Norfolk County Council
at your service

Adult Social Care Committee

Date: **Monday 22nd September 2014**

Time: **10am**

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
M Chenery of Horsbrugh
Mr D Crawford
Mr T East
Ms D Gihawi
Mrs S Gurney
Mr C Jordan
Miss A Kemp
Ms E Morgan (Vice Chair)
Mr R Parkinson-Hare
Mr A Proctor
Mrs A Thomas
Mr N Shaw
Mrs M Somerville
Mr B Watkins

For further details and general enquiries about this Agenda please contact the Committee Officer:
Catherine Wilkinson on 01603 223230
or email committees@norfolk.gov.uk

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

A g e n d a

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

2. Minutes **(Page 5)**
To agree the minutes from the meeting held on 7th July 2014.

3. 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.

4. To receive any items of business which the Chairman decides should be considered as a matter of urgency

5. 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 223230) by **5pm on Wednesday 17th September 2014**.

6. Update from Members of the Committee regarding any internal and external bodies that they sit on **(Page 10)**

7. Director's Update to Committee **(Page 11)**
Report by the Director of Community Services

8. Remodelling Home Care for Norfolk **(Page 14)**
Report by Director of Community Services

9. Joint Safeguarding Arrangements **(Page 32)**
Report by the Director of Community Services and the Interim Director of Children's Services

10. Adult Social Care Finance Monitoring Report Period 4 (July) 2014-15 **(Page 37)**
Report by the Director of Community Services

11. Budget Discussion Arising from Policy and Resources Committee on 5 September 2014 (Budget 2015/16 to 2017/18) **(To Follow)**

Recommendations:

1. To ask relevant officers in co-operation with Service Heads and Service Committees, in the context of the forecast additional funding shortfall of £17.5m overall to consider and bring forward proposals under the following headings:
   - Better procurement and commissioning
   - Better ways of working – emphasis on opportunities for improved productivity
   - Income generation.

2. To invite each Committee to consider and comment upon the ambition and priorities as set out in section 5 of the report.

12. Resources for Prevention **(Page 47)**
Report by the Director of Community Services

13. Performance Monitoring Report **(Page 54)**
Report by the Director of Community Services

14. Exclusion of Public

The committee is asked to consider excluding the public from the meeting under section 100A of the Local Government Act 1972 for consideration of the items below on the grounds that they involve the likely disclosure of exempt information as defined by Part 1 of Schedule 12A to the Act, and that the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

The committee will be presented with the conclusions of the public interest tests carried out by the report author and is recommended to confirm the exclusion.

15. Exemption from Contract Standing Orders for Mental Health block contracts **(Page 80)**
Report by the Director of Community Services

Group Meetings

Conservative	9:00am	**Cranworth** Room **(NOTE CHANGE)**
UK Independence Party	9:00am	Room 504
Labour	9:00am	Room 513
Liberal Democrats	9:00am	Room 530

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

Date Agenda Published: 12th September 2014

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Norfolk County Council
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Adult Social Care Committee

Minutes of the Meeting Held on Monday 7 July 2014
10:00am Edwards Room, County Hall, Norwich

Present:

Ms S Whitaker (Chair)

Ms J Brociek –Coulton
M Chenery of Horsbrugh
Mr D Crawford
Mr T East
Mr T Garrod
Ms D Gihawi
Mr C Jordan
Mrs J Leggett
Ms E Morgan
Mr R Parkinson- Hare
Mrs M Somerville
Mrs A Thomas
Miss J Virgo
Mr B Watkins
Mr A White

1. Apologies

1.1 Apologies for absence were received from Mr B Borrett (Mr A White substituting), Mrs S Gurney (Miss J Virgo substituting), Miss A Kemp, Mr A Proctor (Mrs J Leggett substituting) and Mr N Shaw (Mr T Garrod substituting).

2. Minutes

2.1 The minutes of the meeting held on 16th June 2014 were approved by the Committee and signed by the Chair.

2.2 The Chair noted that the list of internal and external appointments was being finalised and would be available in September. Nominations to those bodies would be made in November, and current appointments would stand until then.

2.3 The proposals for a joint safeguarding group with the Children's Services Committee would be presented in September.

2.4 One place was available at the Care Act event in Newmarket on 10th July.

3. Declarations of Interest

3.1 Mr A White declared a non-pecuniary interest as a family member received a social care transport budget from Norfolk County Council.

3.2 Mrs M Somerville declared a non-pecuniary interest as a family member received a social care budget from Norfolk County Council.

4 Items of Urgent Business

4.1 There were no items of urgent business

5 Local Member Questions

5.1 There were no local member questions.

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

6.1 The Chair asked that representatives of internal and external bodies submit a written report to be despatched with each agenda.

6.2 Ms Morgan reported that she and the Chair had attended the Norfolk Older People's Strategic Partnership Board which had examined the implications of the Care Act, prior to formulating a response to the consultation.

6.3 Ms Whitaker reported that she had attended a Care Act round table discussion arranged by Age UK Norfolk. She also attended the Dementia Friendly Community launch in Diss. Finally, she attended a meeting of the Mental Health Trust Board of Directors where the new Chief Executive had re-affirmed a commitment to improvement. Discussion would be taking place around the transfer of social workers back to Norfolk County Council. She would be giving a presentation at a Board meeting the following week about the transfer of the Mental Health Social Workers back to the County Council.

7 Adult Social Care Finance Monitoring Report Outturn 2013-14 and Period 2 (May) 2014-15

7.1 The annexed report (6) by the Director of Community Services was received.

7.2 The report provided the Committee with information on the year-end financial position for the service for 2013-14 and the first financial monitoring information for the new financial year.

7.3 Officers noted that the £106,000 Community Safety budget was incorrectly reported to the Adult Social Care Committee, and it was **agreed** that this budget item would be moved across to the Communities Committee.

7.4 Members expressed concern at the potential use of reserves by the end of 2016/17, and heard that officers were working to reduce the use of these reserves.

7.5 The Committee heard that work was underway to develop a more equitable sharing of equipment costs between Norfolk County Council and the NHS.

7.6 Mrs Somerville proposed and Mrs Thomas seconded the following motion:

- That any additional money identified from any source would be allocated to

Prevention services.

The following amendment to the motion was proposed by Mr East, and accepted by the original proposer:

- That at the next meeting, the Committee would look into possibilities that any additional money identified from any source would be allocated to Prevention services.

The motion was **CARRIED** with all in favour.

7.5 RESOLVED

That the Committee note:

1. The 2013-14 revenue outturn position of a £1.5M overspend.

2. The forecast revenue outturn position for 2014-15 as at Period 2 of a balanced budget and forecast use of £3.656M from the Adult Social Care Legal Liabilities Reserve.

3. The forecast capital outturn position for the 2014-15 capital programme.

4. The current forecast for use of reserves.

8. Performance Monitoring Report

8.1 The annexed report (7) by the Director of Community Services was received.

8.2 The report provided performance monitoring and management information to enable the Committee to undertake their key responsibilities, informing Committee Plans and providing contextual information to many of the decisions that were taken.

8.3 Members requested that future reports contained the following information:

- Risks and emerging risks, with unscheduled reports where these were causing concern.
- The number of people surveyed for satisfaction, to provide context to the figures.
- A fuller explanation of the figures and indicators.
- An indicator around reablement services.
- An indicator around Personal Budgets for carers.

8.4 RESOLVED:

That the Committee:

1. Would receive the requested information set out in paragraph 8.3.

2. Agreed the specific priorities and areas of performance to be presented at

future Committee meetings.

3. Agreed the principles for performance management and monitoring arrangements.

4. Agreed a quarterly schedule for receiving performance reports, except where risks and emerging risks were a cause for concern.

5. Agreed to receive any updated data at the beginning of each regular performance discussion.

8. Budget Planning 2015-18

8.1 The annexed report (7) by the Head of Finance was received.

8.2 The report set out the proposed framework and timetable for the work to February 2015 to deliver the County Council's revenue and capital budgets. The Chair noted that there was a potential gap in funding if the Better Care Fund was not delivered in the anticipated timescales.

8.3 Members expressed concern about the level of savings and cuts that were expected to be made.

8.4 Mr Watkins proposed and Mr East seconded the following motion:

- That a working party be set up to study savings and economies.

The motion was put to the vote and **FELL** with 6 in favour and 8 against.

8.5 RESOLVED:

That the Committee:

- Note the report.

It was noted that the workshop following the meeting would focus on the budget and potential savings that could be made.

9. The Chairman noted that the September meeting had been moved from 15th September to 22nd September.

The meeting closed at 12.20 pm

CHAIR

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MEETINGS OF OUTSIDE BODIES

Since the last meeting of the Adult Social Care Committee on 7 July, I have attended 3 meetings of the Norfolk and Suffolk NHS Foundation Trust and 1 meeting of the Enterprise Development Board of Independence Matters.

Norfolk and Suffolk NHS Foundation Trust
At the Board of Governors meeting on 16 July, I gave a presentation on the reasons for Mental Health Social Workers returning to work for Norfolk County Council on 1 October. This was raised as an issue as part of the discussion on mental health services at latest meeting of HOSC on 4 September.
On 1 August I attended a meeting of the Education sub-committee when we discussed the forthcoming training day for all Governors on 5 November.
On 28 August I attended the public session of the Board of Directors meeting. The item which elicited most discussion was the projected overspend of £5m for 2014/15 compared with a projected surplus of £5m – remedial action is being instituted. The Trust is due to be inspected by CQC in October. NSFT and the Campaign to Save Mental Health have agreed to co-operate to improve services.

Enterprise Development Board of Independence Matters
Meeting held on 5 September. Pleasing financial results for first 5 months trading show turnover of £5.3m with small surplus (1.2%) against projected breakeven. Chairman-designate now unable to take up post, replacement being sought. 1 patron recruited, looking for 3 more.

SUE WHITAKER
11 September 2014

Adult Social Care Committee

Item No…7…

Report title:	**Director's Update to Committee**
Date of meeting:	**22 September 2014**
Responsible Chief Officer:	**Harold Bodmer**

Better Care Fund

The national Better Care Fund programme, led by the Department of Health in collaboration with the Department for Communities and Local Government, requires each Health and Wellbeing Board to approve plans for the integration of health and care community services for older people under a pooled budget. For Norfolk the pooled budget must be a minimum of £65m. The Norfolk Better Care Fund plan was approved by the Norfolk Health and Wellbeing Board in April 2014. However, the national programme has been delayed, primarily due to concerns about risk that the necessary reductions in acute hospital admissions may not be achieved and the impact on NHS budgets.

The DH is requiring a minimum targeted reduction of 3.5% on admissions to hospital. Nationally and locally hospital admissions are increasing in spite of existing measures, so this additional reduction is seen as challenging and a risk. The new requirements set aside funding specifically for the NHS to commission with and as contingency should targets for reduction in hospital admissions fail to be met.

Health and Wellbeing Boards are now required to submit revised plans by 15 September.

Whilst this process is managed, work continues in partnership with CCGs to create integrated health and care services which target those who are most at risk of avoidable hospital admission.

Care UK

We are continuing to monitor Care UK performance on a daily basis. The service to people in the Broadland area has stabilised with no missed calls over the weekend.

We have been able to award contracts to Mears and Carewatch following a procurement process and the arrangements to transfer care packages from Care UK to these new providers is underway. We expect this process to take place in stages over the next few months. We are also commencing the process for arranging the transfer of the remaining care packages in the Broadland area that were not part of the block contract awards to spot providers who have capacity. We have written to all service users concerned and will do so again once we have settled the transfer date for each individual.

This whole process continues to consume significant resources but is proceeding well.

We have begun to invoice the company for the additional cash costs that have been incurred by the Council as a direct result of the service failure.

Mental Health Trust

On 1 October, Norfolk's mental health social care service will return to the Council's direct management following the ending of a Section 75 agreement with Norfolk and Suffolk Foundation Trust (NSFT).

The service has been delivered on behalf of NCC by NSFT since 2008 when Mental Health social care staff were TUPE transferred to the Trust. In January 2014 Cabinet

agreed that this agreement should not be further renewed.

Following the decision to end the current arrangement, work has progressed in close co-operation with NSFT to plan the transfer of social care staff, and to design a new service structure able to deliver high quality social care services to people living with or recovering from mental health problems.

The New Service

The service is organised around five locality teams, coterminous with the five Norfolk Clinical Commissioning Groups (CCGs). NSFT currently organise across three localities; east, west and central Norfolk & Norwich. The central & Norwich locality is largely coterminous with the Norwich, south and north Norfolk CCG areas.

Retaining co-location

The locality teams will be located alongside their Trust counterparts in existing Trust premises. There will continue to be considerable joint working between teams, sharing of information and joint working of cases.

Current Position

During August detailed work was undertaken to match transferring staff to their new posts within the structure. This confirmed that there are a significant number of vacancies and a need to urgently recruit staff – from Team Managers to Assistant Practitioners in order to provide a service able to address the performance deficits that had been apparent prior to the decision to end the agreement.

A new Head of Service is currently being recruited who will provide the overall leadership of the service, reporting to the Assistant Director Safeguarding within Community Services Department.

A Mental Health Services Partnership Board is being established including NCC, the CCGs and NSFT to ensure that the service continues to retain the positive elements of an integrated approach, and delivers improved outcomes for service users.

Integration between NCC and NCH&C (Adult services) - summary of progress

Background

Earlier this year it was agreed between NCC and NCHC to create a joint management structure between NCHC and NCC for the management of co-located teams to deliver an integrated health and social care service. A section 75 agreement will enable health and social care managers to manage a mixture of health and social care staff and enable cross functionality of tasks. This means that health staff will be able to set up simple packages of social care and social care staff will be able to undertake simple monitoring of health care. The section 75 will allow staff to undertake tasks on behalf of the other but not have full responsibility for meeting health or social care needs. NCC and NCHC will retain responsibility for delivering health or social care.

Progress

- The section 75 agreement has been finalised and this was signed off by NCH&C's board on August 27th 2014. The document is due to be signed by both parties at the beginning of September.

- Included in the section 75 is a joint operating protocol which was developed by the operational workstream. This includes details on;
    - Key Joint Objectives
    - Services in Scope
    - Management Structure
    - Recruitment and Appointment Arrangements
    - Line Management Arrangements
    - Supervision, Appraisal and Training
    - Budgetary Responsibilities
    - Performance Management
    - Risk Management and Complaints
    - Communications and Meeting Structures
    - Estates, IT and Data Sharing
- The Programme board which is overseeing the integration work has been established and currently meets monthly. The Chair alternates between NCC and NCH&C.
- A statement of requirements for ICT is being developed and this will be followed up by 2 technical workshops to discuss the ICT options/solutions
- The Consultation to integrate the current management structures closed at the end of August. The feedback has been valuable and will inform the output document that is being written.

Next steps

- The responses to the feedback from staff will be circulated along with the appointments process to the new senior management posts which will take place in October.
- Members will receive further information in future briefings about the progress of this exciting new venture.

Officer Contact

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

Officer Name:	**Tel No:**	**Email address**:
Harold Bodmer	01603 223175	Harold.bodmer@norfolk.gov.uk

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Adult Social Care Committee

Item No…8…

Report title:	**Remodelling HomeCare for Norfolk**
Date of meeting:	**22 September 2014**
Responsible Chief Officer:	**Harold Bodmer, Director of Community Services**

Strategic impact

The vital role home care services provide in preventing, reducing and/or delaying older people and people with physical disabilities needing additional care and support is increasingly acknowledged and understood across society. Many thousands of individuals, carers and families receive and benefit from home care every year and of course nationally the home care sector makes a vital strategic contribution to the Health and Social Care system.

In Norfolk up to £50m is invested each year providing support for up to 5500 vulnerable people. 40% of this investment is through direct payments to service users with the remainder invested through block and spot contracts.

The level of demand on local home care provision is growing as result of an increasing, ageing population and is predicted to continue to grow, therefore re-commissioning homecare in Norfolk is essential if the support and care needs of the population are to be met in the future. Resources are decreasing and national drivers require more effective integration with health services and better conditions for workers in the care industry. The model of providing and contracting for homecare in Norfolk requires fundamental revision to address these influencing factors.

Executive summary

This paper sets out the principles under which it is proposed that Norfolk County Council (NCC) secures homecare services. Re-commissioning of home support is necessary both to meet EU procurement requirements and, importantly, to ensure that services provided through NCC meet the highest standards.

The implementation of the Care Act 2014 will require NCC to influence and drive the development of a sustainable and diverse market in care and support services including home care and also directs local authorities to have regard for fostering a workforce whose members are able to ensure the delivery of high quality services.

NCC has an opportunity to reshape services and develop a preventative offer that can work for individuals and across the health and social care economy.

Recommendations:

This report details the evidence base on which a proposed homecare model has been built and presents recommendations to Committee as follows:

1. **Review and agree the overarching principles for the model of Home Support**
2. **Note the scoping options that are being appraised in terms of joint working**
3. **Note the options to be explored through the role of the Public Services Social Value Act 2012 within the tendering process for new provision**
4. **Note the engagement and interventions proposed to support change within the market and communities**
5. **Note the risks and actions identified in section 4**
6. **Agree the principle of aligning home care operational blocks within CCG boundaries**
7. **Note the phased approach to re-commissioning in which existing contract end dates have been adjusted**

8. Delegation of authority to finalise commissioning intentions and implement the model for homecare to Director of Community Services

1. Proposal

1.1 This report describes progress to date, sets outs the key principles of the proposed service model and commissioning approach adopted for Home Support services/ domiciliary care services provided in peoples own homes. The project is tasked with the following aims:

a) Prevent escalation of care needs and promote wellbeing through remodelling and transforming homecare
b) Design and implement local solutions which support the future direction of homecare including reflecting the requirements of the Care Act 2014
c) Manage and take into account existing contractual arrangements and potential transitions to new arrangements

1.2 The proposed model for Home Support in Norfolk reflects the imperatives of the Care Act 2014, an assessment of national best practice and broad consultation with users of services, carers and other stakeholders. The following are the proposed overarching principles of the model:

a) Reablement is a significant factor in reducing peoples need in the long-term. Therefore commissioning will need to enhance and utilise existing reablement provision
b) Development and utilisation of strong partnership arrangements between self-directed support services, assistive technology providers and community based support in order to provide a seamless service for service users and to minimise call on formal care services
c) Support for young people (NEET) if appropriate, and strengthening of community capacity to provide sustainable support for vulnerable people
d) An outcomes-based model, which moves away from measurement of time and task and incorporates a payment by results therefore reducing dependency and increasing enablement
e) Developing a stronger and more responsive facility to manage changes and adjustments in support plans
f) Shifting the responsibility for support planning, and potentially review, from Social Care/contracted providers to the service user and homecare provider)
g) Utilises the assets in local communities; this will include existing funded services such as ‘floating support for older people’ and developing networks that incorporate expertise across housing, health, social care and the voluntary sector
h) Flexibility to support integrated services within CCG boundaries including linking with continuing health care provision and other community health services focused on keeping people safe and independent at home
i) A concept of time banked and drawn down to meeting needs more flexibly

1.3 It is proposed that these principles, along with the scope, will be used to establish the commissioning intentions.

1.4 **Conclusion**

1.4.1 In Norfolk the home care vision is to commission high quality reliable support at home which is personalised, flexible and which helps people to be connected with their communities.

The proposal is that the provider of local home support in each area will be seen

as a trusted brand. Providers of services will be well engaged with the communities they serve and offer a range of services to local people however they fund their care. Staff providing care at home will be well supported, well trained and remunerated fairly.

The future vision for Home Support in Norfolk needs to reflect the responsibilities of the Care Act but also manage increases in demand. The scale of change required both to the market and internally is large and complex, and therefore will need to be managed on a phased basis.

A range of interventions are required within the market and across communities to assist in developing flexible, sustainable and localised solutions. Commissioning is just one of those interventions.

2. Evidence

2.1 Demand for services in people's own homes has increased over the last 10 years, which is consistent with an approach focused on keeping people out of residential and hospital care, and remaining safe in the community, within their own home. With demographic information indicating that the numbers of those in need will increase over the next decade, emerging issues such as the terms and conditions of workers in the care industry, budget challenges, the opportunities presented by the Better Care Fund (BCF) and integration with health, it is clear that the model of providing and contracting for homecare requires revision and updating.

2.2 There has been much debate at a national and local level concerning home care and a number of reports, such as the Cavendish Review, 'Outcomes Matter: Effective Commissioning in Domiciliary Care' by the Local Government Information Unit ', 'Close to Home – an inquiry into older people and human rights in homecare' by the Equality and Human Rights Commission and 'A Minimum Price for Homecare' briefing by UKHCA published. In addition, the Care Bill is proposing to place greater emphasis and responsibility on Local Authorities for the care market.

2.3 Local Authorities are responding to changing demands and drivers in a number of ways. A Local Government Information Unit survey of adult social care commissioners in 2012 found that the majority were considering or implementing relatively new approaches to commissioning that are reflective in our proposed model. These are

a) Outcomes based commissioning
b) Electronic monitoring
c) Personal budgets for home care service users
d) Payment by results
e) Extending re-ablement
f) Closer partnerships with the health sector
g) Preventative approaches to delivering social care

2.4 Proposals within the new model have been considered in accordance with factors driving demand for the service and cost of provision including:

a) Demographic of Norfolk
b) Longer life expectancy and increasing complexity of conditions
c) Rising expectations on quality of life
d) Primacy of choice and control over care and support, and place of residence
e) Large rural county with a number of urban centres
f) Terms and conditions of home care employees, including minimum/living wage and zero hours contracts

3. Financial Implications

Current spend on homecare services is c£50 million per annum and includes funding through block contracts, direct payments, personal budgets and spot contracts.

Services are currently organised through 24 block contracts which encompass the county. These blocks are supplemented by spot contracts (use of providers on a spot basis through an accredited list) which provide an important safety net where blocks are at capacity or cannot provide a service in the locality required.

Direct payments are increasingly used to enable those who are financially eligible to make their own choices about care provider; currently approximately 40% of NCC spend on domiciliary care is through direct payments and personal budgets. It remains an aim of NCC to increase the utilisation of direct payments.

The Putting People First (PPF) consultation (Ref 30) indicated the following: Deliver the savings identified in Putting People First consultation: *Change the type of social care support that people receive to help them live at home (£200,000 in 2014/15 and £200,000 in 2015/16.*

Achieving the PPF savings by changing the type of social care support that people receive needs to be balanced against the need to invest in the service to achieve the long term benefits of preventing needs from escalating. The impacts (and costs) of poor quality care are felt by organisations across the health and social care economy as well individuals.

It is proposed that the commissioning model will support management of demand for the service in the future through:

a) Moving to an outcomes based model rather than one based primarily on time and task
b) Creating a service that promotes independence rather than creating dependency
c) Investing in good quality services that support people to achieve outcomes that minimise their dependence on public services
d) Maximising community and voluntary contributions to the service

Putting People First savings will be achieved through increasing contract management activity and implementing payment by results mechanisms within contracts. The long term aim is to incentivise providers to perform more effectively and encourage a risk sharing approach within the contracting model. The challenge of achieving these savings is not however, underestimated.

4. Issues, risks and innovation

4.1 Recent re-commissioning of home care services has highlighted some of the particular challenges for this sector. A risk assessment on the delivery and linked factors of this project indicate that the following are particularly important when considering process and outcomes:

a) Critical nature of the service to very vulnerable people – the need to ensure reliability and quality of service and the impact, across the organisation, and to individuals when the quality and continuity of service is not maintained
b) Workload and capacity for social care staff on transfer of provider from one to another
c) Challenges for home care providers in the recruitment and retention of staff and the cultural shift needed to fundamentally change the approach to homecare
d) Critical nature of the relationship between the staff and service users
e) High public profile of services – this has been demonstrated in recent events

and is reflected nationally

f) Transition of providers on re-procurement of services – this is challenging for providers, service users and social care staff. Changing the model of homecare will exacerbate issues during transition which will need to be managed carefully
g) Risk that implementing the Unison Ethical Care Charter, in full, will impact on costs and investment required to provide homecare (see Appendix 1)

4.2 Mitigation of these risks is reflected through the project structure and contained within a formal risk log.

Changes to the current homecare system will also require changes in operational practice for areas of the County Council as follows:

a) Social care staff, with support from HR T&D and Operations
b) Exchequer services (including personal budgets) and finance
c) Supplier management team
d) Quality assurance
e) Commissioners

4.3 The project format encompasses these areas so that consistent information is provided across the Council on changes and risks. Aims, at Section 1 are being addressed and actioned through a, with associated workstreams. The Project Group has direct accountability to the Home Support Commissioning Steering Group, which includes representatives from across Community Services, Health and Shared Services.

4.4 The Steering Group meet monthly and the information provided below, summarises the progress and position achieved to date.

5. Background

5.1 NCC Commissioning Approach

5.1.1 Homecare plays a crucial role in supporting people to maintain their independence and avoid hospital admissions and admission to care homes. As such, the provision of good quality homecare supports the wider health and social care economy

The Care Act sets out a number of responsibilities for local authorities, including:

a) Promoting individual well-being
b) Preventing needs for care and support
c) Promoting integration of care and support with health services etc.
d) Providing information and advice
e) Promoting diversity, supply and quality in provision of services

5.1.2 In addition to the particular factors of Norfolk's demography and geography, the requirements of the Care Act indicate that the commissioning approach should ensure a range of good quality services that are able to provide for the needs of local communities, regardless of their eligibility for services.

5.2 Promoting Individual Wellbeing

5.2.1 Commissioning activity driven by the Home Support project will ensure that local services are available to help individuals where possible to manage their own wellbeing, through exercising choice of local activity within their communities.

5.2.2 The service model being proposed is the result of consultation with users of services, stakeholders and providers and incorporates the following key

principles:

a) Reablement is a significant factor in reducing peoples need in the long-term. Therefore commissioning) will need to enhance existing reablement services.
b) Development of strong partnership arrangements between self-directed support services, assistive technology providers and community based solutions in order to provide a seamless service for service users and to minimise call on formal care services
c) Support young people (NEET) if appropriate, and strengthens community capacity to provide sustainable support for vulnerable people
d) An outcomes-based model, which moves away from measurement in terms time and task and incorporates a payment by results solution to reducing dependency and increasing enablement
e) Developing a stronger and more responsive facility to manage changes and adjustments in support plans
f) Shifting the responsibility for support planning, and potentially review, from Social Care/contracted providers to the service user and homecare provider)
g) Utilises the assets of local communities; this will include existing funded services such as 'floating support for older people' and developing networks that incorporate expertise across housing, health, social care and the voluntary sector
h) Flexibility to support integrated provision within CCG boundaries including linking with continuing health care provision and other community health services focused on keeping people safe and independent at home
i) A concept of time banked and drawn down to meeting needs more flexibly

5.2.3 These principles, along with the scope, will be used to establish the commissioning intentions.

5.3 Preventing needs for care and support

5.3.1 A key requirement of the model is the ability to manage demand for the service going forward while meeting requirements of promoting individual wellbeing and preventing needs for care and support.

5.3.2 In addition to the particular factors of Norfolk's demography and geography, the requirements of the Care Act indicate that the commissioning approach should ensure a range of good quality services that are able to provide for the needs of local communities, regardless of their eligibility for services.

5.4 Service Offer

5.4.1 Evidence demonstrates that reablement improves independence, prolongs people's ability to live at home and removes or reduces the need for commissioned care hours in comparison with standard home care. Reablement is significantly associated with better health-related quality of life and social care-related outcomes, compared with conventional home care.

5.4.2 It is proposed that all entrants to the service, whichever access point is used, are provided with six weeks of reablement, in line with the current approach. This service should be available regardless of the access point or eligibility. Options for delivery of this service include linking directly to NCC's existing service or embedding the service within individual service providers. The initial recommendation is that overarching reablement provision (ie Norfolk First Support, NFS) is maintained and that NFS supports other providers to develop reablement expertise.

5.4.3 Options on the future of NCC's reablement service are currently being devised

and negotiated with CCGs.

5.4.4 The model proposed for Norfolk is based on a three tiered service offer that will utilise capacity within communities and will integrate with health and wider community services where this is possible. The differential stages of development within each CCG area may well result in services that differ slightly in their approach; this should enable best use to be made of existing health and community resources

5.4.5 On referral from the reablement service the commissioned Home Support service offer proposed is as follows:

a) Core service – based on meeting basic needs. The outcomes for customers will be the maintenance of their independence and wellbeing
b) Enabling service – based on the principles that specific elements of need can be reduced or managed reablement and rehabilitation.
c) Wellbeing service – wider wellbeing and interventions that can address social isolation and inclusion

5.4.6 It is envisaged that the majority of customers will receive an element of all three services.

5.4.7 Key components of the model are:

a) Build and enhance existing universal reablement service and use as 'front door' for home care services
b) Initial eligibility determined by NCC as now
c) Support plan content and outcomes completed by service user and service provider
d) Services commissioned as part of the enabling and wellbeing service will be subject to payment by results and should reduce over time
e) A flexible approach to time banking over set periods
f) Providers who are incentivised through the contractual process to engage people with their local communities in order to promote outcomes for individuals

5.5 Promoting integration of care and support with health services and other service provision

5.5.1 The Home Support Project Group are taking the opportunity to assess, and where appropriate, build in other contributing factors that (prevent, reduce, and delay), enable someone to live independently and remain well in their home as well as looking at alternative ways of meeting the home support needs of people, including young people.

5.5.2 The Home Support Project Group are therefore appraising the following options to determine whether the benefits to be gained through outweigh any challenges of:

a) working jointly with Suffolk County Council, and GY& Waveney CCG regarding the Waveney area (east blocks)
b) working jointly with Children's Services to consider similar services provided to young people
c) incorporating or aligning Home Improvement Agency functions and wider expertise in order to provide a holistic offer that can support independence
d) incorporating Continuing Health Care (CHC) at home
e) Working with GP practices to explore synergies between GP and NCC services are maximised

5.6 Providing information and advice

5.6.1 Provision of timely advice is crucial in enabling people to make informed decisions about their care and support hence work has been initiated across NCC departments to ensure that communication and advice is consistent.

5.6.2 In addition, existing provision of information and advocacy services will be taken into account and utilised, including the:

a) Wide range of commissioned Information, Advice and Advice services which have been secured to meet the needs of vulnerable groups within Norfolk
b) Locality level information hubs, such as that in that in the West: LILY. These solutions form part of the multi-agency local prevention strategy that provides a one-stop shop information hub (telephone and web)

5.6.3 To support the market in understanding and supporting the response to this requirement, it is proposed to hold a series of Community and Provider events that will explore options to promote/provide community resources that may be required to facilitate engagement.

5.7 Promoting diversity and quality in provision of services

5.7.1 The approach adopted considers the existing structure of the market and seeks to enable a model that is more closely aligned with CCG boundaries and infrastructure. Existing blocks for the delivery of homecare are not contiguous with CCG boundaries.

5.7.2 It is proposed that a block structure is retained in order to provide for stability of supply and volume based efficiencies, however mechanisms will be appraised to fully utilise subcontracting and lead contractor models.

5.7.3 It is proposed that the number of blocks is increased, effectively reducing the annual care hours provided under each contract. In addition, the boundaries will be redrawn to reflect CCG boundaries, resulting in a number of smaller blocks within each CCG area. This change is designed to promote the following:

a) Market flexibility and diversity – potentially increase the number of providers in the market and enable smaller providers, with a local focus to take on contracts
b) An integrated approach through better alignment with CCG localities
c) Market resilience – smaller blocks will minimise the impact of provider failure
d) Explicit addressing of the challenges posed by rural areas and the higher costs incurred by providers in delivering services there
e) Potential to limit market share

5.7.4 Initial analysis suggests an increase of between 8-15 blocks.

5.7.5 Additional engagement will be needed within communities to raise awareness of and generate a response to the need for more innovative and cost effective solutions. This will add value to locally services, and support the longer-term outcomes of individuals and families.

5.7.6 Market interventions proposed include, but are not limited to:

a) Community and provider events
b) Promotional campaign
c) Concept viability event
d) Commissioning of core service provision,
e) Establishing trusted trader information sources

f) Consideration of training/advice sessions to encourage and facilitate community engagement

5.8 **Existing Block Contracts**

5.8.1 Existing contracts have been aligned to take the following phased approach:

- Phase 1:
  - Eastern blocks to be re-commissioned, potentially with Suffolk County Council and Great Yarmouth and Waveney CCG, for November 2015
  - Western blocks to be re-commissioned for November 2015 incorporating key elements of the new model
- Phase 2: Central blocks to be re-commissioned for November 2016 incorporating all components of the new model

5.8.2 Phasing will allow learning from the implementation in the east and west to be incorporated into the central blocks, and facilitate the effective deployment of social care resources in managing transitions from one provider to another.

5.8.3 Transitions as a result of re-procurement of homecare services have proved historically difficult with adverse impacts on service users and organisations. Planning and managing a transition to a new model will be a priority for commissioning and social care operational staff.

5.9 **Terms and Conditions within Contracts**

5.9.1 There are a number of national and local drivers of change to commissioning practice in home care and as a major commissioner of home care services NCC has a clear leadership role to play. Terms and conditions within future homecare contracts will be developed in line with NCC agreed policies including future decisions on the Unison Ethical Care Charter. Details of significant factors impacting on market conditions and potential costs and benefits for NCC are detailed in Appendix 1.

5.9.2 Initial proposals to support the development of the homecare workforce and market may include:

a) Offering a minimum number of non-zero hours contracts according to volume of work being contracted for
b) Specifying higher unit costs for specialist support which could incorporate health tasks and offer a clearer career path for home care workers

5.9.3 Further work is ongoing on the financial and social implications of specifying minimum or living wage levels. Recommendations from this project will be incorporated as outcomes become available.

5.10 **Public Services (Social Value) Act 2012**

5.10.1 The Public Services (Social Value) Act 2012 requires commissioners to consider how the good to be procured may improve social, environmental and economic wellbeing of the area they service. Currently a number of factors are being considered however wider consultation on this will be undertaken as part of provider and stakeholder engagement on the home care model.

5.10.2 Potential areas where social value could be enhanced, include:

a) Making a number of apprenticeship placements available
b) Engagement and training of local volunteers
c) Enhancing local facilities for community us

d) Incentivising the use and support of innovative, community based solutions, which utilise local capacity and offer sustainability

5.11 **Private and Self Funders**

5.11.1 Norfolk has a diverse market that provides for care provision for the whole community not just those eligible for public funding. It is proposed that contractual conditions are explored for home care providers that:

a) facilitate equitable access to services regardless of funding stream; this may include specifying/regulation of charges to self/private funders
b) support the development of sustainable solutions within local communities, which utilise community capacity

The development of proposals and agreement of other market interventions is required to support this.

Background paper: Home Care in Norfolk: Supporting Quality and Excellence

Officer Contact

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

Officer Name:	**Tel No:**	**Email address**:
Sera Hall	01603 223062	sera.hall@nhs.net

IN TRAN communication for all

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.

Developing and sustaining the home care workforce in Norfolk

Summary:
This report highlights the importance and scale of home care in Norfolk and its importance in relation to the care economy as a whole. In particular it examines the current structure of the workforce in home care and highlights key costs and benefits for the Adult Social Care Committee to consider if it were to require providers to fully comply with the Unison Ethical Care Charter including paying the Living Wage as a minimum to care workers.

A proposal detailing full budget implications will be presented to Committee when this information is available.

1. **Background:**

On 14 April 2014 Cabinet agreed to adopt a set of principles to guide the approach to commissioning homecare services in the future. Those principles were

a) A commitment to address outcomes for individuals in the commissioning of home care services rather than just time or tasks
b) To reaffirm the expectation that all providers will sign up to the Harwood Care Charter
c) To reaffirm the Council's approach to 15 minute visits
d) To engage with home care providers to develop a Norfolk commitment to the home care workforce, reviewing against the stages set out in the Unison Ethical Care Charter

In addition Cabinet approved these principles as the context within which a Member Working Group should undertake a review of current arrangements.

The 'Remodelling homecare for Norfolk' report and this Appendix together address points (a) to (d). Quality Assurance are supporting the Member Working Group which is about to begin its work which will be completed by the end of October. This report focuses in particular on issues relating to the care economy, the home care workforce and the implications for the council, providers and service users if the council were to require providers to match the provisions of the Ethical Care Charter at each of the three stages in it.

The Care Economy

National Picture

The National Audit Office estimates that over £50 billion of public funding goes into the adult care market in England annually. This figure is boosted by an additional £10 billion of private funding and a further £3 billion of charitable funding.

A 2011 Skills for Care report indicated that almost 22,000 organisations provided adult care in England at over 48,000 establishments employing over 1.56 million people in 1.77 million jobs. Over 770,000 of these jobs are in home care which accounts for the largest proportion of care jobs. This demonstrates the significance of home care in the care economy as a whole. This economy is growing in importance with growth projections ranging between 24% and 82% between 2010 and 2025.

The National Minimum Dataset for Social Care suggests that these workers are providing over 200 million hours of care at home each year and a United Kingdom Home Care Association analysis suggest that 70% of that care is commissioned by local authorities. The value of homecare services is estimated to be £2 billion annually.

Norfolk Picture

In Norfolk we invest almost £50m of public money in the home care market which pays for about 3.6 million hours of home care for over 5,500 people every year. 40% of this investment is through direct payments to service users with the remainder invested through block and spot contract arrangements. The current commissioning strategy for this market is under review but given the emphasis in the Care Act on preventing, reducing and delaying the need for care and support and the demography of Norfolk it is likely that there will be an increase in investment in this market and a greater reliance on the quality of the workforce operating within it.

Key drivers affecting the development of a sustainable home care workforce

Homecare workers tend to be low paid hourly workers. The way that local authorities commission and procure home care services and the price they are prepared to pay directly affects the commercial viability of suppliers and the remuneration and sustainability of the workforce and ultimately the quality of care itself.

In November 2013 HM Revenues and Customs published a report National Minimum Wage Compliance in the Social Care Sector. Enquiries were made into over 200 employers and found non-compliance with minimum wage requirements in almost half of these enquiries identifying over £300k of arrears of pay in respect of over 2000 workers. The main reasons identified for the non-compliances in home care included unpaid training time and unpaid travelling time as well as hourly rates below the national minimum wage.

Recent legal decisions in Employment Tribunal Appeals cases have made it clear that, broadly speaking, with the exception of the first journey from home to place of work and final journey from place of work to home, travel time is working time and must be paid for as such.

HMRC also take the view that personal protective equipment and other equipment essential for carrying out home care work such as mobile phones should be treated as costs of business and not made the responsibility of workers.

In February 2014 the United Kingdom Homecare Association published a briefing entitled A Minimum Price for Homecare. The briefing sets out a rationale for determining the hourly rates required to be paid to providers to enable them to pay their workers at the minimum national wage (currently £6.31 an hour rising to £6.50 an hour October) and the Living Wage (currently £7.65 an hour). The briefing concludes that these minimum hourly rates are £15.19 an hour and £18.00 an hour respectively. The briefing advises, however, that these minimum prices for homecare are indicative only and should not be used as an alternative to accurate pricing in individual tenders or be used by local authorities as a maximum price.

The Cavendish Review published in July 2013 highlighted a £2,500 pay differential between pay in the health sector compared to social care for workers with similar skills and experience resulting in a leakage of care workers from social care to health. The review also recommended that the payment of travel time for homecare workers should be a contractual obligation

The Care Act 2014 begins to have legal effect from 1 April 2015 when the Council will be required amongst other things to influence and drive the development of a sustainable and diverse market in care and support services including home care. The ambition is for Councils to drive continuous improvement in quality and choice of care and support services delivering better, innovative and cost effective outcomes that promote the wellbeing of people with care and support needs.

The Act explicitly requires local authorities to have regard in particular to 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.

The Care Act places a new general duty on local authorities to promote individual well being and home care services are a key contributor to promoting individual well-being by supporting people with care needs to continue to live at home, helping to maintain independence and dignity and avoiding potentially much higher costs of care in either residential or acute settings.

Home care is a personal service and the quality of the care giving is the single most important determinant of the quality of care as experienced by the care receiver. The range of care needs that are supported in home care is very wide often requiring clinical knowledge, the administration of and support with multiple medications, moving and handling of fragile or large people as well as managing challenging client behaviours and unsocial hours. It is, therefore, critically important that the care giver can develop the skills and experience needed to offer quality care covering a wide range of needs. This requires high quality sustained training and support together with experience built up over time. In other words a career in which progression can be made and quality rewarded.

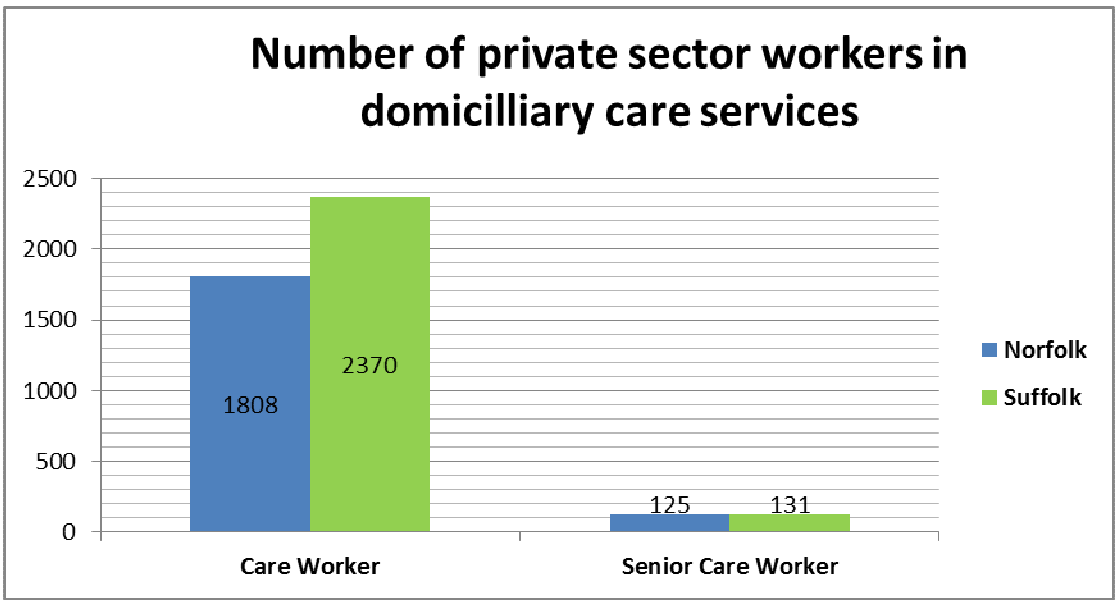
The reality, however, is quite different with the availability of low skilled employees and public sector financial constraints setting the context for pay and conditions in the care sector. There is very little scope for career progression with few providers having structures that support career development. Although there are a wide range of structured qualifications and standards to support a career in adult social care there is no specific mandatory entry qualification required before someone can provide home care. This has contributed to the lower status associated with caring outside the health system.

The Home Care Workforce

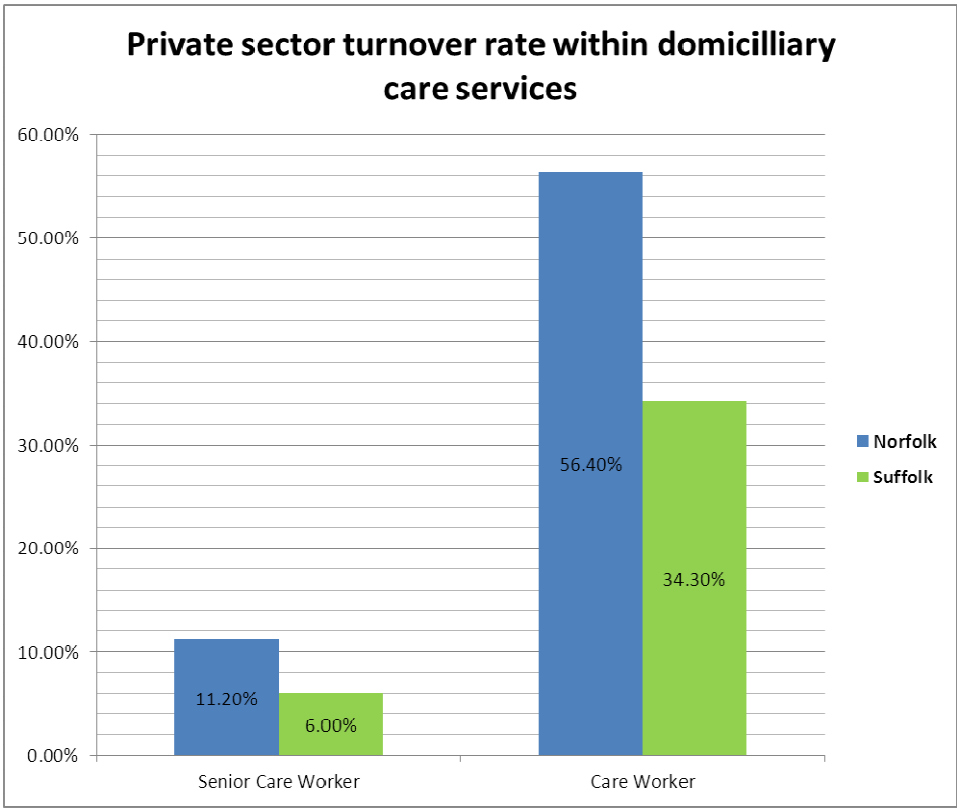
The charts below are derived from the latest data held in the National Minimum Data Set (NMDS).

Scope for Career Progression

The chart below shows the number of care workers and senior care workers in Norfolk and Suffolk as a comparator. It can be seen that senior care workers make up only 6.5% of the direct care workforce indicating that there is little scope for progression to reflect greater experience and skills.

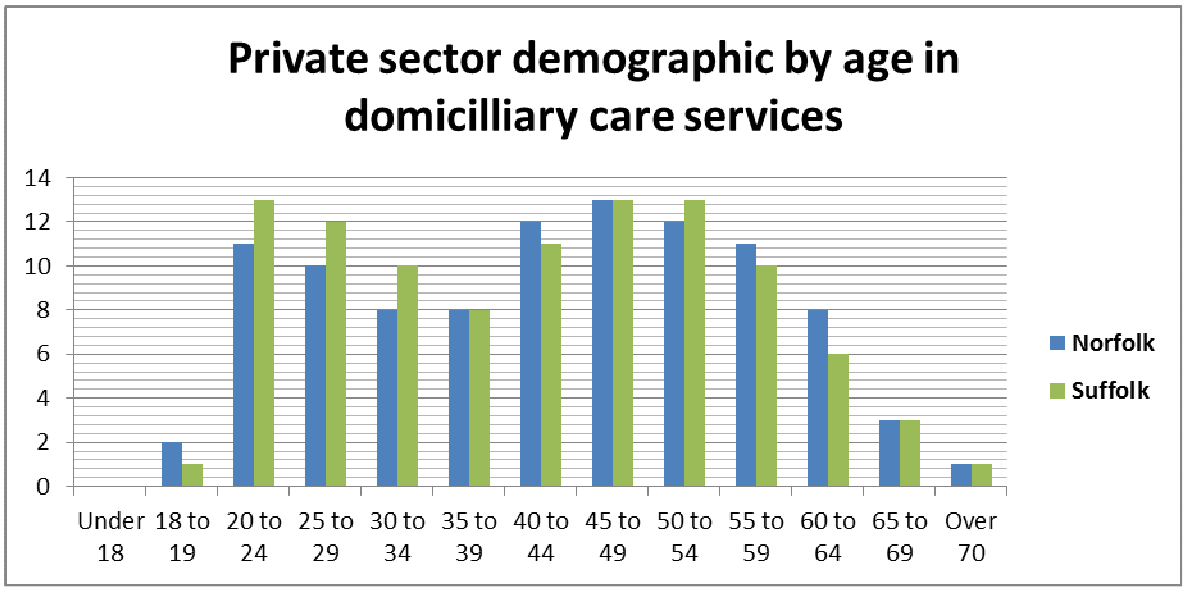


The lack of opportunity to progress may also be a factor in the very high turnover rates for care workers in home care which is 56.4% in Norfolk and 34.3% in Suffolk as shown in the chart below



These charts also show that there are considerably more home care workers in Suffolk than in Norfolk.

Age Profile



This chart shows the age of care workers including senior care workers in Norfolk and Suffolk. The chart shows two distinct peaks. This seems to show that people enter employment when younger and then leave and that most carers employed in home care are aged between 40 and 60.

Unison Ethical Care Charter

The Ethical Care Charter is the result of a survey of home care workers entitled "Time to Care" carried out by the trade union Unison in 2012. The survey attracted 431 responses involving both union and non-union workers. Unison's conclusion from the survey was that the workforce was committed but poorly paid and treated doing its best to maintain good quality care in a system in crisis. The report highlights how poor terms and conditions for workers can help contribute towards lower standards of care.

Key findings included the following

a) About 79% of respondents claimed that they had to rush their work or leave early to get to the next visit in a crammed rota
b) 56% of respondents claimed that they were paid between the minimum wage and £8 an hour
c) Almost 58% of respondents claimed that they were not paid for their travelling time between visits
d) About 41% of respondents claimed that they were not given specialist training for specific medical needs such as dementia and stroke related conditions

The over-riding objective of the Charter is to establish a minimum baseline for the safety, quality and dignity of care by ensuring employment conditions that do not routinely short change clients and ensure the recruitment and retention of a more stable workforce through more sustainable pay, conditions and training levels.

The Charter sets out a number of key commissioning principles building through three stages which local authorities are encouraged to work towards.

Some of the key features of the Charter are shown below.

Stage 1

a) In general 15 minute visits will not be used
b) Travel time, travel costs and other necessary expenses such as mobile phones will be paid for by employers

In Norfolk we have followed the advice of the Association of Directors of Adult Social Services (ADASS) in relation to 15 minute visits commissioning these only where the service concerned can be properly provided within this time such as prompting. We do not commission 15 minute visits for any purposes where the service could not be properly carried out in this time. In this respect providers should be able to claim full compliance.

So far as travel time, travel costs and necessary expenses are concerned the requirement to tenderers in our latest home care contracts requires that the tendered price shall be fully inclusive of all charges and costs necessary for the delivery of services including but not limited to, recruitment, training, supervision, management, payroll, administration travel time, mileage and subsistence and employee remuneration including weekend, evenings and bank holiday allowances.

These requirements are not, however, part of the specification and are not therefore monitored. The specification does require that sufficient time is made available to ensure that the commissioned time can be fully provided and is not eaten into by travel time. This requirement has not been systematically monitored as part of contract monitoring.

A survey of providers that took place in September 2013 showed a very mixed picture with some paying for travel time and some not. A new survey is currently being conducted which will enable us to fully understand provider performance in this regard.

It is likely that some providers would incur some additional costs to fully comply with this aspect of Stage 1.

Stage 2

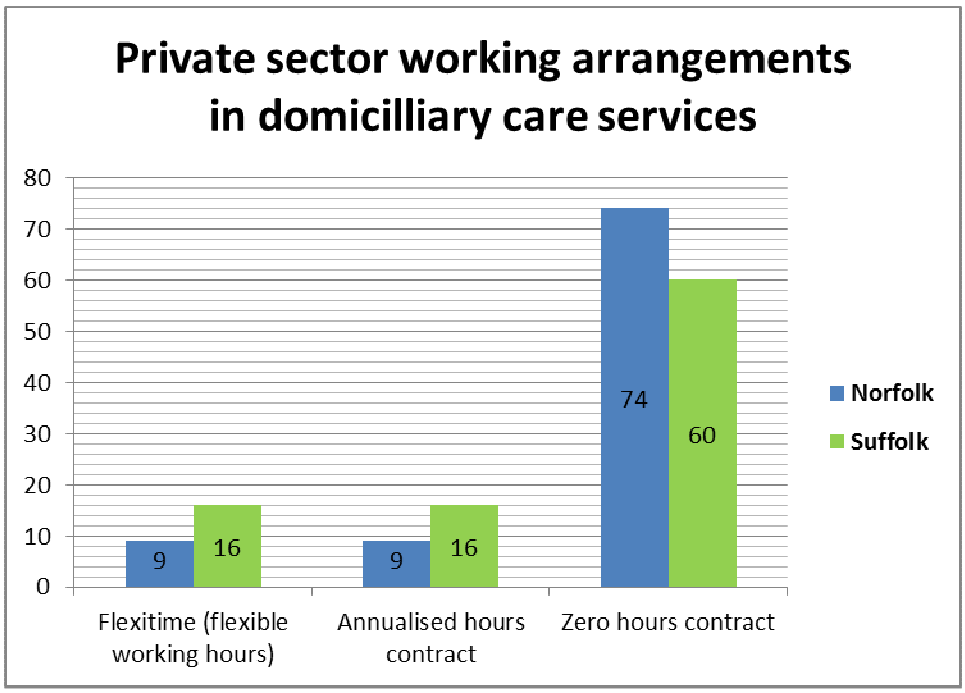
In addition to the Stage 1 requirements the following requirements apply at Stage 2:

a) Zero hours contracts will not be used in place of permanent contracts
b) All home care workers are regularly trained to the necessary standard at no cost to themselves and in work time

Zero hours contracts are employment contracts in which no guaranteed hours are offered by the employer and where the employee is not obliged to accept any hours that may be offered.

The council's current home care contracts are silent on the type of employment contracts used by providers.

The chart below is derived from the latest information from the National Minimum Data Set (NMDS) It shows that 74% of contracts for all people working in home care in Norfolk are zero hours. This compares to 60% in Suffolk.



A variety of national studies into zero hours contracts have highlighted the fact that where an employee chooses this type of contract to suit their own circumstances there may be some benefit to them but that in almost all cases where they are used there is no such choice.

The studies highlight the problems for employees who would prefer guaranteed hours and who are constantly worried about how much work they will get from week to week. This uncertainty is a key contributor to the high turnover rates in the home care sector.

There are also significant disadvantages to employers as well because they are not able to depend on workers accepting any hours that may be offered resulting in last minute changes to rotas and the need to use agency staff not known to the care receiver. This creates discontinuity of care and affects quality. In addition employers face increased recruitment, retention and training costs because of the high staff turnover. Inevitably these costs are passed over to local authorities with whom the provider contracts and to individuals using direct payments.

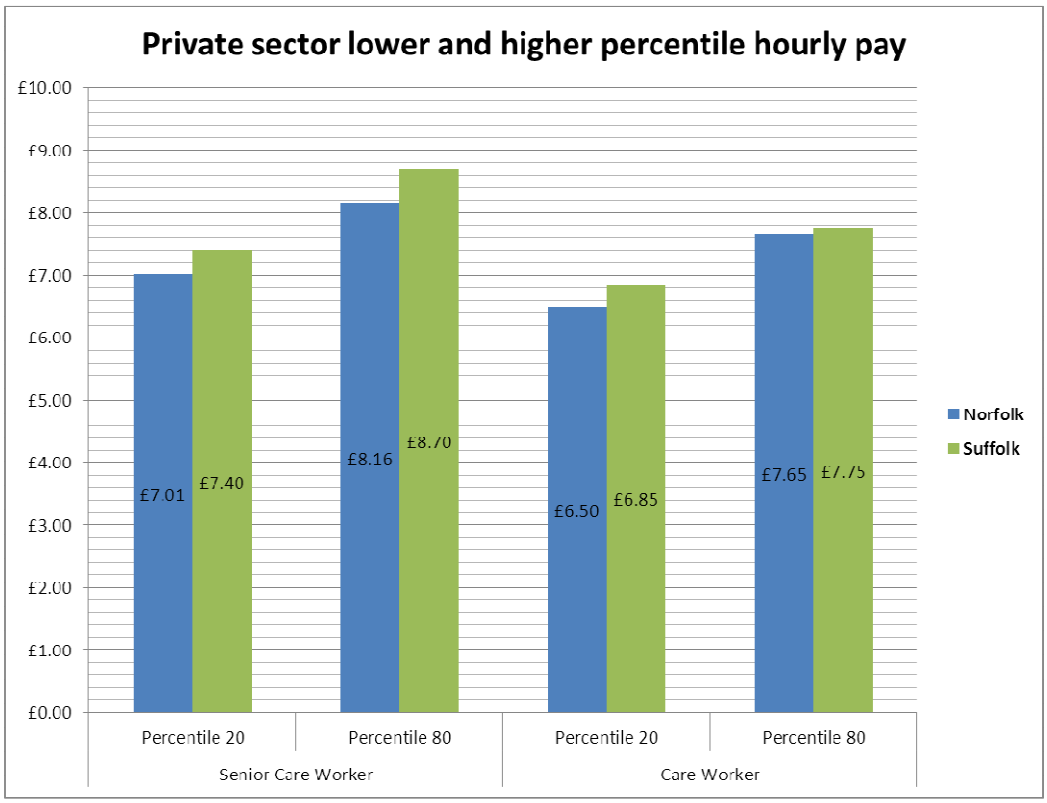
Training of care workers is absolutely key to service quality and is an important factor in retention and career progression. Current council home care contracts do not specify that training should be in work hours and be paid for by the employer. The 2013 survey of local providers did not cover this aspect but it is covered in the current survey. Discussions with local providers do, however, reveal a mixed picture with some providers complying and some not.

In summary there would need to be a significant shift in current provider employment and training policies to comply at Stage 2 and it is reasonable to suppose that the policy changes required would bring with them additional costs.

Stage 3

- Homecare workers will be paid at least the Living Wage (currently £7.65 per hour revised each September)

The current National Minimum Wage is £6.31 an hour (to be raised to £6.50 an hour from October 2014) and the Living Wage is currently £7.65 an hour outside London. The charts below show the hourly pay rates for care workers and senior care workers in Norfolk and Suffolk for the lowest 20% and the highest 20%. In all cases the hourly rates of pay exceed the national minimum wage. In Suffolk rates at all levels are higher than Norfolk and at the higher end exceed the Living Wage. In Norfolk rates for care workers at the higher end match the Living Wage.



In Norfolk about 20% of the Council's investment in home care is made through block contracts which are based on guaranteed minimum hours and therefore attract a bulk discount. The current average hourly price paid under these arrangements is about £14.50 an hour.

A further 20% of the Council's investment in home care is through spot contract arrangements where there is single spot rate of £16.04 an hour. The average hourly rate invested in the market through these arrangements is, therefore, about £15.27.

This exceeds the £15.19 hourly rate suggested by the United Kingdom Homecare Association (UKHCA) as necessary to enable a provider to pay care staff at the minimum wage and cover travel time. The UKHCA go on to suggest that the equivalent rate to enable providers to pay care workers at the Living Wage rate is £18.00 an hour. If we were to accept this rate it suggests that an average uplift of £2.73 an hour would be required.

Purchase of Care data suggest that we planned to purchase 2,264,576 hours of home care in 201x/1x and estimated actual take up to be 1,970,181 hours.

Taking the take up figure and multiplying this by the additional £2.73 uplift suggests additional costs to the council of £5.38m. If we simply increased investment by the difference between average care worker hourly rates paid now (£7.12) and the Living Wage (£7.65) this would suggest an additional cost of £1.044m. The equivalent

average hourly rates would be £18.00 and £15.80 respectively. In the latter case the Council's current spot contract rate of £16.04 already exceeds this; however, this figure does not include additional costs in relation to other Charter requirements besides the level of pay. Further work is needed to ascertain what these are so that a more accurate estimate of total additional costs for full compliance at Stage 3 in Norfolk can be determined.

Adult Social Care Committee

Item No…9…

Report title:	**Joint Safeguarding Arrangements**
Date of meeting:	**22 September 2014**
Responsible Chief Officer:	**Harold Bodmer and Sheila Lock**

Strategic impact

This report is intended to highlight how, by working together in a more collaborative way the Council can improve the Council wide response to safeguarding activity. It sets out how across both Children's Services and Adult services we can work together to effectively discharge the Council's safeguarding responsibilities, develop joint approaches to learning and development and develop a greater awareness of the fact that safeguarding is everyone's responsibility. Such an approach will enable the Authority to present clear leadership in the management of safeguarding to external regulators and assist in promoting greater collaboration between the Chairs of the Children's Safeguarding Board and the Chair of the Adult Safeguarding Board.
Presenting this report to the two Committees creates the opportunity for political oversight of these developments.

Executive summary

This report sets out how Children's Services and Adult Social Care intend to collaborate together to establish a Council wide consistent approach to safeguarding.
The key priority areas that we intend to work on together are

1. Improving the operational activity of the MASH
2. Recruiting, maintaining and retaining a highly competent workforce – developing opportunities to standardise practice, training, learning and development
3. Learning from each other in relation to performance management and quality assurance
4. Working together across the Local Safeguarding Children and Adults Boards – particularly on joint campaign activity and communication
5. Tackling the organisational culture to ensure a shared view that safeguarding is everyone's responsibility

In order to take this forward we are proposing a Member safeguarding forum, made up of Members from both Children Services and Adult Social Care Committees to meet every six months in order to highlight the safeguarding agenda, share learning across both committees and receive high level reports on the Council's safeguarding work.

In addition we are proposing a whole Council cross department forum to meet bi-monthly to explore common issues and to drive forward a leadership approach for the entire Council on safeguarding matters. It is useful to highlight a couple of examples that bring this to life they help us to understand how greater collaboration and a Council wide approach are essential to improve outcomes.

Safeguarding is everyone's business: Although the key players in safeguarding are Children and Adults services, everyone providing services for Norfolk's citizens has the responsibility to understand the role that they might play in ensuring that they comply with local and National Guidance in safeguarding children and vulnerable adults and in promoting their welfare. Sharing good practice and learning opportunities on a Council wide basis is an opportunity that is currently being missed.
Domestic Abuse: The harm for children living in situations of domestic abuse is well recognised and yet children live in such situations with an adult who is a perpetrator and

an adult who is vulnerable. We want to provide solutions that are whole family focused, rather than piecemeal.
Developing this approach is a step towards thinking differently about how we work together at a community level to see children as part of families, and families as part of communities. It promotes an approach of creating improvements to our work in identifying problems for the most vulnerable earlier and in providing earlier help that prevents problems and difficulties later.

Recommendations:

1. **Members of both Committees are asked to commit to the development of a shared Council wide approach to safeguarding work and to consider whether on an annual basis there should be a joint member seminar on Council wide safeguarding work**
2. **Members are asked to endorse the five priorities above and to recognise the fundamental shift in collaboration across Children's Services and Adult services that this represents**
3. **Members are asked to agree to setting up a Member safeguarding forum made up of Members from both Children's Services and Adult Social Care Committees**
4. **Members are asked to support the setting up of a whole council officer forum to raise the profile of safeguarding across the Council**

1. Proposal

The proposal is to strengthen, and as a consequence improve, the Council's overarching approach to safeguarding. It is fair to say that while the systems for safeguarding children are long established, less attention has been given by the Council as a whole to safeguarding in Adults services. This was highlighted by the recent LGA peer review of Adult Safeguarding. This is a picture in most Local Authorities. By promoting greater collaboration across the two service areas and across the two Safeguarding Boards, as a Council we will promote learning and development, seek opportunities to do things together rather than separately and as a consequence of working together place safeguarding matters higher on the agenda of those involved in front line delivery.

Over time this may allow us to develop some integrated approaches that would enable the Authority to be more efficient in the discharge of its safeguarding role as well as more effective.

This proposal is very much about how we as a Council demonstrate our commitment to safeguarding for the most vulnerable in our society and about how we use our leadership role to encourage greater collaboration across the two Safeguarding Boards and the constituents of those Boards.

It is not considered appropriate to integrate the working of both Safeguarding Boards, as has been considered in some places because of the size of the Authority, the scope and nature of safeguarding activity and because of risk. This is particularly significant given the development and improvement agenda. However the appointment of two new Chairs and the willingness to share practice and facilitate joint approaches is a significant opportunity.

2. Evidence

All of the available evidence from research into what good looks like in safeguarding practice within Local Authorities highlights a number of key themes.

1. **Strong and effective corporate Leadership that promotes partnership and collaboration -** Councils that do this well encourage a holistic approach that considers interdependency across all areas of safeguarding practice. They also promote outward management styles that encourage the workforce
2. **Encouraging approaches to recruit, develop and retain a competent workforce -** Council's that approach this well work beyond the standard vetting and barring schemes to develop new and innovative approaches to recruitment and to develop practitioner Forums to consider issues such as practice philosophy, career pathways and joint training
3. **Strong approaches to performance management –** This is critical to having a strong focus on the outcomes achieved as a result of intervention. A standardised methodology that has clear reporting frameworks across the broad partnership is critical to hold the system to account. Increasingly the evidence of challenge both internal and external is sought to evidence the regulation framework
4. **Effective partnership in safeguarding -** Extends beyond sitting in meetings, to integrated working that facilitates the working arrangements that promote user voice, independence and choice and dignity

These are all areas on which the two departments are collaborating, but in which we recognise we could do more. The work on developing a shared social work philosophy is just one example, where we are bringing together practitioners across Adults, Children's and Mental Health to work together on the values, principles and approach that underpins Norfolk's work – keeping the most vulnerable safe is one key aspect of this work. This is complimented by operational work such as the work on a shared front door arrangement around safeguarding through the MASH.

3. Financial Implications

There are no financial implications associated with this report at this time.

4. Issues, risks and innovation

This approach of cross departmental working on safeguarding is an opportunity to promote learning and innovation. It also creates an opportunity to be clear about the Council's overarching approach to safeguarding activity, which is good evidence of our compliance but more importantly good evidence that in leadership terms we promote cross Council working. This ensures consistency and clarity.

5. Background

The term safeguarding can apply to both Children and Adults and is about protecting them, preventing their abuse or neglect and educating those around them to recognise the signs and the dangers. Abuse can be physical, emotional or psychological, sexual or financial and when we discuss safeguarding issues this usually refers to those who are vulnerable. This can include:

- Children under the age of 18
- People with physical, visual, hearing or learning disability
- People with mental health issues
- People who are elderly or frail
- Those suffering from domestic abuse

The framework in which safeguarding works in the Council operates is highly regulated, prescribed within statute and informed sadly by the instances where this goes wrong. The reports by Laming and Munro, the reports into Winterbourne view, the Reforms to Care and Support, alongside the LGAs work on effective Council arrangements for safeguarding, highlight that there are characteristics of Council wide responses that help to improve practice and learn lessons. This report is an attempt to help Norfolk strengthen its current arrangements in the following way:

1. Demonstrating the commitment of Local Authority Leaders
2. Creating the right climate to influencing workforce attitudes and characteristics
3. Recognising the opportunities for greater partnership working across the two Safeguarding Boards and across the main service areas
4. Facilitating and capturing an accurate picture of the good practice that is happening and sharing it

There are some key areas that by developing a shared approach and by working together we could quickly illustrate the benefits of collaboration and raise the profile of safeguarding in the Council. These are on the key themes outlined in the executive summary

1. Improving the operational activity of the MASH
2. Recruiting, maintaining and retaining a highly competent workforce – developing opportunities to standardise practice, training, learning and development
3. Learning from each other in relation to performance management and quality assurance
4. Working Together across the Local Safeguarding children and Adults Boards – particularly on joint campaign activity and communication
5. Tackling the organisational culture to ensure a shared view that safeguarding is everyone's responsibility

Officer Contact

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

Officer Name:	**Tel No:**	**Email address**:
Sheila Lock	01603 222601	sheila.lock@norfolk.gov.uk
Harold Bodmer	01603 223175	harold.bodmer@norfolk.gov.uk

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Appendix 1

Draft Terms of Reference for Joint Member Safeguarding Forum

1. The forum has three main purposes

    - To highlight the joint Safeguarding Agenda for Children's Services and Adult Social Care Committees
    - To receive high level reports on Safeguarding work in both services and to report any key issues from these reports to the respective committee
    - To ensure that shared learning about Safeguarding takes place in both committees

2. The Member forum has a key role in focusing discussion on this key area of responsibility for both Committees.

3. The Member forum will not be a sub-committee and will refer any decisions back to the respective Committee. It will not duplicate the work of either the Children's Safeguarding Board or the Safeguarding Adults Board, nor will it detract from the responsibility of the two Committees for this area of work.

4. The forum will look at examples of best practice and opportunities for Member development in Safeguarding and will meet to examine joint areas of work in Safeguarding in more detail than is possible in either Committee.

5. The Forum will be made up of four Members from each Committee.

Adult Social Care Committee

Item No…10…

Report title:	**Adult Social Care Finance Monitoring Report Period 4 (July) 2014-15**
Date of meeting:	**22 September 2014**
Responsible Chief Officer:	**Harold Bodmer, Director of Community Services**

Strategic impact

This report provides the Committee with financial monitoring information, based on information to the end of July 2014. It provides a forecast for the full year, analysis of variations from the revised budget, with recovery actions to reduce the overspend and the forecast use of ASC reserves.

Executive summary

As at the end of July 2014 (Period 4) the forecast revenue outturn position for Adult Social Care for 2014-15 is an overspend of £5.166m.

This is an increase of £1.510m since the report to the Committee in July for period 2, when an overspend of £3.656m was forecast. That report identified the intention to use £3.656m from the Legal Liabilities reserve to fund the overspend and to achieve a balanced budget in 2014-15.

Purchase of Care (POC) continues to be the area of highest financial risk to the ASC budget. The POC budget is used to fund packages of care for people, including Personal Budgets. The current forecast for POC is for an overspend of £3.755m. The revised budget reflects an additional £1m of one-off monies, which was agreed to support the phasing in of the 2014-17 savings in this area.

The Director has identified recovery actions of £1.510m to mitigate the forecast overspend.

Adult Social Care reserves at 31st March 2014 stood at £13.353m. The service is forecasting a net use of reserves in 2014-15 of £1.679m to meet commitments and £3.656m to deliver a balanced budget as set out in this report. The 2014-15 forecast outturn position for reserves and provision is therefore £8.018m.

The 2014-15 Capital budget reflects the agreed programme for 2014-15 and slippage at 2013-14 outturn. As at period 4 there are no forecast variations to the programme.

Recommendation

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

a) **The forecast revenue outturn position for 2014-15 as at Period 4 of a an overspend of £5.166m**
b) **The recovery actions being taken to reduce the overspend**
c) **The current forecast for use of reserves**
d) **The forecast capital outturn position for the 2014-15 capital programme**

1. Proposal

1.1. Members have a key role in overseeing the financial position of Adult Social Care services, including reviewing the revenue budget, reserves and capital programme.

1.2. This is the second monitoring report for 2014-15 and reflects the forecast position at the end of July 2014 (Accounting Period 4).

2. Evidence

2.1 This is the second monitoring report for 2014-15 and the table below summarises the forecast outturn position at the end of July 2014 (Period 4).

	Revised Budget	**Forecast Outturn**	**Forecast Variance**		**Previously Reported(2)**
Summary	**£m**	**£m**	**£m**	**%**	**£m**
Management, Finance and Transformation	-3.994	-5.962	-1.968	49%	-1.963
Commissioning	75.051	76.921	1.870	2%	2.658
Business Development	4.512	4.503	-0.009	0%	-0.036
Human Resources	1.204	1.196	-0.008	0%	0.000
Safeguarding	235.600	240.033	4.433	2%	2.216
Prevention	10.076	10.958	0.882	9%	0.881
Service User Income	-72.832	-72.866	-0.034	0%	-0.100
Total Net Expenditure	**249.617**	**254.783**	**5.166**	**2%**	**3.656**
Recovery actions	0.000	-1.510	-1.510		0.000
Total after recovery actions	**249.617**	**253.273**	**3.656**	**1%**	**3.656**
Use of ASC Reserves	0.000	-3.656	-3.656		-3.656
ASC Total after use of reserves	**249.617**	**249.617**	**0.000**	**0%**	**0.000**

2.2 As at the end of July 2014 (Period 4) the forecast revenue outturn position for 2014-15 is a £5.166m overspend for Adult Social Care.

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

2.4 The overspend is primarily due to an increased expenditure forecast for Purchase of Care (POC) showing an overspend of £3.755m.

Purchase of Care

2.5 The POC budget was overspent in 2013/14 by £4.008 and a similar level of spend is being forecast for the current financial year. Residential Care for Older People is the main budget with pressure, having a forecast overspend of £4.405m.

2.6 Also the POC forecast anticipates only a partial achievement of budgeted savings from 2013/14 and 2014/15. In 2013/14 savings were not achieved for

Mental Health where progress has been slower than expected to move people from residential care to living in the community.

2.7 In 2014/15 significant savings are budgeted for wellbeing, transport and LD/PD packages which carry significant financial risks. The revised budget reflects an additional £1m of one-off funding to phase in the 2014-17 savings for wellbeing and transport activities for people receiving support from Adult Social Care through a personal budget.

2.8 The main reason for the increase in the POC period 4 forecast recognises that the overspend last year has persisted into the first 4 months of 2014/15, which has become clearer due to the extra information available from a further 2 months information since period 2.

Recovery actions

2.9 Services are required to take recovery actions to avoid or mitigate an overspend prevailing at the end of the year. This is a prior consideration before the use of reserves is considered. The following actions, which are estimated to save £1.510m in 2014/15, have been initiated by the Director to mitigate the overspend identified in the period 4 forecast.

2.10 Heads of Social Care have been advised by the Director of restrictions being placed on their discretion to provide residential care. This is intended to increase the take up of the Norse care voids and will be monitored by senior management.

2.11 The 2014/15 Norse Care rebate of £1m is proposed to be used to support the revenue budget instead of being transferred to the residential reserve for transformation of residential care.

Reserves

2.12 Adult Social Care reserves at 31st March 2014 stood at £13.353m. The service is forecasting a net use of reserves in 2014-15 of £1.679m to meet commitments and £3.656m to deliver a balanced budget as set out in this report. The 2014-15 forecast outturn position for reserves and provision is therefore £8.018m. The projected use of reserves and provisions is shown at **Appendix C.**

Capital Programme 2014-15

2.13 The position of the capital programme as at Period 4 is shown at **Appendix D**. The programme is currently forecast to be on track and in line with the capital budget for 2014-15. The budget for this financial year of £10.552m includes the capital programme agreed by County Council for Adult Social Care in 2014-15 of £9.060m and slippage on the 2013-14 programme at outturn of £1.492m. The main priority for capital spending in Adult Social Care in 2014-15 continues to be the development of Housing With Care and Supported Housing provision.

3. Financial Implications

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

4. Issues, risks and innovation

4.1 This report provides financial performance information on a wide range of services monitored by the Adult Social Care Committee. Many of these services have a potential impact on residents or staff from one or more protected groups. The Council pays due regard to the need to eliminate unlawful discrimination, promote equality of opportunity and foster good relations.

4.2 There are no issues or risks directly arising from this report.

5. Background

Background Papers – None

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:

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

Officer Name:	**Tel No:**	**Email address**:
Mike Forrester	(01603) 228843	mike.forrester@norfolk.gov.uk

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Adult Social Care **Appendix A**

2014-15 Budget Monitoring July 2014 period 4

Summary	Revised Budget £m	Forecast Outturn £m	Forecast Variance £m	Forecast Variance %	Previously Reported(2) £m
Management, Finance and Transformation	-3.994	-5.962	-1.968	49%	-1.963
Commissioning	75.051	76.921	1.870	2%	2.658
Business Development	4.512	4.503	-0.009	0%	-0.036
Human Resources	1.204	1.196	-0.008	0%	0.000
Safeguarding	235.600	240.033	4.433	2%	2.216
Prevention	10.076	10.958	0.882	9%	0.881
Service User Income	-72.832	-72.866	-0.034	0%	-0.100
Total Net Expenditure	**249.617**	**254.783**	**5.166**	**2%**	**3.656**
Recovery actions	0.000	-1.510	-1.510		0.000
Total after recovery actions	**249.617**	**253.273**	**3.656**	**1%**	**3.656**
Use of ASC Reserves	0.000	-3.656	-3.656		-3.656
ASC Total after use of reserves	**249.617**	**249.617**	**0.000**	**0%**	**0.000**
Service Detail					
Commissioning					
Commissioning	1.250	1.223	-0.027	-2%	0.000
Service Level Agreements	4.411	5.951	1.540	35%	1.541
Aids & Adaptations	2.601	2.601	0.000	0%	0.755
Norsecare	32.551	33.091	0.540	2%	0.540
Supporting People	13.443	13.419	-0.024	0%	0.000
LD Partnership	5.594	5.593	-0.001	0%	0.000
Independence matters	13.247	13.247	0.000	0%	0.000
Other	1.954	1.796	-0.158	-8%	-0.178
Commissioning Total	**75.051**	**76.921**	**1.870**	**2%**	**2.658**
Safeguarding					
Purchase of Care					
- Older People	99.685	104.845	5.160	5%	0.000
- People with Physical Disabilities	23.529	23.563	0.034	0%	0.000
- People with Learning Difficulties	80.350	77.891	-2.459	-3%	0.000
- Mental Health, Drugs & Alcohol	12.015	13.035	1.020	8%	1.380
Hired Transport	4.650	5.121	0.471	10%	0.430
Staffing and support costs	15.371	15.578	0.207	1%	0.406
Safeguarding Total	**235.600**	**240.033**	**4.433**	**2%**	**2.216**
Prevention					
Housing With Care	0.673	0.692	0.019	3%	0.000
Personal & Community Support	1.463	1.472	0.009	1%	0.000
Norfolk First Support -	5.403	5.811	0.408	8%	0.000

Swifts/Owls					
Service Development inc N-Able	0.589	1.009	0.420	71%	0.831
Other	1.948	1.974	0.026	1%	0.050
Prevention Total	**10.076**	**10.958**	**0.882**	**9%**	**0.881**
Income from Service Users					
Older People	-61.177	-61.224	-0.047	0%	-0.100
People with Physical Disabilities	-2.243	-2.234	0.009	0%	0.000
People with Learning Disabilities	-4.889	-4.850	0.039	-1%	0.000
Mental Health, Drugs & Alcohol	-4.523	-4.558	-0.035	1%	0.000
Service User Income Total	**-72.832**	**-72.866**	**-0.034**	**0%**	**-0.100**

Adult Social Care
2014-15 Budget Monitoring Period 4
Explanation of over and underspends

1. Management Finance and Transformation underspend of £1.968m

The forecast underspend is due to the departmental retention of service budgets (-£1.762m) to enable effective targeting of resources to priorities and pressures during the year.

2. Commissioning overspend of £1.870m

The main over/underspends are:-

Service level Agreements, with external providers, forecast overspend of £1.540m. The remaining savings on Service Level Agreements from the 2011-14 Big Conversation were not achieved in 2013/14 and a continuing shortfall is expected. Work is ongoing to identify where these savings can be made on an ongoing basis.

Norsecare forecast overspend of £0.540m. Savings identified with the 2014/15 budget of £2m are forecast to only be partially achieved.

3. Safeguarding overspend of £4.433m

The main over/underspends are:-

Purchase of Care(POC) overspent by £3.755m. The POC budget was overspent in 2013/14 by £4.008 and a similar level of spend is being forecast for the current financial year. Residential care for Older People is the main budget with pressure, having a forecast overspend of £4.405m.

Also the POC forecast anticipates only a partial achievement of budgeted savings from 2013/14 and 2014/15. In 2013/14 savings were not achieved for Mental Health where progress has been slower than expected to move people from residential care to living in the community.

In 2014/15 significant savings are budgeted for wellbeing, transport and LD/PD packages which carry significant risks. The revised budget reflects an additional £1m of one-off funding to phase in the 2014-17 savings for wellbeing and transport activities for people receiving support from Adult Social Care through a personal budget. .

The main reason for the increase in the POC period 4 forecast recognises that the overspend last year has persisted into the first 4 months of 2014/15 which due to the extra information from a further 2 months is clearer than in period 2.

4. Prevention Overspend by £0.882m

The main over/underspends are:-

Norfolk Reablement First Support overspent by £0.408m due to demand led increased staffing costs

Service Development overspent by £0.420m. The 2013-14 savings target for Assistive Technology (N-Able) of £0.748m are forecast to not be achieved in 2014-15. Work is continuing to implement the saving and for N-Able to deliver a profit, which will deliver savings to the service. The change from period 2 arises from a service level agreement being terminated.

5. Income from Service Users underspent by £0.034m

.Budgeting income from service user contributions towards the cost of their care is difficult as service user contributions are based on their financial circumstances. The service saw a significant increase in income from service user contributions towards the end of 2013-14. Forecasts for 2014-15 are more positive, but this area continues to be closely monitored for reporting to each Adult Social Care Committee.

So far this year the forecast is in line with the budget.

Appendix C

Adult Social Care Reserves and Provisions

		Balance 01.04.14 £m	Usage 2014/15 £m	Forecast Balance 31.03.14 £m
Doubtful Debts provision		0.952	0.000	0.952
Redundancy provision		0.103	-0.072	0.031
Prevention Fund - Living Well in Community		0.117	-0.117	0.000
Prevention Fund - general	(note 1)	0.533	0.000	0.533
Prevention Fund - Strong and Well		0.490	-0.490	0.000
Repairs and renewals		0.043	0.000	0.043
IT reserve		1.425	0.000	1.425
Residential Review	(note 2)	2.330	0.000	2.330
ASC Legal Liabilities	(note 3)	3.789	-3.656	0.133
Unspent Grants and Contributions	(note 4)	3.571	-1.000	2.571
Total ASC reserves and provisions		**13.353**	**-5.335**	**8.018**

Notes

1 The Prevention Fund was created to mitigate the risks for the delivery of the prevention savings in 2012/13 and 2013/14, particularly for re-ablement, SLA's and building capacity in the independent sector.

2 The Residential Review reserve was created for the Building Better Futures programme, including the transformation of Norse Care homes.

3 ASC Legal Liabilities reserve was created to cover the potential costs arising from the dismissal of the Herts CC appeal, regarding funding of aftercare under s117 of the Mental Health Act.

4 The main unspent grant is the Social Care Reform Grant which is being used (£1.000m in 2014/15) to fund the transformation in ASC.

Appendix D

Adult Social Care Capital Programme 2014-15

Scheme Name	Capital Budget 14/15 Including Slippage	Forecast at Period 4
	£	£
Approved Programme		
Adult Care - Unallocated Capital Grant 2014-15 - to be used for: investment in further housing development schemes to make revenue savings, including those for people with learning difficulties and physical disabilities; and for Housing With Care schemes for older people	2.292	2.292
LPSA Domestic Violence	0.368	0.368
Failure of kitchen appliances	0.033	0.033
Adult Social Care IT Infrastructure	0.159	0.159
Improvement East Grant	0.028	0.028
Unallocated Capital Grant under consideration for HWC	1.221	1.221
Social Care grant DOH 2012-13 Unallocated under consideration for HWC	2.146	2.146
Prospect Housing - formerly Honey Pot Farm	0.320	0.320
Great Yarmouth Dementia Day Care	0.375	0.375
Adult Care - Unallocated Capital Grant	1.947	1.947
Strong and Well Partnership - Contribution to Capital Programme	0.500	0.500
Bishops Court - King's Lynn	0.300	0.300
Rashes Green	0.041	0.041
Supported Living for people with Learning Difficulties	0.017	0.017
Balance of LPSA Reward Grant 0809 not allocated	0.028	0.028
Adult Social Care Housing Development Fund	0.400	0.400
Redevelopment of Attleborough Enterprise Centre	0.042	0.042
Young Peoples Scheme - East	0.200	0.200
Department of Health - Extra Care Housing Fund (Learning Difficulties)	0.003	0.003
Great Yarmouth Learning Difficulties Day Service	0.019	0.019
Attleborough Community Hub CERF	0.017	0.017
Dementia Friendly Pilots- Wells	0.096	0.096
TOTAL Capital	**10.552**	**10.552**

Adult Social Care Committee

Item No…12…

Report title:	**Resources for Prevention**
Date of meeting:	**22 September 2014**
Responsible Chief Officer:	**Harold Bodmer**

Strategic impact
To determine investment and savings priorities for prevention services.

Executive summary

ASC Committee at its meeting on 7 July 2014 resolved:-
"That at the next meeting, the Committee would look into possibilities that any additional money identified from any source would be allocated to Prevention services."

The Budget Monitoring report shows that Adult Social Care is currently forecast to overspend the budget in 2014/15. It is highly unlikely therefore that there will be additional resources available in 2014/15.

However looking ahead to the pressures being faced by the Council from 2015/16 onwards, this report sets out the investment the Council currently makes into prevention services and the benefits for the Council and the Health service.

Members are asked to consider whether they would wish officers to explore the potential for further investment or savings in prevention services.

Recommendations:

That the Committee consider whether they wish to make recommendations regarding the amount of investment or savings in prevention services.

1. Proposal

That the Committee consider the impact of each of the investments the Council makes in preventative services and whether they wish to make any recommendations to vary the investment in future years.

2. Evidence

ASC Committee at its meeting on 7 July 2014 resolved:-
"That at the next meeting, the Committee would look into possibilities that any additional money identified from any source would be allocated to Prevention services."

The Budget Monitoring report shows that Adult Social Care is currently forecast to overspend the budget in 2014/15. It is highly unlikely therefore that there will be additional resources available in 2014/15.

The Preventative care services can be defined as activities to stop a social or psychological problem arising in the first place and include early intervention as activity aimed at halting the development of a care need which is already evident. This often

includes activities which aim to avoid the need for more intrusive or intensive services, for example accommodation away from home.

The Preventative services provided by the Council have a significant impact on

- The Councils Purchase of Care Budget
- The Health Services hospital admissions and discharges

A reduction in preventative services needs to be considered alongside the effect on these budgets and in particular the Better Care Fund that seeks to reinforce the "joined up" provision of Adult Care and Health services.

3. Financial Implications

None

4. Background

4.1 Norfolk's Prevention Strategy

Norfolk's Prevention Strategy (2010, amended 2011), was developed by the Prevention Reference Group, echoed national guidance and presents the strategy as promoting wellbeing, supporting early intervention and maximising people's quality of life. The Strategy promotes the following objectives:

a. To ensure relevant advice, information and advocacy is freely and easily accessible
b. To shift resources towards effective, early and timely interventions to prevent people needing higher levels of support
c. To ensure that all agencies work together to share knowledge so that the most appropriate support is offered
d. To work with individuals and groups, at risk of developing greater needs, to identify area of risk and help them to seek out the most appropriate support
e. To work with users to support them in maintaining lifestyle and choice
f. To work with local communities, supporting them to develop their own community initiatives

4.2 2014/15 Budget for Prevention

The 2014/15 Budget provides for the following gross ongoing expenditure for preventative services.

Preventative service	2014/15 Budget £m
Service Level Agreements	4.411
Aids and Adaptations(ICES)	2.601
Supporting People	13.443
Independence Matters	13.247
Housing With Care	0.673
Reablement including Swifts/Owls	5.403
N Able and services development	0.589
Community safety and development workers	0.450
Total	**40.817**

4.3 Budget Savings

The following budget savings have been made to prevention services:-

Big Conversation savings	**2011/12 £m**	**2012/13 £m**	**2013/14 £m**	**Total £m**
Redesign day services & transport		5.850		5.850
Reduce sensory support	0.464			0.464
Reduce equipment service	0.913			0.913
Reduce prevention service	1.000	5.500	6.500	13.000
Total Big Conversation savings	**2.377**	**11.350**	**6.500**	**20.227**

Putting People First savings	**2014/15 £m**	**2015/16 £m**	**2016/17 £m**	**Total £m**
Community Safety	0.110			0.110
Reablement	3.000			3.000
Independence Matters	0.250	0.250		0.500
Change support to live at home	0.200			0.200
Non core social care activities	2.000	6.000	3.000	11.000
Community LD Health support	0.960			0.960
Improve reablement with Health		3.000		3.000
Reduce housing related support	1.200	1.200		2.400
Reduce service user transport	1.800	0.150	0.150	2.100
Stop Strong & Well revenue spend	0.500			0.500
Total	**7.020**	**13.600**	**3.150**	**23.770**

Total base prevention reduction over the 6 year period to 2017 43.997

4.4 Service Level Agreement (SLA) saving 2011-14

The SLA Redesign Project significantly altered the landscape of prevention services:

a. A reduction in the number of SLAs from over 200 to approximately 40
b. A number of new consolidated contracts successfully procured
c. The total value of this cluster of SLAs reduced from c£15m to c£7m
d. The ending of most block contracts resulting in a dramatic shift in service ethos, widening access to a flood of self-funders and essentially “normalising” these services within local communities

4.5 Prevention Services

The Prevention agenda, within Community Services, is delivered by services within the department, initiatives driven by local and national pilots and the Adult Social Care Transformation Programme. Prevention is also delivered by other departments in NCC, including Public Health and Fire, as well as other organisations such as District Councils, the NHS, the voluntary sector and work by communities themselves.

Community Services delivers the following prevention services:

a. **Social Care Centre of Excellence** – with the Customer Service Centre, responding to initial contacts from people and providing information, advice and non-complex social care assessments

b. **Reablement** – intermediate care for up to six weeks, provided free to everyone. People do not have to meet the eligibility criteria. Approximately 50% of people do not need further care after going through reablement

c. **Swifts** – 24/7 response service. Swifts and the Reablement service were set up using the savings made from gradually externalising the then in-house home care service (as staff left), which at the time provided about 50% of the home care for service users

d. **Sensory Support Services** – enabling people with sensory impairment to maintain their independence and where necessary to access social care services

e. **Multi Agency Safeguarding Hub** – with Children's Services and the Police

f. **Community Safety Team** – this is integral to the County Community Safety Partnership and leads on the policy, working closely with the Police and the Police and Crime Commissioner's office

g. **Day Opportunities** – providing activities and skills for people, including IM (Independence Matters), Service Level Agreements with the Voluntary Sector and those provided by Cultural Services

h. **Development workers** - The Development worker team works with adults of all ages within the community with a place-based approach to coordinating services and activities around the client. The Development Workers also generate and create new groups, working with other teams or organisations, where there is a need, eg friendship groups, library groups and the Norwich History Group and provides the tools for groups to be self-sustaining. Some of these groups have developed into organisations, eg. First Focus Fakenham and Not About the Bike in Norwich. The team prevents people from needing to access substantial care packages by working on the individual's social needs and aspirations, including tacking social isolation and loneliness

i. **Assistive Technology** - Assistive technology is items and systems that increase or maintain the capabilities of people with disabilities, maintaining their independence. The Assistive Technology service has been outsourced by the Council to Norse (N-able), and has a retail model that complements people eligible for social care

j. **Personal Budgets** - Personal Budgets give people choice and control over how to meet their social care needs and people can use them to maintain their independence for longer and prevent the need for other services. A key prevention component of personal budgets is the provision for wellbeing which may be used to buy day centre provision

k. **Information, Advice and Advocacy** – through agreements with the voluntary sector and the partnership with Care Aware to provide Later Life Care Planning. The department is continually working on providing more information and services on line

l. **Hate Crime/incidents** - Within Community Services there is a Hate Crime protocol and clear methods of reporting a hate incident on CareFirst. The Hate Crime Group includes representation from Community Safety and Cultural Services

m. **Enabling Communities** - The Director of Community Services is the Chief Officer lead on enabling communities, which promotes community development and "asset-based community development" (ABCD) approaches to enhance community resilience. There is an NCC Enabling Communities group with representatives from all departments and a virtual team aiming to co-ordinate activities across the Council

.

Community Services also provide one-off funding for prevention when it is available. Recent examples include:

- **Living Well in the Community Fund** - £1.5m of unspent Supporting People grant was used to fund innovative prevention pilots in the Community, eg. Family Connectors in Great Yarmouth; Village Agents; project for young people offering training, catering work experience, life skills and job club; exercise classes; Community allotment and outreach gardening project for older and disabled people

- **Strong and Well** – £0.500m of revenue funding and £0.500m of capital has been apportioned to the localities and local partnerships have been invited to submit a proposal for each locality that improves outcomes for older people. A requirement is that the proposals have be developed through an existing local forum or partnership group and working arrangements that include voluntary and community sector organisations and older people's representatives

- **Pub is The Hub (PiTH)** – Adult Social Care has contributed £0.025m to the £0.030m provided by NCC. PiTH is a nationwide organisation that encourages rural pub owners, licensees, and their communities to work together to support and retain local services helping to make their pubs, which are often the only social significant business still running in many rural communities, the focal point by revitalising local services, and making them the hub of their communities. Norfolk Rural Community Council are also involved in this

- **The Prevention Fund** – was used to provide support for providers of day activities when they moved from the block contract arrangement to spot contracts

- **Ageing Well** – funding has been used to fund projects such as Grow Your Community in Broadland

- **Capital funding** - Adult Social Care invests capital money in Housing With Care (HWC) schemes for Older People as well as HWC for people with physical disabilities and supported living for people with learning difficulties. Suitable housing helps people to be independent for longer and costs less than residential care

Prevention carried out by other NCC departments includes:

a. Children's Services' Early Help strategy and its delivery via universal services, Children's Centres, Parenting Support and Family Intervention Projects

b. Public Health officially joined the Council in 2013 and its Health Improvement agenda encourages people to engage in smoking cessation, obesity reduction, eating and exercising well and having better sexual health, there is also the Healthy Towns project

c. Norfolk Fire Service, which provides home fire-safety checks for vulnerable adults and older people, including a smoke-alarm fitting service, as well as Fire Cadets and Accelerate for younger people and work in the community training volunteers in fire safety

d. Trading Standards operate:
    - Home Shield Norfolk. A cross-referral service, predominantly for vulnerable and older people and their carers, supported and coordinated through a group of partner agencies, whose aim is to find ways to enable people to stay safe, healthy and happy in their own homes

- Trusted traders. The assured trader scheme that promotes and supports high-quality Norfolk businesses to Norfolk's residents to help them avoid rogue traders, and empower consumers
- No Cold Calling Zones.. A designated area where the resident community declare they no longer wish to accept traders calling at their homes without an appointment, supported by Trading Standards

- Consumer Champions. A network of local volunteers on hand to help their community by offering consumer advice to neighbours and people in their local area, and directing them to the right organisation if they require further information

e. Cultural services provide mobile library services

4.6 Health and Social Care Integration

The health and social care integration agenda has preventative objectives at its heart. People with Long Term Conditions and those at risk of a range of conditions are often the most vulnerable and, in many cases, in receipt of a personal budget. The integration agenda opens up doors for community based solutions, to meet with health partners and practitioners to find ways to support people in the community.

4,7 Care Act 2014

Although prevention is currently not a statutory duty, the Care Act 2014 requires local authorities from April 2015 to ensure the provision or arrangement of services, facilities or resources to help prevent, delay or reduce the development of needs for care and support.

The prevention duty extends to all people in a local authority's area, including carers, regardless of whether they have needs for care and support, or whether someone has had a needs or carer's assessment.

A key element of the preventative approach envisaged by the act is for the local authority to support the person to make the most of the resources available to them in their community – for instance, local support networks or voluntary services – as well as to build and develop their own strengths and capabilities. This should apply whatever needs the person has.

The Care Act describes three areas of Prevention:

Prevent: primary prevention/promote wellbeing

s2.6 These are aimed at individuals who have no current particular health or care and support needs. These are services, facilities or resources provided or arranged that may help an individual avoid developing needs for care and support, or help a carer avoiding developing support needs by maintaining independence and good health and promoting well being. They are generally universal (ie. available to all) service, which may include, but are not limited to interventions and advice that:

- provide universal access to good quality information
- support safer neighbourhoods
- promote healthy and active lifestyles (eg exercise classes)
- reduce isolation (eg. befriending schemes)
- encourage early discussions in families or groups about potential changes in the future

Reduce: secondary prevention/early intervention

s2.7 These are more targeted interventions aimed at individuals who have an increased risk of developing needs, where the provision of services, resources or facilities may help slow down any further deterioration or prevent other needs from developing…Early intervention could include a fall prevention clinic, minor adaptations to housing telecare services.

Delay: tertiary prevention

s2.8 These are interventions aimed at minimising the effect of disability or deterioration for people with established health conditions, complex care and support needs or caring responsibilities, including support people to regain skills and reduce need where possible. Local authorities must provide or arrange services, resources or facilities that maximise independence for those already with such needs, for example, interventions such as rehabilitation/reablement services and joint case-management of people with complex needs, eg. community equipment service, handyman services.

5. Background Papers

None

6. Officer Contact

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

Officer Name:	**Tel No:**	**Email address**:
Janice Dane	01603 223438	janice.dane@norfolk.gov.uk
Mike Forrester	01603 228843	mike.forrester@norfolk.gov.uk

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Adult Social Care Committee

Item No…13…

Report title:	**Performance Monitoring Report**
Date of meeting:	**22 September 2014**
Responsible Chief Officer:	Director of Community Services

Strategic impact

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 1 performance results for Adult Social Care.

The paper and accompanying dashboard report strong performance in most indicators.

Areas of concern include support for carers and residential care admissions for people aged 18-64. Closer monitoring will also continue to be required for the Mental Health Social Care project and for indicators measuring reablement services and residential care admissions for older people.

The paper includes a number of new indicators relating to the Social Care Centre of Expertise and the Customer Service Centre.

This paper is the first since the Committee reviewed its content and format. Further feedback is welcome and the paper will be kept under review to make sure it meets the Committee's needs.

Recommendations:

The committee are asked to:

1. **Review and comment on the performance information**
2. **Consider any areas of performance that require a more in-depth analysis**
3. **Determine whether the performance indicators that form the basis of this report enable a robust assessment of performance across the 12 service area covered by this Committee.**

1. Adult Social Care Performance

1.1. The current Adult Social Care performance dashboard is presented in Appendix A.

1.2. To provide some useful context to the Council's adult social care activity, and the amount of activity undertaken by the department, this table (right) outlines the average number of key customer 'events' undertaken on average. The figures are based on service volumes in the year from April 2013 – March 2014.

Table 1. Adult Social Care service volumes
On average, in each working day, Norfolk's Adult Social Care services: • Receives 250 request for support • Assesses the needs of 50 people who have not previously received support • Re-assesses or reviews the needs of 70 people currently receiving support • Assesses or reviews the needs of 10 carers

1.3. **Managing change**

1.3.1. The Mental Health Social Care project remains amber despite significant progress since the last report. Practical arrangements around the transfer of staff, ICT arrangements and accommodation have all been made. The new service model has been completed and staff are transferring back to Norfolk County Council on the 1 October.

However the level of performance improvements required and the risks associated with such a significant re-organisation of services for vulnerable people, mean that this project is likely to remain under review until the movement of staff has been completed and performance monitoring and management arrangements have been put in place. Members will be kept fully briefed of any emerging performance issues. One this is in place members will also receive detailed performance information about mental health services so that improvements can be tracked over time.

1.3.2. Two projects that were previously part of the dashboard have now been completed:

- The Business Support review was completed successfully. As planned, some business support staff in localities were transferred into Finance Exchequer Services, and others were appointed to revised posts in locality offices. In total savings of around £100,000 per made
- The Accommodation Review was completed successfully. £478k savings were delivered by closing several offices and consolidating staff in County Hall

1.4. **Managing our resources**

1.4.1. This section includes two corporate risks relating to the Committee:

- 'Failure to meet the long term needs of older people'. This risk is currently rated 'red' and states "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". The red rating relates to the fact that many of the long term measures that might mitigate this risk (for example reforming the way care is funded) are outside of the Council's control. In addition, whilst steps have been taken to protect the Council's Purchase of Care Budget, the scale of savings required mean that it's no longer possible to completely protect it. The possible impacts of reforming care funding, as outlined in the Care Act, will be assessed and reported to members once final proposals are published

- 'Failure to meet the needs of older people'. This is similar to the previous risk, but focuses on short-term risks, and is currently rated as 'amber'. This reflects the measures being put in place to mitigate this risk – for example the integration of community health and social provisions in localities – but also reflects the risks associated with proposed savings in 2014-17

1.4.2. Staff sickness levels have a 'green' alert, but some explanation and context is helpful. The reported rate of 2.01 days sickness in quarter one is slightly better than during the same period last year (2.06 days). However:

- It is not clear whether the TUPE transfer of staff to Independence Matters in 2013 has improved or skewed the result
- Adult Social Care has historically higher levels of sickness
- Experience has shown that the quarter one result for staff sickness can sometimes be misleading. Winter often leads to higher levels of sickness, particularly if there are high levels of seasonal illnesses

We will continue to keep the Committee briefed on staff sickness absence levels.

1.4.3. Two new indicators have been introduced to this section of the dashboard:

- **Contacts closed in the Social Care Centre of Expertise (SCCE) as 'Information and Advice only'**. The provision of good quality information and advice is becoming more important. The increased responsibilities the Council will have around information for people with 'low level needs' and for people that fund their own care through the Care Act means that a higher proportion of people contacting the Council will need this kind of support. In addition we know that good quality information can help people make choices that prevent their wellbeing from deteriorating and may delay or reduce the need for more expensive services later on
- **People transferred from SCCE to localities that result in no services**. This indicator measures how effectively work is being transferred from SCCE to social workers. The current model of care aims to make sure that anyone that requires information, advice and low levels of support can do so at the 'front door', usually over the phone. This makes sure that they receive services quickly, whilst also allowing social workers to focus on complex cases. When people are referred to localities but don't then go on to receive services it indicates that their needs may have been overstated, and that social work resources may have been inappropriately used

Data for these indicators comes from the Social Care Centre of Expertise. They are relatively new indicators and targets have not yet been set. The Committee will be presented with targets to consider in future reports, and trends over time will enable the Committee to assess the Council's performance in this area.

1.5. **Service performance**

1.5.1. The most notable change in performance in this section of the dashboard is in the

indicator ‘Service users with self-directed support…’ which appears to have jumped from 60.9% last time to 80.6% now.

In reality this rise is as a result of a significant change in the way the Government require us to measure this indicator. Previously we had to look at all of the year’s data to determine the figure. This cohort included all short term services such as crisis cases and rehabilitation care, which are unlikely to be delivered via a Personal Budget, where the person would only receive care for a few weeks. The new definition looks at services on a given day and, as such, a large number of these short term interventions are removed from the cohort noticeably improving the result. No further guidance has been issued to address whether this change affects the Government target of 70%.

Such technical changes happen from time-to-time and are unhelpful as we try to understand how performance changes over time – but are an inevitable feature of national performance frameworks and are outside of our control. Other councils will inevitably be affected in the same way.

In reality performance, as measured using the previous method, showed continued improvement. Using the ‘old’ methodology the result for Quarter 1 would have shown a result of 69.6% - nearly meeting the target.

From now on we will report performance to Committee using the new methodology.

1.5.2. ‘Carer’s using self-directed support’ continues to be significantly below the Government’s stretching target. As previously highlighted this is the first year that the 70% target has been applied to this indicator, and Norfolk’s performance level is likely to be similar to other councils when benchmarking data is made available later in the year. Nevertheless improving support for carers is a priority for the Council in light of these figures, the Care Act and as an acknowledgement of the vital role of carers. Practically, preparations for the implementation of the Care Act are evaluating different options for increasing the number of carer’s assessments that can be completed each year.

1.5.3. ‘Carers supported following an assessment or review’ is also below target. The Council has set a particularly stretching target for this indicator in light of the priority given to carer’s support. In reality our current level is likely to continue to see Norfolk exceed the regional and national average performance in this indicator. Nevertheless this falls below the target we have set and we will continue to monitor progress. As for the ‘carer’s self-directed support’ indicator (1.5.2 above) preparations for the Care Act should identify options for increasing carers support and performance in this area.

1.5.4. A new indicator is included in this section: Customer satisfaction with work completed within the Customer Service Centre (CSC) and the Social Care Centre for Expertise (SCCE). A proportion of people that contact these services are asked to rate their satisfaction with the service, and this is reported as a percentage. As with other new CSC/SCCE indicators, targets are being developed, though on face value the current performance of 96.7% is encouraging.

1.6. **Outcomes for Norfolk**

1.6.1. Permanent admissions to residential/nursing care for people aged 18-64 are above the target. Historically the rate of admissions in this age group has been too high, and figures have frequently been made to look worse by recording issues between mental health services and the Council – and specifically temporary admissions being recorded as ‘permanent’. It is not clear at this stage

whether the current high rates are due to an increase in admissions or recording issues, and investigations are under way to find out.

1.6.2. Permanent residential and nursing care admissions for older people continue to be below target, though this indicator will remain under close scrutiny in all future reports because:

- This indicator is an important part of the Better Care Fund performance framework and targets are likely to require significant improvements in the future
- Norfolk's 'flat line' position in this indicator, against growing demographic pressures, shows some success in preventing people needing more complex care
- The Council spends more on residential care than on other care types – so any increases will carry significant financial risks

1.6.3. The reablement indicator (Older people still at home 91 days after discharge…) is slightly off target. The result (87.1%) is actually a small improvement on the end-of-year position in March, but this indicator is subject to far more stretching Better Care Fund targets. Benchmarking data, showing how Norfolk's historically strong-performing reablement service compares to other councils, will hopefully be available in time for the next report.

2. Evidence

2.1. 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

Appendix B: Background Information. This outlines the description, rationale and approach to target setting for each indicator in the dashboard

Appendix C: End of Year Statutory Results. This shows our end-of-year position for the statutory indicators that we report to the Government, including any available benchmarking data

3. Financial Implications

3.1. 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.

There are, however, no specific financial implications arising from the performance figures and commentary presented in this report.

4. Issues, risks and innovation

4.1. 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.

5. Background

5.1. At the July Committee members received a report that presented the previous Community Services Overview & Scrutiny Panel dashboard, suggested a revised approach for performance monitoring, and requested feedback from members about the presentation and content of future reports.

5.2. The Committee agreed to continue with the corporate dashboard approach, but requested the following:

- A reference document giving a plain English description of each indicator, its target, how the Red/Amber/Green ratings are decided and any other information needed to make a judgement about performance
- Removing indicators that don't, or cannot, have targets against them
- That the selected indicators reflect members' priorities around support for carers, safeguarding and Mental Health Services
- To see, wherever possible, benchmarking information that shows how Norfolk's performance compares with other councils

5.3. As a result the following changes have been made to this and future papers:

- Appendix A – provides a shorter and hopefully clearer dashboard containing fewer indicators that better reflect the Council's priorities. A small number of indicators still require targets. Some of these are new indicators, and in all cases officers are working to develop targets to present to members for discussion in future committee meetings.
- Appendix B – a reference document that explains each indicator, its target, how any Red/Amber/Green ratings are decided and any other relevant information
- Appendix C – our annual end-of-year position for our 'statutory returns', or those indicators that the Government collects from everyone. These are usually published once a year, so this stands as a reference document. However it does include much of our available benchmarking information.

5.4. The content and format of the report will be kept under review. Further feedback is welcome and we will continue to improve this report, and accompanying data and information, over time.

Officer Contact

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

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

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APPENDIX A

Adult Social Services Performance Dashboard

Measure	Value	Date	Rating	2014/15 Target	Direction of Travel
Managing change					
Refocus Personal Budgets	Green	July 2014	★	-	→
Review packages of care for people with Learning Difficulties and people with Physical Disabilities	Green	July 2014	★	-	→
Integration	Green	July 2014	★	-	→
Learning and Development	Green	July 2014	★	-	→
Transport Eligibility	Green	July 2014	★	-	→
Business Support Review	Green	July 2014	★	-	→
Mental Health Social Care	Amber	July 2014	●	-	→
Residential Care Direct Payments	Green	July 2014	★	-	→
Independent Living Fund	Green	July 2014	★	-	→
Implementation of Care Act	Green	July 2014	★	-	→
Managing our resources					
Risk register: Failure to meet the long term needs of older people	25	Sep 2014	▲	8	-
Risk register: Failure to meet the needs of older people	12	Sep 2014	●	8	-
Number of sickness absence days per FTE	2.01	June 2014	★	11.13	→
Contacts closed in SCCE as Information and Advice only	38.4%	June 2014	-	TBA	↑
Work transferred by SCCE to localities where no service was provided	2.8%	June 2014	-	TBA	↑
Service Performance					
Service users using self-directed support at the end of the reporting period	80.6%	July 2014	★	70%	↑
Service users using self-directed support at the end of the reporting period who receive cash payments	34.4%	July 2014	★	25.5%	↑
Carers supported following an assessment or review	46.8%	June 2014	▲	49.5%	-
Carers using self-directed support during the year (year-end projection)	42.4%	July 2014	▲	70%	↑
Delayed transfers of care attributed jointly or solely to social care (per 100,000 population aged 18 and over)	1.4	June 2014	★	2.0	↑
Percentage of commissioned service providers that complied with CQC standards	84%	July 2014	-	TBA	↑
Percentage of commissioned service providers that required action to comply with CQC standards	12%	July 2014	-	TBA	↓

Measure	Value	Date	Rating	2014/15 Target	Direction of Travel
Service users whose needs have been reviewed in year	28.5%	July 2014	★	25.2% at this point in year	↑
Customer Satisfaction with work completed within CSC/SCCE	96.8%	April 2014	-	TBA	→
Overall satisfaction of people who use services with their care and support	70.1%	May 2014	★	68.65%	↑
Adult safeguarding strategy discussions completed within 3 working days	90%	July 2014	★	90%	↑
Outcomes for Norfolk					
Permanent admissions to residential/nursing care aged 18-64 (per 100,000 population)	12.5	July 2014	▲	7.13	↓
Permanent admissions to residential/nursing care aged 65 and over (per 100,000 population)	170.4	July 2014	★	179.7	↑
Older people (aged 65 and over) still at home 91 days after discharge from hospital into reablement/rehabilitation services	87.1%	June 2014	●	90%	↓
People who use services who feel safe	69.6%	May 2014	★	69.6%	↑
People who use services who say that those services have made them feel safe and secure	82.5%	May 2014	★	82.5%	↑
People who find it easy to find information about support	77.8%	May 2014	★	77.8%	↑
People who feel they have control over their daily life	82.5%	May 2014	★	82.5%	↑
People aged 18-64 in contact with secondary mental health services in paid employment	3.4%	April 2014	-	TBA	↑
People aged 18-64 in contact with secondary mental health services living independently, with or without support	64.1%	April 2014	-	TBA	↑

APPENDIX B

Indicator definitions and rationale for targets

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
Managing change							
Refocus Personal Budgets	The project aims to redefine what it is reasonable for people and communities to do and pay for themselves as part of ordinary life and what social care funding should be spent on. The proposal is that social care funding should be used to pay for core social care needs (e.g. personal care, respite, day care and residential care).	Green status represents a project that, when timescales, benefits, budget and resources are all taken into account is on track overall.	Green	-	-	Green	Monthly
Review packages of care for people with Learning Difficulties and people with Physical Disabilities	This project aims to develop more cost effective solutions for some of the existing packages for people with Learning Difficulties and people with Physical Disabilities. The department needs to review the Commissioning Model to ensure it is sustainable.	Green status represents a project that, when timescales, benefits, budget and resources are all taken into account is on track overall.	Green	-	-	Green	Monthly

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
Integration	The project aims to create a joint management structure for the management of co-located teams to deliver an integrated health and social care service.	Green status represents a project that, when timescales, benefits, budget and resources are all taken into account is on track overall.	Green	-	-	Green	Monthly
Learning and Development		Green status represents a project that, when timescales, benefits, budget and resources are all taken into account is on track overall.	Green	-	-	Green	Monthly
Transport Eligibility	This project will review options to evaluate whether any efficiency savings can be made in the medium term from the £7m spent on commissioned transport.	Green status represents a project that, when timescales, benefits, budget and resources are all taken into account is on track overall.	Green	-	-	Green	Monthly
Mental Health Social Care	This project is to transfer the Mental Health Service staff back to work for Norfolk County Council as a result of ending the Section 75 agreement with Norfolk and Suffolk NHS Foundation Trust to provide community mental health services.	Green status represents a project that, when timescales, benefits, budget and resources are all taken into account is on track overall.	Green	-	-	Green	Monthly

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
Residential Care Direct Payments	This is a pilot giving people in residential care Direct Payments to pay for their care. Legislation has previously meant that people could not use Direct Payments to pay for residential care.	Green status represents a project that, when timescales, benefits, budget and resources are all taken into account is on track overall.	Green	-	-	Green	Monthly
Independent Living Fund	Funding and responsibility for the Independent Living Fund, which delivers financial support to disabled people so they can choose to live in their communities rather than in residential care, is due to transfer from Department for Work and Pensions (DWP) to local authorities in July 2015.	Green status represents a project that, when timescales, benefits, budget and resources are all taken into account is on track overall.	Green	-	-	Green	Monthly
Implementation of Care Act	Plan for the impact and implementation of the Care Act.	Green status represents a project that, when timescales, benefits, budget and resources are all taken into account is on track overall.	Green	-	-	Green	Monthly

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
Managing our resources							
Risk register: Failure to meet the long term needs of older people	Risks scores are calculated by taking an 'impact' score (out of 5, with 5 being the highest) and multiplying it by a 'likelihood' score (also out of 5, with 5 being the highest).	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.	Green	-	-	Risk score 8	
Risk register: Failure to meet the needs of older people	Risks scores are calculated by taking an 'impact' score (out of 5, with 5 being the highest) and multiplying it by a 'likelihood' score (also out of 5, with 5 being the highest).	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.	Green	-	-	Risk score 8	
Number of sickness absence days per FTE			Smaller is better			11.13	Quarterly

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
Contacts closed in SCCE as Information and Advice only	The percentage of people contacting the council for support who were given advice and information about other organisations which could help them. This measure indicates how many people approach the council for help but are not eligible for council funded services.	Targets are under review as part of the service level agreement between SCCE and Adult Social Care	Bigger is better	-	-	TBA	Quarterly
Work transferred by SCCE to localities where no service was provided	The percentage of referrals passed by SCCE to localities for assessment where the person did not meet FACs eligibility for a funded service or the assessment resulted in information and advice only being given. This measure indicates how effectively SCCE are managing requests for support from people who are not eligible or have straightforward needs, so that only people with complex needs are passed to locality teams for assessment.	Targets are under review as part of the service level agreement between SCCE and Adult Social Care	Smaller is better	-	-	TBA	Quarterly

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
Service Performance							
Service users using self-directed support on 31st March 2015	The percentage of people who need support in a community based setting who completed a personal budget questionnaire to determine an allocation of money to meet their needs and decide how those needs would be met, and who were receiving their personal budget at year end. This measure indicates that people are being given choice and control over how their care is provided.	The target is in line with national self directed support (SDS) objectives.	Bigger is better	70.0%	65.8% 	70.0%	Monthly

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
Service users using self-directed support on 31st March 2015 who receive cash payments	The percentage of people who need support in a community based setting who completed a personal budget questionnaire to determine an allocation of money to meet their needs and decide how those needs would be met, and who were receiving their personal budget at year end, and who chose to take some or all of their allocation as a cash payment. This measure indicates that people are being given freedom to use their budget allocation to spend in ways that they really want to help them remain independent.	The target is in line with national self directed support (SDS) objectives.	Bigger is better	24.0%	25.5% 	25.5%	Monthly
Carers supported following an assessment or review	The number of carers who received a council funded service, or advice and information about other organisations who can offer support, as a percentage of people receiving a community based service in the year. This measure indicates engagement with and support for carers to enable them to continue	Performance in 2013/14 was 3rd highest in the region and above average in our comparator group of local authorities. This target aims to maintain performance this year at the same high level.	Bigger is better	46.0%	46.8% 	49.5%	Quarterly

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
	with their lives, families, work and contribution to their community.						
Carers using self-directed support during the year	The percentage of carers who completed a personal budget questionnaire to determine an allocation of money to meet their needs and decide how those needs would be met. This measure indicates whether carers are being given choice and control over how they are supported in their caring role.	The target is in line with national self directed support (SDS) objectives.	Bigger is better	70.0%	42.4% ▲	70.0%	Monthly
Delayed transfers of care attributed jointly or solely to social care (per 100,000 population aged 18 and over)	The average number of patients (aged 18 or over) in a year whose safe discharge from hospital was delayed because of social care or joint NHS and social care reasons, per 100,000 population. This measure indicates how well health and social care organisations work together to ensure patients are discharged home, or to another appropriate place, with the support they need to ensure they remain safe and well.	Performance in 2013/14 was above average in the region and 4th highest of our 16 comparator group of local authorities. This target aims to maintain performance this year at the same high level.	Smaller is better	-	2.0	2.0	Monthly

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
Percentage of commissioned service providers that complied with CQC standards	The percentage of outcomes of all CQC reviews published within the last year (for regulated care homes, domiciliary care agencies, Housing with Care schemes and Supported Living services) that show compliance with the Care Quality Commission's (CQC) 16 most essential standards of quality and safety.		Bigger is better	-	83.4%	-	Quarterly
Percentage of commissioned service providers that required action to comply with CQC standards	The percentage of outcomes of all CQC reviews published within the last year (for regulated care homes, domiciliary care agencies, Housing with Care schemes and Supported Living services) that showed major concerns		Smaller is better	-	1.1%	-	Quarterly
Service users whose needs have been reviewed in year	The number of reviews completed in year as a percentage of people aged 18 and over who receive a service. This measure indicates how many people with ongoing support or a direct payment funded by the council are reassessed each year to ensure the support continues to meet	The rate of people being reviewed at least once each year reduced in 2013/14. This year's target is set at the result achieved in 2012/13 to bring it back up to previous levels.	Bigger is better	76.0%	71.8% ▲	76.0%	Monthly

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
	their needs.						
Customer Satisfaction with work completed within CSC/SCCE	The percentage of people contacting SCCE (surveying approx. 60 per quarter) who gave a positive response to the question "Based on your experience when you were in contact with SCCE, would you speak highly of the Customer Service we delivered?" This measure indicates the success of SCCE in engaging with customers and enhancing the reputation of the council.		Bigger is better	-	-	TBA	Quarterly
Overall satisfaction of people who use services with their care and support	The percentage of service users (of 390 who responded) who expressed strong satisfaction in response to the question "Overall, how satisfied or dissatisfied are you with the care and support services you receive?"	Performance in 2013/14 was above average in the region and the highest of our comparator group of local authorities. This target aims to maintain performance this year at the same high level.	Bigger is better	68.65%	70.1% ★	68.65%	Annually

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
Adult safeguarding strategy discussions completed within 3 working days	The percentage of Adult Safeguarding strategy discussion meetings completed within 3 working days of referral. This measure indicates how well the council is able to respond quickly to concerns of abuse and engage with partners in the Multi Agency Safeguarding Hub (MASH) to assess and manage risk to vulnerable adults and plan strategies to address safeguarding concerns.	90% represents a high level of performance whilst recognising that not all discussions can be completed within 3 days, where key personnel are not available or family members are difficult to contact.	Bigger is better	90%	73% 	90%	Monthly

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
Outcomes for Norfolk							
Permanent admissions to residential/nursing care aged 18-64 (per 100,000 population)	The number of council-supported permanent admissions of people aged 18-64 to residential and nursing care during the year (excluding transfers between residential and nursing care), per 100,000 population. This measure indicates how well the council is supporting working age adults to live independently in their own homes.	Performance in 2013/14 was the worst in the region and of our comparator group of local authorities. This is a reduction of target over two years to align with the comparator group average of 19.0	Smaller is better	45.0	44.75 ★	28.5	Monthly
Permanent admissions to residential/nursing care aged 65 and over (per 100,000 population)	The number of council-supported permanent admissions of people aged 65 and over to residential and nursing care during the year (excluding transfers between residential and nursing care), per 100,000 population. This measure indicates how well the council is supporting older people to live independently in their own homes.	The target has been set in line with achieving the Better Care Fund target by October 2014.	Smaller is better	825.0	799.3 ★	748.8	Monthly

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
Older people (aged 65 and over) still at home 91 days after discharge from hospital into reablement/rehabilitation services	The percentage of people aged 65 and over discharged from acute or community hospitals to their usual place of residence for rehabilitation who are at home (or in extra care housing or an adult placement scheme setting) 91 days after discharge from hospital. This measure indicates how well the Norfolk First Support rehabilitation service and community health organisations are working to give people the skills and confidence to regain their independence and prevent further admission to hospital or residential care.	The target has been set in line with achieving the Better Care Fund target by October 2014.	Bigger is better	85%	87% ★	90%	Monthly
People who use services who feel safe	The percentage of service users (of 454 who responded) when asked "Which of the following best describes how safe you feel?" responded "I feel as safe as I want". This measure may be influenced by factors other than support with daily living, such as the area people live in and rates of crime or anti-	Performance in 2013/14 was the highest in the region and 4th highest of our 16 comparator group of local authorities. This target aims to maintain performance this year at the same high level.	Bigger is better	67.83%	69.6% ★	69.6%	Annually

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
	social behaviour.						
People who use services who say that those services have made them feel safe and secure	The percentage of service users (of 449 who responded) who answered "Yes" to the question “Do care and support services help you in feeling safe?” This is a measure of how well health and social care organisations are helping people to feel safe both inside and outside of their homes.	Performance in 2013/14 was 4th highest in the region and above average for our comparator group of local authorities. This target aims to maintain performance this year at the same high level.	Bigger is better	81.40%	82.5% ★	82.5%	Annually
People who find it easy to find information about support	The percentage of service users (of 457 who responded) when asked “In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?” responded “very easy to find” or “fairly easy to find”. This is a measure of how well the council, and other organisations, engage with people and promote their services.	Performance in 2013/14 was 3rd highest in the region and 4th highest of our 16 comparator group of local authorities. This target aims to maintain performance this year at the same high level.	Bigger is better	69.98%	77.8% ★	77.8%	Annually

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
People who feel they have control over their daily life	The percentage of service users (of 461 who responded) when asked “Which of the following statements best describes how much control you have over your daily life?” responded "I have as much control over my daily life as I want" or “I have adequate control over my daily life”. This measure indicates how well people feel supported to live their lives in the way they would like to.	Performance in 2013/14 was the highest of both region and our comparator group of local authorities. This target aims to maintain performance this year at the same high level.	Bigger is better	81.13%	82.5% 	82.5%	Annually
People aged 18-64 in contact with secondary mental health services in paid employment	The percentage of people aged 18 to 64 over the year receiving secondary mental health services and on the Care Programme Approach (CPA) who were in paid employment at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting. The measure indicates improved employment opportunities for adults with mental health problems, reducing their risk of social exclusion and discrimination.	The mental health service performance framework is under development as the service is transferred back under council control.	Bigger is better	7%	2.4% 	TBA	Monthly

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
People aged 18-64 in contact with secondary mental health services living independently, with or without support	The percentage of people aged 18 to 64 over the year receiving secondary mental health services and on the Care Programme Approach (CPA) who had security of tenure or stability of residence at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting. This measure indicates how many adults with mental health problems live in stable and appropriate accommodation, which is closely linked to improving their safety and reducing their risk of social exclusion.	The mental health service performance framework is under development as the service is transferred back under council control.	Bigger is better	44%	46.0% 	TBA	Monthly

Adult Social Services End of Year Performance 2013/14

Indicators		Final		Benchmark	DoT	Targets	
Reference	Description	2012/13	2013/14	Family group average	YoY	2013/14	2014/15
ASCOF 2A(1)	Permanent admissions to residential/nursing care aged 18-64	52.5	44.8	19.0	↑	45	28.5
ASCOF 2A(2)	Permanent admissions to residential/nursing care aged 65 and over	822.7	799.3	706.0	↑	825	748.8
ASCOF 1C(1)	Service users and carers using self-directed support during the year	53.8%	60.9%	53.7%	↑	70%	70%
ASCOF 1C(2)	Service users using self-directed support during the year who received cash payments	40.5%	25.5%	16.9%	↓	24%	25.5%
ASCOF 1E	People with learning disabilities in employment	6.9%	7.1%	6.2%	↑	6.9%	7.2%
ASCOF 1G	People with learning disabilities in settled accommodation	72.1%	73.4%	74.5%	↑	72.0%	74.5%
NI135	Carers supported following an assessment or review	49.5%	46.8%	41.1%	↓	46.0%	49.5%
NI132	Waiting times: percentage of assessments completed within 28 days of initial contact	78.1%	52.7%	-	↓	76.0%	-
ASCOF 2B(1)	Older people still at home 91 days after discharge from hospital into reablement services	88.7%	87.0%	80.5%	↓	85%	90%
ETH2	Percentage of service users with ethnicity not recorded	1.8%	1.6%	-	↑	1.8%	1.6%
D40	Percentage of service users whose needs have been reviewed in year	75.9%	71.8%	66.8%	↓	76%	76%
ASCOF 4B	People who use services who say that those services have made them feel safe and secure	81.40	82.5%	79.9%	↑	81.4%	82.5%
ASCOF 4A	People who use services who feel safe	67.83	69.6%	66.6%	↑	67.8%	69.6%
ASCOF 3D	People who find it easy to find information about support	69.98	77.8%	74.8%	↑	70.0%	77.8%
ASCOF 3A	Overall satisfaction of people who use services with their care and support	68.65	70.1%	66.1%	↑	68.7%	68.7%
ASCOF 1B	People who feel they have control over their daily life	81.20	85.2%	77.1%	↑	81.1%	85.2%
ASCOF 1A	Social care related quality of life score	19.39	19.6%	19.0	↑	19.4%	19.6%
ASCOF 1F	People aged 18-64 in contact with secondary mental health services in paid employment	2.9%	2.4%	11.4%	↓	7.0%	
ASCOF 1H	People aged 18-64 in contact with secondary mental health services living independently	38.4%	46.0%	59.2%	↑	44.0%	

Indicators		Final		Benchmark	DoT	Targets	
Reference	Description	2012/13	2013/14	Family group average	YoY	2013/14	2014/15
ASCOF 2C(1)	Delayed Transfers of Care - whole system	11.3	12.5	11.3	↓		10.6
ASCOF 2C(2)	Delayed Transfers of Care - attributable to adult social care	1.9	2.0	3.4	↓		2.0