

Adult Social Care Committee

Date: **Monday, 23 January 2017**

Time: **10:00**

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

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

Membership

Mr B Borrett (Chairman)

Mrs J Brociek-Coulton Mr J Perkins

Mr D Crawford Mr W Richmond

Mr A Dearnley Mr M Sands

Mr T Garrod Mr E Seward

Mrs S Gurney Mrs M Stone (Vice-Chairman)

Mr J Mooney Mr M Storey

Ms E Morgan Mr B Watkins

Mr R Parkinson-Hare Ms S Whitaker

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

Hollie Adams on 01603 223029
or email committees@norfolk.gov.uk

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

A g e n d a

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

2. Minutes

Page 6

To confirm the Minutes of the meeting of the Adult Social Care Committee meeting held on the 7 November 2016.

3. Declarations of Interest

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

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

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

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

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

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

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

5. Public Question Time

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm Wednesday 18 January 2017**. For guidance on submitting public question, please view the Consitution at www.norfolk.gov.uk

or visit www.norfolk.gov.uk/what-we-do-and-how-we-work/councillors-meetings-decisions-and-elections/committees-agendas-and-recent-decisions/ask-a-question-to-a-committee

6. Local Member Issues/ Member Questions

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm on Wednesday 18 January 2017**.

7. Notice of Motions

Notice of the following motion has been given in accordance with the Committee Procedure Rules:-

1. Mr J Mooney, seconded by Mr B Borrett

"I propose that this committee supports the Motor Neurone Disease (MND) Charter, which sets out the care and support that people living with MND and their carers deserve and should expect. I also recommend that full council be asked to consider supporting the above proposal."

I was recently approached by one of my local residents whose husband had died from Motor Neurone Disease. Her personal story persuaded me that I should do all I can to raise awareness of MND. As part of that process I am asking NCCs Adult Social Care Committee to consider supporting the MND Charter. The Charter is made up of 5 key points and these are listed below.

1. The right to an early diagnosis and information
2. The right to access quality care and treatments
3. The right to be treated as individuals and with dignity and respect
4. The right to maximise their quality of life
5. Carers of people with MND have the right to be valued, respected, listened to and well-supported.

By supporting the MND Charter (www.mndassociation.org/mndcharter), the council agrees to promote the Charter making it available to all councillors, council staff, partner organisations and health and social care professionals who deliver services for the council.

8. Chairman's Update

Verbal update by Cllr Bill Borrett

- 9. Update from Members of the Committee regarding any internal and external bodies that they sit on.**
- 10. Executive Director's Update**
Verbal Update by the Executive Director of Adult Social Services
- 11. Appointment of Member Representative to the Governor's Council of James Paget University Hospital NHS Foundation Trust** **Page 15**
A report by the Managing Director.
- 12. Strategic and Financial planning 2017-18 to 2019-20 and revenue budget 2017-18** **Page 17**
A report by the Executive Director of Adult Social Services
- 13. Adult Social Care Finance Monitoring Report Period 8 (November) 2016-17** **Page 142**
A report by the Executive Director of Adult Social Services
- 14. Fee levels for adult social care providers 2017/18** **Page 160**
A report by the Executive Director of Adult Social Services
- 15. Risk Management** **Page 167**
A report by the Executive Director of Adult Social Services
- 16. Safeguarding Children and Adults with care and support needs: Summary of roles and responsibilities within the Council** **Page 179**
A report by the Interim Director of Children's Services and the Executive Director of Adult Social Services.
- 17. Transport Update** **Page 196**
A report by the Executive Director of Adult Social Services.

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

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Date Agenda Published: 13 January 2017



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Adult Social Care Committee

**Minutes of the Meeting Held on Monday, 07 November 2016
at 10:00am in the Edwards Room, County Hall, Norwich**

Present:

Mr B Borrett (Chairman)

Mrs J Brociek–Coulton

Mr D Crawford

Mr J Mooney

Ms E Morgan

Mr R Parkinson-Hare

Mr J Perkins

Mr W Richmond

Mr M Sands

Mr E Seward

Mr B Spratt

Mr B Watkins

Ms S Whitaker

1. Apologies

- 1.1 Apologies were received from Mrs M Stone, Mr T Garrod, Mrs S Gurney and Mr M Storey.

2. To confirm the minutes of the meeting held on 10 October 2016

- 2.1 The minutes of the meeting held on 10 October 2016 were agreed as an accurate record and signed by the Chairman.

3. Declarations of Interest

- 3.1 There were no declarations of interest.
- 3.2 Mr B Spratt wished to commend the Norfolk and Norwich University Hospital, nurses, Adult Social Services and Norfolk County Council for their support given to his mother.

4. Urgent Business

- 4.1 There was no urgent business.

5. Public Question Time

- 5.1 There were no public questions.

6. Local Member Questions / Issues

- 6.1 There were no local member issues or questions.

7. Chairman's Update

- 7.1 The Chairman updated the Committee on the recruitment of James Bullion as the new Executive Director of Adult Social Care as of the 3 January 2017. The Chairman and Committee expressed thanks to Catherine Underwood, the Acting Executive Director of Adult Social Care, for her hard work after Harold's sad passing and that it had been a privilege to work with her.
- 7.2 The Chairman had attended a Social Services Conference where he had benefited from meeting with officers and Members from other areas dealing with similar issues experienced by Norfolk County Council.
- 7.3 The Chairman confirmed that he had sent the letter as requested to the Minister and MPs regarding "serious concerns regarding the financial sustainability for delivery of adult social care in Norfolk"; he was awaiting a response and **agreed** to share this once received.

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

- 8.1 Ms Whitaker reported she had
- Attended a follow up workshop regarding implementation of the Care Act. Staff from the Council and outside bodies attended, giving the opportunity to consider problems from a range of perspectives;
 - Observed a board of directors meeting for the Mental Health Trust. The financial target for the year was due to be met, however this was a deficit of £4.8m;
 - Attended a Mental Health Trust AGM in Ipswich, where presentations were given by service users about living well with ongoing mental health conditions.
- 8.2 Mrs Brociek-Coulton reported she had attended a Dementia Care seminar in Costessey about experiences of living with dementia and an Independence Matters conference at County Hall.
- 8.3 Ms Morgan reported that she had attended a meeting of a group for carers of adults with learning disabilities in Dereham.
- 8.4.1 Mr Watkins reported on the Special Meeting of the Health and Wellbeing Board, focussing on the Norfolk and Waveney STP (Sustainability and Transformation Plan):
- The meeting reflected that the plan was still a work in progress;

- There were concerns that the plan would be NHS driven and therefore over the next 6 months engagement with service users and providers was important;
- The Board was pleased that this was now a dedicated work-stream;
- There were Concerns over overall governance of the project and further plans over leadership development and cultural plans had been requested.

- 8.4.2 Mr Watkins reported on the NNUH (Norfolk and Norwich University Hospital):
- Despite lobbying, the Henderson unit had recently been closed with the hope of saving the NNUH £2m;
 - The NNUH were looking at alternative and cost effective reablement strategies in line with social work teams;
 - The predicted deficit for 2016-17 was £25m;
 - Performance of the NNUH A&E had risen to 12th out of 145 in the country;
 - The NNUH was placed as the top teaching hospital in the country;
 - Patient flow had improved from 300+ to around half this figure.

9. Executive Director's Update

- 9.1 The Acting Executive Director of Adult Social Care gave her compliments to Adult Social Care teams' work in hospitals during times of pressure.
- 9.2 The Acting Executive Director of Adult Social Care updated the Committee on the recruitment of Newly Qualified Social Workers.
- 9.3 The Acting Executive Director of Adult Social Care updated the Committee that the first cohort of Syrian refugees was expected to arrive in Norfolk in February 2017; links were being made with the voluntary sector to support people to establish themselves in their local communities.
- 9.4 The Acting Executive Director of Adult Social Care updated the committee on decisions taken under delegated authority. See appendix A.
- 9.5 The Acting Executive Director of Adult Social Care reported on the Home Care Commission which Harold Bodmer had discussed establishing. Work had started on developing the Terms of Reference, and updates would be shared with the Committee over the coming months.
- 9.6 The Acting Executive Director of Adult Social Care **agreed** to circulate a copy of the submission regarding social care funding to Members of the Committee.

10. Appointment of Member Representative to the Governor's Council of James Paget University Hospital NHS Foundation Trust

- 10.1.1 The Committee received the report asking them to consider and agree the appointment of a Member representative to the Governor's Council of James Paget University Hospital NHS Foundation Trust to replace Cllr Brociek-Coulton, who had recently notified the Trust of her resignation.

10.1.2 Ms Whitaker proposed Mr Parkinson-Hare, seconded by Mr Richmond. Mr Parkinson-Hare confirmed he would be happy to take up this role.

10.2 The Committee **DULY APPOINTED** Cllr. R Parkinson-Hare as Norfolk County Council's Member representative to the Governor's Council of James Paget University Hospital NHS Trust.

11. Performance management report

11.1 The Committee received the report presenting current performance against the Committee's vital signs indicators, and **REVIEWED** the performance data, information and analysis presented in the vital signs report cards.

11.2.2 The Delivery Manager agreed to circulate data which had been issued in July 2016 regarding Social Care Assessments, (page 10 of the report).

11.2.3 Clarification was requested on the impact of the rapid increase in discharges on delays in transfers of care shown on the graph on page 12 of the report, and on personalised care plans. The Director of Norfolk Adult Operations and Integration confirmed that a discussion was to be held with NNUH colleagues regarding accuracy of data; the NNUH now had one of the shortest stay times, however, this put pressure on social care services. Data was also affected by the change in recording of the delayed transfers of care to now include bank holidays and weekends, therefore teams were looking into flexible working over 7 days. Health and social care teams were now more joined up at the hospital, with people being assessed quickly and efficiently to the credit of the staff. Ways of responding to pressures by the system as a whole were being investigated.

11.2.4 It was highlighted that some data shown on previous report cards was missing related the percentage of people with learning disabilities in paid. The Delivery Manager confirmed that this was due to data being refreshed; new outcomes and ongoing work would be reflected in future report cards.

11.2.5 It was clarified that work to establish an employment strategy and work placements for people with learning disabilities in Norfolk County Council was underway. A briefing on this was **requested** for a future meeting.

11.2.6 The rate of carers supported in September 2016 was queried; the Director of Norfolk Adult Operations and Integration **agreed** to clarify this figure.

11.2.7 The high percentage of people with learning disabilities recorded as "not seeking work/retired" was queried. It was clarified that interactions with service users were used to find out whether they were seeking work, and further discussion would be held under item 13 regarding how practice consultants were being worked with regarding change in this area. (See paragraph 13.2.2)

11.3 For each vital sign that had been reported on an exceptions basis, the Committee **RESOLVED TO AGREE** that the recommended actions identified were appropriate.

12. Adult Social Care Finance Monitoring Report Period 6 (September) 2016-17

- 12.1.1 The Committee received the report providing financial monitoring information based on information to the end of September 2016.
- 12.1.2 The Finance Business Partner highlighted the risk recorded in the monitoring report related to Promoting Independence, recommending the revised trajectory to be sent to Policy and Resources Committee to be included in wider planning of the budget. She recommended that £10m was deferred for 24 months, reducing it from the savings and resulting in a £10m increase in the proposed budget for the next year (2017-18).
- 12.2.2 It was clarified that other contingencies were being considered. Discussions were underway to see if any proposals from the plans for 2018-19 could be brought forward to create small savings in the budget for 2017-18.
- 12.2.3 Officers' confidence over the timescales for Promoting Independence was queried. The Chairman tabled this question to be taken under item 13 (see paragraph 13.2.2).
- 12.2.4 In reference to the reported variance of £8.593m which would bring forward an overspend to the following year's budget, it was reported that individual team targets, the Norse facility overspend and other overspends feeding into the budget were being reviewed to deliver changes to support a sustainable budget. Policy and Resources Committee had considered deferring £3m until 2019 to mitigate the overspend.
- 12.2.5 The Acting Executive Director of Adult Social Care clarified that a review of transport services was underway and a report would be brought to the Committee in January 2017.
- 12.2.6 The pricing models used to pay service providers were clarified.
- 12.3.1 The Committee **NOTED**:
- a) the forecast outturn position at Period 6 for the 2016-17 Revenue Budget of an overspend of £8.953m;
 - b) the planned actions being taken by the service to reduce the overspend;
 - c) the planned use of reserves;
 - d) the forecast outturn position at Period 6 for the 2016-17 Capital Programme
 - e) the revised risk assessment of savings for 2017/18.
- 12.3.2 The Committee **AGREED**
- to propose to Policy and Resources Committee that County Council approve the use of additional reserves of £0.651m in 2016-17 as set out in Section 2.11;
 - to recommend to Policy and Resources Committee the proposed re-profiling of £10m of savings within 2017/18 to 2019/20 to remove the savings identified as high risk.

13. Promoting Independence – next stage delivery plan


- 13.1.1 The Committee heard the report bringing proposals for the next stages of delivery of the Promoting Independence strategy, taking into account the emerging Sustainability and Transformation Plan (STP) and the Transforming Care Programme (TCP).

- 13.1.2 The Acting Executive Director of Adult Social Care introduced the Interim Strategy & Delivery Director who was working on the Promoting Independence programme.
- 13.2.2 The question tabled at paragraph 12.2.3 was heard:
- The Acting Executive Director of Adult Social Care clarified that changing the way demand was met and working with commissioned services was critical to managing within the budget;
 - Benchmarking against and conversations with other areas further ahead in the process had shown it to be possible to meet demand in other ways;
 - The Interim Strategy & Delivery Director's work looking at impact and analysis, and Professor John Bolton's work had identified that it was important to respond differently, to support people with what they could do, and look at the messages given at the "front door" for example regarding promoting independence and aspirations for people with learning disabilities and future employment;
 - Work carried out with staff to approach people differently, and commission services differently would need to be monitored closely;
 - Analysis from iMPOWER would be used to identify the areas where interventions would affect change more quickly.
- 13.2.3 The Interim Strategy & Delivery Director reported that qualitative feedback about the Community Links Project showed which areas had been more successful, however financial impact was not yet understood; this information would be brought to the Committee in future reports.
- 13.2.4 It was felt that there was not yet consistency in compliance and understanding of the Signs of Wellness approach across Norfolk, however recognition that it would take time to become embedded. Some inconsistency in understanding of the Care Act and Promoting Independence had been identified; it was important to ensure ongoing commissioning discussions ensured partners embraced Promoting Independence.
- 13.2.5 A member queried the Government as a source of support regarding the savings which needed to be made.
- 13.2.6 The Interim Strategy & Delivery Director discussed day centres developing new models of day support, moving towards a more individual approach such as helping people move around their community safely, becoming more actively involved in their community and maximising opportunities for daily living. It was noted that day centres are an appropriate model for some service users.
- 13.3.1 The Committee **AGREED** the refreshed high level programme plan.
- 13.3.2 The Committee **AGREED** to receive updates on progress.
- 14. Priorities in the learning disability service**
- 14.1 The Committee heard the report providing the requested information on the priority activities due to be undertaken within the Learning Disability service.

- 14.2.2 It was recognised that a cultural shift would not be achieved by January 2017 however, with 500 staff now trained on strength based practice, that this process was underway.
- 14.3 Mr Watkins left the meeting at 15:34 pm
- 14.4.1 Anne Markwick had carried out benchmarking work into this strategy; she had noted the progress made and highlighted the areas for progression.
- 14.4.2 Building safety nets into the strategy to support people with Learning Disabilities was queried. It was clarified that skills within existing teams would be explored; it was important that the new model ensured a number of professionals were able to respond to people when in need. The Head of Adult Learning Disabilities highlighted the wider definition of Promoting Independence, which for some people with disabilities could mean being able to feed themselves or have a drink.
- 14.5 Mr Parkinson-Hare left the meeting at 15:39 pm
- 14.6.1 It was confirmed that service users would be involved in the Adult conference work in January 2017, (page 60 of the report).
- 14.7 The Committee **RESOLVED TO AGREE** the content of the report.

The meeting ended at 15:44 pm

CHAIR

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Briefing

Adult Social Care Update

November 2016

Decisions taken under delegated authority: Better Care Fund Plan 2016/17

In July, the Committee considered the outcome of negotiations about the Better Care Fund. As a result of these negotiations, the County Council was required to identify additional savings to meet the shortfall in the Fund. The Committee decided to delegate the decision for identifying those savings to the Executive Director in consultation with the Chairman and Group Leads.

The additional savings are set out, for information, in Table 1. In identifying these areas for savings, consideration was given to minimising the impact on the most vulnerable in line with the Promoting Independence strategy and protecting services where there is no alternative provision available. The first call on savings has been finding efficiencies, and ensuring maximum value and impact out of existing contracts. Where possible, the savings avoid reducing or stopping entirely upstream prevention activities which help to keep people close to home. The Acting Executive Director has consulted with the Chairman and Group Leads in the formation of these proposals and will ensure appropriate consultation and further impact assessment work is carried out where required.

Further discussions are ongoing to identify where remaining savings can be found and will be reported back to Committee in January 2017.

Table 1

Identified saving	2016/17	2017/18	2018/19	Volumes/impact
ASSD underspend on services previously under the Supporting People banner	(0.700)			Achieved
Remodel visiting support services provided to those who do not have a statutory need. Spend on services is currently £3.6m – covering approximately 2800 users	0	(1.000)	(1.000)	Five services to be remodelled to provide focused support to range of client groups. Efficiencies will be achieved through transforming support offered and changing contractual mechanisms
Night sitting service decommissioned from external provider and function integrated with existing NCC crisis services	0	(0.180)	(0.180)	A small service where the function has effectively been overtaken by the operation of Swifts and Night Owls. Function to be incorporated into existing NCC services
Renegotiation of contracts for 3 accommodation based services comprising: Residential home North Housing with care South Residential home South	(0.050)	(0.493)	(0.493)	Renegotiation of contracts in collaboration with providers has focused on adjusting block contracts to ensure that risk is managed proportionately between the Council and those we contract with to provide services. It is not proposed, at this stage, to reduce overall capacity

Home Improvement Agencies	(0.060)	(0.236)	(0.236)	This is funding that has been provided to District Councils to support them in discharging their statutory duties around Disabled Facilities Grants. Mitigation of the impact of the reduction in funding is proposed through use of the additional £2.4m that was provided to Districts from NCC through the BCF pooled fund
Contract for Youth Mediation as part of the Family Intervention Project	(0.050)	(0.250)	(0.250)	Proposal to cease this contract which expires in March 17 – taken in conjunction with Children’s Services.
Total	(0.860)	(2.159)	(2.159)	

Background

Norfolk Better Care Fund Plan 2016-17 Health and Wellbeing Board 20 July 2016.

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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Adult Social Care Committee Item No.11

Report title:	Appointment of Member Representative to the Governor's Council of James Paget University Hospital NHS Foundation Trust
Date of meeting:	23 January 2017
Responsible Chief Officer:	Managing Director
Strategic impact <p>Appointments to outside bodies are made for a number of reasons, not least that they add value in terms of contributing towards the Council's priorities. Responsibility for making such appointments lies with Service Committees.</p>	

Executive summary

In the June 2016 cycle of meetings, this Committee reviewed its appointments to outside bodies. Councillor Julie Brociek-Coulton was re-appointed to be the Council's representative on the Governor's Council of James Paget University Hospital NHS Foundation Trust. The County Council is one of the appointed governors in the Trust's constitution.

Councillor Brociek-Coulton notified the Trust of her resignation and therefore the Committee was invited to nominate a new representative for the remainder of the municipal year at its November meeting where Cllr Parkinson-Hare was appointed. Following discussions with the Trust it was concluded that he would not take up the appointment.

Recommendation

- **That Members consider and agree to the appointment of a Member representative to the Governor's Council of James Paget University Hospital NHS Foundation Trust.**

1. Proposal

- 1.1 Members are asked to consider and agree to the appointment of a Member representative to the Governor's Council of James Paget University Hospital NHS Foundation Trust. The Governors' Council holds the Board of Directors to account for the performance of the Trust.
- 1.2 Council appointees as a Governor of an NHS Trust should not also be members of the Norfolk Health Overview and Scrutiny Committee because of the potential/perceived conflict of interest. The Trust has stressed it is important for as long a term appointment as possible given the complexity of the role and the significant time commitment that would be required from a

representative in getting up to speed for the role and the Committee is asked to bear this request in mind in making its decision.

2. Financial Implications

Any appointments will have a small financial implication for the member's allowances budget, as attendance at an external body is an approved duty under the scheme, for which members may claim travel expenses.

3. Issues, risks and innovation

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

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

Officer Contact

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

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Adult Social Care Committee

Item No. 12

Report title:	Strategic and Financial Planning 2017-18 to 2019-20 and Revenue Budget 2017-18
Date of meeting:	23 January 2017
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic impact

The proposals in this report will inform Norfolk County Council's (the Council) decisions on council tax and contribute towards the Council setting a legal budget for 2017-18 which sees its total resources of £1.4billion focused on meeting the needs of residents.

Norfolk County Council is due to agree its budget for 2017-18, and Medium Term Financial Strategy to 2019-20, on 20 February 2017. The Policy and Resources Committee works with Service Committees to coordinate the budget setting process and to develop a robust and deliverable whole-council budget. Service Committees review and advise on budget plans for their service areas, taking into account the overall planning context as advised by Policy and Resources.

The Autumn Statement 2016 was announced by the Chancellor on 23 November. The Statement did not provide significant additional funding for local government, and details of the implications of announcements by the Chancellor are set out later in this report. The Council has been informed that its Efficiency Plan, prepared after the 2016-17 Budget, has been accepted, providing access to the four-year allocations of funding announced by the Government in 2016-17. The Provisional Local Government Finance Settlement was subsequently published on 15 December, and confirmed these allocations.

The Autumn Statement 2016 confirmed that the Government intends to follow the departmental spending plans set out in the Spending Review 2015, but with the target of a balanced budget being pushed back from 2019-20 into the next parliament as a result of worsening forecasts for the wider economy. As a result, the challenges of austerity and fiscal consolidation for the public sector are now expected to continue beyond 2019-20. This means that the Council must continue to plan for significant uncertainty and financial pressure, while the implications of major funding changes, including the move to full business rates retention by local government, remain unclear.

In preparing last year's budget, the Council undertook a large scale consultation exercise with a view to identifying a significant level of savings to be achieved by the Council radically changing its role and the way it delivers services. As a result of this, savings of £115.182m were agreed by Full Council for the period 2016-17 to 2019-20. For the 2017-18 Budget, this meant that the Council faced a smaller gap to be closed, initially identified as **£8.827m** and subsequently revised by Policy and Resources Committee. At this point, Services were requested to identify a further £20.000m of savings to enable a balanced budget to be set due to the impact of a number of changes in the Council's budget assumptions. This resulted in new savings proposals totalling **£15.249m** for 2017-18 reported to Service Committees in October. In November, new savings totalling **£11.616m** were reported to the Policy and Resources Committee and, following the Autumn Statement, the Executive Director of Finance and Commercial Services advised Policy and Resources that a further **£4.000m** of savings needed to be found to support the preparation of the 2017-18 Budget.

As part of the preparation of the 2017-18 Budget, the Council has assessed the deliverability of planned savings, and considered the overspend pressures within the current year 2016-17.

Following this review, the proposals for the 2017-18 Budget represent a considerable investment in services to deliver the Council's key priorities and ensure that a robust, balanced Budget can be presented to Full Council for consideration.

This report sets out the latest information on the Local Government Finance Settlement and the financial and planning context for the County Council for 2017-18. It summarises the Adult Social Care Committee's (the Committee) saving proposals for 2017-18, the proposed cash limited revenue budget based on all current proposals and identified pressures, and the proposed capital programme.

It also reports on the findings of rural and equality assessments. The findings of public consultation are summarised where relevant to the Committee.

The information in this report is intended to enable the Committee to take a considered view of all relevant factors in order to agree budget proposals for 2017-18 and the financial plan to 2019-20, and recommend these to Policy and Resources Committee. Policy and Resources will then consider how these proposals contribute to delivering an overall balanced budget for the whole council on 6 February 2017 before Full Council meets on 20 February 2017 to agree the final budget and plan for 2017-20.

RECOMMENDATIONS:

The Committee is recommended to:

- a) Consider and comment on the Committee's specific budget proposals for 2017-18 to 2019-20, including the findings of public consultation set out in Appendices 2 to 7 in respect of:**
 - i. The budget proposals set out in Appendix 1**
 - ii. The new and additional savings proposals to contribute to the supplementary target of £4.000m for the Council as identified to Policy and Resources Committee in November 2016**
 - iii. The scope for a general Council Tax increase of up to 1.99%, within the Council Tax referendum limit of 2% for 2017-18, noting that the Council's budget planning is based on an increase of 1.8% reflecting the fact that there is no Council Tax Freeze Grant being offered, and that central government's assumption is that Councils will increase Council Tax by CPI every year. The Council also proposes to raise the Adult Social Care Precept by 3% of Council Tax as recommended by the Executive Director of Finance and Commercial Services. Bringing forward increases in the Social Care Precept will mean that the 2% increase planned for 2019-20 would not occur**
 - iv. The scope for raising the Adult Social Care Council Tax precept by the maximum amount available (3%) in 2017-18 and in the subsequent year of the Medium Term Financial Strategy, 2018-19, but with no increase in 2019-20, as recommended by the Executive Director of Finance and Commercial Services**
 - v. The use of new one-off Adult Social Care Support Grant totalling £4.197m for Norfolk**
- b) Consider the findings of equality and rural assessments, attached at Appendix 8 to this report, and in doing so, note the Council's duty under the Equality Act 2010 to have due regard to the need to:**
 - i. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act**
 - ii. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it**

- iii. **Foster good relations between persons who share a relevant protected characteristic and persons who do not share it**
- c) **Consider and agree any mitigating actions proposed in the equality and rural impact assessments**
- d) **Agree and recommend the draft Adult Social Care Committee Revenue Budget as set out in Appendix 1 for consideration by Policy and Resources Committee on 6 February 2017, to enable Policy and Resources Committee to recommend a sound, whole-Council budget to Full Council on 20 February 2017:**
 - i. **including all of the savings for 2017-18 to 2019-20 as set out Or**
 - ii. **removing any savings unacceptable to the Committee and replacing them with alternative savings proposals within the Committee's remit Or**
 - iii. **removing any savings unacceptable to the Committee and recommending a commensurate increase in Council Tax, within the referendum limits, to meet the shortfall**
- e) **Agree and recommend the Capital Programmes and schemes relevant to this Committee as set out in Appendix 9 to Policy and Resources Committee for consideration on 6 February 2017, to enable Policy and Resources Committee to recommend a Capital Programme to Full Council on 20 February 2017**

1. Background

- 1.1 Norfolk County Council is due to agree its new budget and plan for 2017-18 to 2019-20 on 20 February 2017. This paper sets out the latest information on the Local Government Finance Settlement and the financial and planning context for the County Council for 2017-18 to 2019-20. It summarises the Committee's savings proposals for 2017-18, the proposed cash limit revenue budget based on all current proposals and identified pressures, and the proposed capital programme.

2. The County Council strategy

- 2.1 The County Council has set its overall strategic direction through the [County Council Plan](#)¹, agreed by Full Council earlier in 2016-17. The Plan details the Council's ambition for everyone in Norfolk to succeed and fulfil their potential and demonstrates that by putting people first a better, safer future, based on education, economic success and listening to local communities can be achieved.
- 2.2 Delivery of the Council's four priorities remains a core commitment for the local community. These priorities go beyond statutory responsibilities to focus on the areas that will bring the best results for Norfolk people:
- a) **Excellence in education** – working for a well-educated Norfolk and championing everyone's right to an excellent education, training, good health and preparation for employment
 - b) **Real jobs** – real, sustainable jobs available throughout Norfolk, making Norfolk a place where businesses are able to grow or want to invest
 - c) **Improved infrastructure** – making Norfolk a great place to live, work and visit, and ensuring communities are resilient, confident and safe

¹ <https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/policies-and-strategies/corporate/county-council-plan>

- d) **Supporting vulnerable people** – ensuring vulnerable people are safe, and helping people earlier before their problems get too serious

- 2.3 Helping more people into real jobs, obtaining good qualifications, within a county which is accessible and connected to the rest of the country are key to Norfolk's future. With economic growth and sustainable services, people living here will be able to lead independent and fulfilling lives. Just as important is for the most vulnerable residents to have access to the support they need to live as independently as possible in the community.
- 2.4 At the same time as agreeing the overall County Plan, Members also agreed the County Plan Tracker, a three year set of targets which would signal significant progress towards each of the four priorities.
- 2.5 It is proposed that the targets already agreed by Full Council, are confirmed for 2017-18, although recognising that the new council to be elected in May 2017 may choose to review and amend them as part of any wider changes to its strategic priorities.

3. Strategic financial context

- 3.1 The financial context in which the Council operates continues to be challenging. Overall, councils have dealt with a 40% real terms reduction in core government grant since 2010. County Councils face some unique challenges within the local government family and research by the County Councils Network has identified that grants per head are 20% lower and social care cash funding has reduced by 21% between 2013 and 2015 while children's care referrals have increased and the needs of the frail, elderly, and people with disabilities have become more complex.
- 3.2 Local authorities across the country are increasingly highlighting to Government the significant financial pressures they face, particularly in respect of social care budgets. Norfolk County Council is therefore not unique in reporting both pressure on the delivery of planned savings, alongside a current forecast overspend against the revenue budget in 2016-17. The issues being reported nationally include: consultation on emergency mid-year budget cuts for Northamptonshire County Council, a forecast £49m overspend at Birmingham City Council, which requires £78m of savings to balance the budget for 2017-18, and a savings requirement of £79m by 2020-21 for Lancashire County Council, which has also rejected the four year finance settlement on the basis that it is insufficient to deliver a balanced budget in the short to medium term. The Committee's responses to these budget pressures are set out in this paper, with the key focus being the contribution to the preparation of a robust budget for the whole Council for 2017-18.
- 3.3 In this context the government is moving towards a proposed new local government funding regime which reflects the expectations for local councils to fulfil a new role. By 2020, it is anticipated that revenue support grant will cease; instead it is intended that councils will become self-sufficient and fund services through a system of 100% business rates retention, Council Tax and miscellaneous locally generated revenue streams.
- 3.4 This shift away from national funding allocations to locally raised income is probably the single most significant change to local government in modern times. It introduces new incentives for councils to place a priority on their role in generating economic growth, by developing the right conditions for businesses to grow, people to work, and places to thrive whilst running services on the most efficient basis so as to keep costs to a minimum. At this time the details of the new funding system remain to be fully defined.
- 3.5 Over the period from 2010-11 to 2016-17, Norfolk County Council's share of cuts has seen the authority lose **£160.916m** in Government funding while the actual cost pressures

on many of the Council's services have continued to go up. For example, last year alone, extra demands on children's services and adult's social care services arising from circumstances outside of the Council's control – such as inflation, changes in Norfolk's population profile, and legislative changes by Government – cost another **£13.790m**. Absorbing ongoing spending reductions of this scale requires the Council to keep its business and operations under constant review, and to continually seek to deliver services in the most effective way possible, for the lowest cost.

4. The Council's planning process for the 2017-18 Budget

- 4.1 In February 2016, the Council agreed the budget for 2016-17, and a four year medium term financial strategy (MTFS) taking account of the four year settlement figures provided by the Government. This included agreement of planned savings of £115.182m for 2016-17 to 2019-20, which resulted in a broadly balanced budget across the whole period, but with shortfalls of £8.827m and £11.714m to be addressed in 2017-18 and 2019-20 respectively.
- 4.2 In July 2016 Policy and Resources Committee received a report setting out details of the progress of the Council's budget work, which also recommended that the Council accept the Government's four year funding allocation to ensure a greater degree of certainty about future funding levels. This was followed in October with reports to Service Committees to set out options for savings to meet a projected £20.000m budget gap, and consideration of the deliverability of previously agreed savings.
- 4.3 Initial work to develop savings identified proposals totalling £15.249m for 2017-18 across the Council, which were reported to Service Committees in October. In November, new savings totalling £11.616m were reported to the Policy and Resources Committee. Following the Autumn Statement in November 2016, on the advice of the Executive Director of Finance and Commercial Services, Policy and Resources Committee heard that Services should continue to seek an additional £4.000m of savings to deliver a balanced budget for 2017-18.
- 4.4 The indicative allocation of the £4.000m of required savings to Departments and Service Committees, based on 2016-17 net budgets, is as follows:

Table 1: Allocation of Savings

Department	Savings Target Based on 2016- 17 Net Budget	Committee	Savings Target Based on 2016-17 Net Budget
	£m		£m
Adult Social Services	1.4	Adult Social Care	1.4
Children's Services	0.8	Children's Services	0.8
CES	1.2	Communities	0.3
		EDT	0.9
Resources	0.1	Policy and Resources	0.6
Finance, Property and Finance General	0.5		
Total	4.0	Total	4.0

- 4.5 Details of Service Committee savings proposals, including contributions towards this additional savings requirement, are set out later in this report.

5. The Autumn Statement 2016 and the Provisional Local Government Settlement 2017-18

- 5.1 The Autumn Statement 2016 confirmed that the period of shrinking government finance and cuts to local government funding is set to continue. The Government is no longer on course to eliminate the deficit by the end of the parliament and as a result the period of “fiscal consolidation” will continue longer than originally anticipated.
- 5.2 On 23 November 2016 the Chancellor of the Exchequer announced the Autumn Statement 2016, which set out the course for public sector expenditure up to 2021-22 and confirmed that the government would continue to follow the spending plans outlined in the 2015 Spending Review, except that the target of achieving a balanced budget would be pushed back into the next parliament. The Chancellor confirmed that departmental spending plans set out in the Spending Review 2015 will remain in place, and the £3.5bn of savings to be delivered through the Efficiency Review set out in the last Budget still need to be found. However, the Chancellor also announced that he was budgeting for up to £1bn of these savings to be reinvested in priority areas in 2019-20. These priority areas have not yet been specified. The government’s continued commitment to achieving a balanced budget means that the current period of fiscal consolidation is likely to continue well into the 2020s, so there is little prospect of an end to the financial challenges facing local government in the medium term. The government has however signalled that Departmental Expenditure Limits will increase in line with inflation from 2020-21.
- 5.3 The Council received confirmation from the Department for Communities and Local Government (DCLG) on 16 November 2016 that its Efficiency Plan submission had been accepted. This means that the Council is now formally on the multi-year settlement and can expect to receive the allocations published as part of the 2016-17 settlement for the period to 2019-20 (subject to future events such as transfers of functions and barring exceptional circumstances). The multi-year settlement does not include all of the funding in the local government settlement.
The relevant elements that are included are:

Table 2: Certainty funding allocations for Norfolk County Council

	2017-18	2018-19	2019-20
	£m	£m	£m
Revenue Support Grant	77.926	58.035	38.810
Transitional Grant	1.657	-	-
Rural Services Delivery Grant	3.195	2.458	3.195
Total	82.779	60.493	42.005

- 5.4 The Government also indicated that tariffs and top-ups in 2017-18, 2018-19 and 2019-20 would not be altered for reasons related to the relative needs of local authorities, and in the final year may be subject to the implementation of 100% business rates retention.
- 5.5 In spite of this welcome additional clarity, significant uncertainty remains about the implications of the Government’s plans for 100% business rates localisation, intended to be in place before the end of the parliament. As a result the Council continues to face major financial challenges and considerable planning uncertainty. Taken together, the Autumn Statement, and Provisional Settlement represent a key input for the Council’s budget and service planning over the next three years, and will be one of the many elements that the Committee will need to take into account in determining its savings proposals and budget for 2017-18, and its financial plans up to 2019-20.

- 5.6 On 15 December 2016, the Government announced its Provisional Local Government Settlement 2017-18, which confirmed the figures set out in the multi-year settlement. The funding settlement provides provisional details for 2017-18, and is expected to be confirmed in late January / early February. The Settlement Funding Assessment (made up of Revenue Support Grant and Business Rates funding) is £0.106m higher than expected in 2017-18.
- 5.7 The adjusted Settlement Funding Assessment for 2016-17 is £250.382m, for 2017-18 the Settlement Funding Assessment reduced by £27.689m to **£222.693m**.
- 5.8 Alongside the main settlement figures, the Government announced additional funding for social care. This was in the form of a new Adult Social Care Support Grant worth £4.197m for Norfolk (one off for 2017-18), and increased flexibility (subject to Member decisions) to raise the Adult Social Care Precept by a further 1%. This would represent approximately £3.3m in 2017-18 but at the expense of the discretion to increase by 2% in 2019-20 being removed. As a result, subject to council tax decisions, the Council's overall position following the Provisional Settlement announcement reflects an **improvement by around £7.500m** when compared to previous assumptions.
- 5.9 The Adult Social Care Support Grant has been funded by bringing forward reductions in New Homes Bonus (reduction in grant of £0.934m compared to 2016-17). Reductions in New Homes Bonus of a similar amount have already been assumed in the budget planning model. In 2018-19 onwards, changes in New Homes Bonus Grant have already been planned to fund the Improved Better Care Fund, the allocations for this have been confirmed and are unchanged as per the Council's budget planning from 2016-17.

6. The Council's budget planning assumptions 2017-18

- 6.1 The Council's budget planning assumes:
- a) That remedial actions will be successfully implemented to achieve a balanced budget in 2016-17, supporting the delivery of 2017-18 budget plans
 - b) That undeliverable savings have been removed as set out elsewhere in this report, and that all the remaining savings proposed and included for 2017-18 can be successfully achieved
 - c) Financial planning **assumes a CPI increase in council tax** above the 3% Adult Social Care precept in 2017-18 and 2018-19, and a CPI increase only in 2019-20. This is in line with the assumptions used by the Government at the time of the 2016-17 local government settlement, amended for the new flexibility in the Adult Social Care precept. Any reduction in this increase will require additional savings to be found. These are of course subject to Full Council's decisions on the levels of Council Tax, which will be made before the start of each financial year. In addition to an annual increase in the level of Council Tax, the budget assumes modest annual tax base increases of 0.5% for future years
- 6.2 The Executive Director of Finance and Commercial Services' judgement on the robustness of the 2017-18 Budget is substantially based upon these assumptions.

7. Investing in Norfolk's priorities

- 7.1 At a time of significant and sustained financial pressure, the Council has continued to invest in infrastructure through significant capital projects; it has invested to support and sustain a strong care market through funding for pressures such as the living wage, and has largely protected children's services as it continues on its improvement journey. Protection for social care services in the 2017-18 Budget includes:

- a) £25.872m to support the **Adult Social Care** budget above core inflationary increases:
- i. £6.134m for demographic growth pressures
 - ii. £4.500m for Cost of Care pressures
 - iii. £5.660m for pay and price market pressures
 - iv. £9.578m to address 2016-17 overspend pressures (including £4.197m one-off Adult Social Care Support Grant in 2017-18)
- b) To support the **Children's Services** budget:
- i. £9.000m to address 2016-17 overspend pressures (one-off for 2017-18)

7.2 Budget planning for 2017-18 has included extensive work to review the deliverability of savings and understand service pressures. Work undertaken within Adult Social Services and reported to this Committee in October and November, included review of the Promoting Independence programme of work. The review concluded that the Council is pursuing the right strategy, but needed to include additional interventions to enhance delivery. It highlighted the challenging timeline for the strategy and the risks that this posed for the service and budget management. Following recommendations from this Committee in November, Policy and Resources Committee approved a revised profile of savings, however this created higher risk in 2018-19. In order to provide more robust medium term estimates, the proposals for future years have been reprofiled over a four year timeframe. In addition, the pressures incurred by the service during 2016-17 and challenge in delivering net savings has resulted in a current forecast overspend for 2016-17 of £11.982m. Whilst considerable work is being undertaken to stabilise and reduce spend, the expectation is that the overspend will not be able to be managed in the current year, posing a significant risk to financial management in 2017-18. As a result, the 2017-18 Budget sees a **significant investment in Service Committee budgets** through both the removal of previously planned savings and recognition of budget overspend pressures.

7.3 The table below summarises the proposed investment in services in the 2017-18 Budget through the removal and delay of savings.

Table 3: Summary of saving removal and delay

Savings Removal and Delay	Relating to 2016-17 and prior years	2017-18	2018-19	2019-20	2020-21	Total
	£m	£m	£m	£m	£m	£m
Adults	3.000	10.000	7.000	-10.000	-10.000	0.000
Children's	3.500	0.700	0.085	-0.535	0.000	3.750
Communities	0.000	0.000	1.357	0.000	0.000	1.357
EDT	0.000	1.600	10.355	0.000	0.000	11.955
Policy and Resources	0.350	1.025	-0.325	0.000	0.000	1.050
Total	6.850	13.325	18.472	-10.535	-10.000	18.112
Total removal / delay from 2017-18 Budget planning	20.175					

8. Service Strategy and Priorities 2017-18

- 8.1 In line with the Council plan, the medium term strategy and priorities for Adult Social Care are focussing on how the service can support vulnerable people in Norfolk – ensuring people are safe, but also more self-reliant and independent. Both internally and with our partners in Health, the voluntary sector, district councils and the wider provider market we are focusing on implementing the Promoting Independence strategy.
The strategy aims to:
- a) Empower and enable people to live independently for as long as possible
 - b) Ensure that care and support is focused on improving peoples overall life outcomes
 - c) Use formal long term services only as last resort
 - d) Work with local communities, district councils and local partners
 - e) Develop solutions and the market in local communities where there is little choice
- 8.2 We spend approximately £1m per day on social care in Norfolk, and the proposed budget will see this investment increase in 2017/18. We will continue to increase our focus on prevention and re-ablement, working closely with health partners to help reduce the number of people that need health and social care services but also to provide the right support at the right time to enable people to continue to live independently especially after periods of illness or hospitalisation. However, despite this, most of our direct spending, around £280m, will continue to focus on care services commissioned from the independent sector, so it is critical that we work with the markets to ensure that the right care is available in all areas of the county and provide value for money for Norfolk. Investment totalling £14.7m proposed within these budget proposals will support price increases for 2016-17 and 2017-18 to manage core inflation for the service; the increase to the usual price for older people residential and nursing care, following the cost of care exercise this year; and uplifts to help support providers with the impact of the national living wage.
- 8.3 Our medium term priorities to achieve the strategic aims are:
- a) Rolling out a new “front door”
 - i. Rationalise access to social care
 - ii. Deliver behavioural change across the service to ensure that opportunities for independence are consistency discussed with people who contact the Council and partners
 - iii. Develop new information advice and guidance
 - b) Older People
 - i. Ensuring a consistent strength based approach to assessments and conversations
 - ii. Enabling more solutions within the community as well as improved advice and guidance
 - iii. Effective use of re-ablement and assistive technology, including greater integration with intermediary care
 - iv. Common approach to assistive technology and community equipment
 - c) Younger adults
 - i. Adopting a team around the family – supporting signs of wellbeing
 - ii. Improving outcomes and increasing opportunities for individuals by exploring all alternatives

- d) Promoting wellbeing and early help and prevention
 - i. Public health programmes
 - ii. District Council hubs and Early Help Model – to enable partner workforce to support awareness of prevention and signposting
- e) Data sharing to enable targeted early help and prevention
 - i. Employment and Training – to maximise the life changes of young people with physical or learning disabilities
 - i. Redefining the way we work with young people and their families – establishing aspirations early on
- f) Creating the right opportunities for learning and earning, housing and independence Commissioning
 - i. Transforming day services to focus on social inclusion, employment and training
 - ii. Developing sourcing of homecare to maximise locality working and efficient working of providers
 - iii. Recommissioning services to carers to ensure Care Act compliance and to prevent breakdown of informal carers arrangements
 - iv. Recommissioning of housing based services to maximise housing adaptation offer and manage budget priorities
 - v. Reviewing and assessing the Integrated Community Equipment Store (ICES) to ensure greater value for money and invest to save opportunities maximised

- 8.4 The Promoting Independence programme is currently being refreshed to realign to the medium term priorities and following a review of the programme of work. This has led to proposals included in this report to reprofile the savings over a four year period, with £10m savings previously planned in 2017-18 moved to 2019-20 and a further £10m planned for 2018-19 reprofiled to 2020-21. The original value of savings remain, but experience to date and advice sought from external consultants on the programme, has confirmed that whilst the savings are achievable, the level of demand management required will take longer to achieve.
- 8.5 The strategy for the service will support demand management, with the aim of reducing demand for services over a number of years. In addition, the programme of work is focussing on the commissioning of services with particular focus on efficiency within the market to help mitigate some of the financial risks currently faced through rising prices due to inflationary increase and pay increases following the introduction of the National Living Wage.
- 8.6 In setting the medium term financial plan a number of assumptions have been required regarding both the demographic, legislative and economic drivers.
- 8.7 **Demographics** – the budget plans include growth for the expected increase in the number of people living in Norfolk and requiring adult social care. Projections of a 2.4% increase in the number of adults over the age of 65 and 0.4% increase in younger adults equate to a growth pressure for the service of £6.134m, which is funded within the budget proposals.
- 8.8 **Legislation** – Additional funding of £1.9m has been included for the Better Care Fund (BCF), which will support social care costs. For 2017-18 no assumptions have been made of additional legislative requirements related to the BCF, however further requirements are assumed for future years. The Transforming Care Plans, is a NHS England initiative to help increase the number of inpatients in specialised health setting with Learning Disabilities who are supported to move to less secure or community settings. Guidance on the protocols for funding the care of individuals is only now

emerging, but based on the original principles for the scheme no additional costs pressures have been assumed in the medium term financial plan. Full Council agreed plans in July 2016 for support and resettlement under the Syrian Vulnerable Person's Refugee scheme, budget plans include cost pressures to be managed within the government funding towards the scheme. It is anticipated that additional funding will be applied for to manage any significant care costs.

- 8.9 Budget proposals assume additional cost pressures arising through an increase in the price for care above the assumed core price inflation. This is due to an increase to the usual price for nursing and residential care for older people following the cost of care exercise in 2016 and the impact of pressures such as the national living wage. A separate paper is included on this agenda setting out proposed price uplifts. No additional pressures have been assumed for market failures, which still remains a risk to the service.
- 8.10 At November 2016 (Period 8) the forecast revenue outturn for Adult Social Care is for an overspend of £11.982m. The budget proposals include cost pressures of £9.578m to mitigate the financial risk in 2017-18. This will help manage immediate budget shortfalls for purchase of care and commissioning. It is proposed that this supported through the new Adult Social Care Support Grant, totalling £4.197m for Norfolk. However, the Government has indicated that the social care support grant is one-off, bringing forward funding previously aligned to the Improved Better Care Fund. As there is uncertainty regarding the responsibilities attached the improved BCF for future years, this will require the service to continue to work to implement measures to reduce spending to support future sustainability.

9. Implications of the settlement for Adult Social Care Committee

- 9.1 Overall the Provisional Settlement creates the potential for additional funding of around £7.5m for adult social care in 2017-18 over our current budget planning assumptions, however this is not new money for local government but represents allocations being brought forward from later years. This is subject to member council tax decisions.
- 9.2 Additional funding via the new Adult Social Care Support Grant (one off in 2017-18) totals £4.197m for Norfolk. This has been funded by bringing forward reductions in New Homes Bonus. However, reductions in New Homes Bonus of a similar amount have already been assumed in the corporate budget planning model.
- 9.3 From 2018-19 onwards, changes in New Homes Bonus Grant have already been planned to fund the Improved Better Care Fund, the allocations for this have been confirmed and are unchanged as per our budget planning from 2016-17. The Government will publish an Integration and Better Care Fund Policy Framework to support sharing of best practice in social care and guidance, which is expected in January 2017.
- 9.4 There is discretion to raise the Adult Social Care Precept by 3% in 2017-18 and 2018-19, but at the expense of the discretion to increase by 2% in 2019-20 being removed. This will raise approximately £3.3m in 2017-18 and planning assumptions for additional council tax in 2019-20 have been revised.

10. Budget proposals for Adult Social Care Committee

- 10.1 Budget proposals for this Committee have been developed within the context of some well understood factors that affect the way adult social services are planned:
- a) The existing Promoting Independence programme of work, which is focusing on supporting people in Norfolk, to improve outcomes for individuals and reduce the need for formal social care - through looking at alternative care and support,

improved information and improved preventative and re-ablement support to help people remain independent for as long as possible. Changing the way that people's needs are met in Norfolk, is supporting planned savings of £50m over the next four years including reducing the amount of care the Council purchases. The ability to deliver these savings has been tested, but further savings from purchase of care is not considered achievable

- b) Adult Social Care is provided in line with legislation set out in the Care Act 2014. This sets out the Council's duties, including the national threshold to determine eligibility of needs and rights to an assessment for adults and carers
- c) Integrated social care and health teams - The service has an agreed framework for joint working and joint funding of posts with CCGs, Norfolk Community Health Care and East Coast Community Health. In now reviewing integrated approaches, the emphasis will be on transformation which promotes mutual sustainability of care and health budgets in line with the Sustainability and Transformation Plan and Better Care Fund Plans.
- d) Currently the service commissions £280m of services per annum, reflecting mostly statutory obligations
- e) Operational performance, which is part of regular reports to Committee and recommendations from recent reviews, including the Social Care Institute for Excellence (SCIE) report completed in 2016

10.2 As well as the budget planning savings identified to date, Adult Social Care Committee considered the 'Integration, the Better Care Fund and the Sustainability and Transformation Plan' paper on 4th July 2016. This contained the assessment of the impact of savings required in the Better Care Fund (BCF), which was approved by Committee. This impact included the need for £3.300m of additional savings from April 2017 to be identified, following reduction of the funding available from the Clinical Commissioning Groups for the protection of social care. The Committee agreed to delegate authority to the Chairman and the spokespersons to agree any additional savings. Table 4 below sets out the identified proposals.

10.3 In response to the need to identify additional savings of £4.000m to contribute to closing the budget gap 2017-18 and the additional £3.300m savings due to the loss of BCF funds for the protection of social care, the following proposals have been prepared for this Committee:

Table 4: Additional savings proposed

Reference (if an existing saving)	Savings Proposal	2017-18 £m	2018-19 £m	2019-20 £m
New	Maximise use of apprenticeships	0.020		
New	Align charging policy to more closely reflect actual disability related expenditure incurred by service users	1.180	0.230	
New	Rationalise mobile phones	0.010		
New	Multiple small efficiencies within Service Level Agreements	0.190		
ASC016-019	Building resilient lives: reshaping our work with people of all ages requiring housing related support to keep them independent	1.000		
New	Review of various commissioning arrangements to identify more cost effective ways of providing services	1.159		
New	Additional savings proposals currently being developed	1.141		
Total		4.700	0.230	

10.4 The proposal to align the charging policy to more closely reflect actual disability related expenditure, will include consultation to inform a thorough and detailed impact assessment to ensure full evaluation of the impact and appropriate mitigating actions.

10.5 Table 5 below sets out a summary of the savings proposals for 2017-18 to 2019-20. Adult Social Care Committee has identified £11.022m of net new savings proposals for this period to help enable the Council to set a balanced budget for 2017-18.

Table 5: Summary of recurring net budget savings proposals by Committee

Committee	2017-18 Saving £m	2018-19 Saving £m	2019-20 Saving £m	Total Saving £m
Adult Social Care	-11.276	-18.653	-10.000	-39.929
Children's Services	-1.854	-0.859	-0.535	-3.248
EDT	-6.090	-0.086	-0.000	-6.176
Communities	-1.906	-0.102	-0.000	-2.008
Policy and Resources	-27.074	6.467	-0.769	-21.376
Grand Total	-48.200	-13.233	-11.304	-72.737

10.6 The previous budget proposals for Adult Social Care as detailed in Appendix 1, have been part of two planning rounds. The original savings agreed by Full Council in February 2016, totalled £17.895m. These focused primarily on demand management savings through the Promoting Independence Strategy and review of day care services. Following review and recommendations by Committee in November, the original savings programme has been reprofiled to enable sufficient time for implementation and impact on demand. In addition, the programme has also been refreshed following review and evaluation of pilot projects. As set out in Para 6.4, this has meant that some of the original projects will no longer be going ahead and a new set of workstreams have been agreed. The intended outcome remain the same, but will increase focus on the entry points to the service, social work practice, information and advice and commissioning.

- 10.7 The budget proposals recommended and agreed by the Committee in October 2016, included consultation on two key proposals; Building Resilient Lives and Information Advice and Advocacy.
- 10.8 **Building Resilient Lives and Independent Advice and Advocacy**
- 10.8.1 In October, the Committee agreed to consult on proposals to realign funding for housing related support services and to engage stakeholders in redesigning services. Services providing a range of housing support services have been consulted upon and stakeholders engaged in looking at priorities. Options have been considered to reinvest a proportion of existing spend in services that more closely support the Council's strategic approach.
- 10.8.2 Currently, the Council spends over £10m to provide and facilitate access to non-specialist support for people in their own homes or in specific accommodation. Services in this category of spend will provide services to those who may be excluded from mainstream services/ or have low level needs. The aim of these services is a combination of catering for those in crisis (homeless hostels) and preventing escalation of need (floating support/sheltered).
- 10.8.3 Consultation and engagement has been undertaken on identifying priorities for future investment and the potential shape of services going forward. As well as challenging all services to transform to ensure good outcomes for people within the funding available, the opportunity has also been taken to engage partners and stakeholders in determining priorities for investment in the future.
- 10.8.4 Information, advice and advocacy services already allow NCC to meet the expectation of the Care Act and there is evidence that the provision of information and advice is used by people who would otherwise contact Adult Social Services. The challenge for this sector is to propose how effective outcomes can be delivered within available
- 10.8.5 A summary of the proposals requiring consultation and feedback required is provided below along with the recommended approach following consultation with partners. Further information is included in the Appendices 2 to 7.
- 10.9 **Summary of the public consultation process**
- 10.9.1 Those individual savings for 2017-18 which required consultation have been published and consulted on via the Council's consultation hub [Citizen Space](#). Targeted consultation with those who may be affected by any changes has been carried out and equality and rural impact assessments completed. The Council carried out a substantial consultation programme in autumn 2015 and this has provided a strong body of evidence of views. This has been used as a starting point, where it is still relevant and current, and supplemented with additional targeted consultation with affected groups, particularly those at risk of disadvantage.
- 10.9.2
- The public consultations ran from 28 October 2016 to 9 December 2016
 - The consultation web sites can be found at <https://norfolk.citizenspace.com/consultation/buildingresilientlives/> and <https://norfolk.citizenspace.com/consultation/informationandadvice/>
 - People were able to respond online and in writing. We also received responses by email to HaveYourSay@norfolk.gov.uk
 - Consultation documents were available in different formats on request
 - Every response has been read in detail and analysed to identify the range of people's opinions, any repeated or consistently expressed views, and the anticipated impact of proposals on people's lives

- f. As part of the engagement process for proposals around building resilient lives we undertook three workshops with public sector partners and three workshops with service providers. We invited all affected providers to meet us individually, with 24 face-to-face meetings being undertaken. We also met with senior managers of district councils twice
- g. We also undertook four face-to-face meetings with service providers potentially affected by our information and advice proposals
- h. We enlisted the support of service providers to publicise the consultation to their service users that may be directly affected by our proposals and enable to them to take part

10.10 **Building Resilient Lives consultation feedback**

- 10.10.1 Last year, we consulted widely with residents and stakeholders on proposals to review housing related support services, although at that time, Members decided not to take those proposals forward.
- 10.10.2 When we consulted last year, partner organisations and stakeholders said that they wanted to work with us to come up with ideas for how best to support people's needs. We have built on that offer, and as well as a traditional on line consultation, we have engaged with the people who use our services (through our existing providers) as well as key stakeholders, providers and partner organisations to help design the principles of a new service, with less money, to support people who are not eligible for Norfolk County Council's statutory care services. More detail about this process is available in the appendices.
- 10.10.3 We received 965 specific responses, almost all of which were opposed to or concerned about any changes to the existing service. At least half of those responding were individuals or family members.
- 10.10.4 54 respondents told us they were responding on behalf of a group, organisation or business but not all gave the names of their organisations and some were residents, employees or individuals whose response does not necessarily represent the organisational view. Of the respondents who described their relationship to the service, 626 describe themselves as current or past service users.
- 10.10.5 Key concerns and issues raised were:
 - a) Impact of losing highly valued wardens and other support workers in sheltered accommodation
 - b) The value of housing related support in helping people to improve their physical and mental wellbeing, including: preventing loneliness, generating a supportive community of peers, preventing existing mental health issues from deteriorating getting people 'back on track, and giving hope for the future. People told us that receiving these services made them feel safe
 - c) Concern that changes would increase homelessness
 - d) Concern that reducing the service was short-sighted since safe housing and related support was preventative and helped people keep independent
- 10.10.6 A full summary of the consultation feedback received to the Building Resilient Lives proposal can be seen at Appendix 4.

10.11 **Building Resilient Lives - Proposals**

- 10.11.1 Last year, when we consulted on similar proposals, our partners and stakeholders told us that they would like to be involved earlier on in the process to help us to develop our proposals. In response, this year we asked partners and stakeholders to work with us to

develop ideas for how best to support people who are not eligible for Norfolk County Council's statutory care services.

- 10.11.2 Over a period of two months we held a series of six workshops; these workshops involved NCC commissioning managers, representatives from all seven district councils, community safety representative, housing service providers, and representatives from voluntary and community sector organisations (a full list can be found at Appendix 7). At the first partner and stakeholder workshops we outlined the Council's financial position and gave partners an opportunity to consider priorities for future funding. The later partner and stakeholder workshops built on this foundation to develop more detailed proposals for redesigning services and future investment within the proposed budget. .
- 10.11.3 In addition to the workshops a discussion and workshop was undertaken with the county wide Older People's Strategic Partnership. We also held 24 face to face meetings with providers who would potentially be affected by the proposals.
- 10.11.4 As set out elsewhere in the report, financial planning for 2017-18 is based on an increase in council tax of 3% for the Adult Social Care precept, and an inflationary increase of 1.8%. People were invited to give their views on council tax increases through the Council's website, and through the on-line edition of Your Norfolk. To inform decisions about the budget at Full Council in February, a summary of the views expressed has been prepared. An equality impact assessment has also been carried out, updating the findings from previous year.
- 10.11.5 Broad priorities for the continued investment of approximately £4.7m pa in preventative services that support people's independence were indicated through the engagement process. Responses were not unanimous and reflect the perceived financial, strategic and personal impacts on partners, providers and individuals using services.
- 10.11.6 As part of our engagement we have focused on identifying shared priorities for forward investment for NCC and reviewing the function of existing services and how support could be delivered in alternative, more cost effective ways.
- 10.11.7 Priorities for investment are:
- a) Maintaining crisis accommodation and support for those who are homeless and young people (£3.2m pa)**

All stakeholders considered the maintenance of crisis accommodation important and noted the crucial role that this accommodation plays in ensuring those who are homeless or have chaotic lifestyles can access support and accommodation when they are in crisis
 - b) Investing in Building Resilient Lives (£1.3-5m pa)**

The proposal is to reinvest a proportion of funding in a community wide service that links with existing advice services, hubs and district based services. Consultation and engagement feedback indicates that the service would need to have two main areas of focus: support for older people and a more general support offer geared at prevention of homelessness and support district based functions

- 10.11.8 The recommendations would require a significant reduction in existing spend and reflect prioritisation proposed by stakeholders. Views on priorities however were not unanimous and impacts and challenges are highlighted both in the consultation response and the EQIA (see Appendix 8). Recommendations resulting from this work are:
- Continued investment of £3.2m to fund and maintain crisis accommodation for both young people and those who are homeless
 - Realignment and investment of approximately £1.3m in a community outreach model that provides support to both older people and those at risk of homelessness. The service would be designed to work with local communities and provide a wider basis of support for older people who require it regardless of where they live. The specification and dimensions of the service would be co-produced with partners, users and providers
 - A phased withdrawal of funding for sheltered housing, managed in conjunction with housing benefit authorities, stock-holding housing authorities and registered social landlords to ensure that enhanced landlord support is maintained, in line with the responsibilities of these organisations as social landlords
 - Removal of funding from low level supported accommodation and (peripatetic) floating support and replacement with b (community outreach)
 - Reduce investment to £7.925m in 2017/18 and £4.5m in 2018/19
- 10.12 **Information and advice consultation feedback**
- 10.12.1 There were 94 responses received for this proposal. Of these, just under half (45 people or 48%) replied as individuals. 33 respondents told us they were responding on *behalf* of a group, organisation or business but not all gave the names of their organisations, some were residents whose response did not necessarily represent the organisational view. Of the respondents who described their relationship to the service, most were staff working in the service (26), past service users (22) or current service users (21).
- 10.12.2 Key issues and concerns were:
- Importance of choice in how information and advice services can be accessed, in particular ensuring a mix of telephone, internet and face to face options are available as well as printed information
 - Value of well trained, specialist, well informed staff with local knowledge and condition-specific experience. Service users told us how much they value the advisers they see (67 responses)
 - Concern about the impact on vulnerable people and groups of people with protected characteristics and told us it is important to ensure all groups of people can access specialist advice
 - The importance of collaborative working between agencies and organisations who deliver information and advice services and the scope to improve partnership working and collaboration
- 10.12.3 A full summary of the consultation feedback received to the information and advice services proposal can be seen at Appendix 5.
- 10.12.4 The recommendations are informed by the consultation and the EQIA:
- Investment priorities should be to meet the current and future needs of people with disabilities and long term conditions who potentially require social care
 - To deliver £0.050m of the £0.250m through the delivery of statutory advocacy to a new specification for the same level of activities
 - To recommission services to deliver the remaining £0.200m of savings focusing on models building upon the strengths of the current delivery models and create a strong single specification of information and advice which would be delivered by a partnership of providers

- d) To reduce duplication between services, including information and advice provision through district councils and in respect of carers and plan with providers about improved consolidation in a refreshed partnership
- e) To undertake a NCC review of the arrangements for personal budgets and self-directed support

- 10.12.5 During 2016/17, Norfolk County Council incurred a reduction of £7.9m in the funding allocated to social care by the Norfolk Clinical Commissioning Groups within the total Better Care Fund for Norfolk. This led to negotiations to minimise the impact on social care, with a three year Section 75 agreement put in place for the Protection of Social Care. In addition to making savings, the Council used £5m from the Business Risk Reserve on a one-off basis in 2016-17 to support the agreement. As part of this agreement, for each of the next two years CCGs will fund the Council £5.1m outside of the BCF. However, this still left a funding shortfall for the Council and Members were briefed on the agreement and implications for services, which included savings within the consultation for Building Resilient Lives. These savings are included within Appendix 1.
- 10.12.6 In total, proposals are expected to have a small impact on NCC staffing numbers.

11. Revenue Budget

- 11.1 The tables in Appendix 1 set out in detail the Committee's proposed cash limited budget for 2017-18, and the medium term financial plans for 2018-19 and 2019-20. These are based on the identified pressures and proposed budget savings reported to this Committee in October and November, which have been updated in this report to reflect any changes to assumptions. This includes a reduction to the additional price increases, following the Autumn Statement where the increase in National Living Wage from April 2017, is slightly lower than originally expected. Cost neutral adjustments for each Committee will be reflected within the Policy and Resources Revenue Budget 2017-18 to 2019-20 paper which will be presented on the 6 February 2017.
- 11.2 The Revenue Budget proposals set out in Appendix 1 form a suite of proposals which will enable Full Council to set a balanced Budget for 2017-18. As such recommendations to add growth items, amend or remove proposed savings, or otherwise change the budget proposals will require the Committee to identify offsetting saving proposals or equivalent reductions in planned expenditure.
- 11.3 The Executive Director of Finance and Commercial Services is required to comment on the robustness of budget proposals, and the estimates upon which the budget is based, as part of the annual budget-setting process. This assessment will be reported to Policy and Resources Committee and Full Council.

12. Capital Budget

- 12.1 A summary of the Capital Programme and schemes relevant to this Committee can be found in Appendix 9.

13. Equality and Rural Impact assessment – findings and suggested mitigation

- 13.1 When making decisions the Council must give due regard to the need to promote equality of opportunity and eliminate unlawful discrimination of people with protected characteristics. The Council's impact assessment process for 2017-18 budget proposals has sought to identify the potential for adverse impact on protected groups and rural

communities, so that decisions can be informed, and where appropriate, action can be taken to address any negative impact.

- 13.2 Overall, as in previous years, Adults Services budget proposals for 2017/18 will impact primarily on older and disabled people – which is inevitable, because older and disabled people constitute the majority of service users.
- 13.3 In addition to examining which groups of people the budget proposals will impact on, the Council also considers whether or not this impact will be detrimental.
- 13.4 The four proposals below are unlikely to have any detrimental impact on people with protected characteristics or in rural areas:
- a) Remodel contracts for support to mental health recovery (ASC020)
 - b) Review commissioning structure and staffing requirements (ASC022)
 - c) A consistent approach to specific laundry needs (ASC023)
 - d) Home care commissioning (ASC024)
- 13.5 Broadly speaking, this is because the impact on service users is expected to be minimal. No changes are proposed to service standards, eligibility thresholds or service quality.
- 13.6 However two of the proposals, relating to Information, Advice and Advocacy Services, and Building Resilient Lives, may have a detrimental impact on older and disabled people, including Blind and visually impaired people, Deaf and hearing impaired people, people with reduced mobility, people with mental health issues, people with learning difficulties and people with dementia. They may also impact on people with other protected characteristics, which includes younger people (including care leavers), men (who are high users of some homelessness services) and Gypsies and travellers (as users of floating support services).
- 13.7 Primarily, this is because some of these service users may no longer receive a service, or receive a service that differs significantly from the present time.
- 13.8 There is also evidence to suggest that there may be a detrimental impact on people in rural areas.
- 13.9 Four mitigating actions are proposed to address this:
- (i) Work with providers and service users (including service users in rural areas) to develop a new service specification that addresses the issues raised in this equality and rural assessment. Providers and service users representing older and disabled people, including but not limited to Blind and visually impaired people, Deaf and Hearing impaired people, people with reduced mobility, people with learning difficulties and people with mental health issues, as well as other disabilities, must be included
 - (ii) When the new model is developed, a further equality/rural assessment should be undertaken to examine whether it will inadvertently disadvantage or exclude any disabled or older people, or people in rural areas, so that every opportunity can be taken to find ways to mitigate or address this
 - (iii) In the event that the revised assessment identifies any significant detrimental impact that it is not possible to mitigate, the proposed service model should be brought back to decision-makers for consideration, so that every opportunity can be taken to address this, prior to the model being adopted
 - (iv) Ensure effective transition plans are established for service users who may be affected by the proposals

- 13.10 Whilst no detrimental impact has been identified regarding the proposals to remodel contracts for mental health recovery or home care commissioning, the following actions are still recommended for both (please see Appendix 8 for full details):
- (i) Work with service users (including service users in rural areas) to develop a commissioning specification that addresses the issues highlighted in the equality and rural assessment
 - (ii) Ongoing review of proposals put forward by providers in the competitive dialogue process to ensure equality and rural considerations are addressed and the equality/rural assessment is updated accordingly and any mitigating actions identified and adopted
 - (iii) In the unlikely event that the revised assessment identifies any detrimental impact, it will be brought back to decision-makers for consideration before the final ITT is issued
 - (iv) Ensure equality and rural access considerations are incorporated in the final documentation issued for the tender process
- 13.11 The full assessment findings are attached at Appendix 8. Clear reasons are provided for each proposal to show why, or why not, adverse impact has been identified, and the nature of this impact.

14. Implications and risks for budget planning for 2017-18

- 14.1 The budget proposals set out growth and savings for the service in order to deliver robust budget estimates for the service. However, there are some financial risks that remain.
- 14.2 Further challenge from the market on prices. Like all councils the organisation needs to balance market sustainability with financial affordability and has worked with providers during the year to understand cost pressures and improve process; however the risk of challenge remains.
- 14.3 The Council has seen challenges within the home support market during 2016, with some gaps in capacity and a few providers ceasing block contracts. There is a risk that this could continue in 2017, which could lead to an increase in the interim prices paid.
- 14.4 The current forecast overspend for Adult Social Service is **£11.982m**. The budget proposals help to mitigate the risk in 2017-18, however, the adult social care support grant is a one-off grant and the overspend will need to be reduced in order to ensure longer term sustainability.
- 14.5 The current financial position of health organisations in Norfolk, places pressure on adult social care, with risk of increase in community placements and increase in debt management cases.
- 14.6 The Better Care Fund guidance for 2017-19 is expected during January, but no changes to responsibilities for 2017-18 have been included within the budget proposals.
- 14.7 No additional cost pressures have been assumed for Transforming Care Plans, with expectations that the budgets will follow the service users when transferring from health to community settings. Additional costs arising through agreements to share care will need to be managed within purchase of care budgets.

15. Evidence

- 15.1 The proposals in this report are informed by the Council's constitution, local government legislation, best practice recommendations for financial and strategic planning, and

feedback from residents and stakeholders via the public consultation launched in October 2015, which has been supplemented by targeted consultation on specific new savings proposals for 2017-18 as detailed within this report.

16. Financial Implications

- 16.1 The financial implications of the 2017-18 budget proposals are detailed throughout this paper.

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List of Appendices

- Appendix 1 Revenue Budget Proposals
- Appendix 2 Consultation document - Building resilient lives
- Appendix 3 Consultation document – Independent advice and advocacy
- Appendix 4 Consultation feedback analysis – Building resilient lives
- Appendix 5 Consultation feedback analysis – Independent advice and advocacy
- Appendix 6 Consultation process timeline
- Appendix 7 Stakeholder workshop attendees
- Appendix 8 Summary of Equality and rural impact assessment
- Appendix 9 Capital Budget Proposals

Budget change forecasts for 2017-20 Adult Social Care				
Reference		2017-18 £m	2018-19 £m	2019-20 £m
	OPENING BUDGET	246.852	261.453	260.607
	ADDITIONAL COSTS			
	Inflationary			
	Basic Inflation - Pay (1% for 17-20)	0.362	0.362	0.364
	Basic Inflation - Prices	4.628	5.526	5.279
	Demand / Demographic			
	Demographic growth	6.134	6.134	6.000
	Legislative Requirements			
	Additional responsibilities from increased improved Better Care Fund allocation		13.943	12.544
	Cost of Care	4.500		
	Pay and Price Market Pressures	5.660	5.921	5.741
	Norse Care and Independence Matters Pension Revaluation	0.264		
	NCC Policy			
	Adult Social Care 2016-17 Overspend	9.578	-4.197	
	Vulnerable Persons Resettlement Scheme	0.202	-0.101	-0.043
		31.328	27.588	29.885
	SAVINGS			
	A - Cutting costs through efficiencies			
ASC010	Reduce Training & Development spend following implementation of Promoting Independence	-0.200		
ASC022	Review of commissioning structure and wider opportunities to realign staffing structures in localities	-0.155		
ASC026	Review of various commissioning arrangements to identify more cost effective ways of providing services	-1.159		
ASC027	Multiple small efficiencies within Service Level Agreements	-0.190		
ASC028	Maximise use of apprenticeships	-0.020		
ASC030	Rationalise mobile phones	-0.010		
ASC031	Additional savings proposals currently being developed	-1.141		
	B - Better value for money through procurement and contract management			
ASC020	Remodel contracts for support to mental health recovery	-0.125	-0.275	
ASC021	Recommissioning of information advice and advocacy services	-0.063	-0.187	
ASC024	Home care commissioning - an improved framework for procuring home care services in Norfolk	-0.183	-0.549	
	C - Service Redesign: Early help and prevention, working locally			
ASC008	Promoting Independence - Housing with Care - develop non-residential community based care solutions		-0.500	-0.500
ASC009	Promoting Independence - Integrated Community Equipment Service - expand service so through increased availability and access to equipment care costs will be reduced	-0.250	-0.250	
ASC003	Service users to pay for transport out of personal budgets, reducing any subsidy paid by the Council	0.900	-0.900	-0.800
ASC016-019	Building resilient lives: reshaping our work with people of all ages requiring housing related support to keep them independent	-2.100	-3.400	

APPENDIX 1

COM040	Delay to 14-15, 15-16 and 16-17 saving: Reduce the number of service users we provide transport for	2.100	-2.100	
COM033	Reducing funding within personal budgets to focus on eligible unmet needs	-0.500		
ASC006	Promoting Independence - Customer Pathway - where the focus will be on connecting people with ways to maintain their wellbeing and independence thereby reducing the numbers of service users receiving care in a residential setting	-4.445	-3.628	-7.538
ASC007	Promoting Independence - Reablement - net reduction - expand Reablement Service to deal with 100% of demand and develop service for working age adults	-1.500	-0.500	
ASC011	Move service mix to average of comparator family group or target - all specialisms		-1.444	-0.962
ASC013	Radical review of daycare services	-1.000	-2.500	
ASC015	Move service mix to lowest of comparator family group - all specialisms		-2.190	-0.200
ASC023	A consistent approach to specific laundry needs	-0.055		
	D - Raising Revenue; commercial activities			
ASC029	Align charging policy to more closely reflect actual disability related expenditure incurred by service users	-1.180	-0.230	
	NET RECURRING SAVINGS	-11.276	-18.653	-10.000
	BASE ADJUSTMENTS			
	Improved Better Care Fund	-1.885	-13.943	-12.544
	Adult Social Care Grant	-4.197	4.197	
	Loss of social care protection funding (Better Care Fund)	3.300		
		-2.782	-9.746	-12.544
	COST NEUTRAL ADJUSTMENTS			
	Transfer of manager post from Finance Exchequer Services to Adult Mental Health	0.054		
	Depreciation	0.115		
	Debt Management	0.000		
	REFCUS	-3.753		
	Social Care System	0.914	-0.035	-0.879
		-2.669	-0.035	-0.879
	NET BUDGET	261.453	260.607	267.069



Norfolk County Council

Building resilient lives: reshaping housing related support

Overview

We currently spend around £1m each day on adult social services and are planning to increase the overall amount we spend on adult social services in 2017/18. However, the demands on adult social care continue to change so even with the investment we are making in services we still have savings to find if we are to continue to meet people's care needs.

Those who do receive support from the Council often need complex care packages, delivered in their own homes, to support and maintain their quality of life. We have to get the right balance between spending money on people's existing care needs and spending money that helps people live well and independently in the community.

There are a range of factors in people's lives that influence how independent they can be. This includes their home environment, their mental and physical wellbeing and what other help they already have in their lives, from friends, families and the community.

The County Council is one of a number of organisations which funds services to support people in their own homes or other accommodation. We currently spend over £10 million a year. We now propose to make savings in the amount we spend on these services. If our proposals went ahead we would still be spending over £4.5m a year.

We know that other partners – including district councils - also spend money on these types of services, so we will be working with our partners and others to decide together how we best use the resources we all invest to make the most impact.

Our part of this spend currently covers these types of services:

- Floating support – this is short-term support that helps adults stay in their homes
- Homeless services

- Young People Services
- Sheltered Housing support

Why we are consulting

We are looking at all of our services to see how we can do the best we can for people with the limited money that we have to spend. We are proposing to reduce the money we spend on housing related support services. At the same time we are working with our district, community and health partners to develop proposals on how we could meet people's needs if our budget was £4.5m a year. We know that we can't solve society's problems on our own, so we want to find out how we can work with others to help make the biggest impact with the money that we have.

We widely consulted residents and stakeholders on proposals to review housing related support services last year as part of our Re-imagining Norfolk consultation.

Although Members decided at that time not to take those proposals forward, the level of savings we need to make now means that we are having to take another look at the future of some of these services.

When we consulted, our partners offered to work with us to come up with ideas for how best to support people's needs. We are therefore engaging with people who use our services, key stakeholders, providers and partner organisations to help work out how best to support people who are not eligible for Norfolk County Council's statutory care services.

We are consulting through:

- One-to-one meetings with organisations that currently provide services, where requested
- Meetings / workshops with partners
- Workshops with organisations that provide services
- Locality provider forums
- Asking organisations that provide services to engage their service users and encourage them to share their views and feedback with Norfolk County Council

- Testing potential ideas for redesigned services with people who use services where possible
- This online consultation, which is also available as a paper copy.

We want to find out if there are any comments that people have to add to those made when we consulted on reducing the amount we spend on housing related support services last year. In particular we are keen to hear if people have ideas about how we can manage some of the risks we identified when looking at reducing services.

We also want to find out more about what people value about support services and hear what ideas people have about how we can work with others to support people in the community and make the money we do have go further.

As people tell us what they think we will feed their views and suggestions into our redesign process.

We will feed back the findings from our consultation to our Adult Social Care committee as part of the evidence they will use to help them come to a decision about future services.

Find out more and have your say online by filling in and returning the feedback form below.

If you need a copy of this consultation document in a different format please email haveyoursay@norfolk.gov.uk

Background information

The Care Act says that we have to make sure there are prevention services available in Norfolk, but we can choose how we provide support.

This is not the first time we have reviewed our housing related support services.

In 2011-14 we made approximately £3m savings from housing related support services as part of an overall reduction in spending on prevention and community support services.

In February 2014 we agreed to save £2.4m in 2014-16 by working with other agencies to review all the services offered and looking for ways to deliver them more efficiently. These savings were delivered over two years.

In 2016 we consulted on proposals to reduce the council's funding for housing related support services by 40%. Some people told us that they felt that the responsibility for funding these services should be spread more widely across the public sector (health, districts, criminal justice etc.) - many felt that these are key preventative services that support vulnerable people and therefore told us they felt that reducing funding was not possible.

At that time our elected members decided not to take these savings forward.

How we currently provide services

We currently spend over £10 million each year on these services with approximately 11,000 people receiving this type of support. We currently support people through a wide range of services:

1. Floating support

We currently spend over £3.5 million a year on these services.

Floating support helps keep people independent and safe in their own home. Often this involves a support worker working on an individual basis to help people in need. Support offered can include help with managing finances, help with setting up and maintaining a home or tenancy or offering emotional support, counselling and advice.

Some services are open to all adults who are at risk of being homeless or losing their tenancy, which is known as generic floating support. As well as offering a wide range of support to people in general, this service also supports single homeless people, offenders or people at risk of offending. The range of support helps people to develop and maintain independent living skills.

Some services are based around communities in specific areas, providing a wide range of support including access to local community organisations, advice, developing life skills and emotional support. This also helps people find accommodation, manage finance and maintaining a home or tenancy.

Some services are targeted to support particular groups of people. This includes:

- Floating support services for older people in their own homes across Norfolk. This does not cover sheltered housing or other supported accommodation. These services aim to help people keep independent in the community and prevent them losing their tenancy or home, which could then make them need other types of health and social care support.
- Support for Gypsy and Traveller families, giving improved access to adequate and suitable accommodation and living conditions. This service helps to connect people to services in the community and enables people to access training, education, jobs and volunteering.
- Support for people with mental health problems. As well as supporting people to live independently and safely in their own homes, this service helps people with their recovery, developing people's capacity to live more independent lives.

Other services are linked to people living in specific accommodation, providing temporary accommodation for people who are homeless or at immediate risk of becoming homeless. They support people to access work, training and education and link with others providing support with mental health, drug and alcohol and substance misuse and specialist healthcare services.

For these services, people are referred in lots of different ways. People can refer themselves to some of these services. Others are referred by health services like GPs or hospitals, by housing services, by other public sector services like police and probation or by other providers.

Between 1 April and 30 June 2016 these services supported 3031 people.

We currently commission eight organisations to provide these services.

2. Homeless services

We currently spend £2.6m a year on these services. They provide accommodation and support for adults who are homeless.

These services currently include three direct access hostels to support people who might otherwise be homeless. People can access these services themselves or be referred by other services.

We also fund hostels that can offer people accommodation and support for up to two years. District councils and other agencies refer people to these services and they are also used for people moving on from direct access hostels.

We currently fund support into Move On accommodation that enables people to develop the skills required to live independently in the future.

Taken together these services can offer 498 rooms across Norfolk. Between 1 April and 30 June 2016 these services supported 694 people.

As well as providing accommodation these services provide intensive support to skill people up to live more independently in the future and maintain this independence. This includes advice and help with benefits, job seeking and finding housing. People using these services could also be accessing other services to provide support they need.

We currently commission eight organisations to provide these services.

3. Young Peoples Services

We currently offer young people aged 16-24 specialist housing related support services. We spend £2m a year on these services.

We currently provide hostel accommodation, where young people can stay for up to two years.

We also provide a Move On service for young people to help them find more permanent housing and to live independently. As well as offering support and advice around housing, benefits and life skills, our support for young people has a strong focus on helping them find employment, education or training.

Another service we provide is specifically for teenage parents. As well as offering suitable accommodation and help with benefits, housing and life skills, this service provides parenting support.

Some young people might struggle to thrive in a hostel and might do better in a family environment. We provide some young people with a service called Supported Lodgings, which works a bit like foster care. Organisations that provide this service find families for the

young people to live with and offer advice and support. As well as practical help with benefits, jobs and housing, this service also offers emotional support.

In the three months from 1 April to 20 June this year we supported 367 people through these services. This will have included young people who have just left care.

We currently commission five organisations to provide these services.

4. Sheltered housing support

We currently spend £1.8m a year on support to some people living in sheltered housing.

This support offered will vary depending on which sheltered housing scheme people live in. It includes things like regular phone calls, welfare checks, and help with accessing care support. It might also include general advice and help with things like filling in forms and understanding letters.

We pay money to 15 sheltered housing organisations to provide this service to people living in their schemes that receive housing benefits. Other people living in the same scheme may pay for this support themselves.

When we last reviewed this service we based the amount we pay providers on the average number of people over a three year period that were receiving Housing Benefit. The support cost was a consistent amount across all providers and was set at £8 per person per week. The sheltered housing providers we fund cover around 4,620 flats but it's difficult to say how many people currently within the service need the support that we fund. This means that we could be paying for support that some people don't need.

Things to take into account

Many of the contracts we have are coming to an end and need to be reviewed. We can't make the savings we need to make by looking at all individual contracts in isolation. We therefore want to work with partners to take a fundamental look at all of the services we provide.

We want to make sure that the contracts we have offer good value for money and that we are not duplicating housing related services. We currently provide some other services that

potentially overlap with housing related support. For example, many of the services provide information and advice. We also need to avoid duplicating housing related services that other organisations already provide.

We need to make sure that people who need support can find it easily without being passed between services who might all have different criteria for who they are able to help.

We also need to make sure that that money we spend reaches the people that need it. This means taking a look at why we support some people living in certain accommodation, like sheltered housing, in a different way to people who have the same needs but live in their own homes.

As things have changed since we last commissioned these services we may also want services to reflect new priorities. For example, there is now a greater understanding of the impact loneliness has on people's health and wellbeing.

We will need to think about how people move through these services on their way to becoming independent and whether investing more in giving help at the start might help us save money on services further down the line.

Lastly, we want to encourage some of the more innovative ways of working that providers are already developing.

What this means for people who currently use these services

At the moment we have not made any decisions about how we will provide these services in the future. However, as our proposal to review services includes reducing the amount of money we spend on them, this means that services could change.

We are working with providers to find out from people who currently use services what support they value the most and how they would prefer to get help in the future.

In general people might get a service from a different provider or they might receive a service in a different place.

People might receive support in a different way. For example people might receive support they need from peer support rather than from one-to-one support from an individual worker. Another example might be that instead of getting a regular telephone call from the organisation that provides your housing, you might get a call from a befriending service.

Some people who currently receive a service might not get a service in the future. In the case of sheltered housing support, people may choose to pay for a service themselves.

Where the support we give is linked to people's housing, it's possible that their tenancy agreements might have to change. Reducing funding could also mean that more people become homeless or go into crisis and require other services, such as adult social care, children's services, housing and health services.

As well as impacting on people who use services, reducing our spend on these services could impact on the organisations who provide them and the staff working for them. Providers may decide not to, or be unable to, continue providing services without our funding.

If, as a result of this consultation, we change things for service users we will work with providers to understand how best to support people make the change. This could be by helping them move to a new service, re-directing them to other services that could help or putting in extra support to help people become independent and not need the service in the future.

Response to feedback received last year

Please take a look at what people told us when we consulted on housing related services last year and then answer the question below:

Reimagining Norfolk 2016-19 Budget Consultation

Title of proposal
Reduce the Council's funding for Supporting People services.

Summary of proposal
<p>We are proposing to reduce the Council's funding for Supporting People services (also known as housing-related support services). These are prevention services that help people who are vulnerable or who have a disability, to live independently and to remain in their home, including:</p> <ul style="list-style-type: none">• Sheltered housing, community alarms and home improvements advice for older people• Supported housing• Visiting support for people who are at risk of losing their accommodation, and• Crisis housing and support for those who may have lost their accommodation such as:<ul style="list-style-type: none">◦ Young people hostels which support young people to move safely into adulthood and set up home for the first time◦ Hostels for people who have been homeless with support to enable them to re-establish a secure home◦ Refuges for women experiencing domestic violence. <p>We currently spend £12.4m each year on these housing related support services. We decide how to spend the money, but do so in consultation with the Supporting People partnership. The Supporting People partnership includes: District Councils, Health, Probation, Norfolk Constabulary, Youth Offending and the Norfolk Drug and Alcohol Partnership.</p> <p>Hostels, refuges and sheltered housing services receive some other funding through rent, housing benefits and district councils. This proposal will have a significant impact but would save us approximately £5.1m in 2016-17, because it means reducing the funding we currently provide by about 40%.</p>

Respondent Numbers – Number and percent agree, disagree and don't know/blank where applicable. If relevant also include numbers of respondents who were service users and carers
<ul style="list-style-type: none">• There were 1283 responses received for this proposal.• 1047 people (81.61%) disagreed with the proposal• 144 people (11.22%) agreed with the proposal• 92 people (7.17%) told us that they did not know if they agreed or disagreed with the proposal

Analysis of responses

Organisation, group or petition responses	
Please describe any petitions received.	Of the group of adults with learning disabilities who attended an About With Friends consultation event, 12 agreed with the proposal and 15 disagreed with the proposal.
Please record any groups or organisations which responded.	<p>53 respondents told us they were responding on behalf of a business, organisation or group. These were:</p> <ul style="list-style-type: none"> • Access Community Trust x 2 • Adult Day Care Limited • Aspland Road Hostel • Aylsham Town Council • Break Charity • Broadland District Council • Broadland Housing Association • Broadland Older People's Partnership • Centre 81 • Cinema Plus (Cinema City) • Community Action Norfolk • Cotman Housing Association • Cromer Town Council • Diss Town Council • Forward Day Centre Ltd • Great Yarmouth Borough Council • Great Yarmouth Older People's Network • Homeless Link • Local Deaf Centre in Norwich • Malcolm Books • MAP • Mid Norfolk Mencap • Mind • Mums in the Know Norwich • NHS Norwich Clinical Commissioning Group • Norfolk County Council and Stonham Home Group • Norfolk Making it Real Board • Norfolk Older Peoples Strategic Partnership x2 • Norfolk Record Society • Norfolk Young Carers Forum • North Norfolk District Council • Northrepps Parish Council • Norwich City Council x 2 • Norwich Older People's Forum • Ormesby St Margaret parish council • Ormesby with Scratby Parish Council • Parish Council • Poringland Parish Council

	<ul style="list-style-type: none"> • Sheringham Town council • Solo Housing • South Norfolk District Council • St Martin's Housing Trust • Stonham Home Group • Swanton Morley Parish Council • Taverham Parish Council • The Benjamin Foundation • The Borough Council of King's Lynn and West Norfolk • The Borough of King's Lynn and West Norfolk • The BUILD Charity • The Matthew Project • Unite social group. • YMCA Norfolk x2 • Your Own Place CIC
Please summarise all petition or group responses.	<p>Of the 47 groups/organisations which told us whether they agreed/disagreed/didn't know, 6 organisations agreed with the proposal; 5 gave no reason and the other said services should be targeted.</p> <p>39 organisations disagreed saying that the service is a preventative one (19 comments) and it is shortsighted to cut services (19 comments). 14 comments were received about the increased vulnerability and risk to service users if the service is cut. Increased risk of homelessness was also mentioned. 2 did not know.</p> <p>Many organisations sent very detailed responses, including case studies: the broad themes which emerged from these responses are discussed in the Agree and Disagree boxes below. In addition, organisations commented on a large range of more specialist issues including:</p> <ul style="list-style-type: none"> • Delivering services which have already experienced funding cuts and the impact this has on an organisation's ability to provide good services and retain good staff at a reasonable salary. • The longer term closure of units and the difficulties of securing planning permission for accommodation offering services to high need/complex clients. • The timing of ceasing/renegotiating contracts in order to make savings within timescale. • Increased waiting times for vulnerable people to become housed. • Cost-shunting (eg. a reduction in adult social care funded housing support for young people aged 16-24 is unlikely to produce a saving as many of these young people will be entitled to services from Children's Services. • Reliance on an individual's Personal Budgets (which has a much higher threshold than that required to currently receive supporting people services) to pay for future support.

Looking at all of the responses, are there any consistent, repeated or notable reasons given for people's views in...

<p>Agreeing with the proposal?</p>	<p>144 (11.22%) people who responded to this question agreed with the proposed cut.</p> <p>The main reason for agreeing with the proposal was that the services should or could be provided by partners (17 comments): "more needs to be done with partners, inside and outside of NCC" and "...there are so many partner agencies involved in Support Service delivery I am sure that there is a smarter way to deliver an effective service without NCC bearing a large funding cost".</p> <p>16 comments included a proviso such as "I agree as long as services are still able to be maintained to a certain degree of safety and care", "Yes as long as standard of care does not slip and the people still get the help and support they need" and "only if done correctly".</p> <p>12 comments were made about the efficient running of services and how this could be improved: "far too much money wasted on these services half the amount of people who claim for a mobility vehicle do not need them. It's time the whole system had a good shake up" and "the excessive costs of some care packages needs to be addressed and efficiencies made. Focus should be on prevention and building strong communities."</p> <p>12 comments were about targeting services: "My assumption is that a proportion of time is spent filtering genuine cases from less than genuine ones??? catching the right people is important". Other people said "funding needs to be allocated on a priority basis" and that is "important to prioritise".</p> <p>64 of the 144 people who agreed with this proposal did not give a reason for their viewpoint. Some wrote freetext responses such as "reluctantly agree", "see above", "no further comment" or "seems sensible", but the vast majority of the 64 wrote nothing so we cannot know the reasons for their agreement.</p>
<p>Disagreeing with the proposal?</p>	<p>1047 (81.61%) people who responded to this question disagreed with the proposed cut. 252 people explained how it would affect them, personally, and gave examples of their experiences:</p> <ul style="list-style-type: none"> • "I could end up on the streets - I have nowhere else to live. I'm in debt and I am getting support with this from the staff." • "I live in supported accommodation and if the cuts happened, I would be homeless as I have nowhere else to live." • "I live in sheltered housing and because of my disability I need my carers and warden to come in. So that, I can stay living on my own." • "I have received a lot of support and it has helped me with my self-esteem, self-control and behaviour. They don't just tell you what to do, they have patience and take time to show you. It's really scary to think what would happen if I didn't have this place to live and the support I get." • "If this service wasn't here I would be homeless, living on the streets. I would turn back to drugs and drinking and really vulnerable. I get loads of

support and since being here have got a chance to look forward to getting my own place and being independent.”

- “I came to sheltered property knowing I would have frequent contact with a person who knows my needs and helps me.”
- There were **28** comments from people in sheltered housing about the need for a warden.

The main reasons for disagreeing are that the Supporting People service is a key service and to cut services would have a detrimental effect on people’s wellbeing.

261 people disagreed on the grounds that the Supporting People service is a **key service**, describing it as ‘vital’, ‘important’ and relied upon: “I can’t believe that these services are not seen as absolutely essential for the people of Norfolk.” / “The service as it stands is vital.” / “These are crucial services for people who use them and should be prioritised.” / “Because these services are vital to vulnerable low income people with health issues.” / “This is a very important service to the customers. This proposal would have a negative effect on the people who provide the service and the people who are supported by the service.” / “All people and older people need it more than ever.”

224 people disagreed because they felt that individuals’ **wellbeing** would be affected by the proposed cut. Respondents referred to reduced “quality of life”, and also cited more positive personal examples, “I feel relaxed with my key worker and can be honest with the barriers I face. With his help I think most things are possible.” Some noted that increased confidence which accompanied a sense of wellbeing provides incentive and impetus to achieve more: “it’s given me stability to move on to better things...” (and, by implication, to require fewer services) – “The hostel changed my life by giving me something to work towards, by giving me respect and friendship from the staff, by giving me back my future through their help until I was able to stand on my own two feet for the first time in my life.”

202 people commented on the **preventative** nature of Supporting People noting that the service reduces the need for further, potentially more expensive, services at a later date so should not be reduced: “in the medium term this is likely to result in more people requiring more expensive support”. People also referred to the way in which Supporting People services help to promote independence: “Supporting People Services keep people out of hospital out of residential care and are key to delivering the longer term aspiration on people living independently”. Some people shared their personal experience to illustrate why they disagreed: “if the proposal was carried out it would mean me and many other young people who need support would be put into unsuitable and possibly dangerous accommodation, many young people in supported accommodation are vulnerable and need help with everything so it would not be suitable for them to be in private accommodation. If young males are made homeless they will not receive any benefits and would most likely turn to a life of crime to survive”.

	<p>People also disagreed with the proposal because of the perceived risk to vulnerable groups (163 comments): “it sounds like this cut would have a detrimental impact on some of Norfolk's most vulnerable people”. People commented on the effect cutting the Supporting People service might have on vulnerable people including young people at risk of homelessness, people with mental health issues, and women at risk of domestic abuse: “if this service wasn't here I would be homeless, living on the streets. I would turn back to drugs and drinking and be really vulnerable. I get loads of support and since being here have got a chance to look forward to getting my own place and being independent”.</p> <p>Some respondents said that the proposal was shortsighted (105 comments) and although an initial saving may be made, it would cost more in the longer term: “storing up trouble for the future” and “this seems to be a vital service and cutting spending on this will only result in higher expenditure within Adult Social Services and the NHS, Children Services, so cutting these services seems pointless and short-sighted.”</p>
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Don't know: Of the 'Don't Know' responses (and where explanatory text is provided), what are the main reasons why people are unable to come to a clear decision?

92 (7.17%) people ticked the 'don't know' option. 30 people critiqued the proposal, either saying they had insufficient information on which to make a decision, or that the proposal contradicted other proposals or Norfolk County Council priorities. There was no consensus around the reasons people gave for choosing this option, and with the exception of remarks noting the service **prevents** further problems developing (14 comments) so to stop it would be **shortsighted** (14 comments, no other reason was cited more than ten times.

Equality Impact Assessment (EqIA)

Describe any information in the responses which relates to EqIA – impact on protected groups and those living in rural areas	<p>100 comments related to vulnerable groups or the EqIA process.</p> <p>LAC Youth/young mother – “It would mean for me as a single pregnant leaving care child, I would be placed in unsuitable housing, maybe with older people who use drugs, drink or have mental health problems. This would not be good for me or the baby and could make us both unwell. I would have no support when I needed it.”</p> <p>Mental health (and differentiation of the needs of service users) – “People with significant mental health problems do not all meet the FACS criteria which is set at a high threshold. People are being maintained independently using SP Funding. This keeps them from relapsing and requiring even more expensive services. This funding stream was originally established for this purpose and the evidence suggests it has been most effective used for those who have experienced mental illness.”</p>
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	<p>Age – “This is punishing already vulnerable and old people.” / Being elderly I feel as if you are all taking away everything I value in life. If this isn't discrimination, I don't know what is. Please don't do this to us.” / “Young people have been hit hard by all of the cuts in the last 5 years. As a professional I have seen the negative effect this has had.” /</p> <p>Disability - “Young people who need help to set up for themselves or people who are already at a disadvantage due to disability need as much help as we can give them.” / “How will people who are dyslexic and have special needs get support to even get started with a house. Where will people get help?” / “It seems very wrong to make cutbacks on the elderly and disabled as we are the people who really need supporting people services.”</p> <p>Low income – “It seems the lower paid and over sixties get the same problem every time a cut back on most things.”</p> <p>General - “People that are in the situation which requires these services did not willingly put themselves in it. Taking this service away would discriminate anyone that is not healthy or happy at home and stop them being able to live as normally as possible. They are not being given the same chance at life as everyone else.”</p> <p>2 comments were made about limited transport in rural areas. The difference in need between rural and urban areas was noted: “we are aware that a disproportionately high percentage of the Supporting People funding is spent in Norwich in recognition of the relatively higher numbers of vulnerable people who originate or gravitate here, and would expect recognition of this through protection in the way that any funding reductions are deployed.” The higher than national average in relation to cases of domestic abuse in Great Yarmouth was also noted as being an area where the impact of cuts would be “incredibly detrimental”.</p> <p>Although people experiencing homelessness or at risk of homelessness are not a protected group, they are a vulnerable group and many respondents expressed concern that the number of homeless people could rise if the proposal went ahead (see Analyst box below).</p>
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Analyst notes	
Any other things you think report writers should know when presenting findings	<p>There were 4 comments about our perceived or actual legal obligations, either referring to our Duty of Care or the Care Act.</p> <p>“This would seem to be one of the most vulnerable sections of our society and one which we have a duty of care to protect. Cutting support in this area without being quite sure that it will be compensated for elsewhere, and without extra anguish and suffering for those affected, is quite unacceptable in a caring, modern society.” / “Please do not yet again reduce services to the most vulnerable. This is, I believe, in contravention to the Care Act.”</p>

131 people **critiqued** the proposal, the main issues were:

- **process:** “commissioning of services is still poorly organised, and ill informed without clear study, research and understanding, It will strain services without proper and intelligent investment around infrastructure”.
- **our approach to making savings:** “I don’t agree with reducing the funding. If you have a much more efficient way of better enabling people, DO IT, why aren’t you DOING IT already”.
- **Information about the proposal:** “I don’t understand what the proposed saving is, it isn’t stated at all clearly”. / “Makes no sense.”
- That the proposal **contradicts** other proposals or the county council’s priorities: “I disagree because this would contradict one of the organisation’s priorities of supporting vulnerable people to make Norfolk a better place to live for vulnerable people” and “it seems that you are contradicting yourself. How can ‘people get early support in communities’ while at the same time you are reducing advice and visiting support etc. Is the implication that the ‘communities’ will pick up the slack?”

There were **20** comments relating to **carers**, most saying how difficult caring would become if the proposed cut goes ahead: “this will make life so much harder for me and my mother who cares for me. I will not be able to go out without a carer or my mother to my activities.” / “This would appear to mean that I alone will be responsible for caring for my partner who had dementia until one of us dies - a very bleak thought.” / “I support (partially) someone in one of your houses. This would mean that my role would have to become 24/7.”

137 people referred to **increased risk of homelessness** for vulnerable people (including those with mental health problems or those at risk of or experiencing domestic abuse) if the proposed cut was to go ahead.

- “Little enough is done for vulnerable young people in Norfolk exposed to the prospect of homelessness.”
- “If places like Genesis were not ‘open’/available I would still be homeless.”
- “If you were to reduce funding to our service it could mean ex-offenders being on the streets and greater risk to the public.”
- “I think that the potential consequences in reducing funding to the prevention services in question would have a profoundly negative impact on the vulnerable people who depend on them, and would likely make existing social issues ie homelessness a much bigger problem.”
- “We don’t want more people on the street.”
- “Not good if more people become homeless.”

If you have any comments in general about reducing the amount we spend on Housing Related Support, please write in below:

Your views on how we could work better with others to support people

If the savings went ahead we would have a budget of over £4.5m to spend on housing related support services. We are working with our partners to come up with proposals for how to support people and provide services within that budget.

We want to find out what is it about our services that people value and how people want to get support in the future.

We know we can't solve society's problems on our own so we need to work with others to help make the biggest impact with the money that we have. We therefore want to find out who else can help deliver services and how.

As people tell us what they think we will feed their views and suggestions into the redesign process.

1. What do you value most about housing related services and why? Please write in space below:

2. What support, if anything, would you prefer to receive in the future and why? Please write in space below:

3 Who else could provide support?

Please tick (✓) those who you think might be able to offer help and support.

Please select all that apply

Family and friends ☐

Neighbours / communities ☐

Voluntary and community groups ☐

Housing organisations ☐

Local councils ☐

Other organisations - please state

If other, please write in below:

How could this support be provided? Please write in space below:

4. Here is a list of different relationships people have with this service. Please tick (✓) all that apply to you:

I currently receive this service ☐

I have received this service in the past ☐

I care for someone who currently receives this service ☐

I care for someone who has received this service in the past ☐

I work for this service ☐

I refer my clients to this service ☐

Other - please write in space below:

About you

Personal information, confidentiality and data protection

We will process any personal information we receive from you in line with the Data Protection Act 1998. This means that Norfolk County Council will hold your personal data and only use it for the purpose for which it was collected, being this consultation. We use this information to see how representative the feedback is of Norfolk's population. We also use it to see if any particular groups of people are especially affected by our proposals. Under our record management policy we will keep this information for five years.

We will also, under normal circumstances, not pass your personal data on to anyone else. However, we may be asked under access to information laws to publish or disclose some, or all, of the information you provide in response to this consultation, including any personal information. We will only do this where such disclosure will comply with such relevant information laws which include the Freedom of Information Act 2000, the Data Protection Act 1998 and the Environmental Information Regulations 2004.

5. Are you responding as...?

Please select only one item

An individual / member of the public ☐

A family ☐

On behalf of a voluntary or community group ☐

On behalf of a statutory organisation ☐

On behalf of a business ☐

A Norfolk County Councillor ☐

A district or borough councillor ☐

A town or parish councillor ☐

A Norfolk County Council employee ☐

6. If you are responding on behalf of another organisation, what is the name of the organisation, group or business?

Please write your answer here:

7. Are you...?

Please select only one item

Male ☐

Female ☐

Prefer to self-describe (please specify below) ☐

Prefer not to say ☐

If you prefer to self-describe please specify here:

8. How old are you?

Please select only one item

0-15 ☐

16-29 ☐

30-44 ☐

45-64 ☐

65-84 ☐

85+ ☐

Prefer not to say ☐

9. Do you have any long-term illness, disability or health problem that limits your daily activities or the work you can do?

Please select only one item

Yes ☐

No ☐

Prefer not to say ☐

10. How would you describe your ethnic background? Please select one only

Please select only one item

- White British ☐
- White Irish ☐
- White other ☐
- Mixed ☐
- Asian or Asian British ☐
- Black or Black British ☐
- Chinese ☐
- Prefer not to say ☐
- Other ethnic background - please describe below ☐

11. What is your first language?

Please write your answer here:

12. What is the first part of your postcode? (e.g. NR4)

Please write your answer here:

How we will make our decision and report back to you

Our county councillors will consider the consultation responses we receive very carefully. In particular, they will take into account:

- The impact of any proposal on individuals, groups or communities and in particular on people identified as having 'protected characteristics' under the Equality Act 2010. The protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation. As well as this equality impact assessment, councillors will consider the impact of proposals on rural areas

- The views of people and stakeholders consulted
- The evidence of need and what is proven to work effectively and well
- The financial and legal positions and any constraints at the time
- Any potential alternative options, models or ideas for making the savings.

Your opinions are valuable to us. Thank you for taking the time to read this document and respond.

Please note Paper responses to this consultation can be sent to: In writing to **Freepost Plus RTCL-XSTT-JZSK, Norfolk County Council, Ground floor - south wing, County Hall, Martineau Lane, Norwich NR1 2DH.**

However, if you want to help the council save money please use a stamp and send to this address: Stakeholder and Consultation Team, Norfolk County Council, Ground floor - south wing, County Hall, Martineau Lane, NR1 2DH

Your opinions are valuable to us. Thank you for taking the time to read this document and respond.



If you need this document in large print, audio, Braille, alternative format or in a different language please contact us on: 0344 800 8020
Email: haveyoursay@norfolk.gov.uk and we will do our best to help

October 2016



Your views on information and advice services

Overview

We currently spend around £1m each day on adult social services and are planning to increase the overall amount we spend on adult social services in 2017/18. However, the demands on adult social care continue to change so even with the investment we are making in services we still have savings to find if we are to continue to meet people's care needs.

Those who do receive support from the Council often need complex care package delivered in their own homes, to support and maintain their quality of life. We have to get the right balance between spending money on people's existing care needs and spending money that helps people live well and independently in the community.

We want to focus the budget that we have on services and support for the wider community and develop a more inclusive approach that helps people to access services in their communities. This support helps delay, or even prevent people from needing formal care services in the future.

Information and advice services are crucial to our policy of helping people to remain independent. Receiving information at the right time helps prevent people needing formal social care services at a later date. We want to review these services so that we can target them more effectively at preventing people from needing further care.

Why we are consulting

We were already looking at information and advice services and starting to think how we could look at these services together. Although this work was already in progress we now need to take an urgent look at how these services work because of the need to make savings to our adult social care budget.

We are engaging with people who use our services, carers, providers and partner organisations to help work out how best to provide information and advice services.

We want to find out more about what people value about information and advice services and hear what ideas people have about how we can work differently to help people get the information and advice they need early on whilst making the money we spend go further.

We will feed back the findings from our consultation to our Adult Social Care committee as part of the evidence they will use to help them come to a decision about future services.

Find out more and have your say online by filling in the feedback form below.

If you need a copy of this consultation document in a different format please email haveyoursay@norfolk.gov.uk

Background information

We currently spend over £1.7m on information, advice and advocacy services.

In 2008 we undertook a paper and online survey about information and advice which included asking older people their experiences of trying to find information and advice.

In 2010 the County Council worked with Norfolk Older People's Forum to implement its plan for accessible information and advice. This and successive versions of the plan have contributed to the Norfolk approach to providing information and advice for older people.

In 2012 we undertook consultation with people who might need information and advice, carers, social care staff, provider organisations and community groups to help develop our current model for specialist information and advice.

In 2014-15 a further consultation took place. We used the findings to help us continue our current specialist and general information and advice services.

We now want to look at the money we have to spend on information and advice services and see how we can best work with partners and organisations that provide services to make information and advice easier to access.

Please note: By law we have to provide advocacy services. We are currently looking for an organisation to provide our advocacy services. We have already agreed a reduced budget for these as we think we can make savings through developing a different way of delivering these services. We are therefore not consulting on advocacy services as part of these proposals.

What we do at the moment

Here are some details about our current information and advice services.

1. Specialist Information and Advice for people with disabilities, long term conditions and support needs.

These services work together in partnership across Norfolk to offer specialist advice, to share resources and to make sure that people can receive information and advice from the organisation best placed to meet their needs. One of the main aims of using a partnership approach to provide information and advice was to maintain the knowledge and expertise in particular areas related to disabilities. All of the organisations in the partnership provide information and advice in the following areas:

- Debt including fuel and water
- Welfare rights including complex benefits advice and support to challenge decisions
- Social care including payment for care and support
- Support to access a wide range of help
- Health issues
- Legal issues including protection from abuse
- Support for carers
- Advocacy

The following services make up the partnership for specialist information and advice:

Partnership Lead - this makes sure that all of the services are working well together to provide comprehensive information and advice for customers.

Information and Advice Service for Older People - this gives expert advice on benefits and pensions for older people, Lasting Power of Attorney, living independently and getting care. This service includes Money Matters practical support for older people who need help to manage their financial affairs and have nobody to do this safely for them. This service is partly funded by the NHS.

Advice and Support Service for People with Dementia - This service provides advice and support to people with dementia and their families and other carers. This includes information in respect of people recently diagnosed or concerned they may have dementia and help and support for people with more complex needs. This includes education and peer support for carers. This service is partly funded by the NHS.

Information and Advice Service for People who are Deaf - The focus of this service is to provide information, advice and advocacy principally through sign language on all aspects of living independently. This includes advising Deaf people to overcome barriers to accessing mainstream provision such as education, GPs and other appointments.

The Information and Advice Service for People with Disabilities supports the other services with the provision of advice and training on complex welfare rights (including disability benefits). It offers a complex casework and representation service. It offers a welfare rights services for people with support needs who are not the target for other advice services including people who have been homeless, people who have experienced domestic abuse, Gypsies and Travellers, refugees and migrant workers. This service includes Money Matters practical support for younger people with disabilities who need help to manage their financial affairs and have nobody to do this safely for them.

Information and Advice Service for People with Mental Health Problems. The priority for this service is to provide information and advice to help people with mental health problems to maximise their health and wellbeing and to promote social inclusion. Areas covered include mental illness, its treatment, support to maintain engagement

with services, to challenge treatment decisions where necessary, challenging discrimination in employment. This service is partly funded by the NHS.

Information and Advice Service for People with Learning Difficulties. The service works in close partnership with people with learning difficulties developing their abilities and self –advocacy skills to participate fully in routine aspects of daily life such as meeting their own health care needs, holding a tenancy, following their interests and citizenship rights. The service uses training and group advocacy to support people to overcome barriers to participation.

2. Information, Advice and Support Service for People with Personal Budgets

This service enables people to manage personal budgets and direct payments. The priorities include:

- Enabling people to make informed choices
- Advice and information to help the development of support plans
- Developing options to support in the areas of employment and payroll of personal carers and monitoring of direct payment accounts

3. Generalist advice

We also commission general advice services. The main priorities for these services are the provision of information and advice to enable people to:

- Manage household finances, reduce and manage personal debt;
- Increase household income by securing employment or claiming benefit entitlement;
- Prevent homelessness and/or address other housing problems;
- Understand and enforce their employment rights;
- Understand their immigration rights;
- Understand their rights and the support available in respect of personal and family issues (such as relationship break down, domestic abuse or the local arrangements around social care assessment);
- Understand consumer rights;

- Improve knowledge and skills prevent problems occurring or reoccurring and to be aware of the high quality, up to date web-based information available to them for self-help.

Things to think about

Information and advice services are crucial to our policy of helping people to remain independent. Receiving information at the right time helps prevent people needing formal social care services at a later date. We want to review these services so that we can target them more effectively at preventing people from needing further care.

We have already begun to explore how we could use information services to promote independence. It could be that we link our customer services more closely with information and advice, so that it's the first service people get from us before we look at other support that's available.

We also want to explore whether specialist information and advice services are the right way forward, or whether a single point of access or hub approach might be more effective and easier for people to get the information they need.

Given that our work is now based in local communities we want to think about how to provide the best information and advice about the help people can find in their local areas. We may also have different priorities and needs that we have to meet.

There are also some areas where there may be duplication of services. For example, many of our housing related support services offer information and advice. There is also a significant overlap between advice offered to carers through the information and advice services and through our carers service. That's why we don't want to look at services or individual contracts in isolation but look across them as a whole. This will enable us to be more creative and flexible about the services we offer people.

Although this work was already in progress we now need to take an urgent look at how these services work because of the need to make savings to our adults social care budget.

What this means for people who currently use these services

Our proposal to review services and reduce the amount of money we spend on them means that services will change.

Instead of receiving information from a specialist service, people may get information from a service that is open to everyone. If that is the case we would make sure that the service was accessible for disabled people, people with sensory disabilities and people with learning disabilities.

People might receive information at a different place. For example, there may be more information and advice on wider issues available at GPs surgeries. There may be more information services available locally.

People may also have to access information and advice in different ways. We may have to use the internet in smarter ways and help people access the information they need themselves.

If, as a result of this consultation, we change things for service users we will work with providers to understand how best to enable people to get the information and advice they need. This could be by helping point people to other sources of information and advice or giving people support to access information in different ways.

As well as impacting on people who use services, reducing our spend on these services could impact on the organisations who provide them and the staff working for them.

This might also impact on health needs. If any future service doesn't work and people then can't easily access information that helps them manage long term conditions and prevent their health becoming worse then we may have more people turning up to see a doctor or using A&E services.

Your views on information and advice services

We are proposing to simplify the way that people access services. Currently services are targeted to specific groups of people with many access points. We think we can streamline these services whilst also making it easier for people to get the advice, information and advocacy they need.

We are proposing to reduce the money we spend on information and advice by £63,000 in 2017/18 and by at least £188,000 in 2018/19. This would mean we would still be spending over £1.5m each year on information, advice and advocacy.

We will work with organisations that currently provide services, our partners, other stakeholders and people who use information and advice services to develop our new approach. We are planning one-to-one meetings with organisations that provide services and workshops with providers, partners and service users to help us design our new service.

In particular we are keen to find out what the strengths are of our current approach, what works well at the moment and how people would like to receive information and advice in the future. We are also keen to hear good ideas for how we can work better with other organisations.

We are also keen to hear ideas and suggestions from others, so this consultation is also open to anyone else who is interested or has a view to share.

1. What do you value most about information and advice services and why? Please write in space below:

2. How can we best make information and advice services easier for people to access in the future? Please write in space below:

3. If you have any ideas how we can work with others to make sure people have information, advice and support in different ways, please write them in below:

4. If there is anything else that you think we need to consider about information and advice, please write in space below:

5. Here is a list of different relationships people have with this service. Please select all that apply to you:

I currently use information and advice services ☐

I have used information and advice services in the past ☐

I care for someone who currently uses information and advice services ☐

I care for someone who has used information and advice services in the past ☐

I work for an information and advice service ☐

I refer my clients to information and advice services ☐

Other (please write in space below) ☐

About you

Personal information, confidentiality and data protection

We will process any personal information we receive from you in line with the Data Protection Act 1998. This means that Norfolk County Council will hold your personal data and only use it for the purpose for which it was collected, being this consultation. We use this information to see how representative the feedback is of Norfolk's population. We also use it to see if any particular groups of people are especially affected by our proposals. Under our record management policy we will keep this information for five years.

We will also, under normal circumstances, not pass your personal data on to anyone else. However, we may be asked under access to information laws to publish or disclose some, or all, of the information you provide in response to this consultation, including any personal information. We will only do this where such disclosure will comply with such relevant information laws which include the Freedom of Information Act 2000, the Data Protection Act 1998 and the Environmental Information Regulations 2004.

6. Are you responding as...?

Please select only one item

- An individual / member of the public ☐
- A family ☐
- On behalf of a voluntary or community group ☐
- On behalf of a statutory organisation ☐
- On behalf of a business ☐
- A Norfolk County Councillor ☐
- A district or borough councillor ☐
- A town or parish councillor ☐
- A Norfolk County Council employee ☐

7. If you are responding on behalf of another organisation, what is the name of the organisation, group or business?

Please write your answer here:

8. Are you...?

Please select only one item

- Male ☐
- Female ☐
- Prefer to self-describe (please specify below) ☐
- Prefer not to say ☐

If you prefer to self-describe please specify here:

9. How old are you?

Please select only one item

0-15 ☐

16-29 ☐

30-44 ☐

45-64 ☐

65-84 ☐

85+ ☐

Prefer not to say ☐

10. Do you have any long-term illness, disability or health problem that limits your daily activities or the work you can do?

Please select only one item

Yes ☐

No ☐

Prefer not to say ☐

11. How would you describe your ethnic background? Please select one only

Please select only one item

White British ☐

White Irish ☐

White other ☐

Mixed ☐

Asian or Asian British ☐

Black or Black British ☐

Chinese ☐

Prefer not to say ☐

Other ethnic background - please describe below ☐

12. What is your first language?

Please write your answer here:

13. What is the first part of your postcode? (e.g. NR4)

Please write your answer here:

How we will make our decision and report back to you

Our county councillors will consider the consultation responses we receive very carefully. In particular, they will take into account:

- The impact of any proposal on individuals, groups or communities and in particular on people identified as having 'protected characteristics' under the Equality Act 2010. The protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation. As well as this equality impact assessment, councillors will consider the impact of proposals on rural areas
- The views of people and stakeholders consulted
- The evidence of need and what is proven to work effectively and well
- The financial and legal positions and any constraints at the time
- Any potential alternative options, models or ideas for making the savings.

Your opinions are valuable to us. Thank you for taking the time to read this document and respond.

Please note Paper responses to this consultation can be sent to: In writing to Freepost Plus RTCL-XSTT-JZSK, Norfolk County Council, Ground floor - south wing, County Hall, Martineau Lane, Norwich NR1 2DH.

However, if you want to help the council save money please use a stamp and send to this address: Stakeholder and Consultation Team, Norfolk County Council, Ground floor - south wing, County Hall, Martineau Lane, NR1 2DH

Your opinions are valuable to us. Thank you for taking the time to read this document and respond.



If you need this document in large print, audio, Braille, alternative format or in a different language please contact us on: 0344 800 8020

Email: haveyoursay@norfolk.gov.uk and we will do our best to help

October 2016

Building resilient lives: reshaping housing related support

Respondent information

Respondent Numbers

965 people responded to this proposal. Of these, **almost half (481 or 50%)** replied as individuals or family members and 424 did not answer the question.

An individual / member of the public	455	47.2%	481
A family	26	2.7%	
On behalf of a voluntary or community group	29	3.0%	54
On behalf of a statutory organisation	15	1.5%	
On behalf of a business	10	1.0%	
A Norfolk County Councillor	0	0.0%	6
A district or borough councillor	2	0.2%	
A town or parish councillor	0	0.0%	
A Norfolk County Council employee	4	0.4%	
Not Answered	424	44.0%	
Total	965		

Responses by groups, organisations and businesses

54 respondents told us they were responding on *behalf* of a group, organisation or business but not all gave the names of their organisations and some were residents, employees or individuals whose response does not necessarily represent the organisational view. For example, there were multiple responses linked to the Benjamin Foundation. The organisations cited (named here only once) were:

- Benjamin Foundation
- Borough Council of King's Lynn & West Norfolk
- British Red Cross Older People's Outreach Service
- Broadland District Council
- Centra Care and Support (Part of Circle Housing Group)
- Centre 81
- Clarion Housing Group
- Freebridge Community Housing
- Genesis Housing Association
- Great Yarmouth & District Trades Union Council
- Great Yarmouth and Waveney System Leadership Partnership
- Great Yarmouth Borough Council's Housing & Neighbourhoods Committee
- Gypsy Roma Traveller Service
- Herring House Trust
- NHS Norwich CCG
- Norfolk Carers Support
- Norfolk Community Advice Network

- Norfolk Fire & Rescue
- North Norfolk District Council
- Norwich City Council
- Norwich Older People's Forum
- Orwell Housing Association
- Purfleet Trust
- Right Tracks
- Solo Housing (East Anglia) Ltd
- South Norfolk District Council
- Stonham
- Together UK
- Together for Mental Wellbeing
- West Norfolk MIND
- West Norfolk Older Persons Forum
- West Norfolk Providers Forum
- Your Own Place CIC

Relationship of respondent to service (respondents can choose as many as applicable)

Of the respondents who described their relationship to the service, **626** describe themselves as current or past service users.

I currently receive this service	552
I have received this service in the past	74
I care for someone who currently receives this service	23
I care for someone who has received this service in the past	16
I work for this service	95
I refer my clients to this service	66
Other - please write in below:	0
Not Answered	953
Total selections	1779

Summary of main themes

Respondents told us that **staff** are a key part of housing related support. In particular, wardens in sheltered accommodation were highly praised for the support they provide but support co-ordinators, scheme co-ordinators, support workers, and other roles were also named (**945** responses).

Respondents stated that they '**disagree with the cut**', most frequently in response to a question added to the consultation questions by a postcard campaign jointly created by housing organisations (**386** responses).

Respondents said they wanted to **maintain** current services and in most cases the services to which they referred related to wanting continued care by wardens and other staff (**332** respondents).

Housing related support was described as a **key service** by respondents. Various descriptions included 'life-line', 'life-saver', 'vital', 'crucial', 'paramount' and 'essential', respondents said they would be 'lost' without the service and that it underpins every aspect of their life (**301** respondents).

Respondents referred to services improving their **physical and mental wellbeing**, including: preventing loneliness, generating a supportive community of peers, preventing existing mental health issues from deteriorating getting people 'back on track', and giving hope for the future (**301** respondents).

Respondents told us that the effect of reducing housing related support would be **increased homelessness** (**299** responses). People described the impact of homelessness as personal crisis, the knock on effect to other services (such as health services and in particular mental health services) having to 'pick up the bill', increases in criminal activities, more rough sleeping (with its associated dangers), increased debt, a rise in suicide, family breakdown and the problems this poses for children and increased demand to Children's Services, and numerous other negative aspects. When asked to describe the **impact** of making changes to the way housing related support is delivered, many of the **147** responses referred to homelessness as a potential risk.

Feeling **safe** as a result of receiving housing related services was described by respondents (**276** responses). Actual safety (as in freedom from threat of violence or a dangerous situation) and perceived safety (as in feeling safe because of the comforting presence of staff) were both discussed. The point was made that some types of housing support are inappropriate for young adults who may require additional safeguarding. Some younger respondents living in supported accommodation pointed out that feeling secure is a necessary pre-requisite of positive change and moving towards independent living.

Linked to the issue of homelessness was concern about the vulnerability of people who might be affected by change. Respondents referred to people using housing related support as being some of the most **vulnerable** in society and least likely to have alternative resources to draw upon: "*people who already are vulnerable will become even more vulnerable*" (**219** responses).

The significance of safe housing and related support as a basis from which to **become independent or maintain independence** was noted by respondents (**199** responses). Younger people described the enabling and facilitating role of support staff in helping them to negotiate the transition to adult life (including through floating support) and older people described the role of wardens in prolonging their ability to live independently. Linked to this was the importance of **equipment** (mostly in sheltered accommodation for older people). People referred to the importance of equipment such as alarm systems, pull cords and bathing equipment, in allowing continuation of independent living (**105** responses).

Housing related support is seen by many respondents as a **preventative** service: **146** responses described the service in this way. Respondents said that they felt it would be **shortsighted** to reduce the service because it would end up costing more in the future (**92** responses). **Shifting costs** to other services, including charities, was also noted as a potential impact of changing provision (**95** responses). **76** responses referred to **previous**

cuts, and to services having already been reduced while **62** described how more money should be **invested** or services should be extended.

Queries or comments around our approach (**‘process’**) rationale for change, the role of central government v local authorities in deciding priorities, the need to look for cuts elsewhere and to avoid duplication, eligibility, and disparity of provision were made in **142** responses.

The role of **partners**, both statutory (such as health) and non-statutory (such as voluntary organisations) was referred to in **124** responses. Some noted that new ways of partnership working would have to be more collaborative (*“services **MUST** work together in a meaningful way, many don’t really understand what this means and time could be well spent exploring this”*) but most comments contained praise for partners in the voluntary sector.

In response to the specific questions we asked:

What is valued and why?

Staff, especially wardens, are highly valued for their personal qualities, practical abilities, and for their ability to make service users feel safe. Their role in helping people work towards, or maintain, independent living is important and considered by many to be a ‘key service’.

What future support is preferred?

Although older people acknowledged their care needs might change as they age they want continuity of care, at the same level they receive it now, and in the same way (through wardens, mostly). In general, service users do not want changes to current services.

Who can provide care and how?

Friends and family and local councils were the preferred options for providing support but competing demands on family members’ time was noted as a barrier to greater involvement. Potential issues around safeguarding and lack of quality assurance around informal arrangements were noted. Housing Associations were also cited as potential care providers, as were voluntary and charitable organisations. The importance of having care available locally (if not within the home) in a variety of settings, with a choice of how it is accessed, was also made.

What is valued most and why

874 respondents told us what they value most about housing related support and why. Of the **874**, **just over half (458 or 52%)** responded as an individual or family, **41** as a group/organisation or business, and **6** as a councillor or NCC employee. There were no significant differences between responses from the three groups.

161 people described housing related support as a **key service**, being ‘crucial’, ‘paramount’, a life-saving service, ‘relied upon’ and ‘invaluable’ and **64** described it as a **preventative** service, or said they had few or no other options than the service they currently receive.

Respondents said the part of the service they value most highly is **staff** (447 responses). In particular, wardens in sheltered accommodation were highly praised for the support they provide but support co-ordinators, scheme co-ordinators, support workers, and other roles were also named.

In general, having a reliable first point of call, someone with time to listen to problems and sort out practical issues such as form-filling (particularly if the service user is unable to read or write) or signposting to further services is highly valued. Personal qualities such as being trustworthy and consistent were also important and respondents pointed out that such relationships took time to build. People said support from staff made them feel safe and valued, helped them maintain tenancies and gain invaluable life skills, and prevented them needing more intensive health and social care services including more targeted mental health services and more expensive residential care: *"I value seeing my warden she helps me in many ways, and stops me from going into a home and stay independent"*.

For some respondents, the care given by staff is life-changing: *"when you are homeless for a long time, coming into a house for a first time and having bills to pay, or groceries and things it is impossible. Going from living day to day and then having a property to manage would be an impossible adjustment without them [support worker]"*.

Wardens were singled out for special praise not only because of the practical assistance they offer (such as making medical appointments, collecting prescriptions, co-ordinating other agencies) to older people, but because of their personal qualities of being caring, safeguarding confidential information, and building up a knowledge of the older person which sometimes enabled them to put preventative measures in place at an early stage. They were described by respondents as "worth their weight in gold", "vital to our wellbeing", a 'lifeline' and 'like gold-dust'.

164 respondents told us the services they received made them feel **safe** and they valued this sense of safety. There were differences between older and younger people's perceptions of safety. For younger people in supported accommodation, having a safe place free from violent behaviour and dangerous individuals was appreciated: *"I really appreciate a safe roof over my head the staff being here to not only help me but ensure that the building is kept safe."* For older people, the sense of security caused by regular warden visits and feeling cared for was important: *"I feel safe in my own home knowing that the wardens are there to help me"*. Linked to safety, people also referred to the **vulnerability** of service users (**99** comments) or stated that service users are vulnerable individuals in need of care.

163 respondents referred to services improving their physical and mental **wellbeing**. This could include practical support such as providing a warm meal, support to stop using drugs, help with changing medication, or reducing fear of falls, but also less tangible but equally important actions such as emotional support and motivation: *"they supported me and believed in me. I was homeless and couldn't go home, but they understood and helped me get a job and my own place"*. The impact of loneliness on individuals' physical and mental health can be severe and many respondents described the way their warden made them feel less lonely and the comfort they derive from knowing "someone cares", especially in the absence of friends and family nearby, and when bereaved. This positive effect of a warden ("a familiar face") in their life enabled some older people to enjoy a better quality of life: *"warden [is] my life line, she acts as my advocate, sorts my benefits, makes meals if not well, I get very lonely she makes me happy"*. Older people talked about their wellbeing

being improved through access to a community of similarly aged individuals and younger people described the importance to their wellbeing of having a community of peers.

Respondents also valued services' role in supporting their **independence**: for younger people this involved becoming independent young adults, especially in the transitional period of the late teenage years. For older people, the focus was on services' ability to extend independent living: *"helping me to live as independent life for as long as possible"*. **115** respondents described how services helped them to work towards, become, or remain, independent. For older people independence was often made possible through **equipment** (**58** comments) such as pull cord and alarm systems linked to 24/7 support,

Some people (**62**) told us about **their own experiences** (including their experiences of, or fear of **homelessness** – **58** comments) and why they value the support they received in the past or currently receive. For many, there were, or are, few alternatives to housing related support and fear of homelessness and diminished opportunities remains: *"I feel respected and I feel safe and supported. I love the support and help I receive from Winston Court and I don't know where I would be without their help. I know I would be on the streets with nowhere to go and wouldn't have the future prospects I have now. My life has been turned around and I have been able to get back on my feet and start creating a positive future for myself"*.

What support, if anything, would you prefer to receive in the future and why?

503 respondents told us about support they would prefer to receive in future and the reasons why. Of the **503**, **just over two-thirds (344 or 68%)** responded as an individual or family, **34** as a group/organisation or business, and **5** as a councillor or NCC employee. There were no significant differences between responses from the three groups.

Many older people acknowledged their care needs might change as they aged: *"my demands are small at the moment but as I get older I expect to need more help"*. However, continuity of current service was most people's preference: **222** people said they wanted to **maintain their current service**, especially the warden visits (*"I would love the support to be able to continue and for there to not be any cuts to the service"* / *"Quite happy with what we have now"* / *"I am happy with the support I receive now and would be concerned if it was cut"*).

Respondents reiterated their reliance on **supportive staff** (**186** comments) and stressed the importance of their warden or support staff in helping them on a day-to-day basis and with longer term goals, including acquiring or **maintaining independence** (**36** comments), promoting their wellbeing (**31** comments), and helping to **keep them safe** (**29** comments).

Who else could provide support?

343 respondents answered this question. Of the **343**, **just over two-thirds (234 or 69%)** responded as an individual or family, **30** as a group/organisation or business, and **5** as a

councillor or NCC employee. There were no significant differences between responses from the three groups.

Local councils and family/friends were most frequently cited as a potential source support (see the table below – respondents could tick as many boxes as applicable). However, most respondents were aware of family commitments (such as child care, or employment) or relationship difficulties within the family, or a desire for privacy regarding personal matters, which made it difficult for family members or friends to provide the level of care needed.

Local councils	218
Family and friends	213
Housing organisations	179
Voluntary and community groups	156
Neighbours / communities	103
Other organisations - please state	41

Of the **41** respondents who said ‘other’, **192** suggestions were made but many replicated an existing option (such as ‘family’). Most suggestions listed services (such as Children’s Services, the Police and mental health services), organisations and charities, and the types of place where support might be offered (such as GP surgeries, food banks and supermarkets). Respondents said that although **voluntary organisations and charities** can provide support, this is not a cost-neutral or necessarily more economical option: *“voluntary and community groups might seem to offer the most cost effective solutions, they would still require investment to ensure services are safe, of a high quality and appropriately managed”*. Finally, the professionalism and specialist role of housing related support services, in contrast to less formal assistance, was noted: *“none of these [‘other’ options] can offer the same level and quality of support. All are relevant and important, but people are often homeless because the support around them has faltered. You cannot expect non- specific resources to deliver the same level of support”*.

How could this support be provided?

Most comments reiterated responses to earlier questions, particularly to the importance of **wardens, support workers and co-ordinators** (**110** comments), named existing providers, or referred to having a choice in how information is provided (for example, face to face, by phone). Many respondents wanted to **maintain** their existing service: *“the support I already receive suits me best”* (**42** comments) whether practical support (getting repairs done) or emotional. Respondents also referred to support provided through a range of **organisations** (**39** comments) and the ability of **family and friends** to provide support, especially if supported by NCC, or the barriers which prevented them from doing so (**28** comments). Some respondents were willing to pay a little more each week to retain some services, and others noted that additional support for staff (training to enable them to meet diverse needs, clarification around roles to avoid duplication of referral, and increasing awareness of mental health and drug and alcohol issues) could improve delivery.

Processes and models

- Community based services using recovery model preferable

- Unify budget responsibilities to break down barriers to funding
- Floating support in the community beneficial
- Provide targeted long term support to allow organisations to plan for proper services
- Taxes should be raised to meet shortfall
- Improve transport to reduce isolation in rural communities
- Out of hours emergency support needed to prevent hospitalisation
- Assessments for older people should be home based not over the phone
- Provide more day centres to prevent loneliness
- Drop in centres useful for for help budgeting and housing support
- Streamline floating support
- Tailor support to groups that really need it while offering broader preventative IAG provision
- Make stronger links between partners, eg non-housing related services (unpaid carers, independent care sector, IAG services, community development initiatives); acute and community services and statutory social care
- Incentivise community provision in sheltered housing sector. Corporations could support social enterprises to provide volunteers to become Tenancy Mentors helping young people maintain tenancies and learn life skills.
- “Invite a person from the Universal Credits dept and DWP Dept along to the hostel and then explain what opportunities would be accessible re hours worked and adjustment to benefits.”

Additional responses

Summarise petitions or campaigns

A group of housing providers and partners (St Martin’s Housing Trust, Stonham Home Group, Solo Housing, Julian Support, YMCA, Orwell and Shelter) encouraged service users to respond to the consultation by providing postcards with the consultation questions plus two additional ones: ‘What do you think the impact would be if Norfolk’s services were cut or reduced significantly?’ and ‘Do you agree with Norfolk’s decision to cut funding for these services?’ Yes/No.

331 postcards were received. Of the people who replied using the postcard, **310** explicitly stated they disagree with the proposed cut (the postcard stated “NCC is proposing a 55% reduction in the amount of money spent on supported housing and floating support services”). Most respondents described potential negative impacts including increased risk of homelessness, many shared their own experiences, and responses were consistent with the overall themes described above (and have been included in the numerical and textual analysis).

Equality Impact Assessment

Describe any information in the responses which relates to EQIA (impact on protected groups and those in rural areas)

There were **54** comments about issues relating to EQIA including:

Youth

- “How does this council propose dealing humanely with greater numbers of, particularly, young people on the streets in our communities with a reduced emphasis on supporting services?”
- “I think cutting the amount you spend on housing related support is a mistake, especially when access to social housing is so limited and it would be young people disproportionately affected by any cuts”.
- “We also know that younger people face more difficulties in accessing decent housing due to generally lower income levels and the way in wage housing benefit and indeed National Living wage figures are weighted against them”.

Older people

- “Why do the elderly tenants have to be penalised when NCC have to make cut backs?”
- “It always appears that the vulnerable elderly have to take a knock when NCC have to make cutbacks”.
- “I don't agree with it. It is affecting the old & you seem to be more interested in the younger generation. We are the ones who have worked & put into the system”.
- “It seems to me because you're old you don't matter”.

Mental Health

- “People with mental health would not stand a chance [if service was cut], would not receive the support they need”.
- “I believe that there needs to be a clear definition around Mental health and recognizing the difference between and individual who is currently experiencing mental health issues from a circumstantial situation but who normally has good resilience and coping skills to the client group that we are currently supporting. As the impact of withdrawing services/support will have more severe consequences”.

Disability

- “I am disabled - that means that people frequently fail to understand my individual needs. It is important for me to be able to explain what I need and why. As I have a progressive illness, this can change and I need people to be responsive to those changes. This cannot be achieved with static paper records. It is about listening and responding to me as an individual and because I may be ill at the time, it is greatly assisted by continuity of support workers who are familiar with me. "Good" was when I could form a relationship with NCC Home Care staff, and it was a stable organisation which retained those staff over a long period. Now this service does not exist. I have attempted to use private providers 'signposted' to me, however, rather than those providers adjusting to my needs as was possible with Home Care, they decline the work and I am left without any options for my care and support. I then turned to the NHS as failure of adequate support is damaging to my health and wellbeing. The NHS continuing healthcare brokerage team are attempting to place me, but tell me that they do not 'project manage cases'! They do not have a 24/7 contact number that I can call in the event of service failure. I have been told in the past by Night Owls that they do not help agencies when their staff fail to attend.

I, therefore, cannot form a relationship with their staff. They cannot be trained with me so even if they agreed to come they would probably give me inappropriate support. I think that **this is discriminatory against people living with disability**. No-one is listening to my request for a stable service that can enable me to continue living my life at home. I am extremely likely to be forced to use emergency services or submit to inappropriate institutional care. I think that this is due to austerity and the progressive removal of social service home care and failure to develop appropriate NHS support in the community. For someone in my position this is a matter of life and death."

Deprivation

- "The support it gives to families - we are in a deprived area so nice to see support that gives to people".

Rurality

- "I believe that the area I work in - rural Norfolk, has very limited services for the older person".
- "More buses and better links for rural areas so that people don't feel cut off from support".

Gender

- "Hinde House / Court – this represents the primary if not sole women-only accommodation for vulnerable young women within the city. This cohort of women, have often fled situations of domestic violence and have then moved onto Hinde House from a Woman's refuge. Any loss or reduction in this service would we believe lead to use of shared gender hostels or supported housing facilities for some particularly vulnerable young women. We would be very interested to see how an equality impact assessment for any change in this service could identify mitigating factors".

Gypsy, Roma and Traveller people

- "If Accommodation Support funding was to be withdrawn, NCC would fail in its statutory responsibilities in respect of the welfare and social needs of Gypsies, Roma and Travellers".

Diversity:

- "Equality and diversity of needs of various people".
- "Being able to provide accommodation for people with various needs. Diversity".

Analysts note

2 respondents noted the link between housing and social care defined by the Care Act 2014 (**#legal**) and the role of integrated services to promote wellbeing.

General queries or comments around our approach (**'process'**) to the proposed savings were made by **142** people and included:

- the role of **central government v local authorities** in deciding priorities and the role of NCC in challenging central government (NCC to stop "trying to cut vital services and pressing government to achieve this too").

- the need to work **efficiently**, avoiding duplication and “red tape”, making back office cuts where necessary, streamlining practice, looking for alternative savings and finding ways to work better with partners.
- the **potential mismatch between the proposed change and the early prevention agenda** (“why are you cutting support services when NHS and Government are talking more about caring in your home instead of staying in hospital - bed blocking”).
- the **time scale** for change (“the amount being sought is too much and the timescale being proposed is not sufficient to mitigate the impacts”).
- the **proposed savings** (“given that ADASS says a 28.5% cut cannot be made without serious consequences then the proposed cut can only be seen producing outcomes that will damage the lives of those the council purports to represent”).
- the **effect of simultaneously reducing related services** ie. housing related support and information and guidance services (“the proposed reduction to information and advice funding also currently being consulted on adds a further systemic risk, by reducing the provision of other preventative support. Information and advice is proven to have a significant social return on investment, partly through its role in sustaining tenancies and ensuring that individuals are able to manage debt and maximise income. These same issues are ones that will intersect in the client group that currently use supported housing and floating support, raising the possibility that the same individuals will lose multiple possible sources of support at the same time”).
- the **effect of reducing one aspect of housing related support** from a network of inter-related housing provision (“any sudden and significant reduction in resources will have a serious detrimental impact across the whole system, potentially preventing the remaining parts from being able to operate effectively, or even at all. This is a system that has taken many years to develop and cannot be radically changed in the proposed timescale without risking its complete collapse”).
- the need to **properly quality assess and evaluate existing models and use evidence based models** in future commissioning (“beyond statutory obligations (i.e. homelessness), look at the outcomes from each of the current interventions and assess where the greatest gain and impact and return on investment occurs”). Linked to this were comments about building on existing good practice so as not to ‘reinvent the wheel’.
- the importance of **locality based commissioning** – respondents pointed out that needs assessments are best at the local level, the effect of the Universal Credit pilot in Great Yarmouth and youthful demographic of Norwich were mentioned as examples (“we favour an approach in which decisions on how to invest the majority of the available budget for housing related support(after key decisions on investment in services which benefited people from a wider geographical area – e.g. direct access hostels, are made at a locality level, preferably a district level but otherwise at a Clinical Commissioning Group level”). A partner also noted that a single provider at local level with good local knowledge could provide a more responsive and preventative service better focused on transitions.

389 people told us they have a **long-term illness, disability, or health problem that limits daily activities or work**.

Your Views on Information and Advice Services

Respondent information

Respondent Numbers

There were **94** responses received for this proposal. Of these, just under half (**45 people or 48%**) replied as individuals.

An individual / member of the public	45	48%	52
A family	7	8%	
On behalf of a voluntary or community group	25	26%	33
On behalf of a statutory organisation	7	7%	
On behalf of a business	2	2%	
A Norfolk County Councillor	0	0%	1
A district or borough councillor	1	1%	
A town or parish councillor	0	0%	
A Norfolk County Council employee	0	0%	
Not Answered	8	9%	
Total	94		

Responses by groups, organisations and businesses

33 respondents told us they were responding on *behalf* of a group, organisation or business but not all gave the names of their organisations, some were residents whose response did not necessarily represent the organisational view. Some organisations submitted multiple responses, for example we received several responses from Opening Doors. The organisations cited (named here only once) were:

- Age UK Norfolk
- Age UK Norwich
- Alzheimers Society
- Break Charity
- British Red Cross Older Peoples Outreach Service
- Deaf Connexions
- Equal Lives
- John Grant School
- NHS Norwich CCG
- NHS/ Big C Charity
- Norfolk Coalition of Disabled People
- Norfolk Carers Support
- Norfolk Community Advice Network

- Norfolk Community Law Service (NCLS)
- North Norfolk District Council
- Norwich City Council
- Norwich Older People's Forum
- Opening Doors
- Shelter
- South Norfolk District Council
- South Norfolk Provider Forum
- The Assist Trust, Norwich
- The Benjamin Foundation
- West Norfolk Deaf Association
- West Norfolk Providers Forum
- Your Own Place CIC

Relationship of respondent to service (respondents can choose as many as applicable)

Of the respondents who described their relationship to the service, most were staff working in the service (26), past service users (22) or current service users (21). 75 people didn't answer this question.

Not Answered	75
I work for an information and advice service	26
I have used information and advice services in the past	22
I currently use information and advice services	21
I refer my clients to information and advice services	12
I care for someone who has used information and advice services in the past	6
I care for someone who currently uses information and advice services	0
Other - please write in below:	0

Summary of main themes

Respondents told us that it is important to offer **choice in how information and advice services can be accessed**, in particular ensuring a mix of telephone, internet and face to face options are available as well as printed information. Some people told us that for certain groups of people accessing services online is difficult or not suitable (100 responses).

Respondents mentioned **the important role staff have in delivering information and advice services**, in particular people told us about the value of well trained, specialist, well informed staff with local knowledge and condition-specific experience. Service users told us how much they value the advisers they see (67 responses).

Respondents were **concerned about the impact of changes to the provision of information and advice services on vulnerable people and groups of people with protected characteristics** and told us it is important to ensure all groups of people can access specialist advice. In particular people told us we need to consider the needs of older people, disabled

people, people with sensory impairment, vulnerable young people, and people with learning difficulties (57 responses).

The **importance of collaborative working between agencies and organisations who deliver information and advice services** was emphasised. People told us that this is already happening across the sector but that there is scope to improve partnership working and collaboration. Some people told us that services and organisations should be consolidated. People also told us that it is important to reduce overlap and duplication where it exists, and to make sure service users aren't confused by who to go to for help when it is needed (50 responses).

Respondents told us that they **value the information provided by the service** and want to see this continued in the future. People emphasised the importance of information and advice being independent and trustworthy and specialist or targeted to peoples' condition or specific circumstances (46 responses).

What is most valued and why

70 respondents told us what they value most about information and advice services and why. Of the 70, just over half (44 or 56%) responded as an individual or family, 21 as a group/organisation or business, and 1 as a councillor.

27 people told us that the thing they value most about the information and advice service is **the choice offered with a range of ways to access advice and information**. Comments emphasised "a range of ways to access services face to face, web based, telephone service". For some respondents it is the option to receive advice face to face in particular that is valued, especially by older people who may not be confident using the internet or telephone: *"I've never had a question that they cannot answer and assistance from them on both occasions included preliminary phone calls followed up by face to face visits - which to an older person (as in my grandparents case) is highly valuable as they are not over confident talking on the phone and can't always hear that well."* Responses from advice and information providers similarly emphasised the importance of offering people a range of ways to access services: *"I find websites and the internet in general a valuable source of information but know that most of the people I work with benefit from more one to one (face to face) support."*

Several of the group responses emphasised that **choice is particularly important for particular groups who may struggle to access services and need a choice as to how to do so**, for example, those with learning difficulties, sensory impairment, older people, and people living in rural areas: *"By providing our service face to face, five days a week, by skype, fax or text we provide Deaf people with a variety of options to make the service tailor made to their needs. We find skype particularly useful for people who are able to use a computer who live in rural locations and find travelling to the town problematic" / "there is a place for telephone and online advice but the Norwich Forum is strongly in favour of the printed word for older people"*

Respondents said that they value the **information provided by the service** (23 responses), in particular from professional, well trained and knowledgeable staff. Respondents mentioned specifically the importance of information being *"independent and unbiased"*. Others emphasised that the

	<p>service provides specialised, tailored advice, saying <i>“it is not enough to have generic assistance”</i>. Some respondents made specific mention of advice and information which supports people to access benefits and their legal entitlements and to manage financially as well as equipping people with the ability to make informed decisions about their finances: <i>“they enable people to: make informed decisions...understand and receive what they are legally entitled to...navigate complex eligibility criteria so that they can access services...understand that they have rights, and how to uphold these...maximise their income and develop their financial capability skills”</i>. Several respondents noted that in the absence of independent, reliable and professional advice and information services, people can get into a crisis by following incorrect advice from untrustworthy sources. This was raised as a particular issue for vulnerable residents.</p> <p>23 responses described staff as an important, valued part of the service, with people particularly focusing on the value of specialist and knowledgeable staff: <i>“I value knowledgeable and well trained advisors and value being able to speak to someone who can help and won't just give me 'general' advice”</i>. Others mentioned it is the face to face advice and support received from staff that is of particular importance: <i>“Meeting someone in person in my own home”</i>. Some of the group responses emphasised that the expertise of staff working in information and advice organisations is valued by staff in other agencies (statutory and non-statutory) as well as by service users.</p> <p>15 respondents described the current service as a key, valued or essential service: <i>“crucial” / “lifeline” / “very important”</i>.</p> <p>13 people talked about the importance of the service being easy to access for all, describing accessibility as something valued about the current service and something essential in the future.</p>
<p>How can we best make information and advice services easier for people to access in the future?</p>	<p>70 respondents told us how we can best make information and advice services easier for people to access in the future. Of the 70, just over half (44 or 56%) responded as an individual or family, 21 as a group/organisation or business, and 1 as a councillor.</p> <p>33 people told us that in the future they want to see increased choice in ways to access information and advice services, proving the option of phone and internet based support as well as face-to-face support. Some of these respondents told us that we should offer more online support, including social media, web-based and email support and encourage residents to access support online: <i>“We need to think more about online services. No-one think this is a real substitute for face-to-face advice, but it can be. Relationships can be built up initially and then every third appointment given online. Of course not everyone is online, but where they are this can be a good solution. Partnering with early help hubs for examples where people can access the internet may work. People often don't want strangers coming to their home for many different reasons - they may feel more comfortable this way too. In a large county it's the most economical way of making significant cuts.”</i> Others said that whilst online support is important we must continue to offer face-to-face information and</p>

advice as well: *“Not everyone is online - do not make the assumption that people can always access information that way. They need skilled assessment from those with experience.”*. Organisations who responded on behalf of vulnerable groups told us that for some groups of people accessing the internet it difficult and is not always a suitable method for accessing services in the future for these people. Responses from the deaf community emphasised this with respondents telling us the internet is not easy to access when your first language is BSL (British Sign Language): *“I have the internet but because my English isn’t particularly good – BSL is my main language – I find some of the English words quite hard to understand. I do try using it but it’s quite difficult.”* Others emphasised that retaining face to face delivery and home visits can be of particular importance to older people: *“Make information less based on the internet as older people do not have access to internet”*.

In their responses, **21** people told us that in the future we should look at providing information and advice services in **local community venues**.

Possible venues suggested include:

- GP surgeries – most frequently mentioned
- Pharmacies
- Supermarkets
- Libraries
- Schools/colleges
- Pubs
- Community Centres
- Post offices
- Hotels
- Day services

One of the organisations who responded told us that local drop in services are not always an effective way to deliver the service: *“SCG Partners have tried a variety of drop in locations but report low demand and often advisers can find their time wasted. As an alternative to siting advisers in localities, which is a costly option, the internet based NCAN Common Referral System can be used to link local teams to specialist providers creating a seamless pathway to Information and Advice for clients”*

15 responses mentioned the **importance of trained professional staff** to deliver information and advice in the future, including advocates and advisers with specialist and local knowledge.

14 people told us about the importance of **services being easy for everyone to access** in the future, including the need to publicise what is available and ensure people know what is on offer, as well as ensuring services are properly accessible for all people who need them, including the most vulnerable.

14 responses included **ideas and suggestions** we could make information and advice services easier for people to access in the future, including:

- Information and advice centres or hubs
- A consortium approach for providers

	<ul style="list-style-type: none"> • Improvements in availability of internet • More promotion/marketing/communications • Investment and expansion of existing networks and systems such as the online NCAN referral system – explore linking NCC to this • Link to a wider range of providers from the NCC website • A hub for those who don't know where to go for services • Use online referral system to link specialist providers to local advisers • Reduce duplication and merge providers
<p>How we can work with others to make sure people have information, advice and support in different ways</p>	<p>63 respondents told us how we can work with others to make sure people have information advice and support in different ways. Of the 63, just over half (39 or 56%) responded as an individual or family, 20 as a group/organisation or business, and 1 as a councillor.</p> <p>27 people told us that it is important in the future for us to work with other organisations, including GPs, the voluntary and charitable sector, and community organisations, to deliver good advice and information services. Some people emphasised our role in supporting co-location of charities, or publicising their work and services, and to work more closely with them. Some respondents thought that in the future we should build on good existing networks of providers who already work together and some said that we should co-produce future solutions collectively. Some responses mentioned that different organisations do not always work together in the most effective way and that there is sometimes overlap and duplication, for example with local directories being produced by several different organisations.</p> <p>19 responses included ideas and suggestions we could implement in the future, including:</p> <ul style="list-style-type: none"> • Introduce payment by results • No wrong front door approach rather than single point of contact/access model • Posters in communal areas • Mobile information hub to travel to communities • More training • Make collaboration part of contract KPIs • Link NCC customer services more closely with information and advice services • Contract day provision to cover information and advice • More use of existing networks and consortiums • Specialist information and advice hubs • Greater use of Skype • Extend NCAN online referral system for statutory agencies • Promote what is available <p>16 people told us that it is important for us to work with others to ensure that there continues to be choice of ways for people to access information and advice services and choice about which organisation to access help through.</p>

<p>Is there anything else we need to consider about information and advice?</p>	<p>73 responses were received, and of these, 40 or 47% responded as an individual or family, 27 as a group/organisation or business, and 1 as a councillor.</p> <p>24 people told us that we need to consider the choice offered in how people access the service, emphasising the importance of there being a range of ways to access advice and information. Some respondents emphasised that telephone or online options are not suitable for all, and that face to face options need to be retained, especially for vulnerable groups and those with complex needs: <i>“Our concern is for those vulnerable clients for whom telephone or internet access alone will not be sufficient to ensure their potentially complex needs are met”</i>. Others suggested that by embracing technology and more virtual means of communication support could continue to be offered in a cost effective way: <i>“For instance the use of Skype could be more widely promoted and would allow a form of face to face advice work to be provided without an overly onerous resource implication”</i>. For others the important thing is that there is a range of options on offer and flexibility for people to access how best suits them.</p> <p>Several of the group responses emphasised their belief that the best model for access to information and advice services is “no wrong door” with lots of routes available rather than a “single point of access/contact” model.</p> <p>18 people told us that the service is important, valued or essential.</p> <p>17 respondents told us that the expertise of staff is particularly important, and the specialised advice they offer to service users.</p> <p>17 people emphasised the preventative nature of information and advice services.</p>
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Additional responses

Summarise petitions or campaigns
<p>We received 8 responses to the consultation that were in the format of videoed interviews with service users of West Norfolk Deaf Association who answered questions about the information and advice services they access and how easy they find it to access services, including via the internet.</p> <p>These responses emphasised the additional difficulties faced by those with sensory impairments when accessing information and advice services, and made clear the importance for those whose first language is British Sign Language (BSL) of having interpreters available. This includes use of interpreters for accessing a range of other services including medical services. Respondents emphasised that the internet is difficult to use when BSL is your first language and that face to face support from trained advisers who can interpret is essential.</p>

Equality Impact Assessment

Describe any information in the responses which relates to EQIA (impact on protected groups and those in rural areas)

There were 37 comments about issues relating to EQIA and rural impact assessment, including:

Vulnerable Young people

- “Reaching care-leavers and young people coming out of supported accommodation is key to preventing future homeless young adults (now making up 40% of homeless presentations in Norwich). This is often low-level advice around what to do with a utility bill or how to get paint to paint their new home. For anxious and unsupported young people these issues can seem like a mountain to climb and result in tenancy failure further down the line.”

People with additional needs

- “It is important that people with additional needs have access to the services they need and when they need them. Unfortunately, I don't think they have yet mastered this and part of this is related to communication. It is an utter waste of money to fund services that nobody knows about and on the whole, my experience is that those that need information and advice do not know where to access it. People with additional needs are part of everyday society and as such, should have access to additional services in their everyday lives - not just as a tick box exercise, but in a meaningful and effective way.”

Older People

- “Although in my early 80s, with a similarly aged partner, I have fortunately not yet had the necessity to access any of the services mentioned...We are of a generation that are not internet savvy; whilst I can use it a bit, my husband would be totally lost if that were his sole source of access to help.”
- “Like me, many of the present generation are not internet savvy and it would be inappropriate to have it as the sole, or even main, source of advice and information.”
- “Our work on digital inclusion helps build these skills for older people. However, even those people who are able to access information for themselves, can often need advice to help them apply that to their personal circumstances.”
- “Older people are no different from the rest of society in their diverse abilities and preferences but they are more likely to benefit from face-to-face contacts where explanations can be given in a dialogue.”

People with dementia

- “The proposal of a new single point of access is unlikely to address accessibility issues for people affected by dementia.”

People with learning difficulties

- “Opening doors is particularly good because it involves and works directly with people with a Learning Disability so that they really can engage with services that they need. Without this most information and advice services would fail to reach the target group and this group would be excluded.”
- “We are very worried about how cuts to information and advice services could affect people with learning disabilities. We think this is yet another blow to a community of people who are already vulnerable and devalued in society. Cuts and changes happening in health and social care mean that people with learning disabilities need good quality information, advice, advocacy and representation even more at the moment.”

- “We are worried that people with learning disabilities will get information from people who you can’t trust. This is not safe.”
- “We help people by ‘translating’ what they are being told into language they can understand. When people come to us for support, lots of them have tried to get help in other places. Often this has not worked as workers and professionals have not been able to understand their needs.”
- “Where people with learning disabilities do not get specialist IAA support there are a number of (things that might happen): people getting more ill, or dying when they could have been treated, people going into hospital, being sectioned, placements or care packages breaking down, people being abused and hurt.”

Sensory impairment

- “We know that Deaf people really value the service and without it they would struggle immensely to get support from universal services... Supporting Deaf people is not just about providing an interpreter it is about understanding the complexities of the Deaf Community.”
- “For Deaf people, there is so much information they miss because it is in a format they don’t understand and they are unaware of exactly what support is available.”
- “It is crucial that any information, advice or support of any kind is delivered to our Deaf Community through British Sign Language which for the clients who we see on regular basis is their only means of communication. This group from the Deaf Community has very little literacy skills, many do not read or write. They cannot understand the written word and do not use any form of internet technology”....” If they were not able to visit the Deaf Community Centre’s or we visit them they would not access any support and become even more isolated and vulnerable.”
- Do you use the internet? “No I can’t, it depends on the English, I sometimes find the English difficult. If it’s like bullets I can but not if paragraphs.”
- Do you use the internet? “Yes, but sometimes it’s a bit difficult to understand. If I bring something here they can translate it into basic English which is much easier to understand.”
- How important is it that someone signs to you? “Oh yes, it’s really important that people sign and help you to understand in sign language”. Do you use the internet? “Yes, but once again it’s not good English, it needs to be - if it’s easy English or got BSL translation otherwise the English is too difficult.”
- “For example when I went to hospital, I was in the theatre and of course the doctor was speaking to me and he had a mask on his face I didn’t understand what he was saying to me so the interpreter listened to the doctor and then spoke to me and then again they were dressing wounds and spoke to me and the interpreter interpreted for me. Another example is if I receive a letter with really complicated English or very difficult for me and I come and get it explained. Another example is if I need to make a telephone call – obviously I’m Deaf and need to phone a hearing person – there are lots of things like that that happen.”
- “BSL is a priority for anyone that uses BSL to have their language recognised and used.”
- “Many of our clients do not have hearing family members who can assist them but they should not have to rely on family and friends to do so. They have a right to live as independently as they can and in order to understand and make their own decisions they require communication support. The service we currently provided enables them to do this and provides access to services under the equality act.”

Disabled people

- “In recent years, most advice providers have developed resources that enable people to ‘self-serve’ – we know that over the last 9 months, people have downloaded fact sheets

and toolkits on 7735 occasions from our website alone. However this is not an accessible model for many of the people we support, and we would argue that any future commissioning should take account of this.”

- “Finally, when does the Council intend to undertake an equality impact assessment with regard to these proposals? On p.21 of the HOL Select Committee Report ‘The Equality Act 2010: the impact on disabled people’ [2], it is noted that ‘there is a crucial distinction between disability and the other protected characteristics. For the other protected characteristics, with the possible exception of pregnancy and maternity, equality of opportunity is largely achieved by equality of treatment. For disabled people, equality of opportunity, to the extent that it is achievable, often requires different treatment.’... We would challenge any proposal to withdraw access to specialist provision as we believe this will be discriminatory, and that the impact upon disabled people will be disproportionate.”
- “Where people cannot access specialist IAA support then there is a risk they could get ill or die when this did not need to happen because they could have been treated. We are aware of cases where this has happened where our support has been requested too late to put things right.”

Rural

- “I value services that support individuals that struggle especially those that are in rural locations that suffer with lack of advice and opportunities.”
- “Better information on the services available in rural areas.”

Deprivation

- “As well as a generally younger and more deprived population than much of the county we believe vulnerabilities due to, for example, drugs and alcohol or ill mental health are more prevalent here which is indicated in the public health profiles for the district of Norwich.”

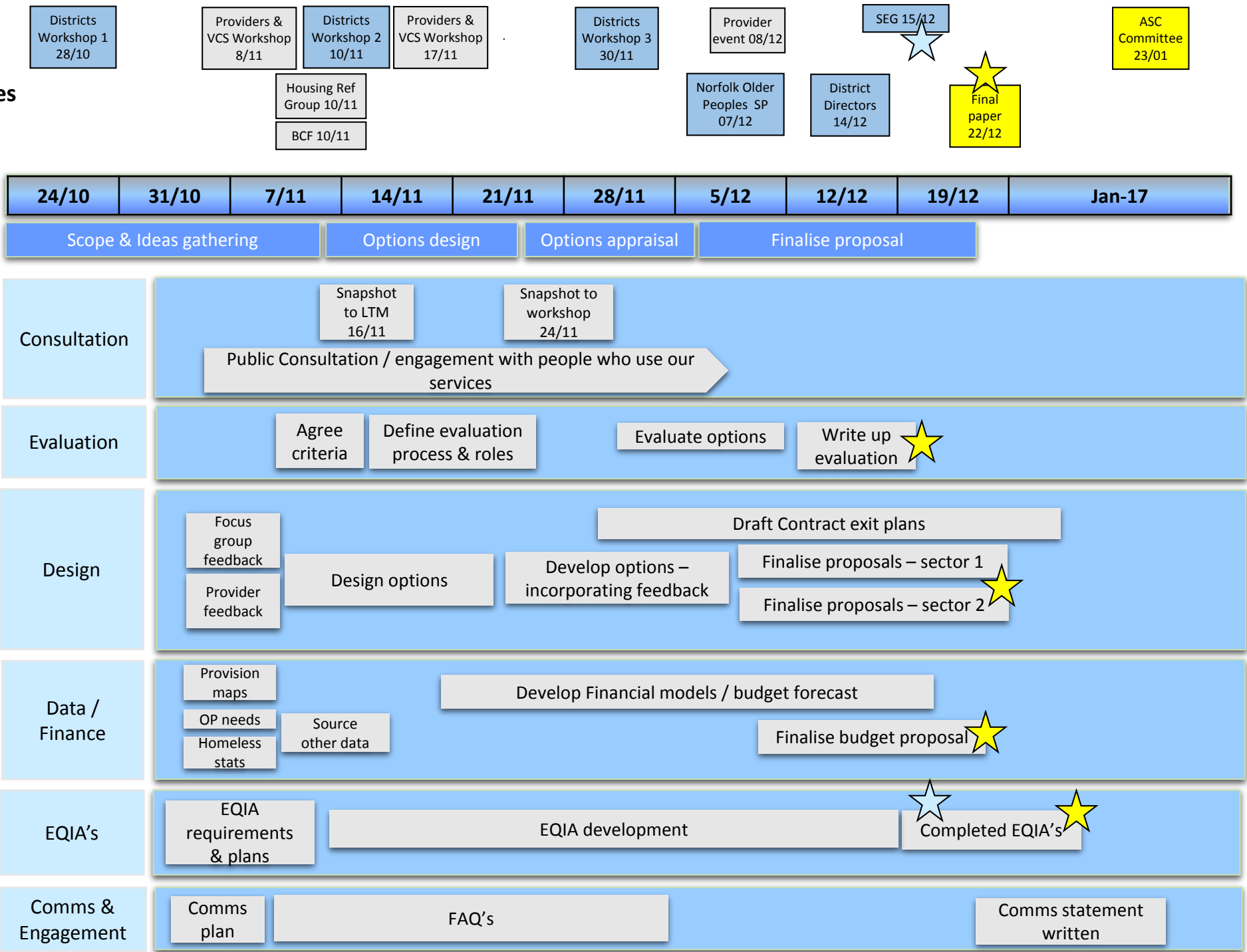
Analysts notes

27 of the 93 respondents (29%) said they had a long-term illness, disability, or health problem that limits daily activities or work.

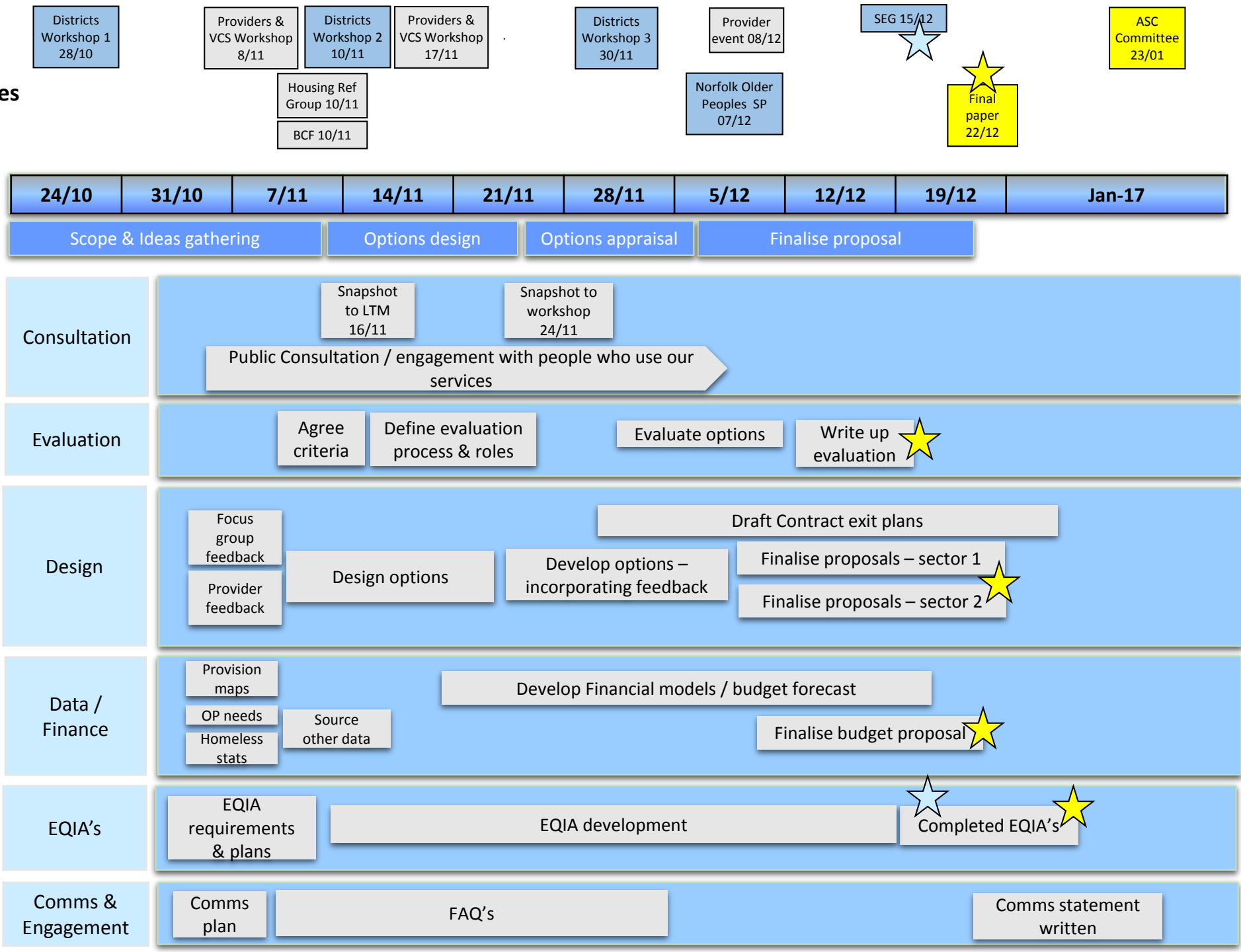
The response from Equal Lives included the statement that: *“we would challenge any proposal to withdraw access to specialist provision as we believe this will be discriminatory, and that the impact upon disabled people will be disproportionate”*.

Produced by BIPS, 15.12.16

Deliverable: Redesign of supported housing services



Deliverable: Redesign of supported housing services



Organisation	Name	role	Service type (Providers)
Broadland	Leigh Booth	District	n/a
NCC - Children's Services	Christopher Butwright	NCC	n/a
South Norfolk	Tony Cooke	District	n/a
West Norfolk	Duncan Hall	District	n/a
NCC - ASC	Sera Hall	NCC	n/a
North Norfolk	Karen Hill	District	n/a
NCC - ASC	Karen Joy	NCC	n/a
Norwich City	Lee Robinson	District	n/a
Breckland	Ross Bangs	District	n/a
NCC - ASC	Mick Sanders	NCC	n/a
NCC - ASC	Chris Scott	NCC	n/a
Norfolk Police	Jon Shalom	Police	n/a
Great Yarmouth	Tracey Slater	District	n/a
Access Community Trust	Barry Norman/Emma Ratzer	Provider	Homeless
Anchor Sheltered	Vivienne Cornelius	Provider	Sheltered Housing
British Red Cross	John Whitehurst	Provider	Floating support -Older People
Broadland Housing Association	Ivan Johnson	Provider	Sheltered Housing (alarm & warden)
Cotman Housing Association	Jane Warnes / Vicky Harrison	Provider	Floating support -Older People
Cotman Housing Association	Jane Warnes	Provider	Sheltered Housing
Doughtys	David Hynes	Provider	Very Sheltered Housing
Empanda	Joey Garande / Ben Hughes / Sally	Provider	Young People
Freebridge Sheltered Housing	Matthew Barber	Provider	Sheltered Housing
Genesis Housing Association	Katie Baker	Provider	Homeless
Great Yarmouth Borough Council	Andrena Griffith	Provider	Floating Support - Older People
GYBC Sheltered	Emma Penswick	Provider	Sheltered Housing
Hanover	Kerrie Lumley	Provider	Sheltered Housing
Herring House Trust	Gaynor Collin	Provider	Homeless
House Of Genesis	Val Dodsworth	Provider	Homeless
Housing 21	Aminda Liddar	Provider	Sheltered Housing
Hyde Minster	Malcolm Minns	Provider	Sheltered Housing

Norfolk County Council (Gypsy & Travellers Ser	Keren Wright	Provider	Floating Support - G & T
North Norfolk Sheltered Housing	Circle Support	Provider	Sheltered Housing
Norwich City Council	Chris Hancock	Provider	Homeless
Norwich City Council Sheltered	Julie Davies	Provider	Sheltered Housing
Norwich City Council Sheltered	Tina Garwood	Provider	Has new role in sheltered
Norwich Housing Society Sheltered	Mike Allen	Provider	Sheltered Housing
Orbit Housing Association	Jennie Smith	Provider	Sheltered Housing - (alarm & warden)
Orwell Housing Association	Alison Thorpe	Provider	Young People
Saffron Housing	Tracy Harris	Provider	Sheltered Housing
Solo Housing (East Anglia) Ltd	David Smith	Provider	Floating Support
St Martins Housing Trust	Derek Player/Maria Pratt	Provider	Homeless
Stonham (Home Group Ltd)	Jo Huxtable	Provider	Young People
Suffolk Housing	Maureen McDonald	Provider	Sheltered Housing
The Abbeyfield Society	Karen Wade	Provider	Sheltered Housing
The Benjamin Foundation	Matt Garrod	Provider	Young People
Together	Andrew Coyte-Mckenzie	Provider	Floating Support - MH
YMCA	Darryl Smith	Provider	Young People
Your Own Place	Rebecca White	Voluntary	n/a
Community Action Norfolk	Jonathan Clemo	Voluntary	n/a
Shelter	Lesley Burdett	Voluntary	n/a
Future Projects	Laura Bloomfield	Voluntary	n/a
Older People's Strategic Partnership	Mary Ledgard	Voluntary	n/a
Children's Services	Caroline Brain	NCC	n/a
Norwich City Council	Paul Swanborough	District	n/a



Adult Social Care budget proposals 2017-2018

Equality and rural assessments – findings and recommendations

January 2017

Lead officer – Jo Richardson, in consultation with Sera Hall (Head of Commissioning - Central), Rob Cooper (Head of Integrated Commissioning), Jo Clapham (Commissioning Manager) and Maureen Begley (Commissioning Programme Manager Integrated MH, LD Team)

This assessment helps you to consider the impact of service changes on people with protected characteristics and in rural areas. You can update this assessment at any time to inform service planning and commissioning.

For help or more information please contact Corporate Planning & Partnerships team, email: cpp@norfolk.gov.uk or tel: 01603 222611.

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5.	Adults budget proposals 2017 – 2018 <ul style="list-style-type: none"> • Remodelling contracts for support to mental health recovery • Review of commissioning structure and opportunity to review staffing requirements • A consistent approach to specific laundry needs • Home care commissioning • Remodelling information, advice & advocacy services • Building resilient lives, reshaping our work with people of all ages requiring housing related support to keep them independent 	4
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The purpose of equality and rural assessments

1. The key aim, with both equality and rural assessments, is to enable elected members to consider the potential impact of decisions on different individuals and communities prior to decisions being taken. Mitigating actions can then be developed if adverse impact is identified.
2. It is not always possible to adopt the course of action that will best promote the needs of people with protected characteristics or people in rural areas. However, assessments enable informed decisions to be made, that take into account every opportunity to minimise disadvantage.

The Legal context

3. Public authorities have a duty under the Equality Act 2010 to consider the implications of proposals on people with protected characteristics. The Act states that public bodies must pay due regard to the need to:
 - Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act¹;
 - Advance equality of opportunity between people who share a relevant protected characteristic² and people who do not share it³;
 - Foster good relations between people who share a relevant protected characteristic and people who do not share it⁴.
4. The full Act is available [here](#).

The assessment process

5. This assessment comprises three phases:
 - **Phase 1** – we gather evidence on the proposal – looking at the people who might be affected, the findings of related assessments and public consultation, contextual information about local areas and populations and other relevant data. Where appropriate, we engage with residents, service users and stakeholders to better understand any issues that must be taken into account.
 - **Phase 2** – we analyse all the results. We make sure that any impacts highlighted by residents and stakeholders inform the final assessment. If the evidence indicates that the proposal may impact adversely on people with protected characteristics, mitigating actions are identified.
 - **Phase 3** – we report the early findings to the Council's Strategic Equality Group, so that elected members can scrutinise the process, and highlight any specific equality or accessibility issues that should be factored into the assessments.
6. When completed, the findings are provided to decision-makers, to enable any issues to be taken into account before a decision is made.

Human rights implications

7. Public authorities in the UK are required to act compatibly with the Human Rights Act 1998. There are no human rights issues arising from the proposals.

Adult Social Care Services budget proposals 2017-2018

8. Adult Social Care Committee has put forward six budget proposals for 2017-2018.
9. Evidence indicates that the four proposals below are unlikely to have any detrimental impact on people with protected characteristics or in rural areas. More details about the proposals, and the reasons why no detrimental impact is anticipated, is provided on the following pages.
10. However two of the proposals, relating to Information, Advice and Advocacy Services, and Building Resilient Lives, are likely to have significant impacts, and these are dealt with separately on pages 11 and 20 respectively.

	Title of proposal	Description
1.	<p>Remodel contracts for support to mental health recovery (ASC020)</p> <p>2017/18 saving - £0.125m; full year saving £0.400m</p> <p>If the proposal goes ahead we would still be spending in the region of £6.5m (gross) on contracts to support mental health service users</p>	<p>The proposal aims to deliver a more efficient and outcome focused service for mental health recovery, with no adverse impact for service users. Continued focus will be maintained on the performance and delivery of the supported living schemes combined with outreach. These services are key to ensuring that use of care home places are minimised.</p> <p>Historically Norfolk has had high numbers of people with mental health problems in permanent residential care compared with similar authorities and therefore the Council has recently focused on reducing the number of people in, and being admitted to, permanent residential care and sourcing quality alternatives. This has included finding ways to enhance the rehabilitative component of support to facilitate the care of people with more complex needs.</p> <p>As a result, numbers in long term residential care have reduced by 18% from 201 in March 2015 to 165 in March 2016 and the number of permanent admissions has fallen by 63% from 54 in 2014/15 to 21 in 2015/16 and is now more in line with those of other authorities.</p> <p>A number of key contracts, due to be re-let during 2017/18, offer an opportunity to continue reshaping the sector, to improve outcomes and efficiencies of operation.</p> <p>Whilst retaining a focus on supported living, an integrated community support service will also be developed. This will include current block contracts for supported living, the current block contract for housing related floating support, and spot contracts for personal assistant support. This will give a more flexible service and better coverage especially</p>

	Title of proposal	Description
		<p>in rural areas. Revised specifications will focus on delivery models that facilitate recovery and move on into the community.</p> <p>We also currently provide community support through domiciliary care, day care and personal assistants. A review will cover the functionality and outcomes of services provided and a fundamental shift in the way services are provided.</p> <p>The procurement approach that will be undertaken during 2017 is based on a competitive dialogue process. The aim is to encourage innovation to meet the challenges of improving outcomes around recovery, make greater use of community assets and provide services more efficiently and in a more integrated fashion.</p> <p>Combining personal assistant type support with supported living services and outreach support is forecast to deliver savings of £350k per annum by utilising block contracts, making use of economies of scale, greater flexibility and less transition between services. Most domiciliary support is commissioned through spot contracts. Increasing the use of existing block contracts will generate the remaining savings.</p> <p>The current annual spend on Supported Living (block contracts), Personal Assistants on spot contracts and floating support (which are the services covered by this project) is approximately £3.3m. A £350k savings target equates to a reduction of approx.10.6%. The remaining £50k savings will come from moving spot contracts for domiciliary care to existing block contracts which cost £870k per annum.</p>
2.	<p>Review of commissioning structure and opportunity to review staffing requirements (ASC022)</p> <p>2017/18 saving £0.155m</p> <p>If the proposal goes ahead we would still be spending in the region of £1.3m (gross) on this service</p>	<p>There is a Head of Locality Commissioning post vacant within the service. This post is a jointly funded post between the Council (76%) and Health (24%). In addition there are some vacancies within wider support teams. Although the current work levels remain, there is an opportunity to consider whether work could be aligned differently, particularly as there are now some changes within the health structure (e.g. a shared management structure between North and South CCGs) and a new aim to coordinate work programmes across Norfolk through both the Better Care Fund (BCF) and Sustainable Transformation Plans (STP), which could reduce the amount of separate schemes required.</p> <p>There would not be any redundancy implications.</p>
3.	A consistent	A residual linen service is still provided in three localities

	Title of proposal	Description
	<p>approach to specific laundry needs (ASC023)</p> <p>2017/18 saving £0.055m</p> <p>Note that both this proposal and ASC024 below would be taken from the overall 'purchase of care' budget which is made up of all activities/services we purchase from suppliers to help people with their care needs. If these proposals went ahead we would still be spending in the region of £240m (gross) on this overall budget.</p>	<p>(East, Norwich and West), which includes provision of transport for laundry services. This service is commissioned from Norse, but is not provided consistently across the county and it is proposed to cease the service and through support planning ensure that the service is provided within personal budgets through alternative means, where there are eligible unmet needs.</p> <p>Actions would require notification to the laundry provider and identification of alternative provision for all service users from within existing budgets. This work is already progressing in one of the localities.</p> <p>The reduction in the contract would not lead to any redundancy implications.</p>
4.	<p>Home care commissioning – deliver an improved framework for procuring home care services in Norfolk (ASC024)</p> <p>2017/18 saving £0.183m; full year saving £0.732m</p> <p>Note that both this proposal and ASC023 above would be taken from the overall 'purchase of care' budget which is made up of all activities/services we purchase from suppliers to help people with their care needs. If</p>	<p>The aim of this proposal is to achieve more effective operation of the market, increase the availability of care to support people at home and improve quality of care. However, there is a need to recognise the wider issues facing the home care market and initiatives such as workforce development programmes will need to encourage workers into and to remain in the sector.</p> <p>The Council's existing homecare strategy advocates that using block strategies gains the authority a better unit price due to efficiencies of scale and business continuity. Currently between 50% and 60% of the Council's homecare business is purchased through spot contract arrangements and there is an opportunity to reduce this with an improved framework for purchasing homecare services in Norfolk.</p> <p>There is also an opportunity to work towards addressing wider issues affecting the homecare market, and whilst there are long range savings that could be expected through addressing these issues and adopting different approaches – such as a more reabling approach to home care, which could reduce care needs in the long term – there is an opportunity for more immediate benefits from a new procurement framework.</p> <p>Work with providers would be needed to review the current</p>

	Title of proposal	Description
	these proposals went ahead we would still be spending in the region of £240m (gross) on this overall budget.	provision and support specification, with a full reprocurement of central services by May 2017 and new services in place by January 2018.

Who is affected?

11. These proposals will affect disabled and older people, as well as disabled and older people with other protected characteristics, and people in rural areas. Staff will also be affected:

People of all ages (particularly older people)	YES
Disability (all disabilities and long-term health conditions, including but not limited to people with reduced mobility; Blind and visually impaired people; Deaf and hearing impaired people; people with mental health issues; people with learning difficulties and people with dementia)	YES
Gender reassignment (e.g. people who identify as transgender)	YES
Marriage/civil partnerships	YES
Pregnancy & Maternity	YES
Race (different ethnic groups, including Gypsies and Travellers)	YES
Religion/belief (different faiths, including people with no religion or belief)	YES
Sex (i.e. men/women/intersex)	YES
Sexual orientation (e.g. lesbian, gay and bisexual people)	YES

Potential impact

12. These Adults budget proposals for 2017/18 will impact primarily on disabled and older people – which is inevitable, because disabled and older people constitute the majority of adult social care users.
13. However, these four proposals are unlikely to have any detrimental impact on disabled and older people, people with other protected characteristics or in rural areas. The reasons are provided here:

	Title of proposal	Issues to note/potential impact
1.	Remodel contracts for support to mental health recovery (ASC020)	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> • If the proposal goes ahead, mental health recovery services will continue to provide support to those

	Title of proposal	Issues to note/potential impact
		<p>who need it, and no changes are proposed to service standards, the assessment process or eligibility of needs.</p> <ul style="list-style-type: none"> • The proposal may lead to some changes in how or where mental health services are delivered, or who delivers them, but these are not anticipated to have any significant impact on service users – e.g. service users, including service users in rural areas, will not be expected to make longer or more costly journeys to access services, and will not experience any changes in the quality of the service they currently receive. • Work will take place to draft the service specification from existing specifications (which have been developed with providers and service users), which will include service users with mental health issues. • The commissioning process will involve a competitive dialogue with prospective providers to explore how the proposed service will be delivered. Equality and rural considerations will be integrated into this phase so that any potential issues can be mitigated before the final invitation to tender (ITT) is issued. The equality and rural assessment will be revised during this process. • In the unlikely event that the revised assessment identifies any detrimental impact, it will be brought back to decision-makers for consideration before the final ITT is issued. • The proposal is underpinned by a principle of promoting independence, which disabled people routinely report in consultation is a priority.
2.	Review of commissioning structure and opportunity to review staffing requirements (ASC022)	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> • No redundancies are proposed • Employees' existing working patterns (e.g. locations and basic terms of contract) will not change.
3.	A consistent approach to specific laundry needs (ASC023)	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> • Service users will continue to receive support relative to their needs. No changes are proposed to the assessment process or to eligibility of needs. • The proposal may lead to some changes in how service users' needs are met, but it is not anticipated that this will have any significant impact on service users – e.g. it will not lead to new or increased costs for service users out of their current

	Title of proposal	Issues to note/potential impact
		<p>income.</p> <ul style="list-style-type: none"> • The proposal will not inadvertently lead to higher costs for people in rural areas.
4.	Home care commissioning – deliver an improved framework for procuring home care services in Norfolk (ASC024)	<p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> • Although the proposal will impact on disabled and older service users, people will continue to receive support relative to their needs. No changes are proposed to service standards, the assessment process or eligibility of needs. • The proposal may lead to some changes in how home care commissioning services are delivered, or who delivers them, but these are not anticipated to have any significant impact on service users – e.g. service users, including service users from rural area, will not experience any changes in the quality of the service they currently receive or be disadvantaged in any way. • Work will take place to draft the service specification with input from providers and service users, with input from disabled service users/service users from rural areas. • The commissioning process will involve a competitive dialogue with prospective providers to explore how the proposed service will be delivered. Equality and rural considerations will be integrated into this phase so that any potential issues can be mitigated before the final invitation to tender (ITT) is issued. The equality and rural assessment will be revised during this process. • In the unlikely event that the revised assessment identifies any detrimental impact, it will be brought back to decision-makers for consideration before the final ITT is issued. • The proposal is underpinned by a principle of promoting independence, which disabled people routinely report in consultation is a priority.

Recommended actions

Home care commissioning – deliver an improved framework for procuring home care services in Norfolk (ASC024)

	Action	Lead	Timing
1.	Work with service users (including service users in rural areas) to develop a home care commissioning specification that addresses the issues highlighted in this equality and rural assessment		From January 2017

	Action	Lead	Timing
2.	Ongoing review of proposals put forward by providers in the competitive dialogue process to ensure equality and rural considerations are addressed and the equality/rural assessment is updated accordingly and any mitigating actions identified and adopted	Sera Hall, Head of Commissioning - Central	From 1 April 2017
3.	In the unlikely event that the revised assessment identifies any detrimental impact, it will be brought back to decision-makers for consideration before the final ITT is issued.	Sera Hall, Head of Commissioning - Central	From 1 April 2017
4.	Ensure equality and rural access considerations are incorporated in the final documentation issued for the tender process	Sera Hall, Head of Commissioning - Central	From 1 April 2017

Remodel contracts for support to mental health recovery (ASC020)

	Action	Lead	Timing
1.	Work with service users (including service users in rural areas) to develop a new mental health recovery service specification that addresses the issues highlighted in this equality and rural assessment	Maureen Begley (Commissioning Programme Manager Integrated MH, LD Team)	January 2017
2.	Ongoing review of mental health recovery proposals put forward by providers in the competitive dialogue process to ensure equality and rural considerations are addressed and the equality/rural assessment is updated accordingly and any mitigating actions identified and adopted	Maureen Begley (Commissioning Programme Manager Integrated MH, LD Team)	From 1 April – August 2017
3.	In the unlikely event that the revised assessment identifies any detrimental impact, it will be brought back to decision-makers for consideration before the final ITT is issued.	Maureen Begley (Commissioning Programme Manager Integrated MH, LD Team)	From 1 April 2017
4.	Ensure equality and rural access considerations are incorporated in the final documentation issued for the tender process	Maureen Begley (Commissioning Programme Manager Integrated MH, LD Team)	July to August 2017

Title of proposal:	Remodelling information, advice & advocacy services
Reference:	ASC021
Lead Officer:	Rob Cooper (Head of Integrated Commissioning), in consultation with Jo Richardson, Corporate Planning & Partnerships Manager

The proposal

1. Recent work to review Promoting Independence has highlighted the need to provide the right information and advice to signpost people to community and wider support as early as possible, to help reduce or delay the need for people to require formal care assessment.
2. The aim of this proposal is to improve access to information, advice and advocacy services and simplify routes into services. Currently, information, advice and advocacy services in Norfolk are client specific with many access points. There are opportunities to merge some functions, and to build on the current partnership models to make it easier for people to access information and advice.
3. Norfolk County Council currently spends around £1.7m (gross including NHS funding) on information, advice and advocacy services, through a range of mainly voluntary sector providers. Some of the contracts will end during 2017/18, so the timing is right to take this proposal forward.
4. The target is reduce the net spend on these services by £0.250m, however due to the timing of the contracts it is envisaged that £0.063m of the saving can be realised in 2017/18 and a further £0.188m in 2018/19.
5. If the proposal goes ahead we would still be spending in the region of £1.45m (gross) on these services.

Information about the current areas of provision

6. In total, there are **four** different areas of provision in scope:
 - (a) **Specialist Information and Advice for people with disabilities, long term conditions and support needs.**
7. These specialist services work in partnership to offer targeted information and advice, share resources and make sure that disabled and older people receive information and advice from the organisation best placed to meet their needs.
8. One of the main aims of this approach was to utilise providers' expertise and knowledge in relation to particular disabilities.
9. The organisations in this partnership all provide information and advice in the following areas:
 - Debt including fuel and water

- Welfare rights including complex benefits advice and support to challenge decisions
- Social care including payment for care and support
- Support to access a wide range of help
- Health issues
- Legal issues including protection from abuse
- Support for carers
- Advocacy in respect of benefits and entitlements

10. The partnership comprises the following specialist services:

- Partnership lead – Age UK Norfolk
- Information and advice for older people (includes Money Matters practical support for older people) – Age UK Norfolk and Age UK Norwich
- Advice and support for people with dementia – The Alzheimer’s Society
- Information and advice for people with disabilities (includes complex welfare rights and Money Matters support for younger disabled people) – Equal Lives
- Information and advice for people with learning difficulties – Opening Doors
- Information and advice for people with mental health problems – Equal Lives
- Information and advice for people who are Deaf – Deaf Connexions and West Norfolk Deaf Advocacy

11. Each of these services also provides specialist information and advice which is tailored to the target needs that it is meeting, including overcoming communication barriers linked to particular disabilities. Opening Doors for example is expert in communicating with and supporting people with learning difficulties. Deaf Connexions engages British Sign Language Translators to effectively provide information and advice for Deaf people who often have other disabilities.

(b) Information, Advice and Support Service for People with Personal Budgets

12. This service enables people to manage personal budgets and direct payments. The priorities include:

- Enabling people to make informed choices
- Advice and information to help the development of support plans
- Developing options for support in the areas of employment and payroll of personal carers and monitoring of direct payment accounts.

13. This service is provided by Equal Lives.

(c) Generalist advice

14. The County Council holds or contributes to four agreements for the provision of generalist advice through the Citizen’s Advice Bureau. These are with:

- Diss and District Citizens Advice Bureau.
- Norfolk Citizens Advice Bureau.
- Mid Norfolk Citizens Advice Bureau.
- North Norfolk Citizens Advice service (North Norfolk District Council is the commissioning lead organisation).

15. The areas in which generalist advice is most commonly sought include:

- Household finances, reduce and manage personal debt
- Benefits entitlement and claiming benefits including tax credits
- Housing problems including preventing homelessness
- Employment rights
- Immigration rights
- Personal and family issues (such as relationship break down, domestic abuse or the local arrangements around social care assessment)
- Consumer rights
- Provision of web-based information available to support people to self-help and prevent problems recurring

(d) Statutory advocacy

16. The County Council is legally required to ensure the provision of different forms of specified advocacy, and therefore funds a number of statutory advocacy services. The types of statutory advocacy provided are:

- Independent NHS Complaints Advocacy – information and support for people who need to complain about their experience of using health services
- Independent Social Care Advocacy – for people who need support to be fully involved in decisions about their care
- Independent Mental Capacity Advocacy – to represent the interests of people who lack capacity
- Independent Mental Health Advocacy – to represent the interests of people who are subject to treatment under mental health law.

17. These advocacy services were recommissioned in 2016 against a new single specification with a new model to be in place from April 2017. Some of the required savings have been delivered through this process (around 1/5th of the savings requirement). The new model will ensure advocacy to the same number of people for less expenditure.

18. In addition to the savings achieved through this work, further savings will need to be achieved through reductions in the funding for information and advice services. In consultation and through discussion with stakeholders, the following areas have been identified as key considerations in the establishment of delivery arrangements:

- Linking County Council customer services more closely with information and advice, so that it is the first intervention that more people get through contact with Adult Social Care.
- Examining the benefits and impacts of continuing to commission specialist information and advice services, or whether a single point of access or hub approach might be more effective and easier for people to get the information they need.
- Building on the current models for delivering advice services such as the partnership for specialist advice, and Norfolk Community Advice Network internal referral mechanism which promotes the idea of no wrong door and allows people to be referred between agencies to the most appropriate provider without having to repeat their needs or make another contact.
- Looking at these services alongside other areas of provision where there is a significant information and advice element, to reduce duplication and ensure

that responses are as joined up as they can be. This requires developing the models for commissioned information and advice in close collaboration with carer and housing support. In all of these areas, Norfolk County Council will seek to plan responses jointly with district councils and Health both of which are major providers and commissioners of information and advice. There are many other key stakeholders whose views will need to be drawn on in more detail to shape future service delivery.

Who is affected?

19. The proposal will affect people with the following protected characteristics:

People of all ages	YES
A specific age group (please state): Older people particularly affected, and some younger people	YES
Disability (all disabilities and long-term health conditions, including but not limited to people with reduced mobility; Blind and visually impaired people; Deaf and hearing impaired people; people with mental health issues; people with learning difficulties and people with dementia)	YES
Gender reassignment (e.g. people who identify as transgender)	YES
Marriage/civil partnerships	YES
Pregnancy & Maternity	YES
Race (different ethnic groups, including Gypsies and Travellers)	YES
Religion/belief (different faiths, including people with no religion or belief)	YES
Sex (i.e. men/women/intersex)	YES
Sexual orientation (e.g. lesbian, gay and bisexual people)	YES

Analysis of the people affected

20. Overall, around 50,800 people in Norfolk currently use NCC commissioned information, advice and advocacy services. The vast majority of these are older people and disabled people, including people with learning disabilities and people with mental health issues, and some younger people.
21. Data about service users other characteristics is limited, but generally speaking, there is a fairly balanced gender split⁵, and the number of people who identify as lesbian, gay, bisexual or transgender is expected to reflect the wider population of Norfolk (around 7%).
22. Data on the ethnic background of people using advice services is not routinely collected. The breakdown on the next page shows the ethnic background of people using statutory advocacy services in 2015/16:

	White - British	Total	Total (%)
	White - Other	549	52.2%
	Asian/ Asian British - Chinese	14	1.3%
	Asian/ Asian British - Other	3	0.3%
	Asian/ Asian British - Indian	1	0.1%
	Black/ Black British - African	2	0.2%
	Black/ Black British - Other	5	0.5%
	Mixed - White & Black Caribbean	3	0.3%
	Mixed - Other	1	0.1%
	Gypsy/ Traveller	5	0.5%
	Other ethnic group	1	0.1%
	Prefer not to say	3	0.3%
	<i>Unrecorded/ Not stated</i>	139	13.2%
	Total	325	30.9%
		1051	

23. A detailed breakdown of the numbers of people accessing the four areas of provision described above are as follows:

(a) Specialist Information and Advice for people with disabilities, long term conditions and support needs.

24. In 2015/16, older people, including dementia sufferers, were the primary users (70%) of specialist information, advice and advocacy services. Data for other types of disability is set out below:

Older people	13,285
People with learning difficulties	3,747
People with dementia	2,075
People with disabilities including mental health related needs	1,815
People who are Deaf or Deaf and Blind	1,032
Total	21,554

25. By definition the people who use these services are very likely to have disabilities and long term conditions. Many people using these services have more than one disability or long term condition. Older people are the main recipients of advice and support through the dementia service, and will also use other services (for example older people with learning difficulties).
26. Very broadly, this is the breakdown for the total spend (health and social care) for specialist information and advice services, against different disabilities/age:

Older people	26%
People with dementia	23%
People with learning difficulties	11%
People with mental health related needs	19%
People who are Deaf or Deaf and Blind	5%
People with disabilities (overarching service)	16%

(b) Information, Advice & Support Service for People with Personal Budgets

27. During 2015/16, around 234 people were supported by Equal Lives who provided information and advice for people with personal budgets. See below for a breakdown by age of the total numbers of adults who received a direct payment or personal budget during 2015/16:

Age	%
18 - 64	49.9
85+	21.7
75 - 84	16.7
65 - 74	11.9

(c) Generalist advice

28. During 2015/16, around 18,000 people accessed Norfolk Citizens Advice Bureau (CAB) for advice. Taking account of the half yearly reports from all of the generalist advice sessions the annual demand for generalist advice is around 28,000.
29. CABs are often used by people in work. A significant number of people (42%) using the largest volume generalist advice service have a disability or long term condition.

(d) Statutory advocacy

30. During 2015/16, statutory advocacy services supported 1051 people. See below for a breakdown of the ratio of younger and older people using the respective advocacy services:

Advocacy	Young and working age %	Older people %	Not known %
Health complaints	55	30	15
Social care	38	61	1
Mental capacity	35	58	6
Mental health	63	26	10

31. The disability status of people using the NHS health complaints advocacy service is not recorded. 88% of people using the other statutory advocacy services in 2015/16 had at least one disability or long term condition.

Potential impact

32. This proposal may have a disproportionate and detrimental impact on older and disabled people, including people with reduced mobility, Deaf and hearing impaired people, Blind and visually impaired people, people with learning difficulties, people with mental health issues, people with dementia and some younger people.
33. This is because these groups form the majority of service users, and if the proposal goes ahead, support may not continue to be delivered by providers which are as expert in working with people with these particular needs.

34. No one disability is like another, and the different challenges that individual disabled and older people face may differ greatly. In addition, many local factors may act to compound the effects of someone's disability – for example, they may have more than one disability, including a mental health issue; they may find it difficult to travel to and access local services or communicate with service providers; they may be on a low income and they may lack the physical, financial and emotional resources to negotiate these challenges.
35. Advice given by providers who are disability/age related specialists could be critical to helping people maintain independence. In the worst case scenario, there is a possibility that advice, information and advocacy services offered to disabled and older people by a provider which does not understand these issues well, could result in poor or incorrect advice being given.
36. It is also important to note that, unless explicit specifications are built into service contracts, the proposal could reduce the ability of some disabled people (particularly Deaf and hearing impaired people, blind and visually impaired people and people with learning difficulties) to communicate their needs effectively with generalist service providers.
37. This is because staff within some specialist services are already trained to a high level to communicate with, for example, Deaf and hearing impaired people. Deaf people, blind people and people with learning difficulties have told us that generalist service providers sometimes say they do not have the funds to provide accessible information such as British sign language interpreters, easy read and braille. In view of this, if the proposal goes ahead, this must be addressed within the service specification.
38. Some people, especially people with learning disabilities, dementia, or those who have low literacy and communication needs may need an extended amount of time and resources to support them in understanding forms and letters and other issues. In addition, providing advocacy in an empowering way can be a time consuming process. Again, this would need to be built into the service specifications to ensure there is no negative impact on people needing this level of support.
39. People with mental health issues during crisis periods often need more intensive, nuanced support regarding information, advice and advocacy, as they may not be able to interact with others or feel sufficiently resilient to manage. Although some of the specialist information, advice and advocacy services addressed by this proposal do not cover mental health, it is recognised that many disabled people often have a secondary impairment which may be mental health-related. So, someone who is Deaf and who has a mental health issue may require significant support which is highly specialised in order to be effective.
40. It is recognised that due to persistent discrimination and difficulties accessing standard services, some disabled and older people may only approach organisations they know and trust. This is due to fears – and often experience - that generic service providers do not have the right knowledge in place to deal effectively with their query, or the appropriate access arrangements in place to accommodate their impairment. Some older and disabled people may be more reliant than others on the specialist help provided because of this. This may particularly be the case for people with reduced mobility, Blind, Deaf and hearing impaired people, people with learning difficulties and people with mental health issues.

41. Processes for accessing benefits and other areas of welfare provision are increasingly moving to online self-service, which may disadvantage Blind and visually impaired people, Deaf and hearing impaired people and people who need support to understand and give written information. It will be vital to ensure that any web based information is fully accessible.
42. There is some evidence to suggest that there could be a detrimental impact on people in rural areas. Ultimately, this will depend on whether the new service model disadvantages people in rural areas compared to those in urban areas, such as by increasing the cost or length of journey times. However, given that the proposal will reduce the capacity of the service, there may be less time for one-to-one appointments. This, combined with poor broadband in some rural areas and the points made elsewhere about the need for alternatives to online information and advice for some people, could impact negatively on service users in rural areas.
43. If so, disabled and older people living in rural areas would be at particular risk of disadvantage, because they are likely to have less access to alternative provision, have no or limited access to accessible transport, be on a low income (accessible transport may be costly), and less able to cope with longer journey times. If the proposal goes ahead, the remodelling of service provision will need to examine how best to ensure people in rural areas are not disadvantaged.
44. One crucial issue to note is that demand for information, advice and advocacy services is increasing⁶, and the current model is not financially sustainable. There is an imperative to design a new model, in order to continue to be able to provide essential advice, information and advocacy services to older and disabled service users.
45. In view of the issues highlighted in this assessment, if the proposal goes ahead, work must take place with both existing providers of services and service users to ensure that the new service model addresses the issues highlighted in this assessment, is fit for purpose, and that the potential risks associated with the proposal are mitigated.

Action to address any negative impact

	Action/s	Lead	Date
1.	Work with providers and service users (including service users in rural areas) to develop a new service specification that addresses the issues raised in this equality and rural assessment. Providers and service users representing older and disabled people, including but not limited to Blind and visually impaired people, Deaf and Hearing impaired people, people with reduced mobility, people with learning difficulties and people with mental health issues, as well as other disabilities, must be included.	Rob Cooper (Head of Integrated Commissioning)	From 1 Feb 2017
2.	When the new model is developed, a further equality/rural assessment should be undertaken to examine whether it will inadvertently disadvantage or exclude any disabled or older people, or people in rural areas, so that every opportunity can be taken to find ways to mitigate	Rob Cooper (Head of Integrated Commissioning)	From 1 Feb 2017

	or address this.		
3.	In the event that the revised assessment identifies any significant detrimental impact that it is not possible to mitigate, the proposed service model should be brought back to decision-makers for consideration, so that every opportunity can be taken to address this, prior to the model being adopted.	Rob Cooper (Head of Integrated Commissioning)	From 1 April 2017
4.	Ensure effective transition plans are established for service users who may be affected by the proposals.	Rob Cooper (Head of Integrated Commissioning)	From 1 Feb 2017

Title of proposal:	Building resilient lives, reshaping our work with people of all ages requiring housing related support to keep them independent
Reference:	ASC016/19
Lead Officer:	Jo Clapham (Commissioning Manager), in consultation with Jo Richardson, Corporate Planning & Partnerships Manager

The proposal

1. This proposal would see removal of half of the current funding for 'floating support' and accommodation-based housing related support. Work would then take place with district, community and health partners to plan how the County Council's continuing £4.7m annual investment could be used most effectively.
2. Norfolk County Council currently spends over £3.5m a year on 'floating support' and £6.5m on the accommodation-based services included in this proposal. The majority of these services facilitate access to non-specialist support for people in their own homes or in specific accommodation. This includes support for people who may not have access to statutory services, or who may be excluded from mainstream society. The aim is to help people to not require or to delay the need for formal care services and to remain independent in their communities.
3. The County Council is one of a number of organisations which fund housing related support services. Other partners, including district councils, community and health partners, also spend money on these types of services so we have always worked with them to plan and confirm how the £4.7m annual investment can be used most effectively alongside their investment to make the most impact.
4. The housing related support services within scope of this proposal are:
 - **Direct Access hostels for adults.** This is unplanned hostel accommodation for single people who are homeless.
 - **Hostel accommodation for adults.** This is planned hostel accommodation and support for up to 2 years for single people who are homeless or at risk of being homeless.
 - **Move on accommodation for adults.** This is semi-independent accommodation and support for single people who are homeless or at risk of being homeless.
 - **Hostel accommodation for young people (16-25).** Planned hostel accommodation and support for up to 2 years for young people who are homeless or at risk of being homeless.
 - **Move on accommodation for young people (16-25).** Semi-independent accommodation and support for young people who are homeless or at risk of being homeless.
 - **Supported Lodgings for young people (16-25).** Accommodation and support with a family or individual in a home-like environment for young people who are homeless or at risk of being homeless.
 - **Support for older people living in sheltered accommodation.** Support to help people to live independently.
 - **Floating Support** - short term support that helps adults stay in their homes

5. The proposal does not currently include accommodation for those fleeing domestic abuse.

What would happen if the proposal goes ahead

6. If the proposal goes ahead, we would:
- Continue to invest £3.2m to maintain crisis accommodation for both young people and single adults who are homeless. This is a reduction of 32% on the current 16/17 investment.
 - Invest approximately £1.5m in a community outreach model that provides support both to older people and those at risk of homelessness. The service would be designed to work with local communities and provide a wider basis of support for older people who require it regardless of where they live. The specification and dimensions of this service would need to be co-produced with partners, users and providers.
 - Manage a phased withdrawal of funding for support for people living in sheltered housing in conjunction with housing benefit authorities, stock-holding housing authorities and registered social landlords to ensure that enhanced landlord support is maintained, in line with the responsibilities of these organisations as social landlords.
 - Reduce and remove funding from low level supported accommodation (move-on) and (peripatetic) floating support.
7. As part of this, a key action would be to engage with stakeholders, existing providers of services and service users (including service users in rural areas), to ensure that the remodelled services are fit for purpose, and the risks associated with the proposal as highlighted in this assessment are mitigated.
8. Priorities to be addressed by stakeholders, providers and service users would include:
- Consider the impact and direction of service transformation with a view to making clear recommendations on the shape of services, taking into account (amongst other things) the issues raised in this equality and rural assessment
 - Detailed implications would need to be identified and managed
 - Develop pathways that can be used by individuals and agencies to navigate systems and support to focus on maintaining individual independence, supporting community and individual resilience and assets.
 - Identifying any additional or alternative resources that could be used to support mainstream activities.
 - Examine how best to ensure people with protected characteristics and in rural areas are not inadvertently disadvantaged.
9. The Council consulted fully on the range of services that would be reviewed as part of the budget planning consultation for 2016/17. This proposal will therefore use these consultation results as well as some targeted new consultation to inform further work with the full range of stakeholders.

Who is affected?

10. The proposal will affect people with the following protected characteristics:

People of all ages	YES
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A specific age group (please state if so): older people (65+), young people (16-25)	YES
Disability (all disabilities and long-term health conditions, including but not limited to people with reduced mobility; Blind and visually impaired people; Deaf and hearing impaired people; people with mental health issues and people with learning difficulties)	YES
Gender reassignment (e.g. people who identify as transgender)	YES
Marriage/civil partnerships	YES
Pregnancy & Maternity	YES
Race (different ethnic groups, including Gypsies and Travellers)	YES
Religion/belief (different faiths, including people with no religion or belief)	YES
Sex (i.e. men/women/intersex)	YES
Sexual orientation (e.g. lesbian, gay and bisexual people)	YES

Analysis of the people affected

11. If the proposal goes ahead it would affect around 11,000 service users who currently get, or would be eligible to receive, housing-related support funded by the Council⁷. It would particularly affect older and disabled people, homeless people and young people because these groups form the majority of users of these services.
12. The proposal would also affect providers of housing-related services that are funded by the Council.
13. The majority of service users affected by the proposal (around 82%) are aged 60+⁸.
14. A significant number of service users (39.5%) have a disability⁹. However, a high proportion of service users (15.1%) have said that they "Don't know" if they have a disability, so it is possible that the number of disabled people currently receiving the housing related support services in scope may be slightly higher than recorded¹⁰.
15. Overall, slightly more men (51.3%) than women (44.6%) will be affected¹¹.
16. The majority of service users (89.6%) are White British, with 3.3% White Other. The remaining ethnic groups are made up of very small percentages, with a further 3% unknown¹².
17. If the proposal goes ahead, funding would be reduced in consultation with district council partners and providers to minimise impact on people who use services. Services affected would be low level services where support levels are relatively low and people will already have achieved some level of independence.
18. The impact of reducing funding for low level homelessness services may result in more people losing their accommodation or being unable to access that accommodation.

19. Hostels may find it harder to move people on from high level placements due to a lack of low level supported accommodation or the withdrawal of this accommodation from the market by landlords. Private landlords in particular may be unwilling to rent to people who have been homeless without a support package in place.

20. A more detailed analysis is summarised below:

a. Adults who are homeless or at risk of homelessness

21. These services provide accommodation and support for adults who are homeless and are:

- a. direct access hostels
- b. hostel accommodation, and
- c. move-on accommodation

22. 1,404 people were supported by these services for the period October 2015 to September 2016.

23. In the last year¹³ the majority of service users (79.6%) were aged between 26 and 59. 19.1% of service users were younger people aged 16 to 25, and 1.4% were older people aged 60+.

24. A significant proportion of service users affected (33.2%) are recorded as having a disability (0.7% recorded as don't know).

25. 88.3% of service users accessing single homeless services were male. 11.3% were female (0.3% were unrecorded).

26. 93.1% of services users were White British and 1.4% were Mixed: White and Black Caribbean (0.3% were unrecorded).

b. Young people aged 16-24 who are at risk of homelessness

27. These services help young people to make a positive transition into adulthood and independent living and are:

- a. hostel accommodation
- b. move on accommodation, and
- c. 'supported lodgings'

28. 592 young people were supported by these services for the period October 2015 to September 2016.

29. The majority of service users (70%) were aged between 18 and 25 and 30% were aged 16 or 17.

30. 50.2% of service users were male and 49.8% were female. 2.3% recorded themselves as having a disability. 89% of services users were White British, and 2.7% were Mixed: White & Black Caribbean.¹⁴

c. People living in sheltered housing

31. Primarily funded by local authorities and registered social landlords, sheltered housing funded by NCC forms only a small proportion of housing occupied by older people (around 3.4%).
32. The support offered varies depending on which sheltered housing scheme people live in, but will include things such as regular phone calls, welfare checks, and support to maintain a tenancy. This support does not include personal care, such as help with taking medication, washing or bathing but can help people to access care.
33. It is important to note that the purpose and function of sheltered housing has changed significantly over the last two decades. People currently receiving the service value it highly and feel it helps them maintain independence. However, increasingly, the majority of older people are likely to wish to remain in their own homes with support rather than move to specific accommodation for older people.
34. Sheltered housing providers funded by the County Council cover around 4,620 flats but it is difficult to say how many people currently in the service need the support available. Analysis shows that there may not be consistency across Norfolk regarding the type of sheltered housing provided, and eligibility thresholds.
35. 6,622 people were supported by these services for the period October 2015 to September 2016.

d. People at risk of losing their accommodation (floating support)

33. Floating support provides support for people across a range of client groups, including those at risk of homelessness, older people and those with low level mental health issues, who are at risk of losing their accommodation.
34. Support is provided on a basis of need and is generally provided in people's own homes. It often involves a support worker working on an individual basis to help people in need. Support offered can include help with managing finances, help setting up and maintaining a home or tenancy, or offering emotional support, counselling and advice.
35. The service is short (up to two years in duration) and is aimed at supporting people to maintain their own tenancies and independence and prevent people from becoming homeless.
36. We currently provide:
 - Generic floating support open to all adults who are at risk of being homeless or losing their tenancy. As well as offering support to people in general, this service also supports single homeless people, offenders or people at risk of offending. This support helps people to develop and maintain independent living skills.
 - Floating support specifically for older people
 - Floating support specifically for people with low-level mental health problems
 - Floating support specifically for Gypsy and Traveller families
 - Floating support specifically for older people in some sheltered housing schemes.

36. 4992 people were supported by these services for the period October 2015 to September 2016.
37. Detailed service user data is not generally collected for these services, but where this information was available, 42.1% of service users were aged 26 to 59. 41.5% were aged 60+ and 10.5% were aged 18-25. 51.9% of service users were female and 42.6% were male. A significant number - 44.9% were disabled¹⁵.

Potential impact

38. This proposal may have a disproportionate and detrimental impact on older and disabled people, including people with reduced mobility; Blind and visually impaired people; Deaf and hearing impaired people; people with mental health issues; people with learning difficulties; younger people (including care leavers) and homeless people. This is because these groups form the majority of service users, and if the proposal goes ahead, support currently being provided may be reduced or withdrawn.
39. The proposal may also impact on men (as high users of some homelessness services) and Gypsies and Travellers (as users of floating support services). The proposal may impact on carers, who may need to provide additional support.
40. Most of the people receiving services covered by this proposal are not eligible for adult social services or are on the margins of eligibility. Removing services could mean that more people go into crisis or become homeless and require other services, such as adult social care, children's services, housing and health services. It could lead to an increase in demand for adult social care and other services.
41. Older and disabled people – including older and disabled homeless people - may be particularly affected by any reduction or removal of services, because they may be more reliant than others on the help provided, and already find it challenging to maintain daily independence. Disabled and older people are particularly likely to be on a low income, and may lack the financial, emotional or physical resources to find alternative support.
42. People with mental health issues and learning disabilities are particularly at risk if support services are reduced, as they can often be isolated and have limited contact with other people. They may not have the confidence, skills or resilience to self-support regarding housing and other issues.
43. A further potential impact for disabled people is that the support currently provided may be based on adaptations in or the accessibility of their home, and help them live independently. If the support is removed, it may:
 - Impact on their ability to maintain their current level of independence, which could mean further support is needed in regards to housing aids and adaptations/assistive technology
 - Tip people from managing their independence to needing formal social care support
 - Impact on the accommodation options offered to disabled people, thus reducing their options in a housing market with already very limited options.
44. Older and disabled people, especially people with mental health issues, learning disabilities, dementia and sensory impairments are at particular risk of fraud, mail and online fraud and rogue traders as they are often seen as easy targets. Support staff and

floating support will often act as gatekeepers in preventing these forms of abuse from taking place or able to identify at an early stage that someone is at risk.

45. Younger people may be particularly affected by any reduction or removal of services. This is because where services are provided in accommodation, such as young people's or homelessness hostels, the impact of reducing or removing funding on accommodation based services may be to make the service unsafe for service users (particularly the case for younger people) or financially unviable for providers (this is because supported accommodation is funded through a combination of rental income (Housing Benefit) and support funding (NCC's funding). Removal of one of these components may put the accommodation service at risk of closure.
46. From a Looked After Children and Leaving Care perspective, any reduction in funding that puts at risk the range and quality of existing hostel, move-on and supported lodgings accommodation for young people could significantly increase the risk of street homelessness and destitution for Norfolk's care leavers - and possibly lead to increased risk of institutional admittance, and increased risks of offending and mental illness linked with homelessness.
47. It should also be noted that there may be specific impacts on Gypsies and Travellers, as users of targeted floating support services. Many Gypsies and Travellers are reluctant to engage with generic service providers, and existing providers may have invested years in developing relationships and trust with families. This trust may be critical to supporting Gypsy and Traveller families to achieve the best possible outcomes in a wide range of areas, including health and the education of young people. If this support is removed, outcomes for Gypsies and Travellers in these areas may be reduced.
48. It should be noted that men are particularly high users of some homelessness services. Some men may find it challenging to ask for help, and may lack access to emotional support to help them maintain their independence.
49. Service users in rural areas may be particularly affected, because there may be few viable alternatives nearby. Even if there are alternatives available, access to these might be difficult, due to lack of accessible transport, or the increased cost or length of journey times. In view of this, people in rural areas may be at particular risk of exclusion and isolation. If the proposal goes ahead, the remodelling of service provision will need to examine how best to ensure people in rural areas are not disadvantaged.
50. One crucial issue to note is that demand for 'floating support' and accommodation-based housing related support is increasing, and the current model is not financially sustainable. There is an imperative to design a new model, in order to continue to ensure that vulnerable people in Norfolk can continue to benefit from floating-type support and accommodation-based support.
51. In view of the issues highlighted in this assessment, if the proposal goes ahead, work must take place with both existing providers of services and service users to ensure that the new service model addresses the issues highlighted in this assessment, is fit for purpose, and that the potential risks associated with the proposal are mitigated.

Action to address any negative impact

	Action/s	Lead	Date
1.	Work with providers and service users to	Jo Clapham,	From 1 April

	develop a new service specification that addresses the issues raised in this equality and rural assessment. Providers and service users representing affected service users, including service users in rural areas, must be included.	Commissioning Manager	2017
2.	When the new model is developed, a further equality/rural assessment should be undertaken to examine whether it will inadvertently disadvantage or exclude any particular groups of existing service users, or people in rural areas, so that every opportunity can be taken to find ways to mitigate or address this.	Jo Clapham, Commissioning Manager	From 1 April 2017
3.	In the event that the revised assessment identifies any significant detrimental impact that it is not possible to mitigate, the proposed service model should be brought back to decision-makers for consideration, so that every opportunity can be taken to address this, prior to the model being adopted.	Jo Clapham, Commissioning Manager	From 1 April 2017
4.	Ensure effective transition plans are established for service users who may be affected by the proposals.	Jo Clapham, Commissioning Manager	From 1 April 2017

Accessibility considerations

37. Accessibility is a priority for Norfolk County Council. Norfolk has a higher than average number of disabled and older residents compared to other areas of the UK, and a growing number of disabled young people.
52. Development of the new service models will take full opportunity to build accessibility considerations into service design.
53. Actions relating to business process re-engineering will take full opportunity to build accessibility considerations into service planning and design.
54. Proposals relating to contract review will also take full opportunity to build accessibility considerations into service design.

Evidence used to inform this assessment

- Equality Act 2010
- Public Sector Equality Duty
- Relevant business intelligence:
 - Quarterly Performance Indicators
 - Client record forms.
- Consultation last year on the removal of funding for services providing housing related support indicated that while a minority of respondents felt that the responsibility for funding should be spread more widely across the public sector (health, districts, criminal justice etc.) many felt that these are key preventative

services that support vulnerable people and therefore reducing funding was not possible.

- For mental health: data on the number of service users in receipt of mental health housing related floating support and spot contracted personal assistant services eg by postcode; information on hourly/unit costs for services commissioned by NCC; information from mental health social work teams on service shortfalls; survey of mental health social work teams on the differences between the community support services funded and outcomes delivered.

Further information

For further information about this equality impact assessment please contact Jo Richardson, Corporate Planning & Partnerships Manager:
jo.richardson@norfolk.gov.uk, 01603 223816.



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¹ Prohibited conduct:

Direct discrimination occurs when someone is treated less favourably than another person because of a protected characteristic they have or are thought to have, or because they associate with someone who has a protected characteristic.

Indirect discrimination occurs when a condition, rule, policy or practice in your organisation that applies to everyone disadvantages people who share a protected characteristic.

Harassment is “unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual”.

Victimisation occurs when an employee is treated badly because they have made or supported a complaint or raised a grievance under the Equality Act; or because they are suspected of doing so. An employee is not protected from victimisation if they have maliciously made or supported an untrue complaint.

2 The protected characteristics are:

Age – e.g. a person belonging to a particular age or a range of ages (for example 18 to 30 year olds).

Disability - a person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Gender reassignment - the process of transitioning from one gender to another.

Marriage and civil partnership

Pregnancy and maternity

Race - refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Religion and belief - has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism).

Sex - a man or a woman.

Sexual orientation - whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

3 The Act specifies that having due regard to the need to advance equality of opportunity might mean:

- Removing or minimizing disadvantages suffered by people who share a relevant protected characteristic that are connected to that characteristic;
- Taking steps to meet the needs of people who share a relevant protected characteristic that are different from the needs of others;
- Encouraging people who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such people is disproportionately low.

4 Having due regard to the need to foster good relations between people and communities involves having due regard, in particular, to the need to (a) tackle prejudice, and (b) promote understanding.

5 The gender breakdown of people using the largest CAB provision for the first half of 2016/17 was 53% women : 47% men. In respect of advocacy there was an almost equal proportion of men:women using services (46.9:45.8) with a very small number identifying as intersex or transgender.

6 The impacts of welfare reform, the introduction of Universal Credit, changes to how DWP engages with people and the move from DLA to PiP, and reduction in support services are cited amongst the reasons for this.

7 This is based on the number of clients that were supported by Direct Access Hostels, Single Homeless Hostels, Young People Hostels, Single Homeless Move On, Young People's Move On, Supported Lodgings, Sheltered Housing and Floating Support services between 1 January and 30 April 2016.

8 This is based on the number of current clients in older people's services, as a percentage compared to all services in the proposals.

9 Data for the 12 months from 01.10.15 to 30.09.16. This does not include older people sheltered services.

10 Note this does not include older people sheltered services. The percentage is based on an estimate calculated on Client Record Form returns for those services (other than sheltered) in the proposal for the 12 months from 01.10.15 to 30.09.16.

11 This does not include older people sheltered services. It should also be noted that the gender of 2.5% of service users using services between 01.10.15 to 30.09.16 was unrecorded.

12 Again, this does not include older people sheltered services.

13 From 01.10.15 to 30.09.16

14 From 01.10.15 to 30.09.16

15 Client Record Form returns for 1st April 2015 to 31 March 2016.

Service Committees Capital Programme

Appendix 9

Capital programme 2017-20

A summary of the proposed Norfolk County Council capital programme budget is summarised in the following table:

Service	2017-18	2018-19	2019-20+	Total
	£m	£m	£m	£m
Adult Social Care	12.014	0.995	-	13.009
Children's Services	57.375	70.816	-	128.191
CES Highways	104.388	3.933	0.602	108.923
CES Other	22.741	8.530	21.172	52.443
Resources	-	-	-	-
Finance	32.722	24.050	2.150	58.922
Total	229.239	108.324	23.924	361.488

(note: the table above may be subject to small rounding differences)

The programme is still in development, and an updated proposed programme will be presented to the Policy and Resources Committee on 6 February 2017.

There are no new capital schemes directly relevant to this committee.

Children's Services Committee					
Service	Title	2017-18	2018-19	2019-20	Summary of Bid
		£m	£m	£m	
Children's Services	Delivery of CS Sufficiency Strategy	4.000	1.000		Development of between 16-24 operational beds in 8-10 units to be used as both residential provision and self-contained move-on beds for young people leaving care.
Total Children's Services		4.000	1.000		

EDT Committee																			
Service	Title	2017-18	2018-19	2019-20	Summary of Bid														
		£m	£m	£m															
Highways	Development of Ketteringham Site	1.000			Potential development of a joint base as part of the OPE.														
Highways	Flood Mitigation measures	1.500			Market town drainage improvements and flood alleviation														
Highways	DfT Challenge Fund	1.000			Match funding – Outline bids to be submitted Jan 2017.														
Highways	North Area – new depot	0.050			Development of a new site														
Highways	NDR – additional risks	6.800			As reported to 16 September 2016 EDT Committee, there are a number of risks costed at £6.8m that could impact on the cost of delivery. The cost risks set out in the report relate to additional costs of Rackheath Rail Bridge, land acquisition, and additional work resulting from design changes, utility apparatus and detailed site surveys.														
Highways	Highways new DfT grants	13.374			<div>The following grant and other funding has been confirmed or announced to support the 2017-18 Highways capital programme.</div> <table><tr><td></td><td>£m</td></tr><tr><td>DfT Challenge fund</td><td>4.193</td></tr><tr><td>DfT Incentive fund</td><td>2.384</td></tr><tr><td>DfT pothole funding</td><td>2.476</td></tr><tr><td>NCC reserves match funding</td><td>0.180</td></tr><tr><td>DfT Integrated Transport grant funding</td><td>4.141</td></tr><tr><td>Total to be added to the programme</td><td>13.374</td></tr></table> <div>In addition, structural maintenance grant of £25.459m previously announced, and already included in the programme, has been confirmed.</div>		£m	DfT Challenge fund	4.193	DfT Incentive fund	2.384	DfT pothole funding	2.476	NCC reserves match funding	0.180	DfT Integrated Transport grant funding	4.141	Total to be added to the programme	13.374
	£m																		
DfT Challenge fund	4.193																		
DfT Incentive fund	2.384																		
DfT pothole funding	2.476																		
NCC reserves match funding	0.180																		
DfT Integrated Transport grant funding	4.141																		
Total to be added to the programme	13.374																		

					Further details have been reported to the 27 January 2017 EDT Committee in the Highways Capital Programme 2017/18/19 report.
Total Highways		23.724	-	-	
Waste	Replacement HWRC Norwich		2.750		Provision of new recycling centre for Norwich as a replacement for the existing Mile Cross site, provided on a design build and operate contract that expires in September 2021 and cannot be extended.
Customer services	E-commerce digital development	0.173			This capital bid is for the development of a holistic e-commerce programme being run in collaboration with NCC Finance and ICT, The digital front end required for the ecommerce offer will be the customer view in to the organisation, and will primarily be used to promote, describe and sell events, activities and products on behalf of all relevant NCC services.
Customer services	Single Employee Portal	0.320			<p>The current employee digital offer is disjointed and does not provide an optimal experience for staff and managers within NCC. In addition, the current content management platform (Oracle) for iNet and PeopleNet is out of support and needs to be replaced. It has been agreed that Sitecore will be used for the new employee digital platform, as for the externally facing customer offer.</p> <p>In designing and developing the new employee offer the following objectives need to be achieved</p> <ul style="list-style-type: none"> • Overall cost to serve is reduced • Employee satisfaction is increased by seamless journeys and easy to use processes (workflow) • Management processes and performance information are enabled through self service • All internal customers fully utilise self-service where it is available • Professional resources are deployed effectively and where they add value

Scottow Enterprise Park	Scottow Enterprise Park development	3.952			<p>Scottow Enterprise Park has 122 units totalling over 510,000 square feet of lettable space, and is currently 67% occupied by 61 businesses. In line with a report to 14 July 2016 Economic Development Committee, in order to facilitate the growth and economic development of the site relative to the current level of demand and enquiries, a total of capital budget of £9.500m is required. This is a further £3.952m over the current capital programme allocation for Scottow.</p> <p>Of the total £9.500m, £5.238m is required to make essential infrastructure improvements for existing and future tenants, including £3.900m to ensure a potable water supply exists throughout the site, the remainder covering adequate drainage, heating and safe asbestos removal. Building requirements comprise £2.700m to bring hangar buildings into a condition whereby prospective tenants can take up space, and a further £1.562m on other buildings to meet current demand.</p>
Total EDT other		4.445	2.750	-	
Total EDT		28.169	2.750	-	

Communities Committee					
Service	Title	2017-18	2018-19	2019-20	Summary of Bid
		£m	£m	£m	
Public safety	Fire Premises:	0.150			Premises: Downham Market (non-insured shortfall in funding), Attleborough – Fire share of new joint building Stand-by power generators Fitting of NCC swipe card access to fire stations to allow NCC staff access sites to aid mobile working. Potential contribution from insurance fund.
Public Safety	ICT – Control systems relocation from Hethersett to Wymondham	0.210			Move of NFRS Fire Control Room to Norfolk Constabulary Control Room to facilitate greater operational effectiveness.
Public Safety	Fire station fire detection systems	0.150			Installation of Fire Detection and Monitoring for all NFRS sites that currently have no provision
Public Safety	Live fire unit	0.080			To maintain Operational Firefighter training and to mitigate changes required by NNDC Environmental Health team: <ul style="list-style-type: none"> • Provision of gas fire units • Additional Fire Behaviour unit.
Public Safety	Replacement fire engines		0.950		Replacement of four fire engines.
Public Safety	Aerial Appliance	0.300			Replacement of current aerial appliance
Public Safety	Operational equipment	0.060	0.070	0.070	Capital fund for replacement of critical equipment replacement, (working at height, hose, airbags).

Cultural services - museums	Norwich Castle Keep development match funding		1.950		Norfolk Museums Service will deliver a major project to redevelop the medieval Keep at Norwich Castle Museum & Art Gallery. This £13m project will re-create the 12th century Norman royal palace and will develop a new British Museum Gallery of the Medieval Period, creating the first permanent presence for the British Museum in the East of England. This project is one of the highest profile heritage projects in the UK, delivering strongly against all four of the Norfolk County Council strategic priorities, with a bid to the Heritage Lottery Fund accounting for the majority of funding.
Cultural services - museums	Norwich Castle museum business critical M&E services	0.150		0.750	The ability to deliver services and programming at NCM is currently threatened by significant failures affecting two critical elements of site M&E infrastructure including the critical M&E systems that control RH and temperature in exhibition galleries, and the external lift.
Cultural services - Libraries	Replacement of Self Service Kiosks in Libraries		0.800		Norfolk Library and Information Service have 106 self-service kiosks in libraries that customers use for around 90% of standard transactions. Originally introduced in 2008, the kiosks were refreshed in 2013/14 and have an effective life expectancy of 6 years. This bid is for 106 replacement kiosks in 2018-19, 50 of which will accept coins/notes and 56 of which will accept money and electronic payments.
Cultural services - Libraries	Capitalisation of library books	1.000	1.000	1.000	The majority of expenditure on library books has previously been treated as revenue expenditure within the Council's accounts. To the extent that library books form a class of "non-current assets" with a life of more than one year they can be capitalised. The actual amount capitalised and impact on the revenue budget will depend on the exact mix of library purchases in any one year.
Total Communities		2.100	4.770	1.820	

Total CES		30.269	7.520	1.820	
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Policy and Resources Committee					
Service	Title	2017-18	2018-19	2019-20	Summary of Bid
Finance & Property		£m	£m	£m	
Corporate Property Team (CPT)	Norfolk One Public Estate programme	0.250	0.250	0.250	<p>NCC are a partner in Norfolk One Public Estate (OPE) programme This bid enables the County Council to fully participate in the programme through small capital schemes combining buildings and releasing sites from the portfolio thereby producing capital receipts and making revenue savings.</p> <p>Decisions on which projects to support will be made by Corporate Property Strategy Group, supported by the Corporate Property Team based on business cases detailing the benefits to NCC services and Norfolk citizens and service users.</p>
CPT	Basement/Lower Ground	3.700			Proposed refurbishment of the lower ground and basement at County Hall to form maximum occupation office accommodation including a number of meeting rooms and storage space, Together with the refurbishment of the North Wing work this will allow the release of the Annexe and Vantage House. To be commissioned same time a North Wing. Further work is required to refine the cost estimate.
CPT	County Hall North Wing	3.300			Refurbishment of the North Wing at County Hall to form maximum occupation office accommodation including a number of meeting rooms allowing decant from The Annexe & Carrow House subject to final location plans. The project includes the re-siting of the ITS control room. Total cost £4.300m, office accommodation plus provisional £0.500m for democratic spaces, less £1.500m already committed.
CPT	Replacement room booking system	0.050			Replacement room booking system to enable better control of available venues reducing costs associated with hire and lost time.
Finance	Capitalisation of corporate capital staff	0.300	0.300	0.300	The Council spends over £100m each year on its capital programme. Included in this cost can be staff time where it relates to specific projects and assets. This budget represents the cost of a

	costs where applicable				number of staff providing support and advice to various elements of the capital programme, previously funded from the revenue budget.
ICT	Member ICT refresh	0.420			Member ICT refresh [details tbc]
ICT	Server infrastructure	2.400			The authority's server infrastructure is now 5 years old and has reached the end of economic life. Replacement servers will be able to meet enhanced storage and recovery standards. The estimated cost of server replacements and licencing is £3.4m, of which £1m is forecast to be spent in 2016-17.
ICT	Technology and investment programme (transformation)	2.600			<p>This bid is for a number of transformation projects to improve ICT services, including:</p> <ul style="list-style-type: none"> • further development of online self-service portals for residents, staff and partners (£1.1m) • refresh of the corporate mobile phone estate (£0.5m) • Improvements to corporate Wi-Fi (£0.5m) • mobile and flexible working technologies to improve the effectiveness and efficiency of front line Social Care workers (£0.5m).
ICT	Licencing and generic capital improvements	1.200	0.900		A number of ICT projects have been proposed to enhance services throughout NCC, principally through the development of a range of self-service portals. As much as £3m will be required in total, including £1.2m approved in 2016-17. In addition, it is likely that a further £0.3m will be required in respect of long term licences in 2017-18.
Total Finance		14.220	1.450	0.550	
Total P&R		14.220	1.450	0.550	
Total NCC		48.489	9.970	2.370	

Adult Social Care Committee

Item No. 13

Report title:	Adult Social Care Finance Monitoring Report Period 8 (November) 2016-17
Date of meeting:	23 January 2017
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic impact

This report provides Adult Social Care Committee (the Committee) with financial monitoring information, based on information to the end of November 2016. It provides an analysis of variations from the budget and the actions being taken by the service to reduce the overspend.

Executive summary

As at the end of November 2016 (Period 8), Adult Social Services is forecasting an overspend of £11.982m, with the application of previously identified use of the Corporate Business Risk Reserve. However, this paper includes recommendations for the application of £0.948m from reserves, which would reduce the forecast overspend to £11.034m. The overspend equates to a 4.8% variance on the revised budget and represents an increase of £3.223m on the position reported at the end of Period 6. This is following review of risks and recommendations for application of funding, which is set out below. The paper also highlights the recovery actions being taken by the service.

Expenditure Area	Budget 2016/17 £m	Forecast Outturn £m	Variance £m
Total Net Expenditure	247.369	269.700	22.137
Agreed use of Corporate Business Risk Reserve	0.000	(10.155)	(10.155)
Revised Net Expenditure	247.369	259.545	11.982
Use of reserves – to be agreed	0.000	(0.948)	(0.948)
Revised Net Expenditure	247.369	258.403	11.034

The headline information and considerations include:

- The outturn position for 2015-16 was a £3.168m overspend and this underlying pressure continues into 2016-17
- Norfolk County Council (the Council) in setting the budget recognised the additional business risks affecting the service, specifically in relation to the cost of care exercise that concluded in April, the additional cost in 2016-17 for the introduction of the national living wage and the uncertainty of health funding to maintain social care as part of the Better Care Fund. A corporate business risk reserve was set up as part of the 2016-17 budget to help manage this risk. The use of £5.155m has previously been agreed for cost of care and national living wage pressures and £5m towards protecting social care following the reduction in health funding towards social care in 2016-17 within the Better Care Fund
- The forecast recognises the increase in commitments between when the budget was set at the end of January 2016 and the actual commitments at April 2016

- d) The service is continuing to improve its information and accuracy of forecasting. Inclusion of improved information about how our home care and day contracts are being used, information about waiting lists and service level agreements has improved the accuracy of forecasting, but resulted in the need to recognise a higher budget pressure for the service
- e) The forecast at Period 8 includes an increase in commitments for Older People and People with Learning Disabilities
- f) Following work with iMPOWER consultants the forecast includes a revised savings estimates, reflecting re-profiling of some savings
- g) Previous agreement of £0.651m of reserves and further recommendation to utilise £0.948m of uncommitted reserves to help reduce the 2016/17 forecast overspend

Adult Social Services reserves at 1 April 2016 stood at £2.848m. At the point that the budget was set in February 2016, the Council agreed to £1.073m use of Adult Social Services reserves in 2016/17. The year end position on reserves was £0.838m higher than at budget. Following agreement of the Policy and Resources committee the Period 8 forecast includes both the originally agreed £1.073m and additional use of £0.651m. These amount did not assume use of reserves to offset general overspend. In light of the current overspend, it is proposed that £0.948m of unspent grants and contributions, earmarked for transformation in adult social care is utilised to offset the overspend position.

The agreed 2016-17 forecast outturn position for reserves is therefore £1.650m. Provisions totalled £3.127m at 1 April 2016, mainly for the provision for bad debts.

Recommendations:

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

- a) **The forecast outturn position at Period 8 for the 2016-17 Revenue Budget of an overspend of £11.982m**
- b) **The planned actions being taken by the service to reduce the overspend**
- c) **The planned use of reserves and to propose to Policy and Resources Committee that County Council approve the use of additional reserves of £0.948m in 2016-17 as set out in Section 2.11, which would reduce the overspend to £11.034m**
- d) **The forecast outturn position at Period 8 for the 2016-17 Capital Programme**

1. Introduction

- 1.1 The Adult Social Care Committee has a key role in overseeing the financial position of the department including reviewing the revenue budget, reserves and capital programme.
- 1.2 This monitoring report is based on the Period 8 (November 2016) forecast including assumptions about the implementation and achievement of savings before the end of the financial year.
- 1.3 The County Council in setting the budget for 2016/17, recognised the significant business risks facing the service, including the review of cost of care and the implications of national living wage and the continuation of funding from Clinical Commissioning Groups (CCGs) to maintain social care within the Better Care Fund scheme. As part of the 2016-17 budget setting, the Council put in a place a Corporate Business Risk Reserve. The forecast includes the approved use of £10.155m to manage the actual costs that have now arisen for the service.

2. Detailed Information

2.1 The table below summarises the forecast outturn position as at the end of November 2016 (Period 8).

Actual 2015/16 £m	Over/ Underspend at Outturn £m	Expenditure Area	Budget 2016/17 £m	Forecast Outturn £m	Variance @ P8 £m
8.325	(0.312)	Business Development	7.640	7.365	(0.275)
70.665	0.804	Commissioned Services	69.540	71.510	1.970
5.442	0.142	Early Help & Prevention	6.220	5.600	(0.619)
164.760	9.653	Services to Users (net)	155.485	172.908	17.423
(6.710)	(7.119)	Management, Finance & HR	8.485	1.967	(6.518)
242.482	3.168	Total Net Expenditure	247.369	259.351	11.982

2.2 As at the end of Period 8 (November 2016) the revenue outturn position for 2016-17 is £11.982m, the forecast includes the release of (£6.079m) of Care Act funding that was not allocated to specific budgets at the beginning of the year.

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

2.4 The overspend is primarily due to the net cost of Services to Users (purchase of care and hired transport), and risks associated with the delivery of recurrent savings, resulting in a forecast overspend of £17.423m.

2.5 There has been in-year movement in the budget between services to properly reflect the agreed areas supported by the Better Care Fund income. Key changes include reducing the income budget for both Management and Finance, and Services to users with corresponding increase in income budget for Care and Assessment, and Reablement services – which results in a reduction in net budget for these services.

2.6 Additional pressures for 2016/17

2.6.1 As previously reported the forecast includes the additional costs arising from the cost of care review and the implications of the national living wage within the 2016/17 uplift to prices.

2.7 Services to Users

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

Actual 2015/16 £m	Over/ Underspend at Outturn £m	Expenditure Area	Budget 2016/17 £m	Forecast Outturn £m	Variance £m
111.417	3.579	Older People	103.677	113.029	9.352
24.750	0.412	Physical Disabilities	22.039	23.193	1.154
90.218	9.863	Learning Disabilities	83.408	92.461	9.053
13.519	1.839	Mental Health	12.907	13.275	0.368
6.909	2.328	Hired Transport	3.672	7.105	3.433
14.436	(1.150)	Care & Assessment & Other staff costs	10.338	9.610	(0.728)
261.249	16.871	Total Expenditure	236.041	258.673	22.632
(96.490)	(7.218)	Service User Income	(80.556)	(85.764)	(5.209)
164.760	9.653	Revised Net Expenditure	155.485	172.908	17.423

2.7.2 Key points:

- a) Permanent admissions to residential care – so those without a planned end date – have been consistently reducing for the last three years in both 18-64 and 65+ age groups, and reductions had accelerated in the last year in response to the provisions put in place in response to Promoting Independence. Over the last quarter, there has been some increase in permanent residential placements – the key reasons have been improved timeliness of recording but teams have also reported increased pressure from hospital discharge and a number of previous self-funders that have dropped below the threshold for self-funding. At April 2015, the rolling 12 months admissions for people aged 65+ was 688 per 100,000 population, this had reduced to 630 by October 2016, but was as low as 613 people per 100,000 population in July 2016. For people aged 18-64 there is a more marked reduction, with 33 people per 100,000 population admitted into permanent residential care in April 2015, reducing to 17 per 100,000 population by October 2016. However, total numbers have only reduced very slightly with average length of stay increasing – meaning these changes in practice are not having a significant impact on spend in the short term
- b) The forecast expenditure for purchase of care, excluding care and assessment is £2.25m more than the 2015/16 outturn. The 2015/16 expenditure included £1.1m one-off expenditure, which was offset by income. However, the 2016/17 expenditure includes the increase in spend due to the cost of care exercise and implementation of the national living wage
- c) Reducing the number of working age adults in residential placements in line with savings targets is challenging. Transition plans for individuals are continuing to be developed and implemented, but transition for most individuals will take time with increased resources often needed initially to support the transition process into more independent care settings
- d) The Learning Disability and Physical Disability savings for 2016-17 are not expected to be fully delivered. This is reflected in the savings forecast and actions identified within the recovery action plan
- e) Overall there is a reduction of £16m in budgeted income in 2016/17 compared to 2015/16 outturn, however service user income has remained the same. This

primarily relates to one-off income items accounted for against purchase of care income in 2015/16 including £4.6m from reserves for 2015/16 cost of care pressures and approved use of reserves when setting the 2015/16 budget; £0.415m transfer from Public Health; £3.6m to adjust for Continuing Health Care agreements and £1.1m in relation to additional invoices raised, but which were offset by additional costs. It also reflects reallocation of Better Care Fund (BCF) income to the areas of agreed budget spend, particularly Care and Assessment and Reablement. The forecast includes the additional income from the Corporate Risk Reserve of £5.155m in relation to cost of care and national living wage

- f) The purchase of care forecast includes a further increase in commitments, which is due to both previous delays in recording and some increase in the number of residential packages. The forecasts are built on the accuracy and timeliness of the recorded information on each service user and therefore can be subject to operational pressures

2.8 Commissioned Services

2.8.1

Actual 2015/16 £m	Variance at outturn £m	Expenditure Area	Budget 2016/17 £m	Forecast Outturn £m	Variance £m
1.219	(0.182)	Commissioning Team	1.474	1.270	(0.204)
10.925	(0.219)	Service Level Agreements	11.157	10.555	(0.602)
2.620	0.021	Integrated Community Equipment Service	2.678	2.480	(0.198)
32.496	1.645	NorseCare	30.024	33.142	3.119
9.141	(0.141)	Supporting People	9.494	9.483	(0.011)
12.930	(0.265)	Independence Matters	13.345	13.218	(0.127)
1.334	(0.055)	Other Commissioning	1.369	1.363	(0.006)
70.665	0.804	Total Expenditure	69.540	71.510	1.970

2.8.2 Key points:

- a) A joint and medium term plan is being developed with Norse Care for delivery of current and future savings however, this is not expected to reduce the shortfall in 2016/17

2.9 Savings Forecast and risks affecting 2017/18 budget planning

- 2.9.1 The department's budget for 2016/17 includes savings of £10.926m. A revised forecast was previously reported to Committee, following a review undertaken with iMPower consultants of the Promoting Independence programme of work. The review concluded that the Council is pursuing the right strategy, that there are other interventions that can be used to enhance delivery of the strategy and that the timeline for the strategy is challenging with the consultants questioning whether the savings can realistically be delivered in three years.

- 2.9.2 The risks within the programme were reported to Committee in November and following recommendations from this committee, Policy and Resources Committee approved the revised profile of savings to be included within the Council's budget planning for 2017-20. Following the latest assessment of the programme, and re-profiling of 2017-18 targets, the table below reflects the revised position. This creates higher risk in 2018-19. More detail regarding the implications for forward planning are included in the Strategic and Financial Planning paper elsewhere on this agenda.
- 2.9.3 Risks totalling £4.165m have been reflected in the forecast position and alternative savings are being identified.

Savings	Saving 2016/17 £m	Forecast £m	Variance £m
Savings off target (explanation below)	4.165		4.165
Savings on target	6.761	6.761	0.000
Total Savings	10.926	6.761	4.165

For those savings that are off target a brief explanation is provided below of the reasons why they are off target and any planned recovery action that is in place.

2.9.4 **Integrated Community Equipment Service (target £0.500m, forecast £0.043m, variance £0.457m)**

The savings were planned focusing on a mix of preventative and efficiency savings. The service is aiming to increase the access to equipment to reduce or delay the need for formal packages of care and review the way that equipment is recalled. Feasibility plans have identified that these savings will need to be re-profiled due to the time needed to set up new teams and processes. The focus will be on increasing the review and recall of equipment and reviewing where improved access to equipment can reduce the need for some service users to require two care workers (known as double-ups). There has been delay with recruitment to these posts and alternative staffing options are being considered.

2.9.5 **Changing how we provide care for people with learning disabilities or physical disabilities (target £1.500m, forecast £0.600m, variance £0.900m)**

The saving involves re-assessing the needs of existing service users and where appropriate providing alternative and more cost effective accommodation, or means of supporting them in their current accommodation. As previously reported while it is considered that savings can be achieved over time, the lead in times for the work have been longer than originally planned. In addition actions have been needed to review the implementation of the changes. The future direction for this work is part of the refresh of the promoting independence programme.

2.9.6 **Promoting Independence - Reablement - expand Reablement Service to deal with 100% of demand and develop service for working age adults (target £3.158m, forecast £1.200m, variance £1.958m)**

Recruitment to posts is completed and the service is managing increased referrals. The savings are expected to be delivered, but have required re-profiling in year one, which will reduce the levels of savings that can be achieved in 2016/17.

2.9.7 Transport Savings (target £1.050m, forecast £0.200m, variance £0.850m)

A full report was presented to committee in July and September 2016 and an update in November. An update report with more detail is also included on this agenda. Various strands of work have and are being carried out including the reduction in the allocation for funding for transport in peoples' Personal Budgets; discussing with people at their annual review how they can meet their transport needs in a more cost effective way; and charging self-funders. However the savings from transport are taking longer to deliver than originally anticipated due to; the information available from travel systems; being able to make changes to travel arrangements for all individuals on a route to enable transport to be stopped and savings realised; and cultural change. It does appear that in the current framework it is not possible to achieve the budgeted savings. (Please see separate report for more detail).

2.9.8 The below table provides an overview of the full programme of savings and current position for 2016-17. Proposals for the 2017-21 programme are included in the strategic and financial planning report elsewhere on this agenda.

Saving	Action	2016/17		
		Budget £m	Forecast £m	Variance £m
Promoting Independence – Customer Pathway (ASC006)	Strengths based approach rolled out; community hub piloted; preventative assessment piloted and being rolled out. Additional interventions identified including information advice and guidance	1.258	1.258	0.000
Promoting Independence – Move service mix to average of comparator family group (ASC011)	As above	0.120	0.120	0.000
Promoting Independence – Move service mix to lowest of comparator family group (ASC015)	As above	0.000	0.000	0.000
Promoting Independence – expanding reablement service (ASC007)	Additional staff in place and increased referrals. This should achieve the estimated full year savings in 2017-18.	3.158	1.200	(1.958)
Promoting Independence – Housing with Care – development of non-residential community based care (ASC008)	Awaiting feasibility study and additional developments being pursued	0.000	0.000	0.000
Changing how we provide care for people with learning disabilities or physical disabilities (COM034)	Just Checking work piloted and being embedded; contract reviews; void management. Increased focus on re-assessments.	1.500	0.600	(0.900)
Transport – reduce the number of service users we provide transport for and payment of transport out of personal budgets (COM040 and ASC003)	Policy confirmed and new transport review agreed. See separate report for full update.	1.050	0.200	(0.850)
Reducing the cost of business travel (GET016)	Complete	0.090	0.090	0.000
Reduce funding within personal budgets to focus on eligible unmet needs (COM033)	Impact from reassessments and strength based approach	2.500	2.500	0.000
Promoting Independence – expand use of Integrated Community Equipment Service (ASC009)	Service redesign and new practice agreed	0.500	0.043	(0.457)

Review of NorseCare agreement for the provision of residential care (COM042)	Joint action plan – Savings planned as Ellacombe placements reduce; external income from placements and NorseCare rebate.	0.750	0.750	0.000
	Totals	10.926	6.761	(4.165)

2.10 Overspend Action Plan

- 2.10.1 The department is taking recovery action to manage and reduce in year spending as far as possible. All localities have prepared recovery plans which include ongoing actions and new areas. These have been reviewed by Finance and Performance Board and Senior Management Team and key areas for immediate attention within the service to support the in-year budget position have been identified. The action plan detailed at **Appendix C** highlights the main areas of focus for the service. These are predominately management actions, rather than new savings, which include a combination of both alternative interventions to help deliver savings that have been identified in the forecast as not achievable this year and changes in practice to support improved day to day budget management. The actions and performance are incorporated into the work of the Finance and Performance Board to provide a framework for regular monitoring and assurance.

2.11 Reserves

- 2.11.1 The department's reserves and provisions at 1 April 2016 were £5.975m. Reserves totalled £2.848m.
- 2.11.2 At the point that the budget was set in February 2016, the Council agreed to £1.073m use of Adult Social Services reserves in 2016/17. The year end position on reserves was £0.838m higher than at budget. Following agreement of the Policy and Resources committee, the Period 8 forecast includes both the originally agreed £1.073m and additional use of £0.651m. These amounts did not assume use of reserves to offset general overspend. In light of the current overspend, it is proposed that £0.948m of unspent grants and contributions, earmarked for transformation in adult social care, is utilised to offset the overspend position. When these funds were earmarked for transformation the department did not have any revenue funds allocated for such purposes. However, Adult Social Services now has £1.3m recurring budget available to ensure that necessary transformation and change can be implemented. The agreed 2016-17 forecast outturn position for reserves is currently £1.650m, but would reduce to £0.702m if the further use of reserves is agreed by Policy and Resources Committee. Provisions totalled £3.127m at 1 April 2016, mainly for the provision for bad debts. The projected use of reserves and provisions is shown at **Appendix D**.

2.12 Capital Programme

- 2.12.1 The department's three year capital programme is £23.387m. The programme includes £8.368m relating to Department of Health capital grant for Better Care Fund (BCF) Disabled Facilities Grant (DFG) and Social Care Capital Grant, which is passported to District Councils within the BCF. Work has been undertaken with district councils as part of the BCF programme of work, to monitor progress, use and benefits from this funding. The capital programme also includes £6.931m for the social care and finance replacement system. The priority for use of capital is development of alternative housing models for young adults. In line with this, a project to refurbish a council owned property in Norwich at Netherwood Green is included within the programme, this is subject to a full feasibility study and business case. There are no adverse variances to be reported at this stage. Details of the current capital programme are shown in **Appendix E**.

3. Financial Implications

- 3.1 The forecast outturn for Adult Social Services is set out within the paper and appendices. The actions at **Appendix C** set out plans that aim to mitigate and address the overspend.
- 3.2 As part of the 2017/18 budget planning process, the committee will need to propose a robust budget plan for the service. The service is facing significant financial risks, including the current forecast overspend within 2016/17. The budget and medium term financial planning report to this Committee in October set out the key planning assumptions within the Council's current budget model. These included expected delivery of the in-year remedial actions to reduce the overspend, but recognition of £3m pressure from the delay of transport savings and costs pressures with the service. Following recommendations from this Committee, Policy and Resources Committee approved the revised profile of savings to be included within the Council's budget planning for 2017-20. In addition to the reprofile of savings, the Strategic and Financial Planning paper, elsewhere on this agenda, includes the impact of the forecast underlying overspend for the service arising from 2016-17.

4. Issues, risks and innovation

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

5. Background

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

[Finance Monitoring Report – Adult Social Care Committee November 2016](#) p18

[2017/18 Budget and Medium Term Financial Planning 2017-18 to 2019-20 – Adult Social Care Committee October 2016](#) p31

Officer Contact

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

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

Adult Social Care 2016-17: Budget Monitoring Period 8 (November 2016)

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

Summary	Budget	Forecast Outturn	Variance to Budget		Variance at Period 6
	£m	£m	£m	%	£m
Services to users					
Purchase of Care					
Older People	103.677	113.029	9.352	9.02%	6.949
People with Physical Disabilities	22.039	23.193	1.154	5.24%	1.072
People with Learning Disabilities	83.408	92.461	9.053	10.85%	7.832
Mental Health, Drugs & Alcohol	12.907	13.275	0.368	2.85%	0.184
Total Purchase of Care	222.032	241.958	19.926	8.97%	16.036
Hired Transport	3.672	7.105	3.433	93.50%	3.037
Staffing and support costs	10.338	9.610	(0.728)	-7.04%	(0.538)
Total Cost of Services to Users	236.041	258.673	22.632	9.59%	18.536
Service User Income	(80.556)	(85.764)	(5.209)	7.08%	(6.095)
Net Expenditure	155.485	172.908	17.423	10.89%	12.441
Commissioned Services					
Commissioning	1.474	1.270	(0.204)	13.87%	(0.209)
Service Level Agreements	11.157	10.555	(0.602)	-5.40%	(0.310)
ICES	2.678	2.480	(0.198)	-7.39%	(0.126)
NorseCare	30.024	33.142	3.119	10.39%	3.119
Supporting People	9.494	9.493	(0.011)	-0.12%	(0.001)
Independence Matters	13.345	13.218	(0.127)	-0.95%	(0.100)
Other	1.369	1.363	(0.006)	-0.43%	0.008
Commissioning Total	69.540	71.510	1.970	2.83%	2.381
Early Help & Prevention					
Housing With Care Tenant Meals	0.698	0.586	(0.112)	16.06%	(0.178)
Norfolk Reablement First Support	1.213	0.972	(0.241)	19.88%	(0.227)
Service Development	1.076	1.005	(0.071)	-6.58%	0.104
Other	3.232	3.037	(0.195)	-6.04%	(0.223)
Prevention Total	6.220	5.600	(0.619)	-9.95%	(0.525)

Adult Social Care

2016-17 Budget Monitoring Forecast Outturn Period 8

Explanation of variances

1. Business Development, forecast underspend (£0.275m)

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

2. Commissioned Services forecast overspend £1.970m

The main variances are:

NorseCare, forecast overspend of £3.119m. This relate to the previous year shortfall on the budgeted reduction in contract value and previously reported contractual requirements that meant that 2015-16 savings could not be achieved. NorseCare and NCC are developing a joint savings plan that will enable a medium term plan for delivering opportunities for further savings but it is not expected that savings above the 2016/17 can be delivered in this financial year.

Service Level Agreements, forecast underspend of £0.602m. Further review of budgets has identified reductions in planned costs and additional Continuing Health Care income.

3. Services to Users, forecast overspend £17.423m

The main variances are:

Purchase of Care (PoC), forecast overspend £19.926m.

The key reasons for the differences between the forecast and the 2016-17 budget are:

- The impact of the budget gap – the service is managing underlying unfunded pressures (reflected in the overspend at the end of 2015/16). The budget was set reflecting commitments (cost of placements) at January 2016, but the pressures from commitments at April compared to actual budget shows a £3.5m underlying pressure
- Since setting the budget, improved information gained at year-end on the use of home care packages and waiting lists, has enabled estimates to be improved. However, this has meant that forecast expenditure should be increased by £2.9m to reflect that home care commitments are being used more fully than previously and inclusion of expected commitments arising from people that are on waiting lists
- A revision in the level of 2016/17 savings that can be delivered has increased the forecast outturn. This relates to reablement and review of packages of care, which is set out in section 2.8 of this report
- The 2016/17 financial cost of both the cost of care exercise and the impact to care providers from the national living wage was not included in the adult social care budget when it was set in February. Costs totalling £5.155m are included in the 2016/17 forecast. This is offset by the use of the corporate business risk reserve which is included within the income forecast for services to users. This reduces the actual underlying overspend for purchase of care, most significantly £4m for older people purchase of care and £0.500m for learning disabilities
- The purchase of care forecast includes an increase in commitments. The teams have reviewed all changes in packages of care during the period. Key reasons for the increase are improved timeliness of information recorded on Carefirst, some pressure

from hospital discharges leading to temporary care packages that may not best support the Promoting Independence strategy and lead to increase spend, a small number of new high cost packages of care that have been unavoidable in line with statutory responsibilities and payment for previous self-funder packages of care, where the service users' financial assets have now fallen below the threshold. The forecasts are built on the accuracy and timeliness of the recorded information on each service user and therefore can be subject to operational pressures

Service User Income, forecast over-recovery (£5.209m). The forecast includes the additional income from the Corporate Risk Reserve of £5.155m in relation to cost of care and national living wage.

Hired Transport, forecast overspend £3.433m. The savings from transport have not been realised. The forecast includes expected delay in 2016/17 savings. Reports providing an update on the Transport savings and project were reported to Committee in July 2016 and September 2016 and following review a further update is included elsewhere on this agenda.

4. Early Help and Prevention, forecast underspend (£0.619m)

The main variances are:

Housing with Care tenant meals, forecast underspend (£0.112m). This reflects a change in the arrangement where service users now pay the new provider directly for meals. The respective income forecast (under Service User Income) also reflects a reduction in income. However, overall there is a small net cost to the service's budget as costs per meal increased (in excess of income) whilst the previous service was wound up.

Reablement, forecast underspend (£0.241m). Includes reduced spending on standby payments and travel and temporary long-term sickness cover that is no longer required.

5. Management, Finance and HR, forecast underspend (£6.518m)

The main variances are:

Management and Finance, forecast underspend (£6.518m). As part of the budget setting, funding relating to the Care Act was held with the Management and Finance budget, in order to focus on the savings delivery and to enable this money to be allocated longer term once spending is at a sustainable level. The forecast includes the release of (£6.079m) of Care Act funding that was not allocated to specific budgets at the beginning of the year.

The forecast at Period 4 overstated the use of the Business Risk Reserve by £0.500m. A part of the corporate reserve has been used to reprofile the saving COM033 - Reduction in funding within personal budgets to focus on eligible unmet needs within the budget setting process. The service will continue to benefit from the use of the Business Risk Reserve of £10.157m in 2016/17, however this pressure will need to be met within the service. This had previously been reflected within the Management and Finance budget, but is now shown within the Purchase of Care budget, in order to more accurately reflect the area of spend.

2016/17 Revised Action Plan

The revised plan sets out the priority actions for the service, in addition to business as usual focus on targets for placements, contract management and continued reinforcement of policy and practice. The below is predominately management actions, which include a combination of alternative interventions to help deliver savings that have been identified in the forecast as not achievable this year and changes in practice to support improved day to day budget management.

	Action	Progress and next steps	Impact planned and benefits achieved	Target
1	Full rollout of preventative assessments	Rollout completed	Localities are reporting a reduction in number of Care Act assessments required	Targeting £1.3m through less care assessment, more divert at front door.
2	Full rollout of occupational Therapist/Assistant Practitioner approach	Rollout expected	Localities have reported savings from the approach. It is currently not possible to quantify the reduction in spend, as the service is seeing a mix of reduced spend and cost avoidance through use of preventative approaches.	
3	First point of contact to improve triage of referrals and consistency of practice. Business case setting out use and impact and recommended interventions	Scoping and principles agreed. Analysis of all entry points to the service.	Aim is for reduction in number of Care Act assessments required, leading to reduction in need for formal packages of care through improved signposting, information and advice	Targeting £0.750m through 70% resolution at first point of contact
4	Implement enhanced service around transitions from Children's Services. Initial action to widen scope of initial business case	Work to be incorporated into revised transformation plan	Aim is for improved outcomes through development of plans to work towards greater independence and less high cost packages of care. Savings not expected until 2017/18.	September – March 2017

	Action	Progress and next steps	Impact planned and benefits achieved	Target
5	Improved offer for carer support – focusing on signposting and early help. Detailed and costed business case required.	A more effective pathway for carers will be implemented in September 17 which will improve the overall service provided to carers and ensure better join up of the wide ranging services provided. Focus will be on ensuring people can access the right support at the right time minimising the risk of carer breakdown.	Carer breakdown is cited as one of the main reasons for people requiring new and increased packages of care. Action is needed to help reduce demand. Savings not expected until 2017/18	September 17 implementation of new service –
6	Compulsory use of the Care Arranging Service for brokerage of all packages of care. Ensure capacity and knowledge to meet all service requirements within CAS.	Identify and secure training/additional support in the service Directive for use of CAS for all teams	Reduction in prices for care and reduction in the number of top-up arrangements is required. Monitoring through Finance and Performance Board.	Targeting £0.400m through reduction in 1:1 and additional contracts
7	Review of policy for hospital discharge and assessment to ensure the right long term care package is in place	Already policy to require no permanent placements and to ensure that discharge plans are in place on admission to planning beds, respite and reablement placements.	Improved consistency and improved timetabling for assessment to avoid the risk of adverse longer term packages based on someone's need too soon after discharge. Avoidance of purchase of care spend.	Support delivery of current savings plan
8	Capacity planning, prioritisation and reallocation of social work resources to support the area of current highest needs in the service – this will focus mainly on services for people with learning	Plans now produced by all localities. Survey and monitoring completed in December.	To provide increased support to manage any tasks that can be undertaken by non-social work teams. To increase the number of reassessment of packages of care undertaken in order to increase impact of strength based approach to social care.	Targeting £0.750m through increased assessments achieved

	Action	Progress and next steps	Impact planned and benefits achieved	Target
	disabilities but include other high cost packages of care and low level packages of care			
9	Implement Learning Disability service programme. <ul style="list-style-type: none"> - Complete review of packages of care - Individual plans for all services users that could have increased independence - Clear vision for Norfolk on best practice to meet eligible needs - Organisational development plan - LD Conference for all staff and additional training - Commissioning and provider links including provider summit 	Please see detailed plan previously reported to Committee.	To ensure that the Promoting Independence strategy can be delivered within the service in line with Older People and Mental Health – helping to reduce the demand for services and provide solutions to meet eligible needs in line with national best practice.	Targeting £0.800m
10	Audit review of financial controls	Field work commenced in January	Assurance report on financial controls within Care and Assessment Teams	Report to be provided in February

Adult Social Services Reserves and Provisions 2016/17

	Balance	Period 6 post P&R recommendation		Further use of reserves to recommend to P&R	Proposed balance
		Planned Usage	Balance		
	01-Apr-16	2016/17	31-Mar-17	2016/17	2016/17
	£m	£m	£m	£m	£m
Doubtful Debts provision	3.121	0	3.121	0	3.121
Redundancy provision	0.006	-0.006	0	0	0
Total Adult Social Care Provisions	3.127	-0.006	3.121	0	3.121
Prevention Fund – General - As part of the 2012-13 budget planning Members set up a Prevention Fund of £2.5m to mitigate the risks in delivering the prevention savings. £0.131m was brought-forward on 1 st April 16, and it is being used for prevention projects: Ageing Well and Making it Real.	0.253	-0.146	0.107	0	0.107
2013-14 funding for Strong and Well was carried forward within this reserve as agreed by Members. £0.122m was brought-forward on 1 st April 16, all of which has been allocated to external projects and will be paid upon achievement of milestones.			0		0
Repairs and renewals	0.043	0	0.043	0	0.043
Adult Social Care Workforce Grant	0.07	-0.07	0	0	0
Unspent Grants and Contributions - Mainly the Social Care Reform Grant which is being used to fund Transformation in Adult Social Care	2.482	-0.982	1.5	-0.948	0.552
Total Adult Social Care Reserves	2.848	-1.198	1.65	-0.948	0.702
Corporate Business Risk Reserve	10.677	-10.157	0	0	0
Total Reserves & Provisions	16.652	-11.361	4.771	-0.948	3.823

Adult Social Services Capital Programme 2016/17

Summary	2016/17		2017/18	2018/19
Scheme Name	Current Capital Budget	Forecast outturn at Year end	Draft Capital Budget	Draft Capital Budget
	£m	£m	£m	£m
Failure of kitchen appliances	0.031	0.031	0	0
Supported Living for people with Learning Difficulties	0.017	0.017	0	0
Adult Social Care IT Infrastructure	0.141	0.141	0	0
Progress Housing - formerly Honey Pot Farm	0.318	0.318	0	0
Adult Care - Unallocated Capital Grant	0.995	0.995	3.254	0
Strong and Well Partnership - Contribution to Capital Programme	0.161	0.161	0	0
Bishops Court - King's Lynn	0.085	0.085	0	0
Cromer Road Sheringham (Independence Matters	0.181	0.181	0	0
Winterbourne Project	0.050	0.050	0	0
Great Yarmouth Dementia Day Care	0.030	0.030	0	0
Care Act Implementation	0.871	0.871	0	0
Social Care and Finance Information System	1.897	1.897	5.034	0
Elm Road Community Hub	1.300	1.300	0	0
Better Care Fund Disabled Facilities Grant and Social Care Capital Grant – passported to District Councils	6.368	6.368	2.000	0
Netherwood Green	0.005	0.005	0.650	
TOTAL	12.450	12.450	10.938	0

Adult Social Care Committee

Item No. 14

Report title:	Fee levels for adult social care providers 2017/18
Date of meeting:	23 January 2017
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services
Strategic impact Norfolk County Council (the Council) invests more than £280m a year in purchasing adult social care services from the market. The Council has legal duties under the Care Act 2014 to promote the effective and efficient operation of this market including its sustainability including setting and maintaining adequate fee levels.	

Executive summary

The Care Act requires the Council to promote the effective and efficient operation of the care market to secure the sustainable supply of high quality care services for adults in Norfolk. The Council is almost entirely reliant upon hundreds of independent businesses and organisations for the provision of care services in which it invests more than £280m a year through legally binding contracts. Setting and maintaining appropriate fee levels are key to the long term sustainability of this market. This report sets out the recommended approach for 2017/18.

The price uplifts proposed in this paper acknowledge increases in the national minimum/living wage announced in the Autumn statement as well as the estimate for Consumer Price Index (CPI) inflation for 2017/18 calculated by the Office of Budget Responsibility (OBR). This means that the increases proposed are above the core price inflation included in the growth pressures for the Adult Social Care Committee (the Committee).

Additional growth pressures have been included within the budget plans for 2017-18 to manage both the recurrent increase in prices arising from the cost of care exercise and impact of the introduction of the national living wage in 2016-17 and to enable price uplifts to reflect additional costs from the 2017-18 increase in national living wage.

Recommendations

The Committee is recommended to consider and agree the approach to fee uplifts for the 2017/18 financial year as set out below:

- a) In respect of contracts where an inflation index or indices are referenced an uplift is implemented to match any changes in the relevant index or indices
- b) In respect of contracts where there is a fixed price for the duration of the contract, no additional uplift in contract prices takes place
- c) In other contracts, where the Council has discretion in relation to inflationary uplifts, that uplifts are considered in line with those set out in this report
- d) In the case of residential and nursing care any final uplift including other adjustments is subject to formal consultation with implementation being through the use of Chief Officer delegated powers following that process

1. Proposal

- 1.1 The proposal is to implement fee uplifts for the 2017/18 financial year in accordance with specific contractual obligations where they exist and otherwise as set out in the table below:

Table 1

Sector	2017/18
Home Support (spot contracts)	2.89%
Residential & Nursing Care (Older People)	3.06%
Residential & Nursing Care (Working Age Adults)	3.06%
Day Care	3.05%
Supported Living	3.03%
Supported Accommodation	3.03%
Direct Payments	1.7%
Other including carers	1.7%

2. Evidence

2.1 The legal framework Care Act 2014

2.1.1 The Care Act places duties on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways.

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

2.1.3 The statutory guidance to the Care Act requires local authorities to commission services having regard to cost effectiveness and value for money. The guidance also states, however, that local authorities must not undertake any actions which may threaten the sustainability of the market as a whole, that is the pool of providers able to deliver the services required to an appropriate quality - for example by setting fee levels below an amount which is not sustainable for providers in the long term. The guidance emphasises the need to ensure that fee levels are sufficient to enable providers to meet their statutory obligations to pay at least the national minimum wage and provide effective training and development of staff.

2.2 Contracts

2.1 The Council invests over £280m a year in securing the care services needed through a large number of contracts. These contracts contain legally binding provisions regarding fee levels and often the treatment of inflationary and deflationary pressures on the fee levels which vary from contract to contract. The various contractual requirements are described below.

2.3 Indexation of prices

2.3.1 These contracts specify an annual variation by reference to a specific price index or indices. In these cases the Council is contractually obliged to apply whatever the indexation requires by way of price variation.

2.4 Fixed prices

2.4.1 These contracts set a fixed price for the duration of the contract. The Council is not contractually obliged to adjust prices in these types of contracts.

2.5 Pre-agreed tendered prices

2.5.1 In these contracts the provider is required to set out in advance the prices they require over

the life of the contract including their assessment of inflation with no facility for altering those prices. In these circumstances the Council is not contractually obliged to make any changes to prices but has a discretion to consider changes in wholly exceptional circumstances.

2.6 Prices subject to annual inflation consideration

2.6.1 These contracts typically require the Council to consider any changes in provider costs that may have occurred in the previous year and or may occur in the forthcoming year and to make adjustments to reflect these changes at its discretion. In exercising its discretion the Council must have due regard to its market shaping duties under the Care Act.

2.6.2 Unless specific circumstances indicate otherwise inflation on specific contracts, where there is discretion, in this category would be considered in line with the figures in Table 1. (section 1.1)

2.7 Independent residential and nursing care contracts

2.7.1 A cost of care exercise has been carried out to review the fee uplift decision in relation to residential and nursing care for older people and working age adults in Norfolk.

2.7.2 That process has enabled the Committee to retake its uplift decision originally taken in March 2015 concerning the 2015/16 year in respect of services for older people and to make a decision about the level of uplift for 2016/17. This decision has now been implemented.

2.7.3 Detailed below are the proposed prices relating to the 2017-18 increase for cost of care for older people that will be consulted on.

Older People	A	B	C	D	E
Single Room Only	2016/17 Usual Price	17/18 Cost of Care % increase	17/18 Price inflation % increase	17/18 Total % price increase	Proposed 2017/18 Usual Price
Band					
Residential - Standard	£444.46	2.26%	3.06%	5.32%	£468.10
Residential - Enhanced	£495.93	2.44%	3.06%	5.50%	£523.21
Nursing - Standard	£463.17 + FNC of £156.25 = £619.42	2.37%	3.06%	5.43%	£488.17 + FNC of £156.25 = £644.59
Nursing - Enhanced	£503.45 + FNC of £156.25 = £659.70	0.57%	3.06%	3.63%	£521.74 + FNC of £156.25 = £677.99

2.7.4 The Committee approved the process to undertake the cost of care exercise for working age adults at its meeting on 29 April 2016. The exercise agreed by Committee has not yet been concluded due to the difficulty in obtaining the relevant information from a diverse market place serving multiple and, in some cases, very complex needs. Further work will be undertaken using national and local factors to satisfactorily understand the costs of care for working age adults. A further update will be provided as the information becomes available.

2.7.5 Due to the need to complete this work, interim inflationary uplifts for 2016-17 and 2017-18 are proposed. An uplift of 2.29% is proposed for residential care for working age adults for 16/17 in recognition of the need to address inflation within the existing financial year. Both inflationary increase are based on the work outlined in 2.7.4 and in line with the consultation on the fee uplift in relation to residential and nursing care for older people.

2.7.6 Any fee uplift decision in relation to residential and nursing care affects the so called usual price (published fee rates) that the Council would expect to pay for such care. There is a

specific requirement to consult on proposed usual prices in residential and nursing care.

2.8 Approach for evaluating cost changes for 2017/18.

2.8.1 The Council introduced a new provider dialogue process during 2016 involving meetings between a cross service officer working group and provider representatives in all the major care market sectors.

2.8.2 The process enabled a better understanding of the key drivers affecting costs and the development of a shared methodology for considering annual changes in price. The methodology was developed on principles of an objective approach utilising independent external cost information wherever possible and applying this to a simplified cost model – largely differentiating between pay and non-pay elements.

2.8.3 Where available, such as with the older people residential and nursing market, we have used the more detailed cost model available, for other sectors we have used information provided by the market or tested this with information available and evidence from other councils.

2.8.4 The basis for evaluating price changes is set out below:

Table 2

Cost	Market Sector	Evidence
Pay	All	National minimum dataset
Prices	All	November forecast of CPI - Office of Budget Responsibility estimates
Pensions	All	Relevant auto enrolment rate

2.8.5 The key cost drivers affecting care provision are:

- a) Inflation, which is forecast to be 2.4% in 2017/18 based on the Office of Budget Responsibility (OBR) November CPI forecast
- b) The national living wage, which will increase from £7.20 to £7.50 from April 2017 represents a 4.2% increase. However, the national minimum dataset information sets out the proportion of staff that are already paid above these rates. Differential increases in pay will still apply

2.8.6 The aim is to ensure that regard is given to the cost pressures that the market will need to respond to in 2017/18 – however, it is recognised that this can only be a generic view. Individual businesses will have unique business models and cost bases, which will affect the unit price and mix of costs incurred in order to deliver the business. The Council will continue to work with the sector to support effective and efficient working which is consistent with overall budget pressures within the system.

2.8.7 Significant variations can be caused through the historic level of pay, terms and conditions for staff, financial arrangements of property and geographic spread of the business, which can affect travel costs. This can mean that the price that the Council can afford to pay will not be at a high enough level for all businesses to be able to provide services for the Council. Further work with the sector will explore sustainable and affordable business models especially in the homecare sector.

2.8.8 It is proposed that Direct Payments are increased by 1.7% in line with the Government departmental spending plans, which use the November 2015 Office of Budget Responsibility estimates. This reflects the wide range of services purchased through direct payments and the hourly pay rate already assumed within the direct payment. In addition other mechanisms are in place that will ensure that an individual is able to meet their

assessed unmet eligible needs, including reviews of needs and support plans to ensure that they accurately reflect those needs.

2.8.9 For residential and nursing care there is a requirement to complete a consultation process prior to the implementation of any usual prices for 2017/18. It is intended to commence this process, for services for older people, on 27 January 2017 closing at the end of February. It is proposed that implementation of the new prices will be undertaken through the exercise of delegated powers as approved at the 29 April Committee meeting.

2.8.10 **Home Support market**

2.8.10.1 Work was undertaken with a small group of homecare providers which sought to understand the specific challenges that the homecare market faces. Norfolk has 91 registered providers supplying homecare and work undertaken with a small group of these providers (11) indicates that local cost models are higher than national indicators and some other local authorities.

2.8.10.2 Modelling sought to understand pay and non-pay elements including cost drivers such as training, pensions, compliance and regulation factors. While national work undertaken by the United Kingdom Homecare Association (UKHCA) in October 2016 recommends a minimum rate of £16.70 per hour, local business models indicate a rate over 5% higher per hour. The Norfolk proposal for an inflationary uplift would result in spot prices of £17.08 for 17-18 which recognises the need for more effective cost bases for local businesses but acknowledges the cost pressures the sector is under.

2.8.10.3 Currently home support is provided through both place based and spot contracts and work is ongoing with providers and other stakeholders to improve market efficiency, reduce unmet needs and rationalise overheads by more effective, place based, working.

2.8.10.4 The overarching strategy for home care is to increase place based working, improving the ability to work in an integrated manner with local health services, improving supply and the efficiency of business operations. This work is ongoing and recognises the role of small, niche providers and the need to promote a diverse and sustainable care market however it also recognises the need to support more efficient ways of working if the Norfolk market overall is to remain sustainable.

2.9 **Consideration of affordability – budget planning**

2.9.1 Having taken due consideration of cost pressures in the various care market sectors together with quality and sustainability the Council needs to take into consideration the level of increase that is affordable in the light of other pressures and priorities.

2.9.2 The financial context continues to be challenging. Overall, councils have had a 40% real terms reduction in core government grant since 2010 and research by the County Council Network has identified that social care cash funding has reduced by 21 % between 2013 and 2015.

2.9.3 The Strategic and Financial Planning paper to this Committee, sets out the wider financial position and the impact of the Autumn Statement 2016 and Local Government Finance Settlement. In addition to the previously agreed savings for 2017-18, the Council is requiring additional savings totaling £19.249m next financial year. The requirement for a further £4m was identified following the Autumn Statement, the Adult Social Care share of this is £1.4m. This is alongside managing significant areas of overspend within both Adult Social Services and Children's Services.

2.9.4 The Council's plans are based on the government's spending plans. The Autumn Statement set out the fiscal rules for the government's economic policy within a draft Charter for Budget Responsibility. In line with this the Chancellor confirmed that the departmental spending plans set out in the Spending Review 2015 will remain in place, these will still use the November 2015 Office of Budget Responsibility estimates of 1.7%

inflation – despite OBR inflation forecasts now standing at 2.4% for the next financial year.

- 2.9.5 The Chancellor confirmed that the £3.5bn of savings to be delivered nationally through the Efficiency Review set out in the last Budget still need to be found. Departmental spending is not planned to rise in line with inflation until 2020-21.
- 2.9.6 There is no specific support for the implications of legislative changes to national living wage on provision of social care.
- 2.9.7 To provide some support for social care in 2016/17 the Government introduced the Adult Social Care precept, giving local authorities with social care responsibilities the flexibility to raise an additional 2% on council tax. For Norfolk County Council the precept was worth £6.344m in 2016/17 and is forecast to provide funding of £6.655m in 2017/18. The Council's current budget assumptions are based on a council tax increase of 3.8% for 2017/18, made up of 2% increase for Adult Social Care and a 1.8% increase for general council tax. A further measure was announced by the Government in December, which means that a further 1% can be raised by councils to support social care, but reduces the opportunity for increase in future years.
- 2.9.8 In addition, the Government announced, as part of the Local Government Finance Settlement, a one-off social care support grant totalling £4.197m for Norfolk. Whilst welcomed, this is not new money and brings forward funding expected in 2018-19.
- 2.9.9 In total the service is budgeting for additional pressures of £21.750m in 2017-18.
- 2.9.10 However, additionally the service is managing a current forecast overspend for 2016/17 of over £11m, work is continuing to manage ways to reduce the overspend, however, there will be a pressure on the service, which will need to be managed within the current budget plans for 2017/18.
- 2.9.11 The budget plans for 2017/18 have included growth for inflationary cost pressures for pay and non-pay budgets (price inflation at 1.7%); legislative changes, demographic cost pressures for adult social care of £6.134m and forecast funding reductions of £29.6m for the Council as a whole.
- 2.9.12 The plans for adult social care services require savings to be delivered amounting to £11.276m in 2017-18 to enable services to be delivered within reduced funding and increased investment in the service to support unavoidable cost pressures. In total the Council is planning to spend more on adult social care in 2017/18 than in the current financial year.
- 2.9.13 Additional growth has also been included for adult social care to manage the increased costs from the cost of care review for older people residential and nursing care of £4.5m.
- 2.9.14 In addition to the additional costs through cost of care and the impact of national living wage from 2016/17 amounting to £5.155 m, it is recommended that a further £8.784m is invested in the service to support additional price increases for care providers, including the 2017/18 increase from cost of care.
- 2.9.15 In overall terms this enables inflationary pressures on pay including the impact of the national minimum wage as determined by our cost model to be funded in full. However, given the financial position of the Council, and factors such as Government funding for inflation assumed at 1.7% instead of the November CPI forecast of 2.4%, it will not be possible to meet in full the estimates of the likely increases faced by local care providers and like all organisations, will require providers to also achieve efficiencies within their business models in order to deliver services.
- 2.9.16 Application of the process described in 2.8.2 in conjunction with factors including effective

operation in the market, alternative ways of working and innovative business practice, as well as the overall affordability for the Council, have resulted in the proposed uplifts detailed in Table 1. (section 1.1)

3 Financial Implications

- 3.1 The financial impact of the recommended price uplifts, excluding cost of care totals is £7.599 m in 2017-18. This increase is included in the budget proposals set out to Committee elsewhere on this agenda.

4. Issues, risks and innovation

- 4.1 The Care Act requires councils with adult social care responsibilities to promote the effective and efficient operation of the market so that sustainable value for money quality services are available to care consumers. If a provider fails the Council has specific responsibilities to ensure that services remain available to meet needs.
- 4.2 Our strategy for shaping the market will be set out in the Market Position Statement and in the future will include differential uplifts to secure greater efficiencies in the market and in particular the home care market.
- 4.3 The strategy will also include fundamental reviews of commissioning arrangements in the residential and nursing care markets and the development of innovative procurement and sourcing solutions to realise the Promoting Independence strategy across the whole care market.
- 4.4 Combined with the strengths based approach to care needs assessment and review greater effectiveness and efficiency will be secured.

5. Background

- 5.1 The Committee reports dealing with the Cost of Care considered on 29 April 2016 and 10 October 2016 are relevant to the proposals regarding uplifts in the residential and nursing care market sectors.

5.2 Background Papers –

[Usual price of residential and nursing care in Norfolk 29 April 2016](#) – p4

[Usual price of residential and nursing care in Norfolk 10 October 2016](#) - p55

Officer Contact

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

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Adult Social Care Committee

Item No. 15

Report title:	Risk Management
Date of meeting:	23 January 2017
Responsible Chief Officer:	James Bullion, 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

The format of the Adults Risk Register has been reviewed (in conjunction with the Risk Management Officer) to bring it in line with other department's registers.

The new format merges both corporate and departmental risks and also makes it clearer around the mitigations and actions that have been taken in order to maintain or reduce the level of risk.

Since the last update to Committee members in October 2016, there have been a number of updates and these are set out at 2.4.

On the recommendation of the Risk Management Officer, a new national risk has been added to the register around Safeguarding.

Recommendations:

Committee Members are asked to:

- a) Note and comment on the new format of the combined risk register
- b) Note the merging of risks RM14079 and RM020a and RM0207 and RM020b
- c) Note the progress updates on the risks as detailed at 2.4.1
- d) Agree to the removal of risks RM14149 and RM14259
- e) Note the new risk RM4287 and consider whether there are any further new risks for inclusion on the Adult Social Care Risk Register
- f) Consider if any further action is required

1 Proposal

- 1.1 The Adult Social Care Risk Register has been reviewed in conjunction with the Risk Management Officer and has combined both departmental and corporate risks. This report provides Members with an update on changes to the risk register which have occurred since the last committee in October.

2 Evidence

- 2.1 The Adult Social Services departmental risk register reflects both corporate and departmental 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 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. The Business Development Manager meets regularly with the Risk Management Officer to provide an update on each of the risks contained within the risk register.

2.4 Progress with corporate and departmental risks

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

Risk Number	Risk Name	Progress Update
RM14079 and RM020a	Failure to meet the long term needs of Norfolk citizens.	<ul style="list-style-type: none"> • Merging of the two risks and the amendment in the title reflecting the risk applies to Norfolk citizens rather than just older people. • The Promoting Independence Programme has been refreshed and will mitigate demand. • The Target Demand Model sets out the demand changes required for sustainable social care which the Promoting Independence programme will seek to achieve.
RM019	A new Social Care system is critical to the delivery and efficiency of Adults and Children's Social Services. This is a complex project and the risk is the ability to deliver on time along with the restriction on making any system changes to the existing system (Carefirst).	<ul style="list-style-type: none"> • After an extensive tendering exercise, we have awarded the contract to Liquid Logic. • Clear governance is in place. The Project Sponsors are Janice Dane (Adults), Don Evans (Children's) and John Baldwin (Finance). This is overseen by CLT. • There are weekly Joint Leadership Advisory Group (JLAG) sessions with the Project Sponsors and the Project Team; a monthly update provided to Adults SMT and regular updates to Adults Committee and to CLT. • A core Project Team has been up and running since January 2016 (with strong practitioner involvement) and the team is now almost fully recruited to. • Adults and Finance are planned to go live in November 2017 and Children's in April 2018.
RM014b	The risk that the budgeted savings of £3.8m to be delivered by 31 March 2017 will not be achieved.	<ul style="list-style-type: none"> • P&R agreed to the re-profiling of savings to future years (2017/18 and 2019/20). • An update on the Transport review is being given to ASC Committee on 23 January 2017.

RM0207 and RM020b	Failure to meet the needs of Norfolk citizens.	<ul style="list-style-type: none"> • Merging of the two risks and the amendment in the title reflecting the risk applies to Norfolk citizens rather than just older people. • Mitigated by the Promoting Independence programme refresh (which was agreed by the Promoting Independence Board in November 2016) with Target Demand management which mitigates demographic growth over three years. • The Target Demand Model sets out the financial changes required for sustainable social care which the programme will seek to achieve. • Promoting Independence programme of work refreshed and delivery plan is being developed. Target demand model complete and focussed work is now on: entry points; processes for older people and younger adults; cross-cutting behavioural change and commissioning projects.
RM13926	Failure to meet budget savings.	<ul style="list-style-type: none"> • P&R agreed to the recommendation of the re-profiling of savings totalling £3m for 16/17 and also for savings from the Promoting Independence programme of £10m from 2017-18 to 2019-20. • Senior and concerted focus on transforming the LD service. This includes an independent expert engaged to map the service and make recommendations; a Head of LD post created for one year to provide effective leadership and a dedicated workstream within the Promoting Independence Programme.
RM13931	A rise in acute hospital admissions and discharges and pressure on acute services.	<ul style="list-style-type: none"> • Phase 2 of the Integration Programme is almost complete. We will now be scoping phase 3.
RM14262	The potential risk of shortfall between funding and pressures through integration of capital and revenue funding between the Council, health organisations and district councils.	<ul style="list-style-type: none"> • Consolidated Better Care Fund Programme Board is in place. Guidance affecting 2017-18 and 2018-19 is now expected in January 2017. • Transforming Care Plan programme in place and baseline completed. Developing forward plan for individuals who are currently hospital inpatients (ie a low secure setting) who may be able to move to community settings. Further

		work on joint protocols planned for January 2017.
RM13923	Risk of failing to deliver Promoting Independence, the strategy for Adult Social Services in Norfolk	<ul style="list-style-type: none"> • Appointment of interim Director of Strategy & Delivery lead for the Promoting Independence programme. • Additional programme management resource obtained from Corporate Programme Office. • Current temporary roles within ASSD Transformation extended until end March 2017 to allow review of resource required and any necessary reorganisation. • Initial proposals signed off by ASSD Committee Nov 2016. • New Vision Document and Strategic Framework approved by the Promoting Independence Board. • PIDs for each project in the programme drafted for approval as above. • Communications plan being developed by Christine Birchall. • Resource plan to support the transformation is being scoped. • Golden Metrics Proposals being developed by Jeremy Bone to enable the creation of an effective performance Management dashboard for the programme.
RM13925	Lack of capacity in ICT systems	<ul style="list-style-type: none"> • As part of the Business Continuity plan, steps are in place to mitigate any system loss and downtime. • To ensure effective Integration, staff must have access to the relevant systems regardless of where they are located. ICT Capacity and solutions for integrated working are discussed at the Integration Programme Board. Issues are being progressed as a key priority.
RM14085	Failure to follow data protection procedures	<ul style="list-style-type: none"> • The Information Commissioners Office (ICO) has recently carried out an audit on how NCC is complying with data protection. The ICO has concluded that "there is a reasonable level of assurance that processes and procedures are in place and delivering data protection compliance". As a result of the ICO audit, Norfolk Audit Services will be carrying out a council wide QA audit.
RM012	Negative outcome of the Judicial Review into fee uplift to care providers	<ul style="list-style-type: none"> • A further challenge has been received around the 16/17 rates. We are waiting for legal advice before we proceed any further.

RM14260	Failure of the care market (through the independent providers) due to difficulties in recruiting staff into the sector.	<ul style="list-style-type: none"> We are in the process of implementing a recruitment portal and promotional campaign for care workers.
RM3936	Potential for integration to adversely affect delivery of statutory responsibilities or impact on reputation	<ul style="list-style-type: none"> Director of Integration investigated this risk and concluded management focus on NCC delivery is strong.
RM14238	Failure in our responsibilities towards carers.	<ul style="list-style-type: none"> There is continued investment in carer support services and a business case will be presented to SMT with recommendations on the shape of the carer service moving forward and also the re-procurement which will need to take place.
RM14149	Impact of the Care Act	<ul style="list-style-type: none"> As part 2 of the Care Act has been delayed until at least 2020, we recommend this risk is removed until we receive further clarification from the Government re what Part 2 will contain and the date any changes will become effective from.
RM14259	Integration with community health providers could mean focus on health issues to the detriment of NCC capacity, both management and operational.	<ul style="list-style-type: none"> RM14259 duplicates RM13936 therefore members are asked to agree to RM14259 being deleted from the risk register

- 2.4.2** Following a recommendation from the Risk Management Officer, a new national risk has been added to the register around Safeguarding. This can be found at RM4287. Whilst we have sound safeguarding policies and procedures in place, it was felt that this risk should form part of the register to ensure members are kept updated and assured on this area.

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 The report reflects the priority risks.

5 Background

- 5.1 Appendix 1 provides the Committee members with a summary 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.

6 Recommendations

- 6.1 **Committee Members are asked to:**

- Note and comment on the new format of the combined risk register**
- Note the merging of risks RM14079 and RM020a and RM0207 and RM020b**
- Note the progress updates on the risks as detailed at 2.4.1**
- Agree to the removal of risks RM14149 and RM14259**

- e) Note the new risk RM4287 and consider whether there are any further new risks for inclusion on the Adult Social Care Risk Register
- f) 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																	Appendix 1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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C	Adult Social Care Committee Transformation	RM14079 and RM020a	Failure to meet the long term needs of Norfolk citizens	If the Council is unable to invest sufficiently to meet the increased demand for services 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	4	5	20	1) The refreshed Promoting Independence Programme will mitigate demand. 2) Invested in appropriate prevention and reablement services 3) The Better Care Fund requires development of a forward integration plan to align with the STP.	1) The Target Demand Model sets out the demand changes required for sustainable social care which the Promoting Independence programme will seek to achieve. 2) Fully recruited to the preventative (Norfolk First Support) service. 3) Ensure budget planning process enables sufficient investment in adult social care	2	4	8	31/03/2030	Amber	James Bullion	Jana Burton	22/12/2016
D	Finance	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	1) Efficiency and savings targets are being managed through the Promoting Independence Programme Board and the Finance and Performance Board. 2) Monthly monitoring, locality team meetings and continued development of forecast to ensure timely focus on key budgets and any emerging issues 3) Norsecare Liaison Board to develop and monitor delivery of savings related to the Norsecare contract 4) P&R agreed to the recommendation of the re-profiling of savings totalling £3m for 16/17 and also for savings from the Promoting Independence programme of £10m from 2017-18 to 2019-20. 5) Senior and concerted focus on transforming the LD service. This includes an Independent expert engaged to map the service and make recommendations; a Head of LD post created for one year to provide effective leadership and a dedicated workstream within the Promoting Independence Programme.	1) Promoting Independence programme of work refreshed and delivery plan developed. Target demand model complete and focussed work on entry points, processes for older people and younger adults, cross-cutting behavioural change and commissioning projects. Reprofiling savings have been recommended to P&R Committee. 2) Finance and Performance Board have moved to a panel style approach providing senior management scrutiny along with locality finance meetings. Production of financial recovery planes by all teams and assessment plans to reduce the backlog. Mid year close down undertaken to improve of accuracy of forecast. 3) Work continues with Norsecare to deliver savings. 4) Budget proposals to Committee setting out growth implications for the service and reprofiling of savings. 5) SMT are kept up-to-date with action being taken. 5b) A report has been received by both the CCG and NCC. 5c) Nicola King is the Head of LD. 5d) The dedicated workstream has been endorsed by Adult Social Services Committee.	3	5	15	31/03/2017	Red	James Bullion	Susanne Baldwin	22/12/2016
D	Locality and hospital teams	RM13931	A rise in acute hospital admissions and discharges and 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), pressure on Purchase of Care spend, assessment staff capacity and NCC reputation.	30/06/2011 - revised 21/04/2016 -	3	4	12	4	4	16	1) Integrated structure between NCC and NCHC allows AD's to make quick decisions and to flex resources to minimise impact. 2) Integration programme developing new approaches to reduce delays and prevent admissions 3) Daily participation in whole system escalation process. 4) High level (senior manager) involvement in issues. 5) Careful management of reputational issues.	1) Daily Capacity mapped and monitored and given high priority. 2) Phase 2 of the Integration Programme is almost complete - now scoping phase 3. 3) Regularly complimented on effective discharge planning processes and partnership working.	2	3	6	31/03/2017	Amber	James Bullion	Lorrayne Barrett	22/12/2016
D	SMT	RM14237	Deprivation of Liberty Safeguarding	Following the Cheshire West ruling it has been identified that we're not meeting our responsibilities around Deputy of Liberty's (DOL's). This could lead to us being judicially reviewed.	08/05/2015	3	4	12	4	4	16	1) Review staffing compliment 2) Review processes and systems 3) Apply national guidance, priority framework 4) Improve data quality and reporting	1) Staffing been extended to deal with this. 2) Processes and systems in place to accommodate. 3) National guidance now applied 4) Receiving data to report on issues	2	4	8	31/03/2017	Red	Lorna Bright	Alison Simpkin	30/11/2016
D	Finance	RM14262	The potential risk of shortfall between funding and pressures through integration of capital and revenue funding between the Council, health organisations and district councils	The integrated health and social care agenda has seen pooling of capital and revenue resources through the Better Care Fund and further policy drive to manage the transfer of people with learning disabilities from inpatient settings to community settings. There is a risk that this will have a negative impact on available resources for delivery of adult social care	16/06/2016	3	5	15	3	5	15	1) Section 75 agreements to manage forward planning and joint arrangements. 2) Partnership Boards in place attended by NCC. 3) Transforming Care Plan project in place and NCC involvement on all workstreams.	1) Section 75 agreements in place from July 2016 2) Consolidated Better Care Fund Programme Board is in place. Guidance affecting 2017-18 and 2018-19 is now expected in January 2017. 3) Transforming Care Plan programme in place and baseline completed. Developing forward plan for individuals who are currently hospital inpatients (ie a low secure setting) who may be able to move to community settings. Further work on joint protocols planned for January 2017.	2	4	8	31/12/2016	Amber	James Bullion	Susanne Baldwin	22/12/2016

C	Adult Social Care Committee Transformation	RM14079 and RM020a	Failure to meet the long term needs of Norfolk citizens	If the Council is unable to invest sufficiently to meet the increased demand for services 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	4	5	20	1) The refreshed Promoting Independence Programme will mitigate demand. 2) Invested in appropriate prevention and reablement services 3) The Better Care Fund requires development of a forward integration plan to align with the STP.	1) The Target Demand Model sets out the demand changes required for sustainable social care which the Promoting Independence programme will seek to achieve. 2) Fully recruited to the preventative (Norfolk First Support) service. 3) Ensure budget planning process enables sufficient investment in adult social care	2	4	8	31/03/2030	Amber	James Bullion	Jana Burton	22/12/2016
D	Transformation	RM13923	Risk of failing to deliver Promoting Independence, the new strategy for Adult Social Services in Norfolk	Promoting Independence is the corporate strategy for delivering Social care. If we fail to deliver the programme this will lead to a failure in delivering out statutory requirements and a failure to deliver a balanced budget.	30/04/2011	4	3	12	3	4	12	1) Programme and resources in place to deliver Promoting Independence. 2) Proper communications in place with Practitioners, Partners and the Public 3) Performance Management structure to enable measurement of outcomes and monitor progress	1.1 Appointment of interim Director of Strategy & Delivery lead PI programme. 1.2 Additional programme management resource obtained from Corporate Programme Office 1.3 Current temporary roles within ASSD Transformation extended until end March 2017 to allow review of resource required and any necessary reorganisation 2.1 Initial proposals signed off by ASSD Committee Nov 2016 2.2 New Vision Document and Strategic Framework approved by board and to be taken to ASSD Committee January 2017 2.3 PIDs for each project in the programme drafted for approval as above 2.4 Communications plan being developed by Christine Birchall. 2.5 Resource plan to support the transformation is being scoped. 3.1 Golden Metrics Proposals being developed by Jeremy Bone to enable the creation of an effective performance Management dashboard for the programme	2	4	8	31/03/2018	Amber	Catherine Underwood	Jana Burton	22/12/2016
D	Adult Social Services Department	RM 14261	Staff behaviour and practice changes to deliver the Promoting Independence Strategy	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'	25/04/2016	3	5	15	3	4	12	1) Robust OD plan signed off by the PI Programme Board. 2) Staff engagement and comms plan required with support from NCCComms Department to drive the culture change required.	1) Mandatory Strengths Based Assessment training has been rolled out to staff 1b) Signs of Wellbeing approach being rolled out and development of behaviour change tools in progress 2) Support from NCC comms team has been secured and Initial scoping for comms plan is ongoing.	2	4	8	31/03/2017	Amber	Catherine Underwood	Lucy Hohnen	30/11/2016
D	Support & Development	RM13925	Lack of capacity in ICT systems	A lack of capacity in IT systems and services to support Adult Social 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.	30/04/2011	4	4	16	3	4	12	1) As part of the Business Continuity plan steps are in place to mitigate any system loss and downtime. 2) To ensure effective Integration, staff must have access to the relevant systems regardless of where they are located. Please also refer to Risk RM019	1) Recovery steps are outlined in the Business Continuity plan. 2) ICT Capacity and solutions for integrated working are discussed at the Integration Programme Board. Issues are being progressed as a key priority.	3	2	6	31/03/2017	Amber	James Bullion	Sarah Rank	30/11/2016
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	1) New staff not allowed computing access until they have completed the data protection and information security e-learning courses. 2) Mandatory refresher training and monitoring rates of completion of training. 3) Monthly reports to CLT around data breaches 4) An Information Compliance Group (with representation across each department) meet on a bi-monthly basis and reports back any issues to the Information Management Board.	2) Reminders to individual staff to complete Data Protection e-Learning courses are sent out when necessary and managers are informed of staff who have not completed the e-learning course. 4) The ICO has recent carried out an audit on how NCC is complying with data protection. The ICO has concluded that "there is a reasonable level of assurance that processes and procedures are in place and delivering data protection compliance". As a result of the ICO audit, Norfolk Audit Services will be carrying out a council wide QA audit.	1	3	3	31/03/2017	Green	Lorna Bright	Sarah Rank	30/11/2016
D	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	1) 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. 2) A further challenge has been received around the 16/17 rates. We are waiting for legal advice before we proceed any	1) The ASC committee agreed the usual price for older adults for 2015/16. The 2016/17 went out to consultation and was agreed at the October Committee.	1	4	4	31/03/2017	Amber	James Bullion	Susanne Baldwin	30/11/2016

C	Adult Social Care Committee Transformation	RM14079 and RM020a	Failure to meet the long term needs of Norfolk citizens	If the Council is unable to invest sufficiently to meet the increased demand for services 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	4	5	20	1) The refreshed Promoting Independence Programme will mitigate demand. 2) Invested in appropriate prevention and reablement services 3) The Better Care Fund requires development of a forward integration plan to align with the STP.	1) The Target Demand Model sets out the demand changes required for sustainable social care which the Promoting Independence programme will seek to achieve. 2) Fully recruited to the preventative (Norfolk First Support) service. 3) Ensure budget planning process enables sufficient investment in adult social care	2	4	8	31/03/2030	Amber	James Bullion	Jana Burton	22/12/2016
D	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	1)A Quality Assurance Framework in in place 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 2) Prioritising care workforce capacity within the learning and development programme 3) Revision of a market failure protocol based on established good practice 4) Liaison with Care Quality Commission to engage with their work with Norfolk care services 5) Procuring new domiciliary care contracts 6) Appropriate investment in the care market 7) Effective management of market failure	2) A recruitment and retention project is underway. 2b) New real time quality (risk) dashboard produced 3) Market resilience strategy under development 4) Meeting took place with Care Quality Commission to refresh joint working arrangements 4b)New Trusted Carer scheme and Code of Practice under development for completion	2	3	6	31/03/2017	Amber	Catherine Underwood	Steve Holland	30/11/2016
D	Adult Social Services Commissioning	RM 14260	Failure of the care market (through the independent providers) due to difficulties in recruiting staff into the sector.	The council invests over £54m through approximately 120 independent providers in provision of homecare to over 4000 vulnerable people at any one time. Failure of the care market (through the independent providers) due to problems recruiting staff into the sector may result in a risk to safeguarding of vulnerable people, delays in discharging people from hospital and inappropriate admissions to hospitals and care homes. Problems recruiting into and retaining care workers in the care sector are particularly acute in the west and north of the county but are experienced across the county as a whole.	16/05/2016	4	4	16	4	3	12	1) Develop a risk based approach to assessing business viability including early warning signs of problems 2) Ensure robust procurement processes that ensure providers cost provision adequately 3) Work with providers, workforce professionals and other partners to develop and implement a workforce development plan and to ensure workforce terms and conditions are equitable 4) Development of a care contingency network and emergency provision 5) Clear communication needed with the market to publicise areas of need and future commissioning intentions	1) QAF provides a risk based approach to the market of care services 2) Market testing conducted using open technique (providers set bid price) 3) A sector skills action plan has been created and presented to LEP. An executive board has been created to take responsibility for the promotion and delivery of plan and a clear accountability structure with named leads for each priority 3b)Inclusion of Unison Ethical Care Charter in all new Home support contracts 3c) We are in the process of implementing a recruitment portal and promotional campaign for care workers 4) Plans to develop and implement resilience measures including emergency provision are being developed and will be proposed to SMT 5) Market Position Statement published in May 16	2	3	6	31/03/2017	Amber	Catherine Underwood	Steve Holland	30/11/2016
D	Integration	RM13936	Potential for integration to adversely affect delivery of statutory responsibilities or impact on reputation	Pressure on integrated 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	1) Pressure closely monitored by AD's and escalated to Director Integrated Services. 2) Integration Programme Board monitors and takes actions to mitigate. 3) Issues can be escalated to S75 Monitoring Board (membership includes Committee Chair and Executive Director) for resolution.	1) Waiting lists actively monitored in localities and impact on workloads monitored. 2) SMiT (Senior Managers Integration Team) regularly discuss capacity issues and take action. 3) Director of Integration investigated this risk and concluded management focus on NCC delivery is strong.	1	5	5	31/03/2017	Green	James Bullion	Lorrayne Barrett	30/11/2016
D	Adult Social Services Integration	RM 14259	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 As this risk duplicates 13936 - the recommendation is that this risk is removed.	07/03/2016	4	3	12	3	3	9	1) Clear programme of work developed with scope, leads and milestones 2) Integration Programme Board in place to oversee delivery and risks 3) Ongoing discussions at SMiT about management capacity and resource constraints 4) Programme manager in place to drive delivery 5) Stringent oversight by Joint Director of Services.	1) Well developed programme of work, risk register and milestones	2	3	6	31/03/2017	Amber	James Bullion	Lorrayne Barrett	22/12/2016
D	Adult Social Services Department - Commissioning	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	1) There is continued investment in carer support services and a business case will be presented to SMT with recommendations on the shape of the carer service moving forward and also the reprocurement which will need to take place.		1	1	1	31/03/2017	Amber	Catherine Underwood	Sera Hall	30/11/2016

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

The Council's risk scoring methodology

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

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).

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

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

Children's Services Committee

Item No. 16

Report title:	Safeguarding Children and Adults with care and support needs: Summary of roles and responsibilities within the Council
Date of meeting:	23 January 2017
Responsible Chief Officer:	Andrew Bunyan, Interim Director of Children's services James Bullion, Executive Director of Adult Social Services

Executive summary

This report outlines the roles and responsibilities. It does NOT replace any other procedures. For these purposes roles in Section 1-8 have Framework Responsibilities; those in Sections 9-13 have Scrutiny Responsibilities; those in subsequent sections have Reporting or Operational Delivery Responsibilities.

Recommendations:

- a) Committee is asked to acknowledge and support the roles and responsibilities set out in this report.
- b) The Council Corporate Safeguarding Policy is attached as Appendix 1 for approval. There is also a statement for the public around the Council's commitment to safeguarding (attached as Appendix 2)

1. The Leader of the Council

- 1.1 Ensure that the Council gives priority to safeguarding children and adults with care and support needs, coherently and consistently in service planning and resource allocation.
- 1.2 Ensure that a Lead Member for Children's Services and a Lead Member for Adults Social Care is appointed in line with the requirements of Children Act 2004 and the Care Act 2014.
- 1.3 Ensure the Council appoints a Strategic Director for Children's Services to carry out the full range of statutory requirements of the Director of Children's Services role and to ensure that the Council receives advice from him/her on all relevant matters.
- 1.4 Ensure all communities are equally well serviced in this regard.

2. The Lead Member with statutory responsibility for Children's Services

- 2.1 Champion the interests of children and young people within the county by ensuring a clear focus on safeguarding and corporate parenting.
- 2.2 Promote the safety and welfare of children and young people across all agencies.
- 2.3 Ensure that the Council fulfils its responsibilities to children for which it is corporate parent and having regard to the Guidance *If This Were My Child...A Councillor's Guide to Being a Good Corporate Parent*.

- 2.4 Through the Managing Director, hold the Executive Director for Children's Services to account for the work of the Local Safeguarding Children Board (in recognition that this is a statutory body in which the Lead Member is not directly involved in governance arrangements).
- 2.5 Ensure that the Council's Children's Services meet the required standards and comply with statutory requirements.
- 2.6 Ensure that the Council's Children's Services' responsibilities are properly considered, supported and monitored by the Council, including an annual report on the extent to which those responsibilities are being met.
- 2.7 Work with the Strategic Director for Children's Services, to ensure the Department is adequately funded and staffed to deliver these priorities, both in and out of office hours.

3. The Member with statutory responsibility for Safeguarding Adults Services

- 3.1 Champion the well-being and safety of adults with care and support needs within the county by ensuring a clear focus on safeguarding.
- 3.2 Through the Managing Director, hold the Executive Director for Adults Social Services to account for the work of the Local Safeguarding Adults Board (in recognition that this is a statutory body in which the Lead Member is not directly involved in governance arrangements) and hold the Independent Chair of the Safeguarding Board to account for the effective working of the Board.
- 3.3 Ensure that the Council's Adult Social Care Services meet the required standards and comply with statutory requirements for safeguarding as laid out in the Care Act 2014.
- 3.4 Ensure that the Council's Safeguarding Adults Social Care responsibilities are properly considered, supported and monitored by the Council, including an annual report on the extent to which those responsibilities are being met (this can be included within the NSAB annual report).
- 3.5 Work with the Executive Director for Adults Social Services, to ensure the Department is adequately funded and staffed to deliver these priorities, both in and out of office hours.

4. The Managing Director

- 4.1 Ensure the Council has developed local strategic objectives, priorities and targets for safeguarding that complement those set nationally.
- 4.2 Ensure that the Council as a whole, and not just Children's Services, embeds Section 11 duties in their design, planning and delivery of services and, in particular, ensure that Adult Social Care maintain effective arrangements for supporting this objective. Alongside this ensure that the Council embeds its duties to Safeguard Adults with care and support needs in their design, planning and delivery of services.
- 4.3 Ensure that the Executive Director for Children's Services is in post and that he/she undertakes the full range of statutory DCS functions outlined in the Children Act 2004.
- 4.4 Ensure that the Council has management and accountability structures that deliver safe and effective services, with particular reference to safeguarding children and adults with care and support needs.
- 4.5 Ensure that the statutory inter-agency arrangements are in place – including in the Local Safeguarding Children Board and Local Safeguarding Adults Board – and ensure there is

an open culture between local agencies and good direct communications between senior managers so that they accept and address concerns brought to their attention.

- 4.6 Ensure that statutory arrangements are in place for the Multi Agency Public Protection Arrangements and that there is appropriate linkage between Adult Social Care and Children's Services to discharge the Council's duties in relation to these arrangements.
- 4.7 Ensure all Children's Services and Adults Social Services are sensitive to diversity.
- 4.8 Receive regular briefings and identify the strengths and weaknesses of the Council's services and on the action required to address them.
- 4.9 Provides, through the Head of BIP Services, performance rigour and scrutiny in relation to safeguarding activity.
- 4.10 To appoint or remove the Independent Chairs of the Safeguarding Boards with the agreement of a panel, including Board partners and lay members, and to hold the Chairs to account for the effective working of the Safeguarding Boards.

5. The Executive Director for Children's Services

- 5.1 Ensure that the safeguarding of children is high on the Council's, partners' and the community's agenda, which includes promoting the safety and welfare of children across all agencies, including Looked After Children and Care Leavers.
- 5.2 Ensure that the Department has management and accountability structures that deliver safe and effective services, with particular reference to the Children Act 1989, Children Act 2004, Education Act 2002, Safeguarding Children and Safer Recruitment in Education Guidance 2007, Children and Young Person Act 2008, Children and Families Act 2014, and Working Together to Safeguard Children 2015, and any subsequent legislation or statutory direction.
- 5.3 Ensure that the Department has access to a range of integrated, effective, efficient and flexible services that safeguard and promote the welfare of all groups of vulnerable children and their families.
- 5.4 Ensure effective multi-agency planning processes are in place to plan for Children in Need and that there is an effective Local Safeguarding Children Board that:
 - a) has appropriate senior representation from those within Children's Services, holding both targeted and universal services responsibilities
 - b) discharges all the functions set out as Guidance in Working Together to Safeguarding Children 2015 to both co-ordinate local work to safeguard and promote the welfare of children and to ensure the effectiveness of that work, both within individual local agencies and in inter-agency working
- 5.5 Ensure that appropriate responses to diversity are embedded in practice.
- 5.6 Ensure appropriate challenge to partner agencies on matters of safeguarding children.
- 5.7 Ensure effective multi-agency planning processes are in place to plan for Children in Need and ensure that services are co-ordinated to ensure that children are safeguarded in all settings, including hospitals.
- 5.8 Ensure that those with framework, scrutiny and delivery arrangements have appropriate training in order that they can exercise the responsibilities of their role.

- 5.9 Ensure staff are well trained, supported and managed, and feel able to report any concerns.
- 5.10 Ensure children and young people are listened to, both in service provision, and at a more strategic level, and that concerns are acted upon.
- 5.11 Ensure the safeguarding of children in all educational provision, whether pre-school day care, primary, secondary or residential schools, or out of school activities, youth work, play, childcare and family learning.
- 5.12 Ensure all schools and educational services have policies and procedures for child protection and safer recruitment.
- 5.13 Ensure measures are in place to promote good attendance; to manage behaviour and tackle bullying and other forms of harassment; to provide effective personal, social and health education; support for family learning, and opportunities for personal and social development, in recognition that this will promote effective safeguarding of all children.
- 5.14 Ensure that specific attention is given to groups at risk of low achievement, including children in the public care, with special needs and particular ethnic groups; the attendance, behaviour and provision for pupils out of school, within the context of a general approach to educational inclusion.
- 5.15 Ensure that arrangements are in place to proactively identify safeguarding issues relating to adults with care and support needs when working with children, and that where concerns are identified these are referred into Adults Social Care within the timescales as laid out in the Safeguarding Adults Policy and Procedures.

6. The Executive Director for Adults

- 6.1 Ensure representation at appropriate senior management level on the Norfolk Safeguarding Adults Board (NSAB) and within Multi Agency Public Protection Arrangements.
- 6.2 Ensure that the safeguarding of adults with care and support needs is high on the Council's, partners and the community's agenda, which includes promoting the safety and welfare of adults with care and support needs across all agencies.
- 6.3 Ensure that the Department has management and accountability structures that deliver safe and effective services, with particular reference to the Care Act 2014, Mental Health Act 1983, Mental Capacity Act 2005 and Human Rights Act 1998.
- 6.4 Ensure that the Department has access to a range of integrated, effective, efficient and flexible services that safeguard and promote the welfare of all groups of adults with care and support needs.
- 6.5 Ensure that, where safeguarding arrangements are in place, these apply throughout the life course.
- 6.6 Ensure that appropriate responses to diversity are embedded in practice.
- 6.7 Ensure appropriate challenge to partner agencies on matters of safeguarding adults with care and support needs.
- 6.8 Ensure effective multi-agency planning processes are in place to plan for Adults with Care and Support Needs and ensure that services are co-ordinated to ensure that adults with care and support needs are safeguarded in all settings, including hospitals.

- 6.9 Ensure that those with framework, scrutiny and delivery arrangements have appropriate training in order that they can exercise the responsibilities of their role.
- 6.10 Ensure staff are well trained, supported and managed, and feel able to report any concerns.
- 6.11 Ensure adults with care and support needs are listened to, both in service provision, and at a more strategic level, and that concerns are acted upon.
- 6.12 Ensure that where vulnerable young people are in need of continuing service provision from within Adult Services, the transition is planned and managed promptly, efficiently and within a framework of collaboration.

7. Monitoring Officer

- 7.1 Ensure expert legal advice is available to the Council on its child care and adults with care and support needs responsibilities.
- 7.2 Ensure that robust arrangements are in place for pre and post recruitment checks to be undertaken for all appropriate people working with children and adults with care and support needs in the Council, and the services it arranges and funds, in line with the principles and standards agreed through NSCB and NSAB on behalf of the Council.
- 7.3 Ensure that the Council complies with the disclosure and barring scheme.

8. All Directors

- 8.1 Should be committed to protecting children and adults with care and support needs and should communicate that commitment throughout the organisation.
- 8.2 Ensure their services are provided in a way that ensures the safety and welfare of children and young people and adults with care and support needs.
- 8.3 Ensure all staff in services with contact with children and/or their parents and adults with care and support needs have a consistent understanding of the thresholds for sharing information with, and referral to Children and Young People's Services and Adult Social Care Services, and have received appropriate training to undertake their responsibilities to safeguard and promote the welfare of children and adults with care and support needs.

9. Members scrutiny function

- 9.1 Take all necessary steps to scrutinise the Council's arrangements for safeguarding children and adults with care and support needs, with particular reference to:
 - a) the adequacy of funding
 - b) staffing levels and morale
 - c) the Department's performance
 - d) the care, education, health and achievements of Looked After Children and Care Leavers
 - e) the well-being and safety of adults with care and support needs
 - f) that safeguarding is accessible to all communities

10. The role of Norfolk Children & Young People's Strategic Partnership Board, Local Safeguarding Children's Board, Local Safeguarding Adults Board and Health and Wellbeing Board

- 10.1 The Norfolk Children and Young People's Strategic Partnership Board (NCYSPB) brings together the organisations responsible for services for children, young people and their families. Keeping children safe is the top priority for the NCYSPB.
- 10.2 The NSCB is the key statutory mechanism for agreeing how the relevant organisations in Norfolk co-operate to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do.
- 10.3 The NSCB has a clear and distinct identity within the NCYSPB arrangements. There needs to be a balance between the NCYSPB taking reports from the NSCB on areas of activity where the NSCB has a lead role, and the NSCB ensuring that the NCYSPB integrates safeguarding into the development of services for children and their families.
- 10.4 This balance is achieved by defining the role of the NSCB and the Children and Young People's Strategic Partnership in relation to developing, co-ordinating and influencing service developments and priorities, whilst ensuring this is linked to the priorities in the Children and Young People's Plan and the NSCB Business Plan.
- 10.5 The NSAB is the key statutory mechanism for agreeing how the relevant organisations in Norfolk co-operate to safeguard and promote the welfare of adults with care and support needs, and for ensuring the effectiveness of what they do.
- 10.6 The Health and Wellbeing Board (H&WB) has a clear focus to improve the health and wellbeing of Norfolk residents and reduce health inequalities. The H&WB will ensure that safeguarding is 'everyone's business' and ensure this is reflected in the Public Health agenda and related policies and strategies.

11. All Councillors

- 11.1 Councillors should be aware of how and when to refer child welfare concerns to Children and Young People's Services and how, after the referral has been registered, there are constraints on staff sharing information, as set out in the Council's Political Conventions.
- 11.2 Councillors should be aware of how and when to refer adults with care and support needs to Adult Social Care and how, after the referral has been registered, support will be based on helping to promote the safety and well-being of the person, a risk enabling approach will be adopted.
- 11.3 Councillors should be aware of their responsibilities as 'corporate parents' of Looked After Children.
- 11.4 Prioritise attendance at the Safeguarding and Corporate Parenting briefings and the Safeguarding Adult Boards briefing.

12. Assistant Directors of Children's Services

- 12.1 Ensure that Children in Need are safeguarded and they and their families benefit from effective referral, assessment, planning and review processes, which result in appropriate services being provided to respond to the identified developmental needs of the child.
- 12.2 Maintain positive and constructive relationships, through the NSCB, with partner agencies.
- 12.3 Ensure that staff are provided with up-to-date procedures, protocols and guidance and that systems are in place to ensure they are followed.
- 12.4 Ensure arrangements are in place for the safe transfer of responsibility between local authorities.

- 12.5 Ensure induction, supervision and staff development processes are in place.
- 12.6 Ensure performance measures are in place to ensure that services, including those commissioned from external organisations, are safely, efficiently and cost effectively delivered.
- 12.7 Ensure workload management systems are in place and monitored.
- 12.8 Ensure staff are able to offer culturally appropriate services to all the communities of the county.

13 Assistant Directors of Adults Social Services

- 13.1 Ensure that Adults with Care and Support Needs are safeguarded and they and their carers benefit from effective referral, assessment, planning and review processes.
- 13.2 Maintain positive and constructive relationships, through the NSAB, with partner agencies.
- 13.3 Ensure that staff are provided with up-to-date procedures, protocols and guidance and that systems are in place to ensure they are followed.
- 13.4 Ensure arrangements are in place for the safe transfer of responsibility between local authorities.
- 13.5 Ensure induction, supervision and staff development processes are in place.
- 13.6 Ensure performance measures are in place to ensure that services, including those commissioned from external organisations, are safely efficiently and cost effectively delivered.
- 13.7 Ensure workload management systems are in place and monitored.
- 13.8 Ensure staff are able to offer culturally appropriate services to all the communities of the county.

14 Heads of Service – Quality & Effectiveness & Independent Statutory Services

- 14.1 Lead, develop and ensure effective strategies, policies and procedures are in place, such that high standards of safeguarding and practice are achieved across the County Council; lead and implement quality assurance activity within Children's Services; advise more broadly in relation to safeguarding and act as Lead on the Corporate Safeguarding Group.
- 14.2 Responsible for the operation and performance management of a range of safeguarding services: including Child Protection Conferencing; LAC independent reviewing; CiN independent reviewing; Children's Rights and Participation; co-ordination of allegations against those who work with children; operational responsibility for NSCB.

15 Heads of Social Work Operations

- 15.1 Lead, maintain and ensure the strategic development, management and delivery of the operational field work Social Work service to children identified as being "in need" and, in particular, those at risk of abuse or serious injury and those requiring the "care" of the Local Authority and to contribute to the improvement of outcomes for children and young people in Norfolk.
- 15.2 Responsible for the operation and performance management of a range of targeted and specialist social work support services, including the range of child care Social Work teams

,such as contact and referral service within the MASH, Assessment services, Family Intervention teams, Children With Disability Teams, Looked After Children Teams, Leaving Care Teams and services to unaccompanied asylum seeking children.

- 15.3 Ensure that care plans are appropriate to current need and are monitored and progressed in a timely fashion to avoid drift.

16. Heads of Service – Social Work Resources (Residential Care and Fostering & Adoption)

- 16.1 Lead, maintain and ensure the strategic development, management and delivery of the department's provider arm of the Looked After Children's service and contribute to the improvement of outcomes for children and young people in Norfolk.
- 16.2 Responsible for the operation and performance management of a range of targeted and specialist looked after children services, Fostering, Adoption, and Residential Care.

17. Heads of Service & Heads of Operations – Adults Social Services

- 17.1 Lead, develop and ensure effective strategies, policies and services, such that high standards of safeguarding are achieved across the Council.
- 17.2 Lead, maintain and ensure the strategic development management and delivery of the Department's Social Work service to adults with care and support needs where concerns are raised in relation to abuse or neglect or the risk of abuse and neglect. All action taken should be based on helping the adult to meet their own agreed outcomes which enhances their safety and well-being reflecting Making Safeguarding Personal.
- 17.3 Ensure that safeguarding plans are agreed in a timely fashion and that there is evidence that the voice of the adult is found throughout on the basis of nothing about me, without me approach.

18. Heads of Service

- 18.1 They should be committed to protecting children and adults with care and support needs and should communicate that commitment throughout their service.
- 18.2 Ensure services are provided in a way that ensures the safety and welfare of children and young people and adults with care and support needs.
- 18.3 Ensure all staff in services with contact with children and adults with care and support needs and/or their parents/carers have a consistent understanding of the thresholds for sharing information with and referral to children's social care, and receive appropriate training to undertake their responsibilities to safeguard and promote the welfare of children.

19. Head of Service CYP Commissioning

- 19.1 Ensure arrangements for commissioning placements for looked after children in externally commissioned placements (residential, independent fostering agency or supported accommodation for 16 and 17 year olds) are robust, meet quality standards and comply with all safeguarding requirements.

20. Head of Service Adults Commissioning

- 20.1 Ensure arrangements for commissioning placements for adults with care and support needs are robust, meet quality standards and comply with all safeguarding requirements.

21 Managers, (Children's Social Care), Social Work and Early Help and Prevention

- 21.1 Ensure effective systems are in place to enable team managers to establish how many children have been referred to their team, what action is required to be taken for each child, who is responsible for taking action, and when action must be completed and has been completed.
- 21.2 Ensure that all cases of children assessed as needing a service from children's social care have an allocated worker, in line with Working Together to Safeguard Children 2015. Ensure that staff follow procedures, protocols and guidance and that casework is quality assured regularly.
- 21.3 Report to the Head of Service on the quality and performance of their services, including workloads, on a regular basis through supervision and locality performance meetings.

22. Managers within Early Help and Prevention and Social Work

- 22.1 Ensure that referrals are acknowledged and dealt with in a timely way, and in the case of referrals to children's social care, in line with timescales laid out in Working Together 2015.
- 22.2 Ensure that cases are allocated to appropriately qualified and trained practitioners and that the practitioner is clear about what has been allocated, what action is required and how that action will be reviewed and supervised.
- 22.3 Ensuring and monitoring that core standards for recording and managing case files are met, through the use of the children's recording systems.
- 22.4 Ensure the quality of work and supervision.
- 22.5 Ensure practitioners are able to manage the diversity aspects of their work.

23. Managers within Adult Social Services

- 23.1 Ensure that referrals are acknowledged and dealt with in a timely way, all the time seeking to ensure that the Adult or their representative is involved throughout.
- 23.2 Ensure that cases are allocated to appropriately qualified and trained practitioners and that the practitioner is clear about what has been allocated, what action is required and how that action will be reviewed and supervised.
- 23.3 Ensuring and monitoring that core standards for recording and managing case files are met, through the use of the Adults recording system.
- 23.4 Ensure the quality of work and supervision.
- 23.5 Ensure practitioners are able to manage the diversity aspects of their work.

24. Independent Reviewing Officers and Independent Child Protection Chairs

- 24.1 Provide advice on safeguarding matters.
- 24.2 Ensure that statutory review meetings for Looked After Children and child protection conferences take place within required timescales; ensure procedures are followed; quality assure practice to promote high standards and improved outcomes.
- 24.3 Contribute to the learning & improvement framework as managers who are not accountable

for resource and case management; contribute to problem resolution in individual cases.

25. Child Care Practitioners

- 25.1 Follow the NSCB and Council safeguarding procedures.
- 25.2 Maintain records of their work using the relevant record system.
- 25.3 Keep up-to-date through training and other professional development opportunities.

26. Adult Care Practitioners

- 26.1 Follow the Council's safeguarding procedures.
- 26.2 Maintain records of their work using the relevant record system
- 26.3 Keep up-to-date through training and other professional development opportunities.

27. Other Practitioners and Support Staff

- 27.1 Pass all concerns about child protection and safeguarding adults with care and support needs to the appropriate duty team without delay.

Recommendation:

- a) **Committee is asked to acknowledge and support the roles and responsibilities set out in this report.**
- b) **The Council Corporate Safeguarding Policy is attached as Appendix 1 for approval. There is also a statement for the public around the Council's commitment to safeguarding (attached as Appendix 2)**

Officer Contact

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

Officers' Names:

Andrew Bunyan, Interim Director of Children's Services	Tel No: 01603 222600
James Bullion, Executive Director of Adult Social Services	Tel No: 01603 223175



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

Norfolk County Council

Safeguarding Policy

For Council intranet

Norfolk County Council Safeguarding Policy 2016

Safeguarding is **everybody's responsibility**. It does not matter what your role within Norfolk County Council is or what service you work for; we all share responsibility, both corporately and individually; to make sure that everyone is protected from abuse and neglect.

All Council employees, elected members, partner organisations and contractors who come into contact with children and young people or adults in need of care or

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support, in the course of their work, have a **duty of care** to safeguard, prevent, and report neglect or abuse.

What is safeguarding?

Safeguarding and promoting the welfare of children and young people is defined as:

- *protecting children and young people from maltreatment*
- *preventing impairment of children and young people's health or development*
- *ensuring that children and young people grow up in circumstances consistent with the provision of safe and effective care, and*
- *taking action to enable all children and young people to have the best outcomes.*

(Source: Working Together to Safeguard Children - 2015)

Safeguarding Adults duties apply when an adult (person aged 18 or over);

- *has needs for care and support (whether or not the local authority is meeting any of those needs AND*
- *is experiencing, or at risk of, abuse or neglect AND*
- *as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.*

(Source: Care Act - 2014)

Our commitments

Norfolk County Council is committed to safeguarding vulnerable children and young people and adults with care and support needs.

- Elected members, senior officers and all staff will be aware of corporate safeguarding responsibilities, and what to do in the event of concerns about a child or adult in need of care or support.
- Elected members and staff participate in mandatory safeguarding training; specialist staff that work within services for vulnerable individuals will receive targeted and specialised multi-agency training, and we will have clear plans to support development for these members of staff.
- All contractors and organisations working with us must be aware of this Policy and their safeguarding responsibilities pertaining to it. We will also make sure we operate within their safeguarding procedures.
- We will ensure that we have safe recruitment and employment practices in place to promote safeguarding at all levels in the Council.
- Council departments will work together to address safeguarding issues including those arising from Serious Case Reviews, Safeguarding Adult Reviews, Government Inquiries and legislation.

[Type here]

- We will work in partnership with organisations and agencies both within and outside of the county boundary in order to safeguard children and adults in need of care and support.
- We will fully consider the safeguarding implications of any decisions that we make and consult with service experts and, as appropriate, our service users, before making those decisions.
- We will have an up to date and accurate summary of how our services meet their statutory safeguarding responsibilities as defined through Section 11 of the Children's Act 2004 and Care Act 2014.

What are your responsibilities?

All members of Norfolk County Council's workforce should:

- be alert to the possibility of abuse and neglect.
- report any concerns about the safety or welfare of a child or adult (see Appendix 2).
- participate in relevant safeguarding training and multi-agency partnership working to safeguard children and adults in need of care and support.
- be familiar with local procedures and protocols for safeguarding children and adults in need of care and support and follow the Council's and any relevant professional codes of conduct.
- Pass on any concerns about the conduct of colleagues, other employees and contractors, if they may be putting children or adults with care and support needs at risk (see Whistle-blowing Policy).
- be familiar with key roles and responsibilities for safeguarding both vulnerable children and adults (**Appendix 1**).

Delivering this policy

To make sure that we are carrying out our statutory safeguarding duties appropriately Norfolk County Council has a Corporate Safeguarding Group, with a lead representative from all directorates, which has five key objectives:

1. To advise the Local Authority in relation to safeguarding issues.

[Type here]

2. To promote and monitor the implementation of this Policy.
3. To evaluate the impact and effectiveness of this Policy and recommend any changes in light of local feedback and performance, and in line with national developments.
4. To develop and implement an annual action plan to achieve the aims of this Policy and to provide a formal mechanism to respond to audit findings.
5. To promote improved communication between all directorates in relation to safeguarding issues.

The contents of this Policy will be reviewed through the Corporate Safeguarding Group on an annual basis to make sure it remains fit for purpose.

External challenge

Every local authority area has a statutory duty to have a local Safeguarding Board for both Children's and Adult's services. The primary function of these Boards is to make sure that agencies across the county are adequately carrying out their safeguarding duties and to promote safeguarding issues and awareness throughout the county.

Each Board is responsible for publishing safeguarding procedures for all agencies to work to.

For further information or details please visit their webpages:

Norfolk Safeguarding Children's Board - <http://www.norfolkscb.org/>

Norfolk Safeguarding Adult's Board - <http://www.norfolksafeguardingadultsboard.info/>

Getting Help

There are a number of ways you can pass on a safeguarding concern or report an incident:

In an emergency...

If you believe that a child, young person or adult is at immediate risk and in need of protection then you should call the Police - **999**, immediately.

To make a referral or seek advice when you have concern about a child or young person contact children's social care:

During normal working days between 08:45 am and 5:30 pm Monday to Thursday and 08:45 am and 4:35pm Friday.

- Telephone: **0344 800 8020**

To make a referral or seek advice about adults with care and support needs contact Adults social care:

During normal working days between 08:45 am and 5:30 pm Monday to Thursday and 08:45 am and 4:35pm Friday.

- Telephone: **0344 800 8020**

Outside office hours

At all other times concerns about children, young people and adults with care and support needs can be discussed with **Emergency Duty** team who can be contacted on the telephone number: **0344 800 8020**

Norfolk County Council

Safeguarding Commitment 2016

Safeguarding is **everybody's responsibility**.

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(Source: Care Act - 2014)

Our Commitments

Norfolk County Council is committed to making sure that all staff, elected members, partners and contractors are aware of their safeguarding responsibilities and that we support them to effectively carry them out.

- Elected members, senior officers and all staff will be aware of corporate safeguarding responsibilities, and what to do in the event of concerns about a child or adult in need of care or support.
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- We will ensure that we have safe recruitment and employment practices in place to promote safeguarding at all levels in the Council.

- Council departments will work together to address safeguarding issues including those arising from Serious Case Reviews, Safeguarding Adult Reviews, Government Inquiries and legislation.
- We will work in partnership with organisations and agencies both within and outside of the county boundary in order to safeguard children and vulnerable adults.
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To make a referral or seek advice when you have concern about a child or young person contact children's social care:

During normal working days between 9 am and 5 pm:

- Telephone: **0344 800 8020**

To make a referral or seek advice about adults with care and support needs contact adults' social care:

During normal working days between 9 am and 5 pm:

- Telephone: **0344 800 8020**
- Minicom:
- Fax:

Outside office hours

At all other times concerns about children, young people and adults with care and support needs can be discussed with the **Emergency Duty team** who can be contacted on the telephone number - **0344 800 8020**

Adult Social Care Committee

Item No.17

Report title:	Transport Update
Date of meeting:	23 January 2017
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic impact

The Council has responded to the financial challenges facing all local authorities through the development of a new strategy which sets out a direction for the Council to radically change its role and the way it delivers services. This commits the Authority to delivering the Council's vision and priorities, working effectively across the whole public sector on a local basis, and will ensure that the Council's budget of £1.4bn is spent to the best effect for Norfolk people. Adult Social Care is contributing to this vision through the Promoting Independence strategy where people are able to achieve their outcomes through the most independent means possible helping individuals and families to connect easily to the support of their communities and targeting Council's resources where additional support is needed. The aim is to develop a sustainable approach to social care in Norfolk, by working with local communities and changing the mix of service provided we aim to reduce the level of long term packages of care; help people to stay at home longer and provide better use of all resources available to reduce the cost of care packages. Part of this change includes changes to transport and savings in this area.

Executive summary

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

The County Council currently spends approx. £7.1m (based on the latest forecast) each year on transport for adult social care service users to access day - and respite services. This spend is for approximately 450,000 journeys per year at an average cost of £15 per journey.

Adult Social Services funds the transport of about 2,000 people enabling them to access their social care/community activities. Approximately 1,500 of these have transport arranged and commissioned by Travel and Transport.

Savings of £3.8m are budgeted to be made in 2014-15 to 2017-18. At this point in time there has been a net reduction of £0.487m in spend over the last two-three years.

To deliver the £2.1m saving the department reduced the funding allocated for transport in the Resource Allocation System (RAS) from 1 April 2014. The reduction was implemented with immediate effect for new service users and from the time of their annual review for people who were already service users, and staff have discussed at reviews about how to meet their transport needs with less funding. Therefore all new service users from April 2014 have had a reduced allocation for transport. In addition there are route reviews and reprocurments carried out by Travel and Transport. However it appears that in the current framework it is not possible to achieve the budgeted savings.

Recommendations:

Adult Social Services Committee Members are asked to agree that the department looks at the current policies of other local authorities and brings to Adult Social Care

Committee a proposed transport policy that meets the minimum legal requirements regarding transport and can help social care staff work with service users to reduce the funding required for transport.

1. Adult Care Transport Policy

- 1.1 The main piece of work since the last update has been to determine the extent that agreed changes in transport policy have been implemented in Adult Social services
- 1.2 We looked at 150 cases from the latest set of current transport packages supplied by Travel and Transport. This is approximately 10% of the people Transport and Travel arrange the transport for. We checked to see if the people had a social care review/reassessment since April 2014, when we reduced the amount of transport funding within Personal Budgets, and whether anything had changed in their transport package. We looked at the assessment record to check if there was a conversation about transport as part of the review/reassessment and also looked at CareFirst observations and service agreements.
 - 1.2.1 143 people out of the sample of 150 had a review/reassessment of some type, either planned or unplanned, since April 2014. Of the remaining seven people in the sample: two had not had a social care review since before April 2014 but were now the responsibility of health and would no longer be reviewed by Adult Social Services; and five had not had a completed review since before April 2014.
 - 1.2.2 Of the 150 cases:
 - 110 (74%) had no change in their transport packages
 - 5 (3%) cases had increased their transport
 - 35 (23%) their transport had decreased or had actually ceased.
 - 1.2.3 The majority of the decreases in transport packages were due to:
 - people moving house, for example moving from living with parents to supported living schemes, that are closer to their day centre, or day support is available on the site of the scheme;
 - day centres have closed and some people have chosen not to continue having day care and others have decided to relocate to an alternative centre that is closer;
 - In one case the day care provider opened up a new facility much closer to where the person lives.
 - people had died.
 - 1.2.4 In the five cases where people had increased their transport package this was due to them increasing the number of days they attend day services.
 - 1.2.5 It is important to note that not all increases or decreases in transport packages alter the overall costs of transport. Where someone is travelling on a vehicle with other people and they stop travelling or reduce the number of days they travel, the transport contract cost may remain the same or only have a small reduction in cost as the route may not significantly alter, but a smaller number of passengers will be transported. Although the unit cost changes for each person, the overall cost of the journey remains similar.
 - 1.2.6 If the results of this sample are extrapolated for the approximately 1,500 people who have transport arranged by Travel and Transport, this would mean:

- 95% of people (1,425 people) will have had a review since the RAS (Resource Allocation System) was reduced in 2014 so that people got less money in their indicative Personal Budget allocation for transport.
- 1,110 (74% of 1,500) people will not have had a change in their transport package and therefore the costs of transport remain unchanged
- 45 (3% of 1,500) people will have had an increase in their transport package
- 345 people (23% of 1,500) people will have had a decrease in their transport package.

1.3 Conclusion

- 1.3.1 Based on the sample it seems that most people have had a review since April 2014. However this has not resulted in the level of transport savings required as at this point in time there has been a net reduction of £0.487m in spend over the last two-three years. Arguably this does not take account of any 'savings' for new service users since April 2014 who are allocated less money than they would have previously.
- 1.3.2 It appears that in the current framework it is not possible to achieve the budgeted savings. It is recommended that the department looks at the current policies of other local authorities and will bring to Adult Social Care Committee a proposed transport policy that meets the minimum legal requirements regarding transport and can help social care staff work with service users to reduce the funding required for transport.

2 Norse

- 2.1 Approximately 48% of the spend on Adult Social Services transport is with Norse Transport (£3.3m), and they transport 38% of customers (using 78 vehicles). Norse's journeys tend to be the longer routes into the traditional learning disability day centres, and also the more specialist runs with a passenger assistant for people with dementia, hence the higher unit cost (£16.24 per journey compared with £12.77 per journey for other operators).
- 2.2 Travel and Transport are currently working with Norse to move their vehicles to where we will get best value from them ie
- where we can potentially use them on other forms of transport e.g. local bus/dial-a-ride. Pilot area likely to be Diss/Thetford
 - where more specialist transport is needed e.g. dementia/physical disabilities/challenging behaviour.

3 Planning & review of Transport

- 3.1 The transport team regularly review the transport that is operating, concentrating on all transport into a particular centre, high cost routes or contracts that are ending. Reviews involve re-planning the transport routes based on client needs and geography and re-tendering the transport contracts through a competitive procurement process. This saves about £0.250m per year, eg

Barrington farm and Cranmer House review	
	£
Weekly cost was	998.03
New weekly cost	703.85
Weekly saving	294.18
Annual Saving	15,003.18

- 3.2 Reviews also include looking at the number of spare seats on the transport contracts, to see if this is because of client need or if vehicles can be taken out of the network by merging clients onto the same vehicle. An example of this is the review at Dereham Day Services where one Norse vehicle was removed and the clients moved onto the remaining vehicles and the vehicles were re-routed. This resulted in an annual saving of £30,250.
- 3.3 Transport for adults is integrated with Children's Services transport as much as possible, eg adults attending Norwich day services share minibuses with students with SEN attending Norwich City College.
- 3.4 Travel and Transport are now about to develop a visual representation of the data, using GIS (Geographic Information System) that will clearly show the distances and costs of service user transport. This will help staff with both care package reviews and transport reviews, to enable them to see nearest centres and to help with allocating the most appropriate transport.

4 Total Transport

- 4.1 Norfolk's Total Transport project is about looking at transport as a whole to see if funding and information can be brought together to enable transport across Norfolk to be easier and more coordinated, and therefore better value for money.
- 4.2 One aim of the project is to create a 'one-stop shop' where residents, carers, health practitioners, social workers and others can access information and potentially even book transport direct in one place. This will help with promoting independence and enabling people to be more self-sufficient.
- 4.3 The project also aims to bring together different funding streams and commissioning arrangements for transport, to reduce duplication and therefore make the total amount of money spent go further.
- 4.4 At the moment NCC are working within the pilot area of Breckland, South Norfolk and West Norfolk and have undertaken some research about travel barriers, to inform the project going forward.

5 Other project work

- 5.1 An update on some of the other work being carried out as part of the project to help deliver savings:
- 5.1.1 **Thetford Day Services for people with Learning Difficulties.** The project team identified that there were a number of younger people with complex needs being transported from the Thetford area to a service in Norwich. The department has now

got approval and funding to refurbish a building to provide day services locally in this area and is working with the Corporate Property team and NPS to get ready to go to tender.

- 5.1.2 **TITAN (Travel Independence Training Across the Nation) travel training.** Working with independent providers and TITAN Travel Training in Children's to pilot this in Adult Social Services, to enable people to use public transport rather than having transport provided.
- 5.1.3 **Review of lease cars.** Some of the original lease periods have expired and the vehicles are effectively now on a rolling yearly lease. As we now have clear guidance on transport and want people to use their Motability vehicle, mobility allowances or own means for transport wherever possible it is timely to review the use of these on an individual basis.

Recommendations:

Adult Social Services Committee Members are asked to agree that the department looks at the current policies of other local authorities and brings to Adult Social Care Committee a proposed transport policy that meets the minimum legal requirements regarding transport and can help social care staff work with service users to reduce the funding required for transport.

Officer Contact

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

Officer Name:	Tel No:	Email address:
Janice Dane	223438	Janice.Dane@norfolk.gov.uk



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