Norfolk County Council

Adult Social Care Committee

Date: **Monday, 16 May 2016**

Time: **10:00**

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

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

Membership

Ms S Whitaker (Chair)

Mr B Borrett (Vice-Chairman)	Mr A Proctor
Ms J Brociek-Coulton	Mr W Richmond
Mr D Crawford	Mr M Sands
Mr T Garrod	Mr E Seward
Mr A Grey	Mr B Spratt
Mrs S Gurney	Mrs M Stone
Ms E Morgan	Mrs A Thomas
Mr J Perkins	Mr B Watkins

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

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

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A g e n d a

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

2. To confirm the minutes of the meeting held on 7 March 2016 **Page 5**

3. To confirm the minutes of the additional meeting held on 29 April 2016 **Page 13**

4. 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.

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

6. Public QuestionTime

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm Wednesday 11th May 2015.** Guidance can be found in the Norfolk County Council constitution www.norfolk.gov.uk

7. Local Member Issues/ Member Questions

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm Wednesday 11th May**

2016.

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

9. Chair's Update
Verbal update by Cllr Sue Whitaker

10. Executive Director's Update
Verbal Update by the Executive Director of Adult Social Services

11. Exercise of Delegated Authority

12. Adult Social Care Finance Outturn Report Year End 2015-16 **Page 17**
Report by Executive Director of Adult Social Services

13. Revenue Budget 2016-17 - Proposals for Allocation of Transitional Funding and Rural Services Delivery Grant **Page 33**
Report by Executive Director of Adult Social Services

14. Performance Management report **Page 41**
Report by Executive Director of Adult Social Services

15. Risk Management **Page 57**
Report by Executive Director of Adult Social Services

16. Market Position statement 2016/17 **Page 69**
Report by the Executive Director of Adult Social Services

17. Deprivation of Liberty Safeguards (DoLS)- the Council's responsiblities **Page 125**
Report by Executive Director of Adult Social Services

18. Exclusion of the Public **Page**

The committee is asked to consider excluding the public from the meeting under section 100A of the Local Government Act 1972 for consideration of the item (s) below on the grounds that it/ they involve(s) the likely disclosure of exempt information as defined by Paragraph 3 of Part 1 of Schedule 12A to the Act, and that the public interest in maintaining the exemption outweighs the public interest in disclosing the information. The committee will be presented with the conclusion (s) of the public interest test carried out by the report author and is recommended to confirm the exclusion (s).

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

- Information relating to the financial or business affairs of any particular person (including the authority holding that information);

Group Meetings

Conservative	9:00am	Conservative Group Room, Ground Floor
UK Independence Party	9:00am	UKIP Group Room, Ground Floor
Labour	9:00am	Labour Group Room, Ground Floor
Liberal Democrats	9:00am	Liberal democrats Group Room, Ground Floor

Chris Walton
Head of Democratic Services
County Hall
Martineau Lane
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Date Agenda Published: 11 May 2016

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Norfolk County Council

Adult Social Care Committee

Minutes of the Meeting Held on 7 March 2016
10:00am Edwards Room, County Hall, Norwich

Present:

Ms S Whitaker (Chair)

Mr B Borrett	Ms E Morgan
Ms J Brociek –Coulton	Mr J Perkins
M Chenery of Horsbrugh	Mr W Richmond
Mr J Childs	Mr M Sands
Mr D Crawford	Mr E Seward
Mrs M Dewsbury	Mr B Spratt
Mr T Garrod	Mrs A Thomas
Mrs S Gurney	Mr B Watkins

Chair's Announcements: The Chair welcomed Mr B Spratt to his first meeting of the Committee.

1. Apologies

1.1 Apologies were received and accepted from Mr A Grey (substituted by Mr J Childs), Mrs M Stone (substituted by Mrs M Dewsbury) and Mr A Proctor (substituted by M Chenery of Horsbrugh).

2. To agree the minutes from the meeting held on 25th January 2016

2.1 The minutes from the meeting held on 25th January 2016 were agreed as an accurate record and signed by the Chair.

3. Members to Declare Any Interests

3.1 Mrs S Gurney declared her son worked for Norse.

3.2 Mr T Garrod declared he was a Trustee for NANSA (Norfolk and Norwich Scope Association).

3.3 Mrs M Dewsbury declared her son worked for Norse.

4. To receive any items of urgent business

4.1 No items of urgent business were received.

5. Local Member Issues

5.1 There were no local members issues or questions.

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

6.1 Ms E Morgan reported that she had attended a meeting of the Norfolk Community Health and Care NHS Trust shadow Governors' task group

6.2 Mr B Watkins reported that he had chaired a meeting of the Health and Wellbeing Board which had consisted of two workshops; one on safeguarding and one on the self-review, and two items of formal business; the Better Care Fund and the health and wellbeing strategy. He had also attended a meeting of the Norfolk and Norwich University Hospital, where it was reported that the treatment time for cancer care was improving, extra capacity had been brought in to improve the 18 week referral time for treatment, four consultants had been appointed in a bid to reduce the accident and emergency admissions as well as four new chief of divisions being appointed.

6.3 Ms J Brociek-Coulton reported that she had attended a young carers' forum at the University of East Anglia; a family voices conference and reported that the NCC carers commissioner had changed.

6.4 The Chair reported that she had attended Norfolk and Suffolk Foundation Trust Nominations sub-committee and the Health and Wellbeing Board.

7. Executive Director's Update

7.1 The Executive Director of Adult Social Services reported that there continued to be a focus on the management of resources with the reduction of the projected overspend a key focus.

7.2 It was reported that Equal Lives had expressed severe criticism of practice undertaken by NCC's Adult Social services. NCC had strongly refuted the claim that they were in breach of the Care Act but had taken seriously the criticisms and were investigating. The Local Government Association had been contacted and had agreed to fund an external audit. The audit would be carried out by the Social Care Institute of Excellence who would also assist on further development work on casework. In order to improve direct communication with Equal Lives in the future, the Executive Director reported that a member of staff could be based there for a percentage of their working week. For the Committee's assurance, if another charity came forward asking for a similar opportunity, it would be reviewed and analysed if it would be helpful in the working relationship.

7.3 The results of the cost of care exercise was still scheduled to come to an extra meeting of the Committee in the near future. Fair Price for Care had responded to the consultation on the last day and had requested extra information which had been sent to them and as such NCC had given them an extra two weeks to respond on that information. NCC were currently working through the formal offer and the date for the extra meeting for the Committee would be circulated in the next couple of weeks. The Committee asked that the report included comparative figures of neighbouring counties.

7.4 It was reported that between 30th November and 7th February there had been 182 new placements made in independent sector residential care. This was in comparison to 32 made in NorseCare.

7.5 It was also clarified that there were currently no official social care transfer of care delays and this had been the case for the past year.

8. Chair's Update

8.1 The Chair reported that in her capacity as the Chair of the Committee she had attended:

- Promoting Independence monthly board meeting;
- A seminar organised by the Prison Reform Trust;
- Dementia Friendly Communities networking meeting;
- Norfolk County Council and Norfolk Community Health and Care NHS Trust quarterly liaison meeting;
- Annual Norfolk Care Awards dinner;
- Seminar on 'Integration' organised by East of England LGA

9. Adult Social Care Finance Monitoring report Period 10 (January) 2015-16

9.1 The Committee received the annexed report (9) from the Executive Director of Adult Social Services which provided the Committee with financial monitoring information, based on information to the end of January 2016. It provided an analysis of variations from the revised budget and recovery actions in year to reduce the overspend.

9.2 The Committee noted the significant overspend for the management of HR and finance and requested that the breakdown of these figures were circulated.

9.3 The Committee were informed that the Care Act funding was now shown separately on the budget whereas before it had been part of the purchase of care budget. This would enable the purchase of care budget to be shown accurately year on year.

9.4 The Committee requested the estimated costs for recruiting a new Head of Learning Disabilities and the timescale for appointing someone. This information was agreed to be circulated.

9.5 Hired transport was in the process of being reviewed and refocused and the department had been talking to providers about changing how the service is delivered. They were also working with Children's Services and Travel and Transport department.

9.6 It was confirmed that the transport used was a mixture of private taxis and minibuses as well as Norse minibuses. The Committee asked what the rate was that was paid and this information would be circulated.

9.7 The Committee **RESOLVED** to;

- Note the planned outturn position at period 10 for 2015-16 Revenue Budget of an overspend of £2.785m.
- Note the planned recovery actions being taken in year to reduce the overspend.
- Note the planned use of reserves.
- Note the forecast outturn position at period 10 for the 2015-16 Capital Programme.
- Note the overspend action plan at 2.8.

10. Fee Levels for Adult Social Care providers 2016/17

10.1 The Committee received the annexed report (10) by the Executive Director of Adult Social Services which set out the recommended approach for 2016/17 in setting and maintaining fee levels which could support a sustainable care market in the long term. The price uplifts proposed included recognition of the cost of national living wage legislation on the care markets and therefore some increases proposed were above the inflation included in the growth pressures for the Adult Social Care Committee.

10.2 The Committee were assured that there would be a consistent approach between each case and it would be important to understand the groupings of contracts to ensure this happened.

10.3 The Committee were informed that there were some variation between the costs of others authorities due to location (e.g. closer to London) and reflective of issues within the market such as supply.

10.4 There general inflation level was used in the budget methodology as a mechanism for increases, and this would be part of the budget planning yearly in November.

10.5 The Committee **AGREED** that;

- In respect of contract where an inflation index or indices are referenced an uplift is implemented to match any changes in the relevant index or indices.
- In respect of contracts where this is a fixed price for the duration of the contract, no additional uplift in contract prices takes place.
- In respect of contracts with pre-agreed tendered prices, (any uplift that may be agreed is limited to no more than 1.2%)
- In respect of contracts where there is a requirement to consider inflationary effects but with discretion in relation to any changes in rates, any uplift that may be agreed is limited to no more than 1.2% with the exceptions stated in the report.

11. Risk Management

11.1 The Committee received the annexed report (11) from the Executive Director of Adult Social Services which provided contextual information for many of the decisions taken. The report included the departmental risk summary with an update on progress since the last Committee meeting on 25 January 2016.

11.2 The Committee were informed that a matrix was compiled to determine the risks but there was some concern that it could not be working as effectively as it might do and therefore it was suggested to discuss this at the next meeting.

11.3 Although the reasons for the risks being delegated to the Adult Social Care Risk Register from the Corporate Risk Register were given, there was significant concern expressed at this as they could be financially and reputational detrimental to the authority.

11.4 There were concerns that the risk around deprivation of liberty safeguarding was only given an amber risk. The Committee asked for this risk to be given more concern and requested regular updates to the status of this risk.

11.5 The Committee **RESOLVED** to;

a) Note the progress with departmental risks since 25 January 2016.
b) Note the reasons for the proposed reasons for the delegations of two risks previously shown on the Corporate Risk Register.
c) Ask Policy and Resources Committee to accept that two risks outlined at 2.6. remain on the corporate risk register;
    - RM14079; 'Failure to meet the longer term needs of older people'
    - RM0207; 'Failure to meet the needs of older people'
d) Note the addition to the Corporate Risk Register of the RM019 'Failure to deliver a new fit for purpose social care system on time and to budget'.
e) Accept a new risk, as outlined in 2.7.1; 'Integrated management arrangements with Norfolk Community Health and Care have a negative impact on the delivery of adult social care quality and performance.'
f) Agree that risk RM14237 'Deprivation of Liberty Safeguarding' was changed from an amber risk to a red risk.

12. Performance Monitoring Report

12.1 The Committee received the annexed report (12) from the Executive Director of Adult Social Services which reported the quarter three performance results for Adult Social Care with a performance dashboard in Appendix A. In particular, the paper highlighted the 'red' measures that were off target or were getting notably worse.

12.2 The Community Links pilot would last until end of year, taking place in Harleston and Aylsham initially. They would be assessed continuously to analyse the impact.

12.3 There was a need to work harder to help individuals into paid employment as noted in the performance figures. It was hoped that support could be given to the individual before embarking on employment and for the employee and the employer

during the initial stages of employment. A number of national schemes were being reviewed by the department to see if they could be beneficial as well as looking at those Councils who performed well in this area.

12.4 The Committee **RESOLVED** to;

- Review and comment on the performance management information, including the dashboard presented in Appendix A.
- Consider any areas of performance that require a more in-depth analysis.
- Confirm the Committee's set of vital signs performance indicators.

13. Report to the Adult Social Care Committee of the Performance and Placement Rates Task and Finish Group

13.1 The Committee received the annexed report (13) from the Executive Director of Adult Social Services which informed them that at the meeting on 9 March 2015, the Adult Social Care committee resolved to establish a task and finish group to address performance in relation to residential care placements, and wider performance in adult social services.

13.2 The Committee **AGREED** that;

- Monitoring of activity in relation to carers should include not only assessments, but also the activity delivered through the Carers Agency Partnership and should evidence that 'hard to reach' carers were being supported
- The model of the reporting used by Children's Services for Looked After Children should be used to report on adult placements in residential care
- Committee should be provided with an action plan for the delivery if change in learning disabilities services
- A report should be produced which set out how levels of performance impact on budget savings
- Where there is an area of performance concern, the Committee should consider instigating a dedicated meeting of a Performance Task and Finish Group to conduct a 'deep dive' and to report back to Committee with findings and recommendations.
- The Task and Finish Group should be reconvened in 6-12 months to review the implementation of the new performance regime and its impact for adult social care.

14. Learning Disability Service Plans

14.1 The Committee received the annexed report (14) from the Executive Director of Adult Social Services which updated Members on the progress of the work undertaken by the Interim Lead for Learning Disabilities, and to explain the key elements of the work aligned to the framework of the 'Promoting Independence' strategy.

14.2 The Committee heard that the timescale for appointing a new Head of Learning Disabilities should be quite short. The work was being covered in the meantime. There could be the opportunity for a review of the packages of care for those with learning disabilities as well as potentially co-producing the joint commissioning

strategy.

14.3 Work was being closely carried out on transition with Children's Services which had made an impact and made it more imaginative.

14.4 There was cover in place for a short piece of work to identify the overspend and to make sure that the right arrangements were in place for those with learning disabilities. There is a need for the teams to work differently in some aspects but there are also areas of good practice.

14.5 The independent audit that would be carried out for Adult Social Services would also cover learning disabilities.

14.6 The Committee **NOTED** the contents of the report.

15. Exclusion of the Public

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

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

16. Exemption from contract standing orders in respect of mental health block contracts

16.1 The Committee received the annexed report (16) by the Executive Director Adult Social Services which explained that mental health commissioners had been working across the health and social care in the context of the Promoting Independence strategy with the aim of re-deigning new pathways and to link payments more closely to results over a two-year period.

16.2 The Committee **RESOLVED** to endorse an exemption to Contract Standing Orders under Standing Order 9.14 in respect of the services listed in Appendix 1 of the report to allow the creation of new one year block contracts. The contracts involved are with MIND and St Martins Housing Trust for Highwater House.

Meeting finished at 1.15pm.

CHAIR

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Norfolk County Council

Adult Social Care Committee

Minutes of the Meeting Held on 29 April 2016
2:30pm in Edwards Room, County Hall, Norwich

Present:

Ms S Whitaker (Chair)

Mr B Borrett
Ms J Brociek –Coulton
Mrs J Chamberlin
M Chenery of Horsbrugh
Mr D Crawford
Mr T Garrod
Mr B Hannah
Ms E Morgan
Mr J Perkins
Mr W Richmond
Mr M Sands
Mr E Seward
Mr B Spratt
Mrs M Stone
Mr M Storey

Chair's Announcements:

1. Apologies

1.1 Apologies were received and accepted from Mr A Grey, Mrs S Gurney (substituted by Mrs J Chamberlin), Mrs A Thomas (substituted by Mr M Storey), Mr A Proctor (substituted by Michael Chenery of Horsbrugh) and Mr B Watkins (substituted by Mr B Hannah).

2. Members to Declare Any Interests

2.1 There were no interests declared.

3. Usual Price of Residential and Nursing Care in Norfolk

3.1 The Committee received the annexed report (3) which updated them on the settlement of the judicial review application and set out the steps that had been taken following the legal challenge and within the legal framework to enable the Committee to decide its usual prices for 2015/16 in respect of older people. The report also enabled the Committee to note and agree proposals for fee uplift of usual prices for older people in 2016/17 and the approach to settling usual prices for older people through a phased programme covering the period 2016/17, 2017/18

and 2018/19. The report proposed that the Committee consider and agree to proposed approach for concluding the cost of care exercise in respect of working age adults for 2015/16 and for settling usual prices for 2016/17 for working age adults. The report proposed that with the exception of usual prices for older people for 2015/16 these processes were concluded through the use of delegated powers to be exercised by the Executive Director of Adult Social Care in consultation with the Committee Chair and Group Spokespersons.

3.2 The Committee heard that the needs of the older residents in Norfolk were higher when they entered care than some years ago. This was reflected in the work that had been carried out in the report to understand levels of staffing and the number of staffed hours.

3.3 The original proposals for setting the cost of care included assumptions which were tested in consultation and some adjusted as a consequence.

3.4 It was clarified that the 2% increase in Council Tax prevented the need for some budget savings to be implemented and that the paper set out where the additional funds would have to be taken from for the increase in the cost of care. There was some concern that some funds would have to be taken from reserves and that this was an additional cost to the Council which would have to be found long term.

3.5 The 25% response rate was broadly reflective of the market, although it would have been useful to receive more responses overall.

3.6 It was clarified that the projected overspend for 2015/16 at the end of period 12 is £3.3m which slightly differed from the figures in the report as period 10 figures had been used.

3.7 The Committee wished to thank the Officers that had been involved in the project for all their hard work.

3.8 The Committee **RESOLVED** to;

a) Consider and note the terms of the agreement to settle the cost of care judicial review
b) Consider and agree to the proposed usual process for residential and nursing care for older people in Norfolk for the year 2015/16
c) Consider and agree to the simplification of the residential care banding system for older people that has been in operation during the 2015/16 financial year by moving from five usual prove bans to four usual price bands
d) Consider and agree to the proposed approach to back date payments due to providers where the new usual prices for care provided between 6 April 2015 and 31 March 2016 are greater than the prices actually paid for the relevant bands
e) Consider and agree the proposed approach to concluding the cost of care process and the settling of usual process for working age adults in Norfolk for 2015/16 through the exercise of delegated powers.
f) Consider and agree to the phased approach for setting usual prices for residential and nursing care in Norfolk for older people and working age adults for the period 2016/17 to 2018/19 through the exercise of delegated

powers.

g) Consider and agree the proposed approach to applying a fee uplift to the 2016/17 usual prices for older people and working age adults in Norfolk through the exercise of delegated powers.
h) Consider and note the proposed approach for engaging with and consulting providers on fee rates, uplifts and related matters.
i) Consider and agree to the proposal that the exercise of delegated powers in respect of recommendations e, f and g is carried out by the Executive Director of Adult Social Care in consultation with the Chair of the Adult Social Care Committee and Group Spokespersons.

4. Review of 9 March 2015 Adult Social Care Committee Decision

4.1 The Committee received the annexed report (4) which informed the Committee of the findings and recommendations from the investigation into the circumstances giving rise to the Judicial Review.

4.2 The Committee were assured that the process of testing for legal challenge had been tightened and lessons learned would be shared with members of the County Leadership Group at NCC.

4.3 The Executive Director of Adult Social Services reported that he fully accepted the findings and recommendations of the independent report and there would be work carried out to improve the negative perceptions of the relationship with NorseCare.

4.4 The Committee **RESOLVED** to;

- Agree that it is important to assess all risks comprehensively, ensure that this assessment is clearly set out in the committee report and then flagged to Members when the report is being considered.
- Agree that the County Council needs to develop improved mechanisms for meaningful consultation with the care home sector.
- Agree that the County Council needs to work with NorseCare to overcome the negative perceptions that exist in the wider care sector around our relationship.

Meeting finished at 3.20pm.

CHAIR

Adult Social Care Committee

Item No ……

Report title:	**Adult Social Care Finance Outturn Report Year End 2015-16**
Date of meeting:	**16 May 2016**
Responsible Chief Officer:	**Harold Bodmer, Executive Director of Adult Social Services**

Strategic impact

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

Executive summary

At the end of financial year 2015-16, Adult Social Service's financial outturn position at March 2016 showed an overspend of £3.168m after use of reserves and recovery actions and equates to 1.3% above budget. The Period 13 position, which reflects the end of year position including final adjustments completed in April, represents a variance of £0.390m from the reported position at the end of January 2016 (Period 10).

Expenditure Area	Budget 2015/16 £m	Outturn £m	Variance £m
Total Net Expenditure	**239.314**	**242.482**	**3.168**

Adult Social Services' net revenue budget for 2015/16 was £6.3m less than for 2014/15. Care Act funding of £8.2 for 2015/16 is included in the budget and was fully committed. For 2016/17, the Care Act monies have been rolled into core funding and are now included within the Settlement Funding Assessment. To enable a like for like comparison with future year's budgets, funding is shown as part of the net expenditure for the service.

Outturn expenditure for 2015/16 is £3.168m over budget at year end but some £13m less compared to the actual outturn for last year, which is due to a combination of reduced spend as well as some budget movements between services an one-off items. Due to the significant and variable drivers that affect the service, including cost avoidance through changed practices, it can be difficult to accurately determine the full impact of the savings programme. The verifiable savings delivered in 2015/16 are £9.367m which is a reduction of £6.929m on the department's savings target for 2015/16 of £16.296m. However, the reduction in net expenditure suggests that the savings programme has had a more substantial impact on the financial position for the service.

The outturn position includes use of £1.539m of the £1.753m allocated to the department from the 2014/15 Council underspend, including £1.488m which has been included in the outturn as a contribution towards the cost to the Council from the Cost of Care exercise for residential and nursing care.

Adult Social Services reserves at 1 April 2015 stood at £10.336m. The service made a net use of reserves in 2015-16 of £4.361m and the service has reserves of £5.975m at 31 March 2016. Included in the use of reserves is £3.156m approved by Full Council in setting the revenue budget for 2015/16.

Recommendations:

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

a) The outturn position for 2015-16 Revenue Budget of an overspend of £3.168m
b) The progress against the action plan and continuation of actions into 2016/17
c) The use of reserves
d) The outturn position for the 2015-16 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 is the final monitoring report for 2015-16 and reflects the outturn position at the end of March 2016, Period 13. As previously reported it includes the use of the full £8.2m of the funding provided for the implementation of the Care Act.

2. Detailed Information

2.1 The table below summarises the outturn position at the end of March 2016 (Period 13).

Actual 2014/15	Expenditure Area	Revised budget	Outturn	Variance to budget		*Previously Reported Variance at P10*
£m		£m	£m	£m	%	*£m*
8.125	Business Development	8.637	8.325	(0.312)	*(3.6)*	*(0.299)*
71.428	Commissioned Services	69.861	70.665	0.804	*1.2*	*0.562*
9.522	Early Help & Prevention	5.300	5.442	0.142	*2.7*	*0.181*
174.780	Services to Users (net)	155.107	164.760	9.653	*6.2*	*9.432*
(1.605)	Management, Finance & HR	0.409	0.490	0.081	*19.8*	*0.109*
0.000	Application of Care Act funding	0.000	(7.200)	(7.200)		*(7.200)*
262.250	**Total Net Expenditure**	**239.314**	**242.482**	**3.168**	***1.3%***	***2.785***
(6.572)	Use of reserves & one-off funding to support revenue spend and other management actions	0.000	0.000	0.000		*0.000*
255.678	**Revised Net Expenditure**	**239.314**	**242.482**	**3.168**		***2.785***

2.2 As at the end of Period 13 (March 2016) the revenue outturn position for 2015-16, after allocation of funding for implementing the Care Act, is a £3.168m overspend.

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

2.4 The overspend is primarily due to the cost of Services to Users (purchase of care and hired transport), where there is net overspend of £9.653m. However, the year on year position highlights a reduction in net expenditure of £10m. In overall terms for the department, the year on year net expenditure, after taking into account the use of care act funding, is reduced by £13.195m.

2.5 **Services to Users (Purchase of Care and Service User income)**

2.5.1 The Purchase of Care budget outturn is set out in more detail at Appendix A. This highlights that the key variances relate to Older People and People with Learning Disabilities. The Older People overspend of £3.579m is largely offset by an additional income above budget of (£2.813m). The Learning Disability overspend is £9.863m and this is partly offset by additional income above budget of (£2.538m), a net overspend of £7.324m.

2.5.2 The number of permanent residential placements of older people has reduced during 2015/16 with a reduction of 43 since April 2015. It is taking longer than planned to deliver changes to reduce the number of working age adults in residential placements and the number of people with learning disabilities requiring packages of care has increased.

2.6 **Savings Forecast**

2.6.1 The department's budget for 2015/16 included savings of £16.296m. The risks associated with delivery of the savings have been reported regularly to the Adult Social Care Committee. At Period 8 the level of forecast savings was reduced further to account for the risk in the delivery of savings to services for people with learning disabilities and physical disabilities and savings associated with the reduction in funding of wellbeing activities. Whilst it has been difficult to attribute savings to specific lines, the service has a year on year reduction in outturn of some £13m, despite budgeting for £6m growth, which is not wholly attributable to budget movements between services or one-off items. Although the Care Act funding has supported this, the outturn position suggests that the service is realising savings through reduced spending from the new approaches that are being implemented.

Savings	**Saving 2015/16 £m**	**Outturn £m**	**Variance £m**	***Previously Reported £m***
Savings not achieved to target	9.835	2.887	6.948	*7.161*
Savings achieved to target	6.461	6.480	(0.019)	*(0.019)*
Total Savings	**16.296**	**9.367**	**6.929**	***7.142***

For those savings that did not deliver to target a brief explanation is set out below.

2.7.2 **Review Care Arranging Service (target £0.140m, achieved £0, variance £0.140m, no change from Period 10)**

This proposal predated the introduction of the Care Act which gives the council increased responsibilities for arranging care for people who fund their own care. There will in fact be additional workload responsibilities for this team and this saving has been absorbed within 2015-16. The saving has been removed from the 2016/17 budget.

2.7.3 **Change the type of social care support that people receive to help them live at home (target £0.200m, achieved £0.0m, variance £0.200m, no change from Period 10)**

The tenders for the re-procurement of home care services in West Norfolk and in the East were awarded and while the sourcing strategy secured the cost of services, the implementation of the National Minimum Wage and continued fragility of the homecare market means that the market was not able to deliver savings within these contracts. The Great Yarmouth and Waveney tender was run jointly with Suffolk County Council to deliver a more integrated service. However this resulted in a delay in the original procurement timetable. Whilst providing benefits in the way that contracts are managed, and ensuring the integration of health funded services, the full benefits of this exercise will not be seen across the system until full implementation and embedding of the new service.

The saving was absorbed in 2015-16 and is removed from 2016-17 budget.

2.7.4 **Renegotiate contracts with residential providers, to include a day service as part of the contract, or at least transport to another day service (target £0.100m, achieved £0, variance £0.100m, no change from Period 10)**

Following further examination it was concluded that these savings would not be achieved. Residential providers will increase their prices if they have to provide day services. The saving was absorbed in 2015-16 and compensating savings were being sought, in particular through a new model of care to meet the needs of people with Learning Disability.

2.7.5 **Changing how we provide care for people with learning disabilities or physical disabilities (target £2.000m, achieved £0.749m, variance £1.251m, an increase of £0.449m from Period 10)**

The saving involves three element: (i) reviewing contractual arrangements to achieve procurement savings; (ii) finding more cost effective ways for providers to support existing packages; and (iii) planning for the future to have more cost effective options in place. To achieve these savings the service is re-assessing the needs of existing service users with a view, where appropriate, to providing alternative and more cost effective accommodation, or means of supporting them in their current accommodation. While the total saving will be achieved over time, this project does have a longer lead in time. £0.127m of the £0.749m identified savings includes the full year effect of some savings identified late in 2014-15. During the year £0.700m was used to mitigate the risks of achieving this saving in 2015-16 and this was reflected in the previous forecast. Some of the 2015-16 savings are part year and will be achieved in full in 2016-17.

2.7.6 **Reduce funding for wellbeing activities for people receiving support from Adult Social Care through a personal budget (target £6.000m, achieved £2.138m, variance £3.862m, an increase of £0.264m from Period 10)**

The time lag in implementing the change for existing service users, which was agreed following the consultation exercise, along with pressure on the reviewing capacity in the teams means the full £6.000m saving could not be achieved in 2015-16. Additional reviewing capacity was brought in to speed up this process, and the service is seeing the impact of the savings that will have been part year in 2015-16 and will be delivered in full in

2016-17. Positively, the service has managed increased activity whilst seeing a reduction in the overspend on purchase of care. The changed practices and significant locality management focus on this issue are therefore improving the department's ability to deliver service within budget, but this continues to be a significant risk for 2016-17.

2.7.7 **Redesign Adult Social Care pathway (target £0.395m, achieved £0, variance £0.395m, no change from Period 10)**

This saving was about using data and information better to manage voids in Supported Living.

Initially this was linked to the sprint and development of the i-Hub but the work done manually to improve data quality and processes alongside the sprint has delivered significant benefits, and this was incorporated into the wider work on Changing Models of Care. The original saving could not be delivered and this was reflected in the budget planning for 2016/17.

2.7.8 **NorseCare agreement (target £1.000m, achieved £0m, variance £1.000m, a £0.500m change from Period 10)**

Based on the contractual requirements and the company's current strategic plan, budgeted savings were not able to be achieved in 2015-16. The Bowthorpe development will achieve savings to the Council as the transition of people from all the affected residential care homes takes place. The company has delivered a rebate to the Council of £0.570m in 2015-16, which was included in original budget plans.

2.8 **Overspend Action Plan**

2.8.1 The department set out a plan to manage recovery action early in the financial year to reduce in year spending as far as possible and mitigate the impact of the 2014/15 overspend of £3.316m and the forecast overspend in 2015/16 (totalling £5.6m at the end of Period 4). The actions and progress were reported regularly to Adult Social Care Committee and have helped to reduce the level of overspend in year. The action plan is shown at Appendix C.

2.9 **Reserves**

2.9.1 The department's reserves at 1st April 2015 were £10.336m. The service has made net use of reserves in 2015-16 of £4.361m to meet commitments, including the planned use of reserves of £3.156m approved by Full Council in setting the revenue budget for 2015/16. Use of reserves has not been used to offset overspend. The 2015-16 outturn position for reserves and provisions is £5.975m. The use of reserves and provisions is shown at **Appendix D.**

2.10 **Capital Programme**

2.10.1 The department's three year capital programme of £20.869m has been re-profiled with £0.233m of funding previously earmarked to be used in 2015/16 moved to 2016/17 to fund projects. The programme includes £10.121m of Department of Health capital grant funding for Better Care Fund Disabled Facilities (DFG). This funding is passported to district councils. For 2016/17 this funding also includes Social Care Capital Grant, which was previously used to support the overall capital programme for the service. Excluding DFG the capital programme outturn for 2015/16 is 0.660m. The priority for use of capital is Housing with Care and the development of alternative housing models for young adults, however given changes in funding there is a need to develop some plans in partnership through the Better Care Fund. Projects are in development which are expected to utilise

some of the uncommitted funding and the schemes will have benefits for revenue spend. Details of the capital programme are shown in **Appendix E**.

3. Financial Implications

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

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 During 2015/16 a number of risks of have been set out within the monitoring reports that impact on the ability of Adult Social Services to deliver services within the budget available. The risks are reflected in the outturn position and provision has been made for continuing risks relating to 2015/16 and decisions made after the year-end including provision for bad debts and for the cost attributable to 2015/16 in relation to the Cost of Care exercise.

5. Background

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

Officer Contact

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

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

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Adult Social Care 2015-16: Budget Outturn Period 13 (March)

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

Summary	Revised Budget	Actuals	Variance to Budget		*Previously Reported*
	£m	£m	£m	%	*£m*
Services to users					
Purchase of Care					
Older People	107.838	111.417	3.579	3.3%	*2.093*
People with Physical Disabilities	24.339	24.750	0.412	1.7%	*(0.305)*
People with Learning Difficulties	80.355	90.218	9.863	12.3%	*6.611*
Mental Health, Drugs & Alcohol	11.680	13.519	1.839	15.7%	*1.756*
Total Purchase of Care	224.212	239.904	15.693	7.0%	*10.155*
Hired Transport	4.581	6.909	2.328	50.8%	*2.550*
Staffing and support costs	15.586	14.436	(1.150)	-7.4%	*(1.159)*
Total Cost of Services to Users	**244.379**	**261.249**	**16.871**	**6.9%**	***11.546***
Service User Income	(89.272)	(96.490)	(7.218)	-8.1%	*(2.113)*
Net Expenditure	**155.107**	**164.760**	**9.653**	**6.2%**	***9.433***
Commissioned Services					
Commissioning	1.401	1.219	(0.182)	-13.0%	*(0.139)*
Service Level Agreements	11.144	10.925	(0.219)	-1.9%	*(0.469)*
ICES	2.599	2.620	0.021	0.8%	*0.070*
NorseCare	30.851	32.496	1.645	5.3%	*1.252*
Supporting People	9.282	9.141	(0.141)	-1.5%	*(0.083)*
Independence Matters	13.195	12.930	(0.265)	-2.0%	*0.001*
Other	1.389	1.334	(0.055)	-3.9%	*(0.069)*
Commissioning Total	**69.861**	**70.665**	**0.804**	**1.2%**	***0.563***
Early Help & Prevention					
Housing With Care Tenant Meals	0.692	0.815	0.123	17.8%	*(0.004)*
Norfolk Reablement First Support	2.822	2.558	(0.265)	-9.4%	*(0.190)*
Service Development (incl. N-Able)	0.417	1.213	0.796	190.9%	*0.856*
Other	1.369	0.856	(0.513)	-37.5%	*(0.481)*
Prevention Total	**5.300**	**5.442**	**0.142**	**2.7%**	***0.181***

Adult Social Care
2015-16 Budget Outturn Period 13
Explanation of variances

1. Business Development, underspend (£0.312m)

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

2. Commissioned Services overspend £0.804m

The main variances are:

NorseCare, overspend of £1.645m. The variance is due to shortfall on the budgeted reduction in contract value compared to the 2014/15 outturn and due to both contractual requirements and planning reasons, budgeted savings for 2015-16 could not be achieved. Some savings previously accounted for, have now been delivered on an ongoing basis, resulting in an ongoing reduction of £1m in the contract value.

Service Level Agreements, underspend of (£0.219m); **Supporting People**, underspend of (£0.141m). The underspends are primarily due to changes in contracts, a reduction in demand and higher than planned income.

Independence Matters, underspend of (£0.265m). The underspend is due to variation in inflation and pension costs within the contract.

3. Services to Users, overspend £9.653m

The main variances are:

Purchase of Care (PoC), overspend £15.693m.

Challenging savings targets were set for this service. Progress has been made against delivering both reduction in personal care budgets and repackaging of care, with combined verifiable savings of £2.887m delivered. As previously reported there is a time lag in the realisation of savings, and the delivery of these savings will continue in 2016-17. Specific reasons for variances are shown below, but overall for purchase of care there has been an increase in use of home care and a reduction in residential placements. For 2015-16 provision has been made for the number of people who are waiting for agreements to be completed on Carefirst or to receive an assessment where there are already costs being incurred, which will reduce any burden for prior year transactions in 2016-17. This does not reflect a decline in information being provided to Carefirst, which has seen good performance throughout 2015-16, with approximately 75% of agreements entered within five working days.

<u>Older People, overspend of £3.579m.</u> The work to reduce the level of permanent residential placements has continued throughout 2015/16. The number of residential care placements has reduced by 71 during the year, although there has been an increase in the number of nursing placements. Home care is within budget and has seen a small reduction in number of people receiving packages of care. There has been a shift from use of block to spot contracts during the year. The increase at Period 13 is due to an increase in the number of commitments for residential care; increased provision for cost of care, which is offset by income; however this is offset by less people having home care packages backdated to 2014-15 than previously forecast.

Learning Difficulties, overspend £9.863m. During the year, the service has seen an increase of 89 individuals receiving care, including additional service users transitioning from Children's Services with highly complex needs. The key areas of overspend are day care and supported living, which had the highest level of savings attributed and will have been most affected by delay in achieving purchase of care savings. The service has also incurred additional costs through an increase in provision for bad debts. Despite the increase in service users, the numbers of permanent residential placements for adults with learning disabilities at the end of March 2016 is at a similar level to the beginning of the year, but there has been an increase in the use of respite placements.

Mental Health, overspend £1.839m. As with Learning Disabilities, the service has seen a significant increase in demand in 2015-16, with an increase of 108 service users. Residential care is the main reason for overspend, despite a small fall in placements suggesting a higher proportion of complex care packages. The increase in service users has mainly be met through home care and supported living.

Hired Transport, overspend £2.328m.
The implementation of savings plans has been hindered by the lack of detailed accurate information about transport use across the county and where there may be opportunities to reduce or re-plan the transport available. These plans include reviewing the location of provision with a view to reducing the need for service users to travel as far.

Service User Income, underspend (£7.218m)
The underspend has increased since the last report by (£5.105m). This is partly reflected by corresponding expenditure within the purchase of care budget including for use of reserves for cost associated within the cost of care exercise, and additional income from invoices raised. Continuing Health Care income of (£1.7m) has been received above that previously forecast.

4. Early Help and Prevention, overspend £0.141m

The main variances are:

Norfolk Reablement First Support, underspend (£0.265m). The underspend is due to the allocation of a Department of Health grant to assist with helping with hospital discharge and staffing related underspends. Plans are under-way to expand the service to provide reablement to more service users with the potential to benefit from this service to support them to live more independent lives.

Service Development, overspend £0.796m. The savings target for N-able (the assistive technology service run by Norse) was not achieved. A review of the arrangements has been undertaken and contract changes put in place to ensure that assistive technology can support the Promoting Independence strategy, with appropriate funding.

Other, underspend (£0.513m). There is an overspend for the Emergency Duty Team, due to relief and overtime spend. This is offset by an underspend on the Transformation budget, (£0.510m), due to the agreed and planned use of reserves.

5. Management, Finance and HR, overspend £0.081m

The main variances are:

There was a reduction in Better Care Fund income of £325k, due to not achieving planned savings as part of a risk share agreement with Great Yarmouth and Waveney CCG. This was offset by a reduction in budgeted spend within Human Resources due to revised spending plans for learning and development.

Action Plan Progress

	Action	Progress	Update	Timescale
1	No new under 65 placements in residential care, as default position.	Progress is monitored on a weekly basis with numbers no longer increasing	Very few new placements have been made for working age adults and despite increase in service users there are seven fewer people in permanent residential care than on 1st April.	On-going
2	Targets for locality teams to reduce the numbers of older people in residential care by 25%	Targets in place and monitored on a weekly basis, linked with 2 for 1 flow	Quarter 4 has seen demands across the health and social care system rise, which has seen an increase in the number of permanent residential placements compared to the end of Quarter 3. The year-end position is a reduction of 43 permanent placements compared to 1 April 2015.	On-going as part of Promoting Independence Strategy
3	Optimise the use of the NorseCare block contract	Target to achieve a 95% occupancy on average for the remainder of the year	Current occupancy continued to be above 94% for Quarter 4 and most weeks was at or above 95%.	On-going
4	To manage our funding flows we will only fund a residential or nursing home placement in each locality when two placements have been released	Targets in place	Permanent placements has seen an increase in Quarter 4, with an overall increase of 11 permanent nursing home placements, but an overall reduction in the year of 43 for permanent residential placements.	Continue until 31/3/16
5	Temporary residential placements should only be used where a clear plan exists for the service user to return home and the	Will contribute to overall reduction in cost of older people placements	Improvement in the recording of temporary and permanent	On-going

	Action	Progress	Update	Timescale
	placement only authorised for the period in the plan.		placements with weekly reporting in place	
6	Reinforce our practice on Personal Budgets. These should only be used to meet any unmet eligible social care need. Working on the basis of least spend to deliver the best outcomes	Will contribute to overall reduction in cost of packages of care.	Strength based assessments rolled out.	On-going
7	Reviewing all care packages which involve two carers, to ensure that use of additional equipment or assistive technology has been considered.	Business case completed.	Work now progressing to review and implement changes	On-going
8	Reviewing packages of care of up to 10 hours per week, to ensure that there are no informal alternatives that could be used.			Completed
9	Reviews of last 100 placements in residential care to make sure that decision making about access to residential care is robust.			Completed
10	Scrutiny of all personal budgets reviews where the service remains unchanged	Learning from the reviews is being fed into refocused PB reviews	Strength based assessments rolled out.	On-going
11	Weekly Panels to scrutinise proposed overrides of the RAS (Resource Allocation System) funding for indicative Personal Budgets for younger adults	Panels commenced w/c 17th August.	In October the structure of panel meetings was changed with the introduction of fortnightly locality based LD panels in addition to an overarching County Panel. Criteria for the allocation of cases was established and guidance issued to staff. County Panel continues to run on a weekly basis with approximately six cases reviewed at each panel.	On-going

	Action	Progress	Update	Timescale
12	Urgent review of the Resource Allocation System (RAS), which sets the size of personal care budgets.	Part of an ongoing review to reconsider the Personal Budget process and the RAS, particularly in light of Promoting Independence. No saving has been quantified at this stage. All other local authorities in England have been asked to share their Resource Allocation System	Project underway	31/7/16
13	A freeze on Learning and Development spending, except for statutory training and training on the Care Act.	Review has been undertaken and savings of £200k have been incorporated into the current forecast	Saving achieved	Complete
14	Appoint an Interim Head of Learning Disability, who will be drive forward improvements in the Learning Disabilities services to reduce expenditure.	Interim Head of Learning Disability in post. Plans in place focussing on: - Day Services - Shared Lives - Integrated Health and Social Care Learning Disability Team - Supported Living Accommodation	A paper setting out the progress to date was reported to Adult Social Care Committee in March.	On-going

Appendix D

Adult Social Services Reserves and Provisions 2015/16

	Balance 1 April 2015	Actual use/increase 2015/16	Balance 31 March 2016
	£m	£m	£m
Doubtful Debts provision	1.572	1.549	3.121
Redundancy provision	0.016	(0.010)	0.006
Prevention Fund - Living Well in Community	0.006	(0.006)	0.000
Prevention Fund – General - As part of the 2012-13 budget planning Members set up a Prevention Fund of £2.5m to mitigate the risks in delivering the prevention savings in 2012-13 and 2013-14, particularly around Reablement, Service Level Agreements, and the need to build capacity in the independent sector. The funding was earmarked to support the early implementation of an expanded Reablement service, which is linked to budget savings for 2016-18. 2013-14 funding of £0.321m for Strong and Well was carried forward within this reserve as agreed by Members All of the funds are committed and will be distributed upon the achievement of milestones, with £0.199m spent in 2015-16.	0.734	(0.411)	0.323
Repairs and renewals	0.043	0.000	0.043
IT reserve - For the implementation of various IT projects and IT transformation costs.*	0.876	(0.876)	0.000
Residential Review - Required in future years for the Building Better Futures programme, including the transformation of the homes transferred to NorseCare on 1 April 2011.*	2.278	(2.278)	0.000
Unspent Grants and Contributions - Mainly the Social Care Reform Grant which is being used to fund the Transformation in Adult Social Care	3.058	(0.790)	2.268
The Council underspend at 31st March 2015 of £1.753m has been included in the opening balance. £1.488m has been included in the outturn as a contribution towards the cost to the Council from the cost of care exercise for residential and nursing care. The reserve also committed expenditure for the engagement of a temporary Learning Difficulties Manager and to offset the loss of income relating to the policy change regarding War Veterans' pre 5th April 2005 War Disablement Pensions.	1.753	(1.539)	0.214
Total ASC reserves and provisions	**10.336**	**(4.361)**	**5.975**

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

Adult Social Care Capital Programme 2015-16

Summary	2015/16		2016/17	2017/18
Scheme Name	Capital Budget	Actual outturn at Year end	Draft Capital Budget	Draft Capital Budget
	£'000s	£'000s	£'000s	£'000s
Failure of kitchen appliances	0	0	31	0
Supported Living for people with Learning Difficulties	0	0	17	0
Adult Social Care IT Infrastructure	0	0	141	0
Improvement East Grant	60	60	0	0
Prospect Housing - formerly Honey Pot Farm	0	0	318	0
Great Yarmouth Dementia Day Care	6	6	30	0
Adult Care - Unallocated Capital Grant	0	0	5,404	2,000
Strong and Well Partnership - Contribution to Capital Programme	91	91	161	0
Bishops Court - King's Lynn	113	113	85	0
Lakenfields	125	125	0	0
Autism Innovation	19	19	0	0
Cromer Road Sheringham (Independence Matters	18	18	181	0
Winterbourne Project	0	0	50	0
Humberstone	24	24	0	0
Better Care Fund Disabled Facilities Grant	3,753	3,753	6,368	0
Baler Press	32	32	0	0
Care Act Implementation	0	0	871	0
Faro Lodge PV system CERF	12	12	0	0
Bowthorpe development	160	160	0	0
Elm Road Community Hub	0	0	800	0
TOTAL	4,413	4,413	14,457	2,000

Adult Social Care Committee

Item No

Report title:	**Revenue Budget 2016-17 – Proposals for Allocation of Transitional Funding and Rural Services Delivery Grant**
Date of meeting:	**16 May 2016**
Responsible Chief Officer:	**Harold Bodmer – Executive Director for Adult Social Services**

Strategic impact

This report provides the Committee with details of proposals for the use of Transitional Funding and additional Rural Services Delivery Grant held in the budget for 2016-17, which have been identified in respect of the services for which the Committee is responsible.

The report also sets out the timetable for the process to agree the use of this funding in 2016-17.

Executive summary

The Council received late notification of additional funding as part of the Final Local Government Finance on 8 February 2016. This funding was applied in the 2016-17 Budget to provide transitional funding to manage business risk. A process for making decisions about the use of this funding was considered and agreed by the Policy and Resources Committee in March 2016.

Proposals in relation to Adult Social Care Committee have been developed and are set out in this report for Members' comments.

Recommendation:

The Committee is asked to:

a) **Consider and recommend the proposed use of additional funding as set out in this report to enable Policy and Resources Committee to consider proposals in the round and make a recommendation on the use of this funding to County Council**

1. Background

1.1 The Final Local Government Settlement 2016-17 confirmed by Parliament on 10 February 2016 set out details of additional funding made up of Transition Grant and Rural Services Delivery Grant. There was also a small reduction in the Council's New Homes Bonus Grant allocation. These changes resulted in net additional funding from Government of £4.561m in 2016-17.

1.2 The County Council set aside the additional funding for 2016-17 as transitional funding to manage business risk. It was noted that the late notice of the additional funding had made it inappropriate to propose the allocation of the funding in the time available, and that Service Committees would wish to have the opportunity to comment on priorities for its use.

1.3 The following parameters for the use of the additional funding were set out:

a) the money will be spent in the new financial year;
b) any spending must be sustainable; and
c) invest to save initiatives must be paramount

1.4 The Council faces a number of significant budget risks in 2016-17. It would therefore be prudent for the Council to retain some flexibility within the additional funding for 2016-17 in order to manage these risks. The key risks include:

a) The outcomes of local Better Care Fund negotiations with the NHS;
b) The outcomes of the Adults Cost of Care work;
c) The pressure arising from National Living Wage in contracts; and
d) The need to ensure delivery of savings proposals in 2016-17

2. Decision-Making Timetable

2.1 Policy and Resources Committee approved the following timetable for decision-making on the use of the additional funding available:

a) Service Committees to bring forward proposals in the **May 2016** committee round, taking into account the criteria set out at 1.3
b) Policy and Resources Committee to consider Service Committee proposals in the round on **31 May 2016** in order to recommend an overall package of activity
c) County Council to consider and approve the recommendations of the Policy and Resources Committee on **25 July 2016**

3. Committee Proposals

3.1 Proposals for use of this additional funding relating to the budgets controlled by this Committee have been identified totalling £2.240m. The table below sets out further detail of these proposals.

3.2 Committee have agreed the Promoting Independence Strategy as the key means of managing demand for adult social care services in order to ensure sustainability for the service. Committee will also be aware that there is a challenging savings target of approximately £42M relating to Promoting Independence to be delivered over the next three years.

3.3 In view of this the departments spend to save proposals relate entirely to Promoting Independence.

Table 1: Adult Social Care Committee proposals for use of additional funding 2016-17

Ref	Description of proposal Provide a brief narrative summary of the funding bid, including details of: • how the proposal meets the criteria or is otherwise a priority. • any implications if the spending is not approved. • any impact on other areas of the budget / other services from this proposal.	2016-17 Funding requirement £m	Criteria			Committee Priority Ranking 1= top priority 2,3,4 etc.
			2016-17 expenditure	Sustainable	Invest to save	
ASC01	**Investment required to meet Promoting Independence Strategy** The strategy covers a range of inter-related interventions that together will enable people to remain independent from public services as long as possible. The proposal therefore covers a number of key interventions, which together support the delivery of the overall savings to be delivered through the Promoting Independence strategy of £42m over the next three years. **Recruit expert skills to secure housing required to meet Promoting Independence Strategy (£0.058m).** Successful implementation and delivery of repackaging of care for people with learning disabilities, physical disability and mental health issues, to support people to live more independently, requires access to suitable housing, which is taking time to develop. The proposal is for a one year Housing Development Post (Grade L) to work within the Promoting Independence programme – the post will explore and determine the range of options for delivering the accommodation needs of clients. The post holder will align policy and practice to accommodate preferred delivery routes and communicate intentions to possible partners, formulating delivery plans and timescales. Other authorities have utilised the expertise of housing professionals to deliver their housing objectives and in Norfolk there is an established need to move people from high dependency, high cost accommodation to more cost effective and independent accommodation. Housing needs require prioritisation across the authority and a housing lead to deliver the required units. They would work with district councils, social housing providers and private developers, to an agreed brief, but with the autonomy to deliver accommodation through new models. This will support delivery of on-going savings totalling £3.500m. Without funding the creation of suitable accommodation, transition to will be delayed and it will take longer to achieve the savings.		Y	Y	Y	1

Ref	Description of proposal Provide a brief narrative summary of the funding bid, including details of: • how the proposal meets the criteria or is otherwise a priority. • any implications if the spending is not approved. • any impact on other areas of the budget / other services from this proposal.	2016-17 Funding requirement £m	Criteria			Committee Priority Ranking 1= top priority 2,3,4 etc.
			2016-17 expenditure	Sustainable	Invest to save	
	Increasing amount of Assistive Technology and Occupational Therapy Equipment Costs to prevent, delay and reduce the need for formal care packages (£0.892m). Use of Assistive Technology (AT) and Occupational Therapy (OT) equipment is a critical tool in reducing the need or formal care and in the delivery of Promoting Independence. Other authorities have made significant use of AT to deliver savings and it is particularly relevant in rural areas. This proposal is in two parts: 'To test the impact of providing AT and Occupational Therapy equipment to people who do not currently meet the eligibility criteria for services but where it will delay the need for formal care services'. 'To maximise the use of AT for people who are eligible for services by ensuring that this is routinely included as part of the assessment process and more readily available'. Both of these proposals will require an increase in OT equipment by 25%. It is proposed to implement this in 2016/17 and to fund in future years from savings generated. This would, therefore, be 'seed funding' to enable the initiative to get off the ground, with no ongoing commitments for the funding. **Increase capacity for enablement services through increasing the number of staff in Norfolk First Support and via recommissioning (£0.762m).** This invest to save proposal will support the second phase of the reablement project – delivering a service to people with Learning Disability and mental health problems, enabling people to live more independently. At the moment the service is focussed entirely on older people. This will assist with the commissioning of and additional service to work with people of working age, helping to deliver the reablement savings. The proposal is based on costings for 2FTE staff (Grade J) 3FTE (grade G) and 25FTE (Grade E) but would be 'market tested'. A successful pilot has been carried out in a Housing with Care	1.890				

Ref	Description of proposal Provide a brief narrative summary of the funding bid, including details of: • how the proposal meets the criteria or is otherwise a priority. • any implications if the spending is not approved. • any impact on other areas of the budget / other services from this proposal.	2016-17 Funding requirement £m	Criteria			Committee Priority Ranking 1= top priority 2,3,4 etc.
			2016-17 expenditure	Sustainable	Invest to save	
	scheme for people with learning disabilities. The expenditure will be used in 2016/17. It is sustainable as it will support the transition period and is therefore needed for a limited time. The investment of £761,565 will support the delivery of reablement savings of £5.153M. This additional resource will enable this saving to be delivered in a timely manner. **Increase the number of development workers (£0.178m)**. To support the Promoting Independence customer pathway through providing people with preventative community alternatives to Council social care. These workers would be recruited and deployed in partnership with District Council partners. This will support community development work with independent groups and help to increase community capacity, resource information sharing and working with individuals to connect people to resources. Resources will be used in 2016/17 and can be recruited to on a fixed term basis. The work will support the delivery of the customer pathway saving of £31.8M.					
ASC02	**Investing in the voluntary sector to support social inclusion (£0.100m).** Social inclusion has been identified as a key factor in the health and wellbeing of older people but also for the wider community. Enhancing community connectedness, 'activating' communities and building social capital is essential to the delivery of PI and delivering self-sustaining and supportive communities. The voluntary sector plays a key role in supporting and motivating communities; studies from other parts of the country indicate that they can play an important role in identifying and working with community contacts that facilitate and promote wider inclusion and activity. NCC, in conjunction with five Norfolk CCGs has a good working relationship with voluntary sector providers both through the delivery of formally contracted services and through the network of contacts that constitute the provider	0.100	Y	Y	Y	2

Ref	Description of proposal Provide a brief narrative summary of the funding bid, including details of: • how the proposal meets the criteria or is otherwise a priority. • any implications if the spending is not approved. • any impact on other areas of the budget / other services from this proposal.	2016-17 Funding requirement £m	Criteria			Committee Priority Ranking 1= top priority 2,3,4 etc.
			2016-17 expenditure	Sustainable	Invest to save	
	community. It is proposed that a social inclusion project is built on the back of existing funding and contacts. The funding would provide two community capacity facilitators (employed by voluntary sector for one year) who would facilitate and encourage the development of social inclusion initiatives – on small scale and using mini grants to promote projects. It is proposed that £70k is used to employ the two workers and £30k is used over the year as grants with a maximum grant value to be set at £1,000. Existing criteria for the grants would be agreed and grants approved in partnership between the voluntary sector and NCC. Efficiencies would be achieved through impact on customer pathway and creation of community resilience. Impact would be targeted, measured and evaluated and would form part of the PI overall strategy, supporting delivery of the wider customer pathway savings totalling £31.8m.					
ASC03	**To develop an integrated team, which can provide central brokerage for health and social care commissioning of provider services (£0.250m).** This is to support the ongoing discussion with CCGs regarding the 2016/17 shortfall within the Norfolk health and social care system of over £7m, by investing in a project to enable the prompt implementation of a central brokerage team, to commission, in particular, continuing health care (CHC) services across Norfolk by October 2016. At present CHC services are procured through either the CCG or NEL Commissioning Support Unit. The rates achieved across the system are variable and there is duplication of effort. System wide savings will be generated from reduction in back office overheads and improved rates. Reduced costs for CCGs can then be used via the Better Care Fund to help maintain funding for social care. The ongoing team would be supported through funding from contributions from across the health sector. Initial estimates suggest that savings in the region of £2.5m could be achieved, which would secure the same level of funding for protection of social care. This proposal is subject to the ongoing risk share discussions with the five CCGs.	£0.250m	Y	Y	Y	3

Ref	Description of proposal Provide a brief narrative summary of the funding bid, including details of: • how the proposal meets the criteria or is otherwise a priority. • any implications if the spending is not approved. • any impact on other areas of the budget / other services from this proposal.	2016-17 Funding requirement £m	Criteria			Committee Priority Ranking 1= top priority 2,3,4 etc.
			2016-17 expenditure	Sustainable	Invest to save	
Total		**2.240**				

4. Next Steps

4.1 All Committees have been invited to put forward proposals for the use of this additional funding in 2016-17. These will be considered by Policy and Resources Committee on 31 May. In the event that the funding proposals exceed the available amount of additional funding, Policy and Resources Committee will consider the overall balance and scope of proposals alongside the priority ranking from Service Committees in order to put forward a balanced package of proposals for approval by County Council on 25 July 2016.

Background Papers

Revenue Budget 2016-17 – Allocation of Transitional Funding and Rural Services Delivery Grant, agenda item 6, Policy and Resources Committee 21 March 2016

Norfolk County Council Revenue and Capital Budget 2016-20 and Council Plan 2016-19, agenda item 4, County Council 22 February 2016

Officer Contact

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

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Adult Social Services Committee

Item No……

Report title:	**Performance management report**
Date of meeting:	**16 May 2016**
Responsible Chief Officer:	**Harold Bodmer**

Strategic impact

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

Executive summary

This is the first performance management report to this committee that is based upon the revised Performance Management System, which was implemented as of 1 April 2016, and the committee's 18 vital signs indicators. As agreed in April, this report covers the indicators for which data is readily available. The full list of indicators is available in Appendix 2.

Performance is reported on an exception basis using a report card format, meaning that only those vital signs that are performing poorly or where performance is deteriorating are presented to committee. To enable Members to have oversight of performance across all vital signs, all report cards will be made available to view through Members Insight. To give further transparency to information on performance, for future meetings it is intended to make these available in the public domain through the Council's website.

Of the nine vital signs indicators available to the committee at this time, the following three have met the exception criteria and so will be discussed in depth as part of the presentation of this report:

a) People with a learning disability in employment (off target)
b) Supporting people to remain at home – people aged 18-64 (off target)
c) Purchased care quality (has reduced for three consecutive reporting periods)

Recommendation:

For each vital sign that has been reported on an exceptions basis, Committee Members are asked to review and comment on the performance data, information and analysis presented in the vital sign report cards and determine whether the recommended actions identified are appropriate or whether another course of action is required.

In support of this, Appendix 1 provides:

a) A set of prompts for performance discussions
b) Suggested options for further actions where the committee requires additional information or work to be undertaken

1. Introduction

1.1. This is the first performance management report to this committee that is based upon the revised Performance Management System, which was implemented as of 1 April 2016, and the committee's agreed vital signs indicators.

1.2. A full list of vital signs indicators was presented to committee at the 7 March meeting. Feedback at that meeting requested that performance indicators based on the council's statutory Adult Social Care Service User Satisfaction Survey were included in the list.

A revised full list of vital signs indicators is presented in Appendix 2.

1.3. This remainder of this report contains:

a) A Red/Amber/Green rated dashboard overview of performance across all vital signs indicators
b) Report cards for those three vital signs that have met the exception reporting criteria

2. Performance dashboard

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

2.2. Because there are a number of new performance measures in the dashboard, in many cases officers have developed draft targets, based on previous performance, to generate the red, amber or green alert (because the alert requires a target). This is a temporary arrangement, and a full suite of formal targets will be proposed, discussed and (subject to amendment) agreed by members at the July committee.

2.3. The dashboard is presented below.

Adult Social Services Dashboard

Note: results without alerts/colouring denote where targets have not yet been set – in this case because new indicators have been developed. Targets will be proposed, discussed and agreed at the July committee meeting.

Indicator	Bigger or Smaller is better	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Target
% of people who require no ongoing formal service after completing reablement	Bigger	82.5 %	85.7 %	84.9 %	85.6 %	88.9 %	88.1 %	86.4 %	87.1 %	87.5 %	88.3 %	86.2 %	86.5 %	86.3 %	-
Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (18-64 years)	Smaller	31.0	32.6	32.4	30.2	30.8	28.7	28.9	27.7	25.3	23.7	22.5	22.5*		**20.0**
Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (65+ years)	Smaller	724.0	701.2	693.1	695.9	698.3	697.3	688.8	673.5	656.8	657.3	645.9	640.1		**661.1**
Increasing the proportion of people in community-based care	Bigger		66.2 %	66.0 %	66.0 %	66.2 %	66.1 %	66.2 %	66.4 %	66.5 %	66.6 %	66.5 %	66.7 %	66.8 %	-
Decreasing the rate of people in residential and nursing care per 100,000 people	Smaller		573	575	575	574	576	575	575	571	571	571	568	569	-
Decreasing the rate of Council service users per 100,000 population (18-64 years)	Smaller		903	905	908	912	919	922	927	927	933	930	932	938	-
Decreasing the rate of Council service users per 100,000 population (65+ years)	Smaller		3,600	3,597	3,579	3,595	3,585	3,586	3,594	3,573	3,577	3,561	3,571	3,590	-
% of people still at home 91 days after completing reablement	Bigger	84.5 %	84.8 %	84.7 %	87.0 %	93.1 %	92.4 %	91.4 %	91.5 %	92.4 %	92.2 %	92.0 %	91.4 %	91.7 %	**90%**
Number of days delay in transfers of care (attributable to social care)	Smaller	1.5	1.5	1.3	0.9	0.8	0.9	1.0	1.2	1.3	1.4	1.5			**2.0**

Indicator	Bigger or Smaller is better	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Target
% People receiving Learning Disabilities services in paid employment	Bigger	3.9%	3.7%	3.7%	3.6%	3.6%	3.5%	3.6%	3.6%	3.6%	3.7%	3.6%	3.6%	3.7%	**5.5%**
% People receiving Mental Health services in paid employment	Bigger		1.5%	1.5%	1.7%	1.7%	1.6%	1.6%	1.8%	1.8%	1.9%	1.9%	1.8%	2.1%	-
% Enquiries resolved at point of contact / clinic with information, advice	Bigger		41.6 %	41.8 %	39.4 %	39.5 %	40.8 %	40.7 %	39.1 %	40.5 %	42.8 %	42.0 %	38.5 %	42.3 %	-
Rate of carers supported within a community setting per 100,000 population	Bigger		982.5	973.4	969.7	966.9	985.2	975.3	962.4	946.1	932.6	944.8	949.3	934.3	-
% of CQC ratings of all registered commissioned care rated good or above	Bigger			67.2 %	66.2 %	65.5 %	67.0 %	64.0 %	60.2 %	58.0 %	58.9 %	56.9 %	56.7 %		-

*Because targets are 'profiled' over the year, and so change every month to reflect the change that is required over time, it is possible for the performance alert to change whilst the result remains the same or even improves (for example if the improvement is not sufficient to hit target).

3. Report cards

3.1. A report card has been produced for each vital sign, as introduced in March's performance report. It provides a succinct overview of performance and outlines what actions are being taken to maintain or improvement performance. The report card follows a standard format that is common to all committees.

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

3.3. Vital signs are to be reported to committee on an exceptions basis. The exception reporting criteria are as follows:

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

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

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

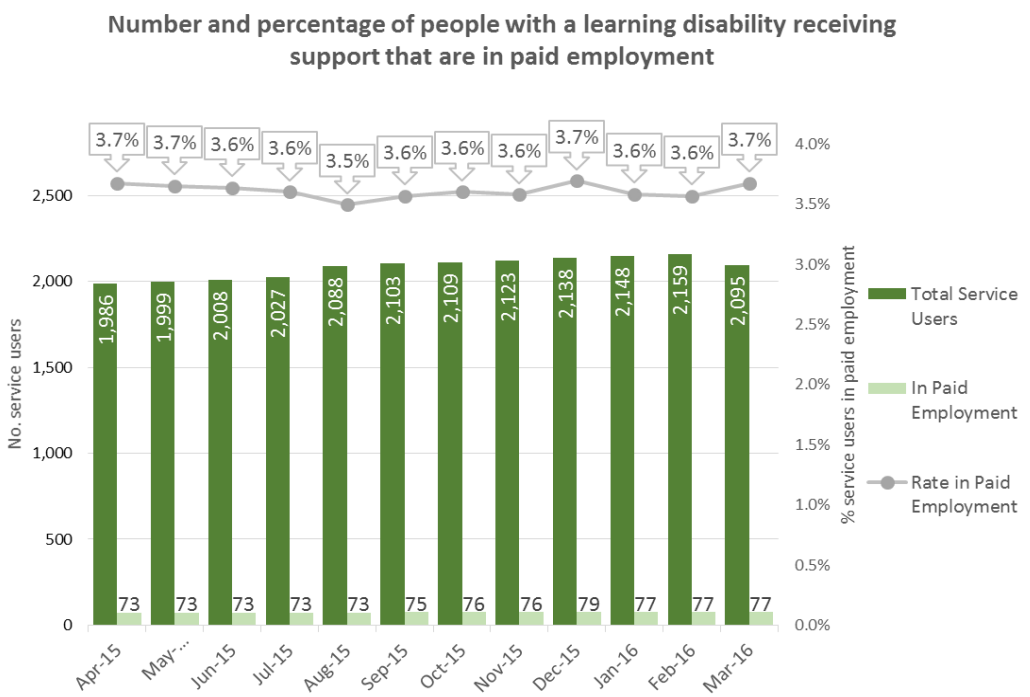
3.5. The three report cards highlighted in this report are presented below:

3.6 More people with learning disabilities in paid employment

Why is this important?

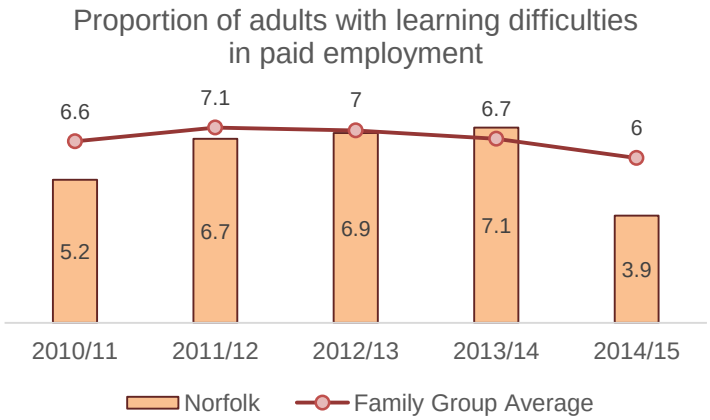
Research and best practice shows that having a job is likely to significantly improve the life chances and independence of people with learning disabilities, offering independence and choice over future outcomes. Furthermore this indicator has been identified within the County Council Plan as being vital to outcomes around both the economy and Norfolk's vulnerable people. Norfolk currently has a low rate compared to other councils.

Performance



What is the background to current performance?

- Current performance continues to remain around 3.7% - similar to other reporting periods this year, and down on the end of year 2014/15
- Norfolk's performance has historically kept pace with family group average, even during recession
- However reduction in 2014/15, and in the last year, means Norfolk is now significantly below this rate.
- Currently records suggest that a large proportion – around 89% - of people receiving LD services are 'not seeking work/retired', which sets a current ceiling of around 11% of people in employment.



What will success look like?

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

Action required

- Working closely with the council's in-house employment support service, and referring all people that are able to work on to this service to evaluate options for both paid and unpaid work
- Referring some people looking to work 16+ hours a week directly onto Shaw Trust, a government-funding work choice scheme.
- Reviewing all people that have stated they are able to work, to make sure that they are getting all of the support they need.
- Consider how to capture information on people who are in employment but do not receive formal services.
- Work with public sector, MINT, and businesses to promote employment opportunities for people with LD.

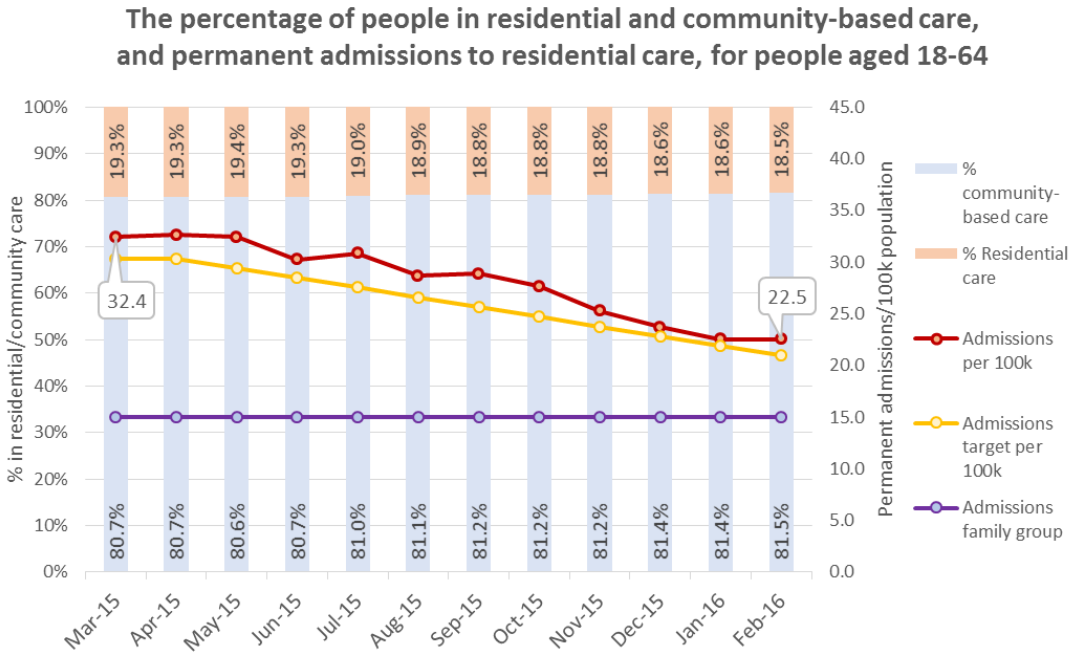
Responsible Officers Lead: Lorrayne Barrett, Director of Integrated Care Data: Business Intelligence & Performance Team

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

Why is this important?

People who 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 more cost effective to support people at home - meaning that the council can afford to support more people in this way. This measure shows the balance of people in a range of community- and institutional (residential) settings, and indicates the effectiveness of measures to keep people in their own homes.

Performance



What is the background to current performance?

- Admissions to residential care for people aged 18-64 historically very high, with a rate of 53 per 100,000 in 2012/13 – nearly three times the family group average.
- Significant improvements since have seen year-on-year reductions in permanent admissions, accelerating this year with admissions going from 32.4/100k in March to 22.5/100k in February.
- Improvements in these rates has reduced the percentage of service users in residential care from 19.3% to 18.5%.
- The difference between large reductions in admissions and small reductions in residential care placements may in part be explained by the average length of stay of people aged 18-64 of 5.8 years. It may therefore take some time for reductions in admissions to impact on total numbers in residential and nursing care.
- Reductions in-year have been driven by focussed social work practice on residential reviews with a focus on reducing costs and moving people on.
- Temporary admissions only to residential care for a maximum of 6 months are approved by panels
- Placements are made in specialist mental health care homes using recovery approaches, and specialist housing with care for people who would previously have been placed in residential care.

What will success look like?

- Admissions for levels at or below the family group benchmarking average (around 15 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

- Further reductions required through good practice
- Reviews must also seek to find people aged 18-64 alternative long term accommodation arrangements where appropriate
- Commissioning activity around accommodation to focus on improved multi-tenant options for people aged 18-64
- Engage partners in providing robust care to keep people in their own homes

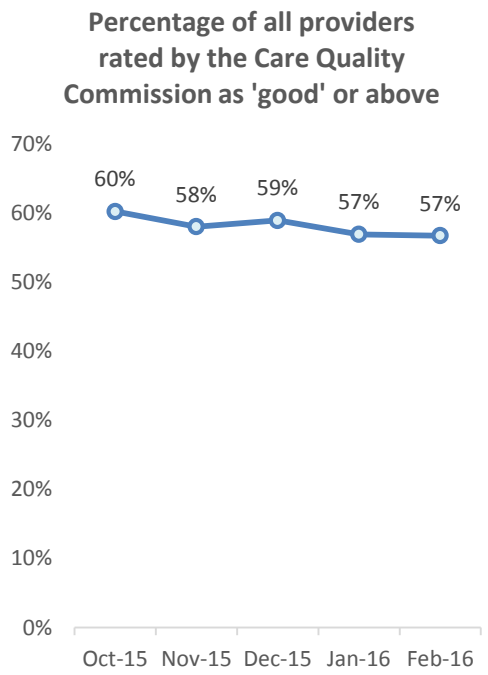
Responsible Officers	Lead: Lorrayne Barrett, Director of Integrated Care, and Lorna Bright, Assistant Director – Social Work Data: Business Intelligence & Performance

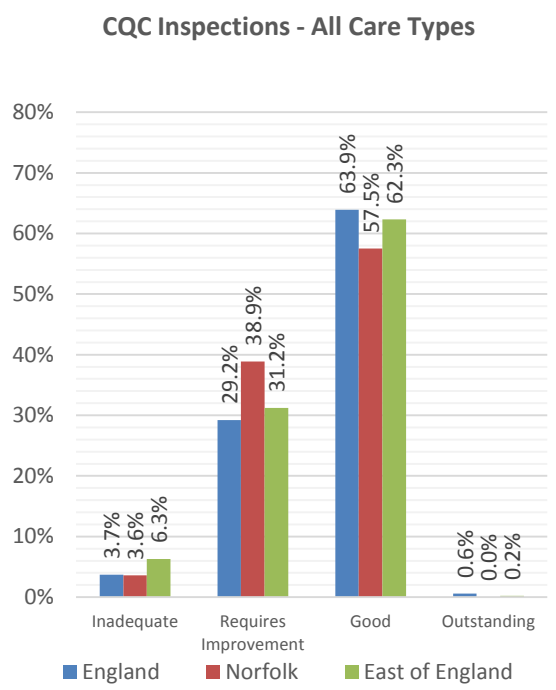
3.8 Purchased care quality

Why is this important?

We contract with a market of almost 1,000 providers to deliver social care and support at a cost of over £290m a year. It is essential that we can be confident that this care is high quality, effective and responsive to care needs, promotes independence and supports the outcomes that people want.

Performance





What is the background to current performance?

- A new inspection framework was introduced by the Care Quality Commission.in October 2015, when inspections against new standards started. Less than half of providers inspected to date.
- The results reflect only those providers assessed – with the small sample size for these initial figures partly explaining the variable rate. CQC's early focus has also been on 'higher risk' providers on the basis of previous performance – meaning that the figures may currently be artificially low.
- National and regional benchmarking figures show that Norfolk has fewer good and outstanding providers – but also fewer inadequate providers.
- Benchmarking data over time shows that national rates for 'good' and 'outstanding' are improving, whereas Norfolk's rates are more stable – if these trends continue the gap in terms of those 'good' and 'outstanding' is likely to grow.
- A range of explanations are offered for Norfolk's providers' difficulty in improving. The most often cited is the struggle that providers have in retaining and recruiting staff, particularly in home care services where annual staff turnover is above 50%. Recruitment is particularly difficult in rural areas, and amongst younger people.

What will success look like?

- A significant increase in providers rated 'good' or 'outstanding' in line with the England benchmark, and with no increase in the proportion of 'inadequate' providers.
- Improved recruitment, and reduced turnover, of staff – particularly in homecare.
- No market failure (occasions when a local service is not available, so more expensive options have to be put in place) in rural areas.

Action required

- The council has clear responsibilities, set out in the Care Act 2014, for the quality and sustainability of the care market.
- An action plan is being developed to ensure quality assurance and market support interventions are focused on priority improvements
- As contracts are renewed, increasing emphasis will be on quality, with a focus on the achievement of individual outcomes for service users, in line with the principles of the Promoting Independence strategy.

Responsible Officers	Lead: Steve Holland – Head of Quality Assurance & Market Development Data: Quality Assurance Team, Adult Social Care

4. Recommendation

4.1. **For each vital sign that has been reported on an exceptions basis, Committee Members are asked to review and comment on the performance data, information and analysis presented in the vital sign report cards and determine whether the recommended actions identified are appropriate or whether another course of action is required.**

In support of this, Appendix 1 provides:

a) **A set of prompts for performance discussions**
b) **Suggested options for further actions where the committee requires additional information or work to be undertaken**

5. Financial Implications

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

6. Issues, risks and innovation

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

Officer Contact

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

Officer name:	Email address:	Tel No.:
Jeremy Bone	jeremy.bone@norfolk.gov.uk	01603 224215

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Performance discussions and actions

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

Suggested prompts for performance improvement discussion

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

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

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

Performance improvement – recommended actions

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

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

Suggested follow-up actions

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

Full list of vital signs indicators

#	Name	Description	Why is this important?	Data ready	High level technical definition	Frequency
CORPORATE INDICATORS (REVIEWED BY POLICY & RESOURCES COMMITTEE)						
1	Referrals resolved by guiding to informal community based services	• % Referrals that are resolved by signposting and/or referral to informal community based services	Indicates the extent to which we can source and refer to alternative informal community-based solutions thereby reducing the number of people needing a formal social care service and more people are supported by the most cost effective solution	Jul-16	This indicator counts: - Contacts closed as 'Information & Advice' at the Social Care Centre of Expertise - Assessments closed as 'Information and Advice', or as 'Services/Personal Budget to Cease'	Monthly
2	Remaining independent after community clinic	• % People remaining independent six weeks after visiting a community clinic	Community Clinics should reduce the need for formal social care intervention by linking people with community resources that support independence. A high proportion of people remaining independent of formal care after attending a clinic indicates the success of the clinic approach.	Sep-16	To be determined once Community Clinic model is agreed. Likely to measure people still living in own home, without paid-for care, at the six-week call.	TBC
3	Reablement effectiveness	• % of people who require no ongoing formal service at point after completing reablement	People that are successfully re-abled experience better outcomes and are more likely to stay out of long term care	Available	The percentage of Norfolk First Support review forms with an outcome of: - reabled with no further service - reabled and signposted to voluntary services	Monthly

#	Name	Description	Why is this important?	Data ready	High level technical definition	Frequency
4	More people live in their own homes for as long as they can	• Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (18-64 years) • Decreasing the rate of admissions of people to residential and nursing care per 100,000 population (64+ years) • Increasing the proportion of people in community-based care, broken down by: - Supported living & HWC - Homecare - Direct Payments and Day Care - Other *(Older People, Learning Disabilities, Mental Health separated)*	People who 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 more cost effective to support people at home - meaning that the council can afford to support more people in this way. This measure shows the balance of people in a range of community- and institutional (residential and nursing) settings, and indicates the effectiveness of measures to keep people in their own homes.	Available	Basic number people, in year, receiving service classifications of: - Residential care - Nursing care - Supported living and housing with care - Homecare - Direct payments - Day care - Other Reported for people aged 18-64 and for people aged 65+ Reported as a rate per 100,000 population in respective age groups	Monthly
5	Fewer people need a social care service from NCC	• Decreasing the rate of NCC service users per 100,000 population (18-64 years) • Decreasing the rate of NCC service users per 100,000 population (64+ years) • Decreasing the rate of people in residential and nursing care per 100,000 people	A reduction in the overall number of people requiring formal care services, when accompanied by good preventative and reablement care services, and good access to voluntary and community-based services that support independence, evidences a successful 'Promoting Independence' strategy.	Available	Total number of people receiving paid-for social care services, expressed as a percentage of the total population. Reported for people aged 18-64 and for people aged 65+ Reported as a percentage of the population in respective age groups	
6	Reablement sustainability	• % of people still at home 91 days after completing reablement	Reabling people after a crisis is vital. Once a crisis has occurred, reablement provides what is often a final chance to make sure people remain independent, and don't require ongoing health or social care support. Measuring the effectiveness of reablement services indicates the performance of a key part of the health and social care system.	Available	The percentage of people with a hospital discharge and a Norfolk First Support referral, whose status at 91 days is neither: - In hospital - deceased - residential care - nursing care	Monthly

#	Name	Description	Why is this important?	Data ready	High level technical definition	Frequency
7	Delayed transfers of care attributable to social care	• Number of days delay in transfers of care (attributable to social care)	Delayed transfers of care cost health services significant amounts of money, and nationally are attributed to significant additional health services costs. Continuing Norfolk's low level of delayed transfers of care is vital to maintaining good working relationships with health services, and is critical to the overall performance of the health and social care system.	Available	The average number of delayed transfers of care for people aged 18+ attributable to Adult Social Services on a particular day in the month (determined by the NHS - usually the last Thursday of the month), expressed as a rate per 100,000 population aged 18+	Monthly
8	Safeguarding interventions success	• % of people who were subject to safeguarding interventions whose stated outcomes were met	The quality of safeguarding interventions is important to secure good outcomes for potential victims, and affects the likelihood of further incidents occurring. In addition, safeguarding is a key statutory must-do for the council.	Jul-16	The percentage of completed Safeguarding Forms with outcomes described as "achieved". Note: other categories include 'partially achieved', 'not achieved' and 'not expressed'. These may also be reported as context to this measure.	Monthly
9	More people with learning disabilities secure employment	• Increasing the % people receiving Learning Disabilities services in paid employment	Research and best practice shows that having a job is likely to significantly improve the life chances and independence of people with learning disabilities, offering genuine independence and choice over future outcomes. Furthermore this indicator has been identified within the County Council Plan as being vital to outcomes around both the economy and Norfolk's vulnerable people. Norfolk currently has a low rate compared to other councils.	Available	The percentage of people in long term support paid for by the local authority whose primary support reason is 'learning disability' whose employment status is 'paid employment'	Monthly
10	Paid employment rate: People receiving Mental Health services	• % People receiving Mental Health services in paid employment	Research and best practice shows that having a job is likely to significantly improve the life chances and independence of people with mental health problems, offering genuine independence and choice over future outcomes. Furthermore this indicator has been identified within the County Council Plan as being vital to outcomes around both the economy and Norfolk's vulnerable people. Norfolk currently has a low rate compared to other councils.	Jul-16	The percentage of people in long term support paid for by the local authority whose primary support reason is 'mental health' whose employment status is 'paid employment'	Monthly

#	Name	Description	Why is this important?	Data ready	High level technical definition	Frequency
11	Emergency (non-elective) hospital admissions	• Number of emergency admissions and unplanned admissions from people receiving formal social care services	An emergency admission is often the first time health or social care services find out that someone has experienced a crisis. Many admissions are from people that are older or are vulnerable, are already known to health and social care practitioners, and are in receipt of advice or services. Changes in rates of emergency admissions can indicate the effectiveness of preventative interventions across the system, and also reflects the effectiveness of integrated working between health and social care services. This indicator is key to the Better Care Fund framework.	Jul-16	This is a Better Care Fund indicator and data is supplied by the NHS. Total non-elective admissions in to hospital (general & acute), all ages, per 100,000 population	Monthly
SERVICE						
12	Community clinic model effectiveness	• Number / % of all assessments and reassessments conducted in community clinics / home visits • Number / % of social care assessments resulting in solely information and guidance • Number / % of assessments and reassessments leading to an increase or decrease in cost in terms of council-funded services (by clinic/home visit)	Will determine the success of this new assessment model	Sep-16	To be determined once Community Clinic model is agreed.	TBC
13	Enquiry resolution rate	• % Enquiries resolved at point of contact / clinic with information, advice	Measures effectiveness of new approaches to signposting and providing information and advice	Available	Percentage of total adult social care enquiries resolved as information and advice only.	TBC

#	Name	Description	Why is this important?	Data ready	High level technical definition	Frequency
14	Carers supported	• Rate of carers supported within a community setting per 100,000 population	Norfolk's 91,000+ Informal carers provide more support to Norfolk's vulnerable people than formal care services, and without them demand for health and social care would be significantly higher. Outcomes for both carers and cared-for people tend to be better when services work together to support both service users and their carers. This measure indicates how well we are supporting Norfolk's informal carers.	Available	Number of people who, in the last 12 months, have received or have in place: • A carer assessments • A carer support plan • Information and advice • A carer service or personal budget • A service provided to a service user to provide a break for a carer • An enquiry for carer support	Monthly
15	Average spend : Long term services	• Average spend per person in long term services (18-64; 65+)	Alongside the equivalent spending KPI for short term services, indicates the impact of the promoting independence strategy in reducing/balancing the demand for formal care	Jul-16	To be determined by Finance	TBC
16	Permanent admissions to residential and nursing care from hospital	• Rate of permanent admissions to residential and nursing care from hospitals	Whilst some direct referrals into permanent residential and nursing care are correct, excess levels of admissions through this route tend to indicate a system under pressure (because such referrals are relatively simple to make) or a lack of availability of community based services (in most areas in Norfolk home care is more scarce that residential care). Inappropriate or hasty referrals into these settings from hospitals also tend to cost far more than referrals into other settings.	Sep-16	To be determined. Currently investigating value of measuring percentages of people admitted to residential and nursing care with a referral recorded as 'hospital discharge' within one month of admission. Data problematic.	TBC
17	Purchased care quality	• % of CQC ratings of all registered commissioned care rated good or above	Most of the department's money is spent commissioning services from third party providers - this indicator provides an objective and comparable view of the quality of these services, and indicates both this and overall value for money.	Available	Data from the Care Quality Commission. % of inspected services rated as 'good' or 'outstanding', broken down by: - Residential care - Domiciliary care	Monthly

#	Name	Description	Why is this important?	Data ready	High level technical definition	Frequency
18	User satisfaction	Overall satisfaction of people who use services with Adult Social Care services	A statutory indicator, this data provides us with critical and benchmark-able information about how people feel about the quality of services and their own outcomes. The overall user satisfaction measure is augmented by other indicators around access to information and perceptions of independence and safety.	Jul-16	Percentage of respondents to the Adult Social Care Survey that stated they were satisfied with the Adult Social Care services they receive	Annual

Adult Social Care Committee

Item No.

Report title:	**Risk Management**
Date of meeting:	**16 May 2016**
Responsible Chief Officer:	**Harold Bodmer, Executive Director of Adult Social Services**

Strategic impact

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

Executive summary

At the Adult Social Care Committee meeting of 11 May 2015 Members requested a full report at the first meeting of the year followed by exception reports to subsequent meetings. Exception reports have been presented to this committee at subsequent meetings.

As this is the first ASC committee meeting of 2016/17 this report presents the full departmental risk register for 2016/17 together with proposals for two new risks. Exception reports will continue to be presented at all future meetings during 2016/17.

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

Recommendations: Committee Members are asked to:

a) **Note and comment on the refreshed full departmental risk register for 2016/17**
b) **Note and comment on progress with departmental risks since 7 March 2016**
c) **Consider the new risks for inclusion on the ASSD Risk Register**
d) **Consider if any further action is required**

1 Proposal

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

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

2 Evidence

2.1 The Adult Social Services departmental risk register reflects those key business risks that need to be managed by the Senior Management Team and which, if not managed appropriately, could result in the service failing to achieve one or more of its key objectives and/or suffering a financial loss or reputational damage. The risk register is a

dynamic document that is regularly reviewed and updated in accordance with the Council's "Well Managed Risk – Management of Risk Framework".

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

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

2.3 In accordance with the Risk Matrix and Risk Tolerance Level set out within the current Norfolk County Council "Well Managed Risk - Management of Risk Framework", three risks are reported as "High" (risk score 16–25) and 11 as "Medium" (risk score 6–15). A copy of the Risk Matrix and Tolerance Levels appears at Appendix 2.

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

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

2.5 The current risks are those identified against the departmental objectives for 2016/17 and have been reviewed for this report.

2.6 **NCC Corporate Risk Register**

Following the decisions of this Committee on 7 March the Corporate risk register (Appendix 3) has been updated and includes the following ASSD risks:

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

2.7 **Changes to the ASSD Risk Register**

The refresh of the ASSD Risk Register for 2016/17 brings with it some changes and these are set out below. Where possible risk owners are reducing narrative to focus on key points to make the register slightly easier to read. Changes with 'Tasks to mitigate risk' and 'Progress' since 7 March 2016 are highlighted in red in respective columns.

2.7.1 RM13229 'The speed and severity of change' risk has been met and is recommended for removal from the register. The rationale is that this risk was entered on the register in April 2011 at a time when significant budget changes were being implemented and

the risks relating to staff wellbeing, staff absence and sickness and loss of productivity were a concern. As the budget savings have been made we have moved passed that point. However another HR risk has been identified leading to a recommendation to add a new risk regarding Promoting Independence – see para 2.8.3.

2.7.2 RM14150 'Impact of DNA' risk. As the DNA programme is complete this risk is recommended for removal from the register.

2.7.3 RM13926 'Failure to meet budget savings'. Due to progress with the budget recovery plan in 2015/16 and progress planned for 2016/17 the 'Prospects of meeting the target risk score by the target date have been moderated from 'Red' to 'Amber'.

2.8 **Proposals to add new risks to the ASSD Risk Register**

Following the review of the Adult Social Care Departmental Risk Register by the Senior Management Team it is proposed to add three new risks:

2.8.1 A new risk to the ASSD Risk Register to reflect the integration of funding between the council, health organisations and district councils.

The risk would be: *'Integration of capital and revenue funding sources and integration of budgets between the Council, health organisations and district councils has a negative impact on available resources for delivery of adult social care*.'

2.8.2 It is further proposed to add another new risk to the ASSD Risk Register to reflect the difficulty in recruiting and retaining care workers in the care sector. These difficulties are particularly acute in the west and north of the county but are experienced across the county as a whole. It is unclear whether the imposition of the National Minimum Living Wage will exacerbate recruitment into the sector. The council invests over £54m through approximately 120 independent providers in provision of homecare to over 4,000 vulnerable people at any one time.

The risk would be: '*Failure of the care market (through the independent providers) due to difficulties in recruiting staff into the sector that may result in a risk to safeguarding of vulnerable people, delays in discharging people from hospital and inappropriate admissions to hospitals and care homes'.*

2.8.3 A previous risk 'The speed and severity of change' has been met and there is a proposal to delete that risk at para 2.7.1. However another risk HR risk in relation to Promoting Independence has been identified as part of the SMT review.

The risk would be: '*A significant change in staff behaviour and social care practice is required to deliver the Promoting Independence Strategy. Failure to make the culture change needed across the workforce would greatly impact the transformation of the service and its ability to deliver associated budget savings'.*

2.8.4 Members are asked to consider the above risks for inclusion on the 2016/17 ASSD Risk Register.

2.9 **Attachments**

Appendix 1 provides Committee members with the full departmental risk register for 2016/17. Paper copies will be available at the meeting. Appendix 2 is a copy of the risk scoring matrix to show the scoring methodology for Impact and Likelihood. Appendix 3 shows the departmental risks which appear on the Corporate Risk Register.

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

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

3 Financial Implications

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

4 Issues, risks and innovation

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

5 Background

5.1 Appendix 1 provides the Committee members with the refreshed departmental risk register for 2016/17. At Appendix 2 is a copy of the risk scoring matrix to show the scoring methodology for Impact and Likelihood.

5.2 The review of existing risks has been completed with responsible officers.

5.3 There remains a strong commitment to the management of risk, particularly during periods of organisational change, such as the accelerated programme to deliver all the elements of the vision for the County Council.

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

6 Recommendations

6.1 **Committee Members are asked to:**

a) Note and comment on the refreshed full departmental risk register for 2016/17
b) Note and comment on progress with departmental risks since 7 March 2016
c) Consider the new risks for inclusion on the ASSD Risk Register
d) Consider if any further action is required

Officer Contact

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

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Risk Register - Norfolk County Council

Risk Register Name	Adult Social Care Departmental Risk Register
Prepared by	Harold Bodmer and SMT
Date updated	April 2016
Next update due	June 2016

High	Red
Med	Amber
Low	Green
	Met

CDGSTP	Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Original Likelihood	Original Impact	Original Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
C	Adult Social Care Committee Transformation	RM14079	Failure to meet the long term needs of older people	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local authorities may only have sufficient funding for Adult's and Children's care.	11/10/2012	5	5	25	5	5	25	• Implement a new model for social care • Invest in appropriate prevention and reablement services • Integrate social care and health services to ensure maximum efficiency for delivery of health and social care • The Building a Better Future Programme will realign and develop residential and housing with care facilities • Ensure budget planning process enables sufficient investment in adult social care . • Adult Social Services is implementing a new more cost effective model for meeting peoples' needs based on Promoting Independence.	The Adult Social Care mitigating tasks are relatively short term measures compared to the long term risk, i.e. 2030, but long term measures are outside NCC's control, for example Central Government policy. The department is implementing Promoting Independence which will radically change Adult Social Services in Norfolk. The overall objective is: improving when and how people can get information and advice locally; helping people to meet their needs locally; helping people to be independent; a strengths based approach; and in turn reducing the number of social care assessments that Norfolk carries out and the amount of funded services provided. Strengths based training will have been rolled out to all social care practitioners in Adult Social Services by the end of April 2016. Preventative Assessments are being piloted. The Customer Clinics/Links are starting to be rolled out.	2	4	8	31/03/2030	Amber	Harold Bodmer	Janice Dane	19/04/2016
D	Transformation	RM13926	Failure to meet budget savings	If we do not meet our budget savings targets over the next three years it would lead to significant overspends in a number of areas. This would result in significant financial pressures across the Council and mean we do not achieve the expected improvements to our services.	30/04/2011	3	5	15	4	5	20		• 2015/16 Budget recovery action plan implemented, monitored and regularly reported to ASC Committee. The action plan will continue to be updated and reported in 2016/17. • Rationalisation of programme governance across the service and alignment to 2016-19 savings requirements • Promoting Independence programme of work underway including strength based assessments, pilot Community links, reablement recruitment. • Detailed work on target demand model and external support secured to challenge robustness; improve modelling, support development of additional plans and implementation.	3	5	15	31/03/2017	Amber	Susanne Baldwin	Susanne Baldwin	22/04/2016
D	Transformation	RM14149	Impact of the Care Act	Impact of the Social Care bill/Changes in Social Care funding (significant increase in number of people eligible for funding, increase in volume of care - and social care - and financial assessments, potential increase in purchase of care expenditure, reduction in service user contributions)	27/11/2013	4	3	12	1	5	5	Project for Implementation of the Care Act. Ensure processes and resources in place to deliver Government requirements. Estimate financial implications. Keep NCC Councillors informed of issues and risks.	Project delivered necessary changes for April 2015 (part one of the Care Act). On 17 July 2015 the Government announced that Part Two of the Care Act is deferred until 2020. ASC Committee members agreed to keep this on the risk register until government guidance was clearer. At this point in time no further information has been received from Government.	1	3	3	31/03/2020	Green	Janice Dane	Janice Dane	19/04/2016
D	Safeguarding	RM13931	A rise in acute hospital admissions / pressure on acute services.	A significant rise in acute hospital admissions / services would certainly increase pressure and demand on Adult Social Care. Potential adverse impacts include rise in Delayed Transfers of Care (DTOCs)m pressure on POC spend, staff capacity and NCC reputation.	30/06/2011 - revised 21/04/2016	3	4	12	4	4	16	• Close daily monitoring of demand and flow. • Integration programme means we are transforming to flex to best advantage in this situation. • Close working across system to deliver new models and prevent rise in demand. • High level involvement in issues. Senior careful management of reputational issues.	• Integration Programme Phase 2 in place with agreed joint work-streams. • Innovations at NNUH, JPUH and QEH initiated. • Joint whole system working in evidence. • Capacity Planned and monitored – this area given priority.	2	3	6	31/03/2017	Amber	Lorrayne Barrett	Lorrayne Barrett	20/04/2016
C	Adult Social Care Committee Transformation	RM0207	Failure to meet the needs of older people	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation.	01/04/2011	3	4	12	3	4	12	• Invest in appropriate prevention and reablement services • Integrate social care and health services to ensure maximum efficiency for delivery of health and social care • The Building Better Futures Programme will realign and develop residential and social care facilities. Adult Social Services has a new more cost effective model for meeting peoples' needs based on Promoting Independence.	• The Norsecare development at Bowthorpe opened in April 2016. • The department is delivering Promoting Independence, the new strategy for Adult Social Services: keeping people independent in their homes, meeting their needs in the local community and reducing the need for paid services. • The department has invested in more reablement staff so that additional people can be reabled, needing either no home care or smaller packages of care. • Some of the CCGs have stated that they will not be putting as much money into the Better Care Fund in 2016-17.	2	4	8	31/03/2017	Amber	Harold Bodmer	Janice Dane	21/04/2016
D	Support & Development	RM13925	Lack of capacity in ICT systems	A lack of capacity in IT systems and services to support Community Services delivery, in addition to the poor network capacity out into the County, could lead to a breakdown in services to the public or an inability of staff to process forms and financial information in for example Care First. This could result in a loss of income, misdirected resources, poor performance against NI targets and negatively impact on our reputation.	30/04/2011	4	4	16	3	4	12	• Children's Services, Adult Care, Finance and PPP planning requirements are prioritised by CareFirst Production Review Group - monitor and update as necessary at each CFPR meeting. • Business Development Manager is the lead for ICT in ASSD and co-ordinates all ICT related activity on behalf of SMT. • CareFirst Production Review Group monitors progress and demand to ensure available ICT resources are allocated to Children's Services (ChS), Adult Social Care (ASC) and Finance on an agreed service priority basis. • The ICT Business Partner pulls together CareFirst and other ICT developments for ChS and ASC in the form of commissioning documents that feed into ICT Steering Group and CareFirst Production Review Group.	• Active monitoring of the ICT resource was undertaken by CareFirst Production Review Group to ensure Care Act developments are achieved on time. • The ASC Care First ICT and IM group meets monthly to ensure priorities are co-ordinated and agreed and presented to CareFirst Production Review Group to access the required ICT resource. • The work to support automatic uploads of the NHS number to CareFirst was completed in March 2014. This number is used as the main identifier of service users between health and social care organisations and is updated monthly as an automatic upload. • 13/08/15 the Director raised the ICT Integration capacity issue with the Head of Resources - further information on requirements has since been provided • 4 April 2016 - a draft remedial plan to resolve integrated ICT matters was presented to the Joint Integration Board. • 14 April 2016 - NHS integration (capacity and solutions for integrated working) raised with the NCC ICT Steering Board as a key priority	3	2	6	31/03/2017	Amber	Harold Bodmer	John Perrott	18/04/2016

CDGSTP	Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Original Likelihood	Original Impact	Original Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
D	Prevention	RM13923	Risk of failing to deliver Promoting Independence, the new strategy for Adult Social Services in Norfolk	Promoting Independence is the new strategy for Adult Social Services in Norfolk. The overall objective is: improving when and how people can get information and advice locally; helping people to meet their needs locally; helping people to be independent; a strengths based approach; and in turn reducing the number of social care assessments that Norfolk carries out and the amount of funded services provided. Failure to deliver the new strategy will mean poorer outcomes for people and savings included in the budget plan will not be achieved.	30/04/2011	4	3	12	3	4	12	• Programme and resources in place to deliver Promoting Independence.	• Capacity of the reablement service has been increased so it can take 100% of referrals (based on previous years). • Strengths Based Assessment training has been rolled out to all staff. • Assistive Technology staff have been transferred back to NCC. • Community Clinics and Preventative Assessments are being piloted. • Co-production workshops are being held to review the Personal Budget Questionnaire. • Partnership Review Group has been set up.	2	4	8	31/03/2018	**Amber**	Catherine Underwood	Janice Dane	21/04/2016
D	Transformation	RM13929	The speed and severity of change	The speed and severity of the changes in work activities and job cuts across all areas of the department outlined necessary to achieve budget savings targets could significantly affect the wellbeing of staff. This results in increased sickness absence, poor morale and a reduction in productivity.	30/04/2011	3	5	15	3	4	12	Robust approach to workforce planning being taken Managers being supported and encouraged to proactively manage sickness absence Well practiced change program and consultation mechanisms established to communicate and respond to change. Staff survey results analysis from Sep 2014.	Workforce planning approach now inherent in all aspects of the transformation delivery programme. Staff support mechanisms in place on Peoplenet and Well-Being interventions are in place. Leadership and Management development strategies in place led by L&D Communications strategy in place to support changes, including formal consultation with staff. Promoting Independence training programme is well underway. Risks around change in future because of churn, e.g. people exiting, including loss of corporate knowledge. Sickness absence figures continue to reduce and managers are being supported in addressing sickness within their teams. Improved data is now being issued regularly to managers on absence in their areas. It is proposed that this risk is removed as it has been MET. However see main risk report to this ASC Committee recommending a new HR risk to Promoting Independence.	1	4	4	31/03/2016	**MET**	Lucy Hohnen	Lucy Hohnen	25/04/2016
D	Transformation	RM14150	Impact of DNA	Impact of DNA: temporary pausing of customer portal/self service ; impact on work to integrate with NHS; resources required to deliver departmental elements; impact on resources with DNA implementation and funding of DNA.	27/11/2013	4	3	12	3	4	12	Ensure departmental requirements, e.g. Customer Portal and Integration with Health, are DNA priorities. Departmental resources/work streams in place as required. DNA Business Lead appointed to carry these issues forward. Proposed to delete this risk as met - see proposed new risk in main report	• The Customer Portal project was previously reported as 'on hold'. The portal will now form a business requirement for the CareFirst Re-procurement project and removed as a DNA risk. • Works at the James Paget University Hospital (JPUH) will see the implementation of a new NCC network, new printing resources and a rollout of new devices are planned for completion in May 2016 and are being managed as BAU as the DNA programme has ended. • The roll-out to ASC staff is complete other than JPUH mentioned above. • It is recommended that this risk is removed as the project is complete.	1	3	3	31/03/2016	**MET**	Harold Bodmer	John Perrott	18/04/2016
D	Information Management	RM14085	Failure to follow data protection procedures	Failure to follow data protection procedures can lead to loss or inappropriate disclosure of personal information resulting in a breach of the Data Protection Act and failure to safeguard service users and vulnerable staff, monetary penalties, prosecution and civil claims.	30/09/2011	3	5	15	3	4	12	• New staff not allowed computing access until they have completed the data protection and information security e-learning courses. • Mandatory refresher training and monitoring rates of completion of training. Introduction of more stringent rules to ensure sensitive information is sent to the correct recipient. • Monitoring and reporting regime, including monthly reports to CLT, now established. • Work in progress on a standardised mechanism for investigating breaches. • A workbook on data protection and information security has been published for staff and volunteers who have no computer access. • A new Information Compliance Group has been set up by the IM Manager. Group objectives are to improve the management of data protection and information security across the county. • Recent ASSD improvements include auditing of HQ and locality offices for compliance with clear desk policy and following up non-completion of e-Learning modules.	• Any cases reported to Performance Board. • ASC locality premises are regularly audited for compliance and actions taken to promote rapid improvement. • A Data Quality policy has been developed by the Business Systems team in respect of CareFirst which takes into account of DP requirements. • The Business Systems team has been reviewed to support a greater emphasis on the accuracy of data within CareFirst. • All user emails are being sent on a regular basis to keep staff informed of changes and updates. • Managers in department are sent regular reminders about people who have not completed e-learning course and completion discussed at SMT. • The BDM attends regular ICG meetings that focus on improvements to data protection and information security across the county. • The BDM is working with the Head of IM to oversee the implementation of the NHS IG toolkit which will see an improved level of training and compliance for Adults and Children's staff. • Reminders to individual staff to complete Data Protection e-Learning courses are sent out when necessary. • ASSD policy and guidelines are regularly reviewed and updated and appear on the NCC intranet	1	3	3	31/03/2017	**Green**	Harold Bodmer	John Perrott	18/04/2016
D	Transformation	RM13936	Inability to progress integrated service delivery	Pressure on NCHC staff could have an adverse impact on joint teams regarding capacity and hinder integration progress or organisations reputation / ability to deliver.	30/06/2011 - revised 18/04/2016	3	5	15	2	5	10	• Pressure closely monitored by AD's and escalated to Director Integrated Services. • Integration Programme Board monitors and takes actions to mitigate. • Issues can be escalated to S75 Monitoring Board for resolution. • Back office functions monitored and compared to ensure equity and fair access and support by both organisations. • Additional resources put in place when requirements evidence.	• Waiting lists actively monitored in localities and impact on workloads monitored. • SMiT (Senior Managers Integration Team) regularly discuss capacity issues and make recommendations. • Additional support in place regard LD as a result.	1	5	5	31/03/2017	**Green**	Harold Bodmer	Lorrayne Barrett	18/04/2016

CDGSTP	Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Original Likelihood	Original Impact	Original Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
D	SMT	RM14237	Deprivation of Liberty Safeguarding	The Cheshire West ruling March 2014 has significantly increased referrals for people in care homes and hospital. The demand outstrips the capacity of the DOLS team to assess, scrutinise, process and record the workload. Significant backlog has developed and priority cases are no longer met within timescales. Specific areas of risk are: • 222 of priority 1 cases not seen • Priority 2 and 3 cases not being seen at all • Staff unable to complete tasks appropriate to role c/o capacity issues • Outstanding reviews not being addressed • Litigation risk • Reputational risk • Delays in appointing paid reps • DOLS team staff wellbeing • Increased cost to the department	08/05/2015	3	4	12	4	4	16	• Review staffing compliment • Review processes and systems • Apply national guidance, priority framework • Improve data quality and reporting	Senior Management Team agreed an additional £137k employ an additional practice consultant, an additional assistant practitioner and business support staff. The posts have been recruited to and run to the end of June 2016 • New national forms implemented 1/5/15 • Introduction of e-DOLS • One off £445k DoH grant - SMT approved temporary appointment of Best Interest Assessor (BIA) staff and business support staff –one BIA appointed • Use of ADASS guidance to prioritise cases • 10 BIA's trained 2015/16 • 14 NCC sessional BIA's on rota • Course 2016/17 planned – course at UEA planned for autumn 2016	2	4	8	31/03/2017	Red	Lorna Bright	Alison Simpkin	25/04/2016
D	Adult Social Services Department	RM14238	Failure in our responsibilities towards carers.	The failure of Adult Social Services to meet its statutory duties under the Care Act will result in poorer outcomes for service users and have a negative impact on our reputation. Funding reductions by health and other partners may adversely impact on provision of countywide carers services	27/05/2015	2	3	6	2	3	6	Review of 'front door' services (information and advice) Keep demand for carer assessments under review following enactment of Care Act Work closely with Children's Services around the needs of young carers Early 2016 begin preparing commissioning plans for future service requirements Develop the commissioned Carers Service	A thematic audit of Carer Assessment has been agreed and the QAF is to be co-produced with the Carers Council. This should be underway shortly. Carer's audit complete. Report and action plan to ASSD Finance and Performance Board in January 2016. Continuation of funding for commissioned Carers Service is currently being sought from 4 of CCGs.	1	1	1	31/03/2017	Amber	Catherine Underwood	Sera Hall	21/04/2016
	Adult Social Services Commissioning	RM012	Negative outcome of the Judicial Review into fee uplift to care providers	A successful Judicial Review being brought by a group of residential care providers may result in additional costs for 2015/16 which were not anticipated in budget planning for the year.	07/09/2015	3	4	12	3	4	12	Following the Older People residential and nursing care cost of care exercise and consultation process, the outcome and revised usual prices was recommended to the Adult Social Care Committee on 29th April 2016.	• The ASC committee have agreed the usual price for older adults for 2015/16 and the 2016/17 fee uplift and this is now out to consultation. • A consultation for working age adults residential and nursing care adults is commencing.	1	4	4	31/03/2017	Amber	Harold Bodmer	Susanne Baldwin	22/04/2016
	Adult Social Services Commissioning	RM14247	Failure in the care market	The council contracts with independent care services for over £200m of care services. Risk of failure in care services would mean services are of inadequate quality or that the necessary supply is not available. The council has a duty under the Care Act to secure an adequate care market. If services fail the consequence may be risk to safeguarding of vulnerable people. Market failure may be faced due to provider financial problems, recruitment difficulties, decisions by providers to withdraw from provision, for example. Further reductions in funding for Adult Social Care significantly increases the risk of business failure.	07/09/2015	4	3	12	4	3	12	• Production of Market Position Statement • New Quality Assurance Framework which provides a risk based approach to the market of care services, collating intelligence from a range of sources and triangulating to identify services for targeted intervention • Prioritising care workforce capacity within the learning and development programme • Revision of a market failure protocol based on established good practice • Liaison with Care Quality Commission to engage with their work with Norfolk care services • Procuring new domiciliary care contracts • Carrying out major Cost of Care exercise to determine fee rates in residential care	• Market position statement presented to Commitee in May 2016 • Implementation of Quality Assurance framework underway • Market resilience strategy under development • Meeting took place with Care Quality Commission to refresh joint working arrangements • New Trusted Carer scheme and Code of Practice under development for completion • New real time quality (risk) dashboard produced • Joint workforce strategy agreed and presented to LEP in April 2016	2	3	6	31/03/2017	Amber	Catherine Underwood	Sera Hall	21/04/2016
D	Adult Social Services Integration	RM tbc	Integration with community health providers increase service delivery risks	Integrated management arrangements with Norfolk Community Health and Care have a negative impact on the delivery of adult social care quality and performance	07/03/2016	4	3	12	3	3	9	• Clear programme of work developed with scope, leads and milestones • Integration Programme Board in place to oversee delivery and risks • Ongoing discussions at SMIT about management capacity and resource constraints • Programme manager in place	• Integration Programme Board in place • Well developed programme of work, risk register and milestones • Programme manager in place to drive delivery	2	3	6	31/03/2017	Amber	Lorrayne Barrett	Lorrayne Barrett	04/05/2016

Risk Matrix and Tolerance Levels

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

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

Click here to return to the Well Managed Risk Documents and Tools Page

Corporate Risk Register - Norfolk County Council

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

High	
Med	
Low	

Red	
Amber	
Green	
Met	

CDG	Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Original Likelihood	Original Impact	Original Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
C	Adult's Services	RM014b	The amount spent on adult social care transport at significant variance to predicted best estimates	Rising transport costs, the nature of the demand-led service (particularly for adults with special needs) and the inability to reduce the need for transport or the distance travelled will result in a continued overspend on the adult social care transport budgets and an inability to reduce costs.	04/11/2015	3	3	9	4	3	12	Work with Adult Services to reduce the amount of transport needed, including highlighting high cost cases and unusual journey requirements. Continually review the transport networks, to look for integration and efficiency opportunities. Work with Norse to reduce transport costs and ensure the fleet is used efficiently and effectively. Look for further, more innovative, ways to plan, procure and integrate transport. Overall risk treatment: reduce	One FTE in H&T now dedicated to helping ASSD transport savings programme. Regular data and costs are being sent to ASSD managers. ASSD have set up project governance and are working on analysing activity data, but problem remains that reviews of service users are not taking place quickly enough to progress change - ASSD SMT are aware.	2	3	6	31/03/2017	Red	Janice Dane	Catherine Underwood	02/03/2016
C	Adult Services (Lead Director) Shared Re-procurement of social care system for Adults, Children's and Finance Departments -	RM019	Failure to deliver a new fit for purpose social care system on time and to budget (NEW)	Major risks include: 1) Being unable to resource the project to meet the April 2018 deadline 2) Setting a scope that is either too ambitious or not challenging enough 3) The market may not provide an affordable solution 4) It may be difficult to establish costs and fund the project 5) National and local agendas may cause our requirements to change radically between procuring and implementing the system 6) Corporate governance may be challenging to establish standard requirements for a complex project involving users from 5 council departments and 3 committees.	24/02/2016	4	5	20	3	5	15	1) Create and cost a resource and preliminary staffing structure profiled across years 2) Ensure scope is effectively challenged through staff, management and member consultation 3) Ensure the procurement route and SoR is clearly specified to appeal to the widest group of contractors 4) Ensure costs and resource plans are challenged reviewed by an external expert 5) Consult effectively with partners and stakeholders to ensure intelligence is captured and fed into the procurement requirements and within the implementation phases 6) Develop and review effective corporate governance to ensure service requirements are fed into the scope and SoR overall risk treatment: reduce	1) Staffing and non-staffing estimates were calculated and profiled and approved by Adults, Children's and policy and Resources Committees by February 2016 2) The project scope has been reviewed by the SCS Management Board and by CLT 3) The SoR is being constructed and consulted on with a deadline of end of March 2016. The SoR will be reviewed for sign-off by management teams, selected stakeholders, CLT and the Members Working Group 4) Cost and resource plans have been challenged and reviewed by an external ICT consultant and changes have been made to take these into account 5) The Project Team is consulting with management groups, stakeholders and OLAs and is maintaining a watching brief on the development of Government and professional body agendas 6) Governance models developed in the preliminary stages have been reviewed in consultation with the Managing Director and Corporate Leadership Team and those changes are being implemented.	1	4	4	30/06/2018	Green	Harold Bodmer	John Perrott	26/02/2016
C	Adults Services (NEW)	RM020a	Failure to meet the long term needs of older people (NEW)	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local authorities may only have sufficient funding for Adult's and Children's care.	23/03/2016	5	5	25	4	5	20	1) Take steps to protect the Purchase of Care budget when budget planning prior to 2014-17. 2) Invest in appropriate prevention and reablement services 3) Integrate social care and health services to ensure maximum efficiency for delivery of health and social care 4) Ensure budget planning process enables sufficient investment in adult social care particularly in year 3 of current plan. 5) Continue to manage needs within available budget; to identify and deliver savings in the Adult Social Care budget plan. ensure the issues are understood and discussed corporately. 6) Developing and implementing a new strategy for adult social care promoting independence, with a focus on prevention and early intervention in order to manage demand for formal care services. Overall risk treatment: reduce	1) The Council has implemented a 2% precept which has allowed for the protection of prevention services in Adult Social Care, however significant savings will need to be made in purchase of care. 2) Additional investment has been made in reablement services in order to respond to 100% of appropriate referrals from April 2016. The Adult Social Care mitigating tasks are relatively short term measures compared to the long term risk, i.e. 2030, but long term measures are outside NCC's control, for example Central Government policy. 3) Integrated management of community health and care teams in in place supported by a programme to deliver benefits through integration. 4) Budget planning process will adress investment in adult social care. 5) Although steps have been taken to protect the Purchase of Care budget in previous budget planning, the proposals for 2014-18 have had to include savings from the Purchase of Care budget. It proved difficult to make the savings in 2015-16 and the savings have not been fully achieved. Savings delivery plan is being put in place for 2016/17. 6) The Adult Social Care Committee has approved Promoting Independence as the new approach to adult social care. The full model and implementation plan are in development. The overall objective is: improving when and how people can get information	2	4	8	31/03/2030	Amber	Harold Bodmer	Janice Dane	30/03/2016

CDG	Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Original Likelihood	Original Impact	Original Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update	
C	Adults Services (NEW)	RM020b	Failure to meet the needs of older people (NEW)	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation.	23/03/2016	3	4	12	3	4	12	1) Invest in appropriate prevention and reablement services 2) Integrate social care and health services to ensure maximum efficiency for delivery of health and social care 3) The Building a Better Future Programme will realign and develop residential and social care facilities. 4) Adult Social Services has a new more cost effective model for meeting peoples' needs based on Promoting Independence. Overall risk treatment: reduce	1) Cost of care exercise is coming to a conclusion and will set the usual price for care in 2016-17. 2) The Care Act has been deferred to 2020. This could impact significantly on both eligibility for services and reduced service user contributions. 3) Following the setting up of Norse Care in April 2011 the Building a Better Future 15 year transformation programme of the previous in house residential homes has reprovided three residential homes in the Eastern locality with Lydia Eva Court and is building a development at Bowthorpe to open later in 2016. The department is setting up Trusted Traders who provided financial advice. Actions are in place to deliver the 2016-17 savings but there are risks associated with the savings, and they were not achieved fully in 2015/16. The Purchase of Care budget and the department are forecast to overspend in 2015-16. 4) The department is working on delivering Promoting Independence, the new strategy for Adult Social Services: keeping people independent in their homes, meeting their needs in the local community and reducing the need for paid services. Some of the CCGs have stated that they will	2	4	8	31/03/2017	**Amber**	Harold Bodmer	Janice Dane	30/03/2016	

Adult Social Care Committee

Report title:	**Market Position Statement 2016/17**
Date of meeting:	**16 May 2016**
Responsible Chief Officer:	**Harold Bodmer, Executive Director of Adult Social Services**

Strategic impact

The Market Position Statement (MPS) (Appendix A) is fundamental to the Council's overall approach to shaping the adult social care market in Norfolk. The MPS sets out both the challenges in the market and the Council's market shaping and commissioning strategies to promote its effective and efficient operation. Its audience is care providers.

Executive summary

The Care Act requires councils with adult social care responsibilities to promote the effective and efficient operation of the market in social care and support services for adults in their areas. This requires the Council to work closely with care providers ensuring that they have a clear sense of the kind of services that people will need to support the achievement of their outcomes in terms of independent living and wellbeing.
It is crucial that providers fully understand the Council's commissioning strategies and its investment intentions to shape the care market so that they can develop their businesses in such a way as to be part of a sustainable high quality care market.

This is particularly important given the challenges posed by the significant reductions in expenditure that the Council faces and the rising demand for care and support services. The Council is facing this challenge through a reimagined Norfolk public service and its Promoting Independence strategy for adult social care which forms the context for the MPS 2016

Recommendations:
The Committee is asked to:

a) Consider and approve the Norfolk Adult Social Care Market Position Statement 2016/17

1. Proposal

1.1 The proposal is to publish the Council's Market Position Statement (MPS) for 2016/17 following consideration and approval by the Committee. It is proposed to make the MPS available primarily electronically through the Council's website and with limited hard copies.

1.2 The Council has carried out consultation with providers assisted by Norfolk Independent Care throughout including an online consultation and discussions at locality based provider forums.

1.3 These consultations and discussions support the goal of the MPS to achieve its purpose in enabling providers to develop their services and offer in the care market in line with the Council's commissioning and investment strategies for the care market.

2 Evidence

2.1 The MPS for 2016/17 provides the first opportunity to signal to the market a key shift in the Council's approach to developing and shaping the adult social care and support market reflecting the need for a reimagined public sector in Norfolk and the Council's Promoting Independence strategy. This is fundamental to the development of adult social care over the coming years.

2.2 The MPS sets out our analysis of the care market in Norfolk for the county as a whole and by Clinical Commissioning Group (CCG) localities as well as referencing district council boundaries.

2.3 The document clearly shows the levels of investment in care services and the quality of care services drawing on our quality dashboard which incorporates Care Quality Commission ratings for care providers.

2.4 In addition the MPS describes our approach to integrated care in each of the CCG areas by reference to the Better Care Fund plans and priorities.

2.5 The MPS provides a detailed analysis of all of the major market sectors highlighting the key changes and developments we want to see and the way in which we intend the shape of these markets to change to support our Promoting Independence strategy.

3 Financial Implications

3.1 There are no direct financial implications in publishing the Market Position Statement the costs of which are contained within existing budgets.

4 Issues, risks and innovation

4.1 The Promoting Independence strategy is key to achieving a reimagined Norfolk in respect of adult social care. The strategy requires fundamental changes in the way we go about the business of adult social care including social care and commissioning practice, the way in which care providers adjust to new models of care and the way in which consumers of care services support their own independence.

4.2 This means a greater focus on managing the demand for care through early intervention and support, a greater focus on reablement and the restoration of independence, ensuring that people with longer term conditions can be supported in their own homes and communities longer and less reliance on long term residential care.

4.3 The care market faces unprecedented competition for labour operating as a minimum wage economy, creating a risk of market failure and the inability of the market to support the wider integrated health and social care system. The MPS supports our work with the market to manage these risks.

5. Recommendations

5.1 **The Committee is asked to:**

a) Consider and approve the Norfolk Adult Social Care Market Position Statement 2016/17

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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Great Care • Great Quality • Great Value

Norfolk County Council

Care and Support

Market Position Statement

2016/17

Contents

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You can also visit our web page: www.norfolk.gov.uk/careproviders

Dear Provider...

I am pleased to share the 2016/17 Market Position Statement with you. This document provides you with essential information to enable us to work together to shape the care market. It is important that we have a shared understanding of the opportunities and challenges for the social care market in Norfolk.

The Care Act gives us very clear responsibilities, this document helps to define how we will deliver these responsibilities and forms part of the ongoing conversation we are having with you as the care market. As the scale of the changes that providers, commissioners and key partners face is becoming clearer it is important that we continue to work together, to develop an effective and efficient care market.

As a provider it is important that you understand the new models of care that we are beginning to develop. We want to prevent, reduce or delay the need for funded care packages wherever possible, not only because this is better for individual outcomes but also because we need to manage demand in the market to be able to fund the care packages that people will need.

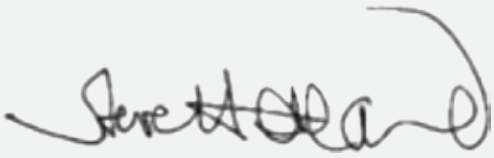
Our approach to ensuring we are providing the right services begins with assessment. We are introducing a new approach to social care assessments, called Signs of Wellbeing. All of our social care assessors will focus on strengths and more innovative ways of helping people to achieve their individual wellbeing and independence goals. I want to ensure that you have the opportunity to fully understand how this impacts on the services you provide.

I understand the need for really effective engagement with you if we are to successfully shape the market together. I will develop new opportunities for engagement at both the strategic and operational level throughout Norfolk. I will discuss with you what these new arrangements should look like in a series of workshops and support this through our market development fund. We will also develop a new approach to consulting with you about fee levels.

Our Heads of Integrated Commissioning will lead market shaping at the local level integrating across health and care with our Better Care Fund plan. They will continue to host our locality provider forums and will discuss how these local opportunities for engagement can work better.

I will be in touch with all providers throughout the coming year to invite you to join our working groups, participate in our workshops, our consultations and other ways in which you can engage with us.

I look forward to working with you in the year ahead.

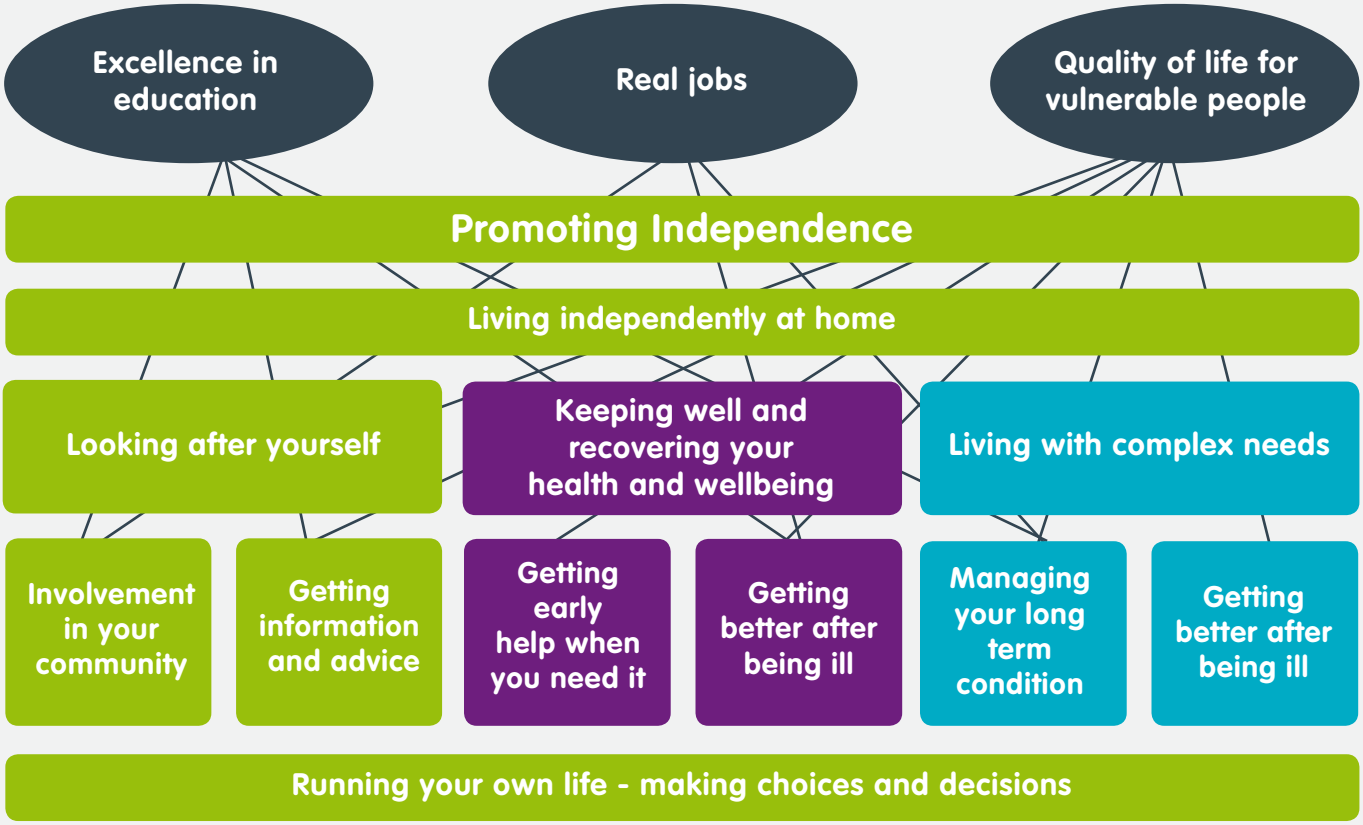


Steve Holland
Head of Quality Assurance & Market Development

Strategic context and direction of travel

It is no secret that funding for local services including adult social care has reduced significantly in recent years and is expected to continue to do so. This means that we have to think differently about how councils and the public sector works as a whole. Re- imagining Norfolk is the programme that is supporting these new ways of working. The Council's key priorities are Excellence in Education, Real Jobs, Improved Infrastructure and Supporting Vulnerable People.

The adult social service directorate is supporting these priorities through the Promoting Independence strategy which is set out in the diagram below.



Our approach will require the whole of the market and the Council to work differently

For our part we are transforming our assessment processes to focus on strengths, prevention and reablement, our procurement processes to support smarter more outcome focused, flexible commercial arrangements. We will implement full commissioning life cycle processes and a category management approach to help develop every sector of the market and ensure that our investment in the market supports the outcomes that people want and the market they need.

Focussing on outcomes

The key outcome that the Council has to focus on is the wellbeing of all adults. In the MPS we refer to people as service users or customers to differentiate between council funded clients and self-funding clients.

What people are telling us ...

We have an established Making it Real Group in Norfolk and we recently asked, what is important to them in order to promote independence they told us:

What people are telling us ...

Norfolk County Council will work with customers, providers, communities and partners to develop a care market that meets customers needs.

Norfolk Older People's Strategic Partnership Board, have produced their strategy.

This strategy gathers together the issues of key importance for older people in Norfolk.

It has been referenced throughout this Market Position Statement to ensure we are developing a care market that meets the needs of Norfolk's Older People.

Resilient communities

Promoting Independence is about supporting individual and community resilience so that as many adults as possible enjoy a good sense of wellbeing and independence for as long as possible wherever they live. The higher we can get this number and keep it there the more successful we will have been. Succeeding in this aim will be critical to our ability to fund the care and support that service users with longterm complex needs may have.

People have told us the importance of local community connections to promote independence. Our research evidences that people's wellbeing can be sustained through connections to supportive communities to reduce loneliness and its impact on physical health, and models which connect people to local networks, Norfolk County Council already works to support the development of resilient communities. Examples include;

Development workers

- Supporting small independent groups, developing community capacity through focussing on shared interests.
- Sharing information on local resources.
- Supporting vulnerable individuals to explore opportunities for getting involved in their local community.

Community based initiatives

- For example 'pub is the hub', supporting the development of pubs as the centre of community life. Providing additional essential services that meet needs identified by the local community.

Work with District Councils

- Working with District Councils and their partners to build community capacity and enable communities.

Commissioning services

- Ensuring that organisations we contract with to provide services; recruit, train and support volunteers and peer support volunteers.

Norfolk Swift Response

- A 24-hour service providing help, support and reassurance for people who have an urgent, sudden need at home, but don't need the emergency services.

Occupational Therapy equipment

- Equipment and adaptations available to people who are finding some areas of daily living difficult.

Assistive Technology equipment

- Devices and systems that help vulnerable people to live in their own homes with greater safety and independence.

Community Links

To support the promotion of independence we want to ensure that people can access information and advice at the first point of contact whenever possible. Local points of contact, enabling people to find universal services that can meet their needs based in their own communities will be developed in partnership with the market, district councils and health colleagues. These will be called 'Community Links'.

In addition, Community Links will offer strengths-based social care assessments and re-assessments (previously called 'reviews'), carried out by social workers, occupational therapists and assistant grade staff, as appropriate to the complexity of the enquiry and presenting need of the customer. If the customer is deemed to be eligible under the Care Act 2014, the assessments might lead to the provision of council-funded services or equipment if the outcomes identified cannot be achieved by support available to the customer from their own support networks or community. The development of Community Links will mean that a proportion of social care assessments that might previously have been carried out over the telephone or in the customer's own home will now take place in a Community Links setting.

Community Links will offer the opportunity for customers to find out about activities, sources of support, and events taking place in their own communities. Wherever possible, this information will be provided by the organisations delivering these services. As well as Norfolk County Council these might include voluntary sector, District Councils, carer support organisations, providers of services, social housing providers.

Benefits

We expect the benefits of our focus on resilient communities to include:

- A reduction in reliance on council services and a greater engagement with the voluntary sector.
- An increase the number of people able to access the help and support they need independently, in their own communities – promoting self-management and prevention.

Unpaid carers

In Norfolk we recognise the importance of informal carers and the contribution they make to resilient communities.

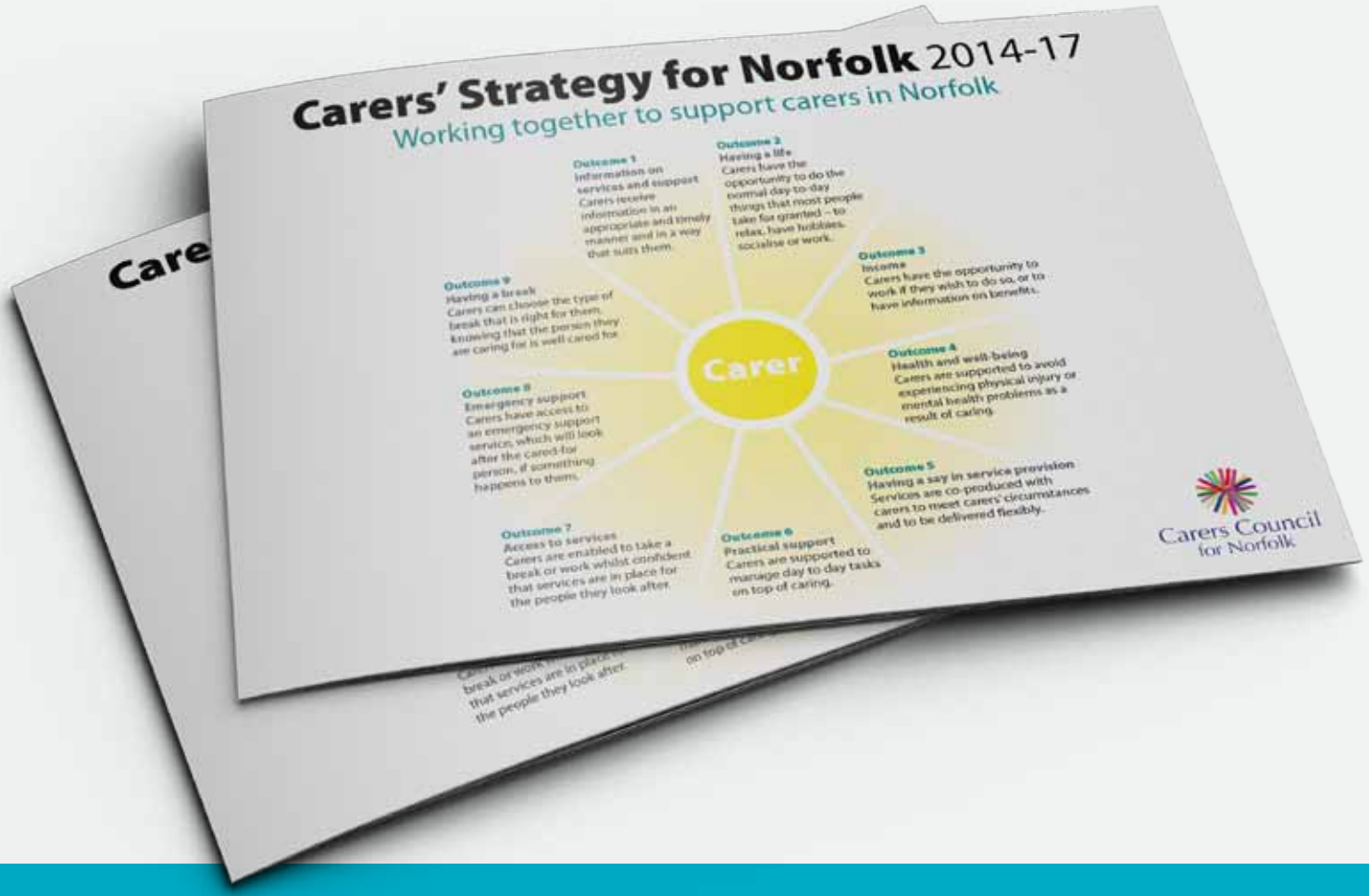
Over 94,000 people provide unpaid informal care every year which would cost the taxpayer over £500m to buy.

Over half of carers are female, the majority of carers are over 50: 37.8% are aged 50-64 and 27.6% are 65 and over.

The Carers Strategy has been co-produced with carers through the Carers Council for Norfolk in Partnership with Norfolk County Council, Norfolk's five Clinical Commissioning Groups and the Carers Agency Partnership.

£500m

This is the minimum value of unpaid care provided in Norfolk



In line with national and local Carers Strategies and others such as National Dementia strategy Norfolk County Council developed in consultation with Carers a range of services to be provided in a personalised way to support Carers in their caring role and to enjoy a life outside of caring.

Information and advice

We know from what people have told us the importance of accessible good quality information and advice and we continue to develop services to support this. We plan to develop services that ensure people, not just those eligible for social care, are able to get the information they need, supporting them to be better able to self-care and avoid entry to formal care systems.

We want services that will:

- Provide information that enables people to be more independent
- Promote solutions rather than just signposting to social care
- Link explicitly to locality resources, voluntary sector and into district councils
- Develop a different relationship with the public as part of the changing offer from Norfolk County Council to the public
- Explicitly address advice needs of carers
- Helps people to understand and get the full range of support available through commercial companies and community organisations.

We will...

Work with providers and the public to develop future services.

You can...

Work with the council to develop future services.

Together we can...

Create services that promotes independence.

Improving quality

We contract with a market of almost 1,000 providers to deliver social care and support at a cost of over £290m a year. It is essential that we can be confident that this care is high quality, effective and responsive to care needs, promotes independence and supports the outcomes that people want. Whilst always using the CQC fundamental standards of care as the starting point we will increasingly use the feedback from service users and customers to guide our judgement about quality. We will focus on the extent to which individual service users and customers believe that their outcomes are being supported by the kind of services being provided.

We will in particular want to be sure that the focus is on increasing independence and reducing reliance on care services wherever possible and appropriate in line with our Promoting Independence strategy. We will develop this approach initially focusing on the new model of care in the home care market.

The way in which care services are provided helps us to judge whether the service user or customer is really at the heart of matters and we will continue to encourage all providers to do so through adherence to the principles of the Harwood Care Charter.

The Harwood Care and Support Charter

The Charter sets out principles for how care providers should work to ensure people are at the centre of their care. It was produced with input from people who receive care and support services, carers and representatives from organisations providing care and support in Norfolk.

Being part of the Charter demonstrates to people using services that an organisation or individual is committed to ensuring people who receive care and support services in Norfolk have the high quality services that they want.

Those signing up to the Charter are committed to:

- **Listening to people and responding to their needs.**
- **Treating people with respect, dignity and courtesy.**
- **Making sure people are not left unsupported.**
- **Telling people how much services cost and how to access financial assistance.**
- **Making sure staff are properly trained and Police checked.**
- **Reporting back to commissioners where things work well or could be developed to better meet needs.**

Organisations that have signed up include private, voluntary and statutory providers.

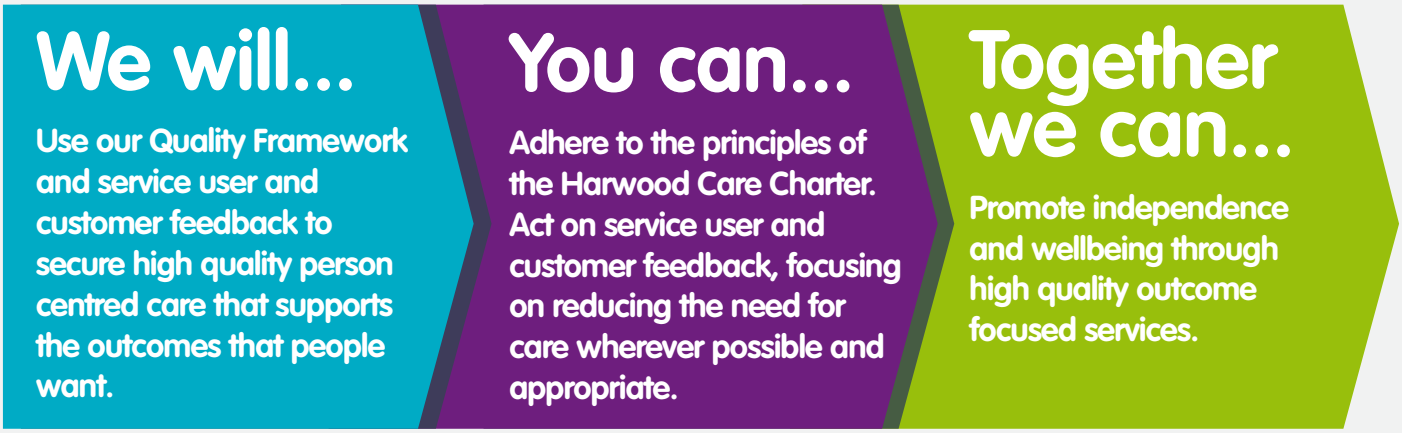
Quality Framework

Our Quality Framework sets out how we intend to secure high quality care through an intelligence-led programme of risk-driven monitoring and intervention in the care market.

The Framework supports effective working with the Care Quality Commission (CQC), the Regional Quality Surveillance Group, and other quality assurance teams in the health system. It drives regular dialogue between commissioners and social care practitioners in all five CCG areas in the County. It informs our Market Development work and through the Market Position Statement provides the market with insight into the quality of provision across all sectors.

Quality and contracting

As we renew contracts with providers we will be increasing the emphasis on quality, with a focus on the achievement of individual outcomes for service users, this will be supported through more flexible models of care that promote independence.

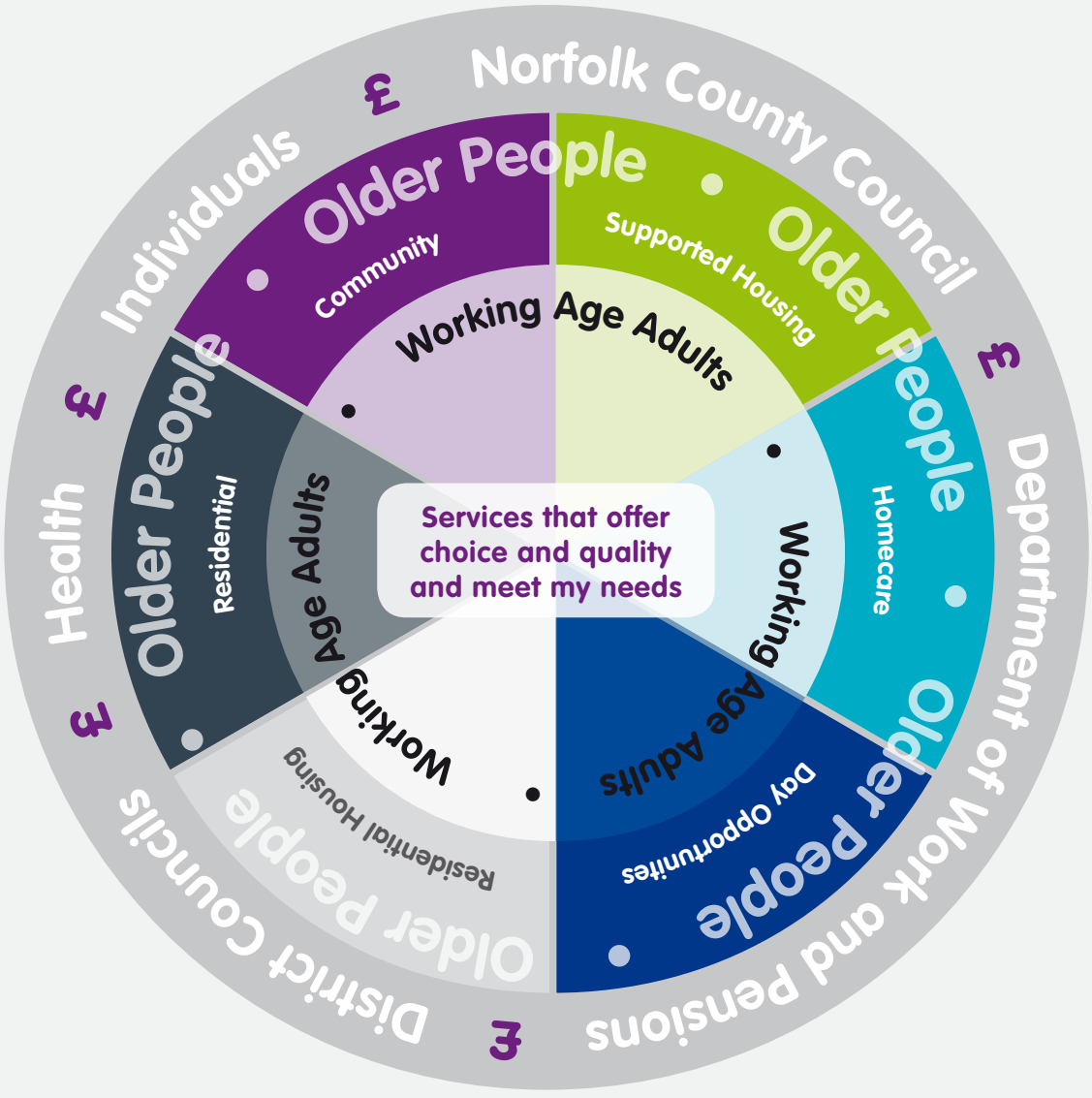


Overview of the care market in Norfolk

A Market that promotes independence

We want...
to transform our market development effort to bring forward the reshaping of the market in line with our Care Act duties and our **Promoting Independence** principles. This means a market whose services are focussed on restoring independence where ever possible by reducing the need for care and support services and delaying for as long as possible the need for additional care and support. To operate efficiently and effectively the market needs to be able to respond as soon as people's well-being or independence has been diminished.

We have...
developed a market development model that reflects the key segments or categories in the care market, the two key service user and customer groups (older people and working age adults) and where the money comes from as shown in the diagram below;



Demand for care and support

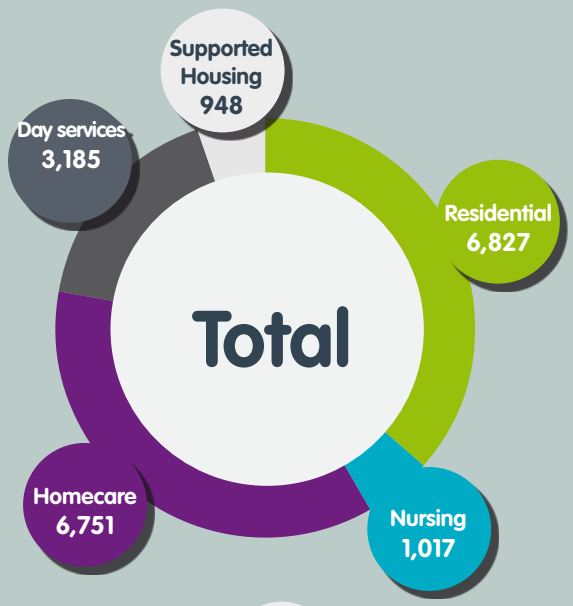
The Council funds the care and support required by a significant number of adults, we refer to this group as service users. A proportion take the funds allocated to them as a direct payment and administer the finances themselves. In Norfolk we have;

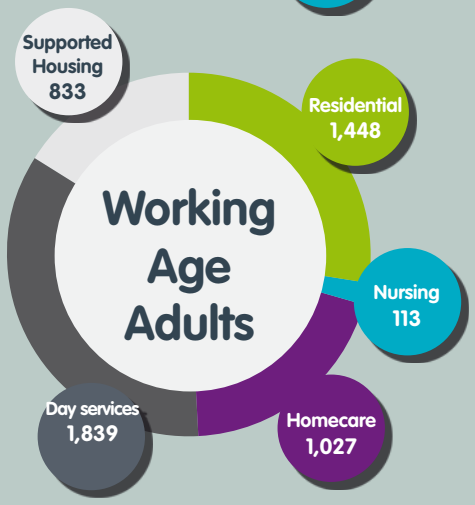
12,294
Social Care service users

2,619
Direct Payment recipients

The diagram below illustrates just over 60% of adults supported are over the age of 65.

The diagrams below shows the types of services currently funded by Norfolk County Council for all people and then split to show the difference between the older people and working age adults markets.

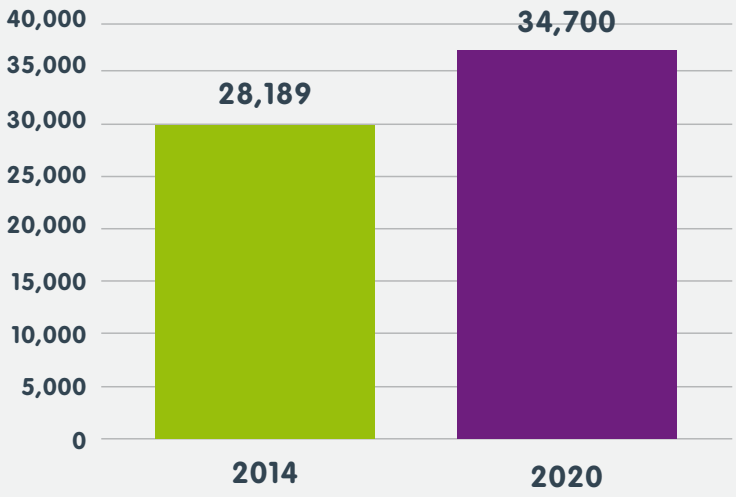




We know that there is a link between the overall health of people and their wellbeing, whilst we recognise that there are many people who are enjoying a good sense of wellbeing whilst managing long term health conditions. it is important to understand the overall health of the adult population. Morbidity data indicates that about **7 in 10** adults in Norfolk are **mostly healthy**, however the figure drops to about **2 in 10 when over 70**. The figure becomes markedly lower still from the age of 85 and over.

The diagram below shows the projected increase in the numbers of people in the 85+ age group in Norfolk.

Norfolk 85+ Population Projections 2014-2020



We also know that the prevalence of dementia increases markedly in people over the age of 85

We know that at least **9,014** people just over 1% of the adult population in Norfolk have dementia.

However using the NHS tool to estimate true dementia prevalence in England, including those still undiagnosed by their GPs, the figures for Norfolk are considered to be much higher.

Dementia

The following estimates for dementia are based on the dementia needs assessment for Norfolk 2013. **(http://www.norfolkinsight.org.uk/jsna/mentalhealth)**

13,586
2015

15,599
2020

18,172
2022

24,671
2036

Source - POPPI and PANSI 2009

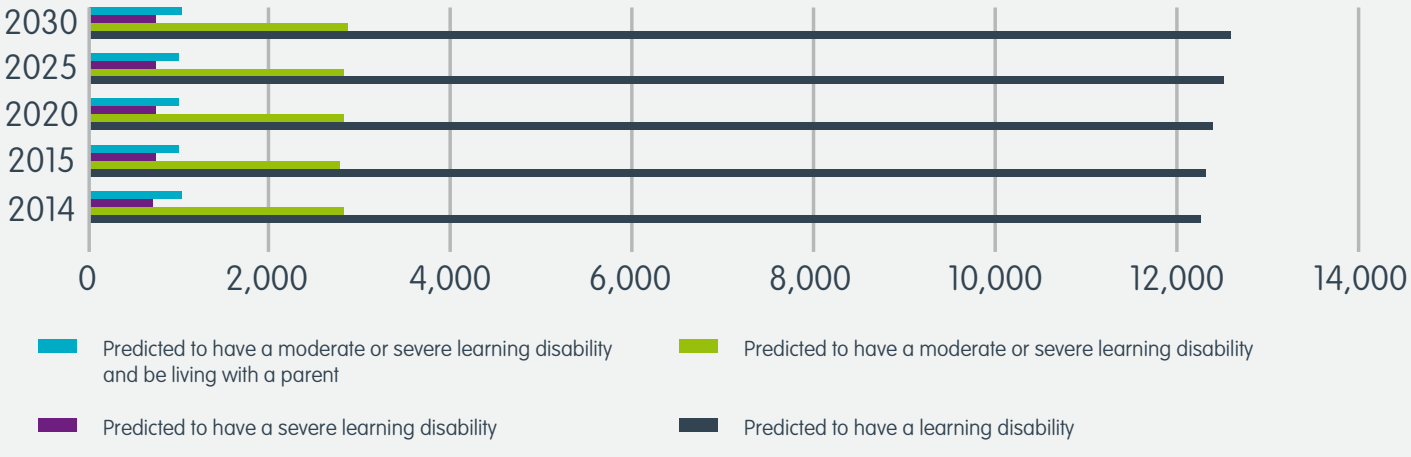
With the rising prevelance of dementia we need to work with the market to address the changing care and support needs of serivce users whilst continuing to promote their independence.

This is particularly important in Norfolk as the proportion of older people in the population as a whole is much greater than the average for England.

The picture for younger adults is quite different. The vast majority of young adults who require care and support have lifelong conditions which impact on their independence and wellbeing. These conditions typically relate to learning disabilities, physical disabilities or a combination of both. In addition younger adults may suffer from long term mental health illness or episodes of poor mental health.

We know that about 6,000 adults in Norfolk have a learning disability and about the same have a physical disability this is just under 1½% of the adult population as an whole but account for a significant proportion of the Council's investment in care and support.

Norfolk population projections for people aged 18 to 64



Provision of care and support services

The supply side of the market works through, the care estate and the care workforce. Without the appropriate combination of these components it is not possible to secure high quality care or the efficient and effective operation of the market.

Care estate

The vast majority of the care and support is provided to people in their own homes, our aim is to provide care and support where people live whenever possible. There are times of course when more specialised settings are needed to support people including hospitals, intermediate care settings often in residential care homes and nursing homes.

Much of the care estate in Norfolk is comparatively old and there are areas where there is concentrated provision and other areas where there is no specialised provision available locally.

We want in particular to increase the proportion of people who can be supported in their own homes including housing with care for older people and supported living and housing for younger adults. We want to see a corresponding reduction in the use of long stay residential care by making it possible to stay at home longer.

We also want to see the provision of more specialist intermediate care beds in settings that specialise in intermediate care where the culture and focus is on rehabilitation, convalescence and enablement to support people's return to home as soon as possible particularly after a stay in hospital.

We will work with providers to support appropriate investment in new build and remodelling of existing care homes to support this shift from traditional residential care to housing and intermediate care settings.

There will of course continue to be demand for high quality residential and nursing care both for service users and customers and we will work with the market to ensure that supply and demand are balanced.

Building a Better Future

The Building a Better Future Strategy is a good example of how the Council is addressing the need on one hand for specialist dementia care and on the other the provision of care in a housing setting, replacing the Council's former residential care provision. In addition the Council wants to help the independent sector to remodel its care estate and is considering setting up an innovative capital loans facility to help care providers develop choice and quality.

In Norfolk there are

Residential nursing providers accounting for **3,133** registered beds.

Care homes accounting for **6,580** registered beds.

Homecare providers, accredited to provide services for Norfolk County Council.

Daycare providers, accredited to provide services for Norfolk County Council, this includes personal assistant services.

Supported housing providers, this includes sheltered housing, housing with care and supported living.

Workforce

The scale of the care workforce as detailed below demonstrates its significance to the local economy. The promotion and fostering of this workforce is not only a legal duty placed on the Council it is critical to the success of the local economy.

In Norfolk there are an estimated

27,300 jobs

in adult social care. These are split between

Direct payment sector 10%

Statutory sector 12%

Independent sector 78%

The majority of the workforce are Female

The National Minimum Data Set for Social Care shows that Norfolk has a staff turnover rate of 29%, as at July 2015. This is higher than the turnover rate for the Eastern region which is 24.7%. The turnover rate varies depending on job group. Direct care staff have the highest turnover rate (34.6%), followed by professional staff (27.7%) and managerial staff (18.1%). Additionally, as of July 2015, Norfolk has a vacancy rate of 5.2%.

Recruitment and Retention

Key Issues:

- Lack of workforce in non-urban areas, and traditional retirement spots such as villages across the North Norfolk coast.
- Rurality of the county and lack of suitable transport.
- Unwillingness of younger people to take up careers in Adult Social Care.
- Lack of understanding around career paths in Adult Social Care.
- Negative perception of Adult Social Care jobs among jobseekers.
- Rates of pay and career progression.

We know that of staff leaving the adult social care workforce

Almost 1 in 5 go to health services, only 1 in 33 go to retail with 1 in 14 going to a non-retail sector.

1 in 5 just leave employment, however 4 in 10 leaving employment in residential nursing care go on to work in health services.

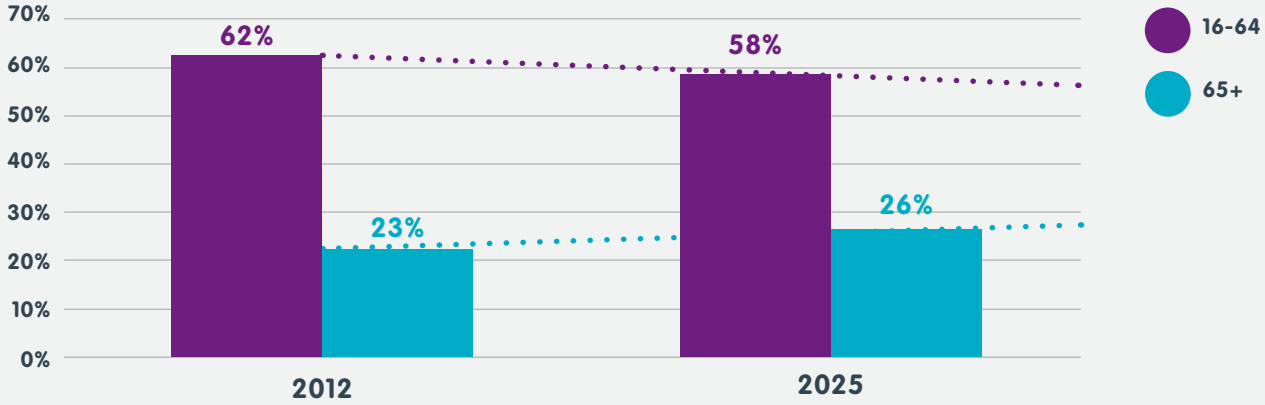
We also know zero hours contracts are still prevalent in Adult Social Care and are most marked in homecare, with 54% of workers being on zero hours contracts.

Norfolk County Council recognises the additional costs facing providers through the change in legislation for National Living Wage. We therefore will be taking account of this as part of the proposed 2016/17 uplift for purchased adult social care services.

Solving the Recruitment and Retention Challenge - the major issues

There is a significant pressure on the labour pool. The diagram below shows a reduction in 16 to 64 year olds, with a rise in the 65+ population. Job seekers allowance data also points towards a reduction in the number of people available for employment.

Norfolk 16-24 and 65+ Population Projections 2012-2025



Norfolk County Council currently supports workforce development activity for providers in consultation with the Norfolk Strategic Workforce Development Partnership. This groups identifies needs and provides grant support for services such as The Norfolk Care Brokerage. This delivers a workforce development information and advice service, learning portal and regular newsletter. Other work supported includes the development of Care Coaches and the Annual Care Conference.

Working with Suffolk we have developed a health and social care sector skills action plan which is supported by Local Enterprise Partnership (LEP). The aim is to maximise funding and support to continue to promote recruitment, retention and skills within the health and social care sector.
We have identified three priority areas that Norfolk and Suffolk health, social care, private and voluntary sector partners are going to focus on to actively improve the current situation.

(1) Entrance and retention to the health and social care sector with a particular focus on Adult Social Care.
(2) Recruitment and retention of registered nurses in nursing homes.
(3) Leadership and succession planning for registered managers and owners of Adult Social Care businesses.

We have secured funding from the Better Care Fund and Health Education East and a project officer will be appointed to drive forward this essential work.

As we continue to reduce reliance on residential care, we recognise the need to develop appropriate skill sets to ensure staff employed in the sector are equipped to deal with the changing demands. We will work with the sector to support this priority area of workforce development.

We will...

Continue to drive forward the development and delivery of the health and social care sector skills action plan, addressing sector workforce priorities.

You can...

Continue to support the recruitment, retention, training and development of your staff.

Together we can...

Promote the sector, and jointly address training and development needs.

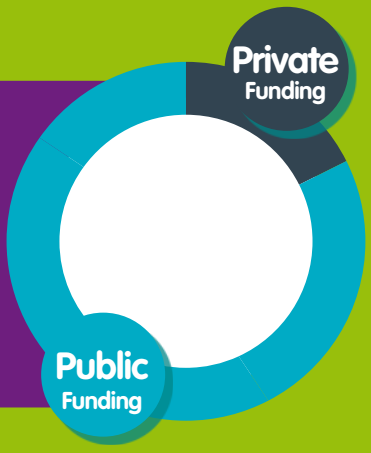
The social care economy

Investment in the care market in Norfolk

The social care economy is a significant part of the Norfolk economy. Providing employment for over 27,000 people. We have estimated from national data that about £870 million is directly invested in paying for social care and support services in Norfolk every year.

80%

of this investment is currently from **public funding**



Norfolk County Council invests almost twice as much public money in the market than all privately purchased care put together.

We estimate people funding their own care buy over £147m worth of care every year and this figure is rising.

People buying their own care spend over £147 million

£877m

This is the amount of money we estimate goes into the social care and support market in Norfolk in a single year

£290m

This is the amount that the Council invests in the social care market in a single year

The Council's investment in the market

Investment by market sector

We invest over £290 million in the care market, the main focus of this investment is in the following market sectors

Residential £141m

Residential Nursing £16m

Homecare £54m

Supported Housing £42m

Day services £29m

(these figures do not include our £12 million investment in the supporting people programme, they do include all direct payments)

Investment by service user

Direct payments

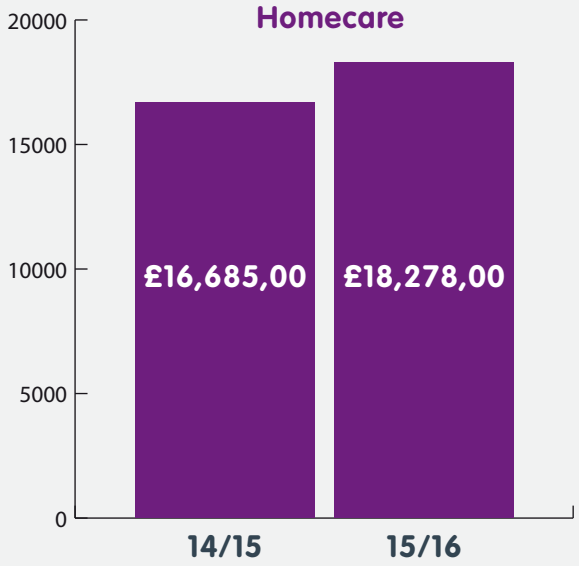
The use of direct payments is increasing. We want to support even more use of direct payments wherever appropriate, not only because this in itself supports independence, but also because it enables service users to shape the market they want by empowering them as care consumers. We will support this process through the provision of high quality advice and information about what the market can offer and let contracts that enable the provider to respond to demand for more flexible person centred services.

We continue to shift investment in the market in order to promote independence.

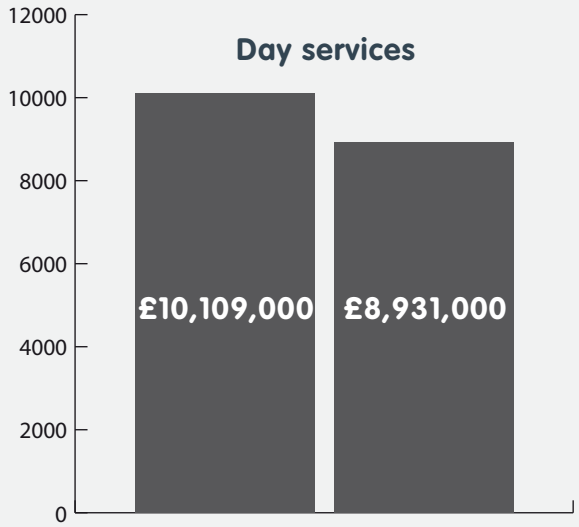
2014/15
£27.7
million

2015/16
£28.3
million

Being able to take and manage a direct payment supports independence.



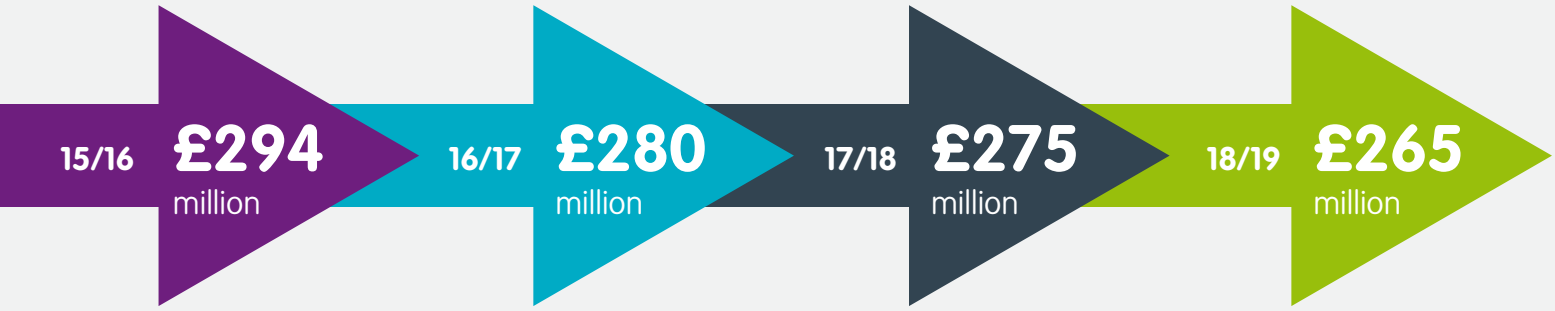
Nearly 34% of the 15/16 home care investment



Nearly 31% of the 15/16 day services investment

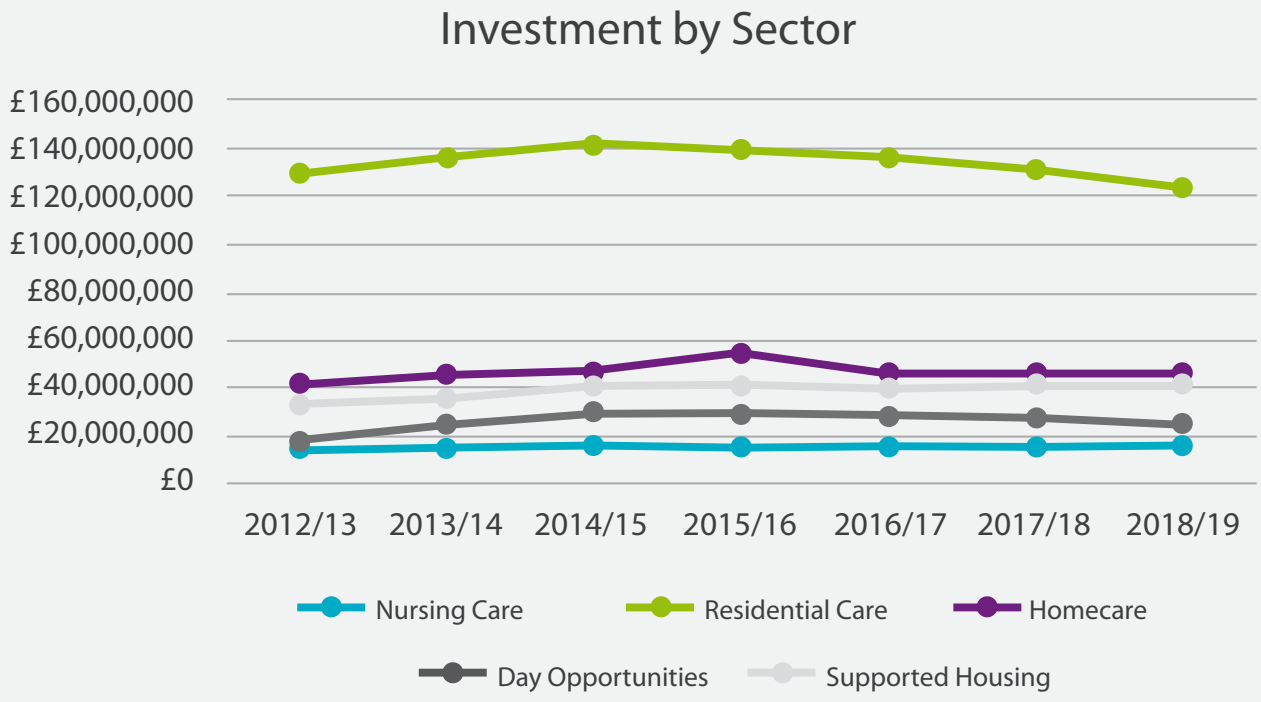
Our investment is reducing and shifting

We expect the funding available to invest in adult social care to reduce in real terms over the next three years even with the additional income generated through the social care precept, which increases council tax by an extra 2% to support adult social care.



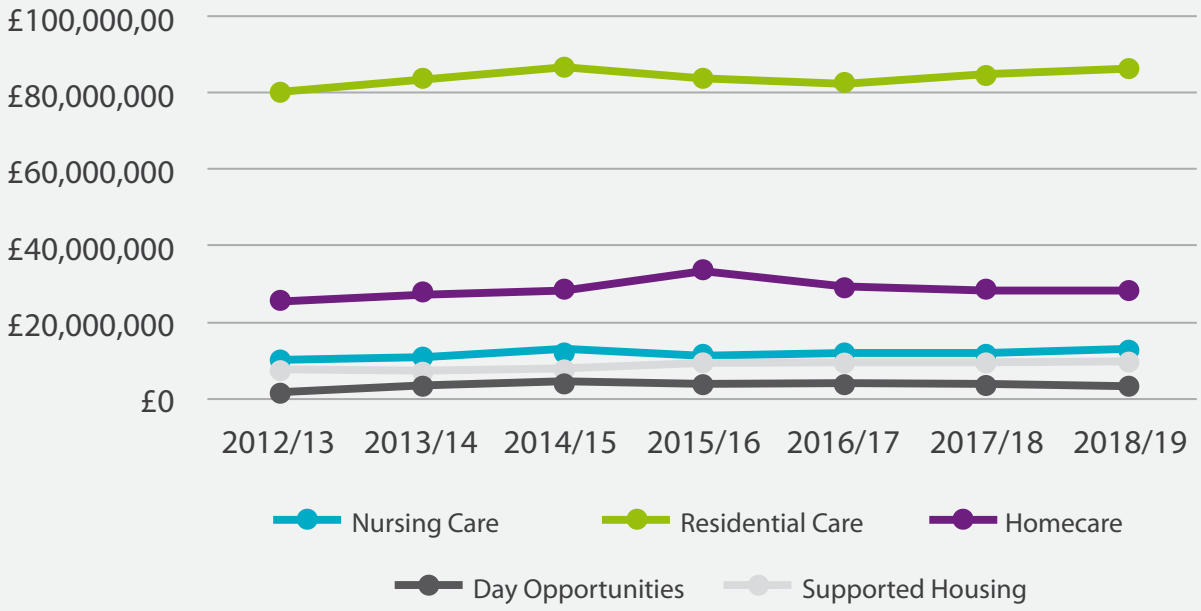
(this includes investment in the supporting people programme)

In spite of increasing demand, by managing demand through promoting independence we will be able to support people who need funded care. The key shift in our investment is a marked reduction in the use of residential care for working age adults, when we use residential care we will be looking for more rehabilitative services and stabilising at current levels the use of residential care for older people.

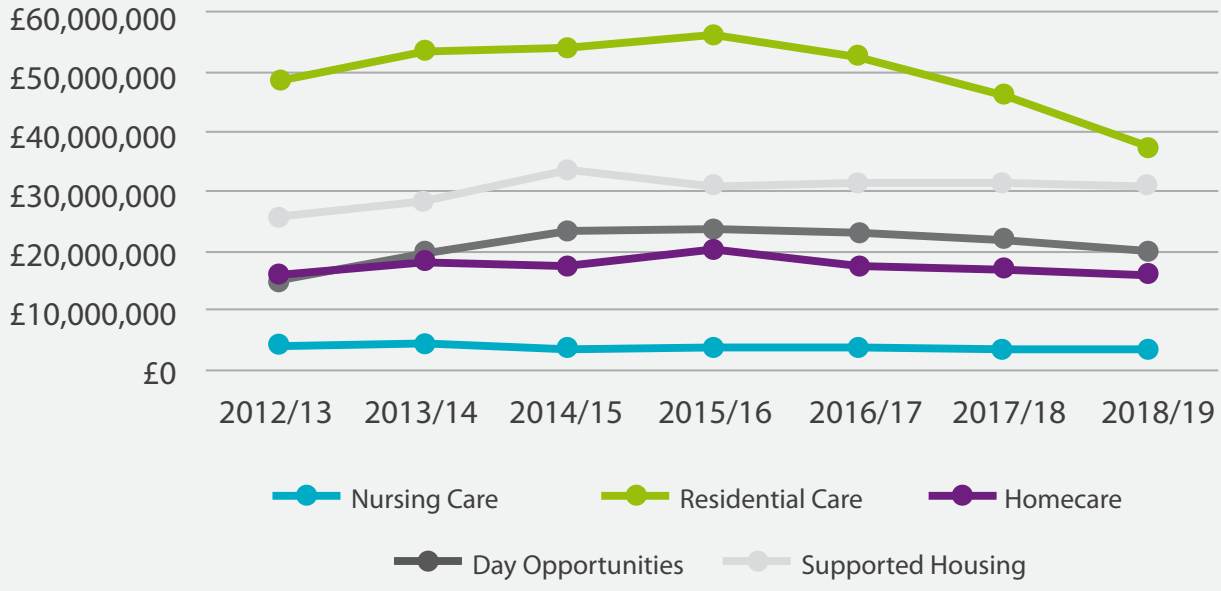


Note: this analysis does not include supporting people funding

Investment in Older People Services by Sector



Investment in Working Age Adult Services by Sector



The residential care market

Our Investment

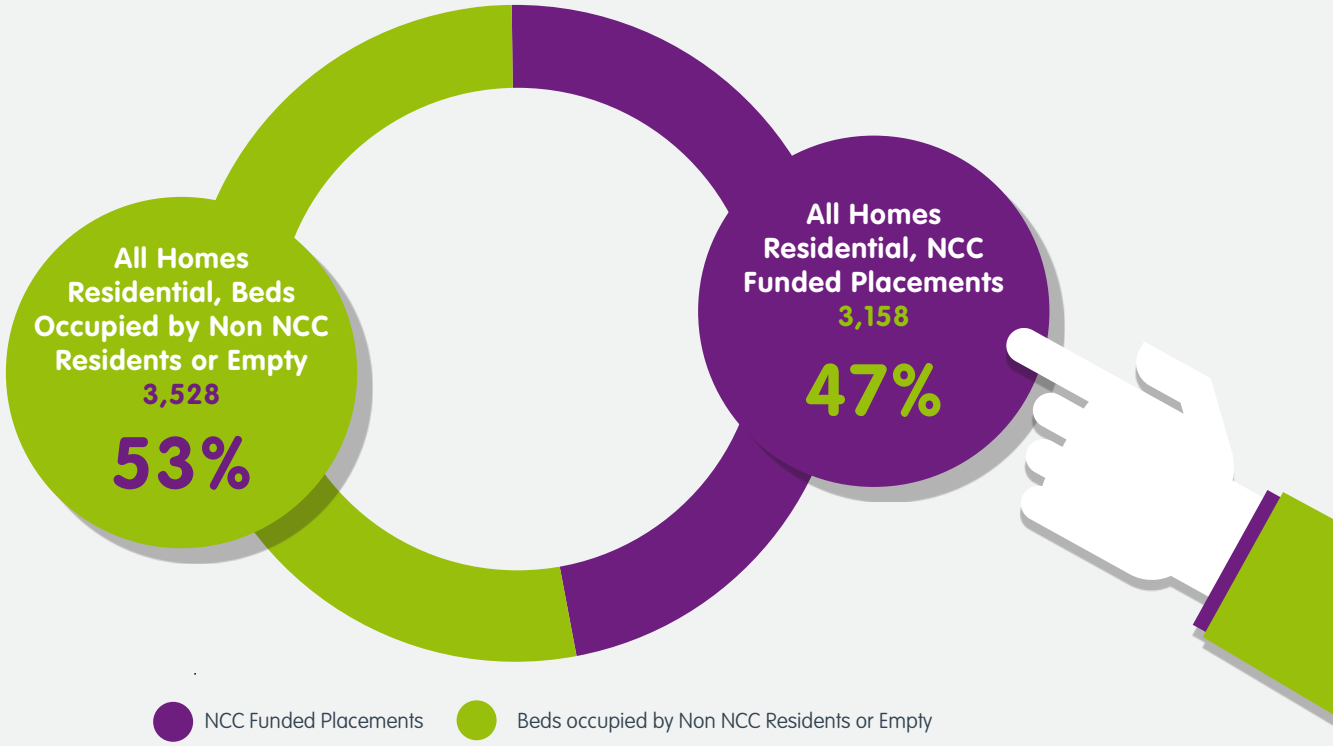
Of the £56 million we invest in services for working age adults £43 million of that is invested in services for people under 65 with a learning disability.

Number of Providers

In Norfolk we have 301 care homes 6,580 registered beds

NCC Funded Residential as Proportion of Total Beds - All Providers 18+

Our investment accounts for 47% of available residential beds in Norfolk. Self-funding customers are a significant part of the older persons residential care market in Norfolk.



The number of older people in Norfolk who are permanently admitted to residential or nursing care is high but has reduced by just under 7% since 2013/14, the continued reduction in this figure is a key priority.

The number of working age adults permanently admitted to residential or nursing care has reduced by 31% since 2013/14 but is still double what we would expect and accounts for a large number of long term service users.

We are actively working with the market to reduce the number of working age adults placed in permanent long term residential settings.

Workforce

Unsurprisingly vacancy rates and staff turnover are significantly lower in residential care compared with homecare. The current vacancy rate is 3% and the turnover rate is 24%, which is still high. The prevalence of zero hours contracts is much lower (6%) in residential care than homecare.

Key issues

Getting the right level of funding for service users to support an effective, efficient and sustainable market.

Reducing reliance on long-term residential care for older people.

Reducing the use of long term residential care in favour of housing based support for younger adults.

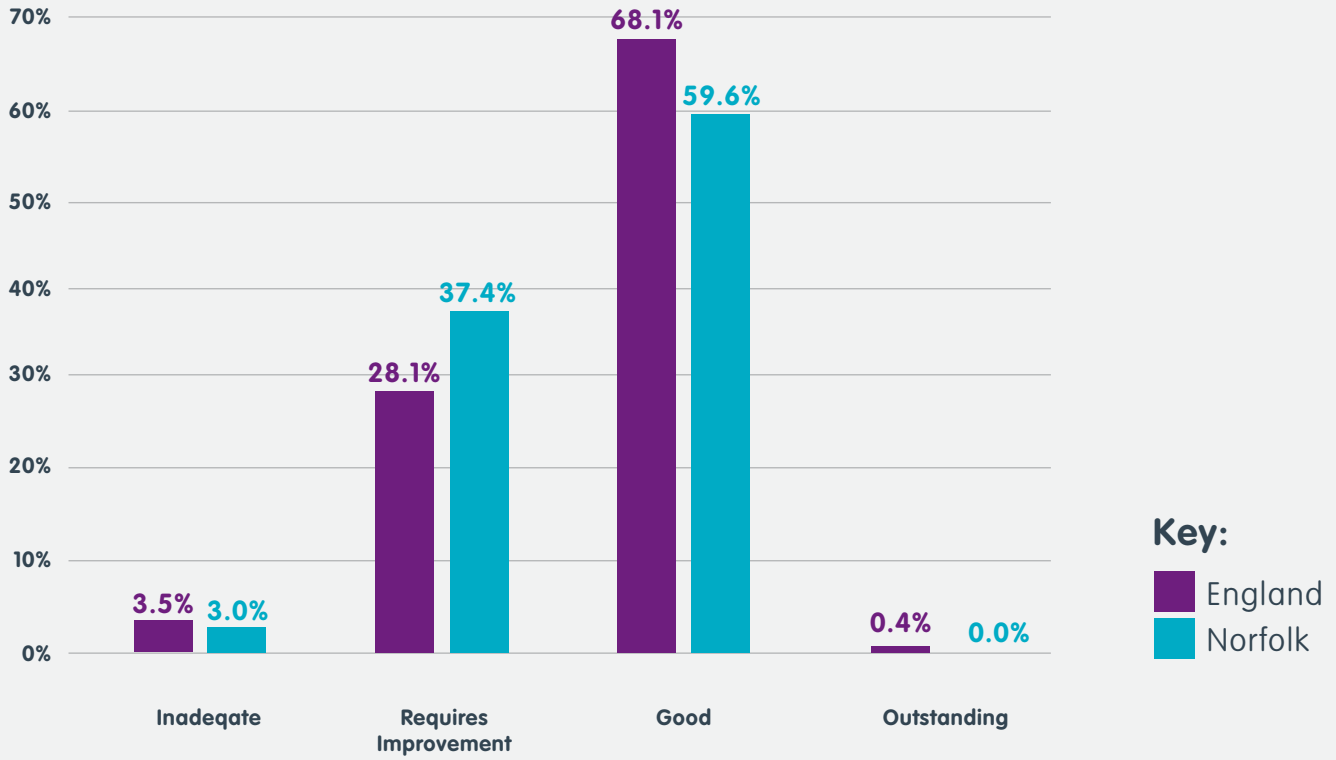
NorseCare

The Council and NorseCare have agreed to significantly reduce the cost of the Council's purchased places in the NorseCare homes over the coming years. As part of the transformation programme the Council and NorseCare will review the arrangements for all of the NorseCare homes with a view to potential closure of uneconomic homes.

Quality

CQC assessments carried out thus far clearly show that the quality of care in the residential care market in Norfolk is below the average for England as a whole. Providers will need to rise to the challenge of improving quality and the council's Quality Assurance team will continue to work with the sector.

CQC Inspections - Residential Care



Future commissioning intentions

The council intends to reduce its use of long-term residential care in favour of home and housing based support this is particularly important in relation to younger adults.

We believe that there will be opportunities for providers to diversify into intermediate care to support timely discharges from hospital and link with other providers of home care services to help at times of crisis or increased need, particularly in relation to services for older people.

We will for both older people and working age adults fundamentally review in partnership with health the way we commission the residential market. We want to see a better balance between demand and supply with more appropriate use of this type of care.

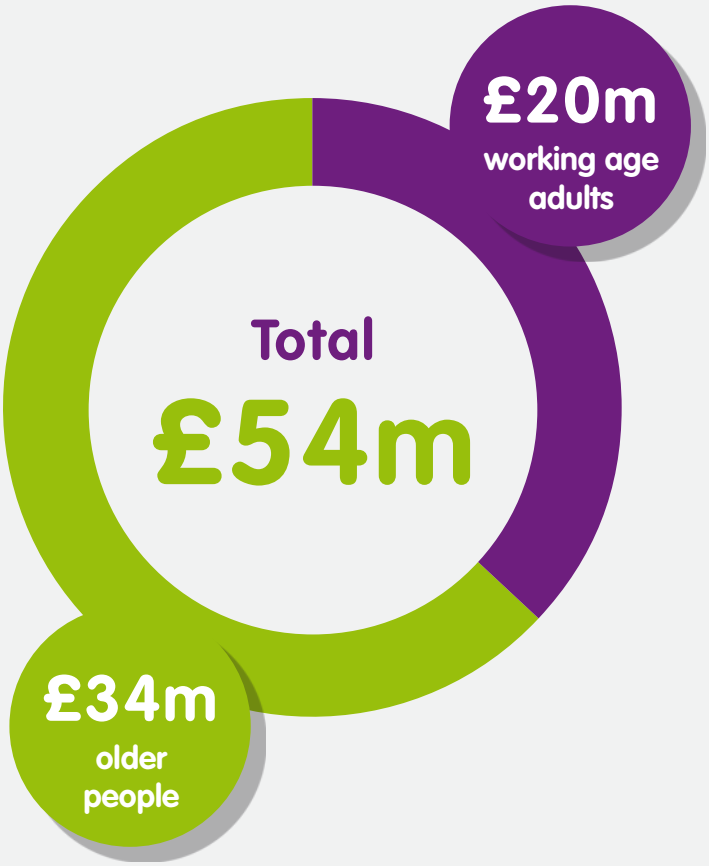
We will...
Fundamentally review our commissioning strategies and work with providers to create an effective, efficient and sustainable market.

You can...
Explore the opportunity to diversify and continue to improve quality.

Together we can...
Explore the opportunity to diversify and continue to improve quality.

The homecare market

Our Investment



This year we have invested **£54 million** in homecare services, a **15% growth** in investment over the past two years. This is a market where there is significant scope for selling services to self-funders.

Number of Providers

120

Our investment is through **120 accredited providers** This is however not the totality of the homecare market.

There has been a significant growth in self-employed personal assistants, which now accounts for almost 40% of our existing investment, driven by the uptake in direct payments. We anticipate significant growth for homecare services over the coming years. To realise the business opportunities in the market providers will need to be able to recruit and retain quality staff.

Workforce

The homecare workforce in Norfolk plays a crucial role in supporting people to remain in their own homes with appropriate care and support. Traditionally turnover in the homecare workforce is higher than other sectors and in Norfolk is approximately 41%. Combined with a vacancy rate of 7% capacity in the homecare workforce is a limiting factor. This sector has a prevalence of zero hour's contracts, currently reporting 54% of contracts as zero hours.

We are working closely with the sector to improve recruitment and retention combining contractual measures with innovation in recruitment and training. People receiving homecare services emphasise the value they place on the individuals who provide their care and the relationship they have with them. The homecare workforce is key to the continuity and quality of local homecare services.

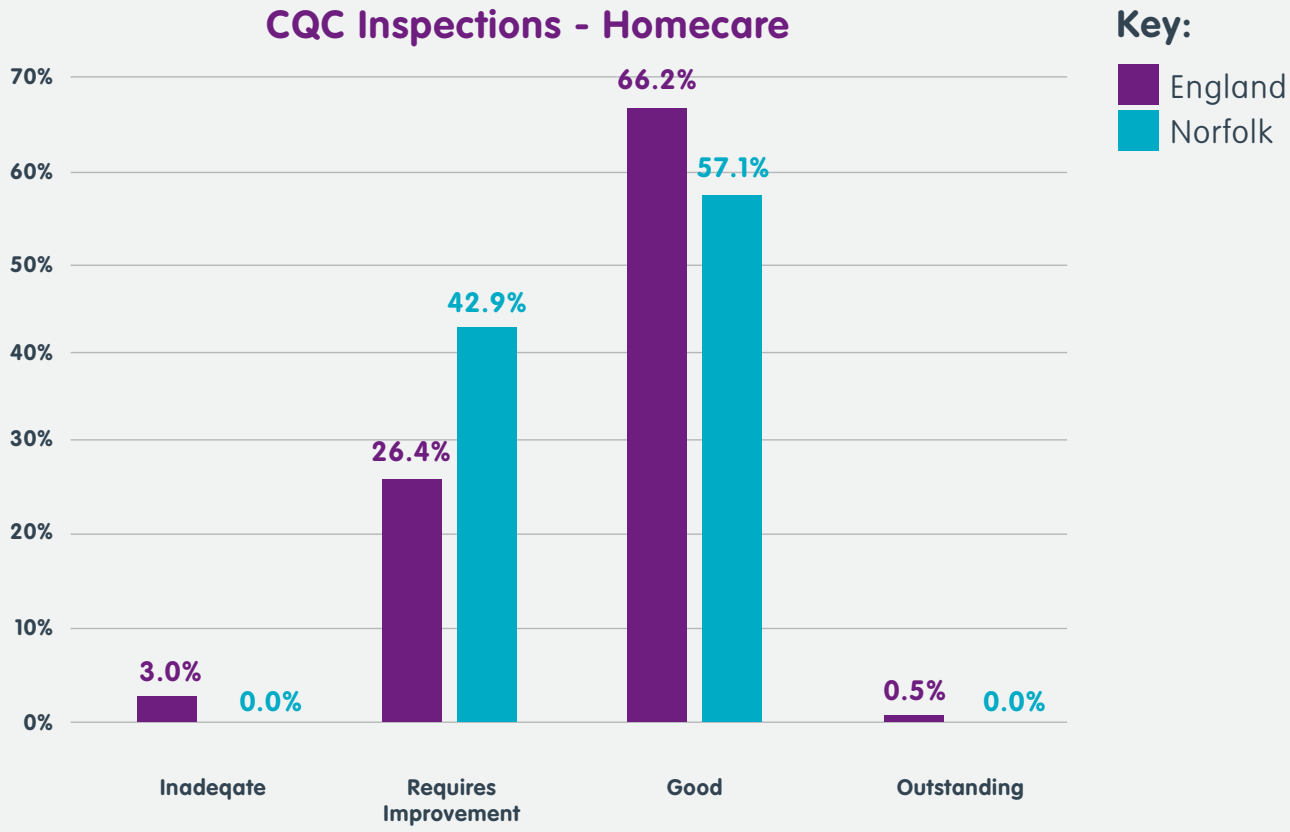
Key issues

Developing a sustainable homecare service is a national issue.

A key challenge for the home care sector is the provision of services across the varied urban/rural landscape and there are areas, particularly in the north and west of the county, where there is unmet need for homecare.

Quality

Whilst a recent survey of homecare service users showed that levels of satisfaction were high, with over 95% rating their homecare as safe, caring and effective provision. We are not complacent about the ongoing challenge to improve providers CQC ratings. This year we will be launching our service user quality feedback linked to the new homecare block contracts.



Future commissioning intentions

In each area of Norfolk we want home care providers to be key players in a network of support at home services. Leading and joining up provision linking with other local services including community based resources. We want our home care providers to focus on rehabilitation and enablement, reducing the need for ongoing support where ever possible in line with our Promoting Independence strategy. This is at the heart of our new model of care in this market.

We will...

Support and develop a thriving homecare market with diverse and resilient providers who compliment and reflect the objectives of enabling choice and Independence for citizens.

You can...

Work with your staff to understand how retention can be improved. Work in an enabling way with citizens to embrace the ethos of the new model.

Together we can...

Understand where care provision is difficult to source and support the development of solutions that address unmet need.

The supported housing market

Our Investment

Number of Providers

242

This includes, sheltered housing, housing with care, supported living.

Workforce

In this sector of the market the workforce is stable. Unlike other sectors of the care market this sector maintains a low vacancy rate of 0.3% and much more manageable turnover at 12.2%.

Quality

Supported housing services are not regulated as a sector by CQC, therefore we do not have CQC inspections or quality reports specific to supported housing. The Council through it's quality framework and quality assurance team regularly tests the quality of services in this market.

Key issues

Good housing is a key determinant of well-being. Even closer working with district council providers and housing providers is needed to maximise the impact of housing related services on people's well-being.

We know that the older persons strategy requires commissioners to

- Recognise older people's growing preference for housing with care over residential care or sheltered housing. We need new housing with care provision in all districts, with flats or bungalows to buy privately, as well as to rent.
- Where sheltered housing continues to be a preference to make it age appropriate and fit for purpose, in consultation with residents.

Future commissioning intentions

We will focus our floating support offer to ensure that it targets those who need it most and is accessible across the county.

As we develop alternatives to residential care provision we will be reviewing our Housing with Care offer as a cost effective alternative that provides quality of life for citizens and is a stated preference.

Older People:

Our research tells us that there is a good supply of residential care in Norfolk and an appetite for alternatives that support greater independence. Further facilities are required that can effectively support those with dementia. More work is needed to understand what types of accommodation older people want - engaging with younger older people will help to build a picture of what possible living arrangements and models should be developed and deliverable.

Accommodation is required for:

People with learning difficulties: clusters of self-contained accommodation for approximately twelve people near urban areas and close to local facilities and transport.

People with mental health problems: a combination of self-contained one-bedroomed, shared and supported clusters. Also, a need for transitional accommodation to support service users moving from residential care to full independence. There is a particular need for accommodation of all types in North and South Norfolk.

People with physical disabilities: adapted bungalows in small clusters across the county.

We are a partner in the Norfolk and Great Yarmouth & Waveney Transforming Care Partnership formed in December 2015. The partnership aims to significantly re-shape services for people with learning disabilities and/or autism with a mental health problem, or behaviour that challenges, to ensure that more services are provided in the community and closer to home, rather than in hospital settings.

We will...

Develop and publish our commissioning intentions for Housing with Care.

Develop a new Joint Commissioning Strategy for People with Learning Disabilities by September 2016.

You can...

Help shape our future commissioning strategy by working even more closely with lead commissioner in this sector.

Together we can...

Develop housing solutions to support the care needs of older people and younger adults.

The day services market

Our Investment

£9 million
of the investment is through direct payments.

Number of Providers

215

Our investment is through
215 accredited providers
including personal assistant services. This is however not the totality of the day services market.

This is a diverse area of provision ranging from services that are open all day, 7 days a week to weekly services available for a few hours.

The sector is typified by small locally run organisations with high number of volunteers.

Key issue

This is a market where demand is reducing making sustainability a real issue.

Workforce

This market has less than a 1% vacancy rate and a 12.1% turnover rate. Day opportunity providers who employ staff will have the same challenges in relation to national living wage and auto enrolment into pension schemes.

Quality

Day services are not regulated services and therefore there are no CQC inspections or quality reports. Under the Council's own quality framework the quality assurance team regularly tests the quality of services in this market.

Future commissioning intentions

As our investment shifts and reduces we expect to see a reduction in investment in day services, we will be working with the sector to review day service provision.

Into the future we want to see day services for older people playing a bigger role in helping people to stay well and maintain their independence, having stronger links with other care and support services, perhaps operating as a community hub.

We want to see a transformation in daytime support for younger adults, focussing much more on pathways to employment, training and access to leisure. We intend to transform our own learning disability hubs to support this recovery and reablement focus..

The residential nursing care market

Our Investment

Number of Providers

72

In Norfolk there are 72 registered providers accounting for 3,133 registered beds.

Key issues

Difficult to recruit nurses. Number of homes de registering.

NCC Funded Nursing Residents as Proportion of Total Beds - All Providers 18+

Our investment only accounts for 28% of available nursing beds in Norfolk

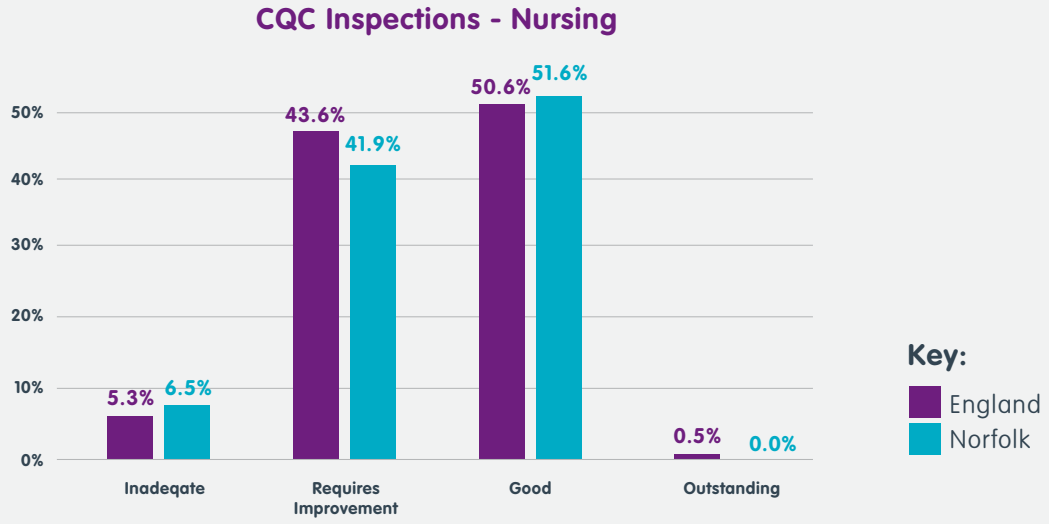
Broadly speaking the market is able to meet the demand for nursing care, however, this masks some issues that threaten the sustainability of the market into the future. Norfolk like the rest of England is being affected by the national shortage of suitably qualified nurses. The situation is made worse by the fact that independent nursing home owners must compete for nurses with the NHS. The situation has resulted in a number of providers deregistering and operating as residential care providers only or leaving the market altogether. The new requirements coming into force on 1 April 2016 relating to the revalidation of nursing registration is expected to put further pressure into the system and may lead to more nurses leaving the market.

Workforce

The turnover rate for staff in nursing homes in Norfolk is about 35%. Norfolk and Suffolk have identified this as a priority area to address and is a key focus of our LEP health and social care sector skill plan. We intend to develop and implement schemes that enable nursing homes to "grow their own" nurses and develop opportunities for student nurses to experience this part of the sector.

Quality

The quality of nursing care in Norfolk as currently assessed by the CQC indicates that Norfolk is performing slightly better than the England average. A significant proportion of nursing care does however require improvement and the Council's quality assurance team will continue to work with the market to raise standards.



Future commissioning intentions

We intend to review the way in which we commission nursing care, working closely with health partners offering a wider range of opportunities to do business with us, following the major cost of care exercise currently underway in this market.

We will...

Review with health partners our commissioning model in this market.

You can...

Help the council to develop more effective and sustainable business models helping to shape our commissioning.

Together we can...

Secure an high quality sustainable nursing care market in Norfolk.

Learning Disabilities and Mental Health

Commissioning learning disability and mental health services

Contact: Clive Rennie, Assistant Director of Commissioning Mental Health & Learning Disabilities
clive.rennie@nhs.net

Throughout this Market Position Statement we have referred to services for younger adults as working age adults' services and where applicable have indicated our future commissioning intentions for working age adults.

Learning disabilities

A review of Norfolk`s Joint Commissioning Strategy is currently underway and will be published later this year. Some areas we will be focusing on include:

Transforming Care – moving people from Specialist Hospitals into the community

- Specialist community schemes will be commissioned over the next 3 years, 2 schemes are currently in the process of development
- Short term crisis accommodation and Community Assessment and Treatment services will be commissioned to help prevent hospital admissions

Improve the provision of Respite Care Services

- Opportunities to commission new respite care services will be explored in 2016
- Expansion of the Shared Lives Scheme will also be explored in 2016

Improve Employment Opportunities

We will be working with our providers of services to

- Help more people to be in paid, real jobs
- We will explore European Social Fund opportunities

We know what is important to younger, working age adults with a learning disability.

"Help me to look for a job. Support me to dress for an interview, practice for an interview and support me to get to the interview and learn the route to work."

"I need good advocacy and independent support to help me with speaking up at my review and if I want to change support providers."

"I want to have choice in my life, when I am supported to live independently I want to choose my food when shopping, and choose what I want to do during the day."

Mental Health Services

Norfolk has a higher number of people in residential care than the national average and has a relatively low number of supported living places, the average length of stay for those people placed in residential care is also relatively high.

We will be looking to develop mental health services to provide:

- flexible services, able to cover a wider range of needs and offer support to individuals quickly.
- a more holistic approach to meeting the needs of people in the community.
- greater use of community services to maintain wellbeing and to ensure people have networks of support alongside funded support and after funded support ceases.
- the development of mutual support networks, e.g. through bringing people together in groups for social inclusion activities and peer support.
- a greater focus on recovery and client outcomes, including moving towards employment.
- focussed rehabilitation work, in care homes and supported living.
- more supported accommodation.

In 2016/17 Norfolk County Council will procure all statutory advocacy services including IMHA and IMCA services through an integrated delivery model.

Our approach to commissioning will support personalised, coordination care and support.

We will...

Work with providers to review our strategies and develop new service models.

You can...

Work with the Council to develop the strategies and create new service models.

Together we can...

Create the change required for our service users.

Locality Commissioning

Each locality is using the Better Care Fund to develop opportunities for integration in their area. Locality commissioners are focusing through the use of the Better Care Fund on managing service provision in their areas to meet the increasing demand and change in demographics.

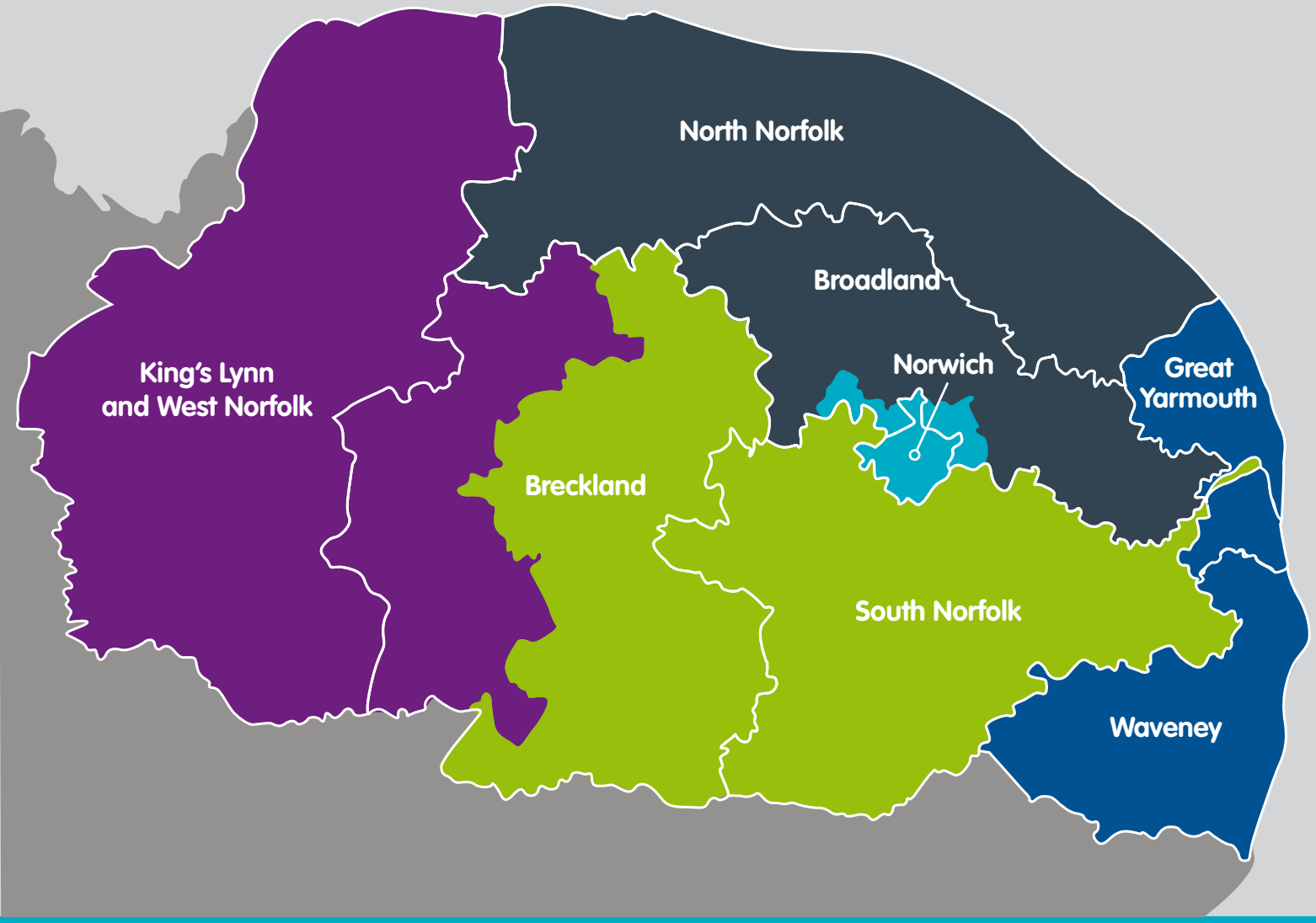
- Reduced unplanned admissions to acute hospital
- Reduced permanent admissions of older people to residential and nursing care
- Increased proportion of older people still at home after discharge into reablement and rehabilitation services
- Reduced delayed transfers of care from hospital
- Increased proportion of people feeling supported to manage their long-term condition
- Increased diagnosis of dementia

Key focus

Across all localities a co-ordinated and focussed approach is being taken to the priority areas, community interventions, homecare services, services for people with learning disabilities, reduced admissions from care homes and crisis support.

Clinical Commissioning Groups Boundaries Map

- NHS West Norfolk
- NHS North Norfolk
- NHS South Norfolk
- NHS Norwich
- NHS Great Yarmouth & Waveney
- LA Bounday

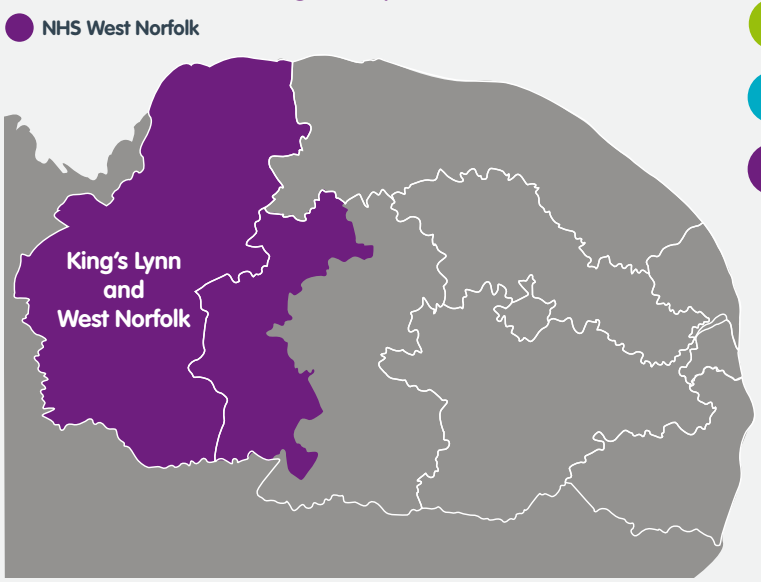


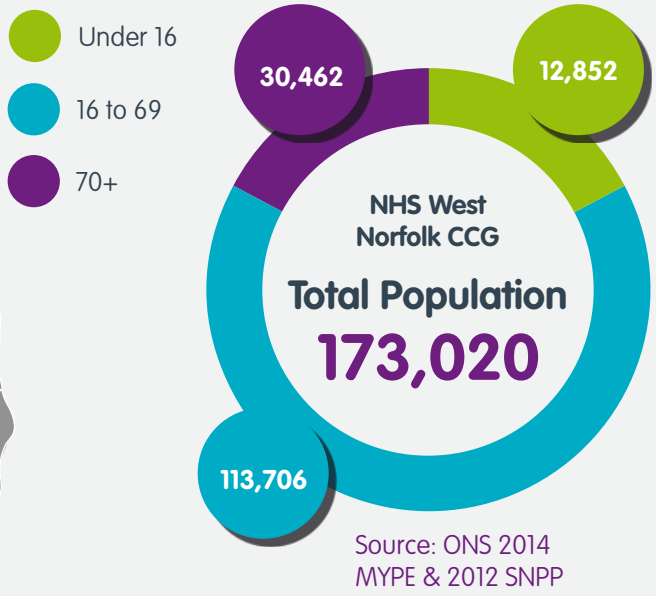
West Norfolk Locality Commissioning

Contact - Head of Integrated Commissioning West - 01553 666918

As an example of integrated commissioning in West Norfolk. We piloted a new 'Care Navigator' service, providing one to one support for people aged over 75 whose health or social care needs had recently increased. The service helped over 200 people over the year to produce a support plan and to link them to appropriate statutory, community and voluntary services. An evaluation found that the service was highly valued and had positive benefits for older people as they became more aware of the range of services on offer, including community groups and societies that have helped improved their sense of wellbeing and live with greater independence. As a result, the service will continue in 2016 and stronger links will be forged with other crucial service developments such as the Integrated Care Coordinators, who ensure health and social care services are linked together seamlessly, expansion of Carer support Services, offered in GP practices, and up-grade of the LILY (Living Independently in Later Years) directory aimed at older citizens which will see an expansion and improvement of the resource including volunteer assisted access to the information about local providers of services and community events on the site.

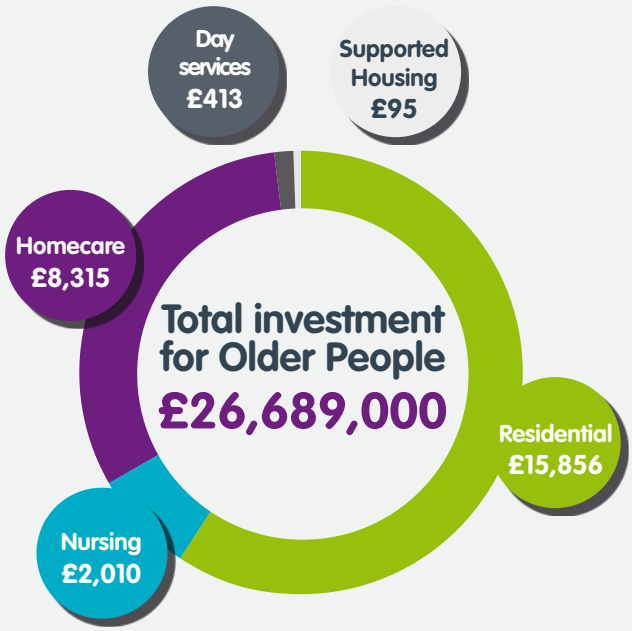
Clinical Commissioning Groups

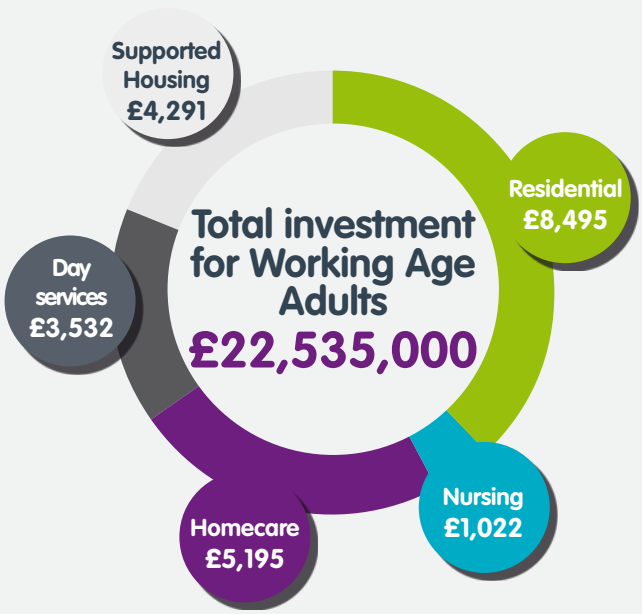




Source: ONS 2014 MYPE & 2012 SNPP

Norfolk County Council Investment in West Norfolk





West Norfolk Locality

Our investment in this locality by population

Plans in each locality are not yet finalised but are developing to ensure effective Better Care Fund investment in integrated service development.

West priorities for 2016/17	
Developing the Integrated Care Organisation	Delivering an improved patient experience through greater coordination across the health and social care system
Supporting Older People to Live at Home	By Utilising Telehealth Technology Delivering: • Targeted Support for Carers • Targeted Training Support for Care Homes
Supporting Older People in Crisis	By creating delivery models that provide • Urgent Care System • Rapid assessment in hospital
Targeted Training Support to Care Homes	To reduce admissions to hospital and unnecessary intervention from primary and secondary care teams by up skilling nursing home staff and building their competence in low level interventions, giving them more confidence.

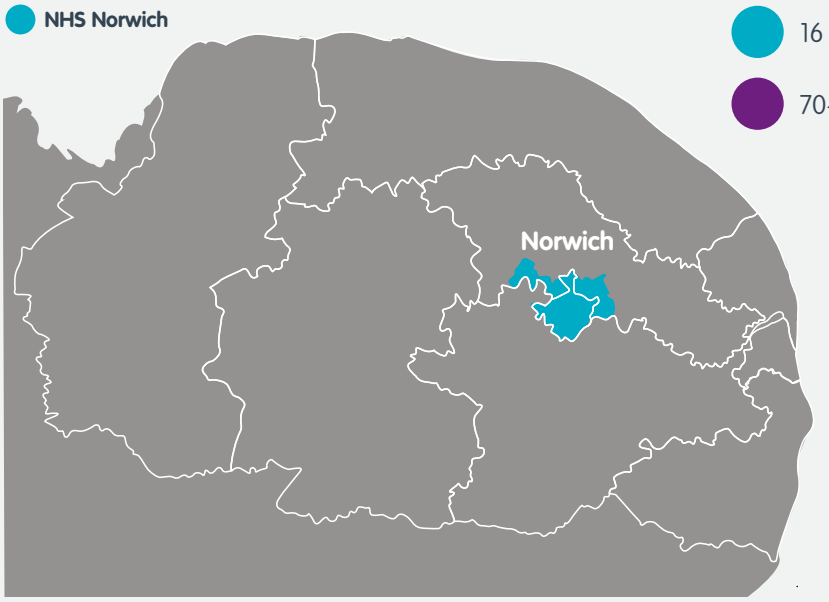
Norwich Locality Commissioning

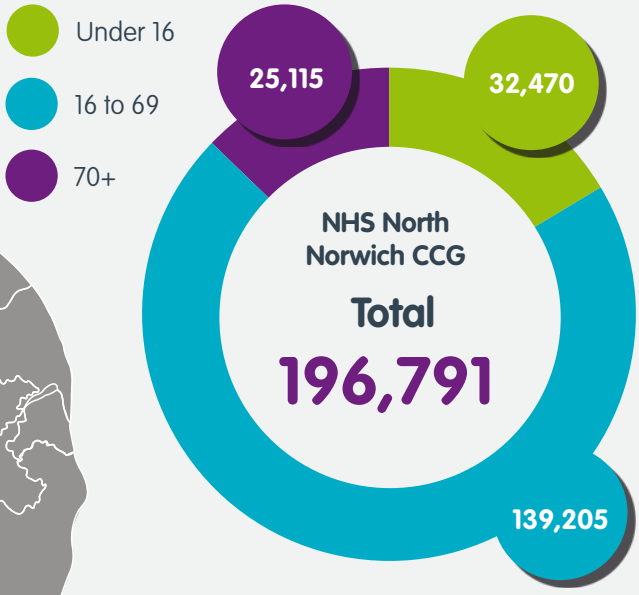
Contact - Head of Integrated Commissioning Norwich - 01603 751649

An example of integrated commissioning in Norwich

The integrated team has been working with NorseCare to close four existing residential care homes in Norwich, replacing them with the new Bowthorpe Care Village. The new development comprises 92 housing with care flats for independent living (including three for respite and six for bariatric use) and 80 flats for specialist dementia support. Norwich CCG and NCC now regard Bowthorpe Care Village as a key element of proposals to develop best practice 'exemplars' which if successful, in due, course could be extended to include other Norwich care homes. The exemplars will be for primary care support, (an 18 month pilot for a nurse-led service with an on-site satellite surgery), community pharmacy, dementia care, falls prevention, end of life support and community engagement In Norwich.

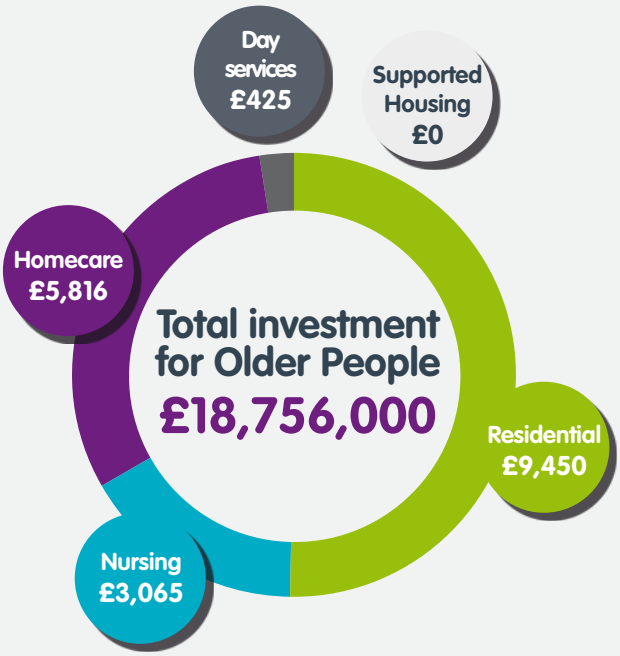
Clinical Commissioning Groups

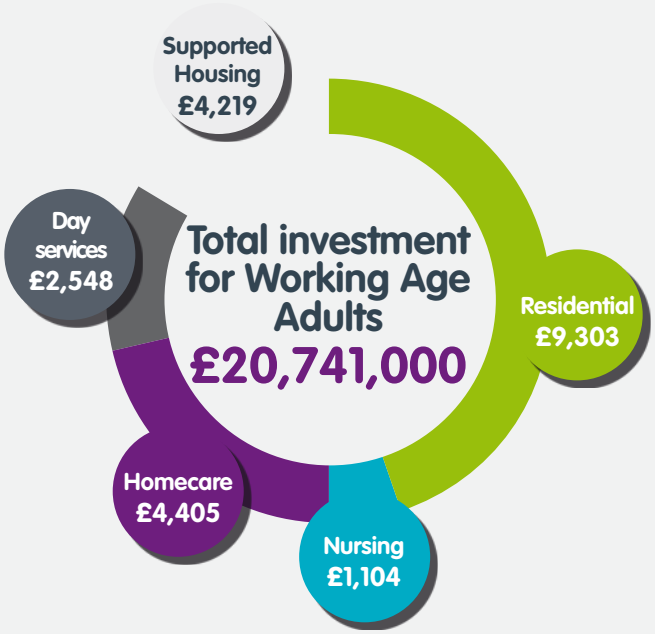




Source: ONS 2014 MYPE & 2012 SNPP

Norfolk County Council Investment in Norwich





Norwich Locality Commissioning

Plans in each locality are not yet finalised but are developing to ensure effective Better Care Fund investment in integrated service development.

Norwich priorities for 2016/17	
Development of primary care localities, and care homes admissions reductions	Redesign primary care enhanced services to create a new hub and spoke model with emphasis on integrated health and social care through multi-disciplinary teams. New model to be piloted at the Bowthorpe Care Village. Develop best practice in dementia care, falls management, and end of life/palliative care.
Integrated health & social care services	Create and deliver an integrated health and social care system that supports people to live independently with a good quality of life for as long as possible. With a focus on dementia care and falls prevention.
Out of Hospital - HomeWard	Implement an integrated model of multi-disciplinary health and social care professionals providing care in the patients' usual place of residence.
Community Assets	Promoting community based initiatives promoting self-care and independence plus a range of support services in the community which will include help for carers and housing support

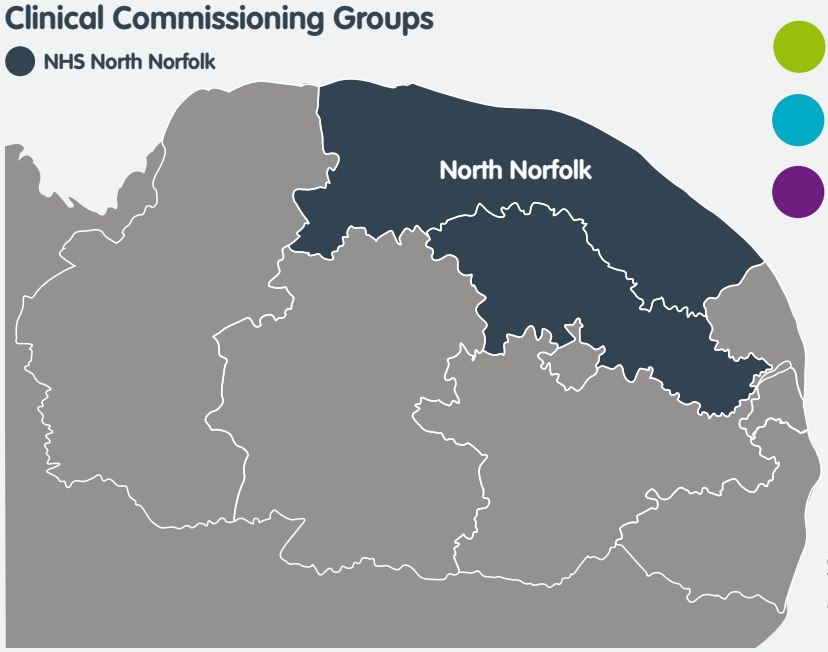
North Norfolk Locality Commissioning

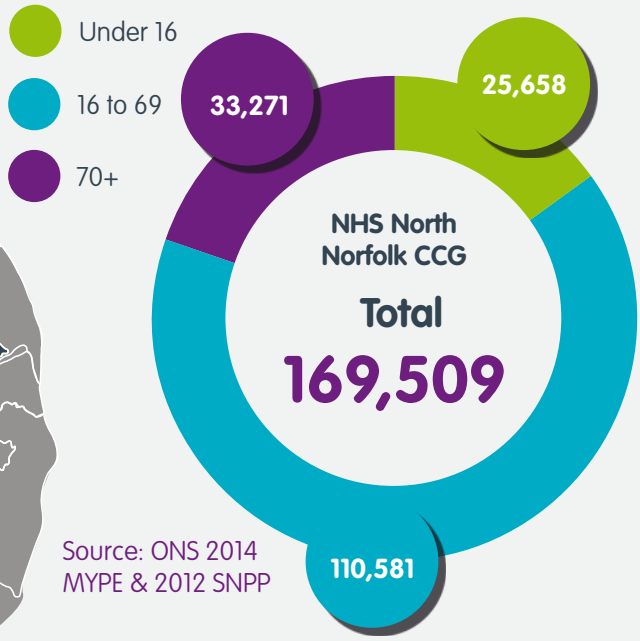
Contact - Head of Integrated Commissioning North - 01263 738100

An example of integrated commissioning in North Norfolk. A strong foundation for integrated health and social care services in North Norfolk has been established and is delivered by:

- Aligning our 19 GP practices to 4 cluster groups
- Uses risk stratification tools to identify people 'at risk' or who would benefit from early preventative support and discussed these patients in MDTs
- Appointing Integrated Care Co-ordinators (ICCs) to support holistic review of a person's needs and identify support within the local community
- Aligning voluntary sector services around GP practices to better support people particularly the frail and elderly at home.

Clinical Commissioning Groups





Source: ONS 2014 MYPE & 2012 SNPP

Norfolk County Council Investment in North Norfolk

North Norfolk Locality

Plans in each locality are not yet finalised but are developing to ensure effective Better Care Fund investment in integrated service development.

North priorities for 2016/17	
Crisis Response Service	Provide a consistent integrated crisis response to all adult patients in North Norfolk, with a focus on those frail and elderly people with multiple long term conditions
Integrated Care Programme	This builds on the foundation of integrated care created in 2015-16:and will continue to embed this with a focus on: • End of life • Complex case management • Prevention
Targeted Support to Promote Independence	To increase effectiveness of reablement and improve patient experience
Reductions in the Occurrence of Acute Admissions from Residential Care	This scheme will seek to identify the main causes for acute admission from residential care and on a home by home basis work with care homes to deliver targeted education programmes
Integrated Discharge Hub	A Central Norfolk scheme to create a Discharge Hub which will: • Identify complex discharges or discharges needing support • Identify where the complex discharges and delays are • Create standards and escalations

South Norfolk Locality Commissioning

Contact - Head of Integrated Commissioning South - 01603 257042

An example of integrated commissioning in South Norfolk.

Commissioners, GP practices and providers have collaborated across the South Norfolk Clinical Commissioning Group to join services together around GP practices and localities for patients and people who need support.

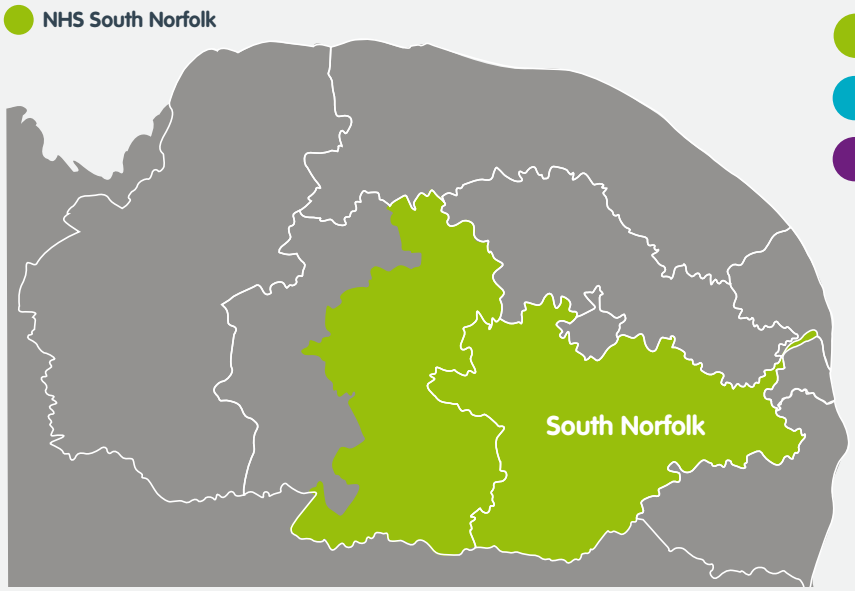
GP practices have been supported to use the best practices in working with multi-disciplinary teams to meet care needs.

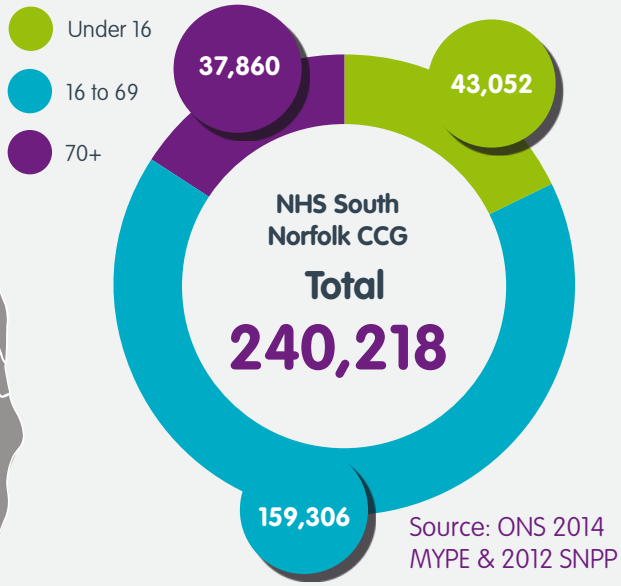
Dementia nurses have been provided to support GP staff in managing the needs of patients with dementia and their carers.

Age UK Norfolk has led an initiative with other voluntary agencies and the two local district councils to provide a direct link for patients and GPs to advice and a range of support to help people manage to live independently with long term conditions.

Norfolk County Council and South Norfolk District Council have established a system of 'Forget Me Not' grants that can be used by people with dementia and their families to make small changes at home which can improve their health and wellbeing.

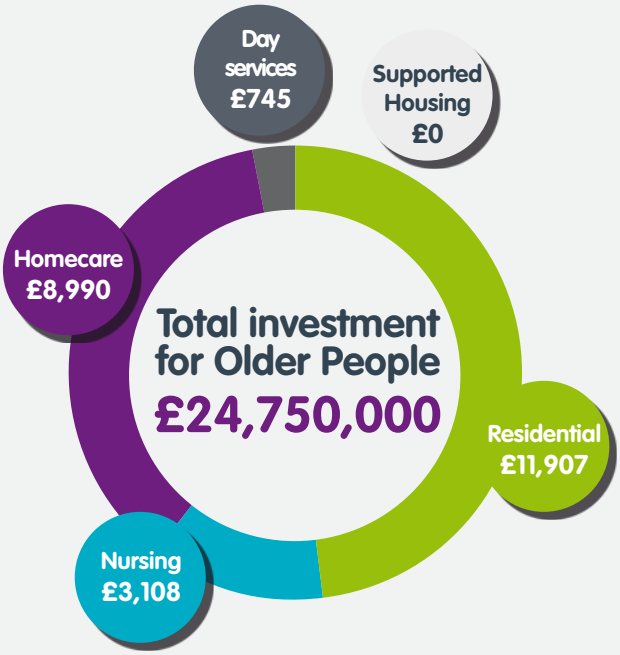
Clinical Commissioning Groups

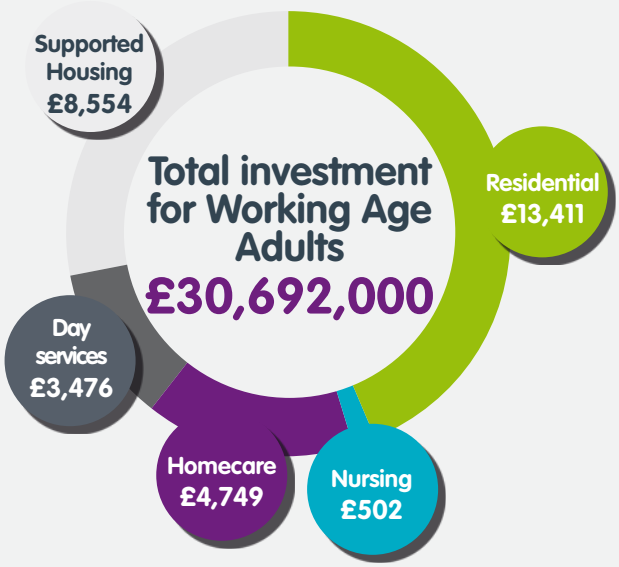




Source: ONS 2014 MYPE & 2012 SNPP

Norfolk County Council Investment in North Norfolk





South Norfolk Locality

Our investment in this locality by population

Plans in each locality are not yet finalised but are developing to ensure effective Better Care Fund investment in integrated service development.

South priorities for 2016/17	
Redesigning community based care for older people and for other people with long term conditions	The intention is to support more people at home through locality based effective community help which has the GP practice at the centre of planning care. This would include redesigning bed based care, community nursing, reablement, rehabilitation and home care.
Reducing admissions from care homes	Build on the work this year to implement a model which delivers training and support to care homes staff accompanied by out of hours response which is focussed on areas in which preventable admissions are made to acute hospital.
Improved End of Life care	Improve end of life care through dedicated co-ordination for families and implementation of the South End of Life Strategy to offer an integrated response for people who are at end of life. The aim would be to develop an effective and cost effective end of life pathway from the services commissioned and provided through the CCG.

East Norfolk Locality Commissioning

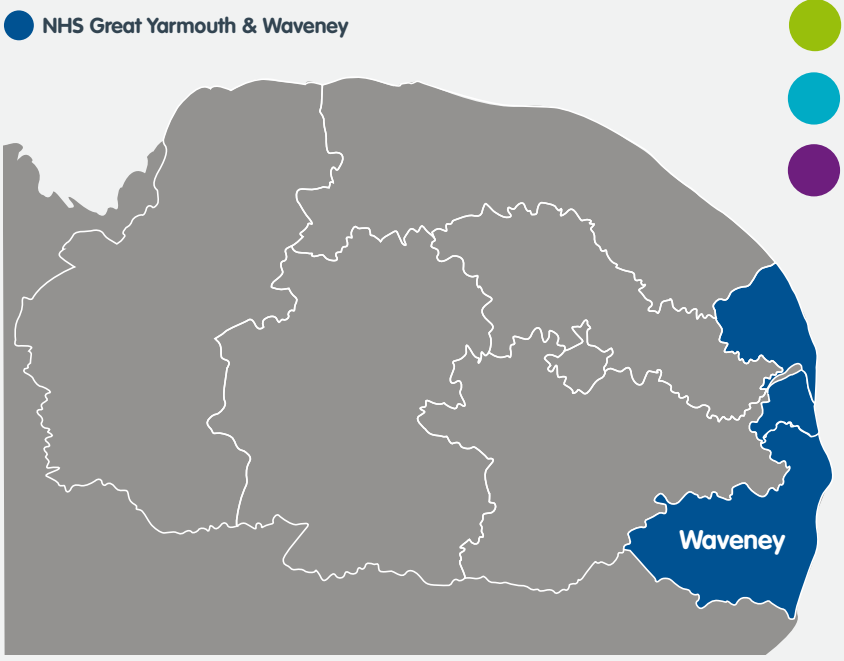
Contact - Head of Integrated Commissioning East - 01502 719533

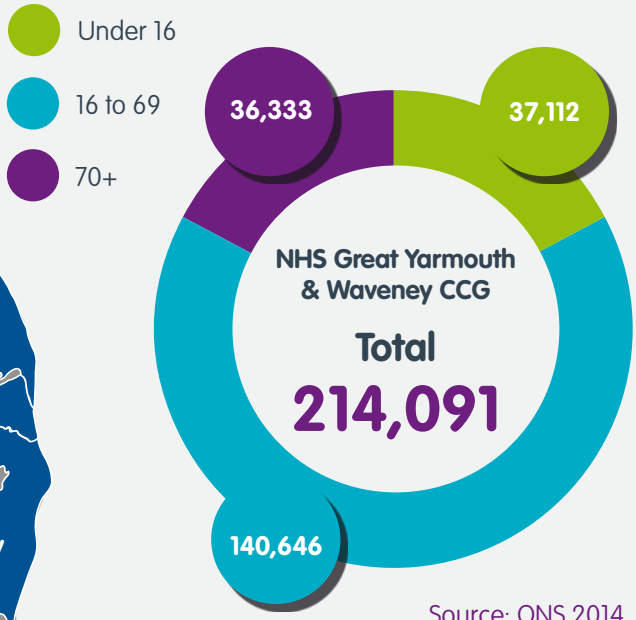
An example of integrated commissioning in East Norfolk

Three partner organisations (CCG, NCC and GYBC) are working together to develop an offer for the Voluntary and Community Links Sector that supports this valuable sector. This includes pulling together a variety of resources (including funding) from across the organisations to ensure it is well co-ordinated offer and supports the sustainability of this sector.

It is recognised that this is a crucial element of delivering Promoting Independence and the newly formed Community Links. Awarded new contracts to providers within the Great Yarmouth area to deliver Home Support, a new model of Home Care. This has been developed to empower clients through activities that promote wellbeing and independence. This model and framework was developed in partnership with the Clinical Commissioning Group to support the client/patient pathway of care between both organisations.

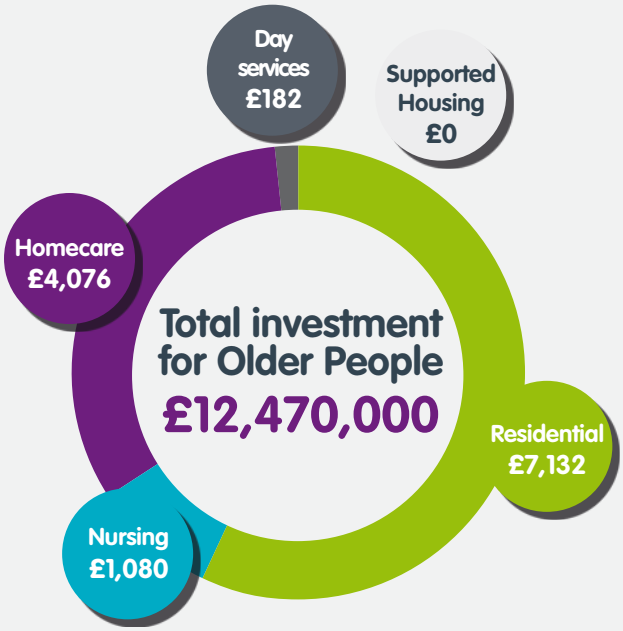
Clinical Commissioning Groups

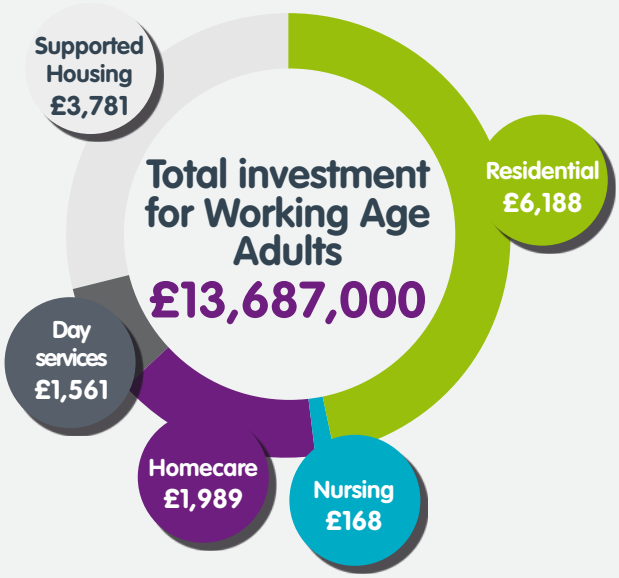




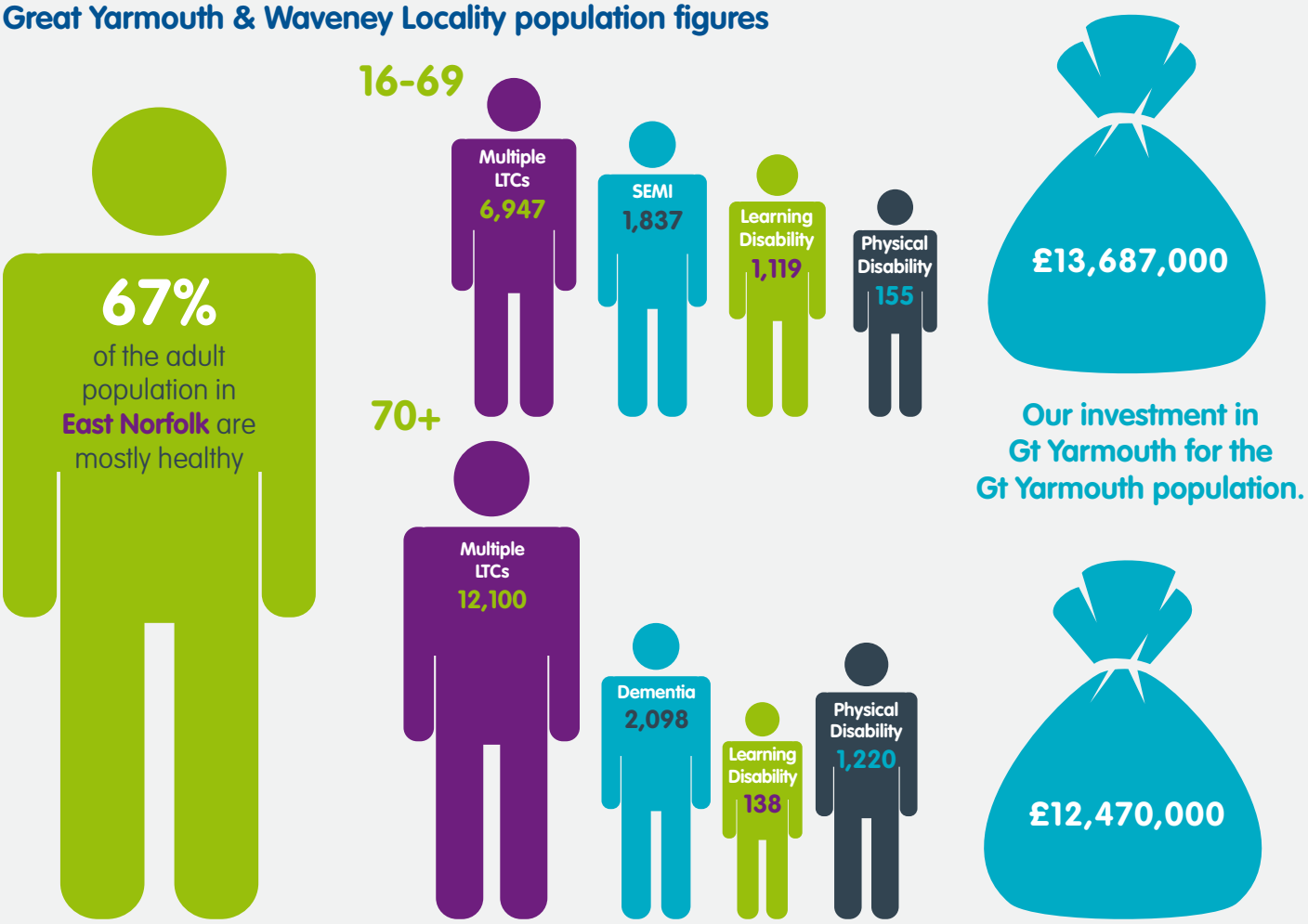
Source: ONS 2014 MYPE & 2012 SNPP

Norfolk County Council Investment in East Norfolk





Great Yarmouth & Waveney Locality population figures



East priorities for 2016/17	Activity that will support delivery.
Supporting Independence by Community based interventions	Supporting clients to access and use community resource through interventions such as Social Prescribing and/ or comunity based services which effectively sign post to community resources. Support the development of Voluntary and Community sector to develop resilience and resources (including support for carers) within the community.
Integrated Community and Out of Hospital Teams	To continue to develop integrated community health services and the Out of Hospital teams, to contribute towards the delivery of joined up and quality care.
Care at Home	Activity that will support the delivery of this objective includes; Delivery of the new model of Home Support Provision of Equipment, adaptations and assistive technology to help people to manage at home and live independently. Develop and design the most effective integrated reablement and rehabilitation model that aids the discharge of adults from hospital into the community and supports their longer term well being and independence.
Dementia and Mental Health	To deliver specialist support to people with dementia/ mental health needs and their carers to help people manage their long term conditions.

Adult Social Care Committee

Item No:

Report title:	**Deprivation of Liberty Safeguards (DoLS) – the Council's responsibilities**
Date of meeting:	**16 May 2016**
Responsible Chief Officer:	**Harold Bodmer, Executive Director of Adult Social Services**

Summary

This paper lays out the pressures facing the Adult Social Services department in meeting its Deprivation of Liberty Safeguards (DoLS) responsibilities arising from the 2014 Supreme Court "Cheshire West" judgement, the actions Norfolk County Council (the Council) is taking to manage this work and a brief review of the national picture.

Recommendations: The Committee is asked to note the content of the report.

1 Background

1.1 In March 2014 the Supreme Court made a case law judgement in respect of a case known as "Cheshire West" that made far-reaching changes to the definition of deprivation of liberty. The effect of this broader definition has significantly increased the number of referrals the Council has received for people lacking capacity who are considered deprived of their liberty.

1.2 A person is considered to be deprived of their liberty if they are unable to consent to their care and treatment arrangements, are under continuous supervision and control and are not free to leave the place in which they are currently residing.

1.2.1 Below is a real life example outlining how DoLS is used to authorise care and support arrangements in a care home:

- Mrs AB has a diagnosis of Dementia and was admitted to residential care following a hospital admission for a chest infection. Whilst in hospital it became clear that Mrs AB was not looking after herself and putting herself at risk in her home. She had been found wandering by the police in the local community. Her home was in a state of disrepair
- A request for a Standard Authorisation by the care home was received for Mrs AB in October 2015. The purpose of the authorisation was to approve care and treatment arrangements that the care home had put in place around personal care, medication administration and 1:1 support when necessary. Mrs AB was not allowed to leave the care home unaccompanied
- A Standard Authorisation was granted with conditions to monitor and review Mrs AB's situation
- During the Best Interest Assessor (BIA) enquiries, a close friend of Mrs AB was identified. The friend had known Mrs AB for many years and was visiting regularly. It became clear that Mrs AB had not been managing well at home for a long time and her friends had been extremely worried about her. Her friend informed the BIA that since being in residential care Mrs AB was eating well and

taking pride in her personal appearance, she was now able to go out into the community weekly and visit familiar places

1.3 The Supreme Court also held that in addition to care homes and hospitals, a deprivation of liberty can occur in domestic settings where the state is responsible for imposing such arrangements. This includes placements in supported living in the community as well as domiciliary arrangements which may amount to a deprivation of liberty. Such placements must be authorised by the Court of Protection.

1.4 Local authorities have primary responsibility as the Supervisory Body under the DoLS. In operational terms, this means that local authorities receive requests from Managing Authorities (residential/nursing homes and hospitals) and are required to organise, complete and respond to requests for authorisations within the mandated deadlines under the DoLS regulations.

1.5 Nationally, in 2013/14 (the year prior to the Cheshire West judgement), there were approximately 13,700 applications. In 2014/15 there were 137,540 DoLS applications received by councils, of which 62,645 applications were completed. This has resulted in a national backlog of 74,895 applications**.**

1.6 At the end of the financial year each local authority must submit a statutory return to the Department of Health (DoH) for DoLS activity. Comparator information for other local authorities will therefore be available in June this year. From our own local benchmarking, the Council is aware that neighbouring authorities have 1953, 1781 and 4545 outstanding referrals.

2 NCC Deprivation of Liberty Safeguards Team

2.1 For people in hospital and care homes, requests for assessments are currently received by the Council's Deprivation of Liberty Safeguards team (DoLS). The substantive team, which is based at Vantage House in Norwich and managed as part of the Mental Health Social Work service, is comprised of one FTE team manager, one FTE practice consultant, 1.6 FTE best interest assessors (BIAs), 0.8 FTE assistant practitioner and one business support officer. Assessments are also undertaken by 14 sessional NCC BIA's and other freelance BIA's. Temporary business support is also currently supporting the team with administrative tasks.

2.2 Assessments for people deprived of their liberty in care homes and hospitals must be undertaken by trained BIAs. Assessments for people deprived of their liberty in domestic settings do not require the involvement of a BIA and can be undertaken by social work staff in locality-based social work teams.

2.3 In early 2015, the Adult Social Services Senior Management Team (SMT) agreed an additional £137k for the DoLS staffing budget for one year to employ an additional practice consultant, an additional assistant practitioner and business support staff. The posts have been recruited to and run to the end of June 2016.

2.4 In April 2015, NCC was notified of an award of £446k one-off funding from the DoH. The Adult Social Services SMT considered options for the best use of the grant and noted that it was inadequate to fully address the incoming work and backlog arising from the DoLS Supreme Court judgement. Approval was given to fund five additional BIA posts on a temporary basis. Unfortunately it has not been possible to recruit into all of these posts due to the temporary nature of the roles, lack of suitably qualified staff or team capacity to release staff from locality social care teams. NCC has subsequently been informed that there is no further allocation of DoH grant funding.

2.5 The DoH grant funding has been carried forward to 2016/17. It is planned that this budget will enable the posts originally funded by the one year SMT funding to continue.

2.6 In 2015/16 NCC supported eight staff to undertake BIA training. They are all now qualified and contributing to the rota. A further course in conjunction with Suffolk County Council and Cambridgeshire County Council is planned for the autumn of 2016.

3 DoLS referrals

3.1 The DoLS team use the Association of Directors of Adult Social Services (ADASS) task force screening tool to prioritise the allocation of requests to authorise a deprivation of liberty. The tool assists local authorities to respond in a timely manner to requests that are deemed the highest priority. Further priority is given to a referral where it meets more than one of the priority 1 criteria, such as hospital admission, family objection to the care of their relative, service user objection to their care, or legal challenge. The DoLS team do not have the capacity to assess all priority 1 cases and work hard to liaise with care providers to ensure they have relevant and up-to-date information to allow them to prioritise the most urgent cases. Priority 2 and 3 cases cannot currently be assessed due to lack of capacity in the DoLS team unless the individual's circumstances change and they are re-prioritised as a priority 1 case. An example of this would be a person being admitted to hospital from a care home.

3.2 In Norfolk, the Council's DoLS team received just over 100 referrals each year prior to the Cheshire West judgement.

3.3 The following table details the referrals that have been received since the Cheshire West decision in March 2014:

Total number of referrals received in the year	Priority	2014/15	2015/16	Total
	Priority 1	973	1305	2278
	Priority 2	157	282	439
	Priority 3	820	1181	2001
	Total	1950	2768	4718

3.4 The following table details the outcome of referrals which were assessed in each priority for 2014/15 and 2015/16:

Priority	2014/15	2015/16	Total
Priority 1	Granted - 419 Not granted - 310	Granted – 182 Not granted - 403	1314
Priority 2	Granted – 6 Not granted - 42	Granted – 2 Not granted -68	118
Priority 3	Granted – 6 Not granted - 231	Granted – 4 Not granted - 244	585
Total	1014	903	

3.5 The majority of 'not granted' cases arise from the death of the person in the care home or hospital and the move of a person from a care home to a hospital or another care home. The Managing Authority (care home or hospital) will notify the DoLS team of this change. Any such change in a person's circumstances involves an administrative process to close down the existing referral which is hospital and care home specific.

The new care home or hospital will submit a new referral for an assessment if they feel the new care arrangements constitute a deprivation of liberty.

3.6 The reduction in the number of referrals dealt with in 2015/16 was due to BIA staff dealing with more complex cases that can make the assessment and consultation process more difficult and lengthy. Other factors impacting on the number of assessments undertaken were staff turnover in the DoLS team, staff training and gaining confidence in the new system for receiving referrals and recording assessments on CareFirst.

3.7 The DoLS team has a current backlog of 2752 cases – 939 priority 1, 322 priority 2 and 1496 priority 3.

4 Risks to NCC

4.1 Norfolk is the fifth largest local authority in England and has a high elderly population. In addition, the lower than average price of property has resulted in a large number of residential and nursing homes in the county and several private hospitals for mental health and learning disability.

4.2 Where a person has been referred but not assessed and where their placement amounts to a deprivation of liberty, this is unlawful. In a number of cases, the care arrangements for the person will have been sanctioned through a Mental Capacity Act best interest decision process. This provides a degree of protection for both the care provider and the department. However the care arrangements have not been subject to the independent scrutiny of the DoLS process.

4.3 Therefore there is a potential risk of litigation against the Council associated with unlawful deprivation and the failure to complete assessments within the prescribed timescales. The Council has received a number of complaints relating to DoLS requests. These have related to delayed assessments and death of the person subject to DoLS. However, to date, these have been resolved by the DoLS team.

4.4 There have been three cases where the Council has received a legal challenge regarding its implementation of the DoLS process. These have been resolved through due legal process and have not resulted in any payment of damages.

4.5 The DoH lead for DoLS wrote in a letter to the County Council Mental Capacity Act leads in January 2015;

"We do not expect that local authorities who are following national DoH, ADASS and Care Quality Commission (CQC) guidance (and who have a plan in place for responding to the Supreme Court judgment in a way that makes clear that paramount importance of the well-being of vulnerable individuals) should be unfairly penalised".

4.6 However, there is evidence from the courts that a failure to meet the law as it now stands can lead to local authorities being required to pay damages and receiving public criticism by the courts and others.

4.7 A recent ruling has transferred aspects of the DoLS responsibility back to the Department of Health. On 10 March 2016, Mr Justice Charles placed responsibility on Health Secretary Jeremy Hunt and Justice Secretary Michael Gove for ensuring that sufficient resources are available to guarantee that all those whose deprivation of liberty is considered by the Court of Protection have appropriate representation. The judgement came about as a result of four test cases where no appropriate representation/advocate could be found for reasons which included lack of resources.

Mr Justice Charles ruled that all future cases should be adjourned until a workable solution was found, meaning that large numbers of cases will be delayed indefinitely

5 Improving efficiency and effectiveness

5.1 In March 2015 the DoH letter to confirm grant funding stated "It is clear that those responsible for implementing DoLS must continue to strive to apply best practice and find efficiencies within the current system to ensure we maximise value for taxpayers' money."

5.2 The Council have undertaken a number of key steps that have improved efficiency and effectiveness. Following the DoH issue of the new suite of DoLS forms, the Council's managers designed and developed an electronic system to support care homes and hospitals. Working with the Council's ICT department and existing e-forms software, they produced 'eDoLS', a web-based system which validates via secure web browser connection and submits the DoLS applications instantly to the Council. eDoLS enables care homes and hospitals to submit the information online and they can generate a fully-completed ADASS form to print or save for their own records. Meanwhile, the Council can track new applications with ease. Norfolk is the first local authority to achieve this and have shared the learning and process with other councils.

5.3 Electronic versions of the DoH DoLS paperwork have been built and implemented within CareFirst, Adult Social Services' electronic client database. This allows authorisations to be signed off electronically in any location across Norfolk, replacing the earlier requirement for managers with signatory responsibility travelling to sign paperwork.

5.4 Other key steps include:

a) Co-commissioning of BIA courses with neighbouring local authorities
b) Membership of the ADASS Eastern Region DoLS network
c) Refreshed Norfolk MCA/DoLS subgroup – a partnership group promoting effective working relationships between different organisations and professional groups to promote awareness and good practice in Norfolk. This group reports to the Norfolk Safeguarding Adults Board and is chaired by the Council's Head of Social Care for Mental Health.

6 Next steps

6.1 The Law Commission's consultation on their proposals for a replacement scheme for DoLS ended in November 2015. The Law Commission will publish a provisional report of the outcomes of the consultation process and any resulting changes to their proposals in spring 2016. A White Paper will be published at the end of 2016.

7 Recommendations:

7.1 The Committee is asked to note the content of the report.

Officer Contact

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

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