



# Adult Social Care Committee

Committee Plan 2018/2021



## Welcome to the Committee Plan. In this plan you will find:

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## County Council Strategy

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Caring for our County: A vision for Norfolk in 2021 was approved by members in February 2018 and outlines the Council's commitment to playing a leading role in:



Building **communities** we can be proud of



Installing **infrastructure** first



Building **new homes** to help young people get on the housing ladder



Developing the **skills of our people** through training and apprenticeships



Nurturing our growing **digital** economy



Making the most of our **heritage, culture and environment**

The Council's Strategy for 2018-2021 – Norfolk Futures – will provide the mechanism to enable these ambitions for the County across all of its activities.

Norfolk Futures will deliver these transformational commitments in a context where demand for our services is driven both by demographic and social trends, and where increasingly complex and more expensive forms of provision are increasingly prevalent.

Norfolk Futures is guided by four core principles that will frame the transformation we will lead across all our work:



Offering our help early to **prevent and reduce** demand for specialist services



**Joining up** our work so that similar activities and services are easily accessible, done well and done once



Being business like and making best use of **digital technology** to ensure value for money



Using **evidence and data** to target our work where it can make the most difference

Under the banner of Norfolk Futures we will deliver sustainable and affordable services for the people who need them most. The whole Council needs to change to keep up with increasing demands and ever better ways of working.

These principles frame the transformation that we must lead across all our services and activities. This is all underpinned by evidence and political support, to change how the Council works and how we work with the people of Norfolk.

By 2021 the strategy and these underpinning Service Plans will have moved the Council towards a more sustainable future with affordable, effective services. This means that we will have radically changed the ways we do some things. We will know our citizens and manage their needs effectively using the best evidence to enable the most appropriate outcomes. We will be working jointly across the Council on our biggest challenges by default, and changing the way we work to reflect new technology and ways of working. This will enable us to work smarter, better and plan long term to because the council the County needs.

## Adult Social Services in Norfolk

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Social care has the power to transform lives. It provides care, support, and safeguards for those who have the highest level of need, and for their carers.

- We spend about **£1 million** a day on adult social care in Norfolk
- On any given day, we will be securing services to around **14,000 people**
- We begin intensive reablement to help **14 people** a day get back on their feet after a crisis
- And every day we receive new calls, new enquiries – equivalent to almost **200 a day**
- Last year **20,205 people** received short term and long term adult social care packages
- Last year, almost **5000** had reablement services helping them get back on their feet after a crisis

We are fundamentally re-thinking our approach to delivering public services. Many of our services were designed in a very different era and policy framework. Funding regimes now do not account fully for demographic change or socio-economic changes, instead the drive is for local government to become self-sufficient through council tax and increased revenue from locally raised business rates.

At the same time as funding has been reduced, our population continues to grow and the pattern of family life has changed. Medical advances are huge – people live longer and have access to many more medical specialists than in the past. More profoundly disabled young people with increasingly complex needs are coming into adulthood every year. People move around more for jobs than in previous generations, so families cannot always be near to older relatives to help and care.

A growing 'older' population affects Norfolk more than most other places – it has, and will continue to have, a higher proportion of older people compared to the average for the Eastern Region and for Norfolk's 'family group' of similar councils.

## Key demographic trends for Norfolk

Norfolk generally has an older population that is projected to increase at a greater rate than the rest of England.

Across Norfolk the average life expectancy is about 80 years for men and about 84 years for women. The average number of years a man can expect to live in good health is about 64 and for women it is about 66.

The number of people aged 65 and over in Norfolk is due to increase from 209,700 in 2015 to 274,800 in 2030.

This is a 31% increase in 15 years, and will mean that the number of people aged 65 and over, as a proportion of Norfolk's total population, will increase from 23.8% to 28.3%.

About 77,700 people are limited a lot in their day to day activities and about 23,200 provide more than 50 hours of care per week.

There are an estimated 19,000 who are blind, and 110,000 with a hearing impairment.

With the population aged 18 to 64, there are estimated to be:

- **12,300** with a serious physical disability
- **4,500** with a serious personal care disability
- **2,800** with a moderate or severe learning disability
- **81,400** with a common mental health disorder

## Demand and planning for the future

In planning ahead, we need to carefully consider the following:

Critically, the 85+ age group is Norfolk's fastest growing, and it is this age group which has most impact on demand. Between 2015 and 2030 this age group will increase by 77%.

- a) Whilst people over 85 are clearly more likely to be physically frail and to find it more difficult to undertake day-to-day tasks, they are also more likely to have dementia. Norfolk's dementia prevalence is high – being third highest in the region behind Suffolk and Southend. Dementia is likely to be one of the most important drivers of social care need in older people in Norfolk in the next twenty years
- b) People with learning disabilities are living to a much older age. Whereas once relatively few people with a learning disability would live beyond the age of 65, around 12% of people being supported by a learning disability team are now over 65
- c) Wider social factors are also significant in influencing demand. These include people's general health and wellbeing, their income, particularly given that social care is subject to financial eligibility; and loneliness and isolation – evidence suggests that people that are at risk of loneliness may be more likely to seek care

## **Our role in the care market**

Adult social services spends more than £280m a year in purchasing adult social care services from the market, and has duties under the Care Act to promote the effective and efficient operation of this market, including its sustainability. Whilst social workers assess what strengths people have and agree with individuals what additional support they need to be able to stay as independently as possible, the majority of the care is then purchased from the care market.

Norfolk has a diverse care market with over 700 care providers employing around 27,000 people and is an important part of the Norfolk economy. There is a huge range of providers in the care business – from small family-run homes and home care businesses through to national care companies. Some larger charities run specialist support and advice services in addition to providing residential or dementia care on a commercial basis. While Adult Social Services spends around £280m a year on social care; individuals buying their own care accounts for around £147m. Norfolk CC has a responsibility for care provision and market regardless of who is paying for it.

In line with other local authorities, the amount of money the Council pays for each ‘unit’ of care is increasing. These increased costs are being driven by a range of factors including:

- a) Increases to the National Minimum Wage
- b) A very challenging labour market, with significant ongoing staff turnover, particularly in-home care
- c) An ‘ageing’ care estate of often older care homes and nursing homes
- d) Competition for staff, predominately from the retail sector

Adult Social Services has a statutory responsibility to support and develop the market for care – not just for those eligible for adult social care, but for all citizens in Norfolk. At the same time, it is also our responsibility to purchase care in the most cost effective way for council tax payers.

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

## **Our vision for the future of Adult Social Services**

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We have a clear vision – to support people to be independent, resilient and well.

To achieve our vision, we have a strategy – **Promoting Independence** – which is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. It is also a positive response towards managing what is a difficult financial climate for public services. It does not see a retreat to a statutory minimum but ensures that we manage demand and have a sustainable model for the future, at the core of which is quality social work which builds on the strengths of individuals.

Promoting Independence has these main elements:

**Prevention and early help** – empowering and enabling people to live independently for as long as possible through giving people good quality information and advice which supports their wellbeing and stops people becoming isolated and lonely. We will help people stay connected with others in their communities, tapping into help and support already around them – from friends, families, local voluntary and community groups. For our younger adults with disabilities, we want them to have access to work, housing and social activities which contribute to a good quality of life and wellbeing.

**Staying independent for longer** – for people who are most likely to develop particular needs, we will try and intervene earlier. Certain events, such as bereavement or the early stages of an illness like dementia can be a trigger for a rapid decline in someone's wellbeing, but with some early support we can stop things getting worse and avoid people losing their independence and becoming reliant on formal services.

**Living with complex needs** – for some people, there will be a need for longer term support. This might mean the security of knowing help is on tap for people with conditions like dementia, and that carers can have support. We will look at how we can minimise the effect of disability so people can retain independence and control after say a stroke or period of mental illness. For some people, moving into residential care or to housing where there are staff close by will be the right choice at the right time, but such decisions should be made with good information and not in a crisis.

**Our three-year departmental priorities are:**

- Strengthen social work to prevent, reduce and delay need
- Be strong partners for integration working
- Accelerate technology-enabled care
- Improve quality and safeguard people
- Strong management of finance and performance

### Our key actions for 2018/19 are:

- Implement a learning disability enablement model – connecting people to activities, building skills, and developing housing which is ambitious and supports people to live well and progress
- Roll out Living Well, to embed strengths-based social work and community development which transforms lives by helping people and those who care for them to live independently
- Commission the right mix of good quality affordable care – and address the need for more dementia care so people stay living independently, with dignity
- Deliver all integrated short term care services – avoiding hospital admissions, responding to a crisis and helping people to get home when they are well enough
- Develop more technology enabled care – so we target people in need, support people to connect with one another, monitor people at risk and have more face to face engagement
- Continually strive to improve the quality of service and safeguard people at risk of harm

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### Changing our approach to social work

At the heart of our Promoting Independence strategy is really great social work – social work which starts by looking at people’s strengths – what they can do, rather than what can’t do. We know that this is how our social workers want to do their job, because it is the best way to support people to live independently. But we also know that strengths-based social work is being crowded out by our current processes and we have made it hard for social workers to break the mould.

### Living Well: 3 Conversations is our response to this.

It is a model of social work which boldly strips away unnecessary bureaucracy and processes and instead focuses on three conversations:

- **Conversation 1:** Listen hard and connect – Understand what really matters to the person. Connect them with resources and support that allows them to get on with their chosen life independently.
- **Conversation 2:** Work intensively with people in crisis – What needs to change urgently to help someone regain control of their life? “Stick to them like glue” and make the most important things happen. Put in a ‘time to think’ plan.
- **Conversation 3:** Build a good life – What does a good life look like? What assets, strengths, resources (including people with personal budgets) does someone have to support their chosen life? How do these need to be organised?

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Crucially, anyone needing support will be put through to a social worker who will become a single point of contact and will conduct one or more of the conversations until the issue has been resolved. The approach depends on social workers spending more time with service users. It does away with process driven ‘hand-offs’ and encourages social workers and occupation health workers to connect with the networks and support available in local neighbourhoods and communities.

## The voices of people who use our services

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### People tell us:

- They want people to understand the importance of adapting the home environment to make it accessible as their needs change, so that people can continue to self-care and to be safe: “much as they want to remain in their own home, they could get forgetful around the house”
- They want to be able to access reliable services to manage household and home repair tasks to stop: “everyday life becoming overwhelming”
- They are concerned about the affordability of the kind of support people would need: “having care that is sensitive to needs, reliable and affordable”
- They want to be able to get help easily: “help to find care easily, a sort of one-stop-shop”
- How important local community connections are in helping people stay independent: “...social activities and education opportunities in the local neighbourhood, a good network of friends in the local area, close to a place of religious worship” and support from local networks: “a personal alarm which helps her to feel safe. Local neighbours are aware and one has a key”



**Making it Real** is a partnership between Norfolk adult social care and health services and the people who use services and carers. We work together to develop services or policy. Making it Real tell us:

“The best way to improve a service is to ask the people who use it what they need and how best to provide it.”

**Healthwatch and the Carers Council for Norfolk** undertook some engagement work with carers in 2017. This is a word cloud which highlights answers to the question “*What would help you feel more confident continuing in your caring role?*”



This word cloud shows responses to the question: “*What would help you to better maintain your health and wellbeing?*”



## Key Committee challenges

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The Committee faces a range of challenges in achieving ambitions for Norfolk. These must be taken into account during decision-making

Challenge	Description
Managing demand	Most of our £27m of savings for 2018/19 are based on reducing demand. We are changing our model of social work which means more emphasis on helping people gain or re-gain skills so they can stay independent.
Holding lists	We need to meet our targets on reducing the backlog of work in our teams. Through targeted work, we are beginning to reduce the overall number but this will need to be sustained.
Transforming learning disability services	We are currently out of step with other similar areas, relying too much on long-term on-going support, rather than helping people gain skills and confidence so they can achieve things that matter to them. We now have a strong co-produced strategy which is ambitious for people with learning disabilities, however changing how we work with people will require patience and trust – all of which take time to build. We also need to work with providers of care so that they too share our approach.
NHS pressures	Pressures on health, particularly at acute hospitals, can result in more demand for adult social care teams. We will need to be a strong partner and ensure that our voice is heard in discussions about the sustainable transformation plan (STP), so that we plan together to improve the health and social care system as a whole.
Green paper on social care for older people	This will be published before the summer recess, with potentially significant consequences for the future funding regimes for adult social services.
Market shaping and development	We have increased our payments to care providers, although we recognise that there are financial pressures for providers. We will need to continue to build a joint collaborative approach which supports good quality and good outcomes for people.
Quality of care provision	<p>Overall there has been a significant improvement in quality particularly in-home care however Norfolk still lags behind most other local authorities.</p> <p>Across the sector CQC inspections indicate that 73% of providers have been rated as good, 25% as requires improvement and &lt;2% rated as inadequate.</p> <p>Significant improvements in quality have been achieved in 2016 across all sectors – from 57% meeting required standard to 73%.</p>

Carers	Our support for carers has improved with a new service for all carers which began in October 2017.
Autism services	Our support for people with autism is under-developed in Norfolk. We are taking a lead to bring together a range of public sector partners, and representatives from people with autism to develop a strategy which clearly shows Norfolk is serious about autism.
Recruitment and retention	<p>We are nearing the end of a recruitment drive to attract an additional 50 social workers and occupational health workers. This has been largely successful, although has opened up other vacancies as existing staff have looked for promotion and new opportunities.</p> <p>Recruiting experienced social workers to Norfolk is a continuing challenge because of geography and the national profile of the profession. We will need to continue to be innovative and relentless in our recruitment campaigns to sustain a committed and effective workforce.</p>
Skills gaps in the care market	<p>In the wider care market, there are well-documented national challenges in attracting and keeping good quality staff. We have passed on the funding for the National Living Wage to providers in Norfolk and funded inflation to alleviate some of the pressures the market is under.</p> <p>There is a particular gap in nursing care staff in nursing and residential carers. This reduces choice for people and increases prices at a time when the need for nursing care is rising – particularly for people with dementia.</p>

## **An overview of Adult Social Services**

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At some point in our lives most, if not all of us, will need help with everyday living because of an illness, a disability, because we are getting older or because we are caring for someone. Every one of us will have a different view of the help we need and how we want it to be provided.

The role of Adult Social Services is to work with people to find out what they need to live their lives, and to help them access that support.

Whilst only a small proportion of the adult population in Norfolk receives direct support from adult social services, the department's work is not limited to people who might be eligible for social care; good quality information and advice for all about living well and staying independent is a core responsibility.

Whilst everyone is an individual with different needs, we organise our teams around four main specialties – reablement through Norfolk First Support, community care teams who principally support older people; learning disability teams who support adults with learning disabilities; mental health teams, supporting people with mental health needs.

The type of support and services for all the people we service fall into three main themes:

### **Prevention and early help**

This covers a range of services, not all provided by adult social services but by other parts of the council and other partners, all which support individual and community resilience. This includes:

Our team of **Development workers** who can support small independent groups, developing community capacity through focussing on shared interests. They have a great knowledge on local resources and can use that to support people to stay connected and get involved in their local community.

We fund **community based initiatives**, including 'pub is the hub', supporting through grants the development of pubs as the centre of community life. Projects range from adding a cafe or community/farm shop, lunch clubs and improved access to the pub

We work with district councils and their partners to build community capacity and enable communities. This will include social prescribing – a network of development workers based around GP surgeries who can build up people's well-being by connecting them to support and opportunities in their communities.

We continually improve and expand our website, to make it a valuable source of information. The Norfolk Directory is a live, dynamic resource for individuals, support workers and other organisations to capture local groups, services and opportunities. Alongside this universal information, we also commission specialist advice and guidance for people with disabilities, older people, people who are deaf, people with learning difficulties, people with dementia, with mental health problems and for people living with HIV.

Our Sensory Support Team provides: social care assessments for people who are deaf or have a dual sensory loss; an assessment and rehabilitation service where sight loss has become a critical or substantial barrier to independent living; and advice and training to carers, families and other professionals.

Norfolk has an estimated 91,000 informal carers, who look after relatives and friends, and also need some help themselves. Carers Matter Norfolk is a newly commissioned support for all unpaid carers provides support and practical help for carers.

### **Staying independent for longer**

Norfolk First Support is our in-house reablement service which provides intensive support in peoples' homes for up to six weeks to help the person to regain as much independence as possible. This is not means tested, but a free service for people who can benefit from it. The approach is expanding to three other locations across Norfolk, and is specifically targeted at people coming out hospital – not quite ready to go home.

Norfolk First Response or Swifts is our 24-hour in-house service provides help, support and reassurance if someone has an urgent, unplanned need at home but doesn't need the emergency services, eg if someone has a fall but is not injured. This is a vital service which makes a huge difference to pressures on the health system.

Assistive Technology can transform people's lives and help them to stay independent in their own homes. There is equipment which gives peace of mind – detecting hazards such as fire, floods, falls and carbon monoxide escapes. It can help people with forgetfulness and memory prompts or feeling secure in their home.

As well our in-house services, we commission a range of services to help people stay independent. This includes advice and advocacy provision, home care services, day time opportunities, specialist support for people with dementia, particularly to allow carers to take a break.

With our partners in health, we organise and run a range of schemes to prevent people from having to go into hospital, or getting home as soon as is safe.

With our partners in district councils we spend and through the Better Care Fund, we support the spending of about £6.9m a year on adaptations for people's homes..

### **Living with complex needs**

Many people live with complex, on-going conditions independently in their own homes. To help them do this, we commission on their behalf (or they organise their own care through a direct payment) services which could include home care, personal assistants, equipment, assistive technology.

We commission a wide range of types of accommodation for people – for example – housing with care where people can have their own front door, but with support available. All supported housing, and it takes many forms, has at its heart the ability to support people's independence.

For some people, the most appropriate option will be permanent residential care or permanent nursing care. The proportion of people we support in some sort of permanent residential care has reduced, as we commission more alternatives for people.

### **Our workforce**

To deliver our vision, we have had to think about how our staff work in different ways to better support people to be independent. This has meant investing in staff training and development, focusing on recruitment and retention and in some cases investing in new roles.

At the core of our Promoting Independence strategy is excellent social work practice, delivered by committed and motivated practitioners. Working in this strength based model takes time so we are increasing the number of our frontline social workers and team managers across Norfolk to transform the way we work. We have placed a strong emphasis on empowering our staff to lead the service changes and have considered how staff can themselves be supported to look after their own health and wellbeing. This additional investment is a big commitment for us and we want to make sure that our workforce feels supported and valued.

We have around 570 social care and occupational health staff working across Norfolk. Over half of these staff are integrated with community staff in the NHS; the others are part of county wide teams, such as learning disability and mental health. We have a wide ranging skill sets, which includes experienced social workers, specialist social workers in particular fields, assistant practitioners (not formally qualified social workers), occupational health practitioners.

We also have a reablement workforce of around 330 fte working for our in-house Norfolk First Support which includes Swifts and Nightowls. (Our 24-hour in-house service for anyone with an urgent, unplanned need at home but doesn't need the emergency services). To support prevention and build community resilience we have around 50 in total working in the sensory support, assistive technology and community development teams.

We're committed to CPD and developing the practice and professionalism of our workforce by providing clear career progression within Adults Services and offering structured learning and development opportunities at all levels. We recognise that recruiting people to Norfolk is challenging and that we need to include in our recruitment strategy a 'grow-our-own' approach as well as attract people from outside our county. The Norfolk Institute of Excellence (NIPE) offers newly qualified social workers with dedicated support and provides them with experiences to grow their knowledge and expertise before they join a busy team. The new Social Work apprenticeships will also provide opportunities for us to grow our own social workers.

## Resources and budget

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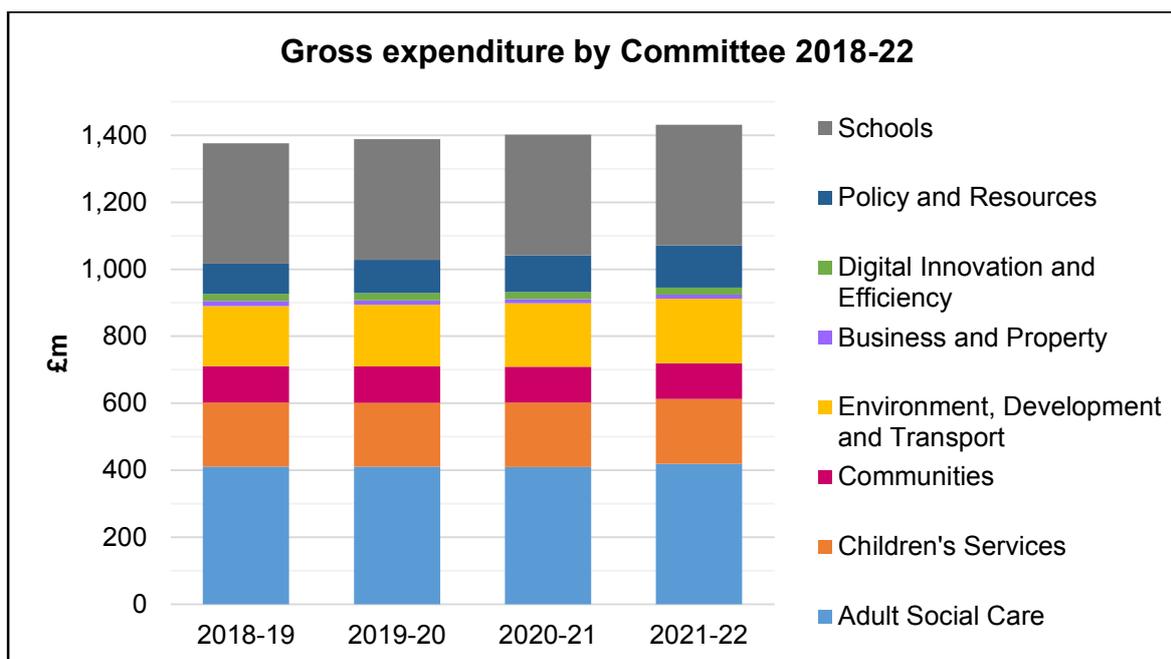
Local government faces ongoing reductions in funding over the period covered by this Plan. The two key financial tasks for all committees are to deliver their 2018-19 budget, and to plan their expenditure over the Medium Term Financial Strategy up to 2021-22. The scale of this challenge requires a new approach to service delivery, a wide range of options, and significant public consultation.

The following tables provide an overview of the County Council's budget position, and a detailed breakdown for the Service Committee following 2018-19 budget setting. Future year budgets will vary from the figures shown here as detailed budget setting work is undertaken and the budget is set by Members each year, however they provide an overall picture of the Council's finances.

### Norfolk County Council gross revenue budget 2018-19 to 2021-22

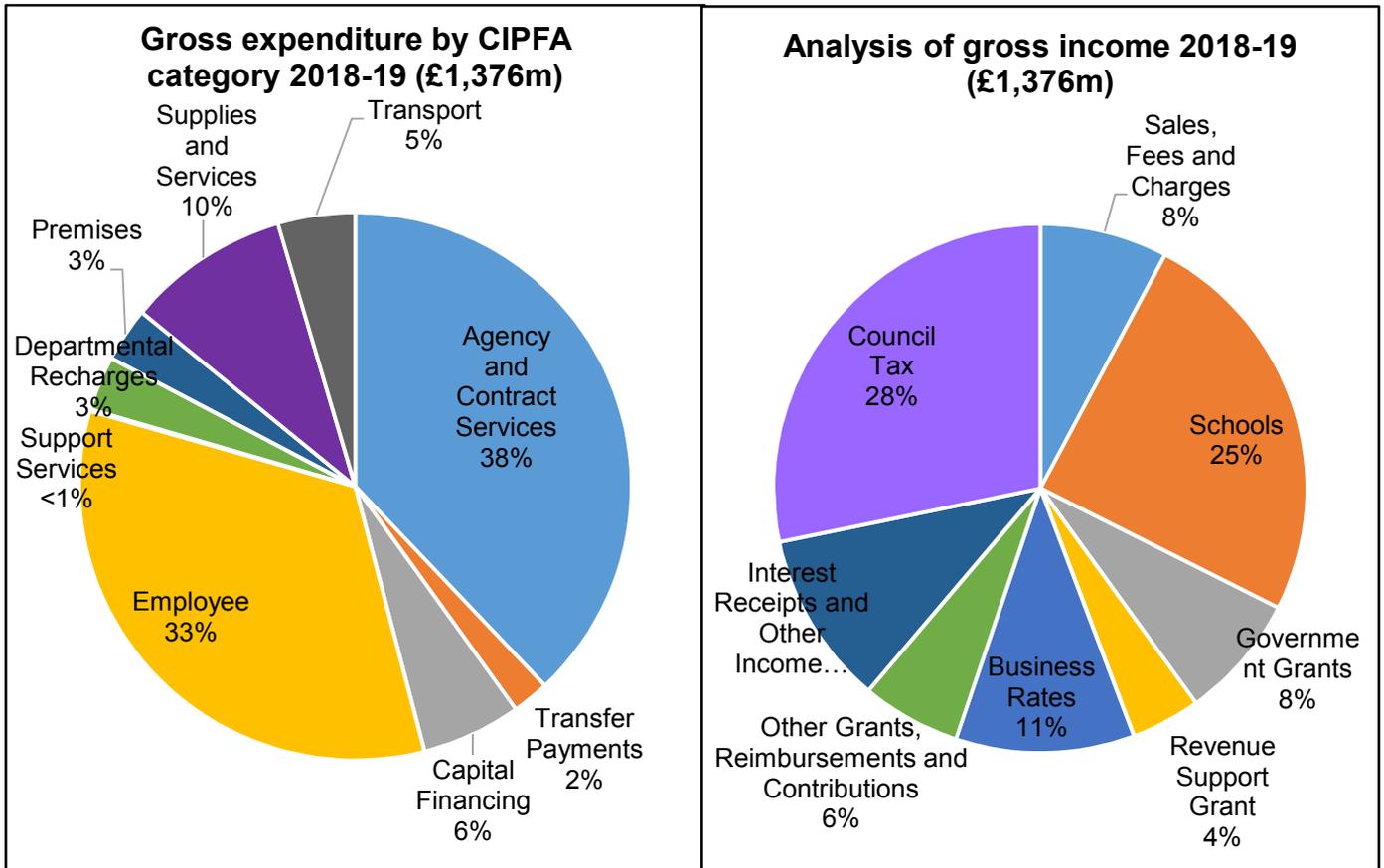
The chart below summarises the County Council's gross expenditure budget by Committee for the period covered by the Medium Term Financial Strategy 2018-19 to 2021-22. The **gross budget for 2018-19 is £1,376m**, this includes £360m which is passed directly to schools.

The **net budget for 2018-19 is £388.8m**.



**Note:** the gross expenditure shown above does not include the requirement for savings to close the forecast budget gap in future years 2019-20 to 2021-22.

The following charts provide an analysis of the County Council's gross income and expenditure for 2018-19, to show where the money comes from, and how it is spent.

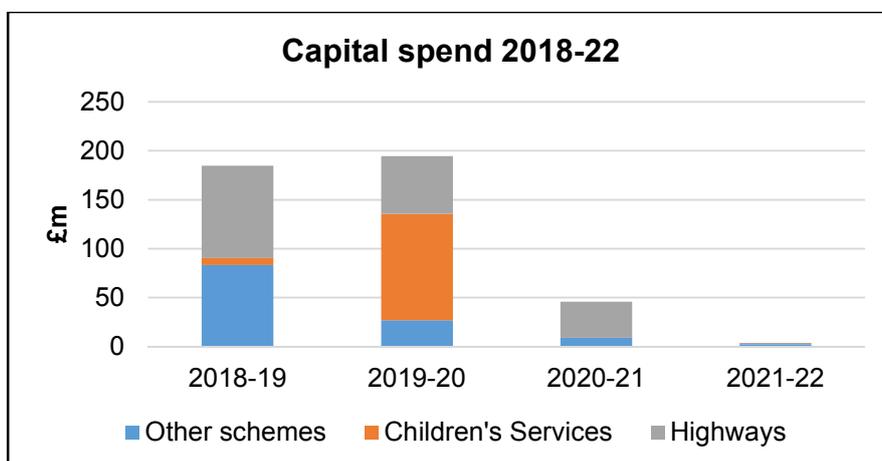


**Notes:**

Transfer Payments relate to direct payments to service users to enable them to commission their own services, such as domiciliary care and day care.  
 Interest Receipts and Other Income includes capital charges and depreciation and charges for transport services provided by CES department to others within the Council.

**Norfolk County Council Capital Programme 2018-19 to 2021-22**

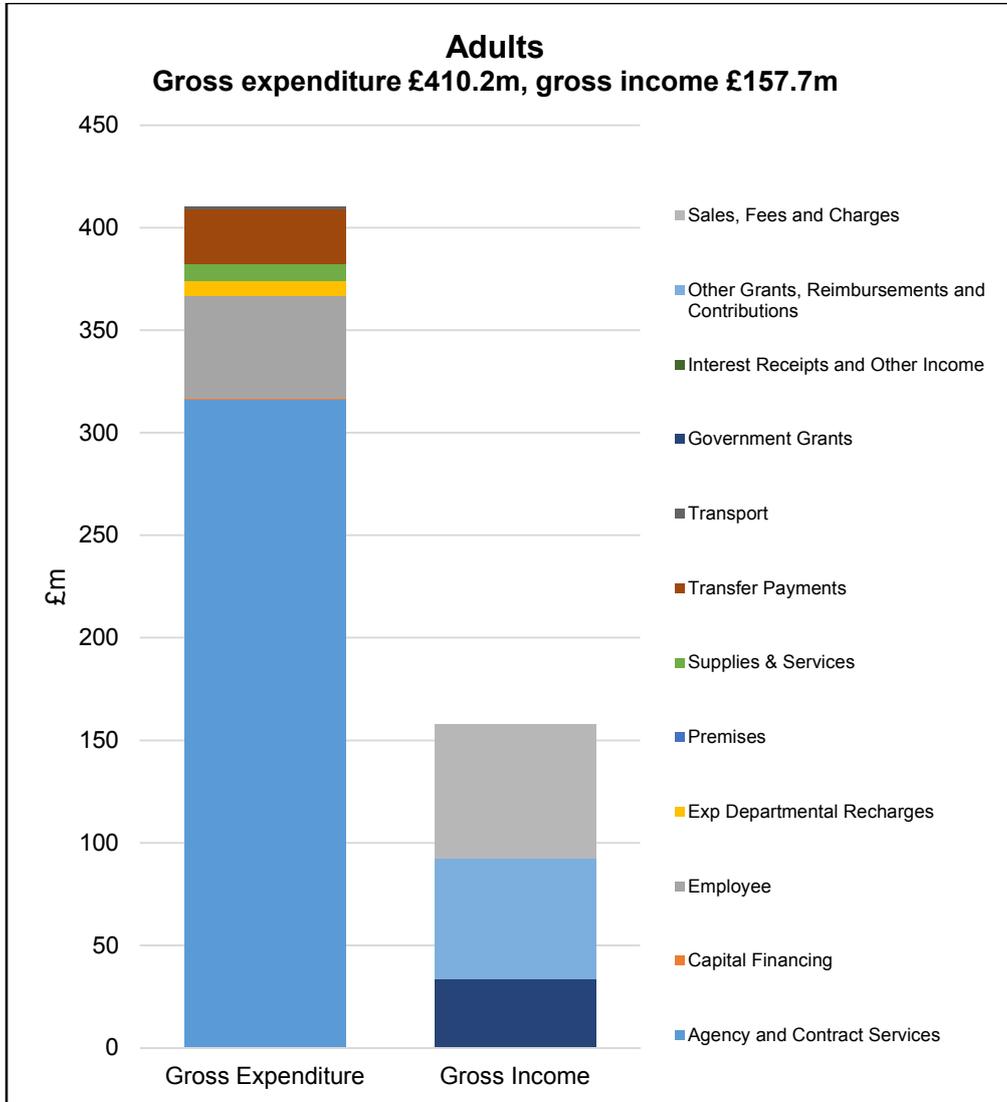
The chart below summarises the County Council's Capital Programme for 2018-19 to 2021-22.



### Details of Adult Social Care Committee gross revenue budget 2018-19

The following chart provides details of this Committee's gross expenditure and gross income budgets.

The Committee's **net budget for 2018-19 is £252.5m**



## Norfolk Futures

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Under the banner of Norfolk Futures we will deliver sustainable and affordable services for the people who need them most. The whole Council needs to change to keep up with increasing demands and ever better ways of working. Norfolk Futures is guided by four core principles that will frame the transformation we will lead across all our work. Seven initial corporate priorities have been identified which are:

- Safe children and resilient families
- Promoting independence for vulnerable adults
- Smarter information and advice
- Towards a housing strategy
- Digital Norfolk
- Local services strategy
- Commercialisation

The Adult Social Care Committee will be responsible for **Promoting Independence for vulnerable adults**, and oversight for the entire transformation programme will be provided by Policy and Resources Committee.

Under this priority, we want to give people the skills and confidence to live independently and safely, in their own homes, for as long as possible. To do this we will focus on those most likely to need our formal services at some point to help them to stay independent for longer. If anticipated levels of demographic and inflationary growth become reality, and the Council does not transform its approach to adult social care practice and commissioning, the Adult Social Care budget will be overspent by an estimated £53m by 2021.

The Promoting Independence priority will focus on reducing dependence on long term formal care by providing earlier, better interventions that prevent, reduce and delay the need for formal care. This will result in a more financially sustainable service and better outcomes for our service users. Improvements to 'front door' arrangements, early help and intervention, reablement and social work practice will deliver volume reductions in formal care of between 10% and 21% (depending on setting and specialism) leading to meet our savings by 2021.

The 4 key focus areas will be:

1. **Building capacity and living well**, the living well - 3 conversations approach and the recruitment and project activity that will provide the capacity to delivery this model and remove the backlogs
2. **Learning disabilities** the range of projects focused on promoting independence and delivering savings for individuals with learning disabilities
3. **Integrated short-term support**, the establishment of schemes to deliver against the BCF and High Impact Change Model alongside other projects that are targeting reductions in Delayed Transfers of Care and improvements to the interface between Health and Social Care
4. **Technology enabled services**, the development of the Technology Enabled Care Strategy including the future role of assistive technology will ensure that decisions to commit future savings targets to these areas are based on robust evidence.

## Risks and Innovation

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By identifying risks and opportunities we can make better decisions as to future activities and focus.

### Risks

As an organisation we have a risk management process which cuts across all of the departments and committees. The information below shows a snapshot in time and will be updated as the plan develops.

For Adult Social Care Committee there are 18 main areas of risk which could affect what we do in the future.

Risk	How high is the risk? (As of January 2018)	Prospects of meeting target score
Failure to understand and act upon changes to demography, funding, and government policy, with particular regard to Adults Services.	Red	Amber
Failure to deliver a new fit for purpose social care system on time and to budget.	Amber	Green
The savings to be made on Adult Social Services transport are not achieved.	Amber	Green
Failure to meet budget savings	Red	Red
A rise in acute hospital admissions and discharges and pressure on acute services.	Red	Amber
Deprivation of Liberty Safeguarding	Red	Red
The potential risk of shortfall between funding and pressures through integration of capital and revenue funding between the Council, health organisations and district councils	Amber	Amber
Risk of failing to deliver Promoting Independence, change programme for Adult Social Services in Norfolk	Amber	Amber
Staff behaviour and practice changes to deliver the Promoting Independence Strategy	Amber	Amber
Lack of capacity in ICT systems	Amber	Amber
Failure to follow data protection procedures	Amber	Green
Negative outcome of the Judicial Review into fee uplift to care providers	Amber	Green

Failure of the care market (through the independent providers) due to difficulties in recruiting staff into the sector.	Amber	Amber
Potential for integration to adversely affect delivery of statutory responsibilities or impact on reputation	Amber	Green
Failure in our responsibilities towards carers.	Amber	Amber
Impact of the Care Act	Green	Green
Potential failure to meet the needs and safeguarding of adults in Norfolk.	Amber	Amber
Delayed Transfers of Care (DTC)	Red	Amber

## Innovation

As well as looking at future challenges we are also seeking new and exciting opportunities to help deliver our ambitions.

This includes things like new funding streams, different ways of working and even sometimes stopping delivering services where they are no longer needed or relevant. New opportunities and innovative ways of working will continue to be explored.

Service Area	Innovation
Living Well: 3 conversations	A model of social work which boldly strips away unnecessary bureaucracy and processes and instead focuses on three conversations. The innovation is in its design as well as its delivery. It is designed 'bottom up' by individual teams who take ownership for a cohort of people and organise themselves in the best way.
Accommodation based reablement	Norfolk is a strong track record on reablement in people's homes. This gives people back skills and confidence that they might have lost during a stay in hospital – simple but critical things like being able to use a micro-wave, make a cup of tea, order food on line.  We are developing a similar approach but in a residential setting – for people who are well enough to leave hospital but not yet well enough to go home. The environment is specifically designed to look and feel someone's home (not a ward), so they can practice in a safe environment getting around and carrying out daily tasks.
Smart homes	Expand our assistive technology offer and develop Smart Homes to enable citizens to live independently in their own homes
'Real time' data for providers	Enable providers to share real-time information around vacancies and the services they are offering

<p>Promoting Independence social impact bond</p>	<p>We are bidding to government-funded Life Chances Fund (LCF) for funding to conduct feasibility studies exploring whether a Social Impact Bond (SIB) would meet our needs locally for funding a four-strand 'Promoting Independence' project.</p> <p>The four strands of the Promoting Independence project are as follows:</p> <ul style="list-style-type: none"><li>• Social Prescribing</li><li>• Apprenticeship Training Agency</li><li>• Integrated Health and Employment Service</li><li>• NEETs Clinical Social Recovery Therapy</li></ul>
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## Performance

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Performance of each committee is measured through a tracker system. The detail of this is reported to service committee and some high level metrics are reported to Policy and Resources.

Adults Committee agreed the set of core measures and targets below at their meeting in October 2017. These form the basis of regular, detailed performance reporting to Committee on a quarterly basis, supplemented by surveillance of a wider suite of vital sign indicators.

At the time of writing this committee plan, we are in transition from the former social care recording system 'Care First' to Liquid Logic which went live in November. The transition to a new system has been complex, and priority has been given to operational management information reports for front-line staff. The first full set of reports, giving performance against the targets set out here will be available for Committee in May.

Indicator	Performance			Targets	
	2016/17	2017/18	2018/19	2019/20	2020/21
% requests for support where the intention is that the person will go on to receive a care act assessment	32.72%	28.86%	25.00%	25.00%	25.00%
Holding list – number of unallocated cases awaiting assessment	2,710	2,396	618	200	200
% Reablement cases where the outcome is recorded as not requiring any further social care support	68.89%	69%	69%	69%	69%
% Assessments which are closed with the intention of supporting the person with services	75.95%	80.63%	85.32%	90.00%	90.00%
Number of permanent admissions to residential and nursing care for people aged 18-64 per 100k population	18.3	16.6	15.6	14.4	13.6
Number of permanent admissions to residential and nursing care for people aged 65+ per 100k population	611.9	603.1	594.3	563.3	534.0
% Reviews of people aged 18-64 where the intention is to cease or reduce services	20.42%	31.82%	43.21%	54.61%	66.00%
% Reviews of people aged 65+ where the intention is to cease or reduce services	26.96%	23.97%	20.98%	17.99%	15.00%
Our 'holding list' - The number of unallocated cases awaiting assessment	N/A	2396	618	200	200

In addition to the above, the Committee is also regularly monitoring our performance against the nationally imposed target for reductions in delayed discharges of care.

## **The Committee's Forward Plan**

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Each committee has its own Forward Plan – a list of items that Members will need to consider or make a decision about in the year ahead. The plan is a key tool, allowing Members to ensure the implementation of their vision for each committee.

In addition it:

- Ensures performance issues are continually addressed
- Prepares Members for the big decisions coming up allows them to talk to constituents or undertake research in advance of considering issues
- Ensures statutory reports are received in a timely way
- Ensures Members are not surprised by issues without warning
- Coordinates the work of the Council across committees
- Allows issues to be spotted that might be referred to a different committee to work on
- Identifies issues to be discussed at Full Council

The latest forward plan for the Committee is below. The plans are updated regularly and available to view on the Council's website at: [www.norfolk.gov.uk/communities](http://www.norfolk.gov.uk/communities)

Issue/decision	Implications for other service committees?	Requested committee action (if known)	Lead officer
<b>5 March 2018</b>			
Finance Monitoring Report	No (although P&R Committee would take an overview of all council expenditure)	To review the service's financial position in relation to the revenue budget, capital programme and level of reserves.	Finance Business partner (Susanne Baldwin)
Update on internal and external bodies attended (standing item)			Members
Chairman's Update (Standing item)		To provide an update to Committee members.	Chair of Committee (Cllr Borrett)
Director's Update (Standing item)		To update Committee members on key departmental issues.	Executive Director of Adult Social Services (James Bullion)
Exercise of delegated authority	No	To note the decisions proposed/taken under delegated authority	Executive Director of Adult Social Services (James Bullion)
Service Planning proposals		To set out what will be delivered within the budget over the 2018/19 and 20/21 period, in the context of further identified budget pressures.	Assistant Director, Strategy and Transformation (Debbie Bartlett)
Performance Monitoring Report	No	To note progress and consider whether any aspects should be identified for further scrutiny.	Head of Planning, performance and Partnerships (Debbie Bartlett)

Issue/decision	Implications for other service committees?	Requested committee action (if known)	Lead officer
<b>14 May 2018</b>			
Finance Monitoring Report	No (although P&R Committee would take an overview of all council expenditure)	To review the service's financial position in relation to the revenue budget, capital programme and level of reserves.	Finance Business partner (Susanne Baldwin)
Update on internal and external bodies attended (standing item)			Members
Chairman's Update (Standing item)		To provide an update to Committee members.	Chair of Committee (Cllr Borrett)
Director's Update (Standing item)		To update Committee members on key departmental issues.	Executive Director of Adult Social Services (James Bullion)
Risk management		To agree to the addition or deletion of any risks and to decide if any further action is required.	Business Development Manager (Sarah Rank)
Exercise of delegated authority	No	To note the decisions proposed/taken under delegated authority	Executive Director of Adult Social Services (James Bullion)
Performance Monitoring Report	No	To note progress and consider whether any aspects should be identified for further scrutiny.	Head of Planning, performance and Partnerships (Debbie Bartlett)
Norfolk Against Scams Partnership (NASP)		To formally endorse the formation of the Norfolk Against Scams Partnership (NASP) led by Norfolk	Assistant Director, Social Work (Lorna Bright) & Safeguarding Adults

Issue/decision	Implications for other service committees?	Requested committee action (if known)	Lead officer
		County Council (NCC role is similar to that for the In Good Company campaign).	Board Manager (Walter Lloyd-Smith)
<b>2 July 2018</b>			
Finance Monitoring Report	No (although P&R Committee would take an overview of all council expenditure)	To review the service's financial position in relation to the revenue budget, capital programme and level of reserves.	Finance Business partner (Susanne Baldwin)
Update on internal and external bodies attended (standing item)			Members
Chairman's Update (Standing item)		To provide an update to Committee members.	Chair of Committee (Cllr Borrett)
Director's Update (Standing item)		To update Committee members on key departmental issues.	Executive Director of Adult Social Services (James Bullion)
Exercise of delegated authority	No	To note the decisions proposed/taken under delegated authority	Executive Director of Adult Social Services (James Bullion)
Annual Quality Report	No	Yearly update	Head of Quality Assurance and Market Development (Steve Holland)
<b>3 September 2018</b>			

<b>Issue/decision</b>	<b>Implications for other service committees?</b>	<b>Requested committee action (if known)</b>	<b>Lead officer</b>
Finance Monitoring Report	No (although P&R Committee would take an overview of all council expenditure)	To review the service's financial position in relation to the revenue budget, capital programme and level of reserves.	Finance Business partner (Susanne Baldwin)
Update on internal and external bodies attended (standing item)			Members
Chairman's Update (Standing item)		To provide an update to Committee members.	Chair of Committee (Cllr Borrett)
Director's Update (Standing item)		To update Committee members on key departmental issues.	Executive Director of Adult Social Services (James Bullion)
Exercise of delegated authority	No	To note the decisions proposed/taken under delegated authority	Executive Director of Adult Social Services (James Bullion)
Safeguarding Annual Report		To receive and note contents of the annual report.	Safeguarding Adults Board Manager (Walter Lloyd-Smith)
<b>8 October 2018</b>			
Finance Monitoring Report	No (although P&R Committee would take an overview of all council expenditure)	To review the service's financial position in relation to the revenue budget, capital programme and level of reserves.	Finance Business partner (Susanne Baldwin)
Update on internal and external bodies attended (standing item)			Members

Issue/decision	Implications for other service committees?	Requested committee action (if known)	Lead officer
Chairman's Update (Standing item)		To provide an update to Committee members.	Chair of Committee (Cllr Borrett)
Director's Update (Standing item)		To update Committee members on key departmental issues.	Executive Director of Adult Social Services (James Bullion)
Exercise of delegated authority	No	To note the decisions proposed/taken under delegated authority	Executive Director of Adult Social Services (James Bullion)
Performance Monitoring Report	No	To note progress and consider whether any aspects should be identified for further scrutiny.	Head of Planning, performance and Partnerships (Debbie Bartlett)
<b>5 November 2018</b>			
Finance Monitoring Report	No (although P&R Committee would take an overview of all council expenditure)	To review the service's financial position in relation to the revenue budget, capital programme and level of reserves.	Finance Business partner (Susanne Baldwin)
Update on internal and external bodies attended (standing item)			Members
Chairman's Update (Standing item)		To provide an update to Committee members.	Chair of Committee (Cllr Borrett)
Director's Update (Standing item)		To update Committee members on key departmental issues.	Executive Director of Adult Social Services (James Bullion)

Issue/decision	Implications for other service committees?	Requested committee action (if known)	Lead officer
Exercise of delegated authority	No	To note the decisions proposed/taken under delegated authority	Executive Director of Adult Social Services (James Bullion)

## Working with other committees

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Every committee has set responsibilities which they must work towards achieving. However, they will all have some areas of service where they need to work with other service Committees in order to achieve common goals.

The Policy and Resources Committee has a co-ordinating role, overseeing and leading development of the County Council Strategy and the Medium Term Financial Strategy. It has responsibility for enabling services such as ICT and HR, which help to support delivery at the front line of all Norfolk County Council's services. P&R Committee works hand in hand with each service committee, to maintain a whole council view and an efficient and effective organisation.

These are just some of the examples of areas where our committee is working with others.

Committee	Work being undertaken
Environment, Development and Transport	A joint review of the effectiveness of transport commissioning
Children's Services	An improvement plan for transition planning Joint working on Carers' Charter for Norfolk
Communities	A revised, refreshed approach to information and advice Helping people into employment
Business and Property	Development of a housing strategy for vulnerable people
Digital Innovation and Efficiency	Developing a digital strategy for adult social care Joint work with children's services to implement the new Liquid Logic social care recording system.