

# Adult Social Care Committee

Date: **Monday 29 June 2015**

Time: **10:00am**

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

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

## **Membership**

Ms S Whitaker (Chair)

Mr B Borrett

Ms J Brociek-Coulton

Mr D Crawford

Mr T Fitz-Patrick

Mr T Garrod

Mr A Grey

Ms E Morgan (Vice Chair)

Mr J Perkins

Mr A Proctor

Mr W Richmond

Mr M Sands

Mr E Seward

Mrs M Somerville

Mrs A Thomas

Mr B Watkins

Mr M Wilby

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

Nicola LeDain on 01603 223053  
or email [committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)

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## **A g e n d a**

- 1. To receive apologies and details of any substitute members attending**
- 2. To agree the minutes from the meeting held on 11 May 2015** (Page 5)
- 3. To agree the minutes from the meeting held on 8 June 2015** (To Follow)
- 4. Members to Declare any Interests**

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 an interest but can speak and vote on the matter.

- 5. To receive any items of business which the Chairman decides should be considered as a matter of urgency**
- 6. Local Member Issues**

Fifteen minutes for local members 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 or 01603 223053) by **5pm on Wednesday 24 June 2015**.

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

8. **Executive Director's Update**  
Verbal Update by Executive Director of Adult Social Services
9. **Chair's Update**  
Verbal Update by Cllr Sue Whitaker
10. **Exercise of Delegated Authority**  
Verbal Report by Executive Director of Adult Social Services
11. **Internal and External Appointments** (Page 12)  
Report by Executive Director of Resources
12. **Performance Monitoring Report** (Page 17)  
Report by Executive Director of Adult Social Services
13. **Finance Monitoring Report Period 2 (May) 2015-2016** (To Follow)  
Report by Executive Director of Adult Social Services
14. **Re-Imagining Norfolk – Service and Financial Planning 2016-19 for Adult Social Care** (Page 30)  
Report by Executive Director of Adult Social Services
15. **ICT Planning within Adult Social Care** (Page 54)  
Report by Executive Director of Adult Social Services
16. **Risk Register** (Page 65)  
Report by Executive Director of Adult Social Services
17. **The Cost of Care in Adult Social Services – interim report** (Page 79)  
Report by Executive Director of Adult Social Services
18. **Meeting the New Market Development Responsibilities for Adult Social Care** (Page 83)  
Report by Executive Director of Adult Social Services
19. **Member Briefings**

#### Group Meetings

Conservative	9am	Conservative Group Room
UK Independence Party	9am	UKIP Group Room
Labour	9am	Labour Group Room
Liberal Democrats	9am	Liberal Democrat Group Room

**Chris Walton**  
**Head of Democratic Services**  
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Martineau Lane  
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Date Agenda Published: 19 June 2015



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**Adult Social Care Committee  
Minutes of the Meeting Held on 11 May 2015  
10:00am Edwards Room, County Hall, Norwich**

**Present:**

Ms S Whitaker (Chair)

Mr B Borrett

Ms J Brociek –Coulton

Mr D Crawford

Mr J Dobson

Mr T East

Mr T FitzPatrick

Mr T Garrod

Ms D Gilhawi

Ms E Morgan

Mr R Parkinson-Hare

Mr J Perkins

Mr A Proctor

Mr W Richmond

Mrs M Somerville

Mrs A Thomas

Mr B Watkins

The Chair welcomed Mr T FitzPatrick and Mr W Richmond to their first meeting of the Adult Social Care Committee, and thanked Mr C Jordan for his contribution.

**1. Apologies**

1.1 There were no apologies received.

**2. Minutes**

2.1 The minutes of the meeting held on 8<sup>th</sup> March 2015 were agreed by the Committee and signed by the Chair, subject to the following amendment;

- To change 14.5 as follows;  
The following motion was moved by Cllr John Dobson and duly seconded.  
The Committee AGREED the motion.
- To delete 14.7

**3. Declarations of Interest**

3.1 Ms S Whitaker declared an 'other' interest relating to item 14 as a former trustee for Norwich and West Norfolk CAB.

3.2 Mr R Parkinson-Hare declared an 'other' interest that he has a handicapped daughter.

**4 Items of Urgent Business**

4.1 There were no items of urgent business received.

## 5 Local Member Questions

- 5.1 There had been no local Member questions received but the Chair allowed a member question from Cllr Alexandra Kemp who asked about working conditions for staff employed by homecare providers with whom NCC has contracts.
- 5.2 The Executive Director Adult Social Services confirmed that NCC was currently negotiating homecare contracts for West Norfolk and agreed to look at this specific case. He also gave reassurance that all providers will be made aware of the working time directive.

## 6. Safeguarding Adults Annual report, presentation of Safeguarding DVD and Training Update

- 6.1 The annexed report by the Executive Director of Adult Social Services was received. The report presented the Safeguarding Adults Annual Report for 2014/15, introduced the Safeguarding Adults training video to address item 1.1 on the Safeguarding Adults Peer Review action plan, and addressed questions posed by the Adult Social Care Committee about safeguarding Adults Training.
- 6.2 The Committee heard that there are representatives on the advisory group from the acute sector, the providers and the Chair of the Safeguarding Board. The Committee heard that a Health Advisory Group had been convened in April of this year and that an appropriate member would be chosen to represent the group on the Safeguarding Board.
- 6.3 The film was aimed at people who are not at the front line of social care. It gave the underlying message that people need to pass on the information to someone who could act purposefully in response to the situation.
- 6.4 The Committee noted that as members of the Committee they had ultimate oversight of safeguarding and their ultimate responsibility was to ensure that the service was provided effectively.
- 6.5 The Committee heard that there would be developments to provide different models of housing provision. This would attempt to move away from smaller to larger units. Reassurance was given by the Executive Director of Adult Social Services that the need for different models of housing was accepted.
- 6.6 District Councils have the responsibility for housing in Norfolk and the ability to make conditions and provide funding. A housing sub-group had been set up last autumn and the Districts would be represented.
- 6.7 It was confirmed that there was more in-depth training (than that seen in the film) for staff.
- 6.8 The Committee **RESOLVED**;
- To note the Safeguarding Adults Annual Report for 2014/15.
  - To note that the Safeguarding Adults DVD had been presented and discussed.

- To note that Councillors had received the information about Safeguarding Adults training, in response to their queries at the Adult Social Care Committee (ASCC) meeting held on 9 March 2015.

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

- 7.1 Deborah Gilhawi reported that she had attended the first meeting of the Norfolk and Norwich University Hospital Governing Body.
- 7.2 Julie Brociek-Coulton reported that she had attended a Carer's Council meeting.
- 7.3 John Dobson reported that the Queen Elizabeth Hospital, King's Lynn were due a visit from the Care Quality Commission in June.
- 7.4 Elizabeth Morgan had attended a Norfolk Safeguarding Adults Board (NSAB) meeting where it had been reported that there was a housing sub-group which would be chaired by Nigel Andrews. There had also been a presentation from Will Styles, Governor of HM Prison Norwich and member of the NSAB. It was suggested that this could be an item for a future committee meeting and it would be discussed at the next spokes meeting. The presentation would be circulated to all members of the Committee.
- 7.5 Sue Whitaker reported that she had attended a meeting of the Older People's Strategic Partnership.

## **8 Executive Director's Update**

- 8.1 The Executive Director of Adult Social Services reported that since the last meeting of the Committee the department had focused on the financial pressures on the service, especially purchase of care. Placement targets had been set within locality teams with the aim to reduce the number of individuals in residential care.
- 8.2 A review of the finance process had also been initiated as it was clear that budget forecasting had been more difficult than previous years.
- 8.3 The Care Act had been implemented with all deadlines met. Approximately 700 staff had been trained on the aspects of the new legislation and the changes to delivering adult social care.
- 8.4 Time has also been spent on the new strategy for promoting independence and working more with communities to strengthen independence and supporting people to stay in their own home.
- 8.5 Work was continuing with integration with the NHS and efficiencies were being reviewed with Norfolk Community Health and Care.
- 8.6 Congratulations were given to the Executive Director of Adult Social services as he had become the Vice-President of the Association of Directors of Adult Social Services and next year would become the President. In any absences over the next

two years, Catherine Underwood would deputise.

- 8.7 The Committee heard that the motion that had been carried at a previous meeting with relation to war veterans would be brought back to the full Council meeting in July and work was being undertaken to this timescale.

## 9. Chair's Update

- 9.1 The Chair reported that she had attended the following meetings since the last meeting of the Adult Social Care Committee;
- The first meeting of the Cost of Care working group had taken place and the second was scheduled for 9 June.
  - A training session with Professor Paul Corrigan
  - The Transformation Board which was an officer led group designed to change the way of service delivery.
  - The East of England Local Government Association had coordinated a session on the cost of the Care Act.
  - The Health and Wellbeing Board
  - A meeting with the Chief Executive of Living Wage Norfolk.
  - A Committee Chairs meeting.

- 9.2 It was noted that the placement and performance task and finish group would be meeting in the near future. The members would be Jim Perkins, Julie Brociek-Coulton, Margaret Somerville, Brian Watkins and Elizabeth Morgan.

- 9.3 The Chair explained that the Cost of Care working group was made up of NCC officers, CCG representatives and providers from the independent sector. A progress report would be given to the Committee at its 29 June meeting.

## 10. County Council decision making protocol in relation to the NorseCare Liaison Board

- 10.1 The annexed report from the Executive Director of Adult Social Service was received.
- 10.2 The Committee noted that it needed more input into and involvement in the Board, and that any decisions proposed should be made in consultation with the Spokes.
- 10.3 The Committee heard that since April 2013, there had been no decisions made by the Board.
- 10.4 The Committee **RESOLVED** to;
- Authorise the Executive Director of Adult Social services in consultation with the Chair, together with spokes, to make the necessary arrangements to deliver the 'Building a Better Future' strategy in line with all legislative requirements and to delegate to him the power to take decisions on behalf of the Council that arise from time to time under the contract with NorseCare.

## 11. Adult Social Care Finance Monitoring Report Year End 2014-15

- 11.1 The annexed report from the Executive Director of Adult Social Services was received. The report provided the Committee with financial monitoring information, based on information to the end of March 2015. It provided an analysis of variation from the revised budget, recovery actions taken in year to reduce the overspend and the use of the ASC reserves.
- 11.2 Concern was expressed by the Committee regarding the predicted overspend. It was confirmed that there had been forecasting issues this year, and under-recovery of predicted money from NHS for services provided to individuals.
- 11.3 It was confirmed by the Executive Director of Adult Social Services that the Adult Social Services department had not always overspent. It would be the role of Policy and Resources Committee to review the County Council budget as a whole and decide which overspends could be absorbed. Currently there was a £3.316 overspend after the use of reserves. The Committee noted that the use of reserves was not sustainable.
- 11.4 It was reported to the Committee that communication between central finance and ASC had not always been optimal. An officer working group has been set up to make better use of resources and to ensure that systems were being used as effectively as possible. Great efforts were being made to improve the communication between the teams.
- 11.5 Recovery actions being undertaken had been highlighted at 2.6.1 in the report circulated. It was also noted that team managers review every decision taken which concerned placements in residential care.
- 11.6 The Committee requested that the reports be written in more user-friendly language and it was agreed that this would be discussed at the next spokes meeting.
- 11.7 It was reported that as the mental health social workers were now NCC staff, ASC were better placed to oversee placements into residential care and the community. The Committee asked for details in future reports on the progression of savings made.
- 11.8 The Committee **RESOLVED** to note with concern;
- The draft revenue outturn position for 2014-15 as at the end of the financial year of an overspend of £3.316m.
  - The recovery actions being taken in year to reduce the overspend.
  - The use of reserves.
  - The capital outturn position for the 2014-15 capital programme.

## 12. Risk Management

- 12.1 The annexed report from the Executive Director of Adult Social Services was

received. The report provided the Committee with an update on the Departmental Risk register since the update at the last Committee meeting.

- 12.2 The Committee requested that a report on the risk register be brought to every meeting with the full register being discussed at the first ASC meeting after the Council Annual General Meeting.
- 12.3 Concern was expressed that there was not a risk related to carers on the register. If there were a reduction in carers, it could affect service delivery. A risk around carers would be prepared for the next register.
- 12.4 The Executive Director of Adult Social Services assured the Committee that the best risk mitigation procedures were followed.
- 12.5 There was concern expressed specifically about two of the risks which concerned ICT. As these were within the internal control of the Council it was stated that these should be amber in the very near future.
- 12.6 The Committee **RESOLVED** to;
- Note the changes to the risk register
  - Comment on the departmental risks and add, amend or remove any risks as appropriate.
  - Consider if any further action is required.
  - Request a further update at 29 June meeting.

### **13. ICT Developments in Adult Social Care**

- 13.1 The annexed report from the Executive Director was received. The report provided Members with an overview of ICT within Adult Social Care indicating what activity was planned, how it would help meet the objectives, timescales and whether the plan was on track.
- 13.2 The Committee asked for a report on the developments in ICT within Adult Social Services including any current and predicted blockages.
- 13.3 The Committee **RESOLVED** to;
- Request a report for the 29 June meeting which detailed ICT in Adult Social Services and how it affected the service.

### **14. Citizens Advice Bureaux**

- 14.1 The annexed report from the Executive Director of Adult Social Services was received. The proposals to maintain and extend Norfolk County Council support for Third Sector information, advice and advocacy will contribute to promotion of individual wellbeing through preventing, reducing or delaying the need for care and support with early access to advice and information. The proposal would enable the

Council to comply with statutory duties placed on local authorities by the Care Act 2014 to ensure the provision of information and advice relating to care and support for the whole population, not just those with care and support needs.

14.2 The Committee **RESOLVED** to;

- Approve that Norfolk County Council continue to invest at the current annual level (£363,837) in generalist advice for a further three years including CABx but develops a new funding agreement with CABx that requires bureaux to evidence their commitment to:
  - Offering consistent levels of service in all districts
  - Partnership working
  - Working with local communities to develop new and innovative ways to access advice particularly in rural areas and areas of deprivation
  - Recruiting and retaining volunteers
  - Measuring their impact and outcomes for people
- Approve that the Norfolk CAB and Mid Norfolk CAB services are partially decommissioned with a proportion of the total amount above, based on a fair per capita funding formula, being used to jointly commission and procure a generalist advice service with North Norfolk District Council from October 2015 for a period of up to three years.
- Approve that the rest of the funding is used to continue to fund generalist advice provision through Norfolk CAB, Mid-Norfolk CAB and Diss and Thetford CAB in their respective areas by working with the remaining district councils to jointly fund or align funding arrangements for CAB services in their area to meet both county and local priorities from 1 October 2015 on three year funding agreements.

15. **The New Approach to Social Care – Promoting Independence in Norfolk**

15.1 The Committee **AGREED** to defer this item to a meeting to be held on 8<sup>th</sup> June 2015 at 1pm.

Meeting finished at 12.45pm.

**CHAIR**

 <p><b>IN TRAN</b> communication for all</p>	<p><b>If you need this document 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.</b></p>
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# Adult Social Care Committee

Item No. 11

<b>Report title:</b>	<b>Internal and External Appointments</b>
<b>Date of meeting:</b>	<b>29 June 2015</b>
<b>Responsible Chief Officer:</b>	<b>Anne Gibson</b>
<b>Strategic impact</b>	
<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 and strategic objectives. The Council also makes appointments to a number of member level internal bodies such as Boards, Panels, and Steering Groups.</p> <p>Under the Committee system responsibility for appointing to internal and external bodies lies with the Service Committees. The same applies to the positions of Member Champion. In the Autumn 2014 cycle, committees reviewed and made appointments to those external organisations and internal bodies for the municipal year.</p>	

## **Executive summary**

In the September 2014 cycle, Service Committees undertook a fundamental review of the Outside Bodies to which the Council appoints. The views of members who have served on these bodies together with those bodies themselves and Chief Officers were sought and reported back to Committees. Committees are required to consider appointments at their first ordinary meeting of the municipal year.

Set out in the appendix to this report are the outside and internal appointments relevant to this Committee.

### **Recommendation**

- **That Members review and where appropriate make appointments to those external bodies, internal bodies and Champions position as set out in Appendix A.**

## **1. Proposal**

### **Outside Bodies**

1.1 In the September 2014 cycle, all organisations and the current member representatives were invited to provide feedback on the value to the Council and the organisation of continued representation and to make a recommendation to that effect. In addition, Chief Officers were consulted.

1.2 Organisations were asked a number of questions about the role of the Councillor representative. Councillor representatives were asked questions such as how the body aligned with the Council's priorities and challenges and what the benefits are to the people of Norfolk from continued representation. Finally, both were asked whether they supported continued representation. Committees considered this information and made decisions on appointments. The appendix to this report sets out the outside bodies under the remit of this Committee. Members will note that the current representative is shown against the relevant body. Members are asked to review Appendix A and decide whether to continue to make an appointment, and if so, to agree who the member should be.

## **Internal bodies**

1.3 Set out in Appendix A are the internal bodies that come under the remit of this Committee. There is no requirement for there to be strict political balance as the bodies concerned do not have any executive authority. The current appointments are not made on the basis of strict political proportionality, so the Committee may, if it wishes to retain a particular body change the political makeup. The members shown in the appendix are those currently serving on the body.

## **2. Evidence**

2.1 The views of the Councillor representative, the organisation and Chief Officer were reported to the Committee when it undertook its fundamental review of appointments in 2014.

## **3. Financial Implications**

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

## **4. Issues, risks and innovation**

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

## **5. Background**

5.1 The Council makes appointments to a significant number of internal bodies and external bodies. Under the Committee system, responsibility for these bodies lies with the Service Committees.

5.2 There is no requirement for a member of an internal body to be appointed from the "parent committee". In certain categories of outside bodies it will be most appropriate for the local member to be appointed; in others, Committees will wish to have the flexibility to appoint the most appropriate member regardless of their

division or committee membership. In this way a “whole Council” approach can be taken to appointments.

**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:

<b>Officer Name:</b>	<b>Tel No:</b>	<b>Email address:</b>
Chris Walton	01603 222620	<a href="mailto:chris.walton@norfolk.gov.uk">chris.walton@norfolk.gov.uk</a>



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## **Appendix A**

### **Adult Social Care Committee Boards, Panels, and Steering Groups**

1. Independence Matters Enterprise Development Board (2)

Chairman of the Committee and Shelagh Gurney

This body was created to oversee the development of Social Enterprise.

### **Adult Social Care Committee Outside Bodies**

1. Norfolk Council on Ageing (1)

Sue Whitaker

The organisation's vision is that older people live well in Norfolk and its mission statement is to support older people in the County to enjoy the opportunities and meet the challenges of later life. The Council provides a wide variety of services to older people and their carers across the County.

2. Queen Elizabeth Hospital Trust – Governors' Council (1)

John Dobson

The Trust achieved Foundation Trust status in February 2011, at which time the 'shadow' Governors' Council gained it legal authority. The Governors' Council totals 33. There are 9 appointed governors, 6 staff governors (3 clinical and 3 non-clinical) and 19 publicly voted governors (9 from West Norfolk, 2 from North Norfolk, 4 from Cambridgeshire, 1 from Breckland, and 1 from South East Lincolnshire and the Rest of England).

3. Norfolk and Suffolk NHS Foundation Trust – Partner Governor (1)

Sue Whitaker

Norfolk and Suffolk NHS Foundation Trust provides mental health services, alcohol treatment, learning disability and eating disorder services across Norfolk and Suffolk. It was formed from the merger of the two former county mental health trusts in the two counties. The Board of Governors represent the interests of the members and partner organisations in the local health economy in the governance the trust, and for sharing information about key decisions with the membership. There is a statutory requirement for Council representation.

4. Norfolk Community Health and Care NHS Trust Shadow Council of Governors (2)

**(1 representing Adults) Elizabeth Morgan**

(1 representing Children) Emma Corlett

Norfolk Community Health & Care NHS Trust is responsible for community health provision across all of Norfolk except for Great Yarmouth and Waveney. This includes community hospitals and a full range of non-acute services including community nursing, health visiting, and school nursing services.

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.

5. Norfolk and Norwich University Hospital Trust – Council of Governors (1)

Vacant

The Trust provides the Norfolk and Norwich hospital, providing acute hospital care for almost 1m patients annually. 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

6. Governors Council of James Paget University Hospitals NHS Foundation Trust (1)

Julie Brociek-Coulton

The Governors Council holds the Board of Directors to account for the performance of the Trust. 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.

**Adult Social Care Committee Champions**

Mental Health – Emma Corlett

Carers – Julie Brociek-Coulton

Older People – Margaret Somerville (wishes to stand down)

Learning Difficulties – John Timewell (wishes to stand down)

Physical Disability and Sensory Impairment – Jonathan Childs

# Adult Social Care Committee

Item No. 12

<b>Report title:</b>	<b>Performance Monitoring Report</b>
<b>Date of meeting:</b>	<b>29 June 2015</b>
<b>Responsible Chief Officer:</b>	<b>Harold Bodmer, Executive Director of Adult Social Services</b>
<b>Strategic impact</b> Performance monitoring and management information helps committees undertake some of their key responsibilities – informing Committee Plans and providing contextual information to many of the decisions that are taken.	

## Executive summary

This paper reports Quarter 4 and end-of-year performance results for Adult Social Care.

On balance the performance reported in the 4 dashboard quadrants is mixed, with 14 'green' alerts, 11 'amber' and 5 'red'.

The paper highlights that service levels, and efforts to improve performance, have been delivered within the context of significant growing budget pressures around the purchase of care budget. It suggests that this context has strongly influenced overall performance levels. Efforts to control the budget have meant that practitioners have successfully prioritised reducing the number of very expensive residential care packages. However high levels of demand and static staff numbers have had an impact in other areas so levels of reviews and carers assessments have fallen.

In reviewing 'red' measures the paper highlights issues with:

- a) staff sickness rates, and
- b) falling rates of reviews and carers assessments

Notable amber measures show:

- a) falling satisfaction rates within the context of service reductions and in key projects around the Better Care Fund and the Care Act

Green measures show:

- a) significant improvements around residential care admissions for older people, and
- b) safeguarding processes

The paper also highlights likely changes to the content of performance reporting in 2015/16, and suggests a reporting timetable for the year.

## Recommendations:

The committee are asked to:

- a) Review and comment on the performance management information
- b) Consider any areas of performance that requires a more in-depth analysis
- c) In the light of likely changes to the performance report for 2015/16 in response to Promoting Independence and other factors, propose any specific changes or improvements to performance reporting

## **1 Adult Social Care Performance**

1.1 The 2014/15 Adult Social Services Committee performance dashboard contains 36 measures, including six without targets.

Of those measures with targets:

- a) 5 are significantly off target (more than 5% variance)
- b) 11 are just off target (within 5% variance)
- c) 14 are on or better than target

Of all of the measures:

- a) 13 have improved over time
- b) 10 have got worse
- c) 13 (mainly those relating to projects under the 'managing change' section of the dashboard) have remained the same

1.2 Service levels, and efforts to improve performance, have been delivered within the context of significant growing budget pressures around Purchase of Care Budget.

1.3 This context has strongly influenced overall performance levels. Efforts to control the budget have meant that practitioners have successfully prioritised reducing the number of residential care packages, and putting in place alternative arrangements for people with complex needs. At the same time high demand combined with static staffing levels have meant that performance in some other areas has declined – for example carers' assessments and reviews.

1.4 It is not clear whether there is a cause-and-effect relationship between improved levels of performance in residential care admissions for people with complex needs, and lower performance in reviews and carers assessments. This year has also seen other significant changes, including the introduction of the Care Act, which may have influenced performance. Clearly this is unsustainable in the longer term.

1.5 Strategically the challenge is to create a balance between managing costs in the short term and ensuring that the right preventative and care management interventions take place to manage and reduce demand in the future. This is the fundamental purpose of the Promoting Independence strategy.

1.6 In practice the changes that need to deliver the strategy, and the performance issues highlighted in this paper, will need to take place in a number of areas. For example we know from our benchmarking activity (reported in Quarter 2 and 3) that Norfolk has a very high number of people within its social care system – as shown through high rates of contacts, assessments and services. Activity to review our 'front door' will focus on how people can avoid crises, and can access support independently within their local community. The new Assistant Director or Social Work post provides leadership on appropriate social work models to maintain independence reducing the need for long term care. Furthermore, activities to develop the social care market will ensure that people have a choice of services, and that those the council commissions will focus on reablement, and on maximising independence.

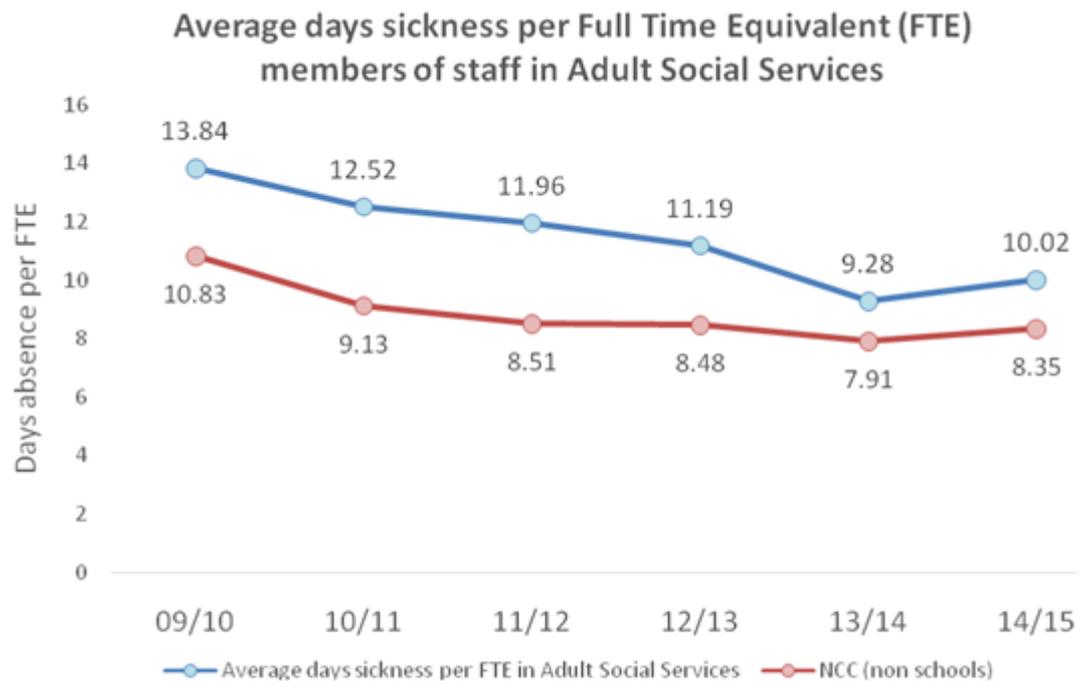
## **2 Measures where we're off target**

The following areas covered by this report are currently missing target by a significant amount (red alert):

2.1

**Red measure: staff sickness levels.**

- 2.1.1 On average staff in Adult Social Services took 10.19 days for each 'full time equivalent member of staff', against a target of 9.33, and performance of 9.28 at the same time last year.
- 2.1.2 After good performance in quarter one, the remainder of the year was worse than the equivalent period last year, culminating in this disappointing year end figure.
- 2.1.3 This the first annual increase in recent years. This increase has been experienced across the council, as shown in the below



graph.

- 2.1.4 Looking more closely at the data we can see that the rise in sickness in Adult Social Services has been driven by:
  - a) An increase in the average length of time people took off
  - b) An increase of 1.3% in the proportion of staff taking long term sickness
  - c) An increase in sickness attributed to mental wellbeing – describing time taken off for stress, depression and anxiety – which went up in Adult Social Care from around 25% of all sickness in 2013/14 to 34% in 2014/15
- 2.1.5 On this latter point, absences attributed to mental wellbeing account for more days than any other reason in Adult Social Care. This is different from the council as a whole (for which 'short term viral infections' are the biggest cause) and is to some extent expected – front line social work is by nature likely to be more stressful than many other occupations in the council – and similar explanations account for significant levels of sickness in front line children's social work and health services occupations.
- 2.1.6 However the rise in sickness attributed to mental wellbeing suggest that the pressure the department is under to make savings and deliver statutory services with high levels of demand and fewer resources, may be taking its toll on staff. It is important to note that this increase has occurred during a period of concerted effort to take appropriate measures to manage individuals' performance and absences.

2.1.7 We will keep this under close review, and make sure that we account for the impact of further service changes on staff wellbeing. We will also account for this in future risk registers and reports, and report to members any issues that may reduce staff wellbeing. Finally the activity to develop the Promoting Independence strategy is likely to lead to a different approach to resourcing and undertaking some assessment and care management tasks, and we will take this opportunity to review the current social work capacity.

2.2

**Red measure: business mileage**

2.2.1 Adult Social Services' cumulative business mileage savings stand at £85,226 at the end of year, some way short of the target of £108,000. This is disappointing. The gap is to some extent explained by the higher number of face-to-face reviews that social workers have had to do to mitigate some of the budget savings – specifically we committed to providing face-to-face reviews with everyone affected by reductions in the wellbeing part of their personal budgets.

2.2.2 This performance should also be viewed in context – Adult Social Care has the second highest mileage count (to Children's Services), but is the second highest performing areas (after Community and Environmental Services) and has in absolute terms delivered the largest overall savings.

2.3

**Red measure: carers supported following an assessment or review**

2.3.1 The number of carers supported following an assessment or review, expressed as a percentage of all service users, finished the year at 44.3%, below both the target (49.5%) and the level achieved at the end of last year (46.8%).

2.3.2 This is an area of performance in which Norfolk is currently, based on the 13/14 figure, just above our benchmarked 'family group' average figure, and we will need to wait until this year's comparative data (due October) is available to understand whether this result means we fall below the average.

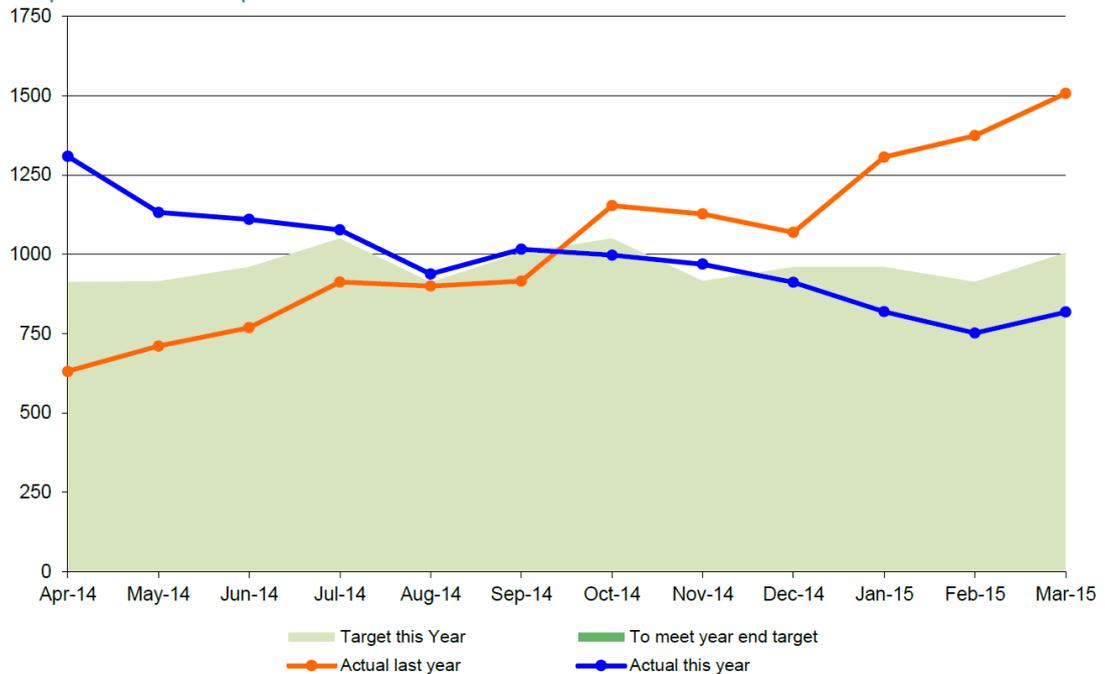
2.3.3 Our reduction in performance reflects the pressures on assessment and care management services and staff. As described in paragraph 1.3 social workers have prioritised both emergency cases and activities that have addressed the department's in-year financial pressures. As a result some activities such as carers' assessments, that whilst vitally important are not as urgent, have received fewer resources.

2.4

**Red measure: service users whose needs have been reviewed in year**

2.4.1 64% of service users' needs have been reviewed in 2014/15, below both the target of 76% and performance at the end of last year (71.8%). The below chart shows monthly review levels against previous performance and the target.

Completed reviews per month



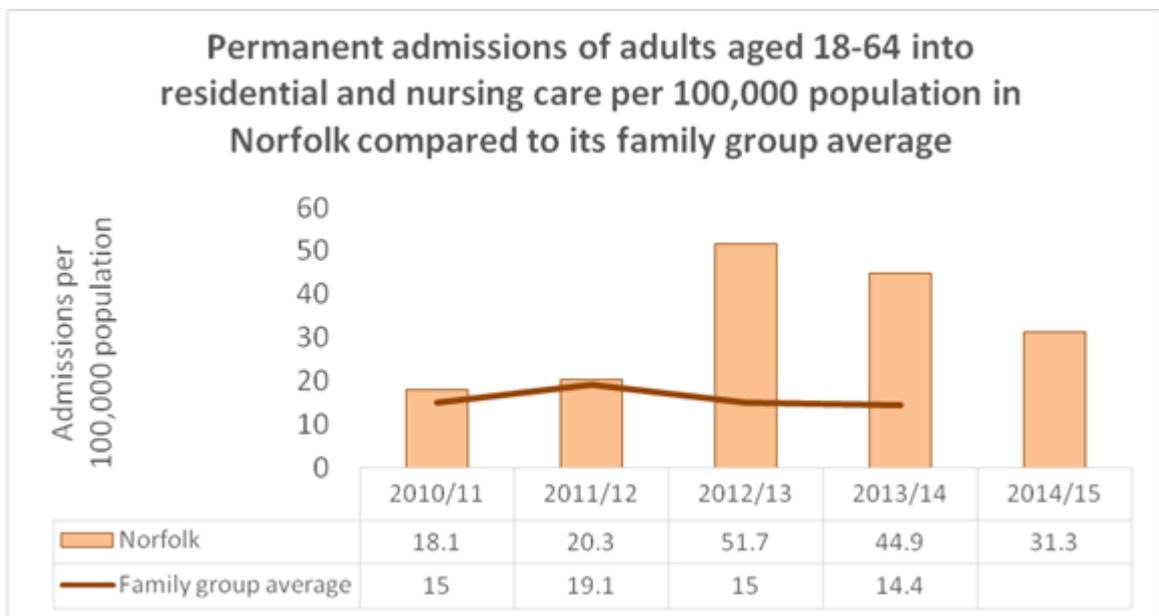
In total this means that around 2,500 fewer people were reviewed than in the previous year.

- 2.4.2 As with carers' assessments, reviews have been affected by high levels of demand for urgent assessments, and by the requirement for assessment and care management efforts to focus on reducing high cost care packages.
- 2.4.3 In addition the council's commitment to provide face-to-face reviews for all people affected by changes to the wellbeing element of personal budgets (in response to budget savings) has meant that the average review has taken more time and resources.
- 2.4.4 Significant efforts were made, and continue to be made, to alleviate these pressures by employing agency or 'bank' staff to cover the shortfall. However it has been difficult to recruit short term staff, and these measures have not been able to increase resources sufficiently to fully make up the gap.
- 2.4.5 Cases are risk assessed and prioritised according to the level of vulnerability and urgency, and the likelihood of individuals' needs changing.
- 2.4.6 The implementation of the Promoting Independence strategy will make reviews even more important, as they will act as the measure of whether we are supporting people with long term care needs to become more independent.

2.5

**Red measure: permanent admissions to residential and nursing care for people aged 18-64 per 100,000 population**

- 2.5.1 Reducing permanent admissions to residential and nursing care for 18-64 year olds has been a priority for improvement this year. 2013/14 figures, and those for previous years, show that Norfolk places a far higher proportion of people in this age group in residential and nursing care compared to anyone in its benchmarking 'family group'.
- 2.5.2 Norfolk's performance this year, achieving a rate of 31.3 against a target of 28.5, falls significantly short of target but nevertheless represents a significant improvement on previous years, as shown in the graph below.



- 2.5.3 The current targets for 2014/15 and 2015/16 would see levels of admissions reduce to the benchmarking ‘family group’ average – although these and other targets will be reviewed by the committee and in the light of the Promoting Independence strategy.
- 2.5.4 It’s vital, given the target and our financial pressures, that we continue to improve in this measure and the department has adopted a policy that states that, unless there are needs that cannot be met more appropriately in another way, there will be no permanent admissions for people aged 18-64.
- 2.5.5 One of the main challenges in addressing this area of performance is that providing alternative accommodation arrangements requires a significant lead-in time to make sure that changes for individuals are well managed. A project has been established to re-assess people with learning disabilities, physical disabilities and mental health problems, and where it is appropriate to move people into community-based accommodation. This includes housing with care provision.

### 3 Amber measures

The following measures are within 5% variance of target (amber alert)

#### 3.1

#### Amber measure: measures from the Adult Social Care Users Survey

- 3.1.1 Every year the council is required to conduct a statutory survey of Adult Social Care service users. This year 478 people responded – significantly above the statutory minimum response rate
- 3.1.2 Of the five measures on the dashboard that report on the survey, four are amber and have just missed target, and all four of these have got worse since last year.
- 3.1.3 The following data visualisation outlines each of the questions and our performance against target, last year and our benchmarking family group average.

## Adult Social Care users survey 2014/15 – Norfolk’s results compared to last year and 13/14 ‘family group’ average



- 3.1.4 This paints a mixed picture in terms of our benchmarked performance, and we will not know until our benchmarking data is updated (in October) whether other councils have experienced a similar reduction.
- 3.1.5 Norfolk’s reduction may be partly explained by the timing of the survey. Specifically the survey letter went out around the same time as the council wrote to all affected Adult Social Services service users about proposed changes to the transport element of their personal budgets. Responses to the consultation expressed significant concerns about proposals, and it is possible that these concerns affected people’s responses to the survey. Both the survey and the consultation were undertaken against statutory timetables.
- 3.1.6 Given the probable impact of the budget consultation, it is likely that the results highlight two important and linked issues: that people are aware of the difficult financial pressures that the council is under; and that many people with longer term care packages will have experienced some reduction in their personal budget. We know from past experience that people’s perceptions of satisfaction are driven both by service levels and their view of the council as a whole, and this is likely to continue to affect survey results in the future.
- 3.1.7 This highlights the importance of the way we communicate our ‘offer’ to people with care needs, and how we engage with them in decision about both their own care, and the councils future budget and strategy. Our engagement with citizens, service users and carers will be vital in improving satisfaction with services in the future.

## 3.2

### **Amber measure: Managing change projects that have amber ratings**

- 3.2.1 Six projects within the Adult Social Care Transformation Programme have an amber status.
- 3.2.2 The Care Arranging Service review is amber because, whilst improvements have been made to the systems and processes used in the service and it is more cost effective, the service is taking on more work and therefore it is not likely to achieve the savings initially expected.
- 3.2.3 The project to review packages of care for people with learning disabilities, physical disabilities and Mental Health problems remains amber. This is because of concerns around the timescale for the project. The project involves reassessing people and providing more cost effective accommodation arrangements, where appropriate, for vulnerable clients– something that will take a longer time than anticipated, and might cause anxiety for those affected. Mental Health is now included in the project.
- 3.2.4 Both the Care Act and Better Care Fund projects remain amber. In both cases no specific issues have been highlighted from NCC's perspective, but both are complex, time constrained and multi-agency projects, and as such will remain under close review through their duration. Part One of the Care Act went live on 1 April 2015: Norfolk had all major requirements in place for 1 April and is Care Act part One compliant.
- 3.2.5 The Home Support project was rated amber at Quarter 3 because of anticipated delays in the publication of tender documents. However these have since been published.

## 3.3

### **Amber measure: Older people aged 65+ still at home 91 days after discharge from hospital into reablement/rehabilitation services**

- 3.3.1 84.5% of people remain at home 91 days after discharge, short of the 88.5% target, and below last year's result of 87%. Performance levels, however, are likely to remain ahead of the family group average which stood at 80.5% in 2013/14.
- 3.3.2 The reduction in performance has coincided with an increase in the number of people treated through reablement services. More people who would not previously have been considered for reablement are now receiving it. For example people in older age groups are less likely to still be at home after 91 days. Whereas 91.1% of people aged 65-74 are still at home at the period end, this drops to 86.8% of 75-84 year olds and 81% of people aged 85 and over. As there are more people in the higher age groups, who may not have received reablement previously, this is likely to have a proportional impact on the overall result.
- 3.3.3 It is unclear how much of the performance reduction is accounted for by this increase in take-up, and how much any reduction in the effectiveness or performance of service has occurred. It is vital therefore that we continue to closely monitor the effectiveness of reablement and rehabilitation services. Given that everyone who might receive reablement now gets it, the 2015/16 figures will not be skewed as significantly by changes in take-up and will provide a clearer picture of performance.

## 4 Green Measures

The following explains noteworthy measures that are on, or better than, target (green alert)

4.1

**Green measure: permanent admissions to residential and nursing care for people aged 65+ per 100,000 population**

- 4.1.1 There has been a significant reduction in permanent admissions to residential and nursing care for older people. The rate of 705.7 is below the 716.4 target which was agreed as part of the Better Care Fund (although no reward funds are attributable directly to this result). In addition it is much lower than the rate of 797.9 at the same time last year.
- 4.1.2 The reduction reflects a concerted effort within the year to ensure that people are placed in the most appropriate settings, and that permanent placements are only made when there is no likelihood of people being able to return home.

4.2

**Green measure: Adult safeguarding strategy discussions completed within 3 days**

- 4.2.1 92% of strategy discussions took place within three working days, ahead of the 90% target, and showing a significant improvement on the 72% at the end of 13/14. These figures represent improvements that have made in adult safeguarding, particularly in response to the Adult Safeguarding Peer review in 2014.

## 5 Other notable measures

- 5.1 The performance dashboard (Appendix A) shows that the two measures reporting the proportion of social care providers that comply with Care Quality Commission (CQC) standards have not been updated since July 2014. This is because the CQCs inspection regime is changing, and is returning to a rating system whereby providers are judged against a range of criteria to be either 'Outstanding', 'Good', 'Requiring improvement' or 'Inadequate'.
- 5.2 This new framework has been in place since July 2014, and of the 69 providers that have been assessed so far, none have been 'Outstanding', 42 have been judged as 'Good', 25 have been judged as 'Requiring improvement' and two have been judged as 'Inadequate'.
- 5.3 Whilst the results to date continue to guide our relationship with, and support to, each provider, the Committee should not regard the assessments to date as a fair reflection of all providers in Norfolk. CQC have prioritised inspections on providers that have previously had performance issues, and it is therefore likely that these figures present a falsely negative picture of the Norfolk care market. We understand the CQC should have re-inspected all of Norfolk's providers by July 2016, and we will continue to closely monitor these results.
- 5.4 The dashboard also reports performance against two key mental health performance indicators that do not have targets. This is because the Mental Health Trust, who were overseeing this performance at the time, did not provide targets. However we can report that:
- a) The 3.9% of people aged 18-64 in contact with secondary mental health services in paid employment is an improvement on the 3.1% at the same time last year
  - b) The 65.5% of people living independently is an improvement on the 58.5% reported at the same time last year

## 6 Performance Reporting for 2015/16

- 6.1 A number of the explanations around performance in 2014/15, and many of the remedial actions around areas of off-target performance, depend on the successful development and implementation of the Promoting Independence strategy.
- 6.2 Furthermore the financial context for last year's performance has highlighted the need for more joined-up financial and performance reporting.
- 6.3 In addition, the council's performance management arrangements are currently subject to a review commissioned by the Managing Director, with a view to improving future arrangements.
- 6.4 As such it is likely that performance management and monitoring will develop and improve throughout 2015/16.
- 6.5 We are currently working to the following assumptions in terms of the timing of reports:
  - a) Quarter 1 will be reported in September 2015. At this meeting the range of proposed performance measures for the reporting year will be outlined, scrutinised and signed off, along with targets.
  - b) Quarter 2 will be reported in November
  - c) Quarter 3 will be reported in March 2016
  - d) Quarter 4 will be reported in June/July

## **7 Evidence**

- 7.1 The appendices of this report outline the contextual evidence for this report, specifically:

**Appendix A: Performance Dashboard.** This outlines the indicators, targets and performance alerts for each indicator.

## **8 Financial Implications**

- 8.1 The Performance information presented in this report supports, and should be viewed alongside, finance monitoring reports to gain a full picture of the performance of services.
- 8.2 There are, however, no specific financial implications arising from the performance figures and commentary presented in this report.

## **9 Issues, risks and innovation**

- 9.1 Performance reporting brings together complex information in order to assist members with decision making and understanding of issues facing the organisation. Over time these will develop, alongside Committee plans, to drive a number of complex issues. They will help to monitor and manage issues and risks to the services we deliver.

### **Officer Contact**

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

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

## Adult Social Services Performance Dashboard

## Key

Rating symbols:	★	On or ahead of target
	●	Within 5% variance of target
	▲	Missing target by more than 5% variance
Direction of travel symbols	↑	Getting better ('higher is better' indicators)
	↓	Getting better ('lower is better' indicators)
	↑	Getting worse ('higher is better' indicators)
	↓	Getting worse ('lower is better' indicators)
	→	Same performance

Measure	Value	Date	Rating	2014/15 Target	Direction of Travel
<b>Managing change</b>					
Review Care Arranging Service	Amber	Mar 2015	●	-	→
Refocus Personal Budgets	Green	Mar 2015	★	-	→
Review packages of care for people with Learning Difficulties and people with Physical Disabilities	Amber	Mar 2015	●	-	→
Learning and Development	Green	Mar 2015	★	-	→
Transport Eligibility	Green	Mar 2015	★	-	→
Transport savings Phase Three	Amber	Mar 2015	●	-	→
Residential Care Direct Payments	Green	Mar 2015	★	-	→
Independent Living Fund	Green	Mar 2015	★	-	→
Implementation of Care Act	Amber	Mar 2015	●	-	→
Health & Social Care Integration	Green	Mar 2015	★	-	→
Better Care Fund	Amber	Mar 2015	●	-	→
Protection of Property	Green	Mar 2015	★	-	→
Home Support	Amber	Mar 2015	●	-	→
<b>Managing our resources</b>					
Number of sickness absence days per FTE	10.19	Mar 2015	▲	9.33	↑
Contacts closed in SCCE as Information and Advice only	30.9%	Mar 2015	-	-	↑
Work transferred by SCCE to localities where no service was provided	7.9%	Mar 2015	-	-	↑
Business mileage saving	£85,226	Mar 2015	▲	£108,000	↑
<b>Service Performance</b>					
Service users using self-directed support at the end of the reporting period	88.7%	Mar 2015	★	70%	↑
Service users using self-directed support at the end of the reporting period who receive cash payments	34.8%	Mar 2015	★	25.5%	↑
Carers supported following an assessment	44.3%	Mar 2015	▲	49.5%	↓

Measure	Value	Date	Rating	2014/15 Target	Direction of Travel
or review					
Carers using self-directed support during the year	72.6%	Mar 2015	★	70%	↑
Delayed transfers of care attributed jointly or solely to social care (per 100,000 population aged 18 and over)	1.5	Mar 2015	★	2.0	↓
Percentage of commissioned service providers that complied with CQC standards	84%	July 2014	-	-	↑
Percentage of commissioned service providers that required action to comply with CQC standards	12%	July 2014	-	-	↓
Service users whose needs have been reviewed in year	64.0%	Mar 2015	▲	76.0%	↓
Overall satisfaction of people who use services with their care and support	66.9%	Mar 2015	●	68.7%	↓
Adult safeguarding strategy discussions completed within 3 working days	92%	Mar 2015	★	90%	↑
<b>Outcomes for Norfolk</b>					
Permanent admissions to residential/nursing care aged 18-64 (per 100,000 population)	31.3	Mar 2015	▲	28.5	↓
Permanent admissions to residential/nursing care aged 65 and over (per 100,000 population)	705.7	Mar 2015	★	716.4	↓
Older people (aged 65 and over) still at home 91 days after discharge from hospital into reablement/rehabilitation services	84.5%	Mar 2015	●	88.5%	↓
People who use services who feel safe	65.8%	Mar 2015	●	69.6%	↓
People who use services who say that those services have made them feel safe and secure	83.5%	Mar 2015	★	82.5%	↑
People who find it easy to find information about support	74.3%	Mar 2015	●	77.8%	↓
People who feel they have control over their daily life	80.8%	Mar 2015	●	82.5%	↓
People aged 18-64 in contact with secondary mental health services in paid employment	3.9%	Feb 2015	-	-	↑
People aged 18-64 in contact with secondary mental health services living independently, with or without support	65.3%	Feb 2015	-	-	↑

# Adult Social Care Committee

Item No. 14.

<b>Report title:</b>	<b>Re-Imagining Norfolk – Service and Financial Planning 2016-19 for Adult Social Care</b>
<b>Date of meeting:</b>	<b>29 June 2015</b>
<b>Responsible Chief Officer:</b>	<b>Harold Bodmer, Executive Director of Adult Social Services</b>
<b>Strategic impact</b> To provide a strategic framework – <b>Re-imagining Norfolk</b> - for the County Council to re-focus its role and pursue its priorities within a radically reduced level of resources.	

## Executive summary

Re-Imagining Norfolk sets out a strategic direction for the Council which will radically change the role of the County Council and the way it delivers services. It commits the authority to delivering the Council's vision and priorities for Norfolk, making clear that the future lies in working effectively across all public services on a local basis. Policy and Resources Committee endorsed Re-imagining Norfolk as a framework for a multi-year strategy underpinned by robust medium term financial and performance plans.

As part of the Council's strategic and financial planning process for 2016-19, committees were asked to start the process of re-modelling their services on the basis of having 75% of their addressable spend.

This paper provides more detailed financial information specific to Adult Social Services to inform planning. To help frame the discussion for the Committee, the Executive Director of Adult Social Services will give a short presentation highlighting context, opportunities, risks, and performance challenges to help inform future scenario planning for the service.

### Recommendations:

#### The Committee is asked to:

- a) **Note the framework and milestones for delivering Re-imagining Norfolk and the Council's multi-year financial strategy**
- b) **Note that the Promotion of Independence is the key response of this Committee to the Council's strategy, Re-imagining Norfolk**
- c) **Commission executive directors to investigate potential models of 'services for the future', and prepare options of what these services could look like in three years' time, with 75% of addressable spend, for consideration by the Committee in September 2015**

## 1 Background

- 1.1 On 1 June 2015, Policy & Resources Committee set a new strategic direction for Norfolk County Council – **Re-imagining Norfolk**. Re-imagining Norfolk aims to re-design the Council, to enable the authority to deliver its vision and priorities for Norfolk, whilst addressing the financial challenges ahead.
- 1.2 Re-imagining Norfolk will radically change the Council's role and the way it delivers services, and signals the start of a new planning cycle for 2016-19. It will ensure

that every penny of the Council's billion pound budget is invested where it can have the most impact for the people of Norfolk.

1.3 **Re-imagining Norfolk** has three strands:

- a) **Norfolk's Ambition and Priorities** – the Council is **ambitious** for Norfolk, and as the only democratically elected body which represents the whole county, it is in a unique position to harness others around a vision which sees the county and its people thrive. The Council's **priorities** place Norfolk people at the forefront of plans and investments. It is vital to ensure that everything the Council does improves people's opportunities and well-being
- b) **A 'Norfolk public service'** – The people of Norfolk require a seamless continuum of services, targeted to those who need them most, and regardless of the multiple and separate institutions responsible for delivering them. By re-imagining services, the County can work with communities and other public services to redesign services around people's lives, achieving better outcomes at less cost
- c) **Improving the Council's internal organisation** - addressing the need for the Council to continue its journey of improving efficiency and modernisation, radically re-shaping its capacity while taking out costs

1.4 A link to the full paper agreed by Policy and Resources Committee is here: [www.norfolk.gov.uk/committees](http://www.norfolk.gov.uk/committees) (Policy and Resources Committee, meeting of 1 June 2015, Agenda Item 7, 'Re-imagining Norfolk – a medium term strategy and financial plan').

## 2 **Financial Planning Context**

2.1 The financial prospects for local government are dominated by a period of continued austerity. To date, there are no detailed local government projections beyond 2015-16, however, there is every indication that the prospects for councils will be extremely tough. The Council's current projections for funding reductions from 2016-17 are based on the spending announcements made by the previous Government. It is anticipated that there will be greater clarity about the trajectory for Government spending following the second budget on 8 July. However, the Council will not receive its provisional settlement until December, in line with the usual timetable, and this will be the first time that detailed 2016-17 figures will be formally set out.

2.2 Based on current forecasts, the Council faces a projected budget 'gap' of £148.849m over the three years 2016-17 to 2018-19. As part of the 2015-16 budget process, the Council has already identified and agreed savings totalling £33.875m for the same period. After taking account of a forecast council tax base increase of £4.381m, this leaves a net budget gap of £110.593m, as set out in the table below.

**Table A: Projected Budget gap 2016-19**

	2016-17	2017-18	2018-19	3 Year Gap
	£m	£m	£m	£m
Funding Reductions	48.180	26.900	7.800	82.880
Inflation	10.225	10.246	10.300	30.771
Legislative Requirements	5.564	4.230	0.000	9.794
Demand / Demographic	7.655	8.215	8.314	24.184
NCC Policy	-0.230	1.450	0.000	1.220
<b>Total Gap</b>	<b>71.394</b>	<b>51.041</b>	<b>26.414</b>	<b>148.849</b>
Less: Savings already identified	-28.040	-5.835	0.000	-33.875
Less: Forecast tax base increase	-1.326	-1.555	-1.500	-4.381
<b>Remaining Gap</b>	<b>42.028</b>	<b>43.651</b>	<b>24.914</b>	<b>110.593</b>

- 2.3 For planning purposes, Policy and Resources Committee has agreed that additional 'headroom' should be built into the budget planning process to allow choices and options to be considered, as well as providing a contingency for adverse funding decisions by the Government. Policy and Resources Committee therefore recommended that three year budgets should be prepared on the basis of a 25% reduction in 'addressable' spend, assuming no increase in Council Tax.
- 2.4 Addressable spend has been identified totalling £672.435m and represents the expenditure within the budget which can be influenced or controlled by services. As such it is lower than the gross budget for the whole Council and excludes items such as depreciation, pension amounts and long-term contractual commitments such as PFI. Table 1 in Appendix 1 shows a summary of Gross Budget and Addressable Spend by Committee.
- 2.5 A 25% reduction in addressable spend over the three years 2016-19 equates to a reduction of £168.594m, which is required in addition to the already identified savings of £33.875m. For the Adults Committee Budget, a 25% reduction in addressable spend equates to £74.796m over three years, representing the level of reduction required assuming a continuing Council Tax freeze. A breakdown of previously identified savings is set out in Table 2 in Appendix 1. Further detail of savings for the Committee is also set out in this appendix.
- 2.6 The tables below set out the contextual position for the whole Council, in the event of either a Council Tax freeze (Table B), or an annual increase of 2% (Table C). The tables take into account the gap total above, along with the latest budget planning assumptions, such as increases for demographic growth and inflation, but no additional Council Tax Freeze Grant funding for 2016-17 has been assumed. The Committee position is highlighted within the table for members' information.

**Table B: Indicative budgets with reduction of 25% of addressable spend, based on a continuing Council Tax freeze**

Committee	Gross Expenditure	Gross Expenditure	Gross Expenditure	Gross Expenditure
	15-16	16-17	17-18	18-19
	£m	£m	£m	£m
<b>Adults</b>	<b>358.963</b>	<b>332.535</b>	<b>315.686</b>	<b>308.170</b>
Children's (Non Schools)	208.605	190.304	183.790	180.738
Communities	103.321	94.219	86.642	81.573
ETD	179.153	172.647	167.442	164.873
P&R (including Finance General)	156.698	152.859	148.080	144.592
<b>Grand Total</b>	<b>1,006.739</b>	<b>942.564</b>	<b>901.640</b>	<b>879.947</b>

**Table C: Indicative budgets with reduction of 25% of addressable spend based on a 2% Council Tax increase annually**

Committee	Gross Expenditure	Gross Expenditure	Gross Expenditure	Gross Expenditure
	15-16	16-17 with Council Tax increase	17-18 with Council Tax increase	18-19 with Council Tax increase
	£m	£m	£m	£m
<b>Adults</b>	<b>358.963</b>	<b>335.310</b>	<b>321.319</b>	<b>316.746</b>
Children's (Non Schools)	208.605	191.486	186.190	184.391
Communities	103.321	95.052	88.332	84.146
ETD	179.153	173.492	169.157	167.484
P&R (including Finance General)	156.698	153.479	149.340	146.510
<b>Grand Total</b>	<b>1,006.739</b>	<b>948.819</b>	<b>914.338</b>	<b>899.277</b>

### 3 Re-imagining Adult Social Services

3.1 Policy and Resources Committee has requested that all service committees start a process of re-modelling their services based on 75% of their current addressable spend. This is a different approach from looking at where spending reductions can be made from individual budget lines (sometimes referred to as 'salami slicing'). There will be two steps to this process:

- a) Each Committee sets out the outcomes – or results – it aims to achieve in its areas of responsibility in pursuit of the Council's priorities
- b) Against these outcomes, the Committee then considers what can be achieved with 75% of the Committee's addressable spend. The Committee may redirect resources across its activities to reflect priorities, and identify areas where costs can be cut in the short run to make fewer savings necessary in future years

3.2 It is anticipated that service committees will largely focus on the first step in the July round of meetings, and focus on the second step in the September round of

meetings. It is open to committees to have additional workshops if they feel this would be helpful.

### 3.3 **Considering outcomes and results for adult social services**

3.3.1 As the Council works to redesign itself over the next three years, its ambition and priorities will be drawn into a sharper, sustained focus. Every decision the Council makes will be set against this strategic framework:

3.3.2 **The County Council's ambition** is for everyone in Norfolk to succeed and fulfil their potential. By putting people first we can achieve a better, safer future, based on education, economic success and listening to local communities.

**Our priorities** are:

- a) **Excellence in education** – We will champion our children and young people's right to an excellent education, training and preparation for employment because we believe they have the talent and ability to compete with the best. We firmly believe that every single child matters
- b) **Real jobs** – We will promote employment that offers security, opportunities and a good level of pay. We want real, sustainable jobs available throughout Norfolk
- c) **Good infrastructure** – We will make Norfolk a place where businesses can succeed and grow. We will promote improvements to our transport and technology infrastructure to make Norfolk a great place to do business
- d) **Supporting vulnerable people** – we will work to improve and support quality of life, particularly for Norfolk's most vulnerable people

3.3.3 Helping more people into real jobs, obtaining good qualifications, within a county which is accessible and connected to the rest of the country represent critical outcomes in order for Norfolk to thrive and people living here are able to lead independent and fulfilling lives. Just as important is for vulnerable residents to have access to a continuum of community services.

3.3.4 In considering outcomes and results for adult social care, there are a range of issues the Committee will wish to take into account. During budget planning, commissioning and performance discussions, members of the Committee have made it clear that:

- a) The Council should do all it can to prevent people from requiring support, and make sure that people are re-abled after a crisis, to reduce demand for expensive long term packages of care
- b) The quality and safety of care, as set out in the Harwood Care Charter and through the action plan from the Safeguarding Peer Review, is a priority for the Committee – and changes to services should not undermine the fundamental task of safeguarding vulnerable people
- c) The continued use of reserves is not sustainable, and meeting the Committee's budget challenge requires a radical review of both the way services work, and the structure of the Committee's budget

3.3.5 To help frame the discussion for the Committee, the Executive Director of Adult Social Services will give a short presentation highlighting context, opportunities, risks, and performance challenges to help inform future scenario planning for the

service.

- 3.3.6 Following the Committee's consideration of outcomes and results for adult social services, the expectation is that the Executive Director will be asked to undertake further work to develop strategies and scenarios which model the service for the future with 75% of addressable spend for consideration at the September meeting.

## 4 Key milestones for Re-imagining Norfolk and developing the budget

4.1 The next milestones for re-imagining Norfolk are as follows:

- a) **July 20th Policy and Resources** – initial feedback from each Committee Chair (likely to be verbal, given the timeline) begins to frame a collective picture from Committee discussions
- b) **September Service Committees** – further detailed consideration of models for the service based on 75% of addressable spend
- c) **September 28th Policy and Resources Committee** – the Committee considers the full collective set of findings and scenarios from service committees. It considers the relative priorities across all the Council's services, and taking a whole-council view apports spending targets for three years to allow more detailed proposals to be worked up for consideration in October and November
- d) **October and November Committees** - refine specific proposals for year one, and, as far as possible, refine proposals for years two and three, to achieve spending targets. Any specific statutory consultation takes place once proposals are clear
- e) **January 2016 Service Committees** – continued consideration and finalisation of committees' outcomes frameworks and spending targets. Policy and Resources Committee (date to be agreed) recommends a three-year strategy and budget proposals for Full Council
- f) **February 2016** – County Council considers and agrees the new multi-year strategy, and annual budget

## 5 Stakeholder and customer engagement

5.1 In parallel to the work of committees, a series of opportunities will be organised where different ideas can be explored and debated openly and constructively, to help inform committees' deliberations. This will include:

- a) Cross-party workshops for members on the four priorities
- b) Round table discussions with public and third sector partners to look at closer collaboration in localities – towards one virtual public service
- c) Customer research – talking with current and future users about how best to re-design services for them
- d) Engagement with key partnership groups

### Officer Contact

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

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

# Appendix 1

**Table 1: Summary of Gross Budget and Addressable Spend**

	Adults	Children's (Non DSG)	Communities	EDT	P&R (including Finance General)	Total NCC Non Schools
	£m	£m	£m	£m	£m	£m
<b>Non-Schools Gross Expenditure Budget 2015-16</b>	<b>358.963</b>	<b>208.605</b>	<b>103.321</b>	<b>179.153</b>	<b>156.698</b>	<b>1,006.739</b>
<i>Less:</i>						
Accounting Adjustments	<b>5.760</b>	14.554	0.577	-0.580	13.389	<b>33.701</b>
Adults Related - S256, S75, Probation, Blue Badges	<b>0.772</b>	0.000	0.000	0.000	0.000	<b>0.772</b>
Budgets with Contracts in Place	<b>9.234</b>	0.000	0.000	0.000	0.000	<b>9.234</b>
Capital Financing Costs	<b>0.614</b>	18.288	3.797	24.794	61.205	<b>108.698</b>
Care Act Implementation Budgets	<b>8.204</b>	0.000	0.000	0.000	0.000	<b>8.204</b>
Demand Led Expenditure	<b>0.018</b>	0.000	0.416	0.000	0.000	<b>0.434</b>
Departmental Recharge (mainly ETD Recharge of Transport to Services)	<b>5.975</b>	30.323	0.966	48.808	0.512	<b>86.582</b>
Eastern Inshore Fisheries Conservation Authority Levy	<b>0.000</b>	0.000	0.000	0.000	0.546	<b>0.546</b>
Fire Service Related - Leases, Equipment and Training	<b>0.000</b>	0.000	1.967	0.000	0.000	<b>1.967</b>
Insurance Related	<b>0.095</b>	0.042	0.461	1.852	-0.569	<b>1.882</b>
Museum functions funded by external Grant	<b>0.000</b>	0.000	2.133	0.000	0.000	<b>2.133</b>
Partnership Related	<b>0.051</b>	0.000	0.009	0.545	0.132	<b>0.736</b>
Pension Fund and Pension Related	<b>0.216</b>	4.155	3.148	0.254	12.082	<b>19.855</b>
PFI Related	<b>0.000</b>	5.671	0.000	8.702	0.000	<b>14.373</b>
Second Homes Payments	<b>0.000</b>	0.000	0.000	0.000	2.201	<b>2.201</b>
Traded Service	<b>0.000</b>	6.732	0.481	0.000	0.000	<b>7.214</b>
Transfer Payments	<b>29.365</b>	1.663	0.000	0.000	0.016	<b>31.044</b>
Transfer to Reserves	<b>0.328</b>	0.101	0.028	3.890	0.200	<b>4.548</b>

Miscellaneous other amounts less than £100,000	<b>0.007</b>	0.008	-0.162	0.067	0.260	<b>0.180</b>
<b>Sub-total Non-addressable Expenditure 2015-16</b>	<b>60.640</b>	<b>81.538</b>	<b>13.821</b>	<b>88.332</b>	<b>89.974</b>	<b>334.304</b>
<b>Gross “Addressable” Expenditure Budget 2015-16</b>	<b>298.324</b>	<b>127.067</b>	<b>89.500</b>	<b>90.820</b>	<b>66.724</b>	<b>672.435</b>
<b>Gap Target (25%)</b>	<b>74.796</b>	<b>31.858</b>	<b>22.440</b>	<b>22.771</b>	<b>16.729</b>	<b>168.594</b>

In respect of the Adults Committee budgets, a total of £298.324m from the gross budget of £358.963m has been categorised as addressable spend. Addressable spend excludes activities funded by external income such as the costs associated with the Care Act implementation. It also excludes Service Level Agreements and grant funded activities. Addressable spend includes £193.066m relating to Purchase of Care, out of gross Purchase of Care expenditure budgets of £226.999m.

**Table 2: Previously identified savings by Committee 2016-18**

	Children's Services	Adults	EDT	Communities	Policy & Resources	TOTAL
	£m	£m	£m	£m	£m	£m
<b>Savings 2016-17</b>						
1a Organisation	0.000	0.000	0.000	-0.052	-0.476	<b>-0.528</b>
1b Lean	-8.484	-1.500	-0.905	-1.340	-0.924	<b>-13.153</b>
1c Capital	-1.000	0.000	0.500	-0.227	0.000	<b>-0.727</b>
1d Terms & Conditions	-0.105	-0.090	-0.031	0.000	-0.876	<b>-1.102</b>
2a Procurement	0.000	-0.750	-0.350	0.000	0.830	<b>-0.270</b>
2b Shared Services	0.000	0.000	-0.005	-0.300	0.000	<b>-0.305</b>
3a Income and Rates of Return	0.000	0.000	-0.595	-0.105	-5.296	<b>-5.996</b>
4a Change standards	-2.312	-2.550	-0.280	0.000	-0.083	<b>-5.225</b>
4b Stop doing things	0.000	-1.500	-0.090	0.000	0.000	<b>-1.590</b>
4c Change assumptions	0.000	3.156	0.000	0.000	2.000	<b>5.156</b>
Shortfall	0.000	-4.300	0.000	0.000	0.000	<b>-4.300</b>
<b>Total</b>	<b>-11.901</b>	<b>-7.534</b>	<b>-1.756</b>	<b>-2.024</b>	<b>-4.825</b>	<b>-28.040</b>
<b>Savings 2017-18</b>						
1a Organisation	0.000	0.000	0.000	0.000	0.000	<b>0.000</b>
1b Lean	0.000	0.000	0.000	0.000	0.000	<b>0.000</b>
1c Capital	0.000	0.000	0.000	0.000	0.000	<b>0.000</b>
1d Terms & Conditions	0.000	0.000	0.000	0.000	0.000	<b>0.000</b>
2a Procurement	0.000	0.000	0.000	0.000	-0.135	<b>-0.135</b>
2b Shared Services	0.000	0.000	0.000	0.000	-2.000	<b>-2.000</b>
3a Income and Rates of Return	0.000	0.000	0.000	0.100	-3.000	<b>-2.900</b>
4a Change standards	0.000	-0.800	0.000	0.000	0.000	<b>-0.800</b>
4b Stop doing things	0.000	0.000	0.000	0.000	0.000	<b>0.000</b>
4c Change assumptions	0.000	0.000	0.000	0.000	0.000	<b>0.000</b>
Shortfall	0.000	0.000	0.000	0.000	0.000	<b>0.000</b>
<b>Total</b>	<b>0.000</b>	<b>-0.800</b>	<b>0.000</b>	<b>0.100</b>	<b>-5.135</b>	<b>-5.835</b>
<b>Grand Total</b>	<b>-11.901</b>	<b>-8.334</b>	<b>-1.756</b>	<b>-1.924</b>	<b>-9.960</b>	<b>33.875</b>

## Adults Committee Financial Position

The current position of Adults budgets are set out in detail in other reports on this agenda. The following summary of the high level savings position to is intended to provide context for the Committee's discussions.

Extract from Policy and Resources Report 1 June 2015: *Delivering Financial Savings 2015-16*

The latest report to Policy and Resources Committee (1 June 2015) identified a forecast shortfall of £5.235m within the agreed total of £16.296m of savings for Adults budgets in 2015-16, as set out below.

**Table 3: Savings by Committee 2015-16**

	Children's Services	Adults	EDT	Communities	Policy & Resources	TOTAL
Savings 2015-16	£m	£m	£m	£m	£m	£m
1a Organisation	-0.490	<b>-0.250</b>	-0.005	-0.087	-4.144	<b>-4.976</b>
1b Lean	-6.890	<b>-0.200</b>	-0.116	-0.242	-2.717	<b>-10.165</b>
1c Capital	0.000	<b>0.000</b>	-0.540	-0.074	0.000	<b>-0.614</b>
1d Terms & Conditions	-0.115	<b>-0.099</b>	-0.034	0.000	-0.347	<b>-0.595</b>
2a Procurement	0.000	<b>-1.706</b>	-1.904	-0.095	-1.362	<b>-5.067</b>
2b Shared Services	0.000	<b>-0.150</b>	0.000	-0.040	0.000	<b>-0.190</b>
3a Income and Rates of Return	0.000	<b>-0.150</b>	-0.882	-0.774	-5.502	<b>-7.308</b>
4a Change standards	-0.462	<b>-2.350</b>	0.337	-0.502	0.000	<b>-2.977</b>
4b Stop doing things	0.000	<b>-3.000</b>	-0.147	-0.150	0.000	<b>-3.297</b>
4c Change assumptions	-0.400	<b>-3.156</b>	0.000	0.000	7.786	<b>4.230</b>
Shortfall	0.000	<b>-5.235</b>	-0.167	-0.250	-0.110	<b>-5.762</b>
<b>Total</b>	<b>-8.357</b>	<b>-16.296</b>	<b>-3.458</b>	<b>-2.214</b>	<b>-6.396</b>	<b>-36.721</b>

Detail information is shown below which helps to expand upon the figures shown in the table above relating to Adult Social Services.

**Adults**

1. COM018 – Review Care Arranging Service – forecast shortfall £0.140m: This proposal predated the introduction of the Care Act which gives the council increased responsibilities for arranging care for people who fund their own care. There will in fact be additional workload responsibilities for this team and alternative means of achieving this saving are being sought within the department.
2. COM026 – Change the type of social care support that people receive to help them live at home – forecast shortfall £0.100m: A tender for the reprocurement of home care services in West Norfolk and in Yarmouth and Waveney has been

advertised. The Great Yarmouth and Waveney tender is being run jointly with Suffolk County Council to deliver a more integrated and efficient service. However this has resulted in a delay in the original procurement timetable. Full year savings will not be achieved in 2015-16 as the new contract will commence on 1<sup>st</sup> November 2015.

3. GET010 – Renegotiate contracts with residential providers, to include a day care service – forecast shortfall £0.100m: A detailed review of the individuals who receive a separate day care and residential care service has concluded that this saving is unlikely to be achieved in most cases. The Adult Social Services Cost of Care exercise is examining placement costs in Norfolk in detail and will inform work on this proposal.
4. COM034 – Care for Learning Disabilities or Physical Disabilities – forecast shortfall £1.000m: Current forecasts show that £1.000m of the £2.000m saving to change how we provide care for people with learning disabilities or physical disabilities will be achieved in 2015-16. The saving involves re-assessing existing service users and where appropriate providing alternative and most cost effective accommodation, or means of supporting them in their current accommodation. While the total saving will be achieved over time, this project does have a longer lead in time. This project is under review to ensure that all possible savings can be achieved.
5. COM033 – Reduce funding for Wellbeing Activities – forecast shortfall £3.000m: Estimates show that £3.000m of the £6.000m saving from reducing funding for those who receive support from a personal budget will be delivered. The time lag in implementing the change for existing service users, which was agreed following the consultation exercise, along with pressure on the reviewing capacity in the teams means it is uncertain whether the full £6.000m saving will be achieved in 2015-16. Additional reviewing capacity has been brought in to speed up this process, and the project is being very closely monitored by senior management in the department.
6. ASC002 – Redesign Adult Social Care pathway. Work with Hewlett Packard and procurement on areas of the pathway to drive out further efficiencies – forecast shortfall £0.395m: The HP Sprint has not completed and will produce improved data to influence procurement decisions. This saving will be achieved through further efficiencies in Purchase of Care.
7. ASC004 – Norse care savings – forecast shortfall £0.500m: Based on the current Norsecare strategic financial plan, there is a shortfall against the current Adult Social Services target, work is underway with Norsecare to reduce the gap and deliver the saving in full.

The impact of the latest forecast means that shortfalls totalling £5.235m, have been identified within Adults budgets and alternative savings will be required within the Committee budgets.

## Supporting Data pack (Budget Book Extracts):

The following pages have been extracted from the 2015-16 Budget Book and are intended to provide the context for the Committee's discussions. It should be noted that **the 2016-17 and 2018-19 figures in the Budget Book reflect the savings identified in the 2015-16 budget setting round, but not the additional savings required to meet the 'gap' set out in the paper.**

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### Key facts on the department

- a) Demand for adult social care is increasing with the number of requests for support rising by 46% from 48,890 in 2010-11 to 71,192 in 2013-14
- b) The number of community care assessments completed by the service has risen 9.4%, up from 15,631 in 2010-11 to 17,098 in 2013-14. Twice as many people are now being given advice and information on other organisations to approach for help
- c) Overall satisfaction of people who use Adult Social Services has increased from 60.8% in 2010-11 to 70.1% in 2013-14, above the current national average of 64.9%
- d) The proportion of people who use services who feel safe has increased from 68.1% in 2011-12 to 69.6% in 2013-14. This is above the current national average of 66%. (This information was not collected in 2010-11)
- e) The percentage of carers supported following an assessment or review has increased from 42.2% in 2010-11 to 46.8% in 2013-14, above the current national average of 41.1%
- f) Service users and carers have greater choice and control over their care with the percentage choosing to take their care via a personal budget increasing from 18.3% in 2010-11 to 60.9% in 2013-14
- g) Take-up of direct payments for service users and carers has increased from 18.9% in 2010-11 to 23.4% in 2013-14, above the current national average of 19.1%
- h) Permanent admissions to residential care for older people (aged 65 and over) has increased from 655 people per 100,000 population in 2010-11 to 799 people per 100,000 population in 2013-14. This is in contrast to the national picture where rates have remained relatively static over the same period
- i) Permanent admissions to residential care for working aged adults (aged 18-64) has increased from 18 people per 100,000 population in 2010-11 to 45 people per 100,000 in 2013-14. This is more than double the average rate of geographically and demographically comparable local authorities (19 people per 100,000)

## Adult Social Services – Executive Director - Harold Bodmer

<b>Breakdown of Net Spend</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
Early Help, Prevention & Transformation	4,178,220	4,345,480	4,450,880
Integrated Commissioning	70,423,000	70,244,150	71,560,320
Safeguarding - Social Work & Integrated Care	157,110,580	156,082,610	164,270,870
Business Development	10,789,100	10,852,490	10,924,210
HR Learning & Development	971,710	982,350	993,180
Finance and Departmental Management	-1,275,610	2,348,020	2,427,650
	<b>242,197,000</b>	<b>244,855,100</b>	<b>254,627,110</b>

<b>Subjective Analysis of Budget</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
Employee	34,041,557	34,271,797	34,616,937
Premises	1,187,030	1,156,460	1,185,040
Transport	934,800	846,050	847,340
Supplies & Services	14,527,530	17,998,240	18,093,330
Agency and Contract Services	272,318,860	269,283,020	279,884,170
Transfer Payments	29,364,780	29,952,070	30,551,130
Support Services	0	0	0
Departmental Recharge	5,974,590	5,124,950	4,491,300
Internal Recharge	1,316,600	1,316,600	1,316,600
Capital Financing	614,310	614,310	614,310
<b>Total Expenditure</b>	<b>360,280,057</b>	<b>360,563,497</b>	<b>371,600,157</b>
Government Grants	-6,334,850	-6,334,850	-6,334,850
Other Grants, Reimburs & Contrib.	-48,098,627	-44,594,217	-44,606,537
Customer & Client Receipts	-62,332,980	-63,462,730	-64,715,060
Interest rec'd	0	0	0
Corporate Recharges inc Capital Finance	0	0	0
Departmental Recharge	0	0	0
Internal Recharge	-1,316,600	-1,316,600	-1,316,600
<b>Total Income</b>	<b>-118,083,057</b>	<b>-115,708,397</b>	<b>-116,973,047</b>
<b>Total</b>	<b>242,197,000</b>	<b>244,855,100</b>	<b>254,627,110</b>

**Early Help, Prevention & Transformation** – Assistant Director Early Help & Prevention –  
Janice Dane

<b>Breakdown of Net Spend</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
Prevention Management	193,510	258,420	260,420
Prevention Solutions	630,570	647,480	664,590
Reablement	2,822,440	2,898,140	2,974,590
Service Development	31,700	31,960	32,220
Transformation	500,000	509,480	519,060
	<b>4,178,220</b>	<b>4,345,480</b>	<b>4,450,880</b>

<b>Subjective Analysis of Budget</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
Employee	9,382,850	9,477,010	9,572,080
Premises	20,260	20,710	21,180
Transport	483,390	483,440	483,490
Supplies & Services	8,726,400	8,472,160	8,476,000
Agency and Contract Services	1,731,300	1,754,200	1,777,500
Transfer Payments	1,630	1,660	1,690
Support Services	0	0	0
Departmental Recharge	261,650	261,790	261,930
Internal Recharge	52,130	52,130	52,130
Capital Financing	660	660	660
<b>Total Expenditure</b>	<b>20,660,270</b>	<b>20,523,760</b>	<b>20,646,660</b>
Government Grants	-6,003,370	-6,003,370	-6,003,370
Other Grants, Reimburs & Contrib.	-8,822,730	-8,501,970	-8,502,140
Customer & Client Receipts	-1,521,610	-1,538,600	-1,555,930
Interest rec'd	0	0	0
Corporate Recharges inc Capital Finance	0	0	0
Departmental Recharge	0	0	0
Internal Recharge	-134,340	-134,340	-134,340
<b>Total Income</b>	<b>-16,482,050</b>	<b>-16,178,280</b>	<b>-16,195,780</b>
<b>Total</b>	<b>4,178,220</b>	<b>4,345,480</b>	<b>4,450,880</b>

**Commissioning** – Director of Integrated Commissioning - Catherine Underwood

<b>Breakdown of Net Spend</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
Carers funding	657,600	657,600	657,600
Integrated Commissioning Team	1,388,840	1,406,870	1,425,130
Integrated Community Equipment	2,598,560	2,598,330	2,598,090
Mental Health and Learning Disabilities Commissioning	8,496,650	8,686,210	8,879,590
Quality Assurance and Market Development	723,650	730,510	737,450
Service Level Agreements (including Norecare and Independence Matters)	47,275,540	46,762,400	47,738,970
Supporting People	9,282,160	9,402,230	9,523,490
	<b>70,423,000</b>	<b>70,244,150</b>	<b>71,560,320</b>

<b>Subjective Analysis of Budget</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
Employee	2,361,580	2,385,150	2,408,930
Premises	3,010	3,080	3,150
Transport	22,800	22,800	22,800
Supplies & Services	3,752,870	3,755,500	3,758,230
Agency and Contract Services	71,249,780	71,054,690	72,354,490
Transfer Payments	11,040	11,260	11,490
Support Services	0	0	0
Departmental Recharge	453,340	453,930	454,540
Internal Recharge	1,231,130	1,231,130	1,231,130
Capital Financing	0	0	0
<b>Total Expenditure</b>	<b>79,085,550</b>	<b>78,917,540</b>	<b>80,244,760</b>
Government Grants	-247,000	-247,000	-247,000
Other Grants, Reimburs & Contrib.	-7,161,180	-7,165,470	-7,169,840
Customer & Client Receipts	-380,240	-386,790	-393,470
Interest rec'd	0	0	0
Corporate Recharges inc Capital Finance	0	0	0
Departmental Recharge	0	0	0
Internal Recharge	-874,130	-874,130	-874,130
<b>Total Income</b>	<b>-8,662,550</b>	<b>-8,673,390</b>	<b>-8,684,440</b>
<b>Total</b>	<b>70,423,000</b>	<b>70,244,150</b>	<b>71,560,320</b>

## Safeguarding – Assistant Director Social Work – Lorna Bright

<b>Breakdown of Net Spend</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
Care & Assessment	5,305,430	4,858,790	3,763,890
County Resources	1,363,450	1,377,800	1,392,310
Moving and Handling Training	0	0	0
Purchase of Care	22,993,420	22,709,210	24,285,560
Purchase of Service User Transport	576,910	599,980	623,990
Safeguarding & Deprivation of Liberties	829,590	700,060	707,360
Group Management & Admin	473,600	477,920	482,280
	<b>31,542,400</b>	<b>30,723,760</b>	<b>31,255,390</b>

<b>Subjective Analysis of Budget</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
Employee	8,024,440	7,966,750	8,046,620
Premises	1,170	1,190	1,210
Transport	224,160	224,380	224,610
Supplies & Services	444,230	446,610	449,020
Agency and Contract Services	30,690,510	30,534,780	31,054,930
Transfer Payments	3,858,630	3,935,790	4,014,500
Support Services	0	0	0
Departmental Recharge	603,590	627,310	652,000
Internal Recharge	3,800	3,800	3,800
Capital Financing	0	0	0
<b>Total Expenditure</b>	<b>43,850,530</b>	<b>43,740,610</b>	<b>44,446,690</b>
Government Grants	-84,480	-84,480	-84,480
Other Grants, Reimburs & Contrib.	-4,289,730	-4,316,420	-4,320,820
Customer & Client Receipts	-7,820,350	-8,502,380	-8,672,430
Interest rec'd	0	0	0
Corporate Recharges inc Capital Finance	0	0	0
Departmental Recharge	0	0	0
Internal Recharge	-113,570	-113,570	-113,570
<b>Total Income</b>	<b>-12,308,130</b>	<b>-13,016,850</b>	<b>-13,191,300</b>
<b>Total</b>	<b>31,542,400</b>	<b>30,723,760</b>	<b>31,255,390</b>

Responsibility for the Safeguarding function is split across both the Assistant Director of Social Work and the Director of Integrated Care on a locality basis. Total Safeguarding spend for 15-16 is £157m. See following page.

**Safeguarding** – Director of Integrated Care – Lorraine Barrett

<b>Breakdown of Net Spend</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
Care & Assessment	8,637,810	8,699,350	8,810,880
County Resources	0	0	0
Moving and Handling Training	60,390	61,010	61,640
Purchase of Care	112,438,210	113,052,420	121,268,150
Purchase of Service User Transport	4,003,640	3,113,800	2,438,350
Safeguarding & Deprivation of Liberties	0	0	0
Group Management & Admin	428,130	432,270	436,460
	<b>125,568,180</b>	<b>125,358,850</b>	<b>133,015,480</b>

<b>Subjective Analysis of Budget</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
Employee	10,822,307	10,904,077	11,013,277
Premises	7,510	7,660	7,810
Transport	210,750	211,520	212,320
Supplies & Services	137,560	138,530	139,510
Agency and Contract Services	162,754,060	160,041,970	168,795,660
Transfer Payments	25,493,480	26,003,360	26,523,450
Support Services	0	0	0
Departmental Recharge	4,083,530	3,196,890	2,524,750
Internal Recharge	15,200	15,200	15,200
Capital Financing	0	0	0
<b>Total Expenditure</b>	<b>203,524,397</b>	<b>200,519,207</b>	<b>209,231,977</b>
Government Grants	0	0	0
Other Grants, Reimburs & Contrib.	-25,518,347	-22,302,327	-22,304,287
Customer & Client Receipts	-52,289,870	-52,710,030	-53,764,210
Interest rec'd	0	0	0
Corporate Recharges inc Capital Finance	0	0	0
Departmental Recharge	0	0	0
Internal Recharge	-148,000	-148,000	-148,000
<b>Total Income</b>	<b>-77,956,217</b>	<b>-75,160,357</b>	<b>-76,216,497</b>
<b>Total</b>	<b>125,568,180</b>	<b>125,358,850</b>	<b>133,015,480</b>

Responsibility for the Safeguarding function is split across both the Assistant Director of Social Work and the Director of Integrated Care on a locality basis. Total Safeguarding spend for 15-16 is £157m. See previous page.

**Business Development – Business and Development Manager – John Perrott**

<b>Breakdown of Net Spend</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
Business Development Systems	328,010	331,130	334,280
Business Support	2,557,780	2,635,080	2,661,020
IM Premises	1,357,020	1,377,460	1,398,920
Logistics	6,546,290	6,508,820	6,529,990
	<b>10,789,100</b>	<b>10,852,490</b>	<b>10,924,210</b>

<b>Subjective Analysis of Budget</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
Employee	2,768,180	2,847,910	2,876,290
Premises	1,091,840	1,059,320	1,085,910
Transport	81,700	81,700	81,700
Supplies & Services	600,640	605,990	611,440
Agency and Contract Services	5,384,580	5,384,580	5,384,580
Transfer Payments	0	0	0
Support Services	0	0	0
Departmental Recharge	514,410	526,870	539,830
Internal Recharge	0	0	0
Capital Financing	612,740	612,740	612,740
<b>Total Expenditure</b>	<b>11,054,090</b>	<b>11,119,110</b>	<b>11,192,490</b>
Government Grants	0	0	0
Other Grants, Reimburs & Contrib.	-76,440	-77,630	-78,840
Customer & Client Receipts	-141,990	-142,430	-142,880
Interest rec'd	0	0	0
Corporate Recharges inc Capital Finance	0	0	0
Departmental Recharge	0	0	0
Internal Recharge	-46,560	-46,560	-46,560
<b>Total Income</b>	<b>-264,990</b>	<b>-266,620</b>	<b>-268,280</b>
<b>Total</b>	<b>10,789,100</b>	<b>10,852,490</b>	<b>10,924,210</b>

**Finance and Departmental Management – Finance Business Partner (Interim) - Neil Sinclair**

<b>Breakdown of Net Spend</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
Departmental Management	228,280	230,610	232,960
Finance (including legal and bad debt)	-1,503,890	2,117,410	2,194,690
	<b>-1,275,610</b>	<b>2,348,020</b>	<b>2,427,650</b>

<b>Subjective Analysis of Budget</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
Employee	268,940	271,670	274,430
Premises	10,180	10,380	10,580
Transport	-98,000	-187,990	-187,980
Supplies & Services	298,240	4,007,050	4,081,830
Agency and Contract Services	508,630	512,800	517,010
Transfer Payments	0	0	0
Support Services	0	0	0
Departmental Recharge	40,070	40,160	40,250
Internal Recharge	14,340	14,340	14,340
Capital Financing	910	910	910
<b>Total Expenditure</b>	<b>1,043,310</b>	<b>4,669,320</b>	<b>4,751,370</b>
Government Grants	0	0	0
Other Grants, Reimburs & Contrib.	-2,200,000	-2,200,000	-2,200,000
Customer & Client Receipts	-118,920	-121,300	-123,720
Interest rec'd	0	0	0
Corporate Recharges inc Capital Finance	0	0	0
Departmental Recharge	0	0	0
Internal Recharge	0	0	0
<b>Total Income</b>	<b>-2,318,920</b>	<b>-2,321,300</b>	<b>-2,323,720</b>
<b>Total</b>	<b>-1,275,610</b>	<b>2,348,020</b>	<b>2,427,650</b>

**HR Learning & Development – Lead HR & OD Business Partner (Interim) - Lucy Hohnen**

<b>Breakdown of Net Spend</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
HR Learning & Development	971,710	982,350	993,180
	<b>971,710</b>	<b>982,350</b>	<b>993,180</b>

<b>Subjective Analysis of Budget</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
Employee	413,260	419,230	425,310
Premises	53,060	54,120	55,200
Transport	10,000	10,200	10,400
Supplies & Services	567,590	572,400	577,300
Agency and Contract Services	0	0	0
Transfer Payments	0	0	0
Support Services	0	0	0
Departmental Recharge	18,000	18,000	18,000
Internal Recharge	0	0	0
Capital Financing	0	0	0
<b>Total Expenditure</b>	<b>1,061,910</b>	<b>1,073,950</b>	<b>1,086,210</b>
Government Grants	0	0	0
Other Grants, Reimburs & Contrib.	-30,200	-30,400	-30,610
Customer & Client Receipts	-60,000	-61,200	-62,420
Interest rec'd	0	0	0
Corporate Recharges inc Capital Finance	0	0	0
Departmental Recharge	0	0	0
Internal Recharge	0	0	0
<b>Total Income</b>	<b>-90,200</b>	<b>-91,600</b>	<b>-93,030</b>
<b>Total</b>	<b>971,710</b>	<b>982,350</b>	<b>993,180</b>

<b>Budget Changes for 2015-18</b>				
<b>ADULT SOCIAL SERVICES</b>				
		<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
		£m	£m	£m
	<b>BASE BUDGET</b>	<b>248.490</b>	<b>242.197</b>	<b>244.855</b>
	<b>ADDITIONAL COSTS</b>			
	<b>Economy</b>			
	Basic Inflation - Pay (1% for 15-18)	0.303	0.306	0.309
	Basic Inflation - Prices	4.763	4.152	4.129
	Demand / Demographic			
	Demographic growth	6.035	6.134	6.134
	Purchase of Care cost for leap year	0.400	-0.400	
	Purchase of Care (recurring overspend)	4.156		
	<b>NCC Policy</b>			
	Budget amendment additional investment in Adult Social Care 16.02.15	0.500		
	Budget amendment additional investment in Adult Social Care 16.02.15	0.127		
	<b>Legislative</b>			
	New burdens: Social Care in Prisons	0.371		
	New Burdens: Care Act	2.204		
	New burdens: Early Assessments revenue grant 2015-16	3.121		
	New burdens: Deferred payment agreement revenue grant 2015-16	1.542		
	New burdens: Carers & Care Act implementation revenue grant 2015-16	0.966		
	<b>Total Additional Costs</b>	<b>24.488</b>	<b>10.192</b>	<b>10.572</b>
Ref	<b>BUDGET SAVINGS</b>			
	<b>1a Digital Transformation, BWOW. Organisation</b>			
COM031	Further Savings from PCSS (Personal Community Support Service)	-0.250		
	<b>1b Digital Transformation, BWOW. Lean</b>			
COM018	Review Care Arranging Service	-0.140		
COM026	Change the type of social care support that people receive to help them live at home	-0.200		
COM028	Electronic Monitoring of Home Care providers		-0.500	
ASC001	Residential care. Process improvements for more effective management of residential care beds	-0.100		
ASC002	Redesign Adult Social Care pathway. Work with Hewlett Packard and procurement on areas of the pathway to drive out further efficiencies	-0.395	-1.500	

<b>Budget Changes for 2015-18</b>				
<b>ADULT SOCIAL SERVICES</b>				
		<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>
		£m	£m	£m
	<b>1d Digital Transformation, BWOW. T&amp;Cs</b>			
GET016	Reducing the cost of business travel	-0.099	-0.090	
	<b>2a Procurement, Commissioning. Procurement</b>			
COM027	Review block home care contracts	-0.100		
COM042	Review of Norse Care agreement for the provision of residential care	-1.000	-1.500	
GET010	Renegotiate contracts with residential providers, to include a day service as part of the contract, or at least transport to another day service	-0.100		
GET011	Renegotiate the Norse bulk recharge	-0.106		
ASC004	Norse care rebate. The proposal is for the rebate to be allocated to the Adult Social Care revenue budget on an ongoing basis, rather than to the Adult Social Care Residential Care Reserve as previously.	-1.000		
	<b>2b Procurement, Commissioning. Shared Services</b>			
COM023	Integrated occupational therapist posts with Health	-0.100		
COM024	Assistant grade posts working across both health and social care	-0.050		
	<b>3a Income generation, Trading. Sweat the assets</b>			
COM019	Trading Assessment and Care Management support for people who fund their own care		-0.050	
COM025	Decommission offices, consolidate business support	-0.150		
	<b>4a Demand Management. Change Standards</b>			
COM034	Changing how we provide care for people with learning disabilities or physical disabilities	-2.000	-3.000	
COM038	Scale back housing-related services and focus on the most vulnerable people	-1.200		
COM040	Reduce the number of Adult Care service users we provide transport for	-0.150	-0.150	
ASC003	Service users to pay for transport out of personal budgets, reducing any subsidy paid by the Council	0.000	-0.900	-0.800
	<b>4b Demand Management. Stop Doing Things</b>			
COM033	Reduce funding for wellbeing activities for people receiving support from Adult Social Care through a personal budget	-6.000	-3.000	
	<b>4c Demand Management. Change Assumptions</b>			

**Budget Changes for 2015-18  
ADULT SOCIAL SERVICES**

		2015-16	2016-17	2017-18
		£m	£m	£m
ASC005	One Off: Use of Earmarked Reserves (Adults)	-3.156	3.156	
	<b>Total Savings</b>	<b>-16.296</b>	<b>-7.534</b>	<b>-0.800</b>
	<b>COST NEUTRAL ADJUSTMENTS i.e. which do not have an impact on overall Council Tax</b>			
	Mental Health Care and Assessment to Comms (SCEE)	-0.174		
	ICT - ELMS Systems Maintenance from P&R	0.014		
	Adults - Transfer of Business Support to Communities	-0.046		
	Adults - Homeshield to Trading Standards	-0.028		
	Adults - Homeshield to Comms	-0.005		
	Democratic Services - NALC & Voluntary Norfolk to Adults	0.107		
	Depreciation	-0.062		
	REFCUS	5.760		
	Centralise Office Accommodation budgets	-0.892		
	<b>Sub total Cost Neutral Adjustments</b>	<b>4.674</b>	<b>0.000</b>	<b>0.000</b>
	<b>BASE ADJUSTMENTS</b>			
	New burdens adult social care income	-5.629		
	Local reform and community voices: Independent Mental Health Advocacy	0.162		
	Local reform and community voices: Guaranteed Income Payments for veterans	0.030		
	Local reform and community voices: New Social Care in Prisons	-0.371		
	Increased NHS Social Care Funding	-13.351		
	<b>Sub total Base Adjustments</b>	<b>-19.159</b>	<b>0.000</b>	<b>0.000</b>
	<b>TOTAL</b>	<b>242.197</b>	<b>244.855</b>	<b>254.627</b>

# Adult Social Care Committee

Item No. 15

<b>Report title:</b>	<b>ICT Planning within Adult Social Care</b>
<b>Date of meeting:</b>	<b>29 June 2015</b>
<b>Responsible Chief Officer:</b>	<b>Harold Bodmer, Executive Director of Adult Social Services</b>
<b>Executive summary</b> An initial report to this Committee on 11 May provided Members with an overview of ICT planning within Adult Social Care. Members requested further detail of the Adult Social Services ICT Plan indicating: <ul style="list-style-type: none"><li>a) how the ICT plan supports departmental priorities</li><li>b) how projects on the plan are progressing and monitored</li><li>c) any ICT budget overspends and whether departmental savings are impacted by delays in ICT delivery</li><li>d) whether there are blockages with ICT delivery that impact on Adult Social Care</li></ul> <b>Recommendations:</b> <b>Members are asked to consider the content of the report and decide whether further information is required at a future meeting of the Committee.</b>	

## 1. Key priorities for delivery of the ICT Plan in 2015/16

1.1 Adult Social Services has identified four key priorities for delivery in 2015-16:

- a) To deliver changes arising from the Care Act
- b) To strengthen use of resources and maximise value for money to create a more sustainable adult social care service
- c) To deliver stronger community based support for people with a new adult social care strategy based on promoting independence
- d) To deliver greater integration with internal and external partners, including the NHS and District Councils

1.2 Consequently, the ICT plan for Adult Social Services is organised around four themes that are supportive of departmental priorities – assurance, efficiency, prevention and integration (see Appendix A).

1.3 Underpinning the ICT Plan for Adult Social Services are two key principles:

### 1.3.1 Robust Governance

- a) Robust structures and controls are in place (see 5.)
- b) Business case and ICT requirements will be clear
- c) ICT delivery will be accountable, innovative and focused on business priorities

### 1.3.2 Focus on data quality

- a) Protocols and data exchange agreements are in place
- b) Policies are in place (i.e. data quality is a 2015-16 appraisal target for all staff)
- c) Monitoring will identify what works and what needs to be addressed

## 2 ICT planning and progress

### 2.1 Assurance

Assurance is about ensuring we meet both our statutory social care and ICT responsibilities. This means developing and upgrading our systems to meet national and local requirements (i.e. the Care Act), and ensuring the protection of data by the application of professional ICT security standards and processes (i.e. ensuring accreditation under the Public Services Network (PSN)).

2.2 Key projects identified in the plan under this theme, with progress to date, are:

2.2.1 **Care Act (Part 2)** - rework of social care forms within CareFirst for service users and carers was achieved in March 2015 and requirements for next phase are being developed in line with governmental guidance.

2.2.2 **Cloud migration** - migration of servers to the HP 'cloud' is planned for March 2016 and will allow data to be managed offsite, improving resilience and creating more flexible capacity.

2.2.3 **Identity management** - Sailpoint, a new identity management solution, is undergoing final testing and will enable us to manage system access much more efficiently from 2016.

### 2.3 Efficiency

Efficiency is about developing ICT infrastructure, systems and solutions for Adult Social Services that can be used widely, safely, securely, and at a speed that supports efficiency. Key projects identified in the plan under this theme, with progress to date, are:

2.3.1 **DNA devices** – 76% of devices have been delivered with a further 291 devices to be rolled out by August 2015. A number of 'bugs' which were experienced when the devices were first rolled out have now been resolved.

2.3.2 **Electronic Content Management** - a successful proof of concept has now been demonstrated for linking electronic document management to the social care management system, CareFirst, in a secure way.

### 2.4 Prevention

Prevention is about developing ICT systems and solutions that will enable more accessible advice, information and services to be shared with and accessed by Service users and carers. Key projects identified in the plan under this theme with progress to date, are:

2.4.1 **Citizen portal** - initial development is planned for September 2015 and will enable residents and carers to more readily access information and advice about local support and services. The Portal programme is currently being reviewed to take on board the implications of Promoting Independence.

2.4.2 **Web portals** - web portal implementation will take place once the requirement has been finalised in line with the customer service strategy presented to the Communities Committee on 11 March 2015.

### 2.5 Integration

Integration is about enabling access and sharing of information between partner organisations and taking a co-ordinated approach to the development of ICT systems and solutions across health and social care. Key projects identified in the plan under

this theme, with progress to date, are:

- 2.5.1 **Strategy & requirements** – in May 2015, Adult Social Services Senior Management Team (SMT) approved the development of a strategic plan for data sharing between health and social care within the new Section 75 Integration agreement. This work will start in July 2015.
- 2.5.2 **Shared Care Record** – initial discussions are currently taking place between NCC and with South Norfolk and North Norfolk Clinical Commissioning Groups (CCGs) to specify requirements for shared care records.
- 2.5.3 **Information Hub** - the data warehouse has been completed and the first iteration, or “sprint”, has been completed to populate the system with financial and care data. An initial set of reports and dashboards is being produced to exploit this data and is currently being reviewed by the ASSD Finance Business Partner.

### 3. ICT Budgets in Adult Social Care

- 3.1 The departmental ICT budget was centralised within the ICT Shared Service in the 2011/12 approved budget with £0.378m being transferred.
- 3.2 ICT budgets for consumables and minor replacements were retained so for 2015/16 £0.048m is available for ICT purchases and £0.041m for other ICT costs. There are no current overspends.

### 4. Adult Social Care – service development dependencies with ICT

- 4.1 By way of background, the 2010/11 ‘Big Conversation’ budget contained a saving of £0.748m that related to the closure and more efficient use of premises under the Norfolk Work Style Programme. This saw the introduction of a range of efficiency measures including 7:10 desk occupation and a clear desk policy that enabled the closure of eight Adult Care office locations and delivery of the saving. Whilst further savings were planned for 2015/16 these would require further ICT investment to achieve.
- 4.2 For 2015/16 there is a budget saving of £0.150m for the further decommissioning of offices and consolidation of business support (budget reference 1415COM025). This saving relies on the delivery of a range of ICT related services and projects that will enable operational staff to work more remotely using drop in bases such as GP surgeries, libraries and fire stations. It is planned that this saving will transfer to the Corporate Property Team as departmental premises budgets are transferred.

In addition to property savings further benefits accrue to the department through less reliance on fixed office locations, in particular increased productivity, faster turn round of service user documents and messaging and potentially reduced mileage costs.

The ICT requirement for effective remote working includes all of the following aspects:

- 4.2.1 a) Electronic Content Management Service (ECMS) - enables service user documents and history to be accessed and read securely via CareFirst at, and away from, the office.

**Project Status:** Sharepoint and Records Management Systems planned for delivery October 2014 are being piloted in June and July respectively with a pilot completion date of October and implementation date of December 2015 and managed as a Digitisation Project by the Information Management Service.

- b) Scanning equipment and processes to copy service user records, incoming post and messages into the ECMS. Within Adult Social Care this has potential to

remove approximately 38,000 service user files from 20 locations that currently take up an estimated 1,020 linear metres of space.

**Project Status:** This programme is being managed as part of the above ECMS project although we have yet to receive implementation dates.

- c) Care Mobile is an adaptation of CareFirst that would allow a social worker to upload service user records and documents and work on them in a service user's home. This is about to be trialled by Finance Exchequer Services so that financial statements can be completed in the service user's home. A variant of this would be to access CareFirst via a social worker's laptop using a 3G/4G mobile signal.

**Project Status:** the latter development is currently being worked on by the Corporate Programme Office in conjunction with ICT.

- d) DNA device roll out – originally planned for completion in October 2014, there has been a delay in the roll out of laptops to social work staff.

**Project Status:** The programme for Adult Social Care is 76% complete with expected completion by August 2015.

- 4.2.2 Conclusion: effective remote working has potential to deliver benefits for the department and for the Council as a whole. The programme relies on all elements being delivered in a similar timeframe and in a co-ordinated way and we will work with the ICT Transformation Board to achieve that end.

## 5. Future governance and monitoring

- 5.1 The ICT plan will be endorsed and monitored via the monthly departmental ICT & Information Management Board in Adult Social Services.
- 5.2 The board will be responsible for ensuring that departmental ICT requirements are appropriately commissioned and approved.
- 5.3 The board will receive monthly dashboard reports from ICT to identify progress, risks and issues with delivery of the ICT plan, and will be accountable for the management and delivery of the ICT projects set out in the plan.
- 5.4 The NCC ICT Transformation Board will have oversight of the planning and delivery of ICT across the Council. ASSD representatives are Janice Dane and John Perrott.

### Officer Contact

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

<b>Officer Name:</b> John Perrott (ASSD Business Development Manager)	<b>Tel No:</b> 01603 222054	<b>Email address:</b> <a href="mailto:john.perrott@norfolk.gov.uk">john.perrott@norfolk.gov.uk</a>
<b>Steve Leggetter</b> (Head of ICT)	<b>01603 222700</b>	<a href="mailto:steve.leggetter@norfolk.gov.uk">steve.leggetter@norfolk.gov.uk</a>



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

# ICT Plan – Adult Social Services

This plan is supportive of our ICT strategy and is designed to monitor what Adult Social Services wish to achieve from the deployment and usage of Information & Communications Technology in 2015-18.

Our priorities for adult social care in 2015-16 are:

- To deliver changes arising from the Care Act
- To strengthen use of resources and maximise value for money to create a more sustainable adult social care service
- To deliver stronger community based support for people with a new adult social care strategy based on promoting independence
- To deliver greater integration with internal and external partners, including the NHS and District Councils

Our strategy and this plan are organised into four themes that support the department's key priorities – **assurance, efficiency, prevention and integration**.

Our departmental approach to the strategic commissioning and delivery of ICT is underpinned by two key principles:

## **Robust Governance**

- Robust structures and controls are in place (see 3.1)
- Business case and ICT requirements will be clear
- ICT delivery will be accountable, innovative and focused on business priorities

## **Focus on data quality**

- Protocols and data exchange agreements are in place
- Policies are in place (i.e. data quality is a 2015-16 appraisal target for all staff)
- Monitoring will identify what works and what needs to be addressed

## Assurance

Assurance means ensuring we meet our statutory social care and ICT responsibilities. From a social care standpoint, we will develop and upgrade our systems to meet national and local requirements. All operation, enhancement and introduction of ICT by Adult Social Services will ensure the protection of data by application of professional ICT security standards and processes.

We will move towards technology, solutions and tools that complements the Norfolk platform and offers lower costs and better service; including increased reliability and resilience for 24/7 usage. This will increase the flexibility of the platform to enable sharing with partners.

Area	ICT & IM approach	Project	Lead area	Planned delivery date	Progress to Date
Care Act implementation	To assess and implement system releases by our supplier to support the Care Act	CareFirst upgrades	ASSD	Ongoing	CareFirst version 6.11.13 implemented in May 2015 and 6.11.13.2 due to be implemented in summer 2015.
Social care system re-procurement	To ensure that we have the best value, most appropriate system for social care	Re-procurement	ASSD, Children's Services & Finance	01/04/2018	Current contract to be extended to March 2018 and joint social care system re-procurement process with Children's Services and Finance to commence in summer 2015.
Cloud system migration	To ensure the resilience and performance of our core ICT systems	Server migration	ICT	01/04/2016	A feasibility paper has been developed for this project and negotiations with suppliers are under way.

Identity management	To ensure security of access to our systems	Sailpoint implementation	ICT	30/09/2015 pilot	System currently being developed and tested with HR before being rolled out to departments for business usage.
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## Efficiency

Our strategy is to develop ICT infrastructure, systems and solutions that can be used widely, safely, securely, and at a speed that supports efficiency. We will support our staff in flexible working; we will ensure they can access to appropriate technology and increase options for remote working in the field using e-mail, internet, intranet, file shares and core social care systems.

We will help to drive out paper by making use of an Electronic Content and Document Management System (ECMS) including workflow to enable automatic document and information flow.

Area	ICT & IM approach	Project	Lead area	Planned delivery date	Progress to Date
Client computing and flexible working	Deliver new devices to all staff, and explore and implement tools that support flexible working	DNA device implementation	ICT	31/08/2015	76% of DNA devices have been implemented for social care staff to date – the high level ICT rollout plan indicates Norfolk and Norwich University Hospital (NNUH) and Northgate Hospital for completion in July, with the Queen Elizabeth, James Paget University Hospitals and Vantage House in August 2015.
Electronic content management	To provide structured and secure electronic storage of documents, linking in with our existing systems	Electronic Content Management System (ECMS) implementation	Information Management (IM)	31/12/2015 pilot	The electronic content management system has been configured for corporate use and testing is expected to start in June 2015.
	To enable scanning into electronic storage	ECMS integration with social care	IM	To follow ECMS pilot	Integration of the electronic content management system with social care systems (i.e. CareFirst) is planned for later in 2015 and when the initial solution

	systems	systems			has been successfully implemented.
		Scanning Strategy and implementation	IM	To follow ECMS pilot	The development of a corporate scanning strategy is dependent on the completion of a NCC physical file audit, which is at the pilot stage with Children's Services.

## Prevention

Prevention solutions operate at the heart of the community, where building capacity to create strong and resilient communities is necessary for the empowerment process. These services and activities in this section all play a part in enabling, engaging and empowering communities. From an ICT standpoint, this about developing ICT systems and solutions that will enable more accessible advice, information and services to be shared with and accessed by service users and carers in Norfolk.

Area	ICT & IM approach	Project	Lead area	Planned delivery date	Progress to Date
Portal development - citizens	To increase accessibility of information for citizens and carers	OLM MyLife portal implementation	ASSD	31/08/2015	Phase 1 of OLM portal in development with supplier OLM and due to launch in September 2015.
	To enable citizens to communicate with us via digital means		ASSD	31/12/2015	Phase 2 at planning stage – planned to include online enquiry/referral and online assessment/support planning.

Portal development – staff, providers and partners	To develop citizen, provider, partner and employee portals as per the Customer Service Strategy	DNA – employee, provider and partner portals	Customer Services	31/01/2016	A new web content system is being procured for the Council which will provide flexible options for service delivery.  We will work with web content team to develop the best options for Adult Social Services.
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## Integration

The Health and Social Care Act 2012 introduced major changes in the delivery of health and social care through the application of joint working, and this continues to be promoted via the Better Care Fund.

We will continue a dedicated programme of work to develop these ways of working in shared organisational design, processes, systems and services, accommodation and usage, protocols and methods for sharing and managing confidential patient information.

Area	ICT & IM approach	Project	Lead area	Planned delivery date	Progress to Date
Strategy/ business requirements	To develop clear departmental strategy on how to work most effectively with our partners	Integration strategy	ASSD	01/09/2015	Adult Social Services SMT approved the development of a strategic plan for data sharing between health and social care within the new Section 75 Integration agreement in May 2015. This work will start in July 2015.
Network procurement	To build necessary flexibility and controls into the new network specification	Network procurement	ICT	2016 – contract to be awarded in Dec 2015	ICT specifications for this project have been developed and includes requirements for flexible, integrated working that will enable our integration programme to be implemented more easily.

Integration programme	To develop a joint ASSD and ICT programme to deliver standard approaches to integration	NCHC Phase 2	ASSD	At initiation stage	Phase 1 of this project successfully implemented integrated working for senior joint managers and requirements are being shaped for Phase 2.
		Joint working with South Norfolk CCG	ASSD	At initiation stage	Initial discussions are taking place between NCC and South Norfolk CCG about how a shared care record could be developed and used to provide better outcomes for service users and carers.

# Adult Social Care Committee

Item No. 16.

<b>Report title:</b>	<b>Risk Register</b>
<b>Date of meeting:</b>	<b>29 June 2015</b>
<b>Responsible Chief Officer:</b>	<b>Harold Bodmer, Executive Director of Adult Social Services</b>
<b>Strategic impact</b> 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

This report provides the Committee with an update of the Departmental Risk Register since the last report on risk reported to this Committee on 11 May 2015. At that meeting, Members requested that a 'Failure in our responsibilities towards carers' risk be added to the 29 June 2015 report. Also at Member's request printed copies of the full risk register will be made available at the meeting.

The update includes details of current departmental risks together with revised risk scores for 2015/16 and mitigations. Risks are where events may impact on the Department and County Council achieving its objectives.

### Recommendations:

#### Committee Members are asked to:

- a) note the changes to the risk register
- b) comment on the departmental risks and add, amend or remove any risks as appropriate
- c) consider if any further action is required

## 1 Proposal

### 1.1 Recommendations :

- a) note the changes to the risk register
- b) comment on the departmental risks and add, amend or remove any risks as appropriate
- c) consider if any further action is required

1.2 The Senior Management Team has been consulted in the preparation of the Adult Social Care risk register and this report.

## 2 Evidence

2.1 The Adult Social Care departmental risk register reflects those key business risks that need to be managed by the Senior Management Team and which, if not managed appropriately, could result in the Service failing to achieve one or more of its key objectives and/or suffer 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 The current risks are those identified against the departmental objectives for 2015/16. The report focuses on risks that have a current risk score of 12 and above with prospects of meeting the target score by the target date of amber or red and are reported on an exceptions basis.
- 2.3 There are currently two risks that have a corporate significance and appear on the corporate risk register:
- RM14079 "Failure to meet the longer term needs of older people". If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local authorities may only have sufficient funding for Adult's and Children's care
  - RM0207 "Failure to meet the needs of older people". If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation.
- 2.4 Appendix 1 provides the Committee members with a summary of the risks on the register. Appendix 2 provides a full explanation for the risks that have a current risk score of 12 and above with prospects of red or amber.
- 2.5 The full departmental risk register contains 14 risks, there are six risks that fall into the above exception reporting category and appear on the risk register.
- 2.6 The seven Adult Social Care Services risks that have a risk score below 12 or have prospects of meeting the target score by the target date are as follows:

<b>Risk Number/Name</b>	<b>Risk Score</b>	<b>Prospects</b>
RM13929 "The speed and severity of change".	12	Green
RM14150 "Impact of DNA"	12	Green
RM14085 "Failure to follow data protection procedures".	12	Green
RM14237 "Deprivation of Liberty Safeguarding".	12	New
RM13936 "Inability to progress integrated service delivery".	10	Green
RM13924 "The pace and change of legislation for "Ordinary Residence".	9	Met
RM14238 "Failure in our responsibility towards carers".	6	New

- 2.7 Each risk score is expressed as a multiple of the impact and the likelihood of the event occurring.
- 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
  - 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
  - Target risk score – the level of risk exposure that we are prepared to tolerate following completion of all the mitigation tasks

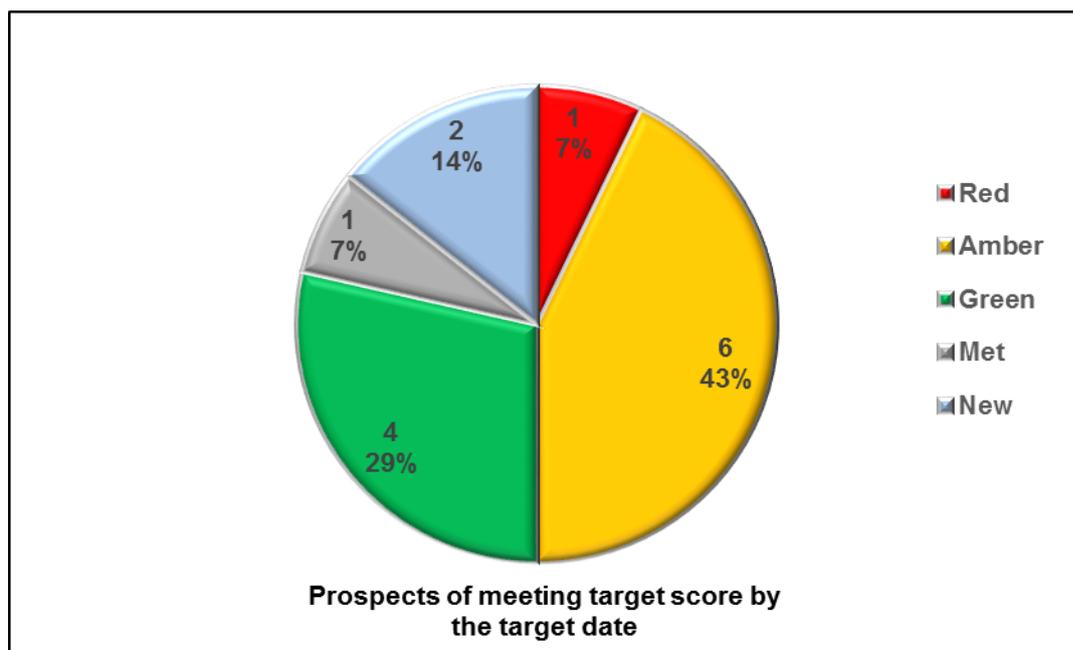
2.8 In accordance with the Risk Matrix and Risk Tolerance Level set out within the current Norfolk County Council “Well Managed Risk - Management of Risk Framework, four risks are reported as “High” (risk score 16–25) and 10 as “Medium” (risk score 6–15).

2.9 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:

- Green – the mitigation tasks are on schedule and the risk owner considers that the target score is achievable by the target date
- 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
- Red – significant mitigation tasks are falling behind and there are serious concerns that the target score will not be achieved by the target date and the shortcomings must be addresses and/or new tasks are introduced

2.10 Fig1. Comparison of the percentages of risks in each of the above categories.

Fig 1



2.11 There is one risk identified by the risk owner where the prospects of meeting the target score by the target date is recorded as red and as follows:

- RM13926 “Failure to meet budget savings”. There is still a forecast of a net

overspend after the use of reserves.

## 2.12 Significant changes to the register.

2.12.1 Two risks relating to ICT and the DNA rollout have had the current risk scores reduced because the rollout has delivered over 80% of the new devices improving ICT capacity.

- RM13925 “Lack of capacity in ICT systems”. The current risk score has been reduced from 16 (likelihood 4 x impact 4) to 12 (likelihood 3 x impact 4)
- RM14150 “Impact of DNA”. The current risk score has been reduced from 16 (likelihood 4 x impact 4) to 12 (likelihood 3 x impact 4)

2.12.2 Two risks have had the prospects changed from Amber to Green

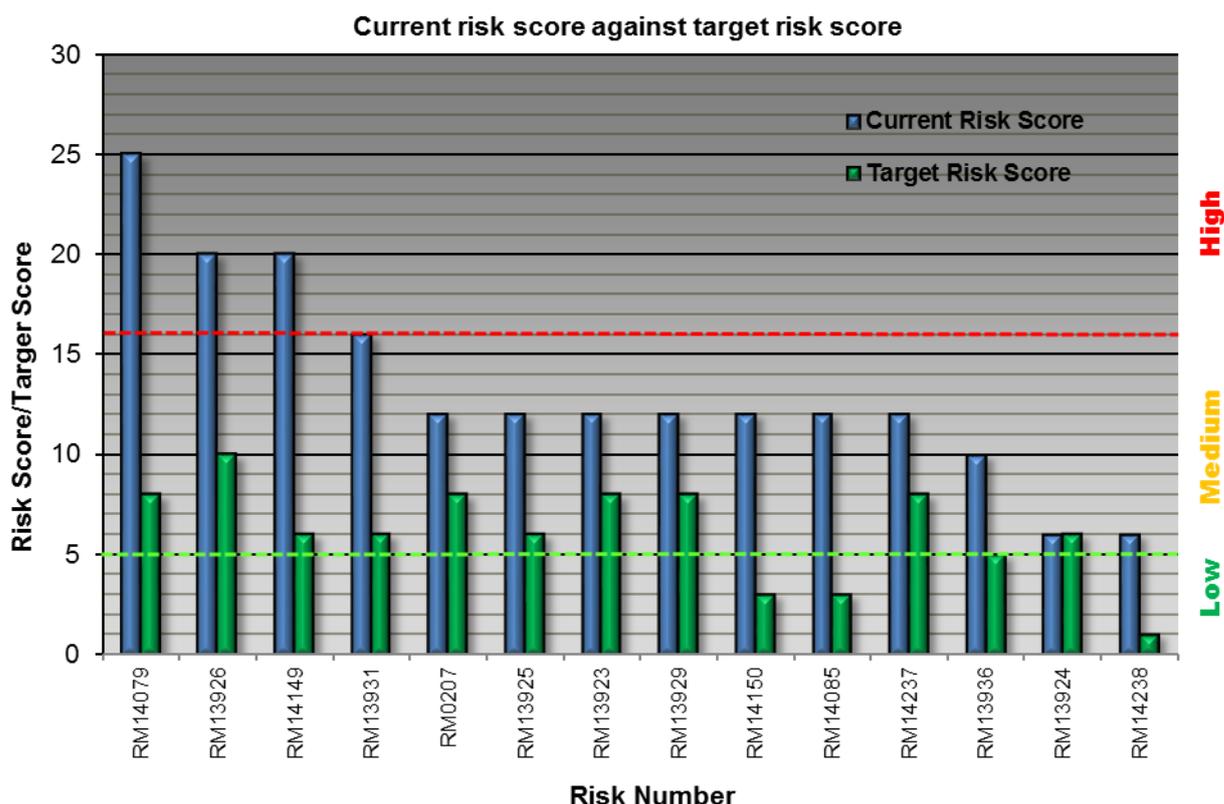
- RM14150 “Impact of DNA”
- RM14085 “Failure to follow data protection procedures”

2.12.3 Two new risks have been added to the register since the last review

- RM14237 “Deprivation of Liberty Safeguarding”
- RM14238 “Failure in our responsibilities towards carers”

2.13 Fig 2. Compares the current risk scores and the target risk scores of the fourteen risks.

Fig



2.14 The average for the current risk score is 15, which places our combined level of risk in the top of the medium category. The target scores are a reflection of our risk appetite, the level of risk the risk owner is willing to pursue or retain, and the average score for the combined target risk scores is 7 placing it in the medium category. Clearly it is the progress of the risk mitigation tasks that acts upon the current risk scores to reduce them towards the target risk score level.

2.15 The evidence is that risks are being managed to an appropriate level with mitigation tasks being undertaken. In all cases risks have been reviewed by risk owners to ensure

that risk scores and target dates reflect the current position against current service objectives. Risk registers are challenged by the Strategic Risk Manager to ensure a consistent approach to risk management across all teams.

- 2.16 There remains a strong corporate commitment to the management of risk and appropriately managing risk, particularly during periods of organisational change. A clear focus on strong risk management is necessary as it provides an essential tool to ensure the successful delivery of our strategic and operational objectives.

### **3 Financial Implications**

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

### **4 Issues, risks and innovation**

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

### **5 Background**

- 5.1 Appendix 1 provides the Committee members with a summary of the risks on the register. The full risk register will be circulated at the meeting as printed copy for ease of reading. Appendix 2 provides a full explanation for the risks that have a current risk score of 12 and above with prospects of red or amber.
- 5.2 The review of existing risks has been completed with responsible officers.
- 5.3 There remains a strong commitment to the management of risk and appropriately managing risk, particularly during periods of organisational change, such as the accelerated programme to deliver all the elements of the vision for the County Council.
- 5.4 An on-going clear focus on strong risk management is necessary as it provides an essential tool to ensure the successful delivery of our strategic and operational objectives.

#### **Officer Contact**

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

**Officer name :** John Perrott

**Tel No. :** 01603 222054



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.

**Email address :** [john.perrott@norfolk.gov.uk](mailto:john.perrott@norfolk.gov.uk)

# Risk Register - Norfolk County Council

Risk Register Name		Adult Social Care Departmental Risk Register - Appendix 1							Red		Worsening
Prepared by		Harold Bodmer and Steve Rayner							High		Static
Date updated		May 2015							Med		Improving
Next update due		August 2015							Low	Met	
Area	Risk Number	Risk Name	Risk Description	Current Likelihood	Current Impact	Current Risk Score	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Direction of travel from previous review	Risk Owner
Adult Social Care Committee Transformation	RM14079	Failure to meet the long term needs of older people	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local authorities may only have sufficient funding for Adult's and Children's care.	5	5	25	8	31/03/2030	Amber		Harold Bodmer
Transformation	RM13926	Failure to meet budget savings	If we do not meet our budget savings targets over the next three years it would lead to significant overspends in a number of areas. This would result in significant financial pressures across the Council and mean we do not achieve the expected improvements to our services.	4	5	20	10	01/04/2017	Red		Neil Sinclair
Transformation	RM14149	Impact of the Care Act	Impact of the Social Care bill/Changes in Social Care funding (significant increase in number of people eligible for funding, increase in volume of care - and social care - and financial assessments, potential increase in purchase of care expenditure, reduction in service user contributions)	4	5	20	6	01/04/2016	Amber		Janice Dane
Safeguarding	RM13931	A rise in hospital admissions	A significant rise in acute hospital admissions for whatever reason would lead to delays in the transfer of care. This would result in budget pressures, possible overspends and could negatively impact on our reputation.	4	4	16	6	01/04/2016	Amber		Lorraine Barrett
Adult Social Care Committee Transformation	RM0207	Failure to meet the needs of older people	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation.	3	4	12	8	31/03/2016	Amber		Harold Bodmer
Support & Development	RM13925	Lack of capacity in ICT systems	A lack of capacity in IT systems and services to support Community Services delivery, in addition to the poor network capacity out into the County, could lead to a breakdown in services to the public or an inability of staff to process forms and financial information in for example Care First. This could result in a loss of income, misdirected resources, poor performance against NI targets and negatively impact on	3	4	12	6	31/03/2016	Amber		John Perrott
Prevention	RM13923	Uncertainty around the shift towards investment in prevention services	There is uncertainty around achieving a general shift towards investment in prevention services by health care and housing organisations, meaning that key strategic strategies for older and disabled people were not met in line with Living Longer, Living Well. This results in poorer outcomes for service users and higher expenditure.	3	4	12	8	01/04/2016	Amber		Janice Dane
Transformation	RM13929	The speed and severity of change	The speed and severity of the changes in work activities and job cuts across all areas of the department outlined necessary to achieve budget savings targets could significantly affect the wellbeing of staff. This results in increased sickness absence, poor morale and a reduction in productivity.	3	4	12	8	01/04/2016	Green		Lucy Hohnen
Transformation	RM14150	Impact of DNA	Impact of DNA: temporary pausing of customer portal/self service ; impact on work to integrate with NHS; resources required to deliver departmental elements; impact on resources with DNA implementation and funding of DNA.	3	4	12	3	31/03/2016	Green		John Perrott

Area	Risk Number	Risk Name	Risk Description	Current Likelihood	Current Impact	Current Risk Score	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Direction of travel from previous review	Risk Owner
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.	3	4	12	3	31/03/2016	Green	↑	Harold Bodmer
SMT	RM14237	Deprivation of Liberty Safeguarding	<p>The Cheshire West ruling March 2014 has significantly increased referrals for people in care homes and hospital. The demand outstrips the capacity of the DOLS team to assess, scrutinise, process and record the workload. Significant backlog has developed and priority cases are no longer met within timescales. Specific areas of risk are:</p> <ul style="list-style-type: none"> <li>• 222 of priority 1 cases not seen</li> <li>• Priority 2 and 3 cases not being seen at all</li> <li>• Staff unable to complete tasks appropriate to role c/o capacity issues</li> <li>• Outstanding reviews not being addressed</li> <li>• Litigation risk</li> <li>• Reputational risk</li> <li>• Delays in appointing paid reps</li> <li>• DOLS team staff wellbeing</li> <li>• Increased cost to the department</li> </ul>	3	4	12	8	31/03/2016	New		Alison Simpkin

<b>Risk Number</b>	RM14079		<b>Date of update</b>		11 May 2015					
<b>Risk Name</b>	Failure to meet the long term needs of older people									
<b>Risk Owner</b>	Harold Bodmer		<b>Date entered on risk register</b>		11 October 2012					
<b>Risk Description</b>										
If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local authorities may only have sufficient funding for Adult's and Children's care.										
<b>Original</b>			<b>Current</b>			<b>Target</b>				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
5	5	25	5	5	25	2	4	8	Mar-30	Amber
<b>Tasks to mitigate the risk</b>										
<ul style="list-style-type: none"> <li>• Take steps to protect the Purchase of Care budget when budget planning prior to 2014-17.</li> <li>• Invest in appropriate prevention and reablement services</li> <li>• Integrate social care and health services to ensure maximum efficiency for delivery of health and social care</li> <li>• The Building Better Futures Programme will realign and develop residential and social care facilities</li> <li>• Ensure budget planning process enables sufficient investment in adult social care particularly in year 3 of current plan.</li> <li>• Continue to: try and manage needs; to identify and deliver savings in the Adult Social Care budget plan; and to ensure the issues are understood and discussed corporately. Adult Social Services is looking to come up with a new more cost effective model for meeting peoples' needs based on Promoting Independence.</li> </ul>										
<b>Progress update</b>										
The Adult Social Care mitigating tasks are relatively short term measures compared to the long term risk, i.e. 2030, but long term measures are outside NCC's control, for example Central Government policy. Although steps have been taken to protect the Purchase of Care budget in previous budget planning, the proposals for 2014-18 have had to include savings from the Purchase of Care budget. Actions are in hand to achieve these, e.g. adjustments to the Resource Allocation System for Community Activities/Well Being and Transport were made on 1 April 2014. However it proved difficult to make the savings in 2014-15. The Care Act including changes in social care funding will impact significantly: more people eligible for social care funding; less service user contributions; and it is not clear whether there will be additional/sufficient government funding. The guidance for part two is still draft. A project is in place to help ensure the department delivers the changes arising from the Care Act. It appears that there will be further and sustained cuts to local government funding. The department has set up a project for Promoting Independence and took a paper outlining the approach and seeking approval to continue to Adult Social Care Committee in June 2015.										

<b>Risk Number</b>	RM13926		<b>Date of update</b>		22 April 2015					
<b>Risk Name</b>	Failure to meet budget savings									
<b>Risk Owner</b>	Neil Sinclair		<b>Date entered on risk register</b>		30 April 2011					
<b>Risk Description</b>										
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.										
<b>Original</b>			<b>Current</b>			<b>Target</b>				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	5	15	4	5	20	2	5	10	Apr-17	Red
<b>Tasks to mitigate the risk</b>										
<ul style="list-style-type: none"> <li>• All efficiency and savings targets are being managed through the transformation and efficiency programme.</li> <li>• The transformation workstreams are all being operated within tight governance arrangements and are supported by the CPO</li> <li>• Additional funding available from the NHS for 2014-17 although this has to be agreed through five pooled funds with each of the Clinical Commissioning Groups.</li> </ul>										
<b>Progress update</b>										
Budget proposals for 2015-16 now include use of £3m of Adult Social Services one off reserves to balance the revenue budget. This will significantly reduce the amount of funding the department has available to fund transformation and change, and could mean that there is no money in 2016-17 to pay for the Transformation team (who are funded from the Transformation reserve). As well as the BCF risks for 2014-15 include: uncertainty around income for Continuing Health Care; decline in income from service user contributions; and need to achieve all 2014-17 budgeted savings. The 2014-17 savings have risks and include significant savings from the budget used to pay for packages of care, which has meant reducing elements of Personal Budgets for community activities/well being and transport. The forecast for period eleven (February 2015) is for a net overspend of £3.129m after using reserves off £4.338m. There is an action plan in place which is reported through the Transformation Programme Board, which includes the Chair of the Adult Social Care Committee. In looking forward to the planned savings over 2015-2018 of £16.3m in 2015/16, £7.5m in 2016/17 and £0.8m in 2017/18 there are significant risks about the ability to deliver this magnitude of savings where demand for services continues are current levels. Particular projects where it is planned to save £6m on reducing the wellbeing element of personal budgets may take longer to realise than possible in the current financial year.										

<b>Risk Number</b>	RM14149		<b>Date of update</b>		11 May 2015					
<b>Risk Name</b>	Impact of the Care Act									
<b>Risk Owner</b>	Janice Dane		<b>Date entered on risk register</b>		27 November 2013					
<b>Risk Description</b>										
Impact of the Social Care bill/Changes in Social Care funding (significant increase in number of people eligible for funding, increase in volume of care - and social care - and financial assessments, potential increase in purchase of care expenditure, reduction in service user contributions)										
<b>Original</b>			<b>Current</b>			<b>Target</b>				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	3	12	4	5	20	2	3	6	Apr-16	Amber
<b>Tasks to mitigate the risk</b>										
Project for Implementation of the Care Act. Ensure processes and resources in place to deliver Government requirements. Estimate financial implications. Keep NCC Councillors informed of issues and risks.										
<b>Progress update</b>										
Project on Implementation of the Care Act. Responded to latest Government consultation on guidance for part two (31 March) and highlighted again issue about funding. Initial estimates are that the financial and resource impact for NCC is significant and this is being fed into ADASS. Concerns about adequacy of central Government funding for costs. Several reports taken to Adult Social Care Committee and workshop on latest consultation response held in March. Communications and presentations on-going to staff. Project delivered necessary changes for April 2015 (part one of the Care Act). Waiting for confirmation of the timelines for part two of the Care Act: currently the final guidance and Regulations are due October 2015 and implementation is April 2016.										

<b>Risk Number</b>	RM13931		<b>Date of update</b>		22 April 2015					
<b>Risk Name</b>	A rise in hospital admissions									
<b>Risk Owner</b>	Lorryne Barrett		<b>Date entered on risk register</b>		30 June 2011					
<b>Risk Description</b>										
A significant rise in acute hospital admissions for whatever reason would lead to delays in the transfer of care. This would result in budget pressures, possible overspends and could negatively impact on our reputation.										
<b>Original</b>			<b>Current</b>			<b>Target</b>				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	4	12	4	4	16	2	3	6	Apr-16	Amber
<b>Tasks to mitigate the risk</b>										
<ul style="list-style-type: none"> <li>• Develop preventative and integrated approaches to caring for people in the community to avoid admission to hospital</li> <li>• Pilot working arrangements through integrated care projects being rolled out.</li> <li>• Ensure alternatives are in place to prevent delays from occurring</li> <li>• Monitor the delayed discharge targets</li> <li>• Prevention strategy promoting independence</li> <li>• Consider pathways and improve</li> </ul>										
<b>Progress update</b>										
<p>Integrated care approach is continuing to be developed with NCH&amp;C across the County (Phase 2) Targets agreed with NHS Commissioners. Reviewed regularly at Heads of Social Care meeting and Integration Operational Group. Recent increases in admissions have put more pressure on the system. Target score to remain at 6. 28 January 2014 reviewed by SMT - no change. 7/10/14 - recent increases in admissions have increased risk score. Continued close scrutiny of discharge processes across systems and plans to develop more reenablement capacity. 2/2/15 - weekly capacity meetings now in place. Wider system under considerable pressure, but dtoc attributable to social care remain low.</p>										

<b>Risk Number</b>	RM0207		<b>Date of update</b>		11 May 2015					
<b>Risk Name</b>	Failure to meet the needs of older people									
<b>Risk Owner</b>	Harold Bodmer		<b>Date entered on risk register</b>		01 April 2011					
<b>Risk Description</b>										
If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation.										
<b>Original</b>			<b>Current</b>			<b>Target</b>				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
3	4	12	3	4	12	2	4	8	Mar-16	Amber
<b>Tasks to mitigate the risk</b>										
<ul style="list-style-type: none"> <li>Invest in appropriate prevention and reablement services</li> <li>Integrate social care and health services to ensure maximum efficiency for delivery of health and social care</li> <li>The Building Better Futures Programme will realign and develop residential and social care facilities. Adult Social Services is looking to come up with a new more cost effective model for meeting peoples' needs based on Promoting Independence.</li> </ul>										
<b>Progress update</b>										
<p>A review of the fees paid to the independent sector was undertaken in 2012-13 and informed the inflationary uplift discussions with provider representatives for 2013-14 and 2014-15. About to start cost of care exercise for 2015-16. Following the setting up of Norse Care in April 2011 the Building Better Futures 15 year transformation programme of the previous in house residential homes has reprovided three residential homes in the Eastern Locality with Lydia Eva court and is building a development at Bowthorpe. The department is looking to set up Trusted Traders who provided financial advice. Most of the 2013-14 budgeted savings were achieved and where they weren't they were offset by underspends elsewhere in the department and the use of some reserves. Actions are in place to deliver the 2014-17 savings but there are risks associated with the savings, and they proved difficult to achieve in 2014-15. The Purchase of Care budget and the department overspent in 2014-15. Work is progressing on integration with NCH&amp;C and around the setting up and delivery of the Better Care Fund (BCF). The Council will receive approximately £6m less funding from the BCF than NCC included in the budget plan originally to maintain current services. This was fed into the corporate budget planning. The department has set up a project for Promoting Independence, the new strategy for Adult Social Care, and Committee agreed this approach on 8 June 2015.</p>										

<b>Risk Number</b>	RM13925		<b>Date of update</b>		29 April 2015					
<b>Risk Name</b>	Lack of capacity in ICT systems									
<b>Risk Owner</b>	John Perrott		<b>Date entered on risk register</b>		30 April 2011					
<b>Risk Description</b>										
A lack of capacity in IT systems and services to support Community Services delivery, in addition to the poor network capacity out into the County, could lead to a breakdown in services to the public or an inability of staff to process forms and financial information in for example Care First. This could result in a loss of income, misdirected resources, poor performance against NI targets and negatively impact on our reputation.										
<b>Original</b>			<b>Current</b>			<b>Target</b>				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	4	16	3	4	12	3	2	6	Mar-16	Amber
<b>Tasks to mitigate the risk</b>										
<ul style="list-style-type: none"> <li>• Business Development Manager (BDM) acts as ICT lead to co-ordinate ICT activity and programmes at SMT, Integration, Transformation, Care Act and BCF meetings to manage departmental priorities and address ICT capacity issues.</li> <li>• BDM ensures ICT capacity issues are being addressed by CareFirst Management Board and ASC ICT Steering Group.</li> <li>• Children's Services, Adult Care, Finance and PPP planning requirements are prioritised by CFMB - monitor and update as necessary at each CFMB meeting.</li> <li>• Business Development Manager is the lead for ICT in ASSD and co-ordinates all ICT related activity on behalf of SMT.</li> <li>• CareFirst Management Board monitors progress and demand to ensure available ICT resources are allocated to Children's Services (ChS), Adult Social Care (ASC) and Finance on an agreed service priority basis.</li> <li>• DNA Business Lead co-ordinates device roll-out with HP/ICT and attends corporate DNA business lead meetings to report progress. Business lead also to attend weekly MoC meetings to contribute to corporate DNA priorities and solutions.</li> <li>• The ICT Business Partner pulls together CareFirst and other ICT developments for ChS and ASC in the form of commissioning documents that feed into ICT Steering Group and CFMB.</li> </ul>										
<b>Progress update</b>										
<ul style="list-style-type: none"> <li>• A temporary Project Officer funded by ICT to co-ordinate Care Act developments was appointed in December 2014.</li> <li>• The ASC Care First ICT group meets monthly to ensure priorities are co-ordinated and agreed and presented to CFMB to access the required ICT resource.</li> <li>• The work to deliver the 15/16 Care Act ICT requirements was approved by the Transformation Board in October 2014 and the new forms to support Care Act delivery were completed on time by ICT in March 2015.</li> <li>• The work to support automatic uploads of the NHS number to CareFirst was completed in March 2014. This number is used as the main identifier of service users between health and social care organisations.</li> <li>• ICT Business Lead has raised the issue of ICT capacity in 2015 with Head of Resources to request adequate capacity is available to meet business needs.</li> <li>• Active monitoring of the ICT resource was undertaken by CFMB to ensure Care Act developments are achieved on time. This included temporarily holding back Requests for Change from all services until 31 March 2015. Since then the work programme has been modified to support development of CareFirst in relation to Ofsted requirements.</li> <li>• Applications are being developed and packaged by ICT and HP for use on DNA laptops. ASSD requirements are relatively straightforward which has allowed us to progress the rollout of laptops across the county. One application, SystemOne is required for use by Integrated Care Co-ordinators and we are pressing for this to be completed.</li> </ul>										

<b>Risk Number</b>	RM13923		<b>Date of update</b>		11 May 2015					
<b>Risk Name</b>	Uncertainty around the shift towards investment in prevention services									
<b>Risk Owner</b>	Janice Dane		<b>Date entered on risk register</b>		30 April 2011					
<b>Risk Description</b>										
There is uncertainty around achieving a general shift towards investment in prevention services by health care and housing organisations, meaning that key strategic strategies for older and disabled people were not met in line with Living Longer, Living Well. This results in poorer outcomes for service users and higher expenditure.										
<b>Original</b>			<b>Current</b>			<b>Target</b>				
Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Likelihood	Impact	Risk score	Target Date	Prospects of meeting Target Risk Score by Target Date
4	4	16	3	4	12	2	4	8	Apr-16	Amber
<b>Tasks to mitigate the risk</b>										
<ul style="list-style-type: none"> <li>• Agreement with NHS for investment in social care services in place for 2013-14</li> <li>• Prevention strategy in place and agreed by Cabinet</li> <li>• The Council has established a one off Living Well in the Community Fund</li> <li>• Ensure an agreement is reached with NHS on how to use the Better Care Fund for 2014-15 onwards, and shift resources from the acute/hospitals to community care.</li> <li>• Enabling Communities is a key element of Re-Imagining Norfolk and Promoting Independence, aimed at a new approach to demand management and avoiding costs</li> </ul>										
<b>Progress update</b>										
<p>The CSR budget requirements agreed a 40% reduction in prevention spending however this was reduced to 28% following the announcement of additional NHS funding and the removal of the 2011/12 saving of £5m. This resulted in an £11m reduction in prevention spending. £5m in 2012/13 and £6m in 2013/14. This required significant service and contract reviews. The Living Well in the Community Fund has been spent and is operational. The Council established a further one off Prevention fund of £3.5m which includes support to organisations in transition from block contracts to sport arrangements and includes an amount of building community capacity. This has been utilised significantly. Trading arrangements for Assistive Technology are not delivering the anticipated savings. New contractual arrangements for Information, Advice and Advocacy are operational. Ageing Well now forms part of a joint approach with Public Health. The Council identified £5m over five years for additional investment in prevention ('Strong and Well') - however the 2014-17 budget savings agreed by Council included cutting the next four years funding. Proposals have been agreed with the partnerships. £3m funding has been agreed by the CCGs for reablement/Swifts through the Better Care Fund. Enabling Communities is a key part of Re-Imagining Norfolk and Promoting Independence. Approval was granted by Norfolk's Health and Well-being Board for our Ageing Well initiative (linked to the Public Health Healthy Towns programme) and this worked has commenced through a dedicated post within Community Services. Adult Social Services is remodelling it's offer based on "Promoting Independence", with the aim of helping people to live at home wherever possible. The new strategy is part of helping people to retain and restore their health and wellbeing by building on what is available to them: a shift from finding needs and meeting them, to building on assets and harnessing them.</p>										

# Adult Social Care Committee

Item No. 17

<b>Report title:</b>	<b>The cost of care in Adult Social Services - interim report</b>
<b>Date of meeting:</b>	<b>29 June 2015</b>
<b>Responsible Chief Officer:</b>	<b>Harold Bodmer, Director of Adult Social Services</b>

## **Strategic impact**

One of Norfolk County Council's (the Council) key functions is to support people who are assessed as being in need of care. Often that assessment will lead to a decision to make a placement in a residential care setting including those that provide nursing. The Council currently invests over £100m a year in purchasing such services through its contractual arrangements with more than 200, predominantly independent, businesses.

If a service user expresses a preference for particular accommodation, the Council should arrange for care in that accommodation, provided that a number of factors are determined, including whether the setting would not cost the Council more than it would usually expect to pay for accommodation for someone with the individual's assessed needs (the usual cost). It is open to the service user to pay the difference if he or she still wishes to be placed in accommodation that costs more.

In order to establish and review their usual costs, the Council at the start of a planning period should have due regard to the actual costs of providing such care, local factors and its duty of Best Value.

A cost of care review exercise is currently underway to assist the Council with this and to help it plan for the ongoing challenge it faces in future investment requirements and sourcing options in this key market.

## **Executive summary**

The Adult Social Care Committee considered a report on 9 March and approved a proposal to carry out a fundamental review of the usual cost this council would expect to pay for the different groups it supports.

In order to inform that decision, an exercise is being carried out to understand the actual costs of providing care in the residential care market including the cost of continuing health care in care homes. The Council is working with Clinical Commissioning Groups and the care sector to do so (Stage 1).

Agreement has been reached with Norfolk Independent Care as the sector representative group to work together to design and implement Stage 1. The Fair Price For Care, Fair Pay For Carers Group has also been invited to participate. A working group under the chairmanship of the Chair of the Adult Social Care Committee has been set up to oversee and direct the exercise.

Stage 1 will necessarily include the collection and analysis of data in order to determine what the actual costs of providing residential and nursing care in Norfolk are. The working group has agreed to the use of an independent accountancy firm to carry out this work on their behalf. This will result in the publication of a factual report setting out actual costs data together with a professional judgement from the accountants about the reliability of the underpinning data. It is anticipated that this work will be completed by the end of September.

The ultimate decision as to the usual cost will involve member consideration of the Stage 1 report together with an officer report setting out further considerations to which it should have due regard including local factors and the duty of Best Value and Care Act market duties.

It is anticipated that the process will be completed towards the end of the calendar year with a report being made to the Adult Social Care Committee at that time.

## **Recommendations**

**The Committee is recommended to note the commencement of the review of the cost of care exercise, consider the processes and timescales involved and advise on whether it requires further interim reports prior to the final report.**

## **1. Proposal**

1.1 The proposal to carry out a fundamental review of the usual cost this Council would expect to pay for the different groups it supports was agreed by the Committee in March 2015 and this report provides further detail on the process which the working group has developed.

## **2. Evidence**

### **2.1 Progress to date Stage 1**

2.1.1 Agreement has been reached with Norfolk Independent Care as the sector representative group, and individual providers working with Norfolk Independent Care on the process to be used and preliminary discussions have taken place to begin the work. The Fair Price For Care, Fair Pay For Carers Group has also been invited to participate.

2.1.2 A working group under the chairmanship of the Chair of the Adult Social Care Committee was set up to oversee and direct the exercise in April 2015.

2.1.3 Agreement has been reached as to membership of the working group so that it is manageable in size and reflects an equal balance of council and NHS staff and care providers. The group has four council officers and an officer representing health interests on the purchasing side, and Norfolk Independent Care and four providers on the market side.

2.1.4 The group has agreed to commission an independent firm of accountants to carry out all the data collection and analysis together with due diligence required in order that a professional judgement may be given about the reliability of the underpinning data. This was considered important given the commercially sensitive information involved and to provide the assurance of independence to the market.

2.1.5 The group also agreed to the use of the Laing & Buisson Fair Price for Care model, together with data templates and further models which will be agreed in due course.

2.1.6 At the meeting of the working group on 9 June it was agreed that the following key pieces of work should have been completed prior to the Adult Social Care Committee meeting on 29 June:

- a) Terms of Reference
- b) Data templates and computation models
- c) Specification for the independent accountancy firm.
- d) Procuring the independent the independent accountancy firm

- e) Agreeing and commencing the communications strategy to support transparency in the process
- f) Project plan and detailed timeline for completion of Stage 1

2.1.7 This will enable the Council to formally commission the accountancy firm and the process of data collection and analysis to begin. We expect therefore to formally commence the data collection by the middle of July.

## 2.2 **Timescales**

2.2.1 The working group will continue to meet throughout Stage 1 to oversee progress and we are planning for the report of the independent accountancy firm to be available for initial consideration by the working group by the middle of September with a final version agreed by 30 September.

## 2.3 **Report for Committee Stage 2**

2.3.1 Council officers will develop a comprehensive report for members enclosing the Stage 1 report together with any further considerations to which they should have due regard including local factors and the duty of Best Value and Care Act market duties to enable them to ultimately decide the usual cost this Council would expect to pay for the different groups it supports.

## 3. **Financial Implications**

3.1 It is not possible at this stage to determine the financial implications of this work. This is not only because we need to complete Stage 1 of the work to quantify actual costs of care but also to understand the effect that improved demand management, the use of alternatives to residential care and future sourcing strategies would have. These will be set out in the Stage 2 officer report for Committee.

## 4. **Issues, risks and innovation**

### 4.1 **Legal Challenge**

4.1.1 There have been challenges across the country to council decisions and the processes they employ to establish what they will pay to care providers by way of judicial review. A number of these challenges have been successful, most recently in the case of Torbay.

On 8 June a claim for Judicial Review against the fee uplift decision made by the Adult Social Care Committee on 9 March 2015 was filed at the High Court in London. The claim is in respect of the annual fee uplift of 1.5% to providers of residential care for older people, and 1% to providers of residential care to other client groups.

Without prejudice to the Council's position in relation to the claim it will be important to ensure that the process now underway is not defective in this or any other regard and legal advice has been and will continue to be taken throughout the process.

### 4.2 **Stage 1 process failure**

4.2.1 The key to a successful Stage 1 process is to secure as high a level of participation as possible from care providers in the market. With the exception of the Laing & Buisson model which uses pre-loaded average values the other models to be used require accurate real actual cost data from providers. A low participation rate will undermine the reliability and credibility of the actual cost data. A plan will be

developed by the working group to try to secure as high a participation rate as possible and establish or incorporate the best ways to alleviate any concerns known or expected from the market. The partnership approach with Norfolk Independent Care and The Fair Price For Care, Fair Pay For Carers Group should they wish to participate is key to encouraging this.

## 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. 18

<b>Report title:</b>	<b>Meeting the new market development responsibilities for Adult Social Care</b>
<b>Date of meeting:</b>	<b>29 June 2015</b>
<b>Responsible Chief Officer:</b>	<b>Harold Bodmer, Executive Director of Adult Social Services</b>
<b>Strategic impact</b> A well-functioning care market is essential to delivering the Council's priority for the quality of life of vulnerable people. Section 5 of the Care Act came into effect on 1 April 2015 and places new statutory responsibilities on the Council 'to promote the efficient and effective operation of a market in services for meeting care and support needs'. The council sources care of a value of over £260m a year from independent care services. In addition, many citizens call on the market for the care they fund themselves. It is essential that there is an efficient and sustainable market to deliver the care services which Norfolk requires.	

## Executive summary

The Care Act now 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. This requires local authorities to influence their care market, to ensure there is available 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.

In 2013 the council, with the agreement of Norfolk Independent Care (the representative organisation of care providers) made a fund available (the Market Development fund) to support the development of the care market in Norfolk. This was paid from a top slice of funding available to the annual fee uplift. On 9 March 2015 the Adult Social Care Committee agreed to the continuation of the market development fund pending further consideration at the 11 May Adult Social Care Committee of future arrangements for sector led support covering the remainder of 2015/16 and the period 2016/17 to 2018.

This report sets out a market development programme to address the new duties, building on current practice and developing new ways of working. It includes a proposal for a complimentary sector led market development programme working in a strategic partnership with Norfolk Independent Care (NIC), the representative body of care providers in Norfolk, and supported by the market development fund.

## **Recommendations:**

- (a) To support the establishment of a programme to address the key market development requirements of the Care Act**
- (b) To consider the future market development strategy as part of the Market Position Statement for approval by the Adult Social Care Committee in January 2016**
- (c) To build upon our strategic partnership with Norfolk Independent Care by jointly developing the existing not for profit company (Norfolk Care Link Ltd) which would take responsibility for agreeing and managing a sector led market development programme to complement the council's own work supported through an annually renewable grant. In 2015/16 this grant would be £200k**
- (d) That the Adult Social Services Committee receive an annual report on the Norfolk Care Link work programme**

## **1. Proposal**

- 1.1 The Care Act gives the council new statutory duties in relation to promoting an efficient and effective market in adult care and support services.
- 1.2 A market development strategy will be developed over the coming months in consultation with key stakeholders in the market and this will form part of Norfolk's Market Position Statement. The resultant Market Position Statement covering the period 2016/17 to 2018/19 will be brought to the Committee for approval.
- 1.3 It is proposed that our approach builds on the existing partnership with Norfolk Independent Care, the representative body for care providers in Norfolk, so that we facilitate the leadership of providers in developing the market alongside the council's own programmes of work. It is proposed therefore to:
  - a) Establish a market development programme addressing the key market development requirements of the Care Act including consultation with key stakeholders so that the council can discharge its statutory duties under the Care Act
  - b) Incorporate a new market development strategy within the next Market Position Statement for approval by elected members in January 2016
  - c) Build upon our strategic partnership with Norfolk Independent Care by jointly developing the existing not for profit company (Norfolk Care Link Ltd) which would take responsibility for agreeing and managing a sector led market development programme which would complement the Council's own work supported through an annually renewable grant. In 2015/16 this grant would be £200k

## 2. Evidence

2.1 The new market development duties are set out in section 5 of the Care Act and require the council to:

*Promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market:*

- a) has a variety of providers to choose from who (taken together) provide a variety of services;*
- b) has a variety of high quality services to choose from;*
- c) has sufficient information to make an informed decision about how to meet the needs in question*

2.2 The Act goes on to add that in discharging the duties the council must have regard to the following matters in particular:

- a) the need to ensure that the authority has, and makes available, information about the providers of services for meeting care and support needs and the types of services they provide;*
- b) the need to ensure that it is aware of current and likely future demand for such services and to consider how providers might meet that demand;*
- c) the importance of enabling adults with needs for care and support, and carers with needs for support, who wish to do so to participate in work, education or training;*
- d) the importance of ensuring the sustainability of the market (in circumstances where it is operating effectively as well as in circumstances where it is not);*
- e) the importance of fostering continuous improvement in the quality of such services and the efficiency and effectiveness with which such services are provided and of encouraging innovation in their provision;*
- f) the importance of fostering a workforce whose members are able to ensure the delivery of high quality services (because, for example, they have relevant skills and appropriate working conditions).*

2.3 The Department is active across each these areas, working with a variety of provider and service user groups.

2.4 To ensure that the council is discharging the new duties in the most effective way all current market development related activities and partnerships will be brought together under one programme of work consistent with the Re-imagining Norfolk strategy which we will develop and set out in the next Market Position Statement covering the period 2016/17 to 2018/19 inclusive intended for approval by the Adult Social Care Committee in January 2016.

### 2.5 Leveraging innovation and sector leadership

2.5.1 With the agreement of Norfolk Independent Care the council established a fund in 2013/14 financed by a top slice from the monies that would otherwise have gone to providers individually as part of the fee uplift considerations at the time. The fund has operated as a grant of £250k to a not for profit company, Norfolk Care Link Ltd, to administer a programme of sector led market support and has been a foundation

stone in the successful strategic partnership established between the council and Norfolk Independent Care (NIC) the benefits of which were set out in the previous report to Committee on 9 March 2015.

- 2.5.2 Given the new responsibilities under section 5 of the Care Act, it is proposed that the finance for the Market Development Fund should be found from the new burdens funding provided to the council for the implementation of the Care Act. Furthermore, given the considerable financial pressure facing the department that the fund be reduced by £50k to £200k this financial year.
- 2.5.3 In discussion with Norfolk Independent Care it is proposed to revise the board structure for Norfolk Care Link to include a cross section of representation from across the sector, i.e. a residential care provider, a home care provider, mental health and learning disability services providers, a voluntary sector provider and a representative from the council. Norfolk Care Link will in effect be the body which directs a variety of joint activity between the sector and the council. It will oversee a work programme and this includes the annual Norfolk Care Conference and the Norfolk Care Awards.
- 2.5.4 It is proposed, given the operational nature of this work, that the place on Norfolk Care Link Board be taken by an officer of the council. It is also proposed that the Adult Social Services Committee receive an annual report on the Norfolk Care Link work programme.

### **3. Financial Implications**

- 3.1 The proposals in this paper require funding of £200k which will be funded from additional funding provided to the council to implement the Care Act.

### **4. Issues, risks and innovation**

- 4.1 In common with other councils, Norfolk's care provision is largely sourced through the market of independent care businesses and 98% of our total investment in these services is now in the market. It is critical, therefore, that this market works well in providing a choice of sustainable high quality services which offer good value for money.
- 4.2 The market in Norfolk, as elsewhere, relies upon investment from councils for much of its income. Care services are facing pressures across the country and this is reflected in Norfolk. It will become increasingly important for care businesses to understand where councils intend to place their investments to reflect changing customer needs and related commissioning priorities and to source income from privately funded customers to remain viable.
- 4.3 Failing to develop and implement an effective market development strategy will increase the risk of market failure resulting in the worst case scenario in the inability of the council to discharge its statutory duties in relation to social care and for people to access the care they need.
- 4.4 The longstanding partnership with Norfolk Independent Care provides a sound basis for developing innovative sector led solutions to a range of problems including the

financial and business challenges facing independent care providers in a changing care market.

- 4.5 The proposed market development programme will require effective working with colleagues across the council, including in particular Economic Development and Community Development, as the care sector is a significant part of the Norfolk economy as a whole and relies heavily upon community resources especially unpaid carers. In addition we will need to continue to work in an integrated way with the health and housing systems in the county.

### **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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