers to compare the performance of Norfolk with other councils that have social care responsibilities and to identify areas for improvement.

- 7.2 Norfolk's "family group" – a collection of 15 local councils that the Care Quality Commission (CQC) considers to have similar characteristics to Norfolk and are therefore our best comparators for performance – consists of the following County Councils: Lincolnshire, Gloucestershire, Cumbria, Lancashire, Devon, Worcestershire, Suffolk, Staffordshire, Northamptonshire, Somerset, North Yorkshire, Nottinghamshire, Warwickshire, Leicestershire, and Derbyshire.

## **8. Key findings: services for 18-64 year olds**

- 8.1 By comparing ourselves to other similar councils, we can see that Norfolk has a below average rate of requests for support relating to people aged 18-64.
- 8.2 Norfolk also has a lower than average rate of people aged 18-64 receiving short term support – which describes support and services that have a planned end date. Conversely, Norfolk has a very high rate of people aged 18-64 receiving long term services without a planned end date – the second highest rate in its family group. Whilst it is not possible to say definitely that relatively low short term services and relatively high long term services are linked, it is likely. High levels of long term services suggest that preventative 'upstream' interventions, either in the form of short-term or 'reablement' services, are not in place or are not effective. This observation strongly informs Norfolk's strategy for working aged adults, and in its strategy for improving support for people with a learning disability. Efforts are increasingly focused on developing appropriate short term and enablement services that maximise people's independence, and reduce the need for long term formal care.
- 8.3 A significant factor in Norfolk's high rates of long term care is its historically high rates of admissions to residential and nursing care. Whilst Norfolk's placement rate to residential and nursing care remains high – it has the 6<sup>th</sup> highest rate in its family group - its relative position compared to its comparator councils has improved markedly in recent years. In 2012/13 Norfolk's rate of 51.7 permanent admissions for people aged 18-64 per 100,000 population meant we were placing nearly three times more people than our comparator group average. The rate reduced to 44.9 in 2013/14; 30.7 in 2014/15; and 17.5 in 2015/16, and within this context Norfolk's rate of 15.7 in 2016/17 represents a continued reduction that sees it move towards our stated target of achieving a rate in line with the family group average.

## **9. Key findings: services for 65+**

- 9.1 When compared with the rest of England and our family group, Norfolk has very high levels of short term support, and high levels of reablement, but lower levels of long term support.
- 9.2 This suggests that the reablement services and short term support we are providing to maximise independence are working and are reducing the need for long term support. This is shown in measures of both the outcomes of reablement and admissions to long term care. Norfolk has the second highest rate of people living at home after a period of reablement, and permanent admissions to residential and nursing care continue to fall. Norfolk has previously reported above average rates of admissions to residential and nursing care, even whilst having below average rates of overall long term services, suggesting an over-dependency on high cost services. However Norfolk's residential and nursing care rates are now much closer to the family group average and continue to fall.

## **10. Key findings: enhancing quality of life**

- 10.1 Norfolk's performance for indicators measuring quality of life is mixed when compared to its family group councils.
- 10.2 Four of the measures are taken from the annual User Experience survey conducted by every council.
- 10.3 The first assesses people's overall social care related quality of life, and uses an index which takes into account responses relating to factors such as control over daily life, personal care, food and nutrition, accommodation, safety, social participation, occupation and dignity. In this area Norfolk's score has improved slightly since last year, and is in line with family group, regional and national averages.
- 10.4 The second reports on the people stating whether they feel they have control over their daily life. Again, Norfolk's result of 79.3% is a slight increase on the 2015/16 score of 78.2%, and means that we are in line with our family group average.
- 10.5 The third reports on overall satisfaction of people who use services with their care and support, and shows that 64.8% of respondents were satisfied with their care and support, significantly lower than the 2015/16 score of 67.6%. This reduction means that Norfolk has moved from being significantly above average up to last year to being the second lowest performer in our family group. There is no clear indication within the data about the cause of this reduction, although it is important to note that Norfolk's score is actually in line with the East of England average (65.4%) suggesting that Norfolk's satisfaction is falling into line with regional levels. It will clearly be important to closely monitor this as we receive initial 2017/18 scores in the summer. The survey does not provide any commentary from respondents, so any further reductions or variance from family group and regional averages may require some more in depth investigation to understand what is driving changed perceptions.
- 10.6 The fourth indicator from the survey is new, and has been introduced across the Eastern Region as part of a voluntary agreement with the Department of Health. It looks at how well people providing care and support work together, and aims to assess the success of efforts to integrate health and social care services. This shows that 80% of people that responded in Norfolk agree strongly that people and services do work well together. We will revisit this again in our analysis next year to assess whether this has changed.
- 10.7 The two remaining indicators in this section look at how well people with a learning disability are supported to remain independent. These show a slight increase in people with a learning disability living in their own home or with family, and a slight decrease in people with a learning disability in paid employment. In both indicators Norfolk's scores place it below the family group average.

## **11. Key findings: Supporting those who are caring for others**

- 11.1 Every two years, as part of the Adult Social Care Outcome Framework, we are required to survey carers to understand their satisfaction with support and outcomes. Overall satisfaction of carers is slightly below that of the Eastern Region average, and significantly below the Family Group average. The story is similar around carer's reported quality of life. The proportion of carers who find it easy to find information about support is more in line with the Eastern Region average, but remains below the Family Group average.

## 12. Key findings: Safety

- 12.1 The percentage of respondents in Norfolk who use services who feel safe is in line with the Family Group average.
- 12.2 An additional question was also added across the Eastern Region to ask people what concerned them about their safety. The responses to this are both enlightening and challenging. Only 1% of respondents stated that they were concerned about being harmed by someone who cares for them, and 2% feared being harmed by other residents in a care home. The highest reported concerns were around falling over inside the house (19%), falling over outside (15%) and uneven, dangerous pavements (12%). In short, those factors most obviously relating to formal safeguarding procedures were of least concern to most people, with more general issues around everyday life and personal independence causing most worry. Whilst this should not suggest a lower priority for essential formal safeguarding provisions, this provides a broader challenge across Adult Social Care to respond to some clear messages around falls and care arrangements.
- 12.3 The full benchmarking report is available in Appendix 2.

## 13. Recommendations

- 13.1 **The Committee is asked to:**  
**Discuss and agree the overall performance position for adult social care as described in section 2**

### Officer Contact

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

Officer name :	Tel No. :	Email address :
Debbie Bartlett	01603 223034	<a href="mailto:debbie.bartlett@norfolk.gov.uk">debbie.bartlett@norfolk.gov.uk</a>
Jeremy Bone	01603 224215	<a href="mailto:jeremy.bone@norfolk.gov.uk">jeremy.bone@norfolk.gov.uk</a>



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

## Delayed transfers of care

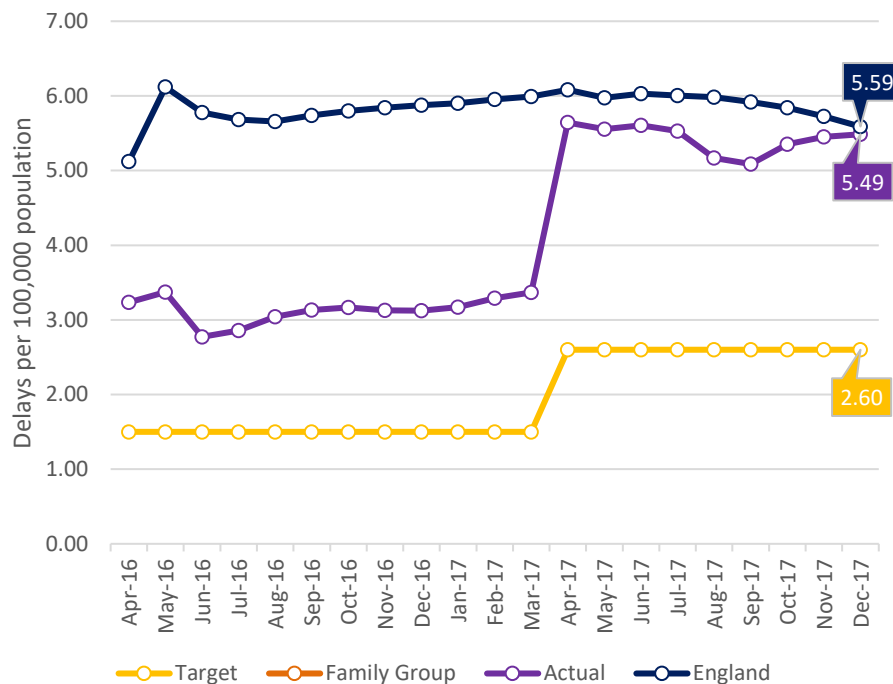
### Why is this important?

Staying unnecessarily long in acute hospital can have a detrimental effect on people's health and their experience of care. Delayed transfers of care attributable to adult social services impact on the pressures in hospital capacity, and nationally are attributed to significant additional health services costs. Hospital discharges also place particular demands on social care, and pressures to quickly arrange care for people can increase the risk of inappropriate admissions to residential care, particularly when care in other settings is not available. Low levels of delayed transfers of care are critical to the overall performance of the health and social care system. This measure will be reviewed as part of Better Care Fund monitoring.

### Performance

### What explains current performance?

Number of days delay in transfers of care attributable to social care per 100,000 population



Winter is always pressured in the hospital services, but we put in place effective plans in preparation. Nationally and locally, hospitals saw unprecedented numbers of people attending.

As anticipated, it is after Christmas that pressures are often most acute and we experienced greater pressure later in January, coupled with the challenges of sickness.

- The number of social care delays is within the DoH Feb 2017 benchmark at:
  - Queen Elizabeth Kings Lynn
  - James Paget Great Yarmouth
  - Norfolk and Suffolk Foundation Trust
- The number of social care delays at NNUHFT exceeds this benchmark by 315 delays and 135 at NCHC.
- We have worked closely with NCHC and NSFT to ensure that when there are delays they are accurately coded. This has led to a substantial reduction in the number of delays attributed to social care.
- NCC is not yet able to fully verify DTOC figures and is working with the NHS to adopt a best practice joint verification process.
- New resources funded through the improved Better Care Fund have come on line: trusted assessors, accommodation based reablement and enhanced home care all became available in late January.
- The Council put in place temporary measures have been put in place to support effective discharge over winter: additional social care assessment staffing, reprioritising workload, incentives to providers to take on cases swiftly and exceptional additional payments to secure care services.
- We have invited external support via the regional Better Care Fund Support Team to work with the system on hospital discharge so that we benefit from new perspectives.

### What will success look like?

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

### Action required

- Engage with external support to strengthen and change our integrated assessment processes for discharging people from the acute and community hospitals

Lead: Catherine Underwood, Director for Health and Integration

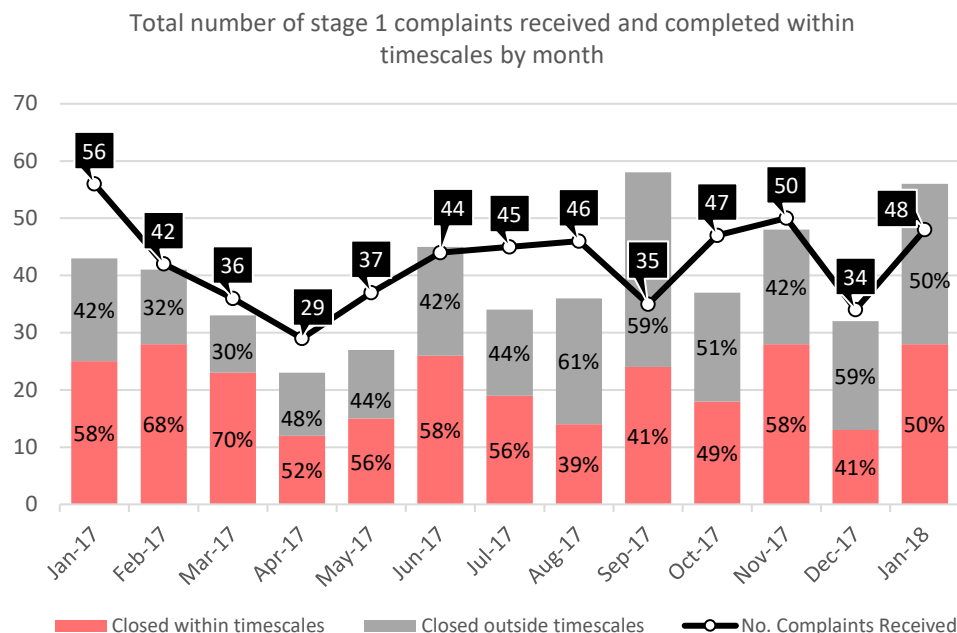
Data: Intelligence & Analytics

# Complaints

## Why is this important?

Customer feedback is essential, not only can we gather valuable service user insights but it also gives the ability to identify service failures and gives thought on how to address them. The overall satisfaction or dissatisfaction of the service user will allow the service to monitor the effect/success of its strategic priorities.

## Performance



## What is the background to current performance?

- Over the calendar year 2017, Adult Social Services received just over 500 complaints.
- The department provides services to around 20,000 people in a year
- A different system of recording complaints was introduced in April 2016 which makes a direct comparison difficult; however, comparing the period April to December 2016 with the same period in 2017 shows a drop in complaints: 367 in 2017, compared with 448 in 2016
- The main reasons for those complaints are process related, staff/employee related and financial complaints. These have largely stayed in the same proportion as previous years.
- During April, May and June, 43% of the complaints were around process issues, including service failures such as delays with assessments or dissatisfaction with outcomes such as changes to care plans. 29% were relating to staff-related issues, such as communication of information by social workers and delays in arranging respite/assessments/returning messages.
- Failure demand is demand caused by a failure to do something or do something right for the customer, which then prompts them to make contact several times.

## What will success look like?

- A reduction in the number of complaints is not the main indicator for success. Understanding the types of complaints received and delivering actions to improve the performance of the service and monitor its performance against the strategic priorities should be the main indicator of success.
- Ensure learning from complaints is used to inform future service delivery.

## Action required

- We have prime responsibility for the quality of care even when we commission the delivery to a third party. Therefore we need to work closely with Commissioners and third party providers to ensure that this is reflected in our formal contracts and appropriate standards of care are met.
- Ensure recommendations arising from complaints result in actual service improvements to reduce similar complaints arising.

## Responsible Officers

Lead: Sarah Rank, Business Development Manager

Data: Customer Experience & Systems Team

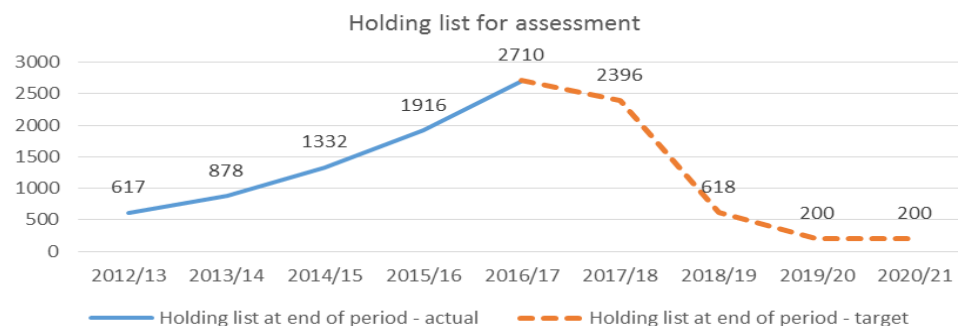
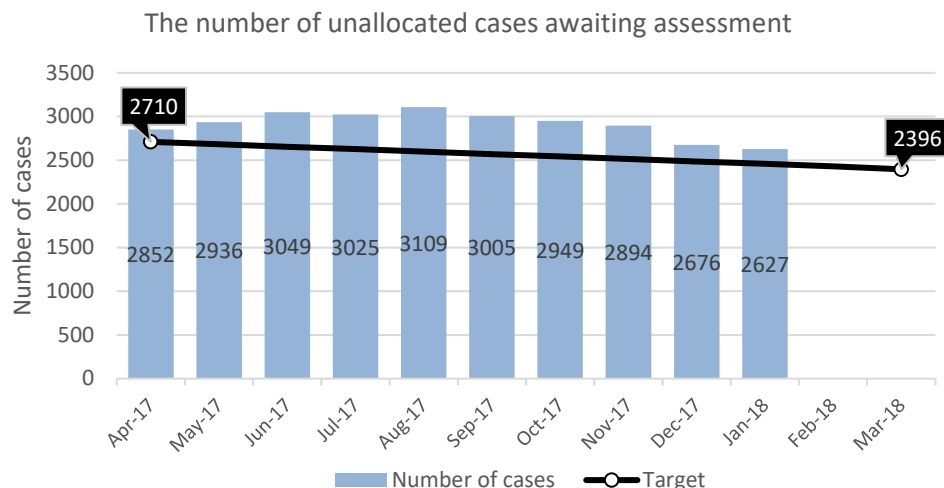
# Holding List

## Why is this important?

Carrying high backloads of work is having an impact of the pace of change we need to make. Delays in assessments can worsen the service users' condition, resulting in a greater need of care from the authority and potentially reducing their level independence. Monitoring of this will allow us to assess the impact of recruitment into newly created posts and allows us to monitor the performance of the 3 conversations model.

## Performance

## What is the background to current performance?



- In July it was reported that teams were carrying a significant amount of backlogs of work. The latest figure of just over 2600 is almost 400 lower than what was first reported on in July. However, the change from Care First to Liquid Logic may mean that there are slight changes in how the system counts unallocated cases.
- Given a current 16/17 rate of assessments of around 8,800 a year the holding list targets require an additional 4% of assessments in 2017/18. Some of this will be off-set by a reduced requirement for new assessments in line with other targets (e.g. reduced rates of requests for support to services).
- Delivery of target is dependent on recruitment to additional social work posts, and on improvements to productivity delivered through the Promoting Independence programme and through the Three Conversations model.
- A short term specialist team dedicated to addressing the holding list have been in post since December. The team works across all five localities prioritising areas with the largest list and the case which have waited longest
- The recruitment to additional posts to increase capacity has been positive. It has helped strength front line teams, giving them more capacity to address backlogs.

## Action required

- Good performance will mean a reduction in the number of unallocated cases awaiting assessment. Performance is therefore driven by the success of the recruitment process to increase capacity and the further introduction of sites using the 3 conversations model.
- Continue with the roll out of strengths-based working – 3 conversation model. To date two sites have been run, with a further 4 due in March. The teams in those sites have demonstrated that capacity can be created to tackle waiting lists.
- Ensure recruitment to additional or vacant posts is monitored and positions are filled. Any failure to recruit to posts, and to fill existing and future vacancies, will compromise the council's ability to hit this target. Recruitment can be a challenge, so monitoring recruitment progress will be important.

Responsible Officers

Lead: Lorna Bright, Assistant Director Social Work

Data: Intelligence and Analytics Service



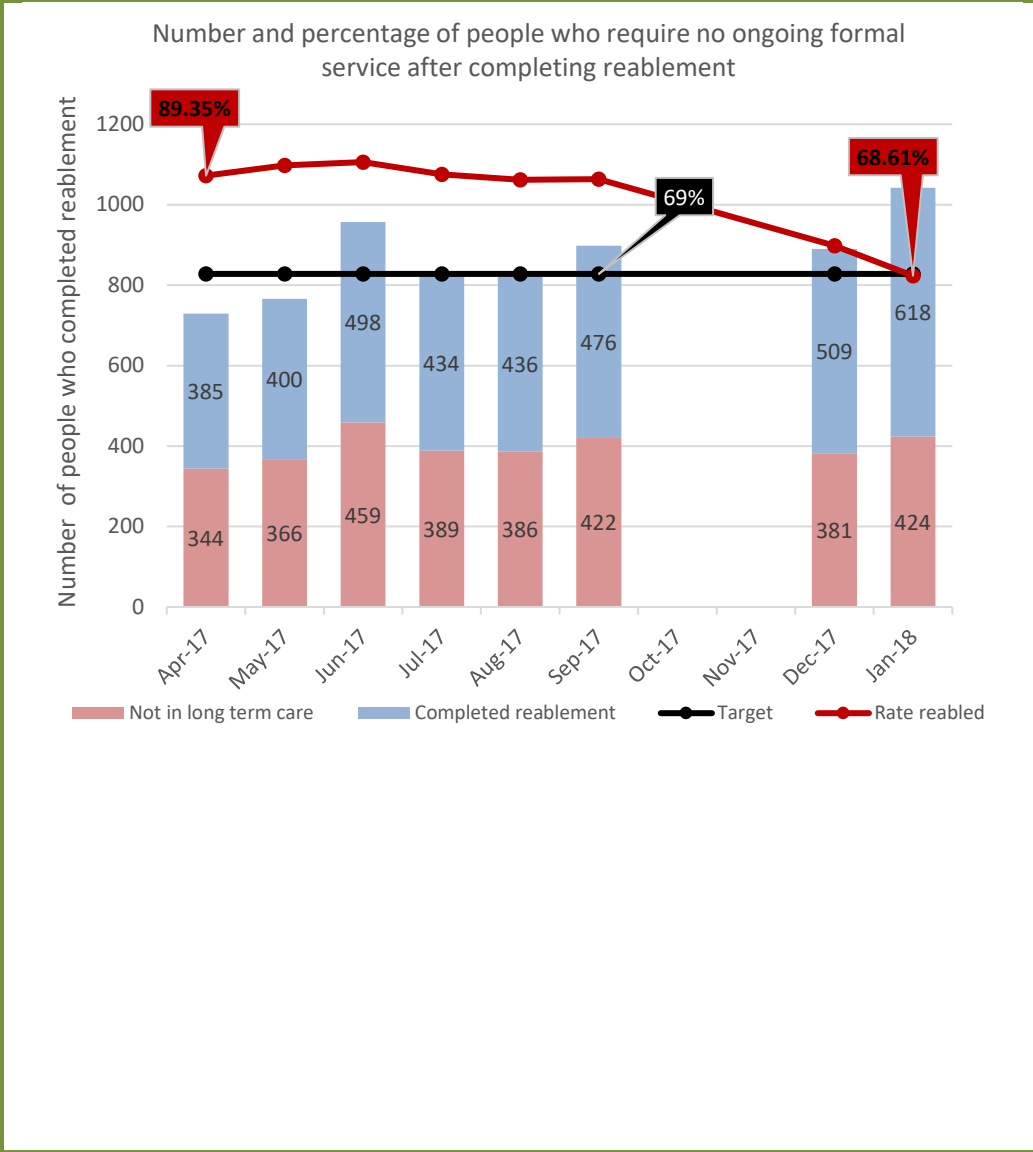
The effectiveness of Reablement Services - % of people who do not require long term care after completing reablement

Why is this important?

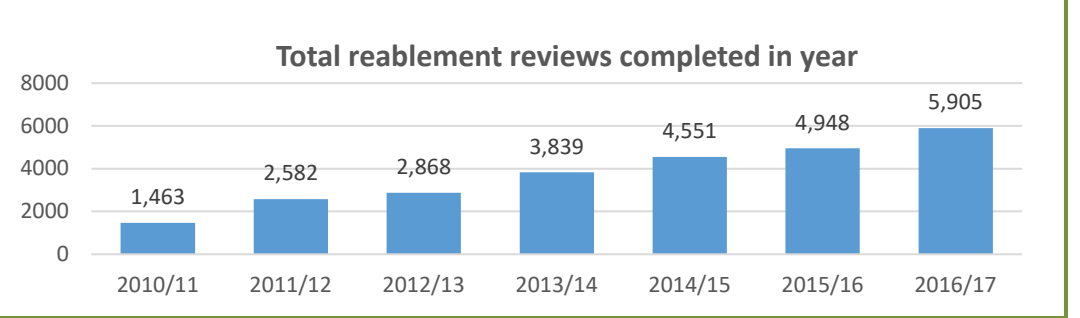
The Promoting Independence Strategy, as well as the Care Act 2014, requires that the council does all that it can to prevent or delay the need for formal or long-term care. Norfolk has provided reablement services for a number of years – that help people get back on their feet after a crisis – to people leaving hospital or that have just experienced a change in their wellbeing that might require some kind of care. The success of this is important for two reasons. First, people that do not require long-term support as a result of reablement are more independent and tend to experience better outcomes. Secondly, avoiding long term care saves the council money.

Performance

What is the background to current performance?



- Due to the migration from Care First to Liquid Logic there is a gap in the data available for October and November.
- Early data for December and January indicates that NFS have taken more reablement referrals than usual. The service has offered overtime to staff over the last three months to try and increase the amount of people the service could work with.
- This early data shows the rate reabled has dropped from 89% to 69% in December. We believe this is because of two issues. First those currently being serviced by NFS in January and December are still being reabled and therefore are not shown as reabled yet. Secondly it is also a possibility that due to the change of systems from Care First to Liquid Logic that there is a time-lag in the process of inputting the data and that the parameters used on Care First data are slightly different to what is in Liquid Logic. Further investigation into this is ongoing.
- Benjamin Court, the new accommodation based reablement unit open on 9 February. The unit is design for people who are medically fit but cannot go home safely to have the potential to be reabled.
- All people with a social care need are assessed for suitability for reablement before leaving hospital; most go on to receive some kind of reablement services, usually in their own home.
- Performance in this indicator is linked to the 'Sustainability of reablement' indicator and report card.



What will success look like?

Action required

- The maximum proportion of people completing reablement not needing ongoing care.
- The business case for additional investment in Norfolk First Support calculated that to reable everyone with the potential for reablement, and therefore maximise outcomes and savings, approximately 6,000 people a year should receive reablement (based on previous years).
- The cost of reablement services to be significantly less than the likely cost of long term care.

- Continued monitoring of the impact of reablement against this indicator, and against the targets set out in the business case for additional investment in Norfolk First Support.

Responsible Officers

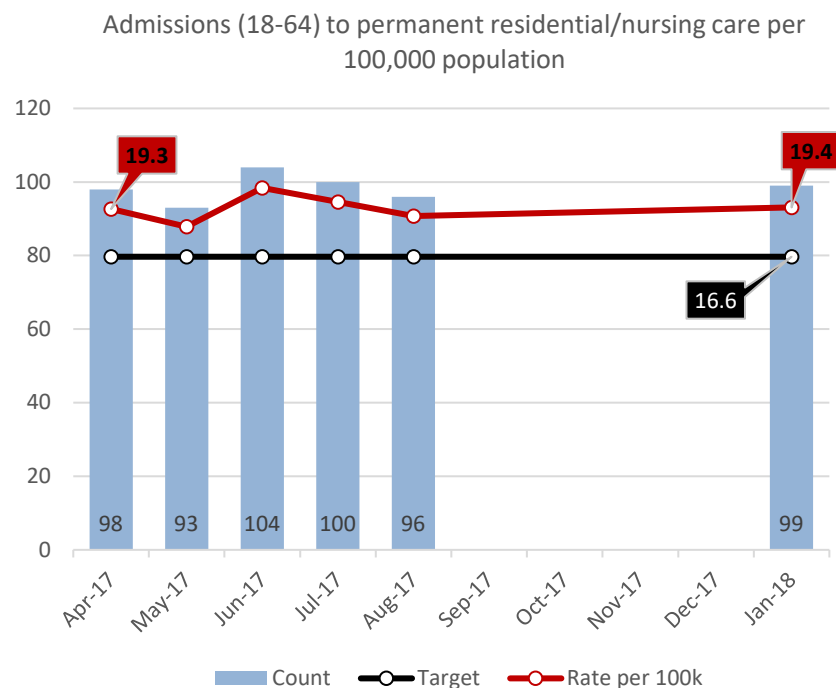
Lead: Janice Dane – Assistant Director Early Help and Prevention Data: Business Intelligence & Performance

## More people aged 18-64 live in their own homes

### Why is this important?

People that live in their own homes, including those with some kind of community-based social care, tend to have better outcomes than people cared-for in residential and nursing settings. In addition, it is usually cheaper to support people at home - meaning that the council can afford to support more people in this way. This measure shows the balance of people receiving care in community- and residential settings, and indicates the effectiveness of measures to keep people in their own homes.

### Performance



### What is the background to current performance?

- Historic admissions to residential care for people aged 18-64 were very high in Norfolk at nearly three times the family group average.
- Improvements have seen year-on-year reductions accelerate with admissions going from 31.0/100k in Mar 2015 to 16.4/100k in Dec 2016. The reduction from April 2016 onwards brought admissions per 100k below the target rate however the increase in Jan 2017 took admission rates (18.5/100k) worse than target for the first time in 9 months and rates have been increase gradually since.
- The movement to the Liquid Logic system meant that data was missing from September to December. January's data shows a continued rate of admission, slightly above our target.
- Reaching our rate of admission per 100k population target would need a reduction to 85 (rolling annual total); the most recent figure was 99.
- There is a significant body of work underway to develop our learning disability services, to move towards alternatives to permanent residential care
- Current support draws heavily on traditional formal adult care services, and the intention is to modernise our offer to be more ambitious for service users, enhance independence and improve overall wellbeing.

### What will success look like?

- Admissions for levels at or below the family group benchmarking average (around 13 per 100,000 population)
- Subsequent reductions in overall placements
- Availability of quality alternatives to residential care for those that need intensive long term support
- A commissioner-led approach to accommodation created with housing partners

### Action required

- March 2018 – new approach to strengths based social work (Three conversations) first innovation site goes live
- Development of “enablement centres” model for service users aged 18-64 to be helped to develop skills for independent living
- Reviewing how we strengthen and change our integrated assessment processes for discharging people from the acute and community hospitals will impact on this indicator

### Responsible Officers

Lead: Lorna Bright, Assistant Director Social Work

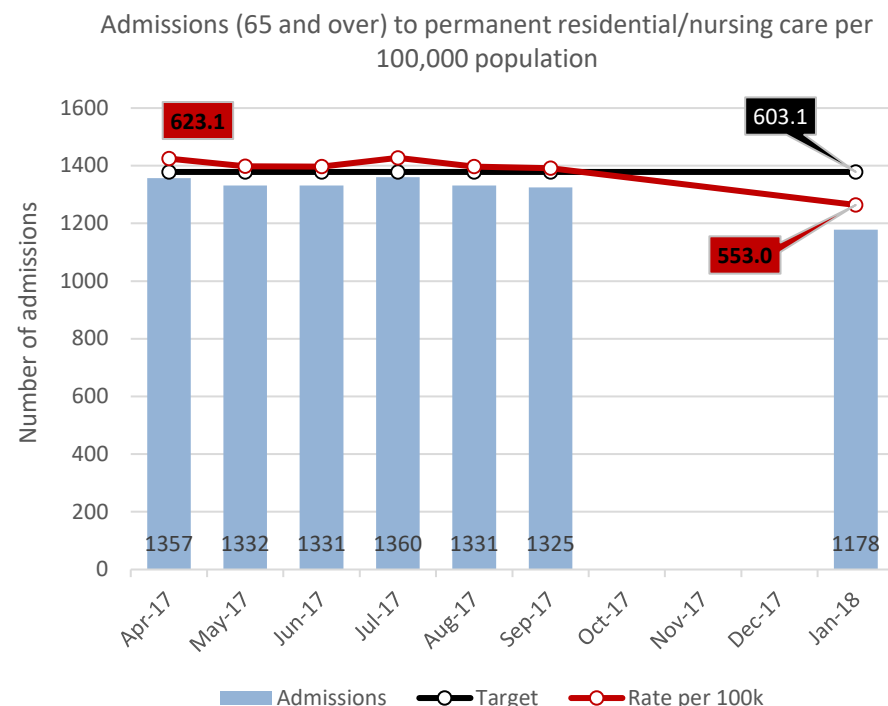
Data: Intelligence and Analytics Service

# More people aged 65+ live in their own homes for as long as possible

## Why is this important?

People that live in their own homes, including those with some kind of community-based social care, tend to have better outcomes than people cared-for in residential and nursing settings. In addition, it is usually cheaper to support people at home - meaning that the council can afford to support more people in this way. This measure shows the balance of people receiving care in community- and residential settings, and indicates the effectiveness of measures to keep people in their own homes.

## Performance



## What is the background to current performance?

- Historically admissions to residential care have been higher than Norfolk's family group average.
- Over the past 3 years the rate of admissions in Norfolk has reduced significantly from a rate of 724.0 admissions per 100k population in 2014/15 to 611.9 admissions per 100k population in 2016/17.
- Monthly reporting of performance shows there has been a slowing down of improvement since March 2016.
- Nevertheless, rates of admissions continue to fall.
- The change to the Liquid Logic system meant a reporting hiatus between September and January. January's figures show a significant reduction in permanent admissions. Further work is ongoing to determine whether these were offset by an increase in short term placements or other services.
- In addition, in CareFirst there was usually a 'reporting lag' of around three months, meaning that delays in recording cases led to figures only being correct around three months in arrears. This should not be the case with Liquid Logic in the future – however we will closely monitor any changes in the data and report back to committee if the numbers go up retrospectively.

## What will success look like?

- Admissions to be sustained below the family group benchmarking average and in line with targets
- Subsequent sustained reductions in overall placements
- Sustainable reductions in service usage elsewhere in the social care system

## Action required

- The Promoting Independence programme includes critical actions to improve this measure
- Close scrutiny at locality team level and use of strengths based approach to assessment
- Commissioning activity around accommodation to focus on effective interventions such as reablement, sustainable domiciliary care provision, crisis management and accommodation options for those aged 65+ will assist people to continue live independently
- Supported care model for North and South localities now operational – offering 24 hour support for up to 7 days for people in crisis to avoid admissions to hospital/residential care
- Measures to support the effective discharge of people from hospital as part of the Improved Better Care Fund programme.

## Responsible Officers

Lead: Lorraine Barrett, Director of Integrated Care, and  
Lorna Bright, Assistant Director Social Work

Data: Intelligence and Analytics Service

# Adult Social Care Benchmarking Report (2016-17)

Norfolk County Council  
Intelligence and Analytics Department

# 1. Introduction

## Who is this report for?

This report presents benchmarking information for Norfolk Adult Social Care for the year 2016/17. It is designed to help managers and elected members compare the performance of Norfolk with other councils that have social care responsibilities and identify areas for improvement. It is NOT designed for use by the public.

## What is benchmarking?

‘Benchmarking’ is a term used to describe when an organisation compares what it does against others. Organisations can benchmark their business processes to understand strengths and weaknesses and respond accordingly. Essentially ‘benchmarking’ provides a snapshot of how a business is performing in relation to a particular standard. It can help us understand how we are doing and help us determine what our priorities are and targets that should be set. Benchmarking is not an exact science and should be treated with some caution. It is important that the information is used properly and within context.

## Warnings to consider:

Where possible, this report has tried to overlay performance against population but there are some warnings to consider when using benchmarking information. Broadly these include:

- Not all councils were able to provide a full set of data for the social care indicator values and estimates have not been made for those with missing data. England and regional totals are based on councils that have provided the complete data.
- The disparity between the size, demography, structure, budget etc. of councils, even amongst our ‘family group’, can sometimes impact on the results.

## 2. What is this report measuring?

### What is this report measuring?

This report presents benchmarking information for Norfolk Adult Social Services for the year 2016/17.

### Where does the data come from?

Every social services department must submit a range of returns each year relating to Short and Long Term care (SALT), the Adult Social Care Survey (plus the Carers' Survey every other year) and Adult Social Care Finance Return (ASC-FR). The results of these returns are collected together by NHS Digital and made available to the Council online. Most of the data in this report has been taken from the SALT return and the ASCOF data set. The source of data is listed on each page.

### What time period does the report look at?

Every social services department must submit a range of returns each year relating to Short and Long Term care (SALT), the Adult Social Care Survey (plus the Carers' Survey every other year) and Adult Social Care Finance Return (ASC-FR). The results of these returns are collected together by NHS Digital and made available to the Council online. Most of the data in this report has been taken from the SALT return and the ASCOF data set. The source of data is listed on each page.

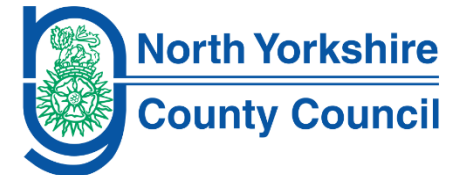
### Important Notes

All data included in this report can be subject to change as the Department of Health can retrospectively republish data of councils if issues or amendments are identified.



### 3. Councils being compared

Results are compared to a collection of 15 other councils, known as Norfolk's 'family group'. These are councils considered as having similar characteristics to Norfolk, meaning we can compare our performance against these councils. Our 'family group' consists of:

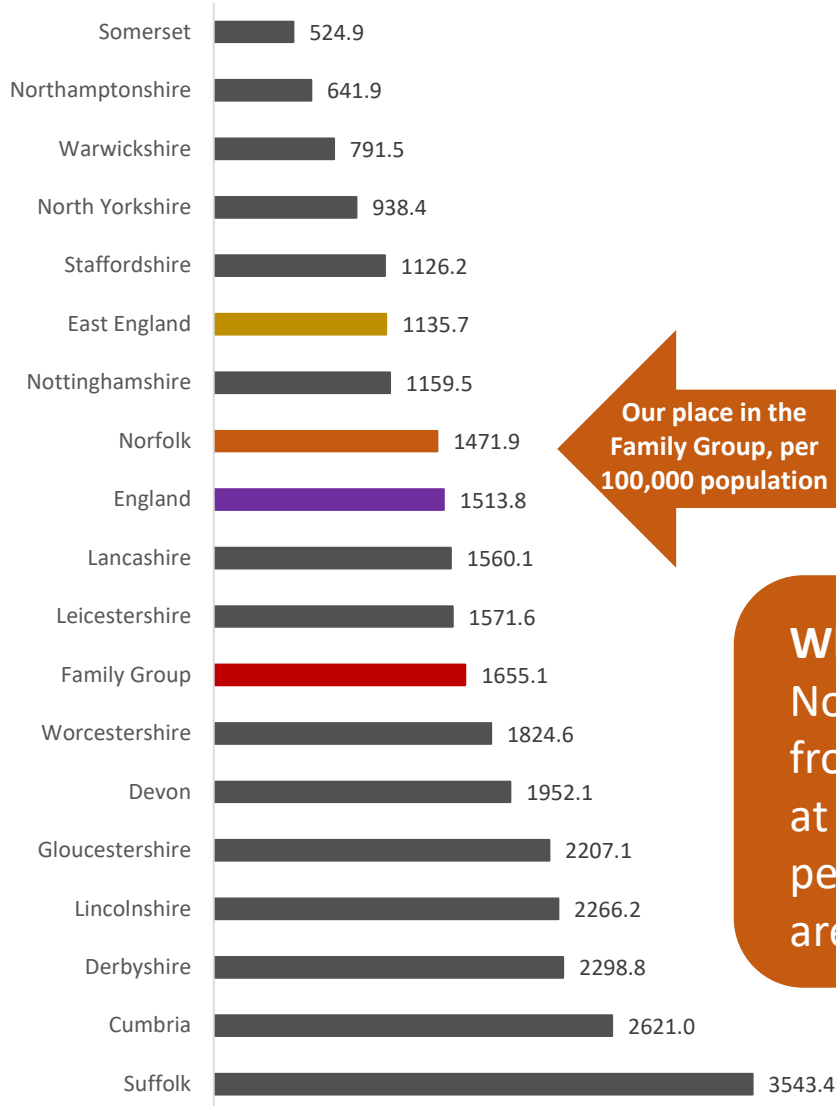




# 18-64

## Adult Social Care Pathway

# 4. Requests for support (18-64)



**23%**  
of people requesting  
support were aged  
18-64.

## What this measures:

The number of requests for support from new clients aged 18-64 per 100,000 of the population. The figures for England, East England and the family group are based on averages.

Our place in the  
Family Group, per  
100,000 population

## What does this tell us:

Norfolk has fewer requests for support from 18-64 year olds than its family group at 1471.9 compared to 1655.1 requests per 100,000 people, but support requests are still up by 9% compared to 2015/16.

Per 100,000 population, requests for support for those aged 18-64 in Norfolk has increased by

**9%**

compared to 2015/16.

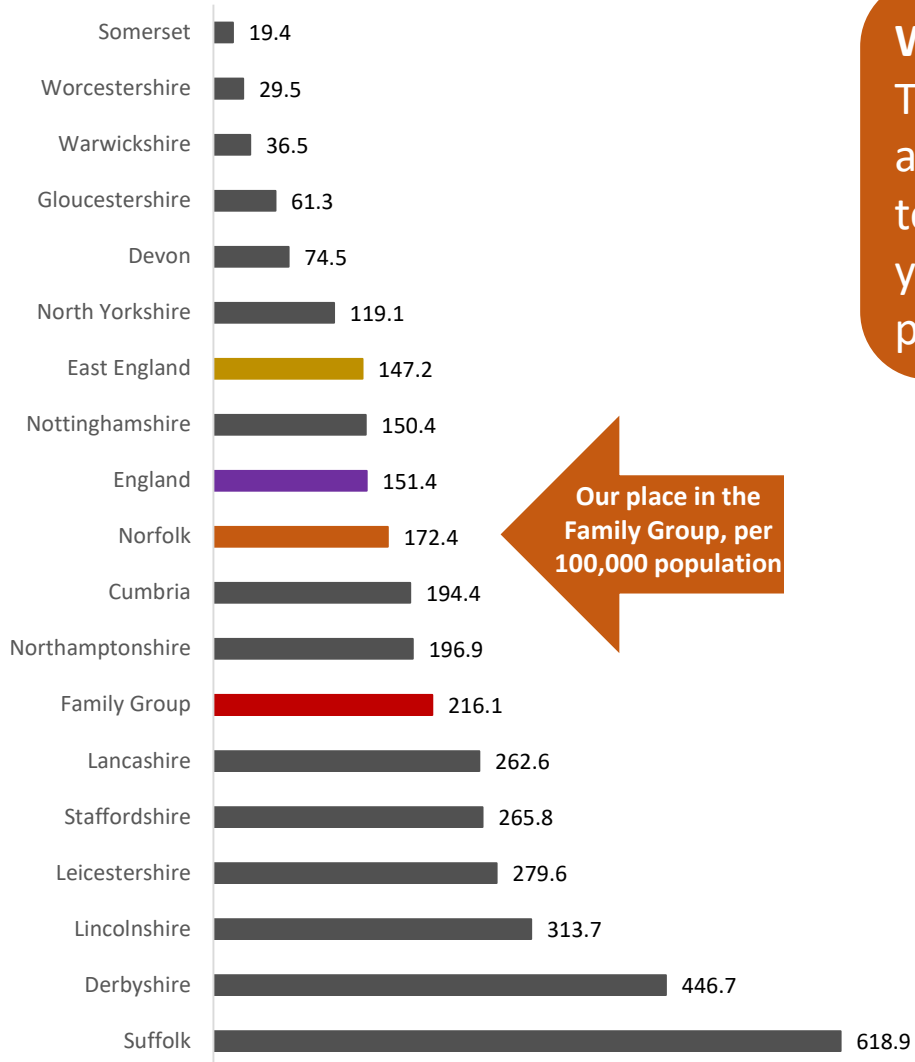
**NORFOLK**

**FAMILY GROUP**

**EAST ENGLAND**

**ENGLAND**

# 5. New clients receiving short term support (18-64)



Our place in the  
Family Group, per  
100,000 population

## What this measures:

The number of new clients aged 18-64 accessing short-term support during the year per 100,000 of the population.



Per 100,000 population, short term support for those aged 18-64 in Norfolk has increased by

**8%**

compared to 2015/16.

## What does this tell us:

All four comparator groups have more people receiving short term support per 100,000 population compared to 2015/16. Norfolk remains at around the middle of our comparator group.

Source: SALT STS001, NHS Digital

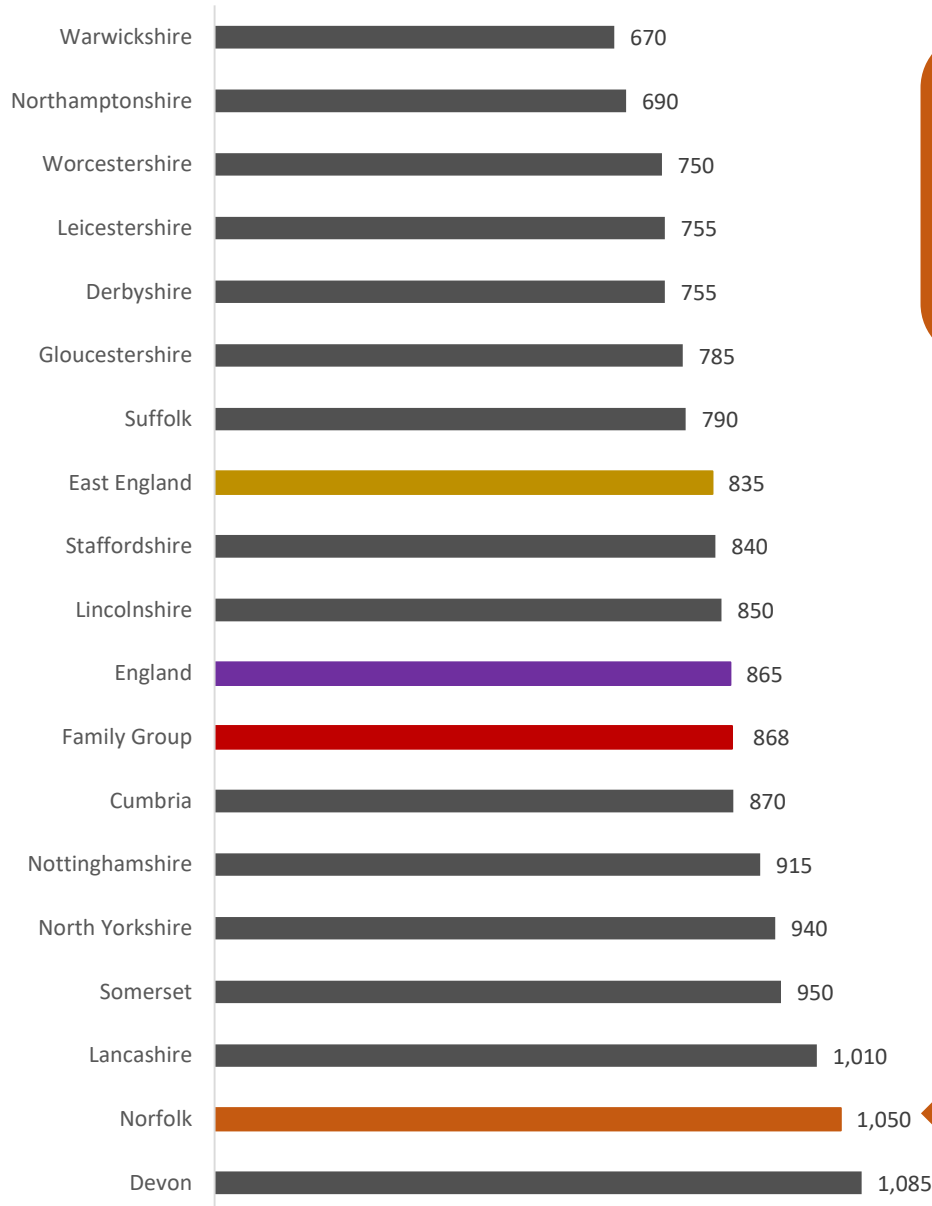
**NORFOLK**

**FAMILY GROUP**

**EAST ENGLAND**

**ENGLAND**

# 6. People accessing long term support in year (18-64)



## What this measures:

The number of clients aged 18-64 accessing long term support during the year per 100,000 of the population.

Norfolk is:

**22%**

higher than the family group average.

## What does this tell us:

Norfolk is the second highest in our family group for long term support for this age range, for the second year running. This suggests that whilst there is an average position up to the allocation of short term services, the picture changes dramatically thereon for 18-64 year olds.

Our place in the Family Group, per 100,000 population

60

**NORFOLK**

**FAMILY GROUP**

**EAST ENGLAND**

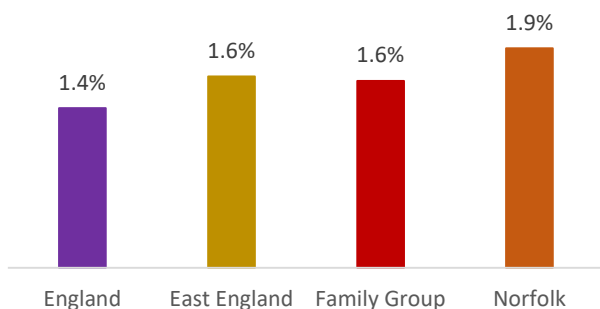
**ENGLAND**

# 7. Long term support needs (18-64)

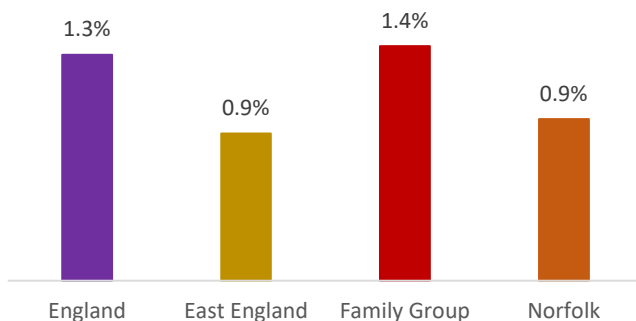
## What this measures:

This looks at the percentage of requests for support received from new clients aged 18-64, by what happened next.

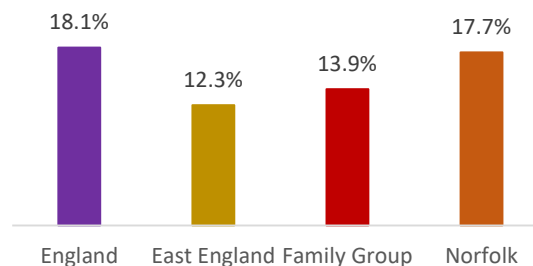
### Sensory Support



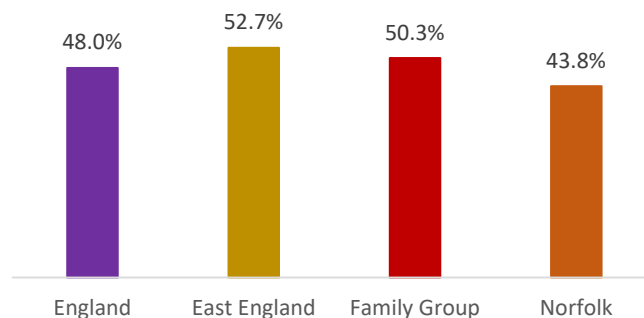
### Memory and Cognition



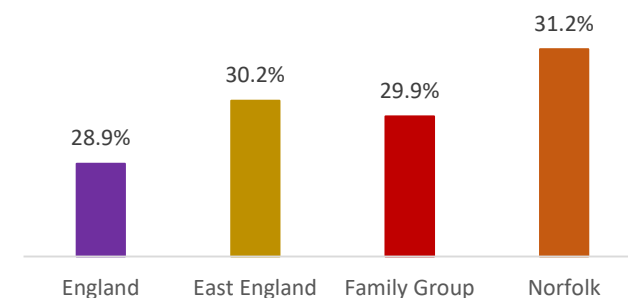
### MH Support



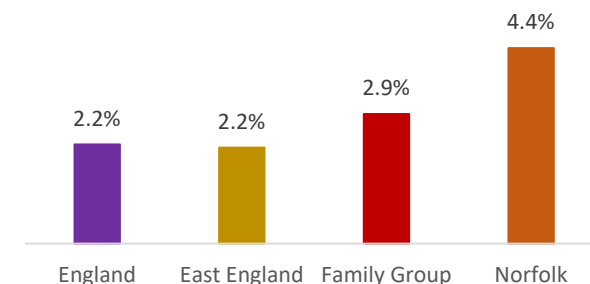
### LD support



### Physical Support



### Social Support



Source: SALT LTS001b, NHS Digital

## What does this tell us:

For this age range, Norfolk's figures are very similar to our family group average and national average, across all categories with slightly more accessing social, sensory and physical support.

NORFOLK

FAMILY GROUP

EAST ENGLAND

ENGLAND

# 8. Long-term support needs met by admission to residential and nursing care homes (18-64)

## What this measures:

The number of clients aged 18-64 whose long term support needs were met by admission to residential and nursing care homes per 100,000 population.

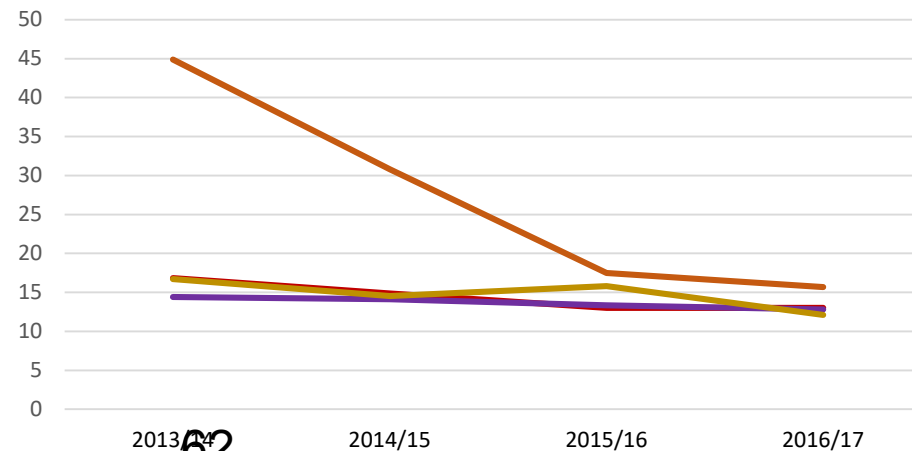
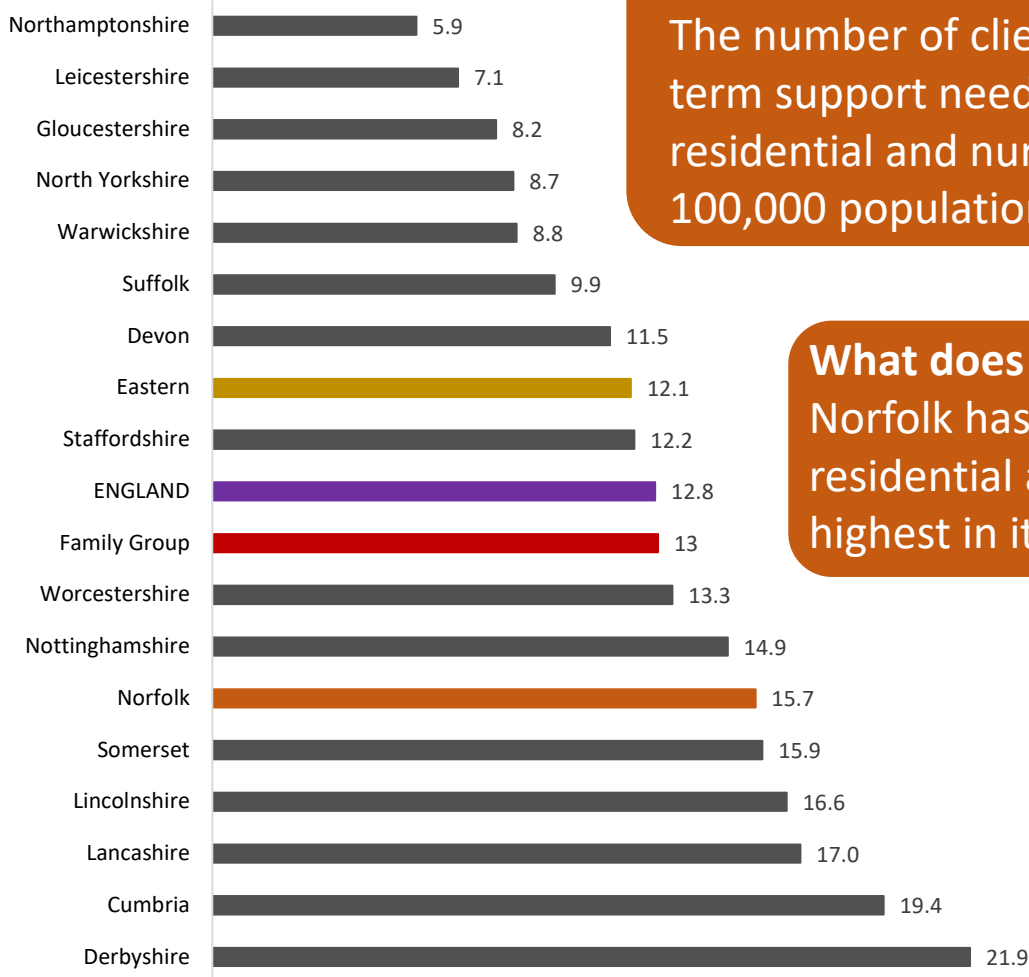
Long term support needs met by admission to residential and nursing care homes for those aged 18-64 in Norfolk has decreased by

**65%**

compared to 2013/14.

## What does this tell us:

Norfolk has had a downward trend of long term support needs met by admission to residential and nursing care homes and compared to last year, it is no longer the highest in its family group.



Source: SALT STS001a, STS002b

NORFOLK

FAMILY GROUP

EAST ENGLAND

ENGLAND

65+

## Adult Social Care Pathway

# 9. Requests for support (65+)



**77%**  
of people requesting  
support were aged  
over 65.

## What this measures:

The number of requests for support from new clients aged over 65 per 100,000 of the population. The figures for England, East England and the family group are based on averages

Our place in the  
Family Group, per  
100,000 population

## What does this tell us:

Norfolk receives fewer requests for support from people over 65 than it's family group.

NORFOLK

FAMILY GROUP

EAST ENGLAND

ENGLAND

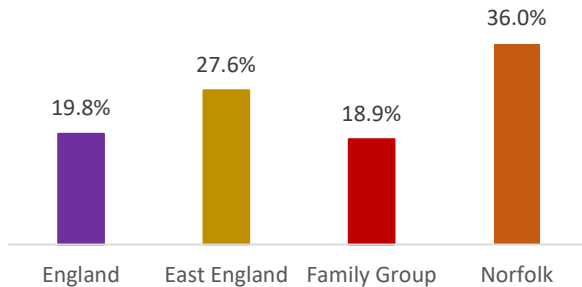


# 10. What happened next for people aged 65+?

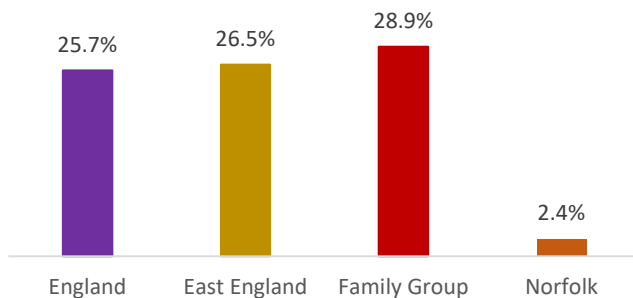
## What this measures:

This looks at the percentage of requests for support received from new clients aged over 65, by what happened next.

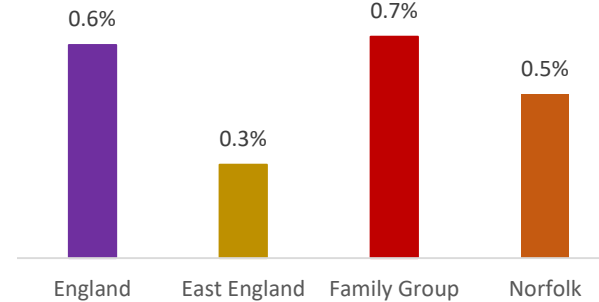
Short term support



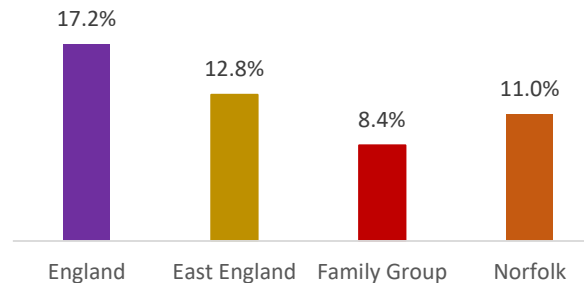
No Services provided



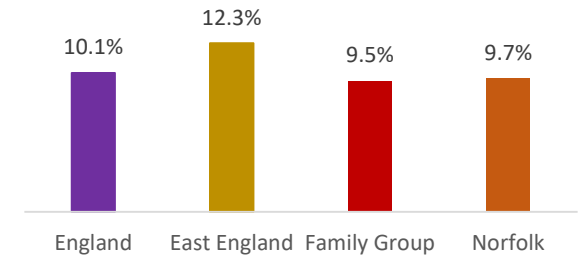
End of life care



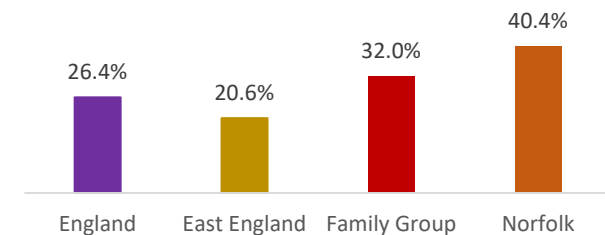
Ongoing low level support



Long term support



Universal services/Signposted to other services



\* Does not include 100% NHS funded care

Source: SALT STS001, NHS Digital

## What does this tell us:

Norfolk has high levels of short term support compared to England and our family group average. We also have very low levels of cases where no services were provided, but higher levels of universal services/signposting people to other services.

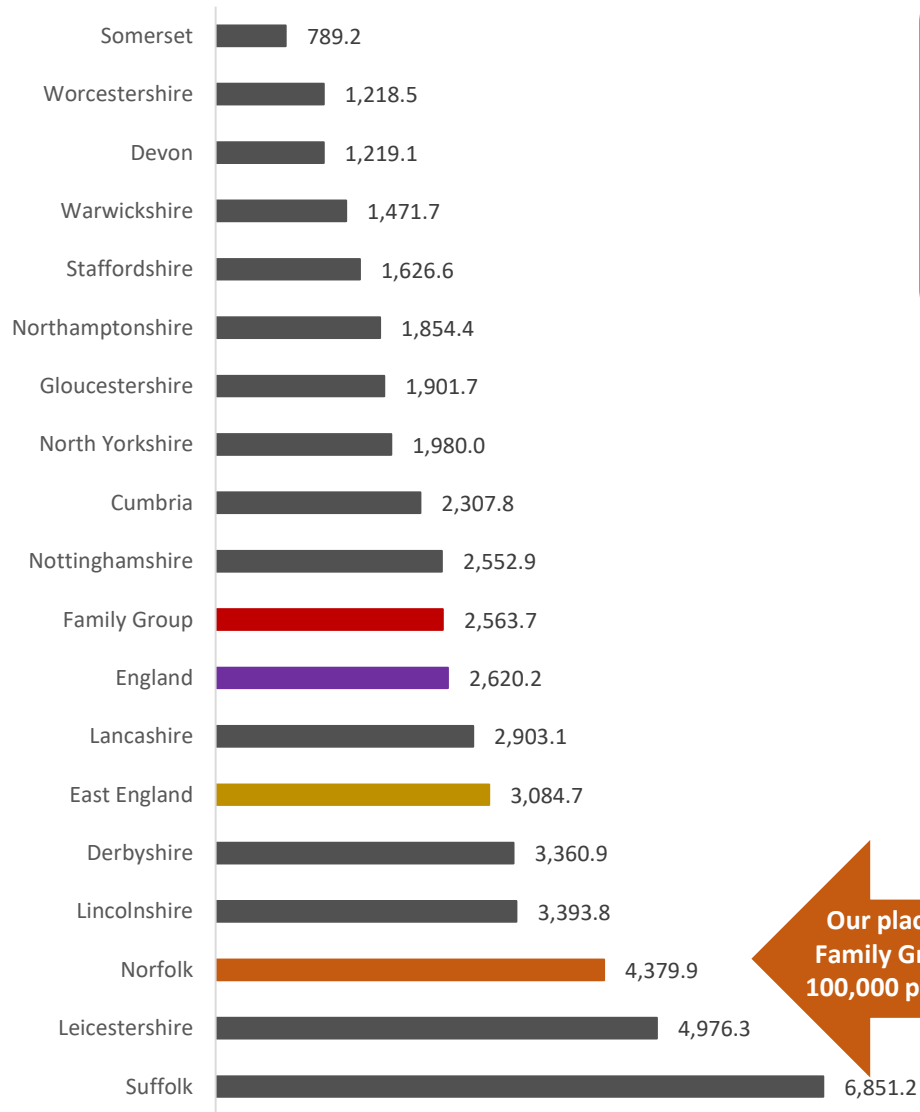
NORFOLK

FAMILY GROUP

EAST ENGLAND

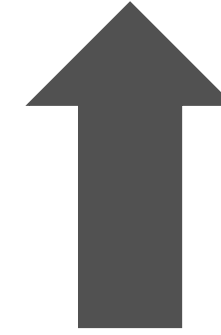
ENGLAND

# 11. New clients receiving short term support (65+)



## What this measures:

The number of new clients aged over 65 accessing short-term support during the year per 100,000 of the population.



Per 100,000 population, Norfolk provides

**41%**

more short term support than it's family group.

## What does this tell us:

Norfolk is the third highest in the family group for new clients aged over 65 accessing short term support.

Source: SALT STS001, NHS Digital

**NORFOLK**

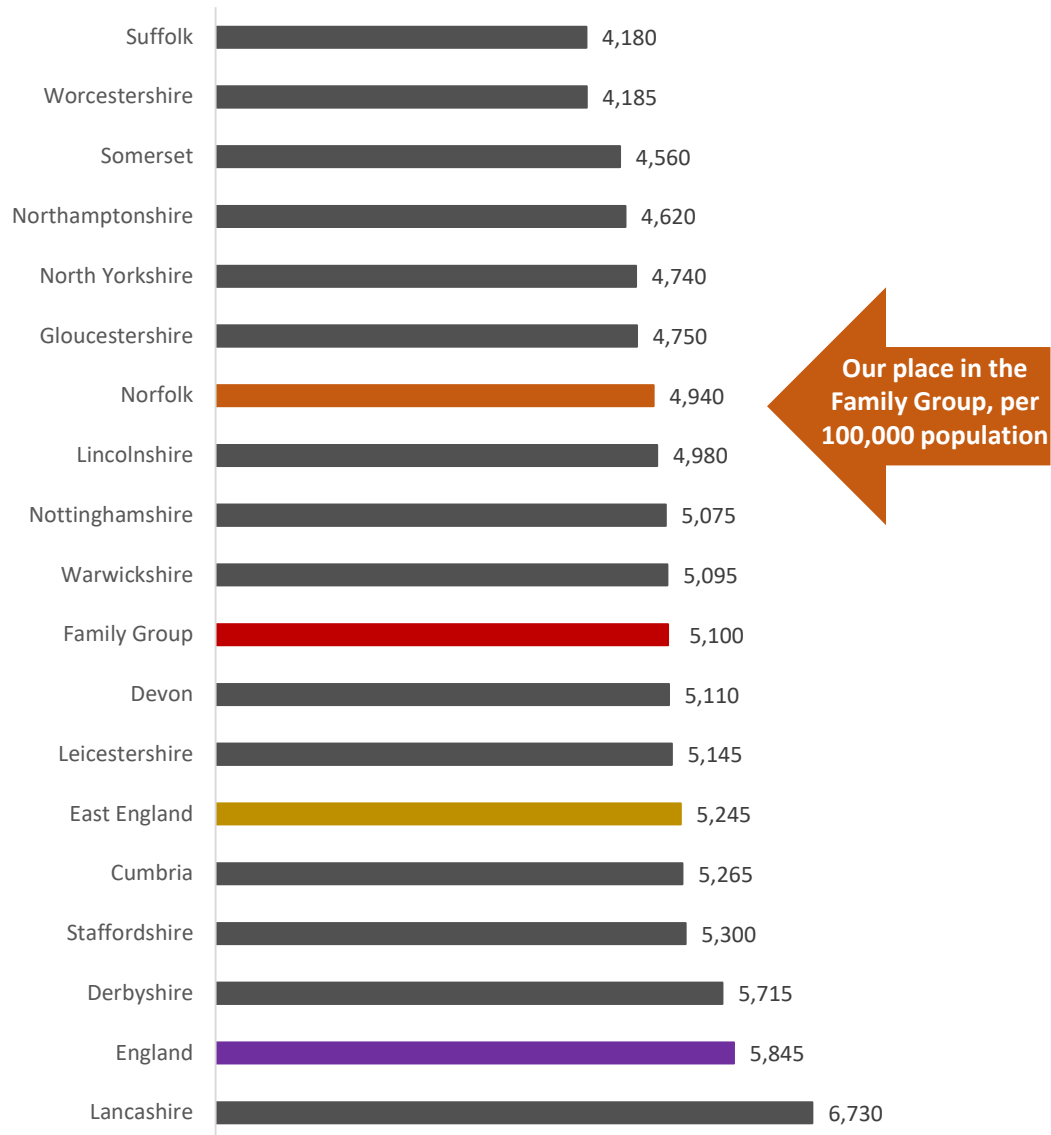
**FAMILY GROUP**

**EAST ENGLAND**

**ENGLAND**

Our place in the  
Family Group, per  
100,000 population

# 12. People accessing long term support in year (65+)



## What this measures:

The number of clients aged 65+ accessing long term support during the year per 100,000 of the population.

## What does this tell us:

In 2016/17 Norfolk provided less than the national, regional and family group average of long term support per 100,000 people during the year. This suggests the short term support provided is reducing the need for long term support.

NORFOLK

FAMILY GROUP

EAST ENGLAND

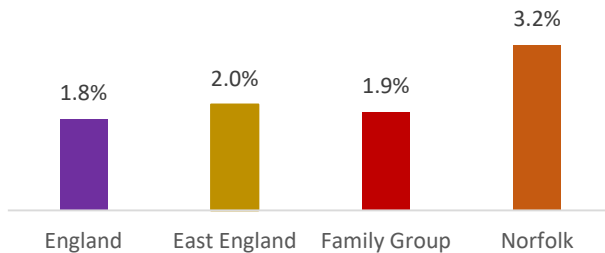
ENGLAND

# 13. Long term support needs (65+)

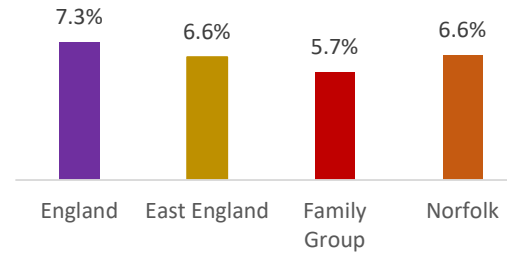
## What this measures:

This looks at the percentage of requests for support received from new clients aged over 65, by what happened next.

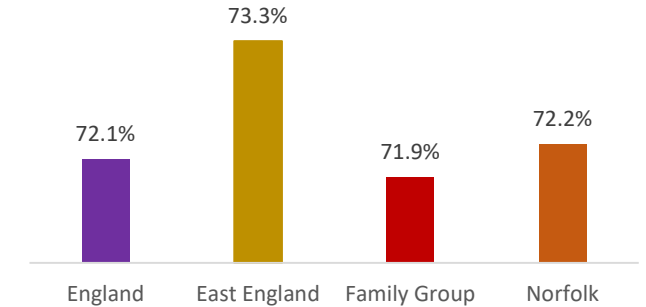
Sensory Support



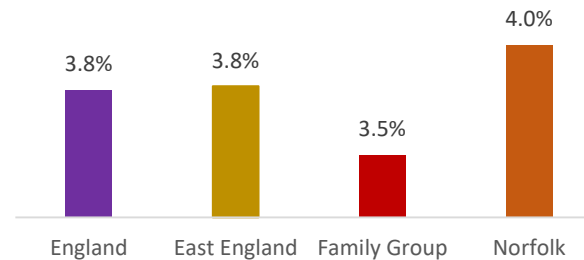
Mental Health Support



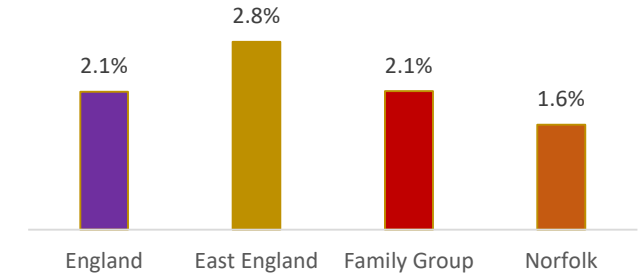
Physical Support



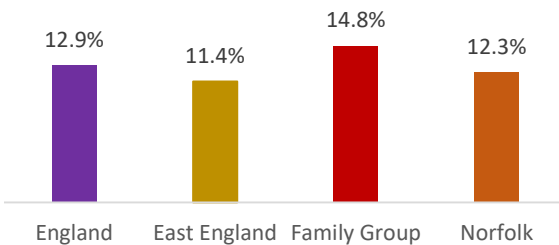
LD Support



Social Support



Memory and Cognition Support



## What does this tell us:

Norfolk provides more learning disability and sensory support compared to the national and family group average.

Source: SALT LTS001b, NHS Digital

NORFOLK

FAMILY GROUP

EAST ENGLAND

ENGLAND

14.

# Long-term support needs met by admission to residential and nursing care homes (65+)

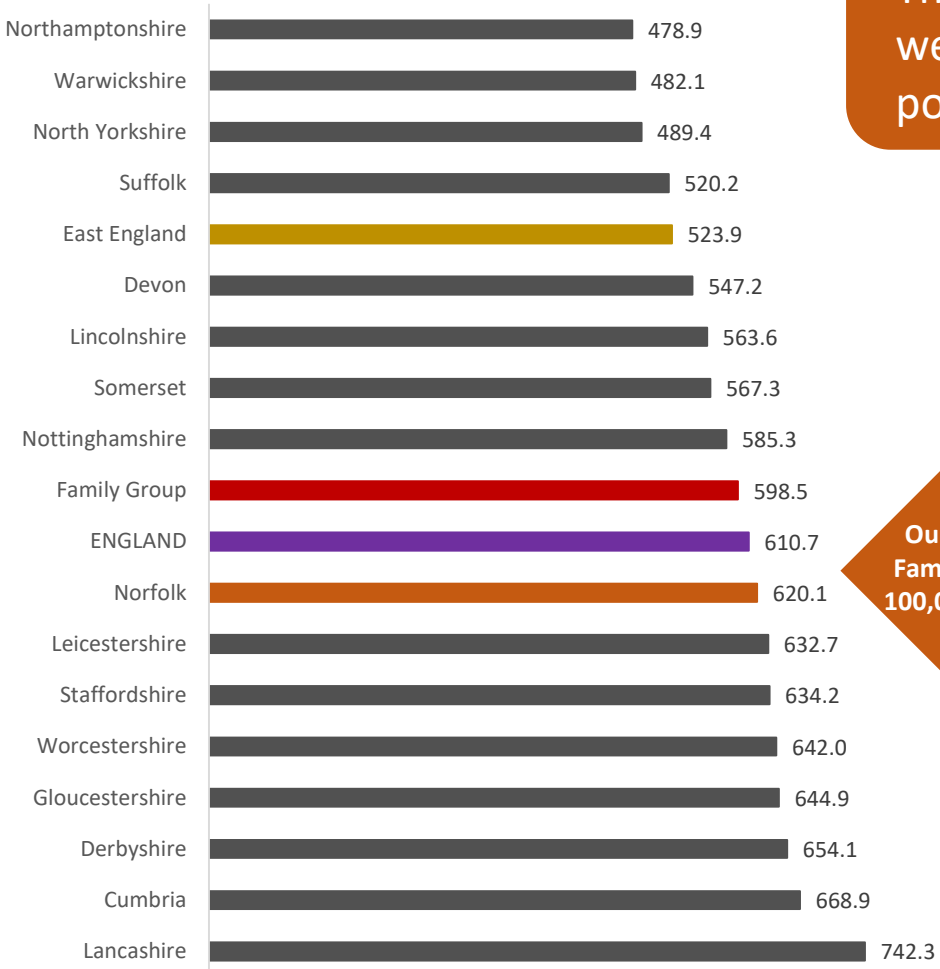
## What this measures:

The number of council-supported adults over 65 whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population.

## What does this tell us:

Norfolk is above the family group average with 620.1 people per 100,000 being admitted to residential and nursing care homes to support their long term needs.

Our place in the  
Family Group, per  
100,000 population



Source: SALT STS001a, STS002b

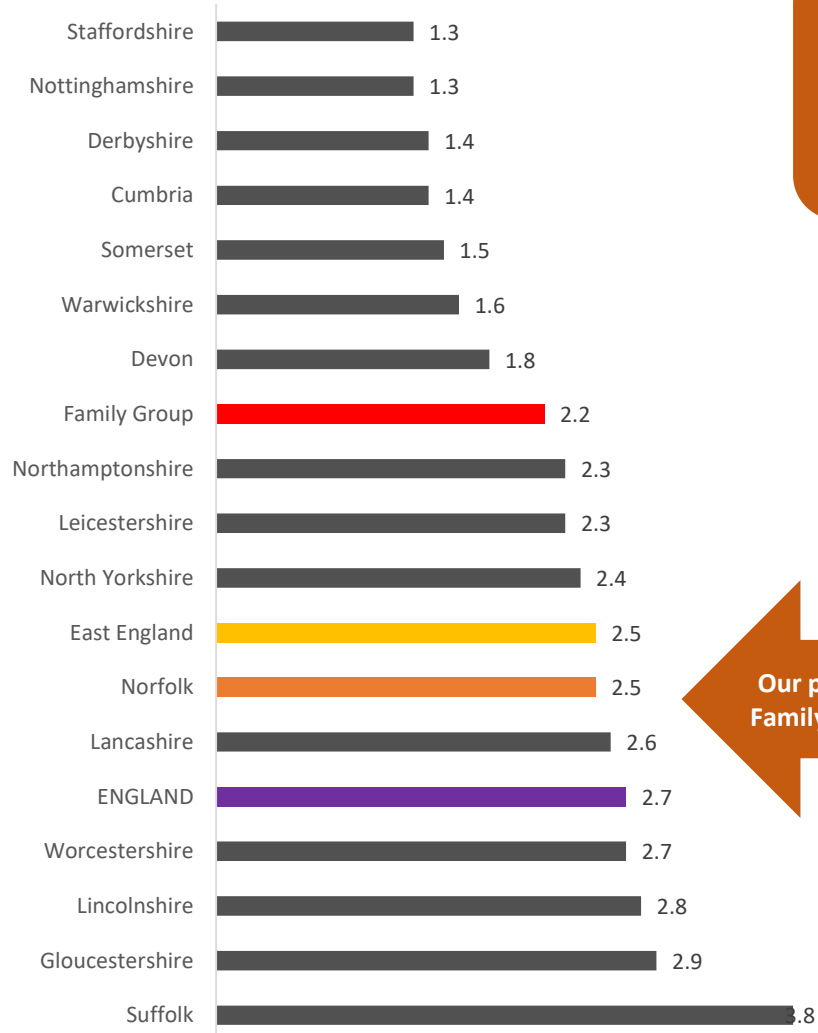
NORFOLK

FAMILY GROUP

EAST ENGLAND

ENGLAND

# 15. Provision of reablement services (65+)



## What this measures:

The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital.

## What does this tell us:

Norfolk provides a comparatively high amount of reablement services for older people leaving hospital

Our place in the  
Family Group (%)

Source: ASCOF 2B (2), SALT  
STS004

NORFOLK

FAMILY GROUP

EAST ENGLAND

ENGLAND

# 16. Effectiveness of reablement (65+)

## What this measures:

The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. This measures the effectiveness of our reablement services.

## What does this tell us:

Norfolk has the second highest rate of people remaining at home three months after completing reablement.

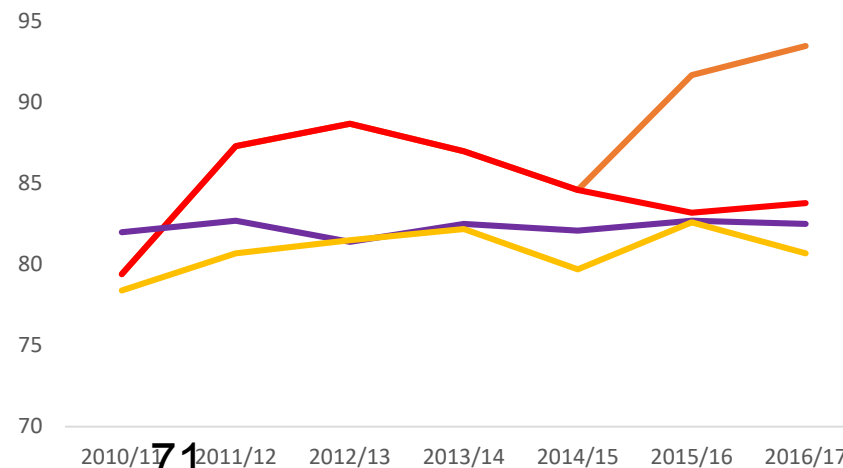
Source: ASCOF 2B (1), SALT STS004

**NORFOLK**

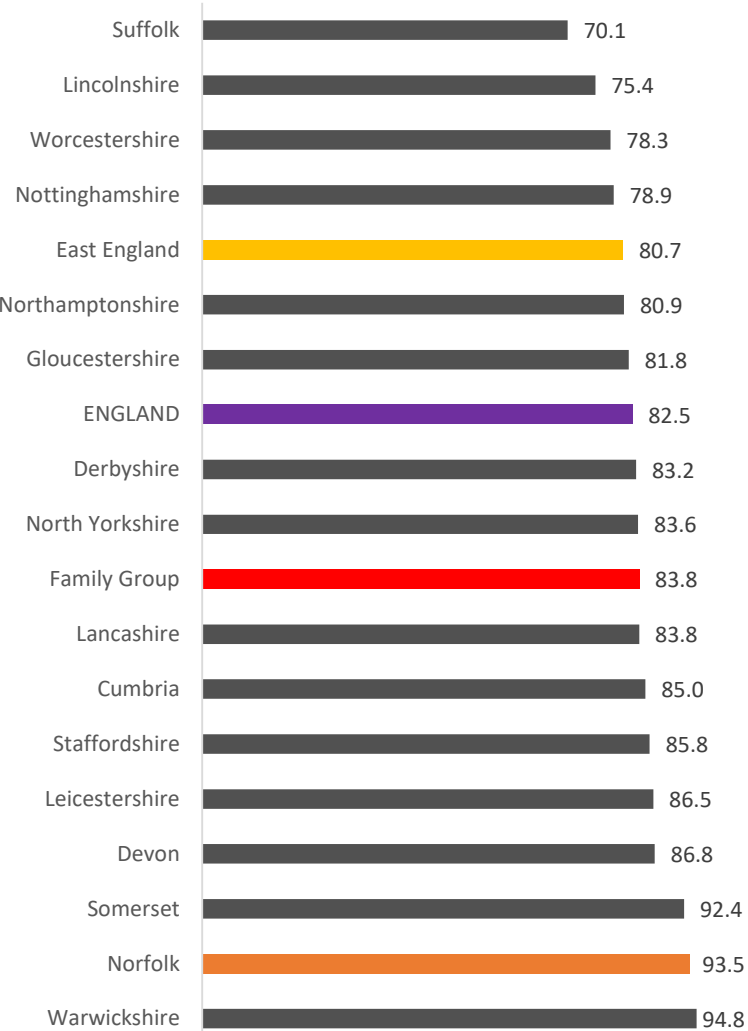
**FAMILY GROUP**

**EAST ENGLAND**

**ENGLAND**



Our place in the Family Group (%)



Enhancing quality of life for people  
with care and support needs



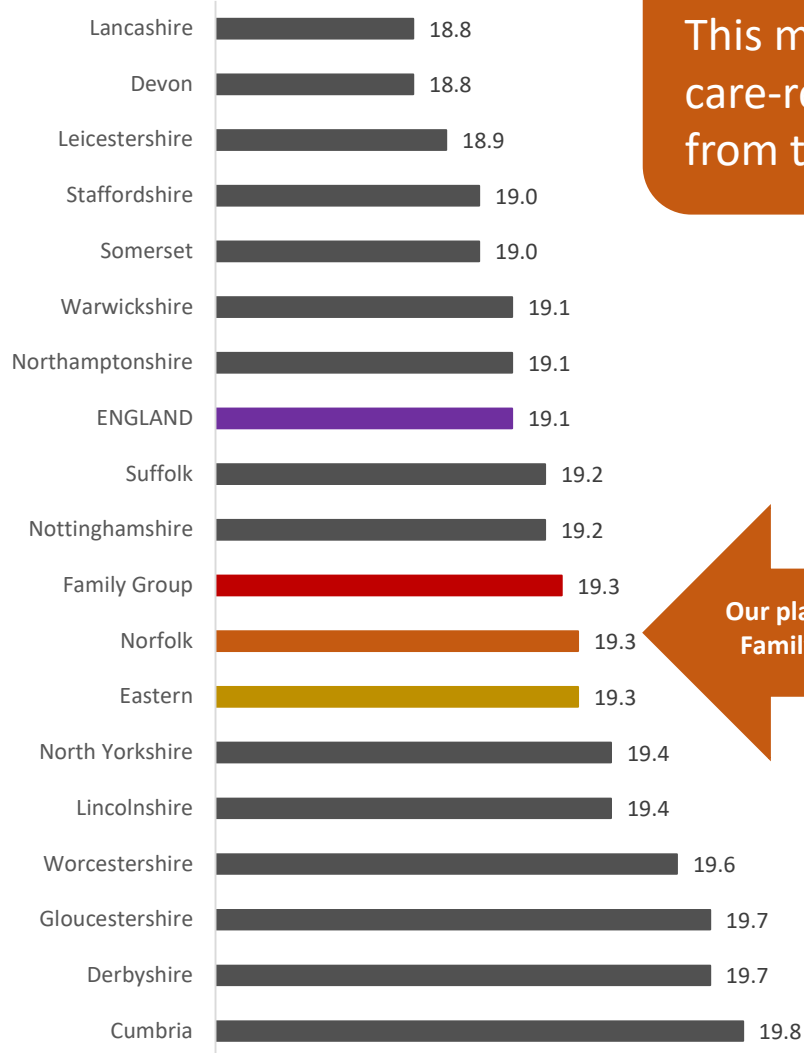
# 17. Social care related quality of life

## What this measures:

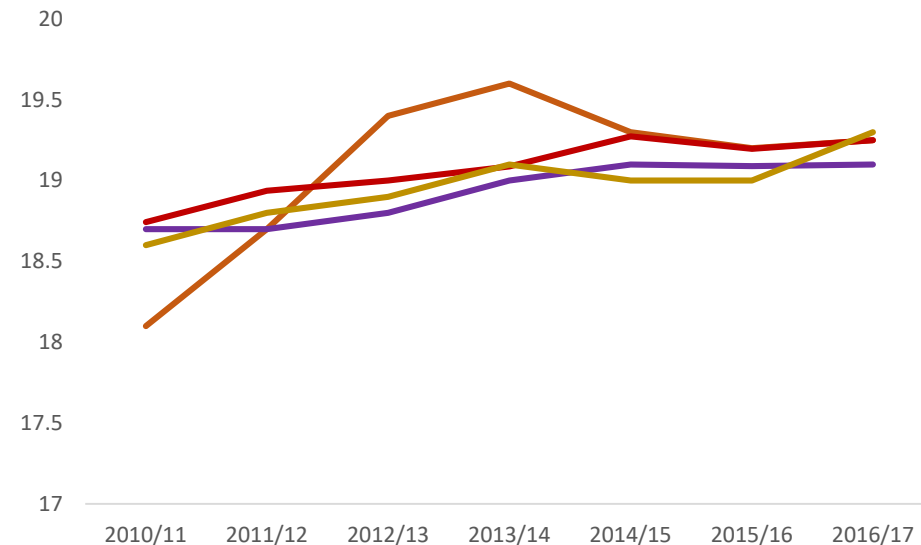
This measures the average score for social care-related quality of life. This is taken from the annual Adult Social Care Survey.

## What does this tell us:

Social care related quality of life is in line with our family group and the eastern region.



Our place in the Family Group



Source: ASCOF 1A

NORFOLK

EAST ENGLAND

FAMILY GROUP

ENGLAND

# 18.

# People using services who have control over their life

## What this measures:

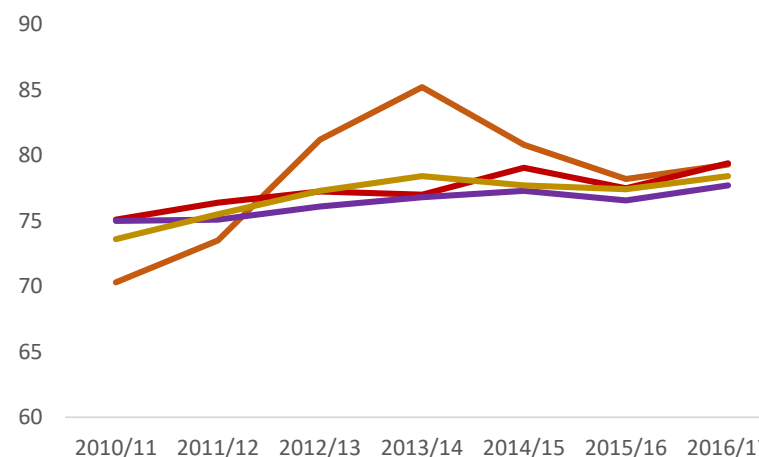
This measures the percentage of adults using services who feel they have control over their daily life. This is also taken from the Adult Social Care Survey.

## What does this tell us:

Norfolk's result is in line with the family group average, and is above the Eastern Region average.



Our place in the Family Group (%)



Source: ASCOF 1B

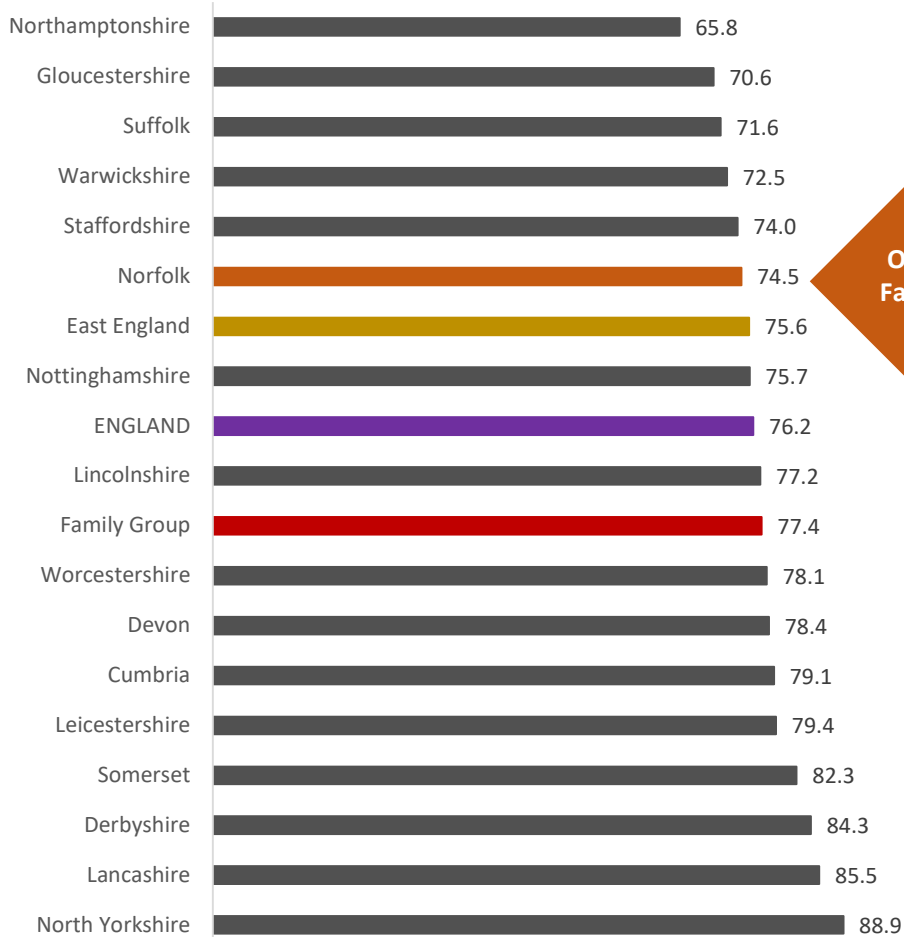
NORFOLK

FAMILY GROUP

EAST ENGLAND

ENGLAND

# 19. People with learning disabilities living in their own home or with family



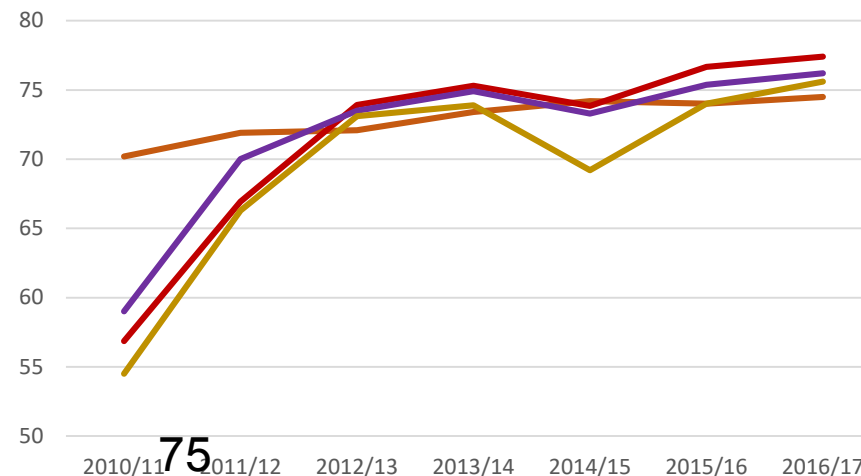
Our place in the Family Group (%)

## What this measures:

This measures the percentage of adults aged 18-64 with a learning disability living in their own home or with family.

## What does this tell us:

Norfolk has below the family group average of people with learning disabilities living in their own home or with family. This is an increase of 0.5% compared to 2015/16.



Source: ASCOF 1G

NORFOLK

FAMILY GROUP

EAST ENGLAND

ENGLAND

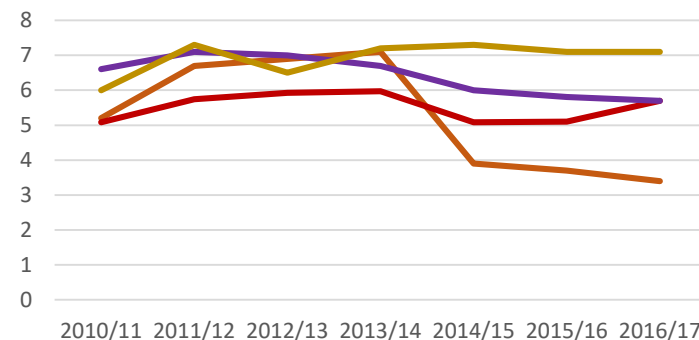
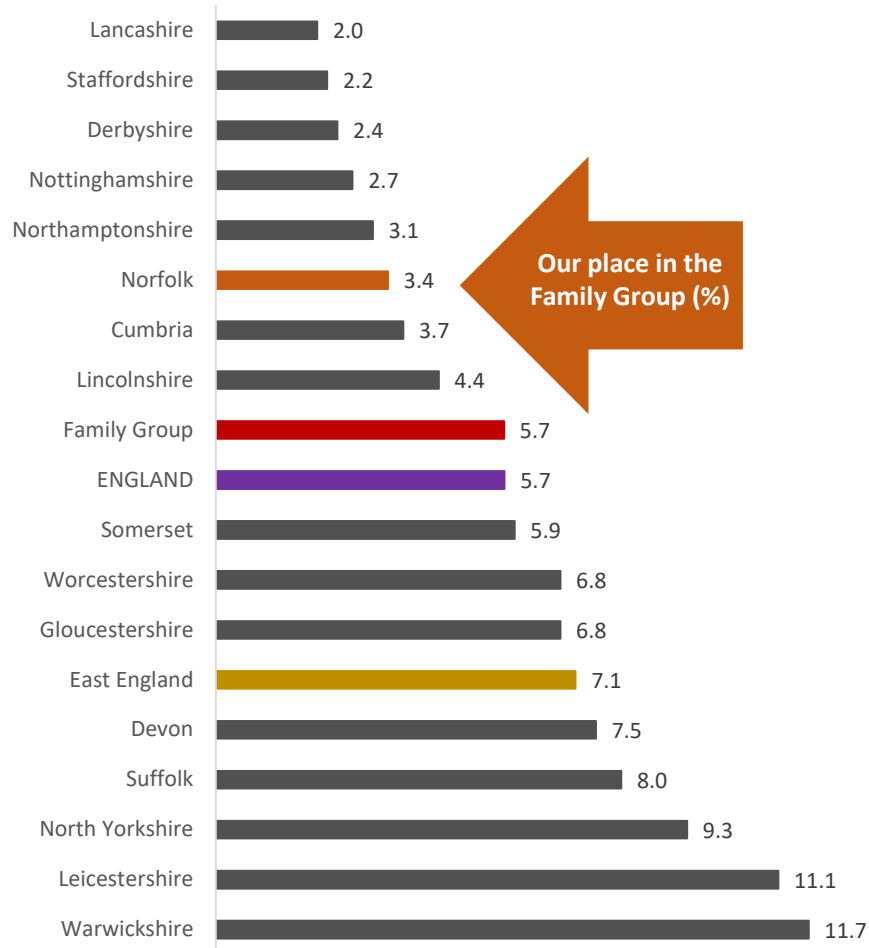
# 20. People with learning disabilities in paid employment

## What this measures:

This measures the percentage of adults aged 18-64 with a learning disability who are in paid employment.

## What does this tell us:

For the third year in a row, Norfolk's figures for this indicator have fallen. 2013/14 saw our highest score of just over 7% and we have now fallen to 3.4%



Source: ASCOF 1E

NORFOLK

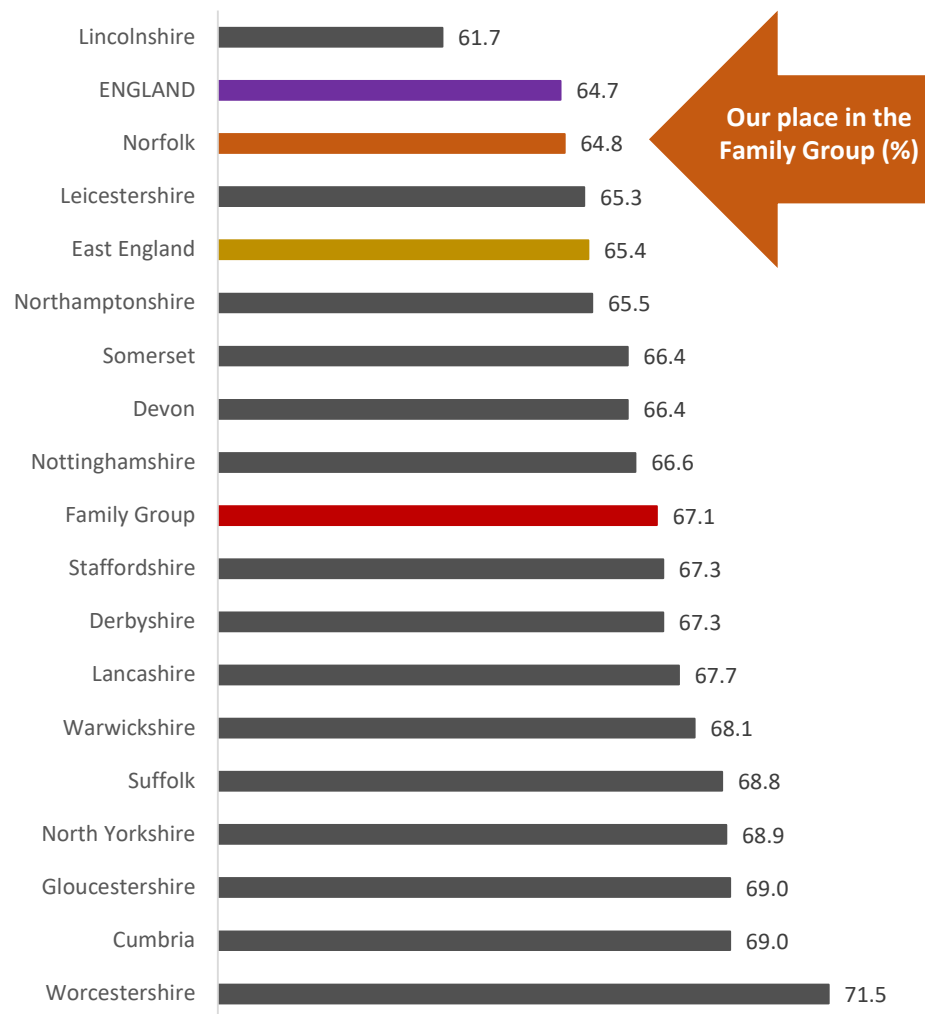
FAMILY GROUP

EAST ENGLAND

ENGLAND

# 21.

# Overall satisfaction of people who use services with their care and support

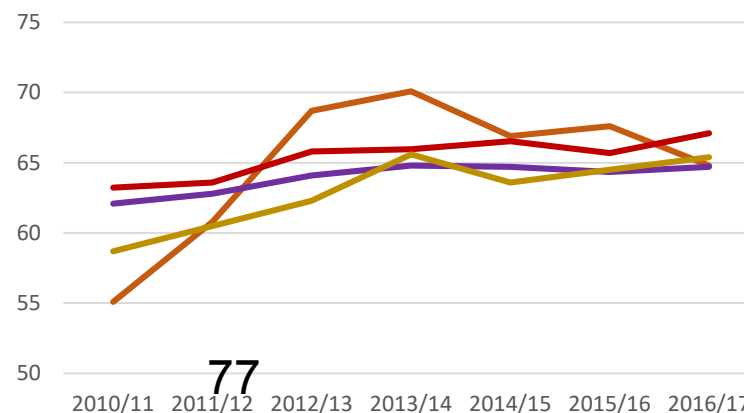


## What this measures:

This measures the percentage of respondents to the Adult Social Care Survey question 1 who said they were satisfied with their care and support.

## What does this tell us:

Norfolk's result is the second lowest in it's family group, and has reduced from 67.6% to 64.8%. There is no clear explanation for this reduction within the data.



Source: ASCOF 3A, NHS Digital

NORFOLK

FAMILY GROUP

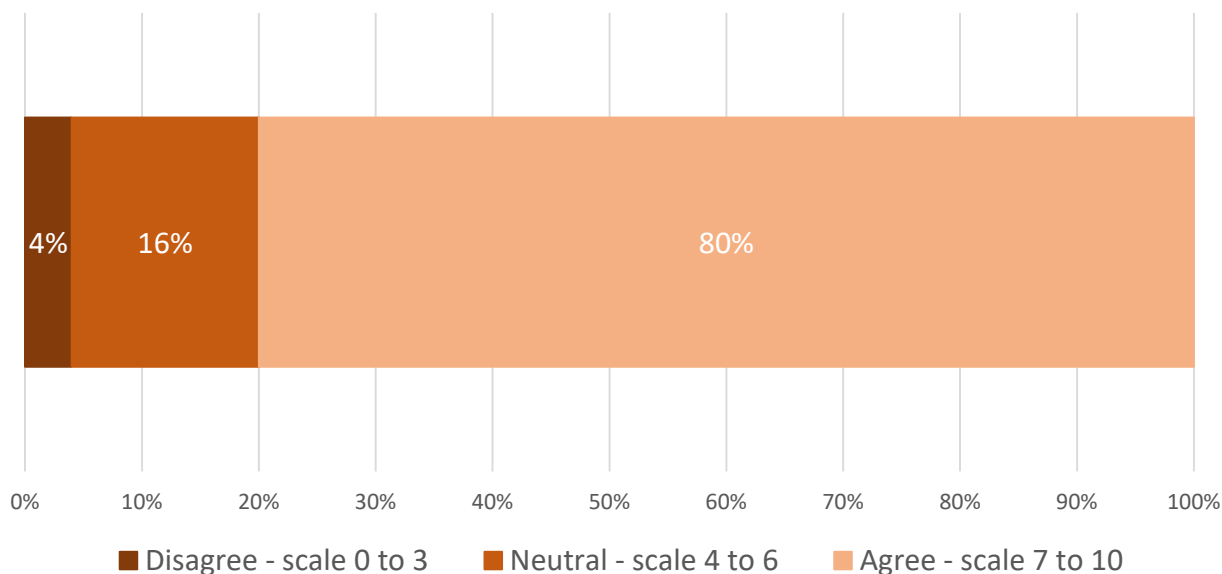
EAST ENGLAND

ENGLAND

## 22.

# How well people providing care are working together

Norfolk's response to "The people who provide my care, including health care, work well together":

**What does this tell us:**

Eighty percent of respondents to this question agreed that people providing their care, including health care are working well together.

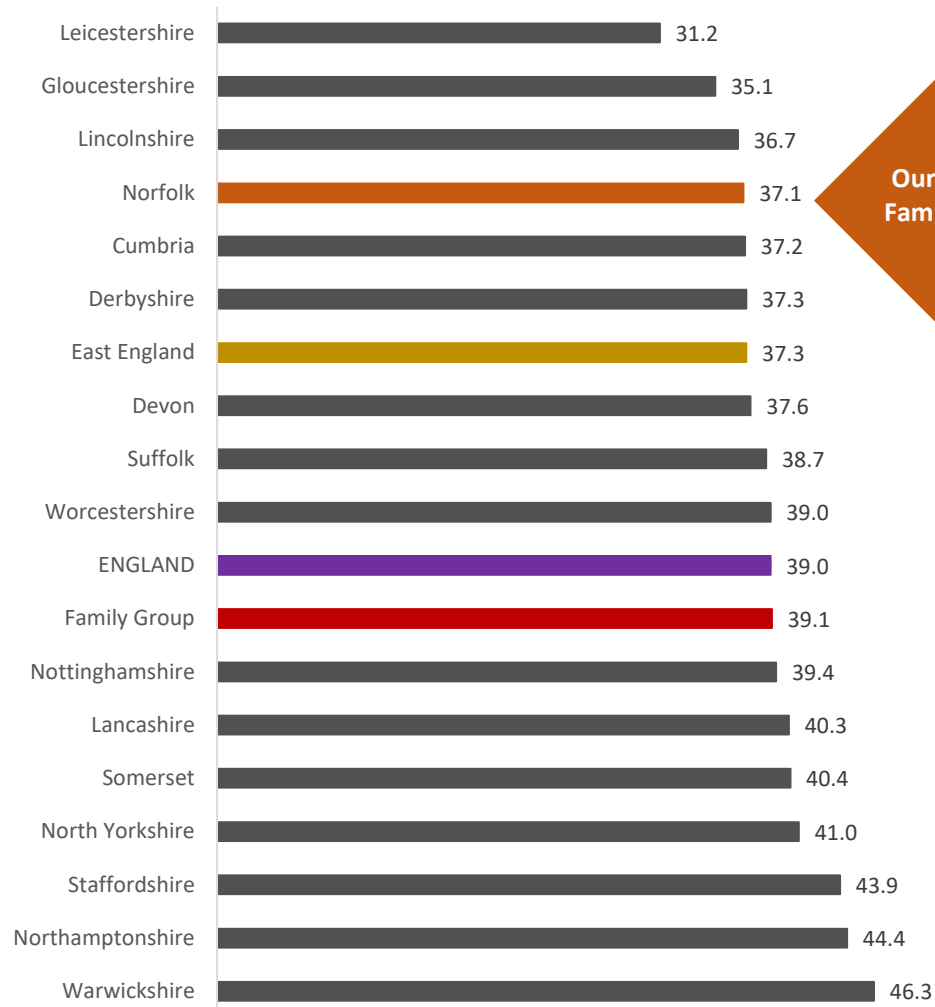
**What this measures:**

This measures the response to one of the local questions included in the ASCS. It asked people "How much do you agree with the following statement? The people who provide my care, including health care, work well together. Please tick your response answering on a scale from 0 to 10 with 0=strongly disagree to 10=strongly agree".

This is the first time this question has been asked as part of the annual survey, and more analysis will be possible once a further year's responses are available.

# Supporting those who are caring for others

## 23. Overall satisfaction of carers



Our place in the  
Family Group (%)

### What this measures:

This measures the percentage of respondents who answered SACE question 4 who were satisfied with their experience of care and support.

### What does this tell us:

Norfolk has a low rate of carer satisfaction with care and support compared to our family group, and is also just below the East of England average.

Source: ASCOF 3B, NHS Digital

NORFOLK

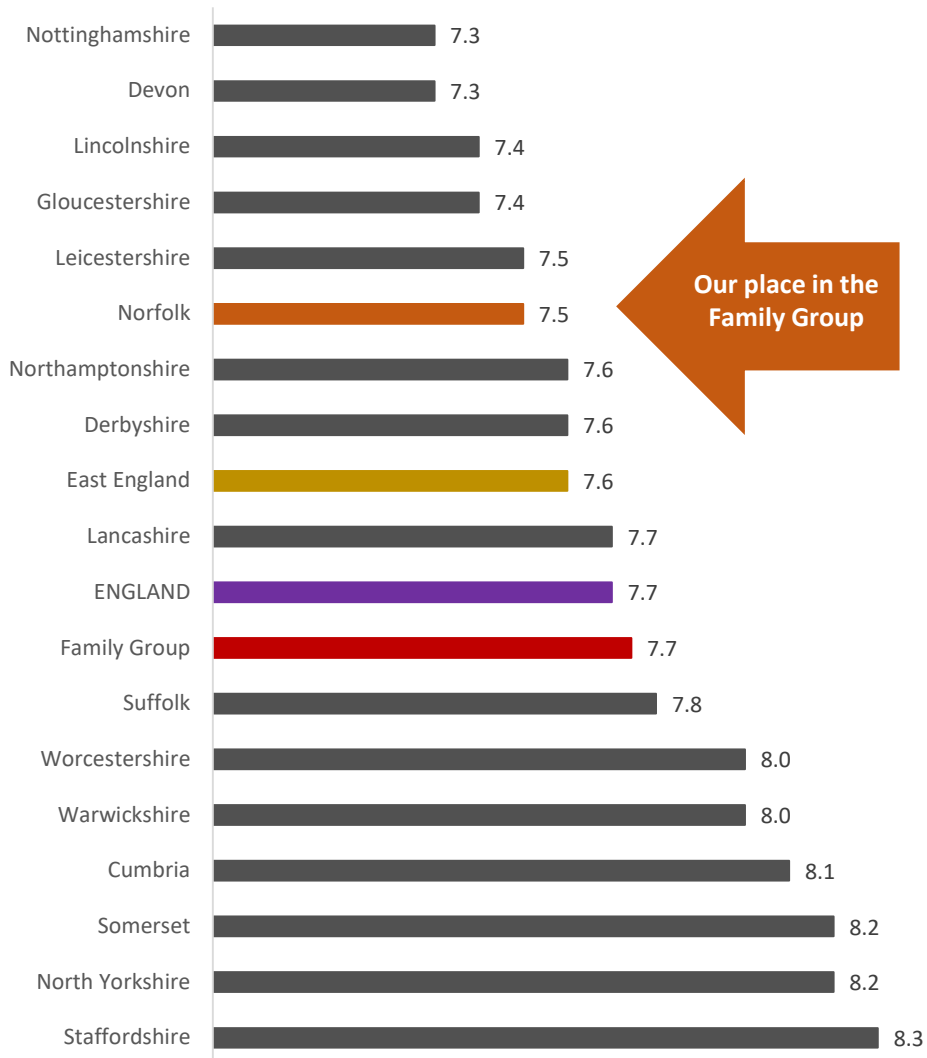
FAMILY GROUP

EAST ENGLAND

ENGLAND



## 24. Carer-reported quality of life



### What this measures:

This measures the average score for carer quality of life. This is taken from the Survey of Adult Carers in England (SACE).

### What does this tell us:

Norfolk's score means we are below the average for the family group and the region.

NORFOLK

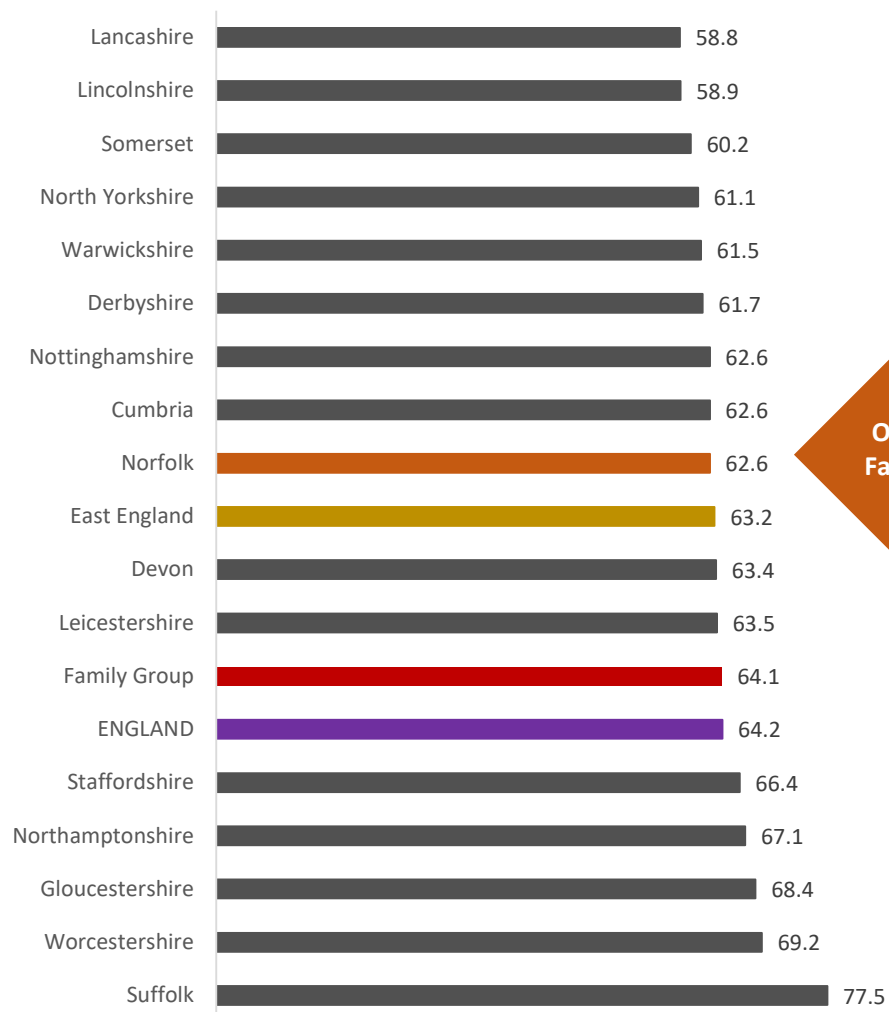
FAMILY GROUP

EAST ENGLAND

ENGLAND

25.

# Proportion of carers who find it easy to find information about support



## What this measures:

This measures the percentage of carers who found it easy to find information about support.

## What does this tell us:

Norfolk's rate is below the family group and regional average.

Source: ASCOF 3D(2), NHS Digital

NORFOLK

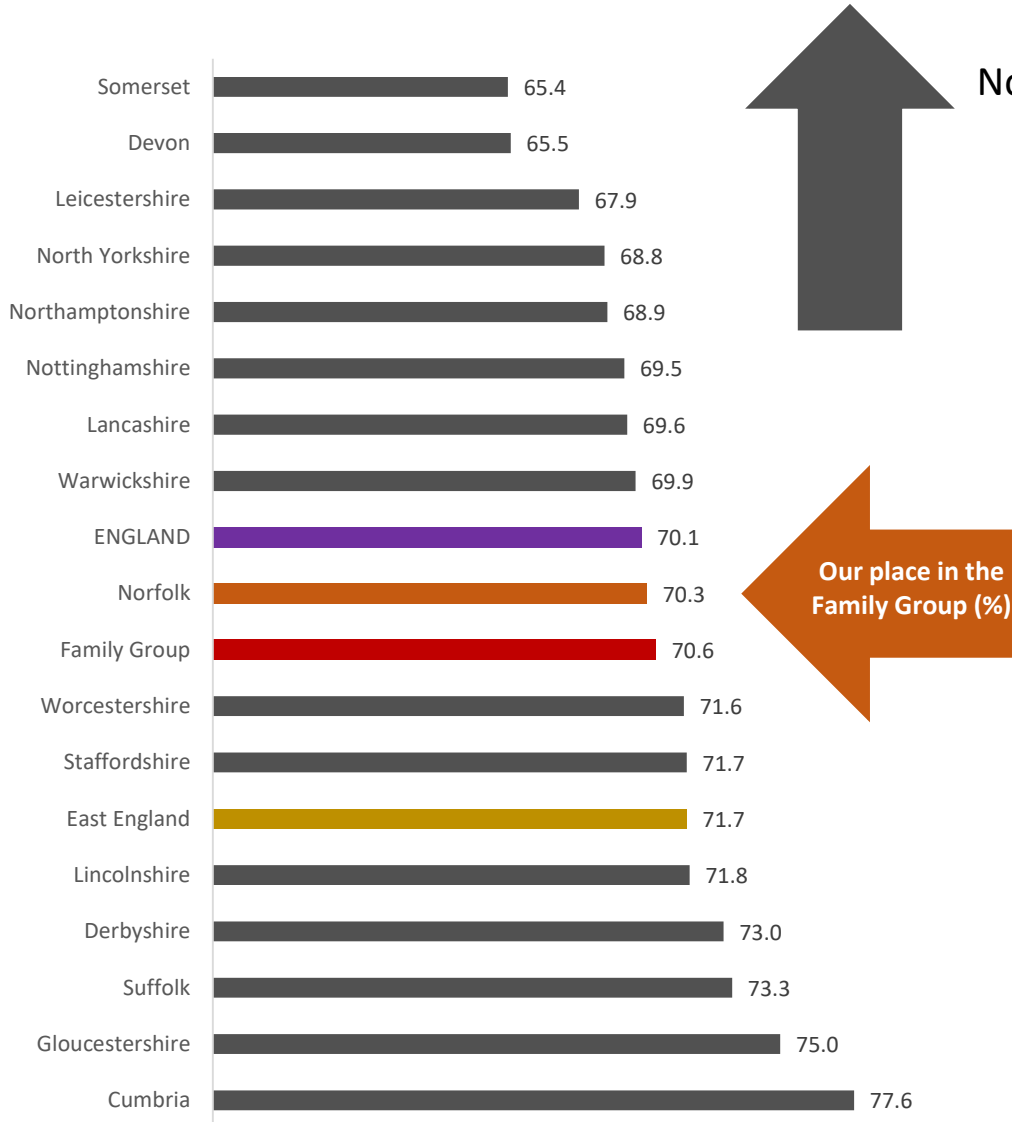
FAMILY GROUP

EAST ENGLAND

ENGLAND

Safeguarding those who are  
vulnerable from abuse or harm

# 26. People who use services who feel safe



Norfolk's figure has increased  
**2.5%**  
since 2015/16

## What this measures:

This measures the percentage of respondents who answered ASCS question 7a as they feel as safe as they want.

## What does this tell us:

Norfolk's figure has increased 2.5% since 2015/16, however we are still below 0.3% below the family group average.

Source: ASCOF 4a, NHS Digital

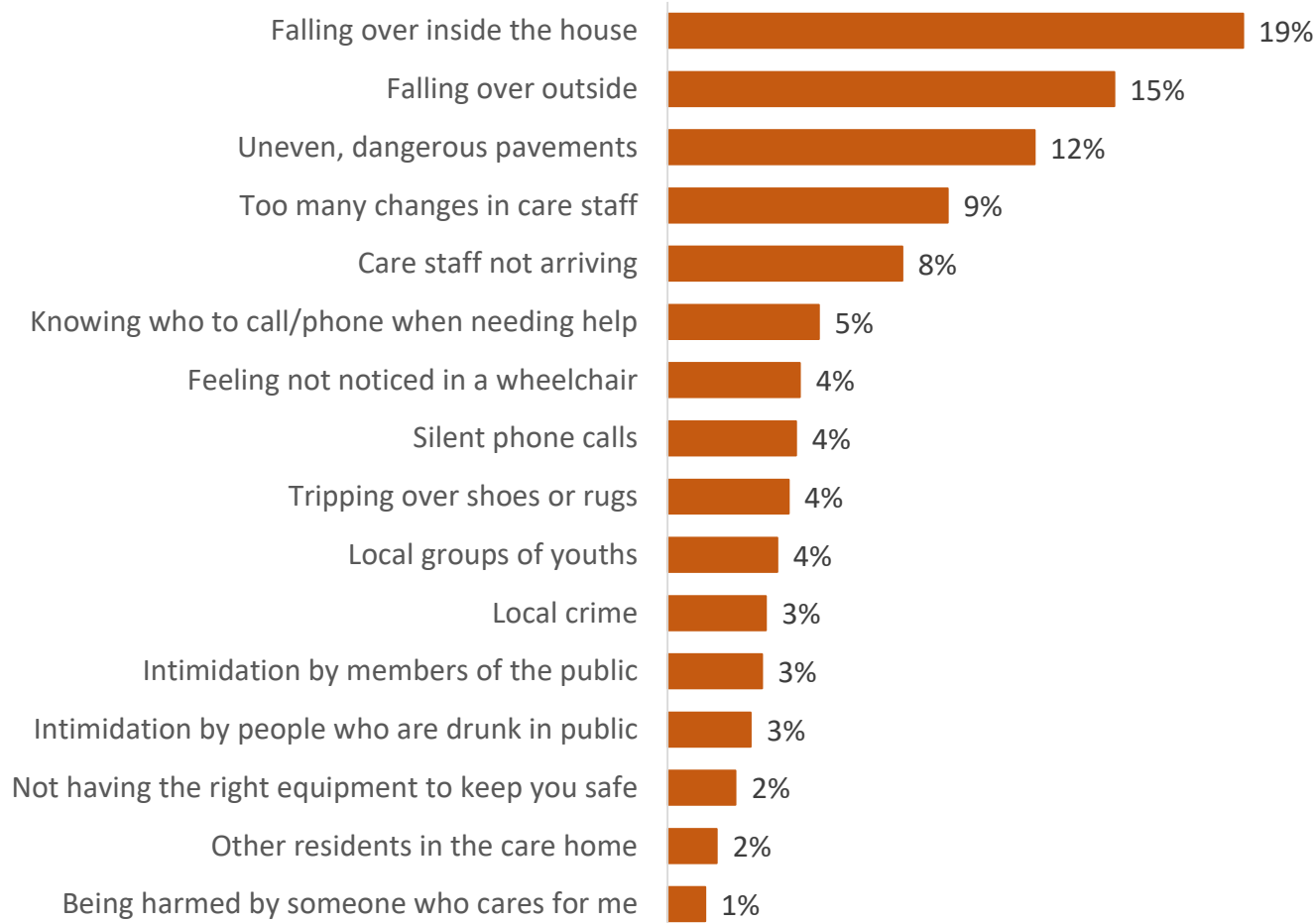
**NORFOLK**

**FAMILY GROUP**

**EAST ENGLAND**

**ENGLAND**

## 27. What concerns you about your safety?



### What this measures:

This year in our ASCS we included an local question asking our clients “if you worry about your safety, which things concern you most?”. We had 787 responses from 271 people. This graph show’s the percentage of each response. Note that it only includes data from Norfolk.

### What does this tell us:

Falling over is a major concern for our clients, with the top two concerns being falling over inside the house and outside accounting for 34% of the responses. One percent of respondents answered that they were concerned about being harmed by someone who cares for them and this concern was escalated for their own safety.

# 28. ASCOF Summary Table

<i>Enhancing quality of life for people with care and support needs</i>		Source	2016/17	2015/16	Family Group Average	Ranking: 1=best, 16= worst
1A	Social care-related quality of life score	ASCS	109.3	19.2	19.3	7
1B	The proportion of people who use services who have control over their daily life	ASCS	79.3	78.2	79.4	9
1C(1A)	The proportion of people who use services who receive self-directed support	SALT	90.9	88.2	86.9	9
1C(1B)	The proportion of carers who receive self-directed support	SALT	85.9	88.1	82.9	11*
1C(2A)	The proportion of people who use services who receive direct payments	SALT	30.5	33.0	33.0	7
1C(2B)	The proportion of carers who receive direct payments	SALT	85.2	87.7	73.6	8*
1D	Carer-reported quality of life	SACE	7.5	-	7.7	11
1E	The proportion of adults (18-64) with a learning disability in paid employment	SALT	3.4	3.7	5.7	11
1F	Proportion of adults in contact with secondary mental health services in paid employment	MHSDS	7.0	5.4	9.0	10
1G	The proportion of adults with a learning disability who live in their own home or with their family	SALT	74.5	74.0	77.4	11
1H	Proportion of adults in contact with secondary mental health services living independently, with or without support	MHSDS	70.0	36.3	56.0	5
1I(1)	The proportion of people who use services who reported that they had as much social contact as they would like	ASCS	49.3	47.5	46.4	14
1I(2)	The proportion of carers who reported that they had as much social contact as they would like	SACE	32	-	34.6	10
1J	Adjusted Social care-related quality of life – impact of Adult Social Care services	ASCS	0.414	-	0.412	8
<i>Delaying and reducing the need for care and support</i>						
2A(1)	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	SALT	15.7	17.5	13.0	11
2A(2)	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	SALT	620.1	616.4	598.5	9
2B(1)	The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	SALT	93.5	91.7	83.8	2
2B(2)	The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	SALT	2.5	2.1	2.2	6
2C(1)	Delayed transfers of care from hospital, per 100,000 population	Unify2 DTOC / ONS	11.5	21.7	18.5	4
2C(2)	Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	Unify2 DTOC / ONS	3.5	3.0	8.3	3
2D	The outcome of short-term services: sequel to service was no ongoing support or support of a low level (%)	SALT	84.3	73.9	79.8	11
<i>Ensuring that people have a positive experience of care and support</i>						
3A	Overall satisfaction of people who use services with their care and support	ASCS	64.8	67.6	67.1	15
3B	Overall satisfaction of carers with social services	SACE	37.1	-	39.1	13
3C	The proportion of carers who report that they have been included or consulted in discussion about the person they care for	SACE	71.4	-	70.7	7
3D(1)	The proportion of people who use services who find it easy to find information about support	ASCS	73.2	71.2	74.3	10
3D(2)	The proportion of carers who find it easy to find information about support	SACE	62.6	-	64.1	8
<i>Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm</i>						
4A	The proportion of people who use services who feel safe	ASCS	70.3	67.8	70.6	9
4B	The proportion of people who use services who say that those services have made them feel safe and secure	ASCS	83.3	81.0	87.5	14

\*Out of 15 as data not available for Somerset

# Adult Social Care Benchmarking Report (2016-17)

Report produced by Intelligence and Analytics Department  
3<sup>rd</sup> Floor, County Hall, Martineau Lane, Norwich, NR1 2DH  
Email: [bi@Norfolk.gov.uk](mailto:bi@Norfolk.gov.uk)

# Adult Social Care Committee

Item No:

<b>Report title:</b>	<b>Responding to the inquiry into long term sustainable funding for adult social care</b>
<b>Date of meeting:</b>	<b>5 March 2018</b>
<b>Responsible Chief Officer:</b>	<b>James Bullion, Executive Director of Adult Social Services</b>

## Strategic impact

### Executive summary

The Government has launched a joint inquiry through the Health and Communities and Local Government committees into long term sustainable funding of social care. This is ahead of this summer's Green Paper, which is looking at how the Government intends to improve care and support for older people and tackle the challenge of an ageing population.

The inquiry provides an opportunity for the Council to submit evidence and set out the issues and solutions relevant for Norfolk.

Nationally a number of changes to the current system have been considered over the last five years which include:

- The recommendations from the Dilnot Review, which would have seen charging for social care extended to home care but with the introduction of a lifetime cap on care costs of £73,000
- the proposals outlined within the 2017 general election process, which considered raising the threshold at which people would be eligible for state help from personal assets of £23,250 to £100,000

The pressures of rising demand, growing costs and reducing funding mean that the current model of adult social care is not sustainable in the long term. The potential consequences of doing nothing include market failure, increased rationing of care and increased pressure on the NHS. We believe that these issues can be addressed and the inquiry offers an opportunity to share our ideas.

This paper sets out the detail of the inquiry and the proposed areas that will be the focus of the NCC submission.

### Recommendations:

**Members are asked to discuss and shape Norfolk County Council's submission through agreement of:**

- a) The structure of the submission (para 1.6)**
- b) Options for funding that the government could investigate**
- c) Key approaches that the government could adopt for supporting political and public consensus**

## 1. Introduction

- 1.1 A joint inquiry was launched by Parliament's Health and Communities and Local Government committees on 23 January. The deadline for submission is 7 March 2018. This inquiry is asking for evidence on two areas:



- a) How to fund social care sustainably for the long term (beyond 2020), bearing in mind, in particular, the interdependence of the health and social care systems
- b) The mechanism for reaching political and public consensus on a solution

1.2 The outline information to the inquiry reflected on the outcomes from the March 2017 inquiry. The headlines and recommendations from that inquiry made the following points:

- a) Highlighted the move to a funding model that is focussed on business rates retention and council tax as part of the phasing out of Revenue Support Grant and the recognition that this funding alone would not meet social care demand
- b) Local government should be allowed to use additional revenue from business rates to help close the funding shortfall in social care. But recognition that this alone would not close the gap and funding should be made available via central government grant linked to need and rising demand
- c) The long term solution would need to be inclusive and attract wide public backing and cross party support
- d) Long term solutions should consider taking funding from a wide range of sources including personal contributions

It also led to recommendations for the Green Paper, which included:

- a) The Green Paper should involve all political parties, social care sector and the public
- b) All options should be on the table, including national taxation, age related expenditure, local taxes and personal contributions to the cost of care
- c) Consideration of the range of uses for which social care is required
- d) Ensuring solutions are linked to need and rising demand and aligned to local government finance reform
- e) Addressing wider issues, including commissioning, monitoring of care services and workforce pressures

1.3 Norfolk County Council's submission to the previous inquiry focussed on the key issues for Norfolk. It set out the extent that the adult social care precept fell short of meeting need and rising demand; it focused on the actions we were taking on demand management, recognising that this could only go so far; the value and impact of carers in the county and the issues within the care market and rising costs – including the impact of the national living wage.

1.4 Alongside the immediate need for additional funding, we recommended the need to set clear national expectations for social care. This included addressing personal responsibility and housing need; system changes to remove perverse incentives between health and councils; funding review to support a fair distribution of resources that reflect need; and proposed interventions to support providers and reduce costs.

1.5 Following the inquiry the Government announced additional one-off resources, as part of the improved Better Care Fund, to provide immediate support to social care and has been undertaking a fair funding review across local government.

1.6 Therefore, while we will need to continue to refer to the funding shortfall facing social care, this case has been made before and is already recognised nationally. It is therefore proposed that our focus within this submission will address the question of sustainability, with evidence structured on the following areas:

- a) Defining the scope of social care
- b) Exploring the key cost drivers and context that if addressed collectively, could help support a sustainable solution
- c) Addressing the funding options

- d) Addressing the risk and opportunities related to the interdependence of the health and social care system
- e) Proposing the key approaches that could support political and public consensus

## **2. Evidence**

- 2.1 Our case will set out a summary of the issues for Norfolk. Norfolk has an ageing population and it is expected that around 25% of the population will be aged 65 and over by 2022, with a 40% increase in those over the age of 85. The average annual gross pay in Norfolk is around £25,458 and the pay gap has widened compared with regional and national pay levels. In addition, 70,400 of Norfolk residents live in areas which have been classified as being among the 10% most deprived in England. This places high demand on local authority provided social care, but conversely means that our ability to raise funding for social care – including council tax and personal contributions towards will be relatively less than other areas.
- 2.2 In 2018-19 £410m (40%) of the Council's gross budget £1.016bn (excluding schools) will be spent on adult social care. 38% of the council's growth pressures are driven by adult social care and it accounts for over 38% of demographic driven cost increases. Demographic growth alone increases the Council's costs by £6m a year. The ability to deliver a sustainable social care service affects all services that the council provides.
- 2.3 **Defining the scope of social care**
- 2.3.1 Unlike most health care, social care is not free at the point of delivery. In addition, national criteria is in place to define eligible social care need and means testing, so there is a different framework between self-funder and state provided care. In Norfolk, we have undertaken significant work to develop our preventative and reablement offer to residents, which is not charged for. There is therefore a complex health and social care system for individuals to navigate (often at a time of crisis), with different funding sources and expectations. Within Norfolk, and most of the country, social care is predominately delivered by independent and voluntary sector care providers and there is variation in price and quality across the self-funder and state commissioned services as providers work hard to maintain viable business models. Our submission will therefore set out some of the areas that the inquiry and Green Paper will need to address including:
- a) The breadth of charging for health and social care services
  - b) The role of carers
  - c) The position for self-funders and extent that social care provision is sustainable for individuals who fund their own care
  - d) The need for prevention and reablement services to be clearly included in future funding arrangements to improve outcomes for individuals and both secure future continuation and support demand management across the health and social care system
  - e) An opportunity to achieve a wider understanding and simplification of social care
  - f) Defining social care across the whole population. This should include children, transitions into adulthood, long term support for people with learning disabilities, physical disabilities and mental health needs and also include care coordination between health and social care within different charging models. In addition, it needs to take account of the rising demand for social care as people continue to live longer and into old age with complex needs
- 2.4 **Exploring the key drivers and context to help reduce costs and support a sustainable solution**

- 2.4.1 Increasing funding is just one side of the equation to achieve sustainability – nationally we also need to ensure that social care is structured so it can be delivered as efficiently and effectively as possible. Our submission will therefore explore the key areas which could be addressed to achieve this.
- a) Community Infrastructure – there is opportunity to improve the impact and strength within communities – increasing access to services, generating volunteer opportunities and combating loneliness; to redefine the role of carers and incentives to make this more feasible for many; to improve the wider role of housing authorities and associations to increase access to suitable housing and make it easier for people to downsize; and provide support to businesses to invest in affordable housing including innovative approaches to reducing housing costs or exploring inter-generational mortgages
  - b) Health and social care system – addressing the trends in funding that create perverse outcomes between the health and social system, including diverting investment into prevention that could improve outcomes for the wider population
  - c) Demographic demand – the 10 year projection of demographic growth shows an increase in demand in the Norfolk system; focus is on dementia, ageing of people with complex needs and prevalence of people especially young people with mental health needs
  - d) Cost of care provision – nationally, the majority of social care provision is delivered through private sector companies – a sustainable solution therefore needs to focus on support to providers and the mix of future provision including; incentives or support to reduce the level of expensive capital financing or leasing costs incurred, which is driving up costs; the role of the not for profit sector; workforce support where the sector is incurring higher costs and in some cases providers leaving the market as nursing and care skills are not available; investments and incentives into training for nursing; addressing funded nursing care payments to ensure that the ongoing health element of care is fully funded; funding for the impact of increases to the national living wage
  - e) Technology – providing national support particularly in relation to research and evaluation to maximise the opportunities through use of technology to improve care and mitigate risk

## **2.5 Addressing the options for raising funds for social care**

- 2.5.1 In line with the recommendations from the previous inquiry our submission will focus on the spectrum of options rather than one solution. In overall terms it is proposed that there is a need to deliver an approach that provides an equitable way to generate funds that supports delivery of social care for the wider population balanced with an approach that continues to include personal contributions toward care, which will help moderate demand. The submission will need to consider Norfolk County Council's view of funding. The national debate about funding sources suggests that options could include:
- a) Approaches that would provide new or increase existing taxes – this could include approaches that would be simple to administer such as national mandatory taxation linked to work-based pensions schemes or European models of insurance. All options need to consider the link between payment, entitlement and demand, so taxation potentially is not a single solution. Although local taxation can align to local need and decision making on a practical level, the ability to raise local taxes is driven by the local economy and wealth – which does not correlate to social care need. Reliance on local taxation is likely to lead to funding shortfalls in Norfolk
  - b) Approaches that divert funding from other sources – the Green Paper is proposing looking at all age-related benefits, however, in seeking to consider social care as a whole population issue, the review could consider wider

benefits – looking at approaches that capped rather than removed benefits. In addition, ring fencing some aspects of social care funding would support increased sustainability – although could impact on other services. Consideration should also be given to the impact of long term policy changes, such as increase in state pension age and non-inflation linked benefits – potentially a more direct link could be made to these changes with the financial benefit redirected to support social care. In undertaking means testing of social care, access to benefits is taken into account and therefore consideration should be given to potential opportunities for the join-up of certain disability benefits and the need for care and support

- c) Approaches that increase personal contribution towards the cost of care – this has been the focus of previous reviews which have included increasing contributions but limit the lifetime costs through introducing a cap or focusing on the minimum assets that an individual is able to retain. Concerns have been raised with both types of proposals regarding fairness to some people with higher long term needs (such as people with dementia) and difficulty with administering a cap. However, the ideas within the previous proposals could be further developed and there is an argument for removing the distinction between charging for residential and home care. Support to allow people to plan early for the future would improve how people prepare for the potential cost of care needs and reduce the concerns of individual and families at the point that care is needed urgently

## **2.6 Addressing the risk and opportunities related to the interdependence of the health and social care systems.**

- 2.6.1 There is opportunity now to address some of the barriers that have prevented more integration between health and social care, which include the distinction between means tested and services that are free at the point of delivery. Specific opportunities include:

- a) To enable the health system to operate in an integrated way, the government could explore the benefits of a single NHS regulator. This could be enhanced through appropriate checks and balances, but could remove some perverse incentives that arise between the provider and commissioning elements of the system and can act as a barrier for increased integration with social care
- b) Further pooling of resources between health and social care for investment in preventative approaches
- c) Increasing the governance role of the Health and Wellbeing Board within the Sustainable Transformation Programme areas
- d) Increased alignment of social care services with primary care; recognising the wider community roles and opportunities for targeted early help and prevention

## **2.7 Considering the approaches that could support political and public consensus**

- 2.7.1 There is no doubt that the subject of social care and funding of services is emotive. It is also an area that many people have little knowledge of until they, or a relative, are already in a position of need. We now have an opportunity to have a much wider conversation about social care – including shaping people's expectation about what support can be expected, the likely costs of social care and describing what the system could look like through the use of case studies. Wider consultation would help a debate on national standards and local priorities.
- 2.7.2 We propose that there is a nationally-resourced, nationally-led publicity and engagement campaign by the Government Communication Service, including online and face-to-face opportunities for people to feed in evidence and comments. This process should include Parliamentary hearings that enable political parties and interest

groups to provide detailed comments. This process is required in order to achieve buy-in and consensus.

### **3. Financial Implications**

- 3.1 There are no direct financial implications from this report. However, the impact of the inquiry and the forthcoming Green Paper will be critical for the Council both in relation to the future delivery of social care for the residents of Norfolk and the consequences for other non-statutory services if the services are not fully funded.

### **4. Background**

- 4.1 Information about the inquiry can be found on the parliament [website](#), this includes information about the Green Paper and previous published evidence.

### **5. Recommendations**

- 5.1 **Members are asked to discuss and shape Norfolk County Council's submission through agreement of:**
- a) **The structure of the submission (para 1.6)**
  - b) **Options for funding that the government could investigate**
  - c) **Key approaches that the government could adopt for supporting political and public consensus**

### **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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# Adult Social Care Committee

Item No XXX

<b>Report title:</b>	<b>Adult Social Care Committee Plan</b>
<b>Date of meeting:</b>	<b>5<sup>th</sup> March 2018</b>
<b>Responsible Chief Officer:</b>	<b>James Bullion, Executive Director Adult Social Services</b>

## Strategic impact

Adult Social Care Committee's (the Committee) three year forward plan, sets out how its areas of responsibility will be shaped by the ambition of *Caring for our County: A vision for Norfolk in 2021*, and principles of *Norfolk Futures*, Norfolk County Council's (the Council) new strategy. The strategy sets out what will be delivered over the next three years in the resources available. It identifies key metrics against service transformation which will be monitored by Policy and Resources Committee over the period.

## Executive summary

The Council agreed a vision and strategy for the medium term in February 2018. *Caring for our County* communicates the Council's ambitions for Norfolk; the strategy *Norfolk Futures* sets out the principles and priorities to turn this vision into plans that deliver sustainable services, working with our partners across the public and private sectors.

Service committees have been commissioned by Policy and Resources Committee to develop Committee Plans which will set out objectives for the year, and specifically demonstrate how each area of the Council's work will change to deliver our Norfolk Futures strategy.

### Recommendations:

Committee are recommended to:

- a) **Agree Adult Social Care Committee Plan at Appendix 1**
- b) **Note the Committee's contribution to, and responsibilities, for Norfolk Futures, NCC's transformation plan at section 1**
- c) **Agree metrics against which this committee will report to Policy and Resources Committee for monitoring purposes at section 2**

## 1. Proposal

### 1.1 Norfolk Futures and Adult Social Care Committee

1.1.2 Norfolk Futures sets out the principles and priorities that will change how council services are delivered in the future.

1.1.3 The overarching principles underpinning the Strategy are:

- a) Offering our help early to prevent and **reduce demand** for specialist services
- b) **Joining up** our work so that similar activities and services are more easily accessible, done well **and done once**

- c) Being **business like** and making best use of **digital technology** to ensure value for money
- d) Using **evidence** and data **to target** our work where it can make the most difference

1.1.4 The Council has agreed seven corporate priorities to deliver these principles, under the *Norfolk Futures* strategy. The priorities ensure that there is intense focus and tangible delivery in specific areas that can only be delivered through whole Council cross department working. The priorities are:

- a) Safe children and resilient families
- b) Promoting independence for vulnerable adults
- c) Smarter information and advice
- d) Towards a housing strategy
- e) Digital Norfolk
- f) Local service strategy
- g) Commercialisation

1.1.5 Adult Social Services contribution to Norfolk Futures is principally through the delivery of the Promoting Independence strategy which is the subject of regular reporting to Committee. The added value of Norfolk Futures comes from the whole-council focus on critical dependencies for Promoting Independence, for example, a housing strategy, Digital Norfolk, smarter information and advice. Diagram 1 below illustrates the connections.

### Next steps – adding value through Norfolk Futures



Diagram 1

1.1.6 The attached Adult Social Care Committee Plan bring together core information and overview of services, current operating context, challenges, risks, innovation and priority actions within the resources available. This is information which is felt to be helpful background for Members to inform decision making. The plan is intended to be a living document and it is expected that it will updated during its life to reflect the Committee's and the Council's work and progress.

## 2. Measuring and evaluating performance

- 2.1 Adult Social Care Committee agreed a set of core measures at their meeting in October 2017. These measures have been identified as aligning to the key intervention points of Promoting Independence workstreams, where we expect impact to be made.
- 2.2 The measures are:
- a) Reducing the 'conversion' of requests for support to formal assessment by connecting people effectively with good quality information and support
  - b) Ensuring an appropriate proportion of assessments go on to require ongoing social care involvement
  - c) Reablement cases where the person does not require additional social care
  - d) Increasing the rate at which review backlogs are handled, and increasing the rate of reviews that lead to a reduction or cease in service
  - e) Reducing permanent admissions into residential care for people aged 18-64
  - f) Reducing permanent admissions into residential and nursing care for people aged 65 and over
- 2.3 Three year targets agreed by the Committee, were developed through using our cost and demand model. This is a modelling 'tool' which tracks the number of people at different stages throughout their involvement with adult social services. The model adds in changes for demography and increased demand, and estimates what impact the changes underway can reasonably be expected to have an impact.
- 2.4 Overlaid on this, we have looked at current benchmarking of our own 'family group' of authorities, national best practice, and our own internal expertise in data analysis and performance management.
- 2.5 These form the basis of regular, detailed performance reporting to Committee on a quarterly basis, supplemented by surveillance of a wider suite of vital sign indicators.

	Performance			Targets	
Indicator	2016/17	2017/18	2018/19	2019/20	2020/21
% requests for support where the intention is that the person will go on to receive a care act assessment	32.72%	28.86%	25.00%	25.00%	25.00%
Holding list – number of unallocated cases awaiting assessment	2,710	2,396	618	200	200
% Reablement cases where the outcome is recorded as not requiring any further social care support	68.89%	69%	69%	69%	69%
% Assessments which are closed with the intention of supporting the person with services	75.95%	80.63%	85.32%	90.00%	90.00%
Number of permanent admissions to residential and nursing care for people aged 18-64 per 100k population	18.3	16.6	15.6	14.4	13.6
Number of permanent admissions to residential and nursing care for people aged 65+ per 100k population	611.9	603.1	594.3	563.3	534.0



% Reviews of people aged 18-64 where the intention is to cease or reduce services	20.42%	31.82%	43.21%	54.61%	66.00%
% Reviews of people aged 65+ where the intention is to cease or reduce services	26.96%	23.97%	20.98%	17.99%	15.00%
Our 'holding list' - The number of unallocated cases awaiting assessment	N/A	2396	618	200	200

### 3. Financial Implications

- 3.1 The Council continues to spend around £1.4 billion (gross) delivering vital services to Norfolk residents. As in previous years, around £400 million of the total budget is passed directly to schools. At a high level, the proposed revenue budget for 2018-19 is broadly the same year-on-year, and full details of changes in Committee budgets are set out in the January 2018 Policy and Resources Revenue Budget report.
- 3.2 The Council faces very significant cost pressures over the next four years. These are the result of:
- a) Inflation (which arises both on staff salaries and on the prices we pay for contracts and services);
  - b) Legislative changes and policy decisions, including the National Living Wage;
  - c) Increasing demand for services (including demographic changes)
- 3.3 The impact of the cost pressures experienced between 2011-12 and 2018-19 total £308 million.
- 3.4 In addition between 2011-12 and 2017-18, government funding has reduced by £189 million. Further reductions of £31 million are forecast for the period 2018-19 to 2019-20. The Council agreed to freeze Council Tax (0% increases) for the years 2010-11 to 2015-16. Since 2016-17, annual increases have been agreed. Since 2014-15 Revenue Support Grant has declined significantly (by 67%), while funding from Business Rates has only increased by 8%. In total, between 2014-15 and 2018-19, funding from these three sources has been relatively static, reducing by £27m (4%). However this represents a real terms reduction in funding when inflation is taken into account.
- 3.5 It is these cost pressures and reduced funding that require the Council to transform the way it works.

### 4. Issues, risks and innovation

- 4.1 These are set out in the Adult Social Care Committee Plan attached at Appendix 1.

### 5. Background papers

- 5.1 [Our Vision, Strategy and Service Plans](#)

Report by Managing Director to Policy and Resources, 29<sup>th</sup> January 2018

[Caring for Your County](#)

Report by Managing Director Policy and Resources, 3<sup>rd</sup> July 2017

[Strategic and Financial Planning 2018/19-2021/22](#)

Report by Executive Director of Finance and Commercial Services to Policy and Resources 25<sup>th</sup> September 2017

## **6. Recommendations**

### **6.1 Committee are recommended to:**

- a) Agree Adult Social Care Committee Plan at Appendix 1**
- b) Note the Committee's contribution to, and responsibilities, for Norfolk Futures, NCC's transformation plan at section 1**
- c) Agree metrics against which this committee will report to Policy and Resources Committee for monitoring purposes at section 2**

## **Officer Contact**

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# Adult Social Care Committee

Committee Plan 2018/2021





## Welcome to the Committee Plan. In this plan you will find:

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### Information about the Committee, what it wants to achieve and why

#### County Council Strategy

An overview of the strategic planning framework

p2

#### The Committee's Focus

Our vision and priorities

p6

#### Voice of Service Users

An overview of what customers are saying

p8

### Environment and operating context

#### Challenges

The challenges we face in delivering our ambitions

p10

#### Context in Norfolk

About Norfolk and the services we provide

p3 & 12

#### Resources and budget

Resource allocation and transformation plans

p15

#### Risks and Innovation

Service risks and innovation

P19

### Performance and actions – what is happening to achieve our ambitions for people in Norfolk

#### Performance

Performance against current priorities

p22

#### Forward Plan

Anticipated business of the Committee

p23

#### Working with other Committees

p30

## County Council Strategy

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Caring for our County: A vision for Norfolk in 2021 was approved by members in February 2018 and outlines the Council's commitment to playing a leading role in:



Building **communities** we can be proud of



Installing **infrastructure** first



Building **new homes** to help young people get on the housing ladder



Developing the **skills of our people** through training and apprenticeships



Nurturing our growing **digital** economy



Making the most of our **heritage, culture and environment**

The Council's Strategy for 2018-2021 – Norfolk Futures – will provide the mechanism to enable these ambitions for the County across all of its activities.

Norfolk Futures will deliver these transformational commitments in a context where demand for our services is driven both by demographic and social trends, and where increasingly complex and more expensive forms of provision are increasingly prevalent.

Norfolk Futures is guided by four core principles that will frame the transformation we will lead across all our work:



Offering our help early to **prevent and reduce** demand for specialist services



**Joining up** our work so that similar activities and services are easily accessible, done well and done once



Being business like and making best use of **digital technology** to ensure value for money



Using **evidence and data** to target our work where it can make the most difference

Under the banner of Norfolk Futures we will deliver sustainable and affordable services for the people who need them most. The whole Council needs to change to keep up with increasing demands and ever better ways of working.

These principles frame the transformation that we must lead across all our services and activities. This is all underpinned by evidence and political support, to change how the Council works and how we work with the people of Norfolk.

By 2021 the strategy and these underpinning Service Plans will have moved the Council towards a more sustainable future with affordable, effective services. This means that we will have radically changed the ways we do some things. We will know our citizens and manage their needs effectively using the best evidence to enable the most appropriate outcomes. We will be working jointly across the Council on our biggest challenges by default, and changing the way we work to reflect new technology and ways of working. This will enable us to work smarter, better and plan long term to because the council the County needs.

## Adult Social Services in Norfolk

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Social care has the power to transform lives. It provides care, support, and safeguards for those who have the highest level of need, and for their carers.

- We spend about **£1 million** a day on adult social care in Norfolk
- On any given day, we will be securing services to around **14,000 people**
- We begin intensive reablement to help **14 people** a day get back on their feet after a crisis
- And every day we receive new calls, new enquiries – equivalent to almost **200 a day**
- Last year **20,205 people** received short term and long term adult social care packages
- Last year, almost **5000** had reablement services helping them get back on their feet after a crisis

We are fundamentally re-thinking our approach to delivering public services. Many of our services were designed in a very different era and policy framework. Funding regimes now do not account fully for demographic change or socio-economic changes, instead the drive is for local government to become self-sufficient through council tax and increased revenue from locally raised business rates.

At the same time as funding has been reduced, our population continues to grow and the pattern of family life has changed. Medical advances are huge – people live longer and have access to many more medical specialists than in the past. More profoundly disabled young people with increasingly complex needs are coming into adulthood every year. People move around more for jobs than in previous generations, so families cannot always be near to older relatives to help and care.

A growing 'older' population affects Norfolk more than most other places – it has, and will continue to have, a higher proportion of older people compared to the average for the Eastern Region and for Norfolk's 'family group' of similar councils.



## Key demographic trends for Norfolk

Norfolk generally has an older population that is projected to increase at a greater rate than the rest of England.

Across Norfolk the average life expectancy is about 80 years for men and about 84 years for women. The average number of years a man can expect to live in good health is about 64 and for women it is about 66.

The number of people aged 65 and over in Norfolk is due to increase from 209,700 in 2015 to 274,800 in 2030.

This is a 31% increase in 15 years, and will mean that the number of people aged 65 and over, as a proportion of Norfolk's total population, will increase from 23.8% to 28.3%.

About 77,700 people are limited a lot in their day to day activities and about 23,200 provide more than 50 hours of care per week.

There are an estimated 19,000 who are blind, and 110,000 with a hearing impairment.

With the population aged 18 to 64, there are estimated to be:

- **12,300** with a serious physical disability
- **4,500** with a serious personal care disability
- **2,800** with a moderate or severe learning disability
- **81,400** with a common mental health disorder

## Demand and planning for the future

In planning ahead, we need to carefully consider the following:

Critically, the 85+ age group is Norfolk's fastest growing, and it is this age group which has most impact on demand. Between 2015 and 2030 this age group will increase by 77%.

- a) Whilst people over 85 are clearly more likely to be physically frail and to find it more difficult to undertake day-to-day tasks, they are also more likely to have dementia. Norfolk's dementia prevalence is high – being third highest in the region behind Suffolk and Southend. Dementia is likely to be one of the most important drivers of social care need in older people in Norfolk in the next twenty years
- b) People with learning disabilities are living to a much older age. Whereas once relatively few people with a learning disability would live beyond the age of 65, around 12% of people being supported by a learning disability team are now over 65
- c) Wider social factors are also significant in influencing demand. These include people's general health and wellbeing, their income, particularly given that social care is subject to financial eligibility; and loneliness and isolation – evidence suggests that people that are at risk of loneliness may be more likely to seek care

## **Our role in the care market**

Adult social services spends more than £280m a year in purchasing adult social care services from the market, and has duties under the Care Act to promote the effective and efficient operation of this market, including its sustainability. Whilst social workers assess what strengths people have and agree with individuals what additional support they need to be able to stay as independently as possible, the majority of the care is then purchased from the care market.

Norfolk has a diverse care market with over 700 care providers employing around 27,000 people and is an important part of the Norfolk economy. There is a huge range of providers in the care business – from small family-run homes and home care businesses through to national care companies. Some larger charities run specialist support and advice services in addition to providing residential or dementia care on a commercial basis. While Adult Social Services spends around £280m a year on social care; individuals buying their own care accounts for around £147m. Norfolk CC has a responsibility for care provision and market regardless of who is paying for it.

In line with other local authorities, the amount of money the Council pays for each 'unit' of care is increasing. These increased costs are being driven by a range of factors including:

- a) Increases to the National Minimum Wage
- b) A very challenging labour market, with significant ongoing staff turnover, particularly in-home care
- c) An 'ageing' care estate of often older care homes and nursing homes
- d) Competition for staff, predominately from the retail sector

Adult Social Services has a statutory responsibility to support and develop the market for care – not just for those eligible for adult social care, but for all citizens in Norfolk. At the same time, it is also our responsibility to purchase care in the most cost effective way for council tax payers.

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



## Our vision for the future of Adult Social Services

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We have a clear vision – to support people to be independent, resilient and well.

To achieve our vision, we have a strategy – **Promoting Independence** – which is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. It is also a positive response towards managing what is a difficult financial climate for public services. It does not see a retreat to a statutory minimum but ensures that we manage demand and have a sustainable model for the future, at the core of which is quality social work which builds on the strengths of individuals.

Promoting Independence has these main elements:

**Prevention and early help** – empowering and enabling people to live independently for as long as possible through giving people good quality information and advice which supports their wellbeing and stops people becoming isolated and lonely. We will help people stay connected with others in their communities, tapping into help and support already around them – from friends, families, local voluntary and community groups. For our younger adults with disabilities, we want them to have access to work, housing and social activities which contribute to a good quality of life and wellbeing.

**Staying independent for longer** – for people who are most likely to develop particular needs, we will try and intervene earlier. Certain events, such as bereavement or the early stages of an illness like dementia can be a trigger for a rapid decline in someone's wellbeing, but with some early support we can stop things getting worse and avoid people losing their independence and becoming reliant on formal services.

**Living with complex needs** – for some people, there will be a need for longer term support. This might mean the security of knowing help is on tap for people with conditions like dementia, and that carers can have support. We will look at how we can minimise the effect of disability so people can retain independence and control after say a stroke or period of mental illness. For some people, moving into residential care or to housing where there are staff close by will be the right choice at the right time, but such decisions should be made with good information and not in a crisis.

### Our three-year departmental priorities are:

- Strengthen social work to prevent, reduce and delay need
- Be strong partners for integration working
- Accelerate technology-enabled care
- Improve quality and safeguard people
- Strong management of finance and performance

### Our key actions for 2018/19 are:

- Implement a learning disability enablement model – connecting people to activities, building skills, and developing housing which is ambitious and supports people to live well and progress
- Roll out Living Well, to embed strengths-based social work and community development which transforms lives by helping people and those who care for them to live independently
- Commission the right mix of good quality affordable care – and address the need for more dementia care so people stay living independently, with dignity
- Deliver all integrated short term care services – avoiding hospital admissions, responding to a crisis and helping people to get home when they are well enough
- Develop more technology enabled care – so we target people in need, support people to connect with one another, monitor people at risk and have more face to face engagement
- Continually strive to improve the quality of service and safeguard people at risk of harm

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### Changing our approach to social work

At the heart of our Promoting Independence strategy is really great social work – social work which starts by looking at people’s strengths – what they can do, rather than what can’t do. We know that this is how our social workers want to do their job, because it is the best way to support people to live independently. But we also know that strengths-based social work is being crowded out by our current processes and we have made it hard for social workers to break the mould.

### Living Well: 3 Conversations is our response to this.

It is a model of social work which boldly strips away unnecessary bureaucracy and processes and instead focuses on three conversations:

- **Conversation 1:** Listen hard and connect – Understand what really matters to the person. Connect them with resources and support that allows them to get on with their chosen life independently.
- **Conversation 2:** Work intensively with people in crisis – What needs to change urgently to help someone regain control of their life? “Stick to them like glue” and make the most important things happen. Put in a ‘time to think’ plan.
- **Conversation 3:** Build a good life – What does a good life look like? What assets, strengths, resources (including people with personal budgets) does someone have to support their chosen life? How do these need to be organised?

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Crucially, anyone needing support will be put through to a social worker who will become a single point of contact and will conduct one or more of the conversations until the issue has been resolved. The approach depends on social workers spending more time with service users. It does away with process driven ‘hand-offs’ and encourages social workers and occupation health workers to connect with the networks and support available in local neighbourhoods and communities.

## The voices of people who use our services

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### People tell us:

- They want people to understand the importance of adapting the home environment to make it accessible as their needs change, so that people can continue to self-care and to be safe: “much as they want to remain in their own home, they could get forgetful around the house”
- They want to be able to access reliable services to manage household and home repair tasks to stop: “everyday life becoming overwhelming”
- They are concerned about the affordability of the kind of support people would need: “having care that is sensitive to needs, reliable and affordable”
- They want to be able to get help easily: “help to find care easily, a sort of one-stop-shop”
- How important local community connections are in helping people stay independent: “...social activities and education opportunities in the local neighbourhood, a good network of friends in the local area, close to a place of religious worship” and support from local networks: “a personal alarm which helps her to feel safe. Local neighbours are aware and one has a key”



**Making it Real** is a partnership between Norfolk adult social care and health services and the people who use services and carers. We work together to develop services or policy. Making it Real tell us:

“The best way to improve a service is to ask the people who use it what they need and how best to provide it.”

**Healthwatch and the Carers Council for Norfolk** undertook some engagement work with carers in 2017. This is a word cloud which highlights answers to the question “What would help you feel more confident continuing in your caring role?”



This word cloud shows responses to the question:  
“What would help you to better maintain your health and wellbeing?”



In 2017 we worked with **people with learning disabilities** to co-produce a new strategy for the future. This is what people told us:

**I'd like a volunteering role at Radio Norfolk**

I'd like to learn to drive  
and get a car

I want to get married to my partner and live together

I could use a Personal Budget  
Direct Payment to be happier with  
friends, meet my personal care needs and  
get new skills

“Community understanding that people with a learning disability are not a problem”

## Key Committee challenges

The Committee faces a range of challenges in achieving ambitions for Norfolk. These must be taken into account during decision-making

Challenge	Description
Managing demand	Most of our £27m of savings for 2018/19 are based on reducing demand. We are changing our model of social work which means more emphasis on helping people gain or re-gain skills so they can stay independent.
Holding lists	We need to meet our targets on reducing the backlog of work in our teams. Through targeted work, we are beginning to reduce the overall number but this will need to be sustained.
Transforming learning disability services	We are currently out of step with other similar areas, relying too much on long-term on-going support, rather than helping people gain skills and confidence so they can achieve things that matter to them. We now have a strong co-produced strategy which is ambitious for people with learning disabilities, however changing how we work with people will require patience and trust – all of which take time to build. We also need to work with providers of care so that they too share our approach.
NHS pressures	Pressures on health, particularly at acute hospitals, can result in more demand for adult social care teams. We will need to be a strong partner and ensure that our voice is heard in discussions about the sustainable transformation plan (STP), so that we plan together to improve the health and social care system as a whole.
Green paper on social care for older people	This will be published before the summer recess, with potentially significant consequences for the future funding regimes for adult social services.
Market shaping and development	We have increased our payments to care providers, although we recognise that there are financial pressures for providers. We will need to continue to build a joint collaborative approach which supports good quality and good outcomes for people.
Quality of care provision	<p>Overall there has been a significant improvement in quality particularly in-home care however Norfolk still lags behind most other local authorities.</p> <p>Across the sector CQC inspections indicate that 73% of providers have been rated as good, 25% as requires improvement and &lt;2% rated as inadequate.</p> <p>Significant improvements in quality have been achieved in 2016 across all sectors – from 57% meeting required standard to 73%.</p>

Carers	Our support for carers has improved with a new service for all carers which began in October 2017.
Autism services	Our support for people with autism is under-developed in Norfolk. We are taking a lead to bring together a range of public sector partners, and representatives from people with autism to develop a strategy which clearly shows Norfolk is serious about autism.
Recruitment and retention	<p>We are nearing the end of a recruitment drive to attract an additional 50 social workers and occupational health workers. This has been largely successful, although has opened up other vacancies as existing staff have looked for promotion and new opportunities.</p> <p>Recruiting experienced social workers to Norfolk is a continuing challenge because of geography and the national profile of the profession. We will need to continue to be innovative and relentless in our recruitment campaigns to sustain a committed and effective workforce.</p>
Skills gaps in the care market	<p>In the wider care market, there are well-documented national challenges in attracting and keeping good quality staff. We have passed on the funding for the National Living Wage to providers in Norfolk and funded inflation to alleviate some of the pressures the market is under.</p> <p>There is a particular gap in nursing care staff in nursing and residential carers. This reduces choice for people and increases prices at a time when the need for nursing care is rising – particularly for people with dementia.</p>



## An overview of Adult Social Services

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At some point in our lives most, if not all of us, will need help with everyday living because of an illness, a disability, because we are getting older or because we are caring for someone. Every one of us will have a different view of the help we need and how we want it to be provided.

The role of Adult Social Services is to work with people to find out what they need to live their lives, and to help them access that support.

Whilst only a small proportion of the adult population in Norfolk receives direct support from adult social services, the department's work is not limited to people who might be eligible for social care; good quality information and advice for all about living well and staying independent is a core responsibility.

Whilst everyone is an individual with different needs, we organise our teams around four main specialties – reablement through Norfolk First Support, community care teams who principally support older people; learning disability teams who support adults with learning disabilities; mental health teams, supporting people with mental health needs.

The type of support and services for all the people we service fall into three main themes:

### Prevention and early help

This covers a range of services, not all provided by adult social services but by other parts of the council and other partners, all which support individual and community resilience. This includes:

Our team of **Development workers** who can support small independent groups, developing community capacity through focussing on shared interests. They have a great knowledge on local resources and can use that to support people to stay connected and get involved in their local community.

We fund **community based initiatives**, including 'pub is the hub', supporting through grants the development of pubs as the centre of community life. Projects range from adding a cafe or community/farm shop, lunch clubs and improved access to the pub

We work with district councils and their partners to build community capacity and enable communities. This will include social prescribing – a network of development workers based around GP surgeries who can build up people's well-being by connecting them to support and opportunities in their communities.

We continually improve and expand our website, to make it a valuable source of information. The Norfolk Directory is a live, dynamic resource for individuals, support workers and other organisations to capture local groups, services and opportunities. Alongside this universal information, we also commission specialist advice and guidance for people with disabilities, older people, people who are deaf, people with learning difficulties, people with dementia, with mental health problems and for people living with HIV.

Our Sensory Support Team provides: social care assessments for people who are deaf or have a dual sensory loss; an assessment and rehabilitation service where sight loss has become a critical or substantial barrier to independent living; and advice and training to carers, families and other professionals.

Norfolk has an estimated 91,000 informal carers, who look after relatives and friends, and also need some help themselves. Carers Matter Norfolk is a newly commissioned support for all unpaid carers provides support and practical help for carers.

### **Staying independent for longer**

Norfolk First Support is our in-house reablement service which provides intensive support in peoples' homes for up to six weeks to help the person to regain as much independence as possible. This is not means tested, but a free service for people who can benefit from it. The approach is expanding to three other locations across Norfolk, and is specifically targeted at people coming out hospital – not quite ready to go home.

Norfolk First Response or Swifts is our 24-hour in-house service provides help, support and reassurance if someone has an urgent, unplanned need at home but doesn't need the emergency services, eg if someone has a fall but is not injured. This is a vital service which makes a huge difference to pressures on the health system.

Assistive Technology can transform people's lives and help them to stay independent in their own homes. There is equipment which gives peace of mind – detecting hazards such as fire, floods, falls and carbon monoxide escapes. It can help people with forgetfulness and memory prompts or feeling secure in their home.

As well our in-house services, we commission a range of services to help people stay independent. This includes advice and advocacy provision, home care services, day time opportunities, specialist support for people with dementia, particularly to allow carers to take a break.

With our partners in health, we organise and run a range of schemes to prevent people from having to go into hospital, or getting home as soon as is safe.

With our partners in district councils we spend and through the Better Care Fund, we support the spending of about £6.9m a year on adaptations for people's homes..

### **Living with complex needs**

Many people live with complex, on-going conditions independently in their own homes. To help them do this, we commission on their behalf (or they organise their own care through a direct payment) services which could include home care, personal assistants, equipment, assistive technology.

We commission a wide range of types of accommodation for people – for example – housing with care where people can have their own front door, but with support available. All supported housing, and it takes many forms, has at its heart the ability to support people's independence.

For some people, the most appropriate option will be permanent residential care or permanent nursing care. The proportion of people we support in some sort of permanent residential care has reduced, as we commission more alternatives for people.

### **Our workforce**



To deliver our vision, we have had to think about how our staff work in different ways to better support people to be independent. This has meant investing in staff training and development, focusing on recruitment and retention and in some cases investing in new roles.

At the core of our Promoting Independence strategy is excellent social work practice, delivered by committed and motivated practitioners. Working in this strength based model takes time so we are increasing the number of our frontline social workers and team managers across Norfolk to transform the way we work. We have placed a strong emphasis on empowering our staff to lead the service changes and have considered how staff can themselves be supported to look after their own health and wellbeing. This additional investment is a big commitment for us and we want to make sure that our workforce feels supported and valued.

We have around 570 social care and occupational health staff working across Norfolk. Over half of these staff are integrated with community staff in the NHS; the others are part of county wide teams, such as learning disability and mental health. We have a wide ranging skill sets, which includes experienced social workers, specialist social workers in particular fields, assistant practitioners (not formally qualified social workers), occupational health practitioners.

We also have a reablement workforce of around 330 fte working for our in-house Norfolk First Support which includes Swifts and Nightowls. (Our 24-hour in-house service for anyone with an urgent, unplanned need at home but doesn't need the emergency services). To support prevention and build community resilience we have around 50 in total working in the sensory support, assistive technology and community development teams.

We're committed to CPD and developing the practice and professionalism of our workforce by providing clear career progression within Adults Services and offering structured learning and development opportunities at all levels. We recognise that recruiting people to Norfolk is challenging and that we need to include in our recruitment strategy a 'grow-our-own' approach as well as attract people from outside our county. The Norfolk Institute of Excellence (NIPE) offers newly qualified social workers with dedicated support and provides them with experiences to grow their knowledge and expertise before they join a busy team. The new Social Work apprenticeships will also provide opportunities for us to grow our own social workers.

## Resources and budget

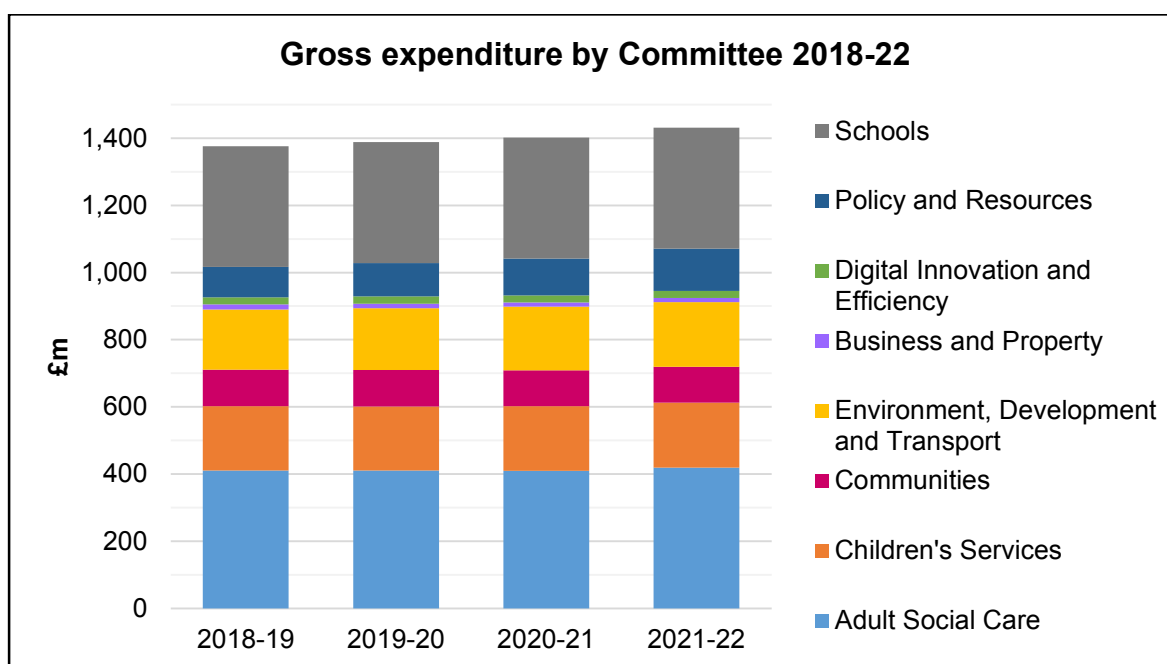
Local government faces ongoing reductions in funding over the period covered by this Plan. The two key financial tasks for all committees are to deliver their 2018-19 budget, and to plan their expenditure over the Medium Term Financial Strategy up to 2021-22. The scale of this challenge requires a new approach to service delivery, a wide range of options, and significant public consultation.

The following tables provide an overview of the County Council's budget position, and a detailed breakdown for the Service Committee following 2018-19 budget setting. Future year budgets will vary from the figures shown here as detailed budget setting work is undertaken and the budget is set by Members each year, however they provide an overall picture of the Council's finances.

### Norfolk County Council gross revenue budget 2018-19 to 2021-22

The chart below summarises the County Council's gross expenditure budget by Committee for the period covered by the Medium Term Financial Strategy 2018-19 to 2021-22. The **gross budget for 2018-19 is £1,376m**, this includes £360m which is passed directly to schools.

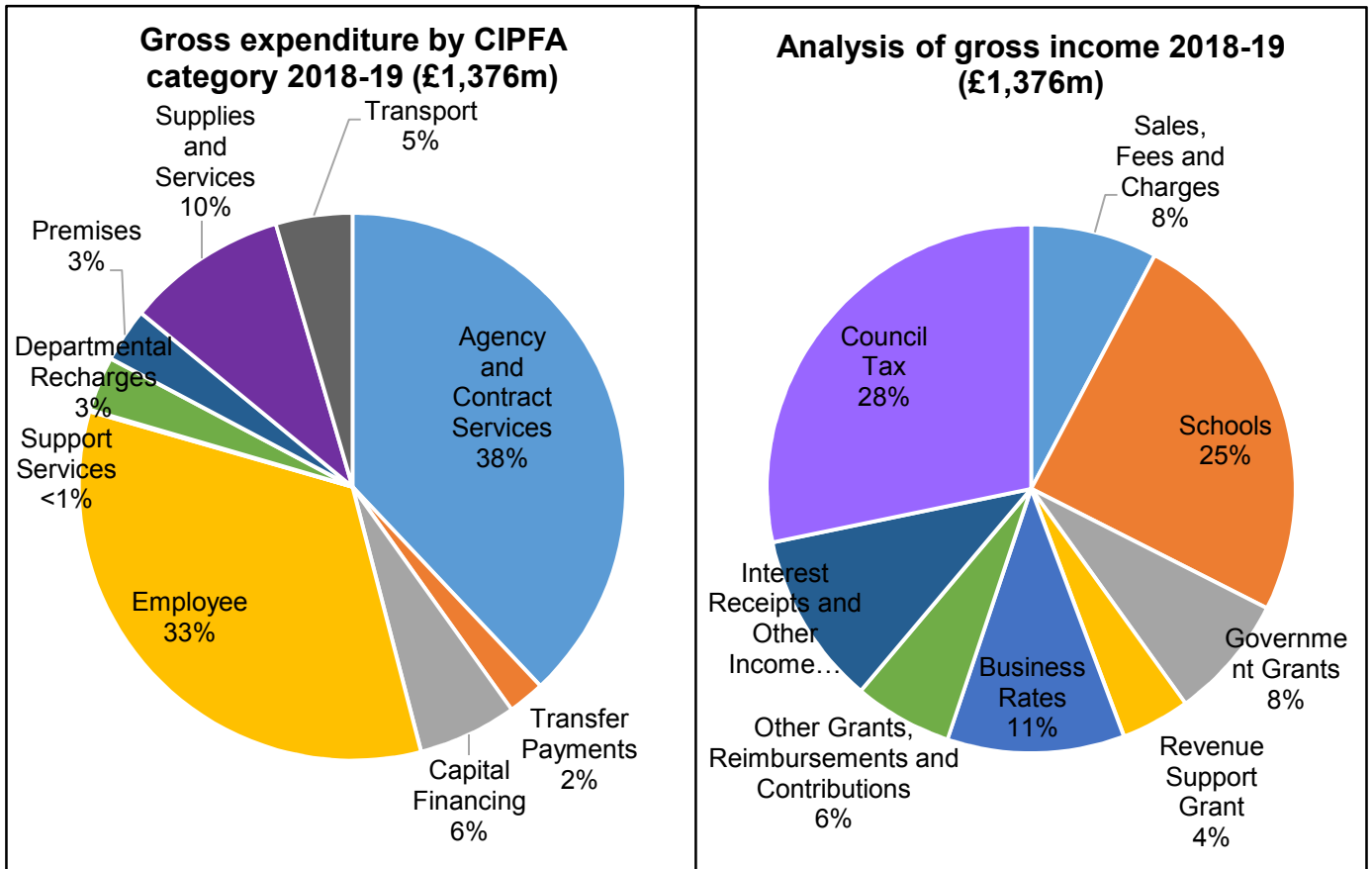
The **net budget for 2018-19 is £388.8m**.



**Note:** the gross expenditure shown above does not include the requirement for savings to close the forecast budget gap in future years 2019-20 to 2021-22.



The following charts provide an analysis of the County Council's gross income and expenditure for 2018-19, to show where the money comes from, and how it is spent.



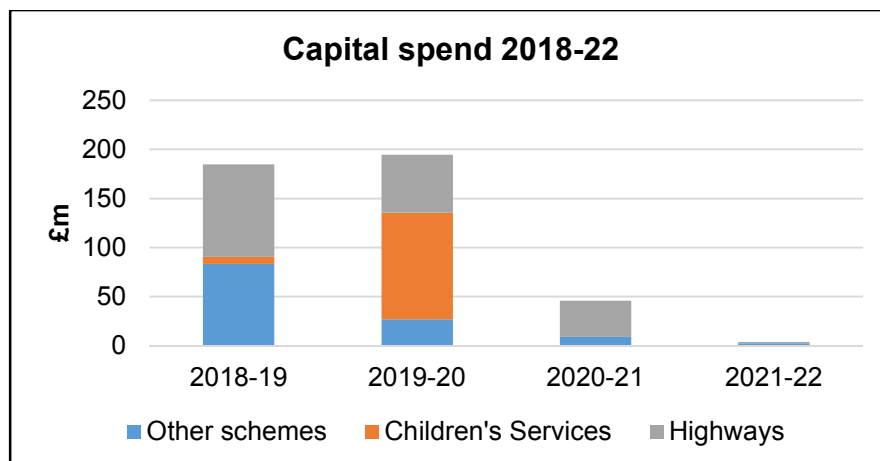
#### Notes:

Transfer Payments relate to direct payments to service users to enable them to commission their own services, such as domiciliary care and day care.

Interest Receipts and Other Income includes capital charges and depreciation and charges for transport services provided by CES department to others within the Council.

## Norfolk County Council Capital Programme 2018-19 to 2021-22

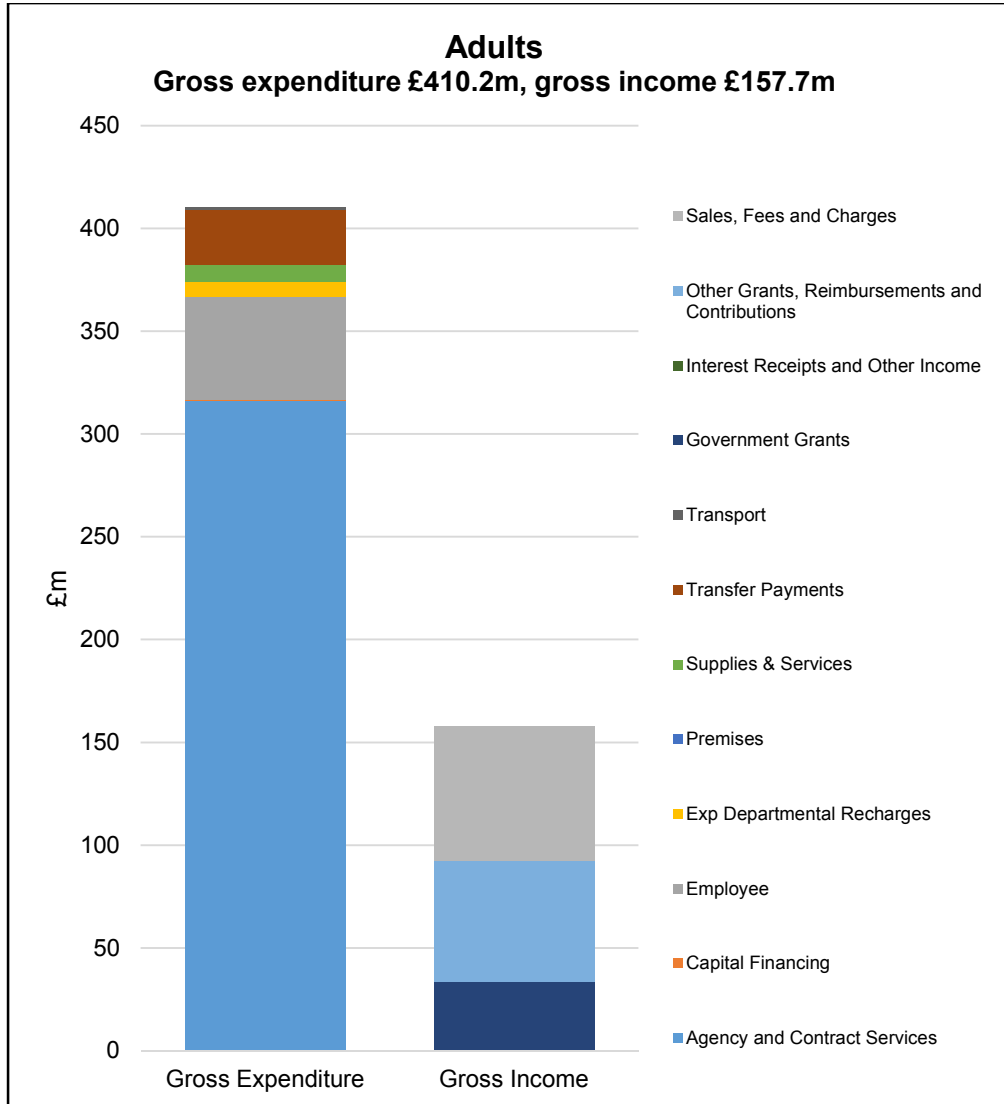
The chart below summarises the County Council's Capital Programme for 2018-19 to 2021-22.



## Details of Adult Social Care Committee gross revenue budget 2018-19

The following chart provides details of this Committee's gross expenditure and gross income budgets.

The Committee's **net budget for 2018-19 is £252.5m**



## Norfolk Futures

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Under the banner of Norfolk Futures we will deliver sustainable and affordable services for the people who need them most. The whole Council needs to change to keep up with increasing demands and ever better ways of working. Norfolk Futures is guided by four core principles that will frame the transformation we will lead across all our work. Seven initial corporate priorities have been identified which are:

- Safe children and resilient families
- Promoting independence for vulnerable adults
- Smarter information and advice
- Towards a housing strategy
- Digital Norfolk
- Local services strategy
- Commercialisation

The Adult Social Care Committee will be responsible for **Promoting Independence for vulnerable adults**, and oversight for the entire transformation programme will be provided by Policy and Resources Committee.

Under this priority, we want to give people the skills and confidence to live independently and safely, in their own homes, for as long as possible. To do this we will focus on those most likely to need our formal services at some point to help them to stay independent for longer. If anticipated levels of demographic and inflationary growth become reality, and the Council does not transform its approach to adult social care practice and commissioning, the Adult Social Care budget will be overspent by an estimated £53m by 2021.

The Promoting Independence priority will focus on reducing dependence on long term formal care by providing earlier, better interventions that prevent, reduce and delay the need for formal care. This will result in a more financially sustainable service and better outcomes for our service users. Improvements to 'front door' arrangements, early help and intervention, reablement and social work practice will deliver volume reductions in formal care of between 10% and 21% (depending on setting and specialism) leading to meet our savings by 2021.

The 4 key focus areas will be:

1. **Building capacity and living well**, the living well - 3 conversations approach and the recruitment and project activity that will provide the capacity to delivery this model and remove the backlogs
2. **Learning disabilities** the range of projects focused on promoting independence and delivering savings for individuals with learning disabilities
3. **Integrated short-term support**, the establishment of schemes to deliver against the BCF and High Impact Change Model alongside other projects that are targeting reductions in Delayed Transfers of Care and improvements to the interface between Health and Social Care
4. **Technology enabled services**, the development of the Technology Enabled Care Strategy including the future role of assistive technology will ensure that decisions to commit future savings targets to these areas are based on robust evidence.

## Risks and Innovation

By identifying risks and opportunities we can make better decisions as to future activities and focus.

### Risks

As an organisation we have a risk management process which cuts across all of the departments and committees. The information below shows a snapshot in time and will be updated as the plan develops.

For Adult Social Care Committee there are 18 main areas of risk which could affect what we do in the future.

Risk	How high is the risk? (As of January 2018)	Prospects of meeting target score
Failure to understand and act upon changes to demography, funding, and government policy, with particular regard to Adults Services.	Red	Amber
Failure to deliver a new fit for purpose social care system on time and to budget.	Amber	Green
The savings to be made on Adult Social Services transport are not achieved.	Amber	Green
Failure to meet budget savings	Red	Red
A rise in acute hospital admissions and discharges and pressure on acute services.	Red	Amber
Deprivation of Liberty Safeguarding	Red	Red
The potential risk of shortfall between funding and pressures through integration of capital and revenue funding between the Council, health organisations and district councils	Amber	Amber
Risk of failing to deliver Promoting Independence, change programme for Adult Social Services in Norfolk	Amber	Amber
Staff behaviour and practice changes to deliver the Promoting Independence Strategy	Amber	Amber
Lack of capacity in ICT systems	Amber	Amber
Failure to follow data protection procedures	Amber	Green
Negative outcome of the Judicial Review into fee uplift to care providers	Amber	Green

Failure of the care market (through the independent providers) due to difficulties in recruiting staff into the sector.	Amber	Amber
Potential for integration to adversely affect delivery of statutory responsibilities or impact on reputation	Amber	Green
Failure in our responsibilities towards carers.	Amber	Amber
Impact of the Care Act	Green	Green
Potential failure to meet the needs and safeguarding of adults in Norfolk.	Amber	Amber
Delayed Transfers of Care (DTC)	Red	Amber

## Innovation

As well as looking at future challenges we are also seeking new and exciting opportunities to help deliver our ambitions.

This includes things like new funding streams, different ways of working and even sometimes stopping delivering services where they are no longer needed or relevant. New opportunities and innovative ways of working will continue to be explored.

Service Area	Innovation
Living Well: 3 conversations	A model of social work which boldly strips away unnecessary bureaucracy and processes and instead focuses on three conversations. The innovation is in its design as well as its delivery. It is designed 'bottom up' by individual teams who take ownership for a cohort of people and organise themselves in the best way.
Accommodation based reablement	Norfolk is a strong track record on reablement in people's homes. This gives people back skills and confidence that they might have lost during a stay in hospital – simple but critical things like being able to use a micro-wave, make a cup of tea, order food on line.  We are developing a similar approach but in a residential setting – for people who are well enough to leave hospital but not yet well enough to go home. The environment is specifically designed to look and feel someone's home (not a ward), so they can practice in a safe environment getting around and carrying out daily tasks.
Smart homes	Expand our assistive technology offer and develop Smart Homes to enable citizens to live independently in their own homes
'Real time' data for providers	Enable providers to share real-time information around vacancies and the services they are offering

<p>Promoting Independence social impact bond</p>	<p>We are bidding to government-funded Life Chances Fund (LCF) for funding to conduct feasibility studies exploring whether a Social Impact Bond (SIB) would meet our needs locally for funding a four-strand 'Promoting Independence' project.</p> <p>The four strands of the Promoting Independence project are as follows:</p> <ul style="list-style-type: none"> <li>• Social Prescribing</li> <li>• Apprenticeship Training Agency</li> <li>• Integrated Health and Employment Service</li> <li>• NEETs Clinical Social Recovery Therapy</li> </ul>
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## Performance

Performance of each committee is measured through a tracker system. The detail of this is reported to service committee and some high level metrics are reported to Policy and Resources.

Adults Committee agreed the set of core measures and targets below at their meeting in October 2017. These form the basis of regular, detailed performance reporting to Committee on a quarterly basis, supplemented by surveillance of a wider suite of vital sign indicators.

At the time of writing this committee plan, we are in transition from the former social care recording system 'Care First' to Liquid Logic which went live in November. The transition to a new system has been complex, and priority has been given to operational management information reports for front-line staff. The first full set of reports, giving performance against the targets set out here will be available for Committee in May.

Indicator	Performance			Targets	
	2016/17	2017/18	2018/19	2019/20	2020/21
% requests for support where the intention is that the person will go on to receive a care act assessment	32.72%	28.86%	25.00%	25.00%	25.00%
Holding list – number of unallocated cases awaiting assessment	2,710	2,396	618	200	200
% Reablement cases where the outcome is recorded as not requiring any further social care support	68.89%	69%	69%	69%	69%
% Assessments which are closed with the intention of supporting the person with services	75.95%	80.63%	85.32%	90.00%	90.00%
Number of permanent admissions to residential and nursing care for people aged 18-64 per 100k population	18.3	16.6	15.6	14.4	13.6
Number of permanent admissions to residential and nursing care for people aged 65+ per 100k population	611.9	603.1	594.3	563.3	534.0
% Reviews of people aged 18-64 where the intention is to cease or reduce services	20.42%	31.82%	43.21%	54.61%	66.00%
% Reviews of people aged 65+ where the intention is to cease or reduce services	26.96%	23.97%	20.98%	17.99%	15.00%
Our 'holding list' - The number of unallocated cases awaiting assessment	N/A	2396	618	200	200

In addition to the above, the Committee is also regularly monitoring our performance against the nationally imposed target for reductions in delayed discharges of care.

## **The Committee's Forward Plan**

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Each committee has its own Forward Plan – a list of items that Members will need to consider or make a decision about in the year ahead. The plan is a key tool, allowing Members to ensure the implementation of their vision for each committee.

In addition it:

- Ensures performance issues are continually addressed
- Prepares Members for the big decisions coming up allows them to talk to constituents or undertake research in advance of considering issues
- Ensures statutory reports are received in a timely way
- Ensures Members are not surprised by issues without warning
- Coordinates the work of the Council across committees
- Allows issues to be spotted that might be referred to a different committee to work on
- Identifies issues to be discussed at Full Council

The latest forward plan for the Committee is below. The plans are updated regularly and available to view on the Council's website at: [www.norfolk.gov.uk/communities](http://www.norfolk.gov.uk/communities)

Issue/decision	Implications for other service committees?	Requested committee action (if known)	Lead officer
<b>5 March 2018</b>			
Finance Monitoring Report	No (although P&R Committee would take an overview of all council expenditure)	To review the service's financial position in relation to the revenue budget, capital programme and level of reserves.	Finance Business partner (Susanne Baldwin)
Update on internal and external bodies attended (standing item)			Members
Chairman's Update (Standing item)		To provide an update to Committee members.	Chair of Committee (Cllr Borrett)
Director's Update (Standing item)		To update Committee members on key departmental issues.	Executive Director of Adult Social Services (James Bullion)
Exercise of delegated authority	No	To note the decisions proposed/taken under delegated authority	Executive Director of Adult Social Services (James Bullion)
Service Planning proposals		To set out what will be delivered within the budget over the 2018/19 and 20/21 period, in the context of further identified budget pressures.	Assistant Director, Strategy and Transformation (Debbie Bartlett)
Performance Monitoring Report	No	To note progress and consider whether any aspects should be identified for further scrutiny.	Head of Planning, performance and Partnerships (Debbie Bartlett)

Issue/decision	Implications for other service committees?	Requested committee action (if known)	Lead officer
<b>14 May 2018</b>			
Finance Monitoring Report	No (although P&R Committee would take an overview of all council expenditure)	To review the service's financial position in relation to the revenue budget, capital programme and level of reserves.	Finance Business partner (Susanne Baldwin)
Update on internal and external bodies attended (standing item)			Members
Chairman's Update (Standing item)		To provide an update to Committee members.	Chair of Committee (Cllr Borrett)
Director's Update (Standing item)		To update Committee members on key departmental issues.	Executive Director of Adult Social Services (James Bullion)
Risk management		To agree to the addition or deletion of any risks and to decide if any further action is required.	Business Development Manager (Sarah Rank)
Exercise of delegated authority	No	To note the decisions proposed/taken under delegated authority	Executive Director of Adult Social Services (James Bullion)
Performance Monitoring Report	No	To note progress and consider whether any aspects should be identified for further scrutiny.	Head of Planning, performance and Partnerships (Debbie Bartlett)
Norfolk Against Scams Partnership (NASP)		To formally endorse the formation of the Norfolk Against Scams Partnership (NASP) led by Norfolk	Assistant Director, Social Work (Lorna Bright) & Safeguarding Adults

Issue/decision	Implications for other service committees?	Requested committee action (if known)	Lead officer
		County Council (NCC role is similar to that for the In Good Company campaign).	Board Manager (Walter Lloyd-Smith)
<b>2 July 2018</b>			
Finance Monitoring Report	No (although P&R Committee would take an overview of all council expenditure)	To review the service's financial position in relation to the revenue budget, capital programme and level of reserves.	Finance Business partner (Susanne Baldwin)
Update on internal and external bodies attended (standing item)			Members
Chairman's Update (Standing item)		To provide an update to Committee members.	Chair of Committee (Cllr Borrett)
Director's Update (Standing item)		To update Committee members on key departmental issues.	Executive Director of Adult Social Services (James Bullion)
Exercise of delegated authority	No	To note the decisions proposed/taken under delegated authority	Executive Director of Adult Social Services (James Bullion)
Annual Quality Report	No	Yearly update	Head of Quality Assurance and Market Development (Steve Holland)
<b>3 September 2018</b>			

Issue/decision	Implications for other service committees?	Requested committee action (if known)	Lead officer
Finance Monitoring Report	No (although P&R Committee would take an overview of all council expenditure)	To review the service's financial position in relation to the revenue budget, capital programme and level of reserves.	Finance Business partner (Susanne Baldwin)
Update on internal and external bodies attended (standing item)			Members
Chairman's Update (Standing item)		To provide an update to Committee members.	Chair of Committee (Cllr Borrett)
Director's Update (Standing item)		To update Committee members on key departmental issues.	Executive Director of Adult Social Services (James Bullion)
Exercise of delegated authority	No	To note the decisions proposed/taken under delegated authority	Executive Director of Adult Social Services (James Bullion)
Safeguarding Annual Report		To receive and note contents of the annual report.	Safeguarding Adults Board Manager (Walter Lloyd-Smith)
<b>8 October 2018</b>			
Finance Monitoring Report	No (although P&R Committee would take an overview of all council expenditure)	To review the service's financial position in relation to the revenue budget, capital programme and level of reserves.	Finance Business partner (Susanne Baldwin)
Update on internal and external bodies attended (standing item)			Members

Issue/decision	Implications for other service committees?	Requested committee action (if known)	Lead officer
Chairman's Update (Standing item)		To provide an update to Committee members.	Chair of Committee (Cllr Borrett)
Director's Update (Standing item)		To update Committee members on key departmental issues.	Executive Director of Adult Social Services (James Bullion)
Exercise of delegated authority	No	To note the decisions proposed/taken under delegated authority	Executive Director of Adult Social Services (James Bullion)
Performance Monitoring Report	No	To note progress and consider whether any aspects should be identified for further scrutiny.	Head of Planning, performance and Partnerships (Debbie Bartlett)
<b>5 November 2018</b>			
Finance Monitoring Report	No (although P&R Committee would take an overview of all council expenditure)	To review the service's financial position in relation to the revenue budget, capital programme and level of reserves.	Finance Business partner (Susanne Baldwin)
Update on internal and external bodies attended (standing item)			Members
Chairman's Update (Standing item)		To provide an update to Committee members.	Chair of Committee (Cllr Borrett)
Director's Update (Standing item)		To update Committee members on key departmental issues.	Executive Director of Adult Social Services (James Bullion)

Issue/decision	Implications for other service committees?	Requested committee action (if known)	Lead officer
Exercise of delegated authority	No	To note the decisions proposed/taken under delegated authority	Executive Director of Adult Social Services (James Bullion)



## Working with other committees

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Every committee has set responsibilities which they must work towards achieving. However, they will all have some areas of service where they need to work with other service Committees in order to achieve common goals.

The Policy and Resources Committee has a co-ordinating role, overseeing and leading development of the County Council Strategy and the Medium Term Financial Strategy. It has responsibility for enabling services such as ICT and HR, which help to support delivery at the front line of all Norfolk County Council's services. P&R Committee works hand in hand with each service committee, to maintain a whole council view and an efficient and effective organisation.

These are just some of the examples of areas where our committee is working with others.

Committee	Work being undertaken
Environment, Development and Transport	A joint review of the effectiveness of transport commissioning
Children's Services	An improvement plan for transition planning Joint working on Carers' Charter for Norfolk
Communities	A revised, refreshed approach to information and advice Helping people into employment
Business and Property	Development of a housing strategy for vulnerable people
Digital Innovation and Efficiency	Developing a digital strategy for adult social care Joint work with children's services to implement the new Liquid Logic social care recording system.

**What we'll do**

**Vision**

**Supporting people to be independent, resilient and well**

**Priorities**

**Strengthen social work to prevent, reduce and delay need**

**Be strong partners for integration working**

**Accelerate technology-enabled care**

**Improve quality and safeguard people**

**Strong management of finance and performance**

**How we'll do it**

**Implement a learning disability enablement model – connecting people to activities, building skills, and developing housing which is ambitious and supports people to live well and progress**

**Roll out Living Well, to embed strengths-based social work and community development which transforms lives by helping people to live independently**

**Commission the right mix of good quality affordable care – and address the need for more dementia care so people stay living independently, with dignity**

**Deliver all integrated short term care services – avoiding hospital admissions, responding to a crisis and helping people to get home when they are well enough**

**Develop more technology enabled care – so we target people in need, support people to connect with one another, monitor people at risk and have more face to face engagement**

**Continually strive to improve the quality of service and safeguard people at risk of harm**

**Values and behaviours that underpin everything**

**How we'll know if we've made a difference**

People we work with tell us that we made a difference to their wellbeing

People with learning disabilities live more independent lives with fewer formal services

We spend proportionately less of our money on long-term care because we are helping people sooner

More people with disability or frailty living in own home

More people are cared for in good or outstanding settings

More people are benefitting from reablement

**Promote independence**

**People centred**

**Strong leadership; strong accountability**