

# Adult Social Care Committee

Date: **Monday 12 October 2015**

Time: **10am**

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

## SUPPLEMENTARY A g e n d a

**15. Re-imagining Norfolk: Service and Financial Planning 2016-17 to 2018-19**

Report by the Executive Director of Adult Social Services

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# Adult Social Care Committee

Item No. 20

<b>Report title:</b>	<b>Re-imagining Norfolk: Service and Financial Planning 2016-17 to 2018-19</b>
<b>Date of meeting:</b>	<b>12 October 2015</b>
<b>Responsible Chief Officer:</b>	<b>Executive Director of Adult Social Services – Harold Bodmer</b>
<b>Strategic impact</b>	
<p>To provide a strategic framework – Re-imagining Norfolk – for the County Council to refocus its role and pursue its priorities within a radically reduced level of resources.</p> <p>This report positions the County Council to produce its budget for 2016-17 in accordance with the law and proper standards.</p>	

## Executive summary

On 7 September, this Committee received a report on progress to develop savings proposals as part of the budget setting process for 2016-17.

The Committee directed officers to bring back further proposals to this meeting which would contribute to the development of budgets based on 75% of the Committee's addressable spend for subsequent consideration at Policy and Resources Committee on 26 October.

This report sets out details of the model of service delivery which would be required to enable the department to operate on a budget at 75% of its addressable spend. Officers have now developed a number of budget saving proposals based on this service delivery model for the Committee to consider. The proposals, set out in Table 2, would deliver permanent revenue savings over the next three years. There are a total of 12 proposals with a total savings value of £73.086m. The savings proposals have been initially risk rated by officers to provide a high level indication of the feasibility of delivering the saving.

### Recommendations:

#### Adult Social Care Committee is asked to:

- a) Consider and comment on the service delivery model required to provide the service within a budget of 75% of addressable spend, set out in section 2
- b) Consider, comment on and agree to refer to Policy and Resources Committee the list of savings proposals, including initial RAG rating, which are to be considered by Policy and Resources Committee on 26 October with a view to consulting with the public

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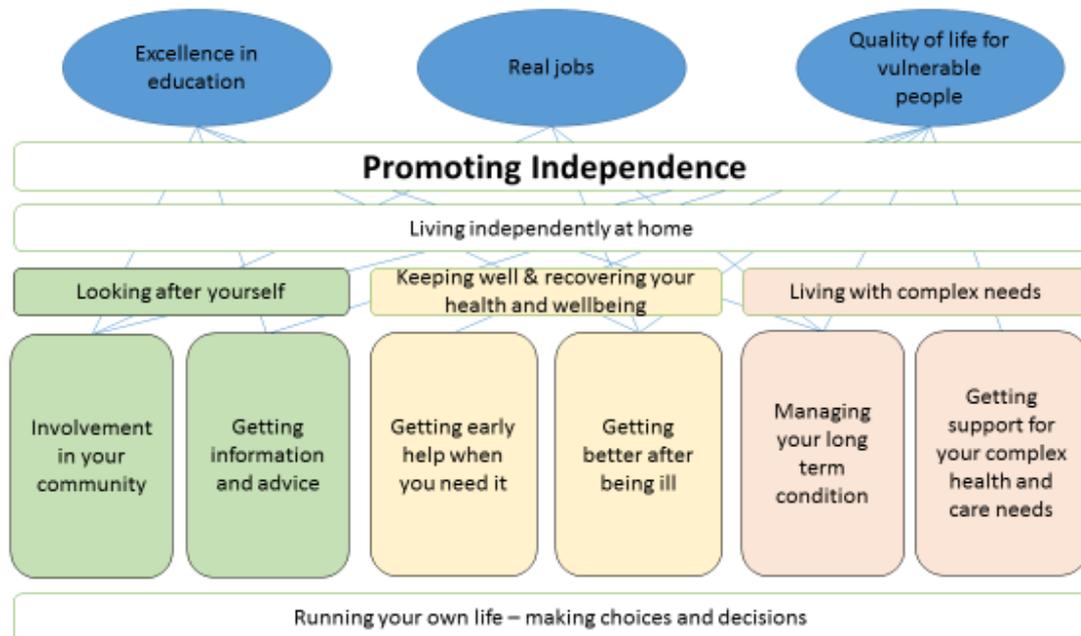
## 1. Background

- 1.1 Re-imagining Norfolk, agreed by the Policy and Resources Committee in June, sets out a direction for the County Council which will radically change its role and the way it delivers services. It commits the Authority to delivering the Council's vision and priorities for Norfolk making it clear that the future lies in working effectively across the whole public service on a local basis.
- 1.2 At its meeting on 28 September 2015, the Policy and Resources Committee considered details of the proposals which have been developed during September, and recommended that Service Committees bring forward further proposals to deliver budgets based on 75% of their addressable spend, including a complete set of budget proposals for 2016-17, to allow for choices and options to be considered initially at October's Policy and Resources Committee.
- 1.3 This paper sets out details of the proposals which will support the delivery of a balanced budget for 2016-17, and provides an initial assessment of the feasibility of delivering those savings.

## 2. Proposed service delivery models

- 2.1 Committee agreed that 'Promoting Independence' should be the Adult Social Services response to Re-imagining Norfolk and agreed to ask the Executive Director to develop potential models of services for the future and prepare options of what these services could look like in three years' time, with 75% of addressable spend.
- 2.2 Promoting Independence requires very significant remodelling of services, a change of practice within Adult Social Services and also a change in the culture for citizens in Norfolk, stakeholders and partners. This paper sets out further detail about new service models, and includes initial savings proposals for consideration.
- 2.3 Given the statutory nature of the Authority's social care responsibilities and the increasing level of demand on the service it is difficult to see how a reduction of the levels outlined above can be achieved without significant risk. However, the service can be run with less cost if there is major change in the way in which it operates. In order to address required reductions in cost, fundamental changes in the model underpinning social care for adults in Norfolk is essential.
- 2.4 We have compared our services with other similar councils and know that our pattern of service indicates that on a rate per 100,000 population, we do more assessments and we have more people receiving services. It is clear that the substantial change we need to make is in how we respond to people's needs to reduce their call on formal services from Norfolk County Council.
- 2.5 Work has been undertaken to understand the best practice from around the country and to consider how these models could be applied in Norfolk. There is good evidence from other authorities, that approaches which promote independence and community support can be effective in better managing the demand for services and therefore costs.
- 2.6 Our approach therefore is to manage demand for services better by ensuring that people remain independent from public services as long as possible and are provided with preventative, community alternatives to council social care where appropriate. This approach would be consistent with the responsibilities relating to wellbeing and prevention in the Care Act.
- 2.7 When people do need formal services our approach will always be to maximise their independence as far as possible. This is the key principle of the Promoting Independence

strategy. The aim is to support as many people as possible to live safely at home and to recognise that at different stages people need different types of intervention, hence distinguishing three cohorts in the model. The strategy is set out in diagrammatic form below.



## 2.8 Looking after yourself – involvement in your community

2.8.1 There is good evidence that people’s wellbeing can be sustained through connections to supportive communities, for example approaches to reduce loneliness and its impact on physical health, and models which connect people to local networks such as local area co-ordination. We will work with partners to ensure people are put in touch with local support where this is appropriate to their needs.

2.8.2 We expect that this will mean that when people approach adult social services for help, either directly or through their GP surgery, there would be a renewed emphasis on linking them to local support if at all possible. We are in discussion with District Councils about this because of their connection with local communities and the interdependency of our services with their housing responsibilities. We will also work closely with voluntary groups, Children’s Services, other partners and service user groups in communities to find the best way to co-ordinate local solutions to need.

2.8.3 The department has visited Shropshire County Council to see how they have improved outcomes for people and reduced the number of packages of care they put in place by using this approach.

## 2.9 Looking after yourself – getting information and advice

2.9.1 Key to retaining health and wellbeing is that people can find information and advice easily where and when they need it to inform the decisions they make. Currently about one third of assessments the department carries out result in only information and advice. This means delay in people getting appropriate information and unnecessary cost. We will address this.

2.9.2 We are improving the Adult Social Services part of the Council’s website, having worked with service users and citizens, so that people can find what they need more easily. We already have all day services listed on the ‘whereilive’ site, so that people can put in their postcode and see what is available near them. The Trusted Traders model helps to

provide endorsement of services. It is in place for meals and we will have Trusted Traders for transport and for financial advice. This means that people or their family/friends will be able to find out more information for themselves, without needing to contact the Council.

2.9.3 A key priority will be to ensure connections between information sources, so that people can easily find what they need, for example working with District Councils and their local directories.

## 2.10 **Keeping well and recovering your wellbeing – getting early help when you need it**

2.10.1 When people's independence is at risk, it is crucial that they have the right support to restore their wellbeing or at least to minimise their dependency. For example, when someone's mobility is deteriorating, ensuring that their home is adapted, or getting advice about coping with the early stages of dementia to allow someone to keep living safely at home. Equipment, adaptations and assistive technology can play a crucial part in helping people to manage at home and we will identify and implement best practice in this regard.

2.10.2 We will ensure that people who would benefit from early help can get it, such as making it simple for all sorts of workers to identify and act on signs of concern using common assessment tools. GPs are likely to be in contact with many people who may benefit from this. Adult Social Services are part of a pilot in South Norfolk working with GP surgeries to provide early help and information.

## 2.11 **Keeping well and recovering your wellbeing – getting better after being ill**

2.11.1 To avoid unnecessary dependence, it is vital to help people restore the functioning and independence which they have lost or risk losing. For example, following an admission to hospital for a fall it is important that people access specialist support to restore their mobility and confidence at home.

2.11.2 We have an effective reablement service, Norfolk First Support, through which people receive specialist support to restore their independence. This service is currently provided to about 76% of people who are thought to need care at home and who could benefit from reablement. By increasing the capacity of the service so that we can reable everyone thought to need care at home, we will deliver more savings and make optimum use of the new home care services which are being commissioned across the county.

2.11.3 We also intend to develop reablement approaches specifically for people with mental health needs or learning disability. This will include people currently in residential care who have potential to be more independent. We will ensure that planning beds, which are used where people have been in hospital but cannot go home straightaway, has a strong focus on reablement and will maximise the impact of specialist roles such as physiotherapists in developing non-domiciliary reablement approaches.

## 2.12 **Living with complex needs – managing your long term condition**

2.12.1 By ensuring that people are given locally based solutions and preventative measures wherever appropriate, fewer people should need formal services. Where people have complex long term conditions, their ability to manage their own care makes a critical difference. We will work with partners to promote and facilitate effective ways of self-management, such as peer networks, health coaching and educational programmes.

2.12.2 Where people need formal services and are not in crisis, their social care needs are met through personal budgets and agreed social care support plans. As part of the Promoting Independence work the department is going to review its Personal Budget Questionnaire and Resource Allocation System (RAS) to ensure it fits with the new strategy. Personal Budgets will be provided for a person's eligible social care needs that have not been met in

other ways. We will work with people so that their Personal Budget supports them in managing their condition and in maximising their independence.

2.12.3 In the future we anticipate that fewer people will get Personal Budgets and the amount of funding for some people will be reduced, as some social care needs will have been met by community solutions or they have been enabled to be more independent. This may cause some concern initially to existing service users, their carers, relatives and advocacy groups.

## 2.13 Living with complex needs – getting support for your complex health and care needs

2.13.1 Where people need both health and care services it is important that these are well co-ordinated and efficiently organised. We are planning for single assessments between agencies. We will be redesigning the hospital discharge and urgent care pathways with NHS partners and at every stage we will be seeking to promote independence.

2.13.2 We have already set out our target to reduce the number of people placed in permanent residential care by 25%. As a council we place more people per 100,000, particularly younger adults in residential care than comparator councils. This is consistent with the strategy to promote independence but requires new models of delivering care and building on the work we already have in hand to increase the supply of Housing with Care units for people of all ages.

## 2.14 Wider changes which underpin the new approach

2.14.1 We anticipate that Promoting Independence will see social workers working more closely with communities and offering a more therapeutic service, where this is appropriate. This is a move away from the current social work model where there is a rapid turnover of work with emphasis on arranging formal care services. Where people have severe needs or are at risk, with significant safeguarding issues or concerns about mental capacity, they will of course be offered appropriate services and always in a way that maximises their independence.

## 3 Committee savings proposals

3.1 The illustrative budget gaps, by Committee, including and excluding Member choice, are shown in Table 1 below.

**Table 1 – Illustrative Budget Gap by Committee**

With headroom for Member choice:

Committee	16-17 £m	17-18 £m	18-19 £m	Total £m
Adults	27.223	27.943	19.631	74.796
Children's (Non Schools)	11.595	11.902	8.361	31.858
Communities	8.167	8.383	5.889	22.440
ETD	8.288	8.507	5.976	22.771
P&R (inc. Finance General)	6.089	6.250	4.391	16.729
<b>Grand Total</b>	<b>61.361</b>	<b>62.985</b>	<b>44.248</b>	<b>168.594</b>

Without headroom for Member choice:

<b>Committee</b>	<b>16-17 £m</b>	<b>17-18 £m</b>	<b>18-19 £m</b>	<b>Total £m</b>
Adults	18.646	19.366	11.053	49.064
Children's (Non Schools)	7.942	8.249	4.708	20.898
Communities	5.594	5.810	3.316	14.720
ETD	5.676	5.896	3.365	14.937
P&R (inc. Finance General)	4.170	4.331	2.472	10.974
<b>Grand Total</b>	<b>42.028</b>	<b>43.651</b>	<b>24.914</b>	<b>110.593</b>

3.2

A summary of proposals is set out in Table 2 below. Proposals for the three years totals £73.086m, of which £10.136m relate to 2016-17. Whilst the total of the savings proposals contained in this report is £1.71m less than the target of £74.796m, the savings meet the corporate target as the difference is due to inflation not required. The savings proposals have been RAG rated in terms of the feasibility of delivering the saving. The RAG ratings are as follows:

- **RED:** Highly sensitive and difficult to achieve / High risk.
- **AMBER:** Some sensitivity and not that easy to achieve / Medium risk.
- **GREEN:** Comparatively easy to achieve / Low risk.

Table 2

No.	Savings Proposal	2016/17	2017/18	2018/19	Total	RAG	Potential High Impact EIA Y/N
		£m	£m	£m	£m		
1	<b>Promoting Independence</b>						
1a	<p>Customer Pathway</p> <p>The primary objectives of the proposal are:-</p> <ol style="list-style-type: none"> <li>1) To develop and deliver an improved customer pathway focused on achieving better outcomes – as close to the ‘first point’ of contact as possible – for people who approach the department for help. The new pathway, will reflect the changing relationship that the Council must have with Norfolk residents. This is characterised by a shift to an ‘enabling’ role where the Council, in partnership with tertiary sector partners, district councils and health colleagues, helps people to identify universal services that can meet their needs based in their own communities <i>before</i> consideration of formal social care services.</li> <li>2) To develop a new strengths-based model of prevention and social work practice which will replace the existing model which focuses primarily on assessment and the provision of formal services</li> <li>3) New models of social care where the right support is delivered to the right person, at the right time and in the right setting. This in turn will ensure that resources and funding are targeted to have maximum impact, reduce the need for more formal complex care where appropriate and promote and maintain an individual’s independence.</li> </ol> <p>The outcomes of this proposal are to:-</p> <ol style="list-style-type: none"> <li>a. Increase the number of people able to access the help and support they need, independently and in their own communities – promoting self-management and prevention.</li> <li>b. Reduce the number of people requiring Care Act assessments.</li> <li>c. Reduce the number of people needing increasingly expensive and complex formal social care provision following review.</li> </ol>	1.258	11.983	13.628	26.869	Amber	Y

No.	Savings Proposal	2016/17	2017/18	2018/19	Total	RAG	Potential High Impact EIA Y/N
		£m	£m	£m	£m		
	<p>Currently there are some 13,000 service users receiving support by Norfolk County Council (NCC), this a higher proportion than comparator councils. In addition a significantly greater proportion receive care in a residential setting as opposed to other care settings. The outcome of the proposal will reduce the number of service users receiving support by 22% and reduce the number of residential beds NCC requires to support Older People and those aged 18-64. Overall this will reduce the number of Older People receiving support from 5,650 to 4,393 per 100,000 based on the best practice achieved by Shropshire Council. In absolute terms this equates to 1,785 fewer service users receiving support. For 18-64 the target reduction will be from 1,031 to 806 per 100,000 receiving support to bring NCC in line with our comparator group which is equivalent to 1,090 fewer service users receiving support.</p> <p><i>Note that these savings are high level and require further development.</i></p>						
1b	<p>Reablement – net reduction</p> <p>Norfolk First Support (NFS) is a service highly regarded by citizens and by NHS partners. 51% of people going through the service do not need any further services. Of the other people who go through reablement, 21% have a home care package at the end and the average reduction in packages of home care for these people at the end of the six weeks is 24.36%. The review aims to build on this and includes:</p> <ol style="list-style-type: none"> <li>Expanding the capacity of the service to deal with 100% of referrals where only 76% are currently dealt with</li> <li>Providing a more specialised version of the service, including enablement as well as reablement, for people with Learning Disabilities (LD), Physical Disabilities (PD) and Mental Health (MH) Problems who are living in residential care (to help in reducing the number of working age people in residential care)</li> <li>Looking at the planning beds paid for by the department to come up with a more effective service that focuses on reablement and getting people back home, and</li> </ol>	3.158	1.500	0.500	5.158	Green	N

No.	Savings Proposal	2016/17	2017/18	2018/19	Total	RAG	Potential High Impact EIA Y/N
		£m	£m	£m	£m		
	<p>which will reduce the number of older people going from hospital into permanent residential care.</p> <p>d. Having a multi-disciplinary team, including for example occupational therapists, physiotherapists and incontinence nurses.</p> <p>Implementation costs are estimated to be £2.123m over the next three years</p>						
1c	<p><b>Housing with Care</b></p> <p>This is about delivering a programme to develop a substantial amount of housing with care in the county.</p> <p>Under our Building a Better Future strategy, service users told us they would prefer not to use residential care but would like to be able to access housing with care – owning or holding a tenancy for a property ‘with its own front door’ in a scheme where a base level of 24 hour care is available and additional care can be provided according to need.</p> <p>This is a key part of the strategy for changing the mix between residential and care at home and provides something of a ‘middle ground’ which allows people to have flexible support as their needs change.</p> <p>The key benefits of the Housing with Care (HWC) model are:</p> <ul style="list-style-type: none"> <li>a. Care needs can vary as people’s needs change up and down, providing a preventative approach which avoids over or under provision. It supports the avoidance of crises in care which can tip people into institutional care settings.</li> <li>b. It is a more cost effective model than residential/nursing care or – housing costs are not funded by NCC as they are in residential care</li> <li>c. Accessible environments, not necessarily care, can be a significant factor in enabling and maintaining independence – reducing pressure on informal carers and family members in situations which are at risk of breaking down</li> </ul> <p>It is recognised that building and bringing on stream HWC schemes will take time, three to five years, so the savings proposed are low until 2018/19 and may increase in future years.</p>	0.000	0.500	0.500	1.000	Green	N

No.	Savings Proposal	2016/17	2017/18	2018/19	Total	RAG	Potential High Impact EIA Y/N
		£m	£m	£m	£m		
1d	<p><b>Integrated Community Equipment Service (ICES)</b>  The ICES provides and supplies a range of aids for daily living and healthcare treatment equipment for Norfolk residents with health and social care assessed needs. The service offers web based access to an agreed catalogue of equipment for NCC and NHS clinical professionals to prescribe equipment and provides economies of scale through running a single service with larger volumes, increased efficiencies, streamlined functions and assets such as management, storage, logistics and refurbishment.</p> <p>The service has been jointly commissioned and supports NCC's and CCG joint ambition for a high quality service that is in line with changing expectations of service users and health and social care commissioners – as well as providing a more efficient service that gives excellent value for money.</p> <p>Proposals here are to enhance and improve the existing service in addition to increasing the commercial offering of the service, these include:</p> <ol style="list-style-type: none"> <li>Promoting Independence Centres</li> <li>Review of equipment in the community</li> <li>Double up care package review</li> <li>Expand the use of assistive technology</li> <li>Data sharing IT Interface</li> </ol>	0.500	0.250	0.250	1.000	Green	
2	<p><b>Reduce Training &amp; Development spend following implementation of Promoting Independence</b>  In implementing the Promoting Independence programme implementing cultural change will be a key success criteria if the programme is to work. As a result it is not possible to make any savings to the Training &amp; Development budget in 2016/17 but savings opportunities have been identified to be delivered in 2017/18.</p>	0.000	0.200	0.000	0.200		N
3	<p><b>Move service mix to Average of Comparator Family Group or Target – All Specialism</b>  Adult Social Services recognises that the proportion of individuals in residential care settings is higher than comparator councils and that plans linked to the Promoting Independence</p>	0.120	0.962	1.444	2.526	Amber	Y

No.	Savings Proposal	2016/17	2017/18	2018/19	Total	RAG	Potential High Impact EIA Y/N
		£m	£m	£m	£m		
	<p>strategy are required to significantly reduce the number of service users in a residential setting to a community setting. This savings proposal targets a shift from residential placement to a community setting, this means for people aged 18-64 NCC currently places at a rate of 31 per 100,000 where the comparator average is 15 per 100,000.</p>						
4	<p><b>Refocus Supporting People provision to support Promoting Independence Phase 1</b>  The Supporting People programme funds a range of accommodation based services including accommodation for young people, victims of domestic abuse and older people. This is a preventative service which has been developed in partnership with the seven Norfolk housing authorities.  The majority of Supporting People services cater to people’s needs early in the pathway into formal services. Significant savings from the provision of these prevention services against formal care services have been demonstrated by the Treasury and accrue particularly for health services (including GPs and A&amp;E), criminal justice and mental health services. Previous budget exercises have seen significant remodelling of services including working with providers to achieve efficiencies. Over £5m savings has been achieved from the programme since 2008 We will work very closely with the District Councils to further remodel the Supporting People programme and plan this reduction in order to minimise the impact on vulnerable people and on the services provided by the District Councils and the County Council.  Our approach will be to maximise the benefits from the reduced investment in this service to continue to support our joint prevention work with the councils. These services however are well regarded and provide targeted prevention for specific vulnerable groups and a reduction of this scale contains significant risks, hence the RED risk rating.</p>	5.100	0.000	0.000	5.100	Red	Y
5	<p><b>Radical review of daycare services</b>  The is an urgent need to review the provision of day care services in conjunction with the implementation of the Promoting Independence strategy, and reconsider asset based solution across the county. Potential development of “Hubs” could be the way forward to develop more cost effective solutions, but will also result in greater benefits to service users.</p>	0.000	1.000	2.500	3.500	Red	Y

No.	Savings Proposal	2016/17	2017/18	2018/19	Total	RAG	Potential High Impact EIA Y/N
		£m	£m	£m	£m		
	This proposal is linked to a new focus on helping people with learning disabilities and mental health needs into employment.						
6	<b>Phase out all transport provision to service users</b> A number of other councils have phased out council paid transport provision and instead have sign posted service users to transport services that exist throughout the local area and ensure that the mobility element of the disability living allowance or personal independence payment via the DWP is directed to support service users accessing any day care provision. This is linked to proposal 5 above.	0.000	1.000	3.780	4.780	Red	Y
7	<b>Move service mix to Lowest of Comparator Family Group – All Specialisms</b> The challenge is to move NCC from its current cost base and proportion of service users in a residential setting to community based solutions which are lower cost and more beneficial to the service user. This proposal targets a reduction that reduces the proportion from the average in proposal 3 above to the lowest.	0.000	0.200	2.190	2.390	Red	Y
8	<b>Refocus Supporting People provision to support Promoting Independence Phase 2</b> This savings proposal considers the complete removal of the Supporting People programme	0.000	2.000	2.355	4.355	Red	Y
9	<b>Restrict access to services to get to 75% target – All Specialisms</b> Taking account of the savings proposals listed above this proposals increase the overall savings total to the target set corporately by restricting the amount of funding available to fund Adult Social Care.	0.000	0.000	16.208	16.208	Red	Y
	<b>Totals</b>	10.136	19.595	43.355	73.086		

### 3.3 Summary of savings proposals by financial year and risk rating.

<b>Adult Social Services</b>	<b>2016-17 Saving £m</b>	<b>2017-18 Saving £m</b>	<b>2018-19 Saving £m</b>	<b>Total Saving £m</b>
Red	5.100	4.200	27.033	<b>36.333</b>
Amber	1.378	12.945	15.072	<b>29.395</b>
Green	3.658	2.450	1.250	<b>7.358</b>
<b>Grand Total</b>	<b>10.136</b>	<b>19.595</b>	<b>43.355</b>	<b>73.086</b>

- 3.4 The proposals above total £73.1m. Of these £7.4m of savings have been risk rated GREEN i.e. these are comparatively easy to deliver. The remainder, some £65.7m will be challenging or extremely challenging to deliver. The Promoting Independence strategy will bring about significant change in the operating model of the department but this will in itself not deliver all of the savings required for the department to operate with 75% of its current budget. The balance will need to be found from service reduction.
- 3.5 Within those proposals rated RED, there is a proposal to restrict access to social care services amounting to a saving of potentially £16.2m. To achieve these savings the department would have to ration services to individuals and this could lay the Council open to legal challenge.
- 3.6 Delivery of the total proposed reduction in the Supporting People programme will prove very challenging. These are mainly preventative services which complement services provided by the District Councils. As such this reduction would be contrary to the Promoting Independence strategy.
- 3.7 The whole Promoting Independence programme is expected to deliver savings of approximately £28m over the next three years with further savings anticipated in subsequent years. This is an extremely challenging programme requiring a significant change in expectations from the public of Norfolk and a major cultural shift to the way adult social care services will be delivered. The strategy will also mean that the market will have to respond to a changing balance of care where the number of residential beds required on an annual basis will reduce but at the same time the amount of community based support will increase.
- 3.8 **Norsecare**
- 3.8.1 As the demand for older people residential beds will fall over the next three year, the current arrangements with Norsecare will also need to be reviewed. This is the biggest single contract that the department has, worth £31m. Members will be aware that Norsecare was set up in 2011 to transform the council's residential care home estate. The Building a Better Future strategy on which the Norsecare arrangement is based set out a plan to replace existing homes with specialist dementia care units and housing with care provision.
- 3.8.2 Good progress has been made to date on the transformation programme Lydia Eva Court opened in Gorleston last year, replacing three residential care homes. A new specialist dementia care unit will open at Bowthorpe next year, along with a new HWC Unit. This will replace four homes in Norwich. In addition Norsecare provides the care in the new Housing with Care Unit opened in Aylsham, which replaced a residential home in Aylsham.
- 3.8.3 Committee will recall that changes have already been made to this agreement in order for an increased rebate and profit share arrangement to be implemented. However discussions have been scheduled with Norsecare to consider further changes. In

doing this officers are mindful of the commitments taken on by Norse in order to fund new developments, while seeking to reduce Adult Social Services revenue spend, particularly in the light of the Promoting Independence strategy.

## **4 Next Steps**

- 4.1 All service committees are meeting during October and will be requested to finalise and agree a future model of services and a set of savings proposals for 2016-19, highlighting those which require formal public consultation.
- 4.2 The full set of proposals will be considered by Policy and Resources Committee at its meeting on October 26 2015. At this meeting Policy and Resources Committee will receive advice and recommendations from all service committees and will:
- a) Review all proposals from Committees to ensure that collectively they will enable the Council to achieve a balanced, sustainable budget
  - b) Agree any proposals which require more detailed formal consultation because of their impact on specific users or residents
  - c) Agree arrangements for assessing the impact of any proposals in line with Equalities legislation, ensuring there are sound arrangements for individuals and groups directly affected by potential proposals to have an opportunity to voice their views
- 4.3 In November, Committees will be able to consider feedback from statutory consultation and engagement so far. The consultation will close at midnight Thursday January 14 2016. At their meetings in the last week of January, Committees will review the findings and public consultation, the outcome of the local government settlement, other risk and impact assessments and agree final proposed budget savings.
- 4.4 It is the role of Policy and Resources Committee to recommend a set of proposals to Full Council. This will take place at its meeting on 8 February 2016 and Full Council on 22 February 2016 will agree the Council's budget.
- 4.5 A summary timetable for the budget and service planning process is set out at Appendix 1.

## **5 Issues, risks and innovation**

- 5.1 As proposals are developed and finalised, Equality Impact Assessments will be developed for proposals that potentially have an impact on identified groups with protected characteristics. A full Equality Impact Assessment report will be published alongside the Policy and Resources budget papers for February 8 2016.
- 5.2 Formal consultation on budget proposals will be undertaken between November and January.

## **6 Summary**

- 6.1 This paper sets out a new model of service delivery based on a significantly reduced level of resources. The savings proposals detailed in the report will contribute to the setting of the Budget in February 2016. A complete summary of proposals will be considered by Policy and Resources Committee at its meeting 26 October 2015.

## **Background Papers**

Re-imagining Norfolk – Service and Financial Planning 2016-19 for Policy and Resources:

## Officer Contact

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

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## 2016-17 Budget and Service Planning Timetable

Activity/Milestone	Time frame
Service Committees consider initial savings proposals and undertake service planning in the context of 75% of addressable budgets	September 2015
Policy and Resources Committee receive feedback on initial service and financial planning and review the latest forecast financial position for 2016-17 to 2018-19	28 September 2015
Member review of any further financial updates or information from expected Government consultations affecting funding settlement  Service Committees consider further proposals for savings to close budget gap, and agree proposals requiring public consultation	October 2015
Policy and Resources Committee considers budget proposals in the round	26 October 2015
Consultation on new planning proposals and council tax 2016-17 to 2018-19	November 2015 to early January 2016
Spending Review 2015	25 November 2015
Assess implications of Spending Review 2015	Late November and December 2015
Service reporting to Members of service and budget planning – review of progress against three year plan and planning options and early feedback from statutory consultation and engagement activity	November 2015
Chancellor's Autumn Statement and Provisional Finance Settlement	Late December 2015
Consultation closes	14 January 2016 midnight
Service reporting to Members of service and financial planning and consultation feedback	January 2016
Committees consider outcomes of public consultation and local government settlement, and agree revenue budget and capital programme recommendations to County Council	Late January 2016
Policy and Resources consider consolidated budget position to recommend budget proposals to County Council	8 February 2016
County Council agree Medium Term Financial Strategy, revenue budget, capital programme and level of Council Tax	22 February 2016