

Adult Social Care Committee

Date: **Monday, 09 October 2017**

Time: **10:00**

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

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

Membership

Mr B Borrett (Chairman)

Mr Tim Adams Mr W Richmond

Miss K Clipsham Mr M Sands

Mrs S Gurney (Vice-Chair) Ms S Squire

Mrs B Jones Mr M Storey

Mr J Mooney Mr H Thirtle

Mr G Peck Mr B Watkins

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

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

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A g e n d a

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

2. **Minutes**

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To agree the minutes of the meeting held on the 4 September 2017

3. **Declarations of Interest**

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

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

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

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

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

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

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

5. **Public QuestionTime**

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm Wednesday 4 October 2017**.

For guidance on submitting public question, please visit <https://www.norfolk.gov.uk/what-we-do-and-how-we-work/councillors-meetings-decisions-and-elections/committees-agendas-and-recent-decisions/ask-a-question-to-a-committee>

Or view the Constitution at www.norfolk.gov.uk.

6. Local Member Issues/ Member Questions

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk) by **5pm on Wednesday 4 October 2017**.

7. Chairman's Update

Verbal update by Cllr Bill Borrett

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

9. Executive Director's Update

Verbal Update by the Executive Director of Adult Social Services

10. Norfolk Safeguarding Adults Board Annual Report 2016-17 Page 13

A report by the Executive Director of Adult Social Services

11. Adult Social Care Finance Monitoring Report Period 5 (August) 2017-18 Page 69

A report by the Executive Director of Adult Social Services

12. Strategic and Financial Planning 2018-19 to 2021-22 Page 88

A report by the Executive Director of Adult Social Services

13. Performance management report Page 104

A report by the Executive Director of Adult Social Services

Group Meetings

Conservative	9:00am	Leader's Office, Ground Floor
Labour	9:00am	Labour Group Room, Ground Floor
Liberal Democrats	9:00am	Liberal Democrats Group Room, Ground Floor

Chris Walton

Head of Democratic Services

County Hall
Martineau Lane
Norwich
NR1 2DH

Date Agenda Published: 03 October 2017



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Adult Social Care Committee
Minutes of the Meeting Held on Monday, 04 September 2017
at 10:00am in the Edwards Room, County Hall, Norwich

Present:

Mr B Borrett (Chairman)

Mr Tim Adams

Miss K Clipsham

Mrs S Gurney (Vice-Chair)

Mrs B Jones

Mr J Mooney

Mr G Peck

Mr W Richmond

Mr M Sands

Mr M Storey

Mr H Thirtle

Mr B Watkins

1. Apologies

1.1 Apologies were received from Mrs S Squire

2. To confirm the minutes of the meeting held on 10 July 2017

2.1 The minutes of the meeting held on 10 July 2017 were agreed as an accurate record and signed by the Chairman.

3. Declarations of Interest

3.1 There were no declarations of interest.

4. Urgent Business

4.1 There was no urgent business discussed.

5. Public Question Time

5.1 There were no public questions

6. Local Member Questions / Issues

6.1 There were no local Member questions.

7. Chairman's Update

7.1 The Chairman updated Members about an email from Councillor Brociek-Coulton thanking them for appointing her as Carers' Champion. She was attending a meeting on 21 September 2017, and, having been co-opted onto the Making it Real board, would bring an update from their next meeting to the October Committee meeting.

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

- 8.1 Councillor Thirtle updated Members on concerns raised at the James Paget Hospital Governors meeting about blocked beds of which there were currently 42.

9. Executive Director's Update

- 9.1 The Executive Director of Adult Social Services updated the Committee on:
- area reviews by the Care Quality Council due to take place to test how well Council and NHS partners were managing integration; the Executive Director of Adult Social Services had agreed to be on the Area Review Team for York;
 - work to finalise the better care fund (BCF) submission due to be submitted, with agreement of the Health and Wellbeing Board, by the end of September 2017;
 - the recruitment of 50 more social workers discussed at the Committee meeting on 10 July 2017; 40 enquiries and 12 applications had so far been received;
 - implementation of the Liquid Logic social care system, which was due to go live for Adult Social Care and Financial Services in the week commencing 20 November 2017. Members would receive a briefing on this;
 - a formal review of the Social Care senior management team being carried out to reflect commissioning developments in the Sustainability Transformation Plan.

10. Internal and External Appointments

- 10.1.1 The Committee considered the positions detailed within the report and the request received for a Member to serve on the Norfolk Safeguarding Adults Board (NSAB).
- 10.2.1 Prior to the meeting, Councillor Peck put himself forward to serve on the NSAB and was proposed for this position by the Chairman. In the meeting, Councillor Clipsham proposed Councillor B Jones for this position, seconded by Councillor Watkins.
- 10.3.1 With 7 votes for and 5 votes against the Committee appointed Councillor Peck as Member on the NSAB.
- 10.3.2 No nominations were received for the 2 Member Champion positions; the Chairman proposed opening these to all Members on the Council (see resolution b)
- 10.4 The Committee:
- a) **APPOINTED** Greg Peck as Member to serve on the Norfolk Safeguarding Adults Board;
 - b) **AGREED** that the positions of Member Champion for Physical Disability and Sensory Impairment or Member Champion for Learning Difficulties be opened to all Members of the Council.

11. Adult Social Care Finance Monitoring Report Period 4 (July) 2017-18

- 11.1.1 The Committee discussed the financial monitoring report based on information to the end of July 2017, setting out variations from the budget, progress against planned savings and actions being taken by the service to remain within budget.

- 11.21 Predicted future pressures on the budget were queried. The Finance Business Partner for Adult Social Services noted that the usual autumn and winter pressures would impact on the budget; this would be monitored closely. The number of residential places remained stable, impacting on forecast savings. Due to the nature of Norfolk's care market and pressures in the domiciliary care market, the Executive Director of Adult Social Services noted care costs could rise in the upcoming year.
- 11.2.2 The Executive Director of Adult Social Services was confident in the Council's strategy of Promoting Independence and a move towards reablement and preventative services, with prevention work targeted more intelligently towards those at risk, in order to make the Care System in Norfolk better suited to the needs of care users.
- 11.2.3 The Finance Business Partner for Adult Social Services clarified that the £4.197m one off funding to support the overspend from 2015-17 required that the cost of purchasing care would reduce by £4m by 2018. Work to enable this was reflected in the Promoting Independence programme and planned work with NorseCare. Additional social care funding was received in March 2017 as part of the Better Care Fund (BCF) arrangements, and it was proposed that any underspend of this in the 2017-18 financial year be put into reserve, as shown in the recommendations.
- 11.2.4 The amount reported in paragraph 2.6.2 to support mental health was questioned and how much would be to support young people. The Finance Business Partner for Adult Social Services explained that use of the funding was not age specific and part of the funding was to support delayed transfers of care related to mental health for all ages, for example, improving capacity to support people leaving hospital.
- 11.2.5 The Finance Business Partner for Adult Social Services confirmed that work with the care market was ongoing to review the price of care, enhance the work of care homes and work to implement strategies and systems, particularly with the homecare market, to enable people to remain independent for longer.
- 11.2.6 Councillor B Jones asked where existing social worker vacancies were located, in which specialities, and where the 50 new social workers would be based. The Executive Director of Adult Social Services **agreed** to provide an update on the recruitment campaign for Committee Members.
- 11.2.7 Teaching partnerships were in place with the University of East Anglia and Suffolk County Council to recruit new and returning Social Workers.
- 11.2.8 The reported closure of Priorsmead Care Home in Thetford was queried. The Executive Director of Adult Social Services clarified that Norse Care had reviewed costs and ability to develop additional capacity at their care homes. They had proposed that Priorsmead would not benefit from further development on the site due to the size of the site and rooms, which were currently too small. No decision had been made to close the site at that time, and a consultation was underway. Capacity of local care homes would be looked at during the consultation and reviews carried out to identify suitable alternative placements for residents of the home.
- 12.2.9 Councillor B Jones gave feedback from the Making it Real Board; Members of the board were directly affected by the decisions of the Committee, and some found the language and jargon in some reports difficult to understand. The Chairman asked Officers to keep reports in language that the general public would understand and thanked Councillor Jones for this feedback.

- 11.3 All recommendations were taken together; with 12 votes for, 0 against and 0 abstentions, the Committee:
- a) **AGREED** the forecast outturn position at Period 4 for the 2017-18 Revenue Budget of £261.313m;
 - b) **AGREED** the planned use of reserves;
 - c) **AGREED** in **PRINCIPLE** to set up a reserve to support the planned actions to be delivered through the improved Better Care Fund;
 - d) **AGREED** the forecast outturn position at Period 4 for the 2017-18 Capital Programme.

12. Strategic and Financial Planning 2018-19 to 2021-22

- 12.1.1 The Committee received the report setting out Policy and Resources Committee's guidance on the actions required to support preparation of a balanced budget for 2018-19, overview of the Council's budget planning process, the principles for this year's (2017) budget-setting activity, and the latest forecast gap for budget planning purposes for the period 2018-19 to 2021-22.
- 12.2.1 The Finance Business Partner for Adult Social Services explained that a report would be brought to Committee in October with detailed proposals; she gave an update on recommendation c) that Officers recommended there were no savings in the current budget plan that could be brought forward due to the work of Promoting Independence and significant contracts, and timetables for implementing changes related to these.
- 12.2.2 Concern was raised over the statement in paragraph 2.3.2 of the report, "the latest estimate of the budget gap for the four year planning period up to 2021-22 was £100.000m", and the impact of this on Adult Social Care service users. The Chairman responded that the Committee had a duty to provide the best service with the money available and continue to lobby for the best possible deal from government.
- 12.2.3 Councillor Watkins **proposed** that the Committee **recommend** that Policy and Resources Committee ask the appropriate representative on the Local Government Association to lobby on behalf of Adult Social Care Committee for more funds for Adult Social Care. This was seconded by the Chairman.
- 12.3 All recommendations were taken together; with 12 votes for, 0 against and 0 abstentions, the Committee :
- a) **AGREED** the budget planning guidance for 2018-19 agreed by Policy and Resources Committee, and in particular **AGREED**:
 - i. the budget assumptions set out in the report;
 - ii. the budget planning principles for 2018-19;
 - iii. the forecast budget gap of £100.000m reflected in the Council's latest financial planning;
 - iv. the allocation of saving targets for the MTFs period 2018-19 to 2021-22 to Departments and Committees, noting the existing savings for 2018-19 and beyond which were agreed as part of the 2017-18 budget round;
 - b) **AGREED** the service-specific budgeting issues for 2018-19 as set out in section 3 of the report.
 - c) **AGREED** that no 2018-19 savings could be implemented during 2017-18 to provide an in-year saving;
 - d) **AGREED** that in order to help close the forecast 2018-19 budget gap (as defined in recommendation a, iii), Officers be commissioned to report to the October

Committee cycle:

- i. whether any savings identified for 2019-20 had the capacity to be brought forward to 2018-19;
 - ii. to identify alternative new savings for 2018-19;
 - iii. to identify further savings for the future years 2019-20 to 2021-22 to close the budget gap identified in those years;
- e) **RECOMMENDED** that Policy and Resources Committee ask the appropriate representative on the Local Government Association to lobby on behalf of Adult Social Care Committee for more funds for Adult Social Care.

13. Next steps for integration with the health service

- 13.1.1 The Committee received the report detailing the impact of health and care integration to date, and proposing to refresh and renew the current integration arrangements in the context of the shared challenges across the health and social care system.
- 13.2.1 Concern was raised over the statement at paragraph 2.3 of the report "...had not yet established a robust evidence base to show that integration leads to better outcomes for patients in England...". The Director for Health and Integration explained that the report showed the current evidence base which needed building further.
- 13.2.2 The Director for Health and Integration clarified that the Committee had ended working arrangements with Norfolk and Suffolk Foundation Trust (NSFT) due to performance and lack of clarity over delivery of required services. The current model with Norfolk Community Health and Care (NCH&C) had joint senior management posts. Following work on future provision and integrated commissioning with Clinical Commissioning Groups (CCGs) a proposal would be brought to the Committee at a future meeting.
- 13.2.3 The Director for Health and Integration recognised both the complexity of integration and its importance for supporting service users; close working models were underway, for example with GPs and nursing teams, as part of the better care fund (BCF) model.
- 13.2.3 Paragraph 3.33 of the report was queried, and why considerations for shaping mental health services were not also included. The Director for Health and Integration explained the importance of aligning support for mental health with primary support rather than separating it. There was no firm position on the NSFT proposal at the time.
- 13.2.4 An ICT workstream of the STP planning process were looking at a digital road map to allow Health and Social Care ICT systems to be inter-operable, rather than build a single system across services. The Executive Director for Adult Social Care was confident about the inter-operability of the new Social Care reporting system, Liquid Logic, and the NHS had been advised to design ICT systems to be inter-operable with this. The Chairman **requested** an informal training session for the Committee about Liquid Logic.
- 13.3 All recommendations were taken together; with 12 votes for, 0 votes against and 0 abstentions, the Committee **INSTRUCTED** Officers to:
- a) renew our arrangements for the integrated management of community services with Norfolk Community Health and Care to March 2019 by March 2018;
 - b) renew our arrangements for the integrated management of community services with East Coast Community Healthcare to March 2019 by March 2018;
 - c) put in place arrangements to address integrated leadership in mental health

services;

- d) enter negotiations with hospital services to promote a community-based 'inreach' model with a greater focus on admission avoidance and discharge support.

14. 'Living Well – Three Conversations' – a strengths based approach to social work

- 14.1.1 The Committee received the report giving information on the strengths-based social work model, "Living Well" based on the "Three Conversations" model, which aimed to support individuals to remain independent for as long as possible.
- 14.2.1 The Assistant Director of Strategy & Transformation recognised that changing practice in this way was an ambitious change but explained it had been designed to grow manageably. The approach was tried and tested as it had been implemented in 22 other areas.
- 14.2.2 The Assistant Director of Strategy & Transformation confirmed that staff at innovation sites, who were implementing the approach first, were reflecting and evaluating; information on changes related to carers would be included in a future update report on Promoting Independence.
- 14.2.3 The Assistant Director of Strategy & Transformation gave examples of non-traditional services. The Executive Director of Adult Social Services explained that traditional services included day centres, home care and care homes; he gave an example that for people seeking social connections but who did not want to go to a day centre, use of technology and digital methods of connecting socially could contribute to their care.
- 14.2.4 The Executive Director of Adult Social Services confirmed that the requirements of all relevant legislation would be included in the Practice Principles booklet.
- 14.2.5 The Chairman was confident this was an opportunity to put service users' needs first.
- 14.3 All recommendations were taken together; with 12 votes for, 0 votes against and 0 abstentions, the Committee:
- a) **AGREED** plans to implement the Living Well - 3 conversations model;
 - b) **AGREED** to publish the Practice Principles booklet based on the six key principles at paragraph 5.2 of the report.

15. Transforming Care Partnership Update

- 15.1.1 The Committee considered the report giving an update on the Norfolk and Waveney Transforming Care Partnership and detail on the Norfolk and Waveney Transforming Care Plan end of year report June 2017.
- 15.1.2 The Director for Health and Integration introduced Alison Leather, Director of Quality from South Norfolk Commissioning Group, who was working as head of the 5 CCGs.
- 15.2.1 The term "behaviour which challenges" was queried; the Director for Health and Integration clarified this was a widely used term within health and social care and was when someone felt challenged by someone's behaviour or someone's own behaviour was challenging to themself.
- 15.2.2 Engagement with the Autistic Spectrum Disorder (ASD) community was queried. The

Director of Quality from South Norfolk Commissioning Group reported that Opening Doors, a group of people with learning disabilities, including those with ASD and Aspergers, had worked with transforming care to help them design services.

- 15.2.3 The Director of Quality from South Norfolk Commissioning Group explained targets shown in the end of year report were a joint initiative between the NHS and local CCGs, to tackle the long amounts of time some patients were spending in hospital.
- 15.2.4 The Director for Health and Integration felt that having the Director of Quality from South Norfolk Commissioning Group's as head of the 5 CCGs had been helpful in coordinating CCGs working together.
- 15.2.5 Norfolk County Council was leading on the role of developing a housing and accommodation plan.
- 15.2.6 NHS services at Astley court and New Plumstead Hospital were being redesigned to reconfigure community support in order to prevent admission to hospital, support moving people on and settle them into the community when appropriate. The number of beds would be reduced further to invest in community support.
- 15.2.7 Further information on the learning disability death review was requested. The Director for Health and Integration clarified that it was required to carry out a review of all people with a learning disabilities who had passed away since April 2017 to see what happened in the lead up to their death, if anything could have been done differently and what went well; this was being led by Bristol university. Norfolk had so far recruited 20 reviewers. Initial trends identified were that those with a learning disability were likely to die between 40-60yrs and may have other health conditions.
- 15.3 All recommendations were taken together; with 12 votes for, 0 votes against and 0 abstentions, the Committee:
- a) **SUPPORTED** the recommendation to develop a local Risk Share Agreement with the CCGs and NHS England Specialised Commissioning for people with a learning disability and/or autistic spectrum disorders with behaviour which challenges;
 - b) **SUPPORTED** the recommendation to commission new services specifically aimed at reducing the number of hospital admissions and facilitating the discharge from long term hospital settings into the community, including crisis accommodation, settled accommodation and a skilled and sustainable workforce;
 - c) **SUPPORTED** an increase in the use of integrated Personal Health and Social Care Budgets.

16. Transport

- 16.1.1 The Committee received and discussed the report providing an update on work being carried out to deliver savings from Adult Social Services transport, following on from previous reports to Adult Social Care Committee.
- 16.2.1 The Assistant Director of Early Help and Prevention confirmed that a strategic review would go to Policy and Resources Committee with proposals of work to remove the need for transport.
- 16.2.2 A query was raised over work being done to reduce the amount of vehicles leased to

service users. The Assistant Director of Early Help and Prevention confirmed that, now a policy was in place, more conversations were being held with service users about their eligibility for Motability and recorded. No more lease cars would be agreed moving forward and conversations were being held over the remaining 17 lease cars; 6 had been returned to date.

- 16.3 Both recommendations were taken together; with 12 votes for, 0 votes against and 0 abstentions, the Committee:
- a) **AGREED** to amend the transport savings to £0.700m in 2018-19 (from £3m) and £1m in 2019-20 (from £0.800m);
 - b) **AGREED** to meet the difference of £2.1m in savings through the purchase of care budget as a result of changes to patterns of care.

The meeting finished at: 11:58 AM

**Bill Borrett, Chairman,
Adult Social Care Committee**

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Adult Social Care Committee

Item No:

Report title:	Norfolk Safeguarding Adults Board Annual Report 2016-17
Date of meeting:	9 October 2017
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services
Strategic impact <p>The annual report at Appendix A summarises the work of the Norfolk Safeguarding Adults Board (NSAB) during 2016-17.</p> <p>It illustrates the delivery by the multi-agency partnership of the statutory requirements for safeguarding adults as set out in the Care Act.</p> <p>The local authority along with the police and health commission form the three statutory partners for safeguarding adults, with the local authority holding lead responsibility.</p> <p>Publication of an annual report is a statutory requirement (14.136 Care Act Guidance 2016).</p>	

Executive summary

The purpose of Norfolk Safeguarding Adults Board is to help and safeguard adults with care and support needs. It does this by:

- a) assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance
- b) assuring itself that safeguarding practice is person-centred and outcome-focused
- c) working collaboratively to prevent abuse and neglect where possible
- d) ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred
- e) assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area

The NSAB leads adult safeguarding arrangements across Norfolk and oversees and coordinates the effectiveness of the safeguarding work of its member and partner agencies. This requires the NSAB to develop and actively promote a culture with its members, partners and the local community that recognises the values and principles contained in Making Safeguarding Personal. It also concerns itself with a range of issues which can contribute to the wellbeing of its community and the prevention of abuse and neglect, such as:

- a) the safety of people who use services in local health settings, including mental health
- b) the safety of adults with care and support needs living in social housing
- c) effective interventions with adults who self-neglect, for whatever reason
- d) the quality of local care and support services
- e) the effectiveness of prisons in safeguarding offenders
- f) making connections between adult safeguarding and domestic abuse

The Care Act 2014 introduced a legal requirement for Safeguarding Adults Boards to complete an annual report once a year, covering its activities. A copy is required to be sent to the chief executive and leader of the local authority, the police and crime commissioner, the chief constable and the local Healthwatch.

Norfolk County Council, Norfolk Constabulary and the NHS (Clinical Commissioning Groups) are statutory partners on NSAB. The board has a wider membership covering a range of agencies active in safeguarding adults in the county. These include health provider organisations from both acute and community settings, Norfolk Fire and Rescue, Healthwatch, probation, representatives of the voluntary and independent sectors, prisons, CQC, district councils and the police and crime commissioner's office.

Key findings from the reporting period are:

The number of safeguarding referrals has decreased for the last two years from 2,945 to 1,880. This represents a decrease of 36%. We believe the number of documented referrals has fallen because of the way very low level incidents are recorded, which changed following the Care Act 2014 and guidance from national safeguarding leads.

Over half (56%) of safeguarding enquiries were initiated by organisations who provide social services care and support. There were slight increases in the proportion of referrals from health services, police and housing, suggesting improved partnership working, with a decrease in referrals from a family member or friend.

More than 50% of safeguarding enquiries were found on the balance of probability to be fully substantiated. A further 15% of cases were found to be partially substantiated. There was a decrease of 23% from last year in the proportion of cases that were not substantiated. This is thought to be due at least in part to a number of referrals received from agencies or the public which are single view or perception-based, or with very limited information or evidence. The Care Act requires a more robust investigation/checking process and so these cases need to be investigated but frequently result in an unsubstantiated outcome. There was an increase of 9% in the proportion of cases where, on investigation, no abuse was identified.

Key highlights for the NSAB during 2016/17 were:

- a) a successful safeguarding awareness-raising week in September 2016
- b) the launch of the board's Self-Neglect and Hoarding Strategy in September 2016
- c) two safeguarding adults' partnership events in September and November 2016, attended by nearly 400 people
- d) the publication of Norfolk's second safeguarding adults review (SAR) in December 2016
- e) the launch of the NSAB Twitter account in March 2017
- f) the development and publication of a model safeguarding adults policy document to support organisations and partners (August 2016), multi-agency guidance on allegations against a person in a position of trust (November 2016), a best practice factsheet on Making Safeguarding Personal (January 2017) and Complex Case guidance (March 2017)

One safeguarding adults review was published during the reporting period and the findings and learning are covered in the full report.

The full report can be accessed at www.norfolksafeguardingadultsboard.info/safeguarding-adults-review/sar-mrs-bb-published/

The most significant problem for NSAB remains capacity to deal with all the work required to improve safeguarding for adults in Norfolk. This will be the subject of discussions throughout this coming year.

Recommendations:

The Committee is asked to

- a) agree the content of the report
- b) share this report with partner organisations with whom they have contact and actively encourage their involvement with NSAB's work
- c) ensure all organisations in their constituency with whom they have contact have safeguarding adult promotional material

(Please contact Andrea Smith (01603 223085) andrea.smith@norfolk.gov.uk for promotional material)

Officer Contact

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

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Walter Lloyd-Smith

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Norfolk Safeguarding Adults Board

Annual Report 1 April 2016 – 31 March 2017

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This report covers the period 1 April 2016 to 31 March 2017

Introduction from Joan Maughan

Independent Chair, Norfolk Safeguarding Adults Board (NSAB)

I am pleased to introduce you to the 2016/17 Norfolk Safeguarding Adults Board's (NSAB) Annual Report. It has been a particularly busy year for the board, the Locality Safeguarding Adults Partnerships (LSAPs) and all the board's subgroups. Both I and the Board Manager, Walter Lloyd-Smith, extend our thanks for all the hard work and dedication shown by members and partners

The year has brought some significant achievements and indeed, some disappointments where we have not been able to fulfil all aspects of our Business Plan. This is largely due to lack of capacity, which we are currently trying to address.

Safeguarding Adults Week in September 2016 was particularly productive and hosted the first of 2 very successful conferences, attended by nearly 400 professionals across all agencies. The conferences launched the self-neglect and Hoarding Strategy as well as addressing a range of other topics related to safeguarding adults.

Throughout the year both the Independent Chair and the Board Manager have presented the work of the board in forums representing all the partner agencies and others. This has helped to raise awareness and to share the challenges.

Safeguarding Adult Reviews (SARs), as required by the Care Act 2014, remain the biggest challenge to NSAB given the high demand they make on staff time. However, we have done our best to ensure that the lessons that arise from SARs are learned and the opportunities for service improvement are taken.

2016/17 was eventful in many ways. The sudden death of Harold Bodmer, then Executive Director, Adult Social Care, came as a shock to everyone. Despite a demanding range of responsibilities, Harold remained a stalwart supporter of NSAB's work in safeguarding adults with care and support needs. I am pleased to report that we have found equal commitment in the current Director of Adult Social Care, James Bullion, and can continue to build and strengthen the work with partners to ensure that residents of Norfolk live free from harm and abuse.



Joan Maughan
Independent Chair
NSAB

This report is dedicated to Harold Bodmer
(Executive Director, Adult Social Services and President of the ADASS)

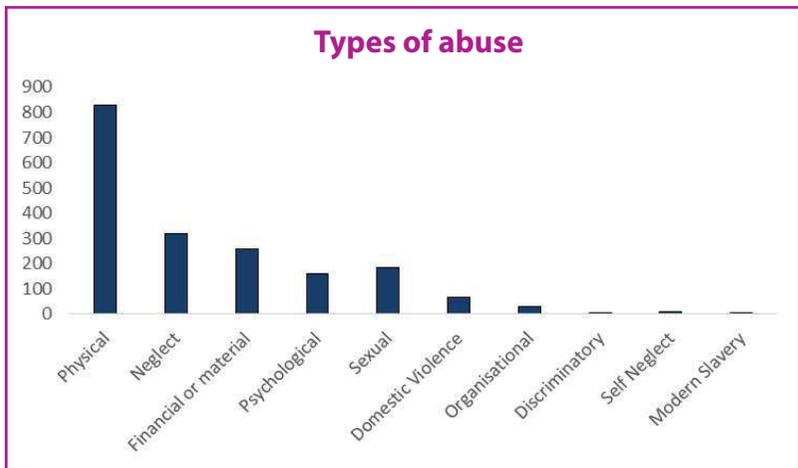
Standout headlines: April 2016 to March 2017

- Information about safeguarding adults included in Norfolk County Council's Norfolk First Support service booklet, given to every person they visit; 5,000+ booklets were issued in 2016 – 2017
- At the end of June 2016 all 548 parish councils receive a pack of safeguarding information including posters and leaflets
- NSAB attends Norwich Pride 2016 at the end of July and distributes 1000s of leaflets
- During Safeguarding Adults Awareness week 2016, locality partnerships distribute leaflets and promotional material outside shops, libraries and supermarkets. Broadland District Council hosts a 'pop up' safeguarding event and King's Lynn and West District Council, the Norfolk and Norwich and Queen Elizabeth hospitals host safeguarding displays / stalls, NSAB chair is interviewed on Mustard TV. A survey by the Eastern LSAP receives 192 responses, see page 6
- NSAB launches its Self-neglect and Hoarding strategy in September 2016
- Nearly 400 people attend two Norfolk Safeguarding Adult Partnership Events in September and November 2016 – the programme includes sessions on modern day slavery, domestic abuse, honour based abuse, mental capacity, Prevent, self-neglect and more
- First Norwich Travel Shop hosts a month long safeguarding adults display (September 2016)
- NSAB Chair speaks at James Paget Hospital's first safeguarding conference at the end of October 2016



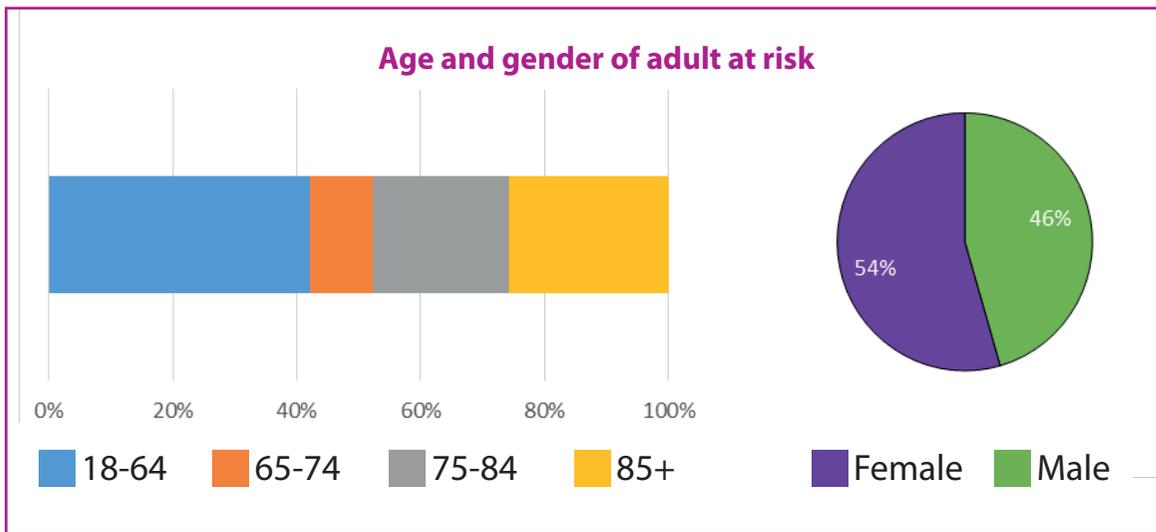
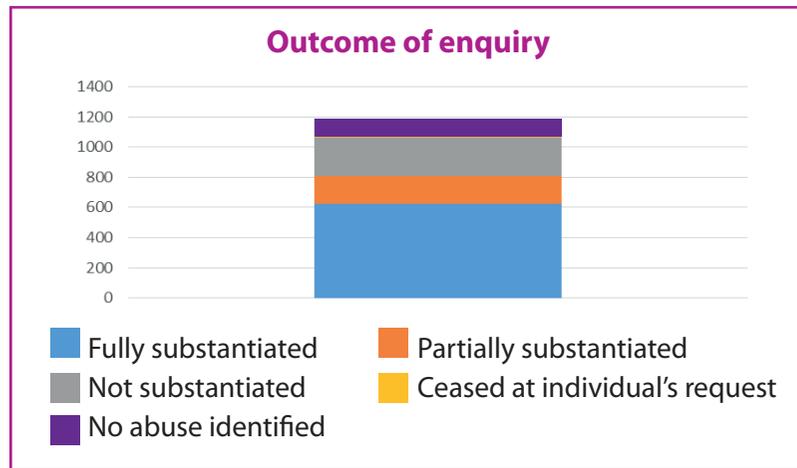
- Board Manager is one of the key note speakers at the Norfolk and Suffolk Trading Standards Join the Fight Conference 2016 on 16 November 2016
- NSAB partners with Norfolk Local Pharmaceutical Committee to have a safeguarding sticker put on local pharmacy bags in December 2016
- Safeguarding Adults Review (SAR) for Mrs BB is published on 9 December 2016
- NSAB joins Twitter on 27 January 2017 with 23 followers, this grows to 172 by 31 March 2017
- Board Manager delivers safeguarding awareness training to 75 Community Care Coaches from South Norfolk (February 2017)
- In March 2017, Board Manager chairs the NHS Regional Safeguarding Adults Conference, and speaks at Norfolk and Norwich University Hospital's safeguarding conference
- NSAB launches its **Train the Trainer programme** to support providers with high quality training materials for basic awareness training – 24 providers trained by the end of March 2017
- NSAB publishes a model safeguarding adults policy to support organisations and partners (August 2016), and multi-agency guidance on allegations against a person in a position of trust (November 2016), a best practice fact sheet on Making Safeguarding Personal (January 2017) and Complex Case Guidance (March 2017)
- NSAB supports Norfolk Police-led Operation Gravity, highlighting the issue of 'cuckooing'

Summary of performance data 2016-17



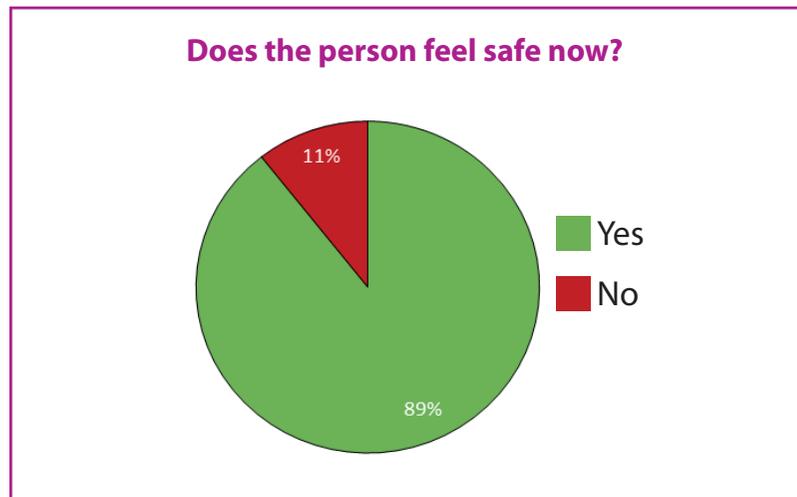
Physical abuse remains the most common type of abuse.

Over **50%** of safeguarding enquiries were **fully substantiated**.



Over **40%** of adults who were at risk are **working age**. This mainly includes people receiving Learning Disability support.

More **women** were likely to be at risk. This is due to there being a greater number of women receiving social services.



89% of people said they now **felt safe** after the safeguarding enquiry, the same proportion as last year.

Key findings – Safeguarding Adults Survey (September 2016)

Exploring the comments on the questionnaires, the majority of those who were approached were able to identify some groups who they thought could be vulnerable, with the elderly being a fairly consistent theme as a potentially vulnerable group. However, other groups were also represented in the answers given.

This was the response from the 192 people interviewed about what they felt they would do if they came across abuse or neglect:

- **33** reported that they would call social services
- **64** reported that they would call the police and/or social services
- **77** reported that they would either deal with it themselves or phone someone or report it to someone
- **18** reported that they wouldn't know what to do

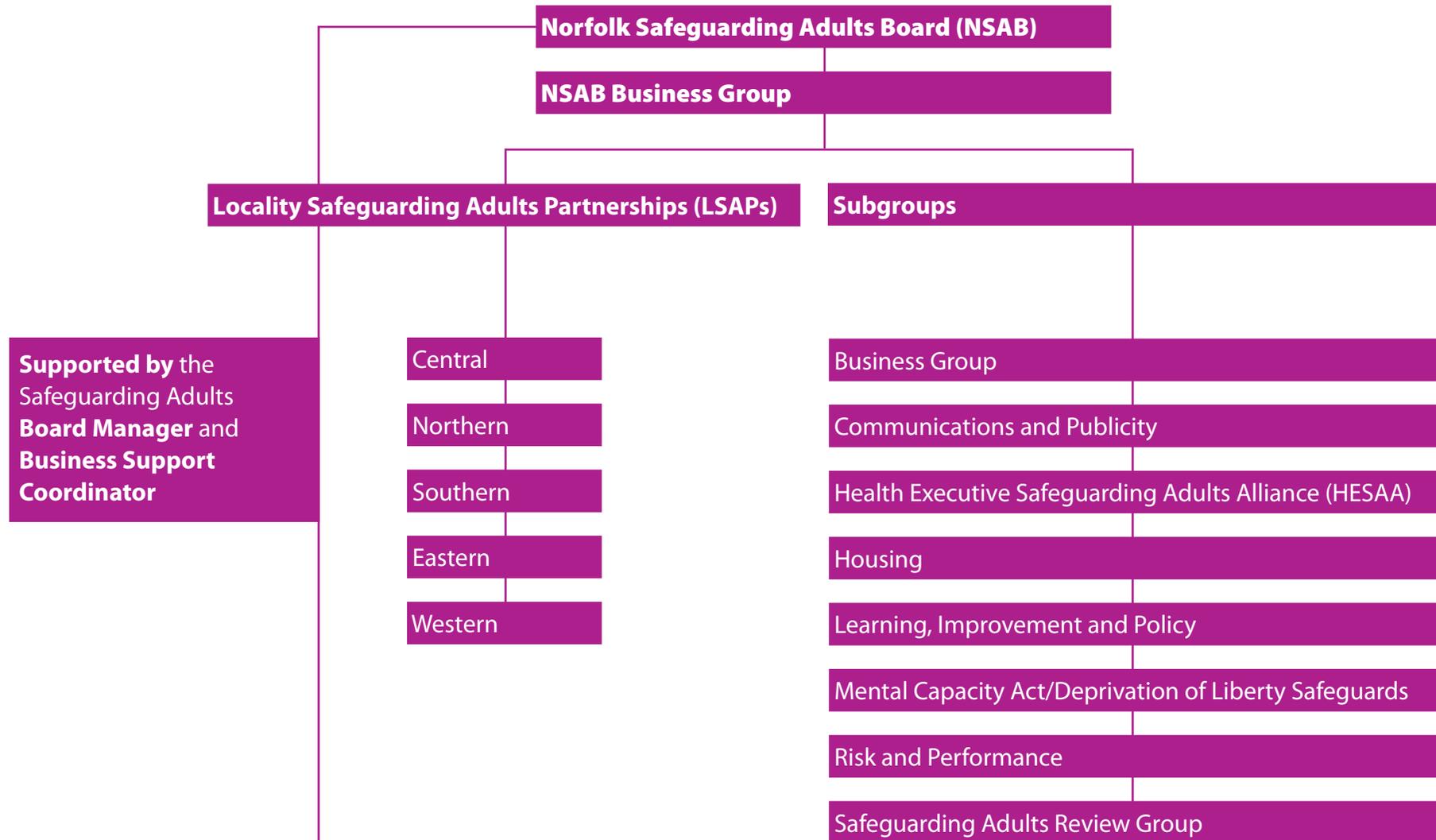


Several of those approached discussed at length their own experiences, or experiences of people they knew in the past and what happened or what didn't happen when abuse/neglect was reported. The pens and bags proved to be popular with the public and were helpful in that they had the helpline number on them for reference.

Eastern LSAP survey (September 2016)



Structure of the Norfolk Safeguarding Adults Board



Membership of the Norfolk Safeguarding Adults Board

The NSAB has met five times during the period covered by this annual report, with a board development day held in September 2016.

All those who attended during the reporting year:

Name	Organisation
Joan Maughan	Independent Chair
Charlotte Belham	Senior Support Operational Manager, National Probation Service (NPS)
Judith Bell	Operations Manager, Healthwatch
Debbie Beresford	NCHC / community health providers rep
Lorna Bright	Norfolk County Council
Judith Blackman	Norfolk & Suffolk Community Rehabilitation Company - March 2017
Richard Block	Broadland District Council / District Councils Rep
James Bullion	Executive Director, Adult Social Services
Garry Collins	Norfolk Fire & Rescue
Nick Davison	C/Supt Norfolk Constabulary
Sue Doolan	Governor HMP Bure
Emma Hardwick	Director of Nursing, QEH, Kings Lynn / Acute hospitals Rep
Pippa Harrold	GP, Norfolk & Waveney CCGs Safeguarding Adults Team
Lella Hudson	Inspection Manager CQC
James Kearns	Build Charity
Walter Lloyd-Smith	Safeguarding Adults Board Manager NCC
Antek Lejk	Chief Officer / CCGs Representative
Michael Millage	Chair ARMC (Association Representing Mental health Care)
Elizabeth Morgan	Councillor / Elected member Norfolk County Council
Paul Reeve	Deputy Director, Norfolk & Suffolk Community Rehabilitation Company
Kate Rudkin	Age UK / Chair of R&P subgroup

Name	Organisation
Jane Sayer	NSFT Mental Health
Emma Osborne	Norfolk & Suffolk Community Rehab
Helen Thacker	Norfolk County Council - Head of Service Safeguarding Adult Social Care
Gavin Thompson	Police & Crime Commissioner's Office
Julie Wvendth	Norfolk Constabulary (Chair of Business Group)
Nigel Andrews	Norwich City Council
Lorraine Barrett	Head of Social Care (Eastern) Community Services - adult care
Harold Bodmer	Executive Director Adult Social Services
Nick Dean	Acting Assistant Chief Constable, Norfolk Constabulary
Ray Harding	Chief Exec, Borough Council of King's Lynn & West Norfolk
Stuart Horth	Norfolk Fire & Rescue
Ivan Johnson	Broadland District Council
Christine MacDonald	Operations Manager, Healthwatch Norfolk
Peter McGuinness	Service Manager, Red Cross
Kim Patience	Inspection Manager, CQC
Ian Sturgess	PCC Coordinator, Norfolk Constabulary
William Styles	Governor, HMP Norwich
Mark Talbot	Vice Chair, ARMC
Catherine Underwood	Adult Social Care

Vacant Board Seats

Lay representative

Attendance at board meetings

Agencies who are members of NSAB	Attendance (out of 6) including deputies
Chair	6
Prison Service	3
National Probation Service (NPS)	4
Healthwatch	5
Community health providers rep	3
Adult social care	6
Probation - Community Rehabilitation Company (CRC)	3
District councils rep	3
Fire and rescue	2
Police	6
Acute hospitals rep	1
CQC	1
Voluntary and community sector BUILD	3
Third sector - mental health	1
CCGs	6
County councillor	5
Risk & performance subgroup chair	6
NSFT - mental health trust	6
PCC	5

Attendance

During 2016/17 attendance at board meetings has fluctuated. It has proved difficult to secure the attendance of the most senior officers within NCC, Police and CCGs because of other commitments, but they have each nominated very able deputies and the senior officers remain part of the Governance Group.

Thanks are due to those members who attend on a regular basis, helping us to maintain continuity of strategic efforts to improve safeguarding for vulnerable adults.

We acknowledge that there will always be occasions when members cannot attend for good reasons. However, for the board to be an effective partnership, it needs the attendance of members able to speak for and make decisions on behalf of the organisations they represent. We always welcome feedback on how the content of meetings can be improved to ensure that time given to meetings is valued and productive.

Norfolk Safeguarding Adults Board

Core aims and objectives

The Norfolk Safeguarding Adults Board's strategic plan for 2015 to 2018 sets out the key priorities of the board and the work of its members.

These key priorities have been aligned to the six key principles that underpin the Care Act:

Empowerment -

presumption of person led decisions and informed consent

Prevention -

it is better to take action before harm occurs

Proportionality -

proportionate and least intrusive response appropriate to the risk presented

Protection -

support and representation for those in greatest need

Partnership -

local solutions through services working with their communities

Accountability -

accountability and transparency in delivering safeguarding

These key priorities were then developed into a business plan that contains the work and focus of the Safeguarding Adults Board for the coming year. The strategic plan and a summary of the business plan are set out below.

The strategic plan is available in plain English and easy to read format. The business plan can be found in its entirety on the Norfolk Safeguarding Adults Board website.

www.norfolksafeguardingadultsboard.info

Norfolk Safeguarding Adults Board

Strategic plan 2015 - 2018

Norfolk learns and improves as part of its processes and is happy to adopt the Local Government Association vision for Safeguarding Adults Boards:

People are able to live a life free from harm, where communities:

- **have a culture that does not tolerate abuse**
- **work together to prevent harm**
- **know what to do when abuse happens**

This document is the strategy to support the vision for safeguarding adults in Norfolk between 2015 and 2018, and embraces the six key principles set out in the Care Act 2014. These six principles hold equal importance and are the foundation of good and effective safeguarding.

The purpose of the Safeguarding Adults board in Norfolk is to hold all agency members to account if this vision is not realised.

“What good is it making someone safer if it merely makes them miserable?”

Lord Justice Munby

Empowerment – presumption of person led decisions and informed consent.

Making Safeguarding Personal will be at the centre of all interventions. The views of adults in need of services will be sought, or that of their advocates, at every level of the safeguarding process.

The board will engage people in conversations about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety.

Our strategic intention is that the board can clearly demonstrate that it is influenced and advised by the experience of people who have been or may be at risk of harm. The board will seek assurances from its partner organisations that citizen involvement is central to their wellbeing and safeguarding activities.

The board will ensure that citizens are aware of their right to justice at all levels of intervention and require agencies to demonstrate that justice has been achieved.

The board and its partners will make every effort to communicate with the citizens of Norfolk in language and presentation that is accessible.

The board will empower people through the methods and content of training provided.

The board will support and monitor activities that enable adults to achieve resolution or recovery.

Prevention –

it is better to take action before harm occurs.

The board will:

- have a communication strategy that empowers all citizens, to enable them to identify harm and know what actions to take.
- require all agencies to intervene to prevent harm by supplying relevant advice and information at the earliest opportunity.
- call for all agencies to share relevant information to reduce the risk of harm occurring or persisting.
- be linked in with and exploit opportunities to support national campaigns with the aim of ensuring that the risk of harm is reduced at every opportunity.
- will know its populations and look for opportunities to encourage personal responsibility, harnessing the potential of the community to protect itself from harm.



Proportionality –

proportionate and least intrusive response appropriate to the risk presented.

Life is not risk free. The board will support activities across partner organisations that identify risks, mitigate against them, but are not risk averse. Partner agencies will take the least restrictive option to support, when intervention is required to mitigate risk.

The board will apply opportunities to learn lessons and improve practices, at the relevant level, when concerns have been raised.

“Anyone who believes that the work is simple and the right decision’s always obvious is mistaken”

Mr Justice Peter Jackson

The board will exercise a power to challenge when safeguarding needs are identified and not met.

The board and its partners will have a framework that gathers and builds evidence to demonstrate a response that is proportionate to the circumstances of the incident and the wishes of the adult.

Protection – support and representation for those in greatest need.

The board's partners will use whatever means they have at their disposal to address domestic violence, sexual abuse, psychological abuse, financial or material abuse, modern slavery, discriminatory abuse, organisational abuse, neglect and acts of omission and self-neglect.

The board coordinates partnership activities that will include:

- **major public awareness**
- **targeted awareness to particularly vulnerable groups**
- **raising the profile of the board**
- **identifying and managing risk**

Norfolk partners employ a large workforce that requires a consistent and coordinated approach to training. Comprehensive training will be developed and delivered to a minimum standard, endorsing accountability for work practices, promoting a culture of openness and transparency without fear of retribution.

The board will support its partner organisations to practise in a manner that does not diminish their safeguarding functions.

Abusive behaviour in any environment is never accepted.

Safeguarding activities demonstrate the diverse communities within Norfolk.

The board will promote a positive approach to information sharing because it believes this is an important protective measure.

www.norfolksafeguardingadultsboard.info

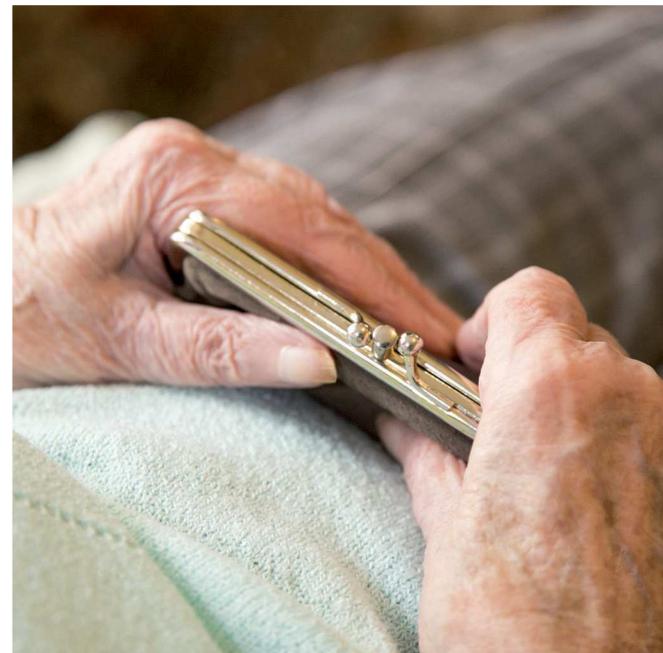
Partnerships – local solutions through services working with their communities.

The board respects individual confidentiality while requiring the sharing of relevant and appropriate information necessary to prevent abuse occurring or continuing or to support adults to achieve resolution and recovery.

The board will actively promote collaborative opportunities, developing partnerships that expand its capacity to ensure the citizens of Norfolk remain safe and achieve its outcomes.

The board will create opportunities for adults who have been or may be at risk of harm, to influence the activities of the safeguarding board and its partners.

In order to value and respect the vigilance of referrers, the board will expect partners to demonstrate that appropriate feedback has been given.



Twitter @NorfolkSAB

Accountability – accountability and transparency in delivering safeguarding.

The board will be confident that people who use safeguarding services will understand the role of those services in relation to their safety, health and wellbeing.

The board will implement the requirements of the Care Act, including the publication of an annual report which will include details of its members' activity to deliver the objectives of its strategic plan.

The board will publish any Safeguarding Adults Reviews carried out each year and learning to come from these, in accordance with the requirements of the Care Act 2014.

Partner agencies will understand their own role and the limits to their authority.

The board will develop a constitution that is accessible to all members of the public.

The board will establish a reporting structure that monitors and scrutinises its activity.

The board will continually review its membership and structure to deliver its work plans, which include the Locality Safeguarding Adults Partnerships (LSAPs) and subgroups. The terms of reference will give direction from the board to the subgroups, including LSAPs, and that their end of year summaries to the annual report will evidence this.

Terms of reference will be produced by the board giving direction to the subgroups and LSAPs. The subgroups will be required to evidence how they have met the board's strategic priorities through their contribution to the annual report.

The board will investigate options for income generation.

Training will achieve an agreed minimum standard so staff are aware that abuse is not tolerated, responses are appropriate and all concerns are recorded and heard.



1 Empowerment

Individuals will be given relevant information about recognising abuse and the choices available to them to ensure their safety. We give them clear information about how to report abuse and crime, and any necessary support in doing so. We consult them before we take any action. Where someone lacks capacity to make a decision, we always act in his or her best interests.

2 Prevention

Prevention and early intervention – acting before harm occurs and robust shared risk management approach.

3 Proportionality

We discuss with the individual, and where appropriate with partner agencies, the proportionality of possible responses to the risk of significant harm before we take a decision.

4 Protection

We will work together to ensure the protection of adults experiencing, or at risk of abuse or neglect.

5 Partnerships

We will work together to ensure that adult safeguarding links to other parts of the health and social care system to protect adults at risk of abuse or neglect.

6 Accountability

The board will continue working towards ensuring that the roles of all agencies and staff (and their lines of accountability) are clear and explicit. Agencies across the partnership will recognise their responsibilities to each other, act upon them and accept collective responsibility for safeguarding arrangements.

NSAB Business Plan – April 2016 to March 2017

The purpose of this Business Plan is to ensure that people in Norfolk are able to live a life free from harm and where communities:

- Have a culture that does not tolerate abuse
- Work together to prevent harm
- Know what to do when abuse happens.

1. Strategic intention EMPOWERMENT		Actions	Lead role and accountability	Timeframe for delivery	How we will know NSAB has made difference	Status
1.1	The basic information leaflet (hard copy) will be available in other languages.	Expert assistance required Distribution of leaflet to other language groups	Communications & Publicity Sub Grp/ Board Manager	September 2016	Test run on website Feedback where possible	Carried forward/ ongoing
1.2	NSAB will use its influence to ensure that operational services are using 'Make Safeguarding Personal' (MSP) to inform all their safeguarding adult activities.	Ensure that staff have the training they require	Learning, Improvement and Policy (LIP) Sub Grp	October 2016		Completed
		Produce a staff briefing sheet (SBS)	LIP Sub Grp	November 2016		Completed
		Gather data on how MSP is being applied via the performance dashboard	Risk & Performance Sub Grp	From September 2016		Ongoing
		Survey of people receiving a safeguarding service	C&P Sub Grp	October 2016		Report to board via C&P Sub Grp

1. Strategic intention EMPOWERMENT		Actions	Lead role and accountability	Timeframe for delivery	How we will know NSAB has made difference	Status
1.3	NSAB will seek assurances from partner organisations that citizen involvement is central to wellbeing and safeguarding activities.	Request to partners for information to be shared at a future board meeting	Board Manager/ Business Group Chair	March 2017	That all partner organisations will have evidenced robust plans in place by March 2017	Carried forward/ ongoing
1.4	All staff training will focus on people being central to decision making about their own lives.	Development of a template safeguarding adult awareness package	LIP Sub Grp	November 2016	Review paper to NSAB	Completed and training now live

2 Strategic Intention PREVENTION		Actions	Lead role and accountability	Timeframe for delivery	How we know that NSAB has made a difference	Status
2.1	NSAB will have a Communication Strategy that delivers key safeguarding messages to all citizens enabling them to identify harm and know what actions to take.	Communications & Publicity Sub Grp to work to published plan	C&P Sub Grp Chair/ Board Manager	March 2017	Plan agreed	Completed
		Identify preferred ways of making contact with those who may be considered to be hard to reach	C&P Sub Grp/NSAB Chair		Feedback during Safeguarding Awareness Week	Completed/ and ongoing
		NSAB will mount a Safeguarding Adults Awareness week to raise the profile of NSAB and give citizens the information they need to report concerns	Board Manager/ LSAPs Chairs	w/c 12 Sept 2016	Feedback from groups Evidence of outcomes from LSAPs	Completed
2.2	NSAB will disseminate key learning from Safeguarding Adult Reviews (SARs) to all partner agencies, thus encouraging an emphasis on preventative safeguarding working.	LIP (and C&P) Sub Grps to be engaged in SAR process to ensure learning is captured and translated into clear message to all partner agencies	LIP Sub Grp Chair/ C&P Sub Grp Chair Board Manager	Ongoing	Feedback via survey of partner agencies 6 months post publication of a SAR	Carried forward/ learning events to commence November 2017

2.3	NSAB will raise its profile with other relevant sectors / groups and seek their support in preventative adult safeguarding work.	Liaison & engagement with: - District Councils - The business community - Parish / Town councils - Voluntary & community sector - Primary care	NSAB Chair/Board Manager/C&P Sub Grp	March 2017	LSAPs to collate data from local events demonstrating outcomes Increased number of groups / agencies involved with LSAPs and at Business Group	Remains ongoing
2.4	NSAB will maximise opportunities to deliver preventative messages to the communities it serves, both throughout the year and during a safeguarding awareness week.	Develop a programme of events and materials	C&P Sub Grp/NSAB Chair Board Manager	w/c 12 Sept 2016	There is a level of activity in all localities which seeks to engage the public That other groups are prepared to contribute to the week in cash or kind	Completed
2.5	Reduce barriers to reporting abuse and neglect.	Gather existing data and research into Norfolk safeguarding reporting patterns Develop clear messages to the public to reduce barriers	R&P Sub Grp via the performance dashboard C&P Sub Grp	November 2016 January 2017	NSAB will better understand why people feel they cannot report abuse and neglect	Remains ongoing
	NSAB will develop, launch and deploy a strategy to address self-neglect and Hoarding.	Establish a T&F Grp to delivery strategy document	Housing Sub Grp	September 2016	Number of cases taken to the High Risk Panels	Completed
2.6	NSAB to monitor ongoing work with prison governors to identify best ways to ensure that prisoners are aware of their right to be protected from harm.	NSAB to receive an updated report	Board Manager	November 2016	Report to board	Completed Twitter @NorfolkSAB

3 Strategic Intention PROPORTIONALITY		Actions	Lead role and accountability	Timeframe for delivery	How we know that NSAB has made a difference	Status
3.1	Ensure that the concept of proportionality is understood through inclusion in staff training.	Include in template safeguarding adult awareness package	LIP Sub Grp	November 2016	Sample review of case studies and discussion with clients	Ongoing
3.2	Promote case examples of safeguarding adult work which uses the least restrictive option when intervention is required to mitigate risk.	Production of short illustrative case studies	NCC Safeguarding Adults Team Manager/Board Manager	December 2016	Disseminated via Business Grp	Ongoing
3.4	NSAB will exercise its power to challenge when safeguarding needs are identified and not met.	Action to be agreed subject to MSP data gathering on outcomes achieved or not via the dashboard	Allocated as appropriate to action required	Ongoing	Evidence of change in responses	Ongoing
3.5	NSAB will promote opportunities to learn and disseminate lessons to improve practice, including those derived from Safeguarding Adults Reviews (SARs).	Strengthen links between Safeguarding Adult Review Group (SARG), LIP and C&P Sub Grp	Board Manager Sub Grp chairs plus Rep of SARG	Ongoing	Report to board and action agreed	To start November 2017

4 Strategic intention PROTECTION		Actions	Lead role and accountability	Timeframe for delivery	How we know that NSAB has made a difference	Status
4.1	The board will promote partnership activities that protect, support and represent those in greatest need.	Major public awareness through Safeguarding Awareness Week and other communication activities	C&P Sub Grp and LSAPs Chairs/Board Manager	w/c 12 Sept 2016	Survey and evaluation of outcomes	Completed
		Identify particularly vulnerable groups and develop meaningful ways of connecting	Board Manager			Ongoing
4.2	Communicate zero tolerance of abusive behaviour in all environments.	Within all future publicity material.	C&P Sub Group	Ongoing	Feedback from citizen consultancy group	Carried forward
		Review current material and include.	Board Manager			
		Engage with media.				
4.3	Promote a positive approach to information sharing in order to protect vulnerable adults.	Discussion and strategy development with other interested parties, through Public Protection Forum, to ensure a unified approach	Chair/Board Manager	Ongoing	Report back on progress via Chair	Ongoing

4.4	<p>Raise awareness with friends and family about how to keep adults at risk of abuse and harm safe.</p> <p>Raising the profile of the board.</p>	<p>Raise awareness of how people can make alerts if they have worries about a vulnerable adult</p> <p>Create mechanisms through a communication campaign where people overcome fear of being able to speak up</p> <p>Strengthen reporting links with:</p> <ul style="list-style-type: none"> - Health and Wellbeing Board - Adult Social Care Committee - CCGs - Public Protection Forum - Independent Care Sector 	<p>C&P Sub Grp/LSAPs</p> <p>C&P Sub Grp/Board Manager</p> <p>Board Manager/all board members</p>	<p>Ongoing</p> <p>12 months and ongoing</p>	<p>Survey</p> <p>Survey</p>	<p>Ongoing</p>
4.5	<p>All safeguarding activities will demonstrate the diverse communities within Norfolk.</p>	<p>Ensure website is translation friendly</p> <p>Recruit an equality and diversity advisor to the board</p>	<p>Board Manager</p> <p>Board Manager</p>	<p>October 2016</p> <p>March 2017</p>		<p>Home page translation friendly</p> <p>Carried forward</p>
4.6	<p>Identifying and managing risk.</p>	<p>Risks raised and recorded as per current procedure</p> <p>Risks identified via SARs added to risk register as required</p>	<p>All partners/R&P Sub Grp</p> <p>SARG/R&P Sub Grp</p>	<p>Ongoing</p>	<p>Risk register is up to date</p> <p>Risks are mitigated as far as possible and escalated as appropriate</p>	<p>Completed</p> <p>Completed/ongoing</p>

5 Strategic Intention PARTNERSHIPS		Actions	Lead role and accountability	Timeframe for delivery	How we know that NSAB has made a difference	Status
5.1	Respecting confidentiality but sharing relevant information to prevent abuse occurring or continuing.	Developing and agreeing a protocol for positive sharing of information	NSAB Chair working with the Public Protection Forum	Ongoing		Ongoing
	Make available to all sectors a template safeguarding adults policy to ensure a more uniform response to safeguarding adult activity.	Produce a Safeguarding Adults Template policy	LIP subgroup	November 2016		Completed
	Develop assurances for effectively linking with other strategic bodies.	Each member agency will ensure the strategic aims of the board are effectively represented within the wider health and social care strategic framework. This will allow higher level and joint strategic priorities to be developed	NSAB Chair	Ongoing	NSAB will better coordinate and prioritise safeguarding adults work	Ongoing

5 Strategic Intention PARTNERSHIPS		Actions	Lead role and accountability	Timeframe for delivery	How we know that NSAB has made a difference	Status
5.2	Promoting collaborative opportunities with other groups that expand the board’s capacity and influence to protect.	Strengthen the LSAPs	Board Manager/ NSAB Chair	April 2015 and ongoing	Increased partner attendance and engagement	Ongoing
		Expand NSAB connections with district & parish councils to promote local engagement	LSAP Chairs			
		Deliver two engagement conference events in 2016-17	Board Manager & T&F Grp	November 2016		Completed
5.3	Citizen influence on board decisions and those of its partners.	Establish a citizen consultancy group	C&P subgroup			Carried forward

6 Strategic Intention ACCOUNTABILITY		Actions	Lead role and accountability	Timeframe for delivery/cost	How we know that NSAB has made a difference	Status
6.1	Ensure the board remains compliant with the Care Act 2014.	Work with board members to ensure that partner representation is at an appropriately senior level (as laid out in the constitution) and that attendance at board meetings is consistent	NSAB Chair/Board Manager	Ongoing	Self-audit	Ongoing
		Publication of annual report	NSAB Chair/Board Manager	July 2017	Annual report and strategic plans published	Completed
		Conduct any Safeguarding Adults Reviews in accordance with s44 of the Care Act	SAR Group	As and when required	SARs are completed as necessary Learning from SARs is disseminated and implemented	Ongoing as required
6.2	Development of a self-audit tool to be used by any partner agencies to benchmark their safeguarding activity against and to provide information back to NSAB.	Establish a T&F Grp	R&P Sub Grp	May 2016	Report back to NSAB	Carried forward
		Development of audit tool	T&F Grp	February 2017		
6.3	Monitoring and scrutiny of board functions through annual report and audited accounts.	Produce report and accounts for Health and Wellbeing Board	Chair/Board Manager	October 2016	Report and accounts accepted	Completed

6 Strategic Intention ACCOUNTABILITY		Actions	Lead role and accountability	Timeframe for delivery/cost	How we know that NSAB has made a difference	Status
6.4	Development of a Safeguarding dashboard that will allow the board to demonstrate impact.	Establish a T&F Grp to lead work	Risk and Performance Sub Grp	September 2016	Content of dashboard influences board's activity and service development	Completed
	Recognise this is an evolving task.	Agree data set Set up reporting cycle	Board Manager Norfolk County Council Business Intelligence and Performance Service		NSAB receives a dashboard report for each of its meetings from October 2016	Completed

Glossary

CCGs	Clinical Commissioning Groups
LSAPs	Locality Safeguarding Adults Partnerships
NSAB	Norfolk Safeguarding Adults Board
NSAB C&P Sub Grp	Norfolk Safeguarding Adults Board's Communication and Publicity subgroup
NSAB LIP Sub Grp	Norfolk Safeguarding Adults Board's Learning, Improvement and Policy LIP subgroup
NSAB R&P Sub Grp	Norfolk Safeguarding Adults Board's Risk and Performance subgroup
NCC	Norfolk County Council
SARG	Safeguarding Adults Review Group
SNH	Self-neglect and Hoarding
T&F Grp	Task and Finish Group

NSAB received income from the three funding partners in 2016/17 of £62.5k, Norfolk County Council Adult Social Care (£20k), Norfolk Police (£20k) and North Norfolk Clinical Commissioning Group (on behalf of all five CCGs) (£22.5k).

General spending

The 2015/16 Partnership balance rolled forward to use in 2016/17 was (£61k). This included £32k that was being held on behalf of an NHS England East project (Green Shed). £29k of this balance was transferred to the SAR budget to cover SAR costs incurred in 2016/17 thus reducing the amount needing to be recovered from the partners. Monies recovered through conference sponsorship and the Train the Trainer programme was (£7.3k).

These funds covered the uplift to the business coordinator post £2.4k, conference speakers £1.3k, safeguarding conference April 2016 & NSAB development day £1.5k (September), room hire & equipment for Adult Safeguarding Partnership events held September and November 2017 and venue hire for Train the Trainers January 2017 (£10.5k), Green Shed £24.6k (NHS England project), NSAB website £0.5k, marketing & design costs (re business cards, booklets, advert for plasma screen, flyers, leaflets and posters, barracuda displays, Safeguarding Annual Report 2016) £9.6k, non-staff advertising £1.8k, NSAB Independent Chair 2016/17 £19.5k.

The 2016/17 partnership balance carried forward to use in 2017/18 is £30k. This balance includes £7.4k on behalf of the NHS England East project, £2.5k allocated to the LSAPs and £6k allocated to the Communication and Publicity subgroup.

Safeguarding Adults Reviews costs

Cost of overview report writer's fees and accommodation for Safeguarding Adults Review was £46k shared between members of NSAB Partnership (Norfolk County Council, North Norfolk CCG and Norfolk Constabulary). The amount needing to be recovered from partners for 2016/17 SAR costs was (£7k). This was reduced by the surplus from their 2015/16 contribution to the NSAB (£29k) being transferred to cover the costs incurred in 2016/17 for SARs. Balance of (£10k) costs for SARs started in the reporting year 2016/17 were carried forward to be recovered in 2017/18.

NHS England grant

The balance of a grant from NHS England East to support work around the Mental Capacity Act was rolled forward from 2015/16 to use in 2016/17 was (£91k). These funds covered two LSAP conference events £2.2k, training sessions to Train the Trainer plus Safeguarding training materials £2.5k, two MCA training events in September and November 2016 £1k, safeguarding conference packs (NPS Graphics) £0.6k, presentations at conference (Prima and LSAP plus Self-neglect event refreshments and room hire £1.6k, marketing & design costs (MCA business cards & pharmacy bag stickers) £1.5k. Total spend 2016/17 was £9.4k offset by £0.5k accrual giving total of £8.4k spent from grant. Balance of (£82k) rolled forward from 2016/17 to use in 2017/18. £50k has been allocated to support the work of safeguarding within primary care.

What is a Safeguarding Adults Review (SAR)?

One of the Safeguarding Adults Board (SAB) core statutory duties is to conduct any Safeguarding Adults Review in accordance with Section 44 of the Care Act. Safeguarding Adults Reviews (SARs) provide an opportunity to learn lessons when abuse or neglect is suspected to be a factor in the death or serious harm of an adult with care and support needs. **The key aim of the SAR is not to investigate or apportion blame, but to examine professional practice and adjust this practice in light of lessons learnt.** These lessons are vital to reduce the risk of occurrence.

The Norfolk Safeguarding Adults Board (NSAB) must arrange a Safeguarding Adults Review (SAR) when:

An adult with care and support needs (whether or not those needs are met by the Local Authority) in the Safeguarding Adults Board's (SAB) area has died as a result of abuse or neglect, whether known or suspected and there is concern that partner agencies could have worked together more effectively to protect the adult.

Or/and

An adult with care and support needs (whether or not those needs are met by the local authority) in the SAB's area has not died, but the SAB knows or suspects the adult has experienced serious* abuse or neglect and there is concern the partner agencies could have worked together more effectively to protect the individual.

Or

The NSAB has discretion to undertake a SAR in other situations where it believes that there will be value in doing so. This may be where a case can provide useful insights into the way organisations are working together to prevent and reduce abuse and neglect of adults, and can include exploring examples of good practice.

Or

The NSAB can also consider conducting a SAR into any incident(s) or case(s) involving adults(s) at risk of abuse or neglect where it is believed to be in the public interest to conduct such a review.

Safeguarding Adults Review Group (SARG)

The NSAB Safeguarding Adults Review Group (SARG) is currently chaired by the Detective Superintendent, Head of Safeguarding from Norfolk Constabulary and has now been a formal subgroup of the board since its establishment in 2015 and has been operating effectively since this date. The consistency of membership and chairing arrangements has assisted in embedding the group within the county and the increase in numbers of SAR referrals over the past 12 months evidences awareness of both the process and the existence of the group, which is reassuring.

In the past 12 months one SAR has been published and nine referrals have been received by the group for consideration. Of these, another three SARs have been commissioned and are at various stages of development.

SAR C refers to a young female who died from anorexia nervosa; this is a 'light touch' review using previous investigations and reports to identify gaps and seek assurance that services have changed. The final report for SAR Louise has just been completed and the recommendations will shortly be published. The full report will not be published in order to protect the identity of the individual.

The review for SAR E, concerning the death from hypothermia of an elderly resident in a Norfolk care home, will start shortly; an independent report writer has been appointed and review panel confirmed. Two SARs have been published at the time of writing, for SAR AA and SAR BB.

Recommendations arising from all reviews commissioned by the SARG are annotated and collated on the Composite Action Plan, and monitored through the meeting process. Where appropriate, recommendations are allocated to subgroup chairs and work is coordinated to ensure learning is disseminated.

Recommendations arising from all reviews commissioned by the SARG are annotated and collated on the Composite Action Plan, and monitored through the meeting process. Where appropriate, recommendations are allocated to subgroup chairs and work is coordinated to ensure learning is disseminated across the county to all relevant parties. In the coming months, SARG will continue working to improve awareness among partners to refer cases for consideration.

Safeguarding Adults Reviews published in year 1 April 2016 to 31 March 2017

SAR BB – published 9 December 2016

Mrs BB had been diagnosed as having dementia, probably due to Alzheimer's, in October 2012, and lived alone from February 2013 after her husband was admitted into residential care nearby. Mrs BB had four children who provided fluctuating levels of support. She received twice daily home care visits but quite often was not at home because she made frequent trips to town or to visit her husband.

There were concerns about Mrs BB's safety when she went out, with reports of her becoming lost, disorientated, anxious, and approaching strangers for help or lifts. During the two months prior to her death, these risks increased, because the frequency, and pattern, of her trips out became more erratic. Following a Mental Capacity Act assessment in late November 2014, a Best Interests Decision was made with the family to look for a residential placement, in the south of England near one of her daughters, preferably for Mr and Mrs BB to be placed together. In the interim, two hours additional support was commenced to take her to have lunch with her husband.

However, Mrs BB often continued to make her way there on her own. Therefore, in mid-December, an alternative home care agency was commissioned to provide nine hours support each day to keep her safe when out, and engage her in social activities. Initially this was provided between 09:00 to 18:00 but quickly changed to 08:00 to 17:00 because Mrs BB had sometimes gone out when the carer arrived.

From mid-January 2015, Mrs BB's behaviour became increasingly agitated, and police assistance was required when she made an evening visit to her husband's care home. On 20 January 2015, the carer arranged an urgent late afternoon GP appointment because of a further escalation of her agitated and erratic behaviour. This hampered the GP's ability to carry out a full examination. The GP decided that Mrs BB should be taken to A&E where she would be in a place of safety, and further investigations could be carried out. However, the carer did not pick up the need for Mrs BB to be in a place of safety that evening so she was not left alone.

On leaving the surgery Mrs BB continued to be agitated, and refused to go to hospital. After discussion with his manager, the carer returned Mrs BB home, and contacted one of the daughters who was unable to visit that evening to assist in taking her to hospital. The manager, who was unaware of the GP's view about the need for a place of safety, and believed that the A&E plan was about further tests, instructed the carer to ensure Mrs BB was settled, and he would visit the next morning to collect a urine sample and proceed to hospital if the carer could not get her there that evening.

When the carer visited in the morning, Mrs BB was missing. It appears that Mrs BB had left her home at some point the previous evening. The body of Mrs BB was found lying in a ditch by the side of the road by a member of the public.

Practitioner learning events for this SAR are to be held from November 2017 onwards.

The full report can be accessed at www.norfolksafeguardingadultsboard.info/safeguarding-adults-review/sar-mrs-bb-published/

The work of Norfolk Safeguarding Adults Board's subgroups

Norfolk Safeguarding Adults Board has the following subgroups

Subgroup	Chair	
Business Group (BG)	Detective Superintendent Julie Wwendth Head of Safeguarding and Harm Reduction Safeguarding and Investigations Command Norfolk Constabulary	
Communications and Publicity (C&P)	Helen Thacker Head of Service – Safeguarding Norfolk County Council	
Health Executive Safeguarding Adults Alliance (HESAA)	Jackie Schneider Head of Patient Safety North Norfolk Clinical Commissioning Group	
Housing (HSG)	Nigel Andrews Tenancy support services manager Norwich City Council	Adam Clark* Senior Housing Manager Broadland Housing Association
Learning, Improvement and Policy (LIP)	Kate Brown Learning and Development Consultant Norfolk County Council	
Mental Capacity Act / Deprivation of Liberty Safeguards (MCA/DoLS)	Alison Simpkin Head of Social Care - Adult Mental Health Norfolk County Council	
Risk & Performance (R&P)	Kate Rudkin Head of Development and Operations Age UK (Norfolk)	
Safeguarding Adults Review Group (SARG)	Detective Superintendent Julie Wwendth Head of Safeguarding and Harm Reduction Safeguarding and Investigations Command Norfolk Constabulary	

*Adam Clark replaced Nigel Andrews as chair of Housing subgroup (HSG) when Nigel retired at the end 2016. Adam chaired his first HSG meeting in January 2017

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Business Group

The NSAB Business Group was established in 2015 and is made up of LSAP and subgroup chairs plus representatives from other key agencies such as Trading Standards, Norfolk Fire and Rescue and UK Border Agency. The current chair is the Detective Superintendent, Head of Safeguarding from Norfolk Constabulary. The Business Group supports the board in the delivery of its strategic priorities and ensures coordinated responses by appropriate subgroups to each objective. Despite continuing to support the board in the delivery of its Business Plan, this year the Business Group has also developed its own work plan which has facilitated operational coordination and has enabled members to work in a more joined up way when taking forward pieces of work on behalf of the board.

One example of this work is the creation of a safeguarding adults template policy which can be adopted and amended for use by any agency. The Business Group coordinated activity by the Learning and Improvement subgroup (LIP) and the Communications subgroup to produce and then disseminate the policy around the county.

All members of the Business Group dedicate their time to progressing the Safeguarding Adults agenda over and above their own daily roles and this can present challenges in terms of capacity, however the dedication of the attendees has ensured a successful year for the Business Group with excellent engagement from all partners.

Communications and Publicity

The Communications and Publicity subgroup's purpose is to understand the public and board partners' awareness of safeguarding adults, and to develop communication strategies to enhance their knowledge and engagement.

The group's work is driven by the Norfolk Safeguarding Adults Board's communication strategy. This year the group's work has incorporated actions from two safeguarding adults reviews (Mr AA and Mrs BB) which have been completed by the board.

Achievements in 2016/17 have been:

- Delivery of a safeguarding week in September 2016, the highlight of which was a multi-agency conference which included nationally recognised speakers, covering topics including self-neglect, domestic abuse, suicide prevention and adults from abroad. The week also include engagement events at the Norfolk and Norwich University Hospital, public engagement using the board's publicity materials, including the very popular safeguarding pens, at local supermarkets and a survey carried out with members of the public in Great Yarmouth.
- The board's range of promotional materials has been expanded to include credit card sized information which was added to prescription bags in September 2016, downloadable materials on the NSAB website, a slide which has been circulated for inclusion on the Norfolk County Council and GP surgery public-facing plasma screens.
- NSAB opened a Twitter account in 2017 and by the end of March had 172 followers, with 667 visits to our profile. The board's website continues to grow in popularity with a steadily increasing number of visitors. New content is added on a weekly basis, including the board manager's blog; an entertaining and insightful collection of thoughts on how safeguarding messages can be linked to cultural reference points to support understanding and dissemination of key messages.

- The board has linked with Norfolk County Council's 'In good company' campaign, tackling loneliness in the county, in order to raise awareness of safeguarding among the public and local businesses.
- The group is beginning to establish links with community representatives from hard to reach groups in order to disseminate safeguarding messages among those communities.
- The board has established an arrangement with Healthwatch who will support with consultation and involvement of service users and the public, around actions arising from the board's strategic and business plans.

Into 2017/18, the group is working on a campaign aimed at both the public and GPs, to promote the importance of keeping contact details for family and representatives up to date at GP surgeries. Work on engagement of hard to reach groups will continue and the group is working on improving methods to deliver learning from safeguarding adults reviews across the partnership.



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Health Executive Safeguarding Adults Alliance (HESAA)

The Health Executive Safeguarding Adult Alliance (HESAA) continues to work as a subgroup of the board and comprises representatives from the five Norfolk and Waveney Clinical Commissioning groups, NHS Trusts and private Healthcare providers who operate within the county. Its role is to provide a conduit between Norfolk Health organisations and the board at Executive level. It offers an opportunity for the health sector to challenge and be challenged within the Adult Safeguarding arena and offers a unique opportunity to work in a cohesive way across health boundaries and interface with safeguarding partners.

Work undertaken by the group throughout 2016/17:

Mental Capacity Act

During 2016/17 the group have been working to tackle the challenges for health staff around knowledge and application of the Mental Capacity Act for vulnerable patients within their care. A successful improvement project delivered by POHWER, our Norfolk wide mental capacity and mental health advocacy service, has been running throughout the year aiming to aid engagement with senior leaders and safeguarding/MCA specialist staff within NHS trusts and support:

- Establishing gaps in knowledge of specific workforce groups/disciplines in relation to the core principles of the MCA
- Establish gaps in systems and processes that support staff in applying the principles of the MCA
- Establish if documentation is present/utilised to evidence application of the principles of the MCA
- Improving the uptake of referrals for Independent Mental Capacity Advocacy.

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PREVENT

Health Trusts in Norfolk have taken part in audit processes to evidence progress and improvement around organisational preparedness for the PREVENT agenda, one of the Government's counter-terrorism strategies. This focuses on health workers identifying and supporting people at risk of being drawn into terrorist or extremist activity. All Trusts have been able to identify good systems in line with requirements. Work still needs to be done in regards to delivery of staff training, but all Trusts have clear trajectories in place to assure this is achieved within required timelines.

Safeguarding in Primary Care

The CCG's safeguarding adult team has been fortunate enough to secure the support of a GP to work with them in a part-time capacity for one year during 2017. Together they will aim to develop improved mechanisms for assuring the quality of training, learning and communications with primary care colleagues across the county and enable HESAA to better monitor and influence systems which aid inclusion of primary care colleagues with adult safeguarding.

Housing

The Housing subgroup is attended by landlords, support providers and health colleagues from across the county. The group remains a central forum for the discussion of adult safeguarding practice within the sector and a conduit for the sector to reach out to colleagues from health and social care. We are committed to improving the impact of our group across the Norfolk housing sector.

Personal development of members

The fundamental purpose of the meeting is to ensure housing has a voice in multi-agency approach to safeguarding. However, the group has provided some members with much more than that. Members of the group involved in organising the partnership event have been able to develop career skills in project planning and event organisation.

Fulfilling the role of chair has provided an opportunity to develop new skills and grow a widening professional network.

Multi-agency working – The Housing subgroup regularly has speakers highlighting important areas of practice which housing colleagues can take back to their organisations and tenants. Examples include presentations from Mike Garwood on data, how we use it and Data Protection. Prevention by Veronica Mitchell gave a detailed overview of the work of this team, which really was relevant to housing providers and our tenants. Neil Howard delivered an informative presentation on Hate Crime.

Housing providers have improved our links with the fire service through the group and continue to be involved in the piloting and improving the Self-neglect and Hoarding Strategy.

Case Reviews – The Housing subgroup gives providers the opportunity to be presented with the findings of SARs. This has been a key area of development for housing providers, enabling improved understanding and discussion from different agencies' perspectives. We welcome the opportunity to work on demonstrating learning and making changes to how we work to help reduce the repeat of future reviews. This is an area we aim to improve in the coming year.

We are seeking to produce a second safeguarding partnership event and are consulting previous attendees on desired content. We also want to identify more clearly the purpose of the group and the value achieved through our work. We will seek guidance from the board to achieve this.

Mental Capacity Act / Deprivation of Liberty Safeguards (DoLS)

The MCA and DoLS subgroup continues to meet quarterly on an annual basis, as a partnership group to promote shared learning, good practice and peer support. This subgroup works to provide appropriate care and support to people lacking capacity to consent to their care arrangements in care homes, hospitals, supported living and their own homes.

The unprecedented workload that the Supreme Court judgement has created for all agencies continues to be recognised by the MCA and DoLS subgroup. The subgroup therefore continues to use its meetings to explore more efficient and effective ways of working together.

The introduction of e-DoLS in 2015 has contributed to this and remains well received. Norfolk, as a Local Authority, remains the first to create and utilise such a system for use. Currently other Local Authorities are following suit. The new database for NCC, Liquid Logic Adult Services (LAS) has seen DoLS team colleagues working closely with IT system analysis colleagues to ensure that new DoLS forms are compatible with the existing processes in place.

During 2016/17 DoLS referrals have continued to increase. The DoLS team continues to apply the ADASS guidance to prioritise within its daily functioning in order to identify the most vulnerable individuals. All referrals to the team are reviewed on a regular basis to ascertain any priority changes. Data monitoring information is regularly shared from the team at the MCA and DoLS subgroup.

With regard to training and development during the past year five colleagues have been approved as Best Interest Assessors (BIAs) by Norfolk as a Local Authority. The course was jointly run by the University of East Anglia (UEA) and received high acclaim from students who participated. It is hoped that the same number of BIA students will go forward to complete the course within this current year.

The Law Commission's Report on DoLS has identified options for the future. However, the Law Commission's Report currently rests with Parliament for finalisation and when this becomes available, all Local Authorities can then work towards delivering upon the changes recommended.

Learning, Improvement and Policy (LIP)

LIP's key achievements this year are:

Work to improve the quality of safeguarding adults awareness training delivered by organisations in Norfolk

- Analysis of our training survey confirmed that many organisations, particularly independent and private care agencies, needed support to improve and update the quality of the training they delivered 'in house' to their own staff. LIP commissioned the design of a comprehensive safeguarding awareness training package and worked with our training provider to deliver four **Training for Trainers'** events to ensure that the material is delivered in an effective manner. Feedback from organisations attending the training is excellent.
- We have monitored the quality of the safeguarding adults training delivered on behalf of NSAB by St Thomas Training and are pleased to acknowledge that the training is of excellent quality
- We have updated the NSAB Safeguarding Adults Training Strategy to provide a quality framework and guidance for the delivery and evaluation of safeguarding training by partner organisations
- Work to enable learning from Safeguarding Adults Reviews
- LIP have designed the framework for partner organisations to self-assess their performance with regard to the Mental Capacity Act (2005) and worked on guidance for assessing risk when a person is living with dementia.

Risk and Performance

The Risk and Performance subgroup has a membership which includes three statutory agencies, health (commissioning), Norfolk County Council and the Constabulary and a nationally recognised local charity.

The group meets bi-monthly with alternate meetings focusing on risk and performance.

The Chair of the subgroup attends the Norfolk Safeguarding Adults Board and the Business Group meetings.

Risk

The subgroup maintains and reviews the Norfolk Safeguarding Adults Board's (NSAB) strategic risk register and presents risks for consideration at board meetings. Risks are identified through the locality partnerships, at the board Business Group and by board members. Risks are categorised in line with the six principles for safeguarding set out in the Care Act 2014, which also form the structure of the board's strategic and business plans.

This year's risk register has highlighted that financial resources have been agreed by statutory partners to support the work of the board; however sufficient resource input continues to require monitoring as referrals to safeguarding staff have increased and the number of Safeguarding Adults Reviews has continued to increase. In addition the wait time for of authorisations for Deprivation of Liberty Safeguards is among the range of risks.

Performance

The development of the performance dashboard has continued this year. The dashboard provides visual representation of safeguarding related statistics. The information has informed performance and identified potential risks. The range of topics and the associated statistics are shared with the Business Group and locality partnerships to inform service providers across Norfolk.

The Vice Chair of the subgroup participates in the Safeguarding Adult Review Group. Information from the reviews is used to inform performance and identify issues for the risk register.

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Safeguarding Adult Review Group (SARG)

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The NSAB Safeguarding Adults Review Group is currently chaired by the Detective Superintendent, Head of Safeguarding from Norfolk Constabulary. It has now been a formal subgroup of the board since its establishment in 2015 and has been operating effectively since this date. The consistency of membership and chairing arrangements has assisted in embedding the group within the county, and the increase in numbers of SAR referrals over the past 12 months evidences awareness of both the process and the existence of the group, which is reassuring.

In the reporting year covered by this report one SAR commissioned in September 2015 (Mrs BB) was published on 9 December 2016 and 15 referrals have been received by the group for consideration. Of these, another SAR has been commissioned (SAR E). This referral concerns the death from hypothermia of an elderly resident in a Norfolk care home. For the remaining referrals, four Multi-agency (two or more agencies) Reviews (MARs) and two single agency reviews were commissioned, with nine referrals not meeting the criteria.

The final report for SAR 'Louise'* has just been completed and the recommendations will shortly be published. On this occasion the full report will not be published in order to protect the identity of the individual.

Recommendations arising from all reviews commissioned by the SARG are annotated and collated on the Composite Action Plan and monitored through the meeting process. Where appropriate, recommendations are allocated to sub group chairs and work is coordinated by the Business Group to ensure learning is disseminated.

* Louise is a pseudonym

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Locality Safeguarding Adults Partnerships (LSAPs)

NSAB's five localities Safeguarding Adults Partnerships (LSAP) are vital to enabling the board to realise its strategic ambitions. Based in Western, Southern, Northern, Eastern and Norwich localities, the purpose of LSAPs is twofold; firstly to deliver and communicate key objectives at a local level on behalf of the Norfolk Safeguarding Adults Board. Secondly, to bring together the fullest range of agencies and partners at a local level to encourage shared working and understanding to act as a 'hub' for safeguarding adults activity. The membership of each LSAP needs to reflect multi-agency interests that will develop a collaborative approach to local safeguarding issues.

Northern (LSAP)

Northern LSAP have had presentations on DoLS by Donna Hewitt, Making Safeguarding Personal by John Mosedale, Financial Abuse by Teresa Hazell, Hate Crime by Neil Howard and discussions on Domestic Abuse and Older People. Each organisation also gave a short talk on what their organisation does, shared information, leaflets, etc.

For Safeguarding Week 2016 Broadland District Council held a pop-in awareness event with stands from Policy team, Trading Standards, Age UK Norfolk, Handyperson / Handyman service, Environmental Health, Norfolk Safeguarding Adults Board Comms, Integrated Mental Health Team nurse, Operational Partnership Team, Hate Crime, Norfolk Carers Partnership and Fuel Poverty.

Flyers were distributed at events at High Kelling and Sheringham Carnival, at the Food Bank in Cromer, the Dementia Care meeting in Halsey House, practitioners meeting in Cromer, the Care Home Network meeting and distributed leaflets at the Alzheimer's UK group. Posters and leaflets were also distributed to the Community Hospitals in the area.

The group have benefited from good anonymised case discussions, which all find helpful and informative.

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Western LSAP

1. Western LSAP – has reviewed its membership list and attendees, and contacted those with fluctuating attendance to aim for an increased core membership. It continues to look to recruit new members from relevant groups and agencies, and had a change of Chair in 2017, following the resignation of the Chair after seven years of sterling service to the WLSAP.

2. Twitter – the WLSAP has an active Twitter account (@WLSAPKL), which now has 55 followers, and has been a positive way to reach the public, professional groups, local groups and charities to promote safeguarding adults work on social media.

3. West Norfolk's Safeguarding Friends – this has become a small and strong charitable group, comprising two retired experienced safeguarding practitioners. They meet residents in residential care homes to provide safeguarding information and advice that assists the residents to keep safe.

After an initial low uptake (20 homes contacted, only one wanting follow-up), the group changed their approach and now both write to homes and follow this up with a telephone call. All homes contacted in this way have accepted visits/training talks. Five further residential care homes (for older people and for people with learning disabilities) have been visited now, and some homes visited more than once. The group were encouraged by how vocal some residents are and all homes have responded positively to talks. It is planned that 40 plus homes in west Norfolk will be visited within the next year and regular updates will be provided to Western Locality Safeguarding Adults Partnership.

4. Mental Health – the WLSAP has played an important role in raising the numerous challenges facing statutory and non-statutory organisations that are supporting people experiencing mental health challenges. The austerity measures have had a disproportionate effect on people accessing mental health services, increasing the pressure on all levels of the system.

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5. High Risk Panel (HRP) – developed to manage serious self-neglect/hoarding concerns in Norfolk. The WLSAP is one of two LSAPS in Norfolk running a pilot reviewing serious self-neglect and hoarding cases that are referred to the HRP, which is hosted immediately after the LSAP meeting. The cases submitted have generated much discussion among the professionals present, and feedback both positive and negative on the effectiveness of the HRP has been submitted to NSAB as a SWOT analysis, with suggestions for improving the HRP service.

6. Development sessions by guest speakers at WLSAP – guest speakers have given informative talks (at alternate LSAP meetings) on subjects such as hate crime, equality and disability issues, working with the travelling community and more. The next planned speaker in July will be talking about loan sharks.

7. Safeguarding Adults Week 2016 – the WLSAP members held a number of engagement activities in the community, local acute hospital, workplaces and nursing homes, to promote safeguarding awareness to clients, staff, public and patients. This will be repeated in September 2017.

Eastern LSAP

2016/17 has been a period of change for ELSAP, which was without a substantive Chair until October. Since having a new Chair, ELSAP has reviewed its membership and meetings format and refreshed attendance at the partnership. The meetings now include a business section plus a good practice and case studies section, which has proved extremely useful.

September 2016 provided a very successful Safeguarding Awareness Week, supported across many agencies and launching a very effective public questionnaire, which assisted our ability to talk with members of the public to raise awareness of safeguarding in Great Yarmouth and in Gorleston.

Main activities of and discussions within the ELSAP have centred around homelessness and those people with no recourse to services and how agencies can address this; concern over DoLs applications workloads and implementation; a strong engagement in hoarding and self-neglect responses, including key Fire Services involvement; and increased multi-agency engagement in responses to 'cuckooing' and Operation Gravity.

The ELSAP continues to have a strong multi-agency representation which reflects the fact the network has an excellent reputation for joint working across both statutory and third sector agencies. The value of sharing within ELSAP enhances operational working and the confidence of all agencies when facing safeguarding issues transparently together.

Southern LSAP

The group has regular meetings with increasing attendance which is very encouraging. Most of the discussions at meetings are generated by having case studies as a standing item. We have started to include 'near misses', where partners bring actual cases for candid round table discussions, and partners taking away actions. This has proven to be very useful and colleagues have made positive comments.

We are going to progress discussion with the children's safeguarding partnership to agree a format for combined meetings.

Central LSAP

In 2016, Nick Pryke stood down from chairing the CLSAP. A big thank you to him for all his hard work and commitment to the Central Adult Safeguarding Partnership.

Kirsty Rowden took over as Chairperson and Tristan Johnson kindly agreed to become Vice Chair.

The Partnership membership was reviewed and there was an agreement to include representatives from other organisations. We continue to have excellent multi-agency attendance and there is a clear commitment and energy to progress taking forward the NSAB Agenda in Norwich.

We have focused on the board's priorities of hate crime; financial abuse, self-harm and suicide. We have also emphasised the importance of promoting and making safeguarding personal.

We have been fortunate to have a variety of speakers come to share their knowledge and experience.

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CLSAP has been piloting the Self Neglect High Risk Panel. Concerns were raised by a number of the members but we agreed to continue for the remainder of the pilot. The new plans for a move towards managing these cases through the 'Early Help Hubs' has been well received.

The members are in the midst of planning for National Safeguarding Week, where we will be focusing on some of the key locations in Norwich to engage with the public and raise awareness of Adult Safeguarding.

We have launched a Twitter account in an attempt to reach a wider audience and are in the process of developing a Facebook page.

Norfolk Safeguarding Adults Board Partners' contributions

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Norfolk County Council, Adult Social Services

Safeguarding services in adult social services are led strategically by James Bullion, Executive Director of adult social services and Lorna Bright, Assistant Director, Social Work who represents Norfolk at the ADASS safeguarding group, with operational leadership through Helen Thacker, Head of Service, Safeguarding.

Safeguarding adults is a high priority for adult social services with 'increased focus on quality and safeguarding' identified as a key priority in the 2017/18 departmental service plan. The Executive Director takes a keen interest and safeguarding is one of the items discussed at monthly locality accountability meetings.

Adult social services has a dedicated safeguarding adults team which comprises of 7.5 full time equivalent senior social workers and one full time team manager. The team provides a practice consultant for each of the five adult social services localities within Norfolk, as well as being integrated in the Multi-Agency Safeguarding Hub (MASH). The safeguarding adults team undertakes complex adult safeguarding enquiries, as set out in section 42 of the Care Act 2014. The team also provides professional case consultation, training and joint working, not only to local authority staff but to key stakeholders throughout Norfolk.

The team's key partners within the MASH are police and children's services. Several other agencies also have a 'virtual' link to the MASH, including health, Leeway (domestic abuse charity); Independent Domestic Violence Advisory Services (IDVA); Norfolk Probation Services; Prevent lead and Norfolk & Suffolk Foundation Trust. This close working environment enables prompt sharing of information between agencies and identifies appropriate involvement in a timely manner for an adult at risk of abuse or neglect. Adult social services is one of the funding partners for the Safe Lives Beacon Site project which will develop an enhanced 'front door' service and 'penta interventions' to support people who have experienced domestic abuse.

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The inclusion of self-neglect as a category of abuse as set out in chapter 14 of the Care Act, has proved a particular challenge to the authority over the previous year. Development of practice through training, a significant contribution to the design, implementation and review of the multi-agency self-neglect and hoarding strategy and a pilot for a bespoke self-neglect service have helped to enhance our response to people with self-neglecting behaviour in the county. This is an aspect of work which we recognise can only be taken forward in partnership and it will continue to be developed into 2017/18. As a response to recommendations from two safeguarding adults reviews, adult social services has worked with Norfolk and Suffolk Foundation Trust this year, to develop guidance for multi-agency partners on complex cases where other multi-agency frameworks do not apply. The guidance has been welcomed by the board, published on the board's website and implemented across the partnership.

There is a strong programme of training in safeguarding adults, delivered by St Thomas Training. The provider meets quarterly with operational and training managers to review feedback and address any gaps or issues arising. Training is provided at all levels of the national competency framework for safeguarding adults, including a course for provider managers and a course aimed at those who use services to support a better understanding of what safeguarding and abuse are and how to report concerns. A new course on 'Learning from Safeguarding Adult Reviews', incorporating learning from both local and national reviews, has been designed and delivered, and initial feedback has been very positive.

The adult social services department is well represented on the Norfolk Safeguarding Adults Board and business group, with local authority managers chairing two of the five local safeguarding adult partnerships (LSAPs) in the county, plus the communications, mental capacity /DoLS and learning, improvement and policy subgroups. The department has been instrumental in the roll-out of Making Safeguarding Personal across the partnership with

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ongoing input and discussion at LSAP meetings, to identify ways in which people who use services can be more involved locally.

The department also co-chairs a joint safeguarding forum with children's services, to ensure safeguarding messages are cascaded across the council and there are particularly good links between safeguarding and Trading Standards.

Clinical Commissioning Groups (CCGs)

Clinical Commissioning Groups (CCGs) were established in April 2013 to ensure clinical involvement at all levels of healthcare commissioning and all GP practices are members of their local CCG allowing them to better influence how local healthcare is commissioned for their patients. The five Norfolk and Waveney CCGs commission most of the hospital and community NHS services within the Norfolk Safeguarding Adults Board (NSAB) area and are thereby responsible for supporting and improving the health outcomes for people of Norfolk.

Throughout the coming year the Norfolk and Waveney CCGs will work more cohesively together along with other health and social care partners such as mental health, acute hospitals, community healthcare providers and social services aiming to deliver services that are more integrated, this will be undertaken through a planned programme of transformation known as the Sustainability Transformation Plan (STP). This is necessary to ensure that money available for health and social care is used to best meet the needs of our population by improving the efficiency and effectiveness of health and social care services.

Commissioning involves deciding what services are needed and ensuring that they are provided, and by working as a health and social care system Norfolk will be able to improve alignment for the delivery of safe, high quality health and social care services while managing the increasing costs of care provision and reduced availability of funding.

CCGs are overseen by NHS England (NHSE), which also has a role in commissioning dental care and some specialist hospital and rehabilitation services. However, from April 2017 NHSE has delegated the commissioning of GP practices to CCGs to support the development of more joined up local services with GPs firmly at the heart of changes being established through the STP.

Services CCGs commission include:

- most planned hospital care
- rehabilitative care
- urgent and emergency care (including out-of-hours)
- most community health services
- mental health services
- some learning disability services

Within the NSAB area the five Norfolk and Waveney CCGs are:

- South Norfolk CCG
- Norwich CCG
- West Norfolk CCG
- North Norfolk CCG
- Great Yarmouth and Waveney CCG

To ensure effective interfaces with other statutory partners, the five CCGs in Norfolk have a collaborative arrangement, placing the executive, strategic and operational functions for adult safeguarding in a dedicated team, which is hosted by North Norfolk CCG.

Since their inception in 2013, CCGs have continued to strengthen their position in relation to adult safeguarding. Recent years have seen an increase in scrutiny of commissioned services to ensure that the safeguarding adults agenda is central to the services that are commissioned. Following on from our local monitoring dashboards, this year we have seen the introduction of the safeguarding self-assessment tool (SAT). This has been developed for NHSE and will provide assurance that effective systems for safeguarding are in place across all health organisations nationally.

Alongside active monitoring of performance, there has been a significant investment by the CCGs in projects to increase the knowledge base and skills of staff, particularly in relation to the Mental Capacity Act (MCA). Following on from a number of education events, a project which considers how the knowledge gained can be translated into improvements in care delivery in CCG-commissioned services. This project will be completing during 2017 and will conclude with a seminar which will enable shared learning and agreement of future actions to embed MCA processes within healthcare services.

Additionally, with delegated commissioning of GP practices, the CCGs have developed a GP safeguarding leadership role for one year in the first instance, to support improved communication, information and education to Norfolk practices around adult safeguarding.

The CCGs currently provide leadership and support to the HESAA and the NSAB Business Group, as well as ensuring appropriate representation at each of the LSAPs and a large bulk of the subgroups.

Norfolk Constabulary

Norfolk Constabulary is committed to the services delivered to vulnerable adults in Norfolk and has invested in its resourcing capacity in this area over the past few years. The force provides an integrated service with other partners in the county Multi Agency Safeguarding Hub (MASH), where it commits resources to review and discuss referrals with partners. Norfolk Constabulary's role is not purely focused on the identification of criminal offences, but also identifying risk and safeguarding opportunities. This work is undertaken with colleagues in Adult Social Care and a range of health representatives to offer support to those adults who find themselves in need across the county.

Once a referral has been reviewed by the MASH, it may be allocated for further investigation by the Adult Abuse Investigation Unit (AAIU). Norfolk has been a national leader in the management of investigations relating to vulnerable adults for several years now, owing to the co-location of force investigators with colleagues from Adult Social Care. This co-location enables an improved level of partnership working and secures the best service for the individual concerned. The AAIU investigates all manner of offences, but primarily focuses on the abuse of vulnerable adults in relation to ill treatment, physical abuse, financial abuse and neglect.

Safeguarding adults is a key priority for Norfolk Constabulary, with strategic leadership from Temporary Assistant chief constable (T/ACC) Paul Sanford, Head of Local Policing for the county, and Detective Superintendent Julie Wvendth, Head of Safeguarding and Harm Reduction. The latter is a permanent member of the NSAB and is currently the chair of the board's Business Group, where the strategic direction provided by the board is effectively put into action.

Attendance at the Local Safeguarding Adult Partnership meetings has proven a challenge for the Constabulary at times, but closer liaison with Operational Partnership Teams in localities has improved join up at this

operational level. The force continues to support the board through financial contributions each year, and the Head of Safeguarding also currently chairs the Safeguarding Adult Review Group (SARG).

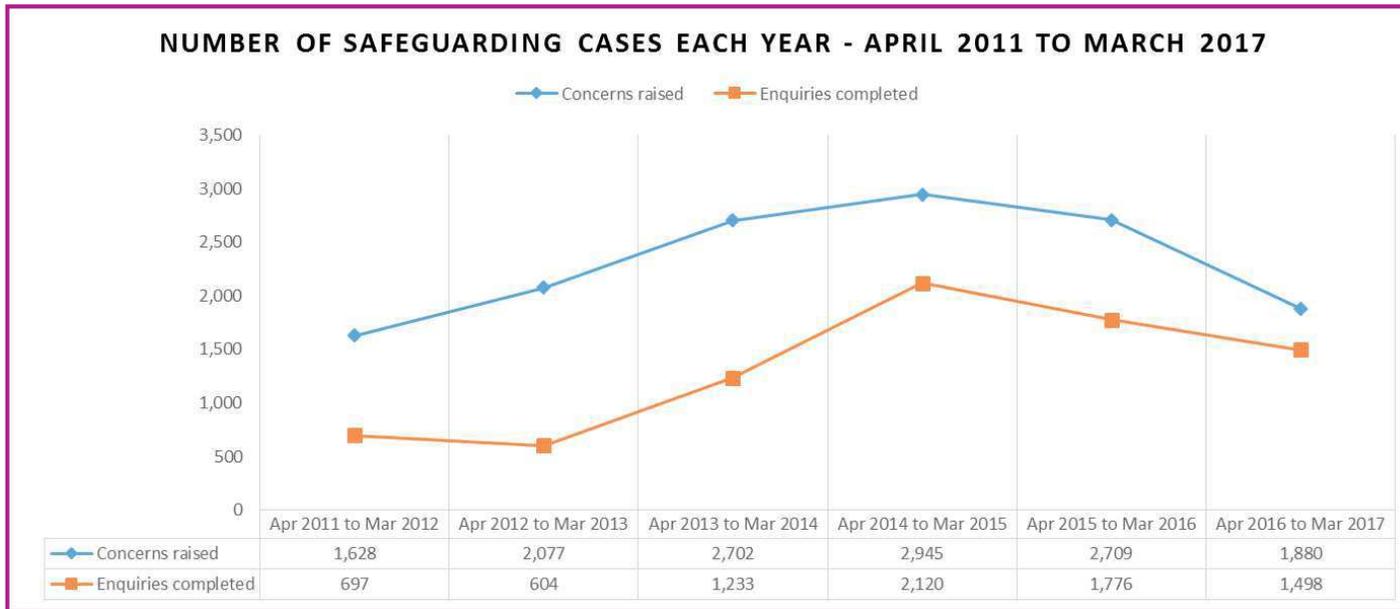
The force has prioritised threat, harm and risk, and considers the response to vulnerability a key focus. Training provided by the College of Policing was rolled out to all staff in previous years, supported by an in-force produced podcast to raise awareness and to reinforce the key messages to frontline officers and staff. Wider vulnerability training is currently being prepared. This will focus on the safeguarding of adults, domestic abuse, honour related crime and force responses to mental health – all key aspects of vulnerability which the force is committed to work with partners locally to address. This training will be designed to enable staff to identify cases of concern at an earlier stage, so preventative measures can be worked on collectively with partners to reduce risk and ensure effective arrangements are put in place at the earliest opportunity.

Alongside working with partners to secure the most appropriate interventions for individuals, the force is committed to the enforcement of criminal offences and to taking positive action to prosecute offenders. The AAIU has secured a number of successful prosecutions this year, and the team manages on average 60 cases at any one time. A large number of these investigations relate to financial offences, where people in positions of trust have stolen from adults who relied on them for support. It is always rewarding to see positive outcomes on these crimes, and the team works hard to secure positive results wherever possible.

The past year has seen an increase in the profile of NSAB across the county, and Norfolk Constabulary is committed to continuing to support this agenda in the future.



Safeguarding adults performance data – April 2016 to March 2017



The number of safeguarding concerns raised has decreased for the last 2 years from 2,945 to 1,880. This represents a decrease of 36%.

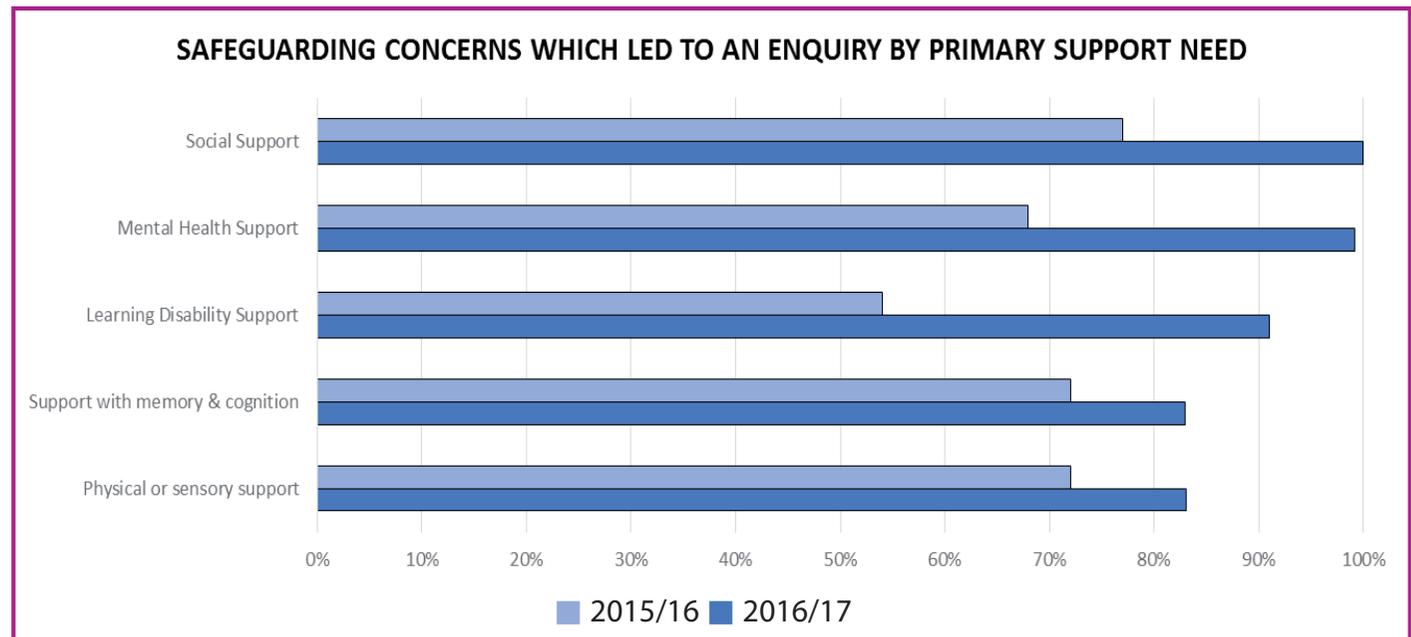
Over the same period the number of safeguarding enquiries completed has decreased by 29%.

We believe the number of documented referrals has fallen because of the way very low level incidents are recorded, which changed following guidance from national safeguarding leads post Care Act.

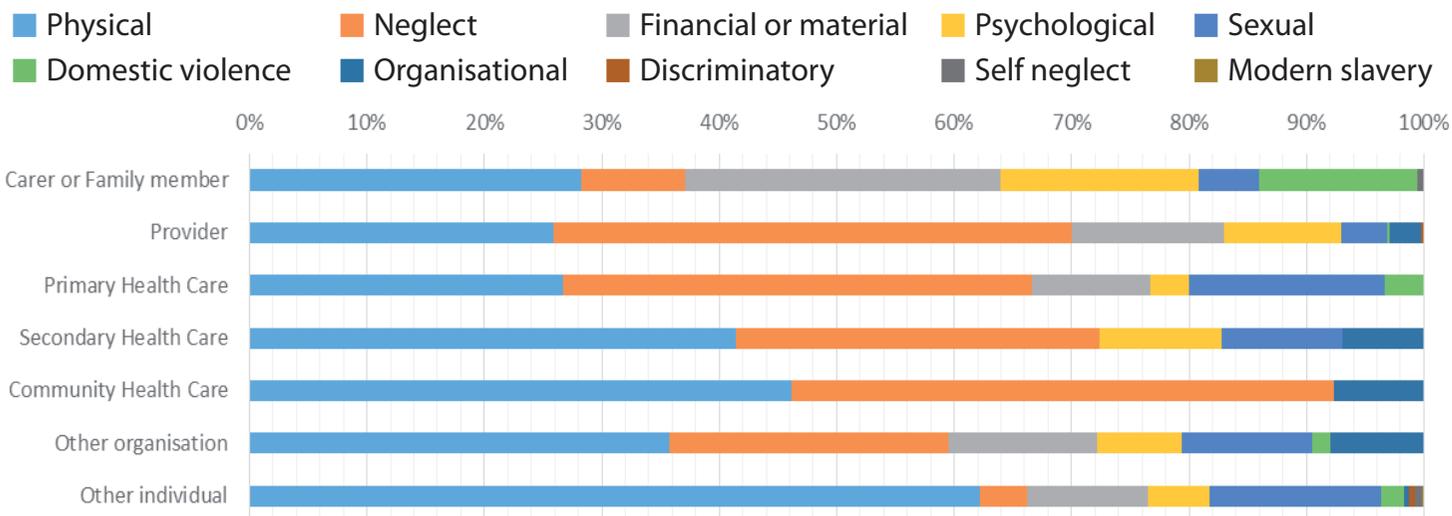
Almost 90% of safeguarding concerns raised in 2016-17 met the threshold for a safeguarding enquiry compared to two-thirds in 2015-16.

Across all support needs the proportion of safeguarding concerns that led to an enquiry increased, with the greatest increase relating to adults with learning disability support.

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ALLEGED PERPETRATOR BY TYPE OF ABUSE



This shows the relationship of the adult at risk to the person or organisation suspected of abuse.

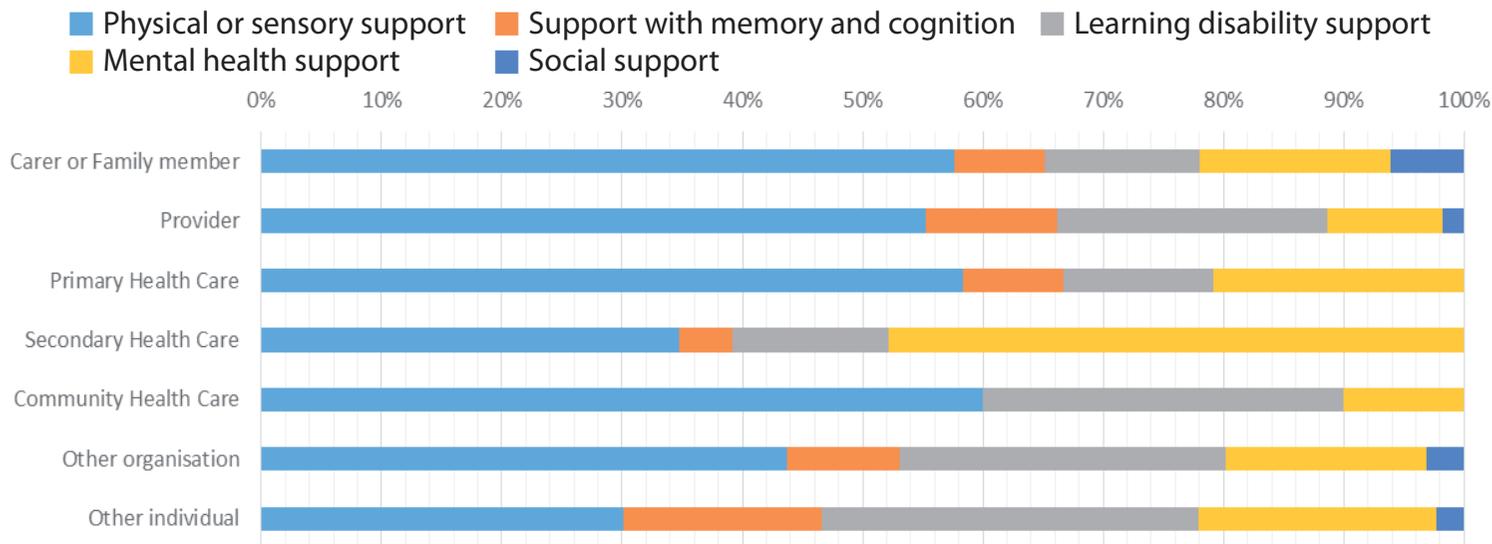
Community Health Care and Provider organisations were most likely to be suspected of physical abuse and neglect. Carers or family members were the most likely to be suspected of financial abuse or domestic violence.

Primary Health Care organisations and other individuals (including 'resident on resident' in care homes) were most likely to be suspected of sexual abuse.

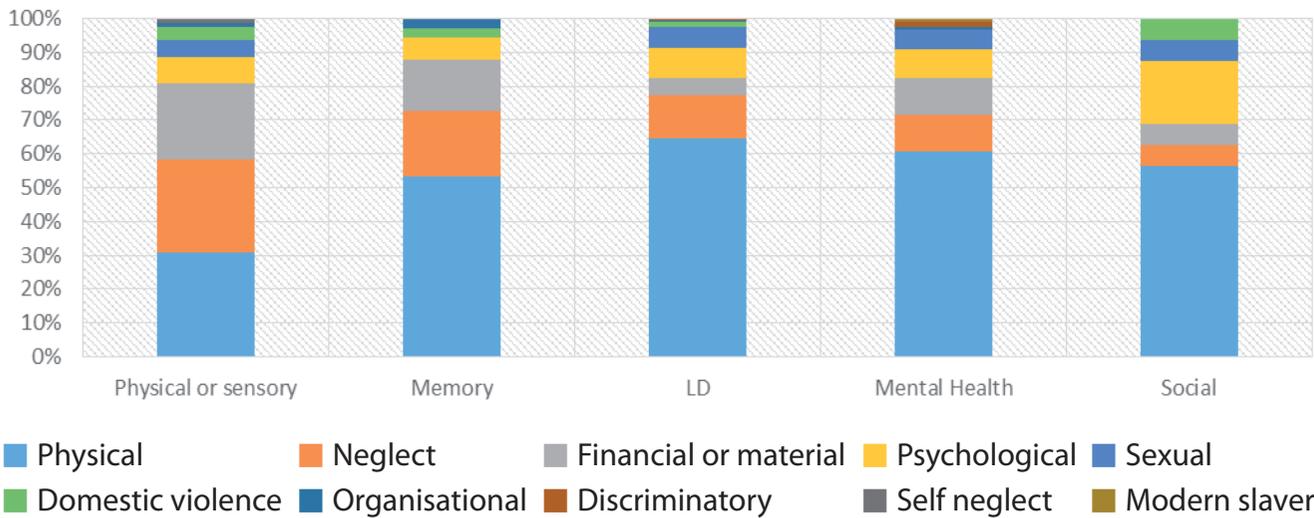
Secondary Health Care providers were the highest source of risk for adults with mental health support needs.

For all other alleged perpetrators, the highest proportion of enquiries concerned adults with a physical support needs, which follows the same pattern as previous years.

ALLEGED PERPETRATOR BY PRIMARY SUPPORT NEED



PRIMARY SUPPORT NEED OF ADULT AT RISK BY TYPE OF ABUSE (MALE)

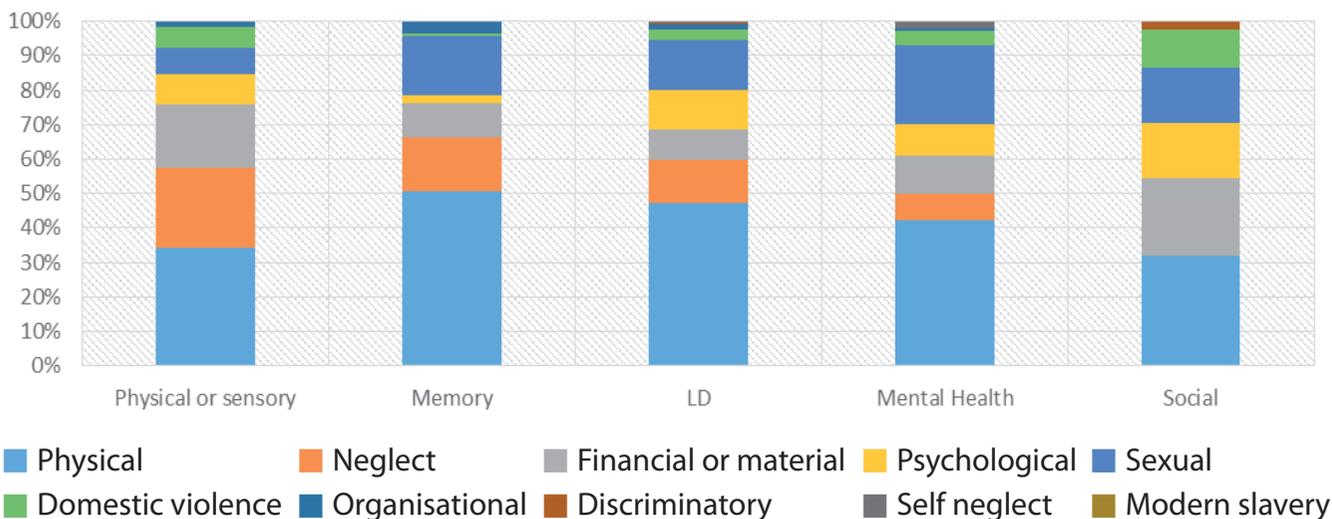


The largest proportion of enquiries for each category of support need relates to physical abuse.

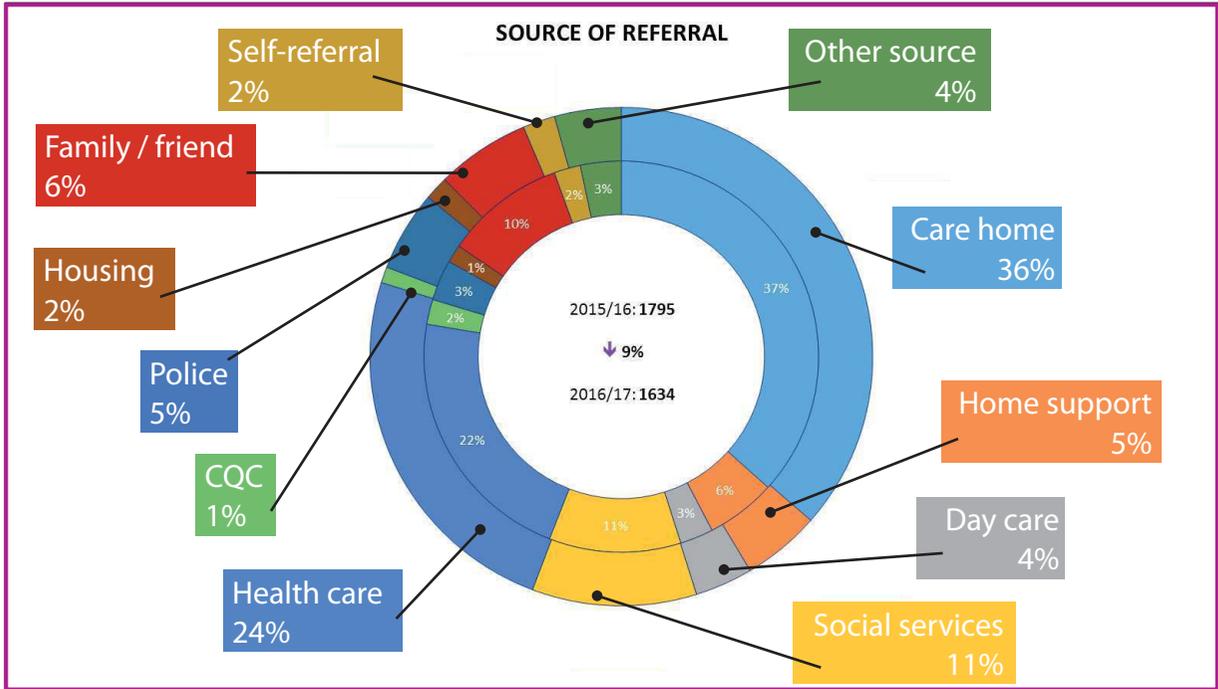
Adults with a physical or sensory support need were more likely than people with other support needs to be at risk of neglect.

Men with a social support need were more likely than men with other support needs to be at risk of psychological abuse, while women were more likely to be at risk of financial or material abuse.

PRIMARY SUPPORT NEED OF ADULT AT RISK BY TYPE OF ABUSE (FEMALE)



Women with mental health support were more likely than women with other needs to be at risk of sexual abuse.



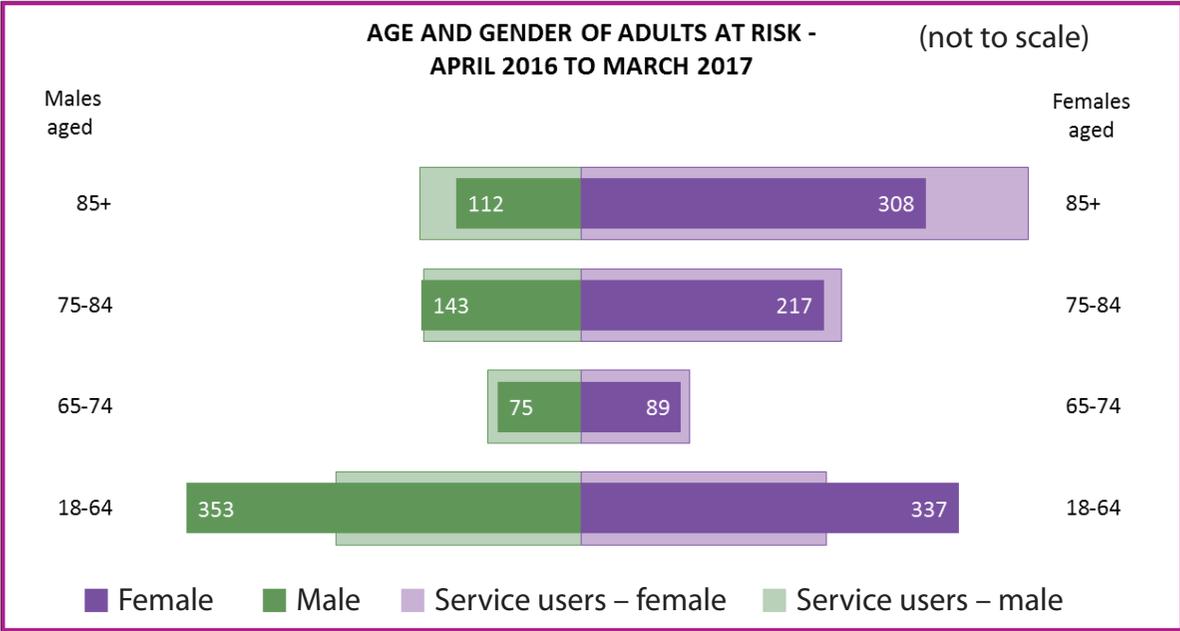
There was a 9% decrease in safeguarding enquiry referrals started from last year. The outside ring shows the breakdown of referrals by source in 2016-17 while the inside ring shows 2015-16.

Over half (56%) of safeguarding enquiries were initiated by organisations who provide Social Services care and support in both years.

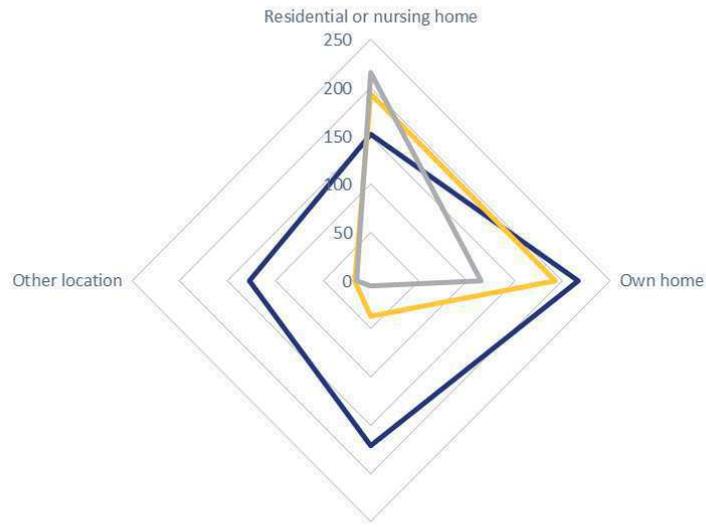
There were slight increases in the proportion of referrals from health services, police and housing, showing improved partnership working, with a decrease in referrals from a family member or friend.

This shows the demographic profile of adults subject to a safeguarding enquiry (solid colour) against the demographic profile of adults who use Social Services in Norfolk (lighter area).

The two profiles broadly match for adults over 65+ for both genders, however as in previous years there was a higher proportion of safeguarding enquiries concerning working age adults (42%) compared with the number of people supported by Adult Social Services of that age group (29%).



LOCATION OF ABUSE - APRIL 2016 TO MARCH 2017



Hospital or health setting — 18-64 — 65-84 — 85+

Over 60% of safeguarding enquiries for adults aged 85+ were for suspected abuse in a residential or nursing home, with 39% of suspected abuse across all ages were in a residential or nursing home.

The most likely location for abuse towards working age adults was their own home.

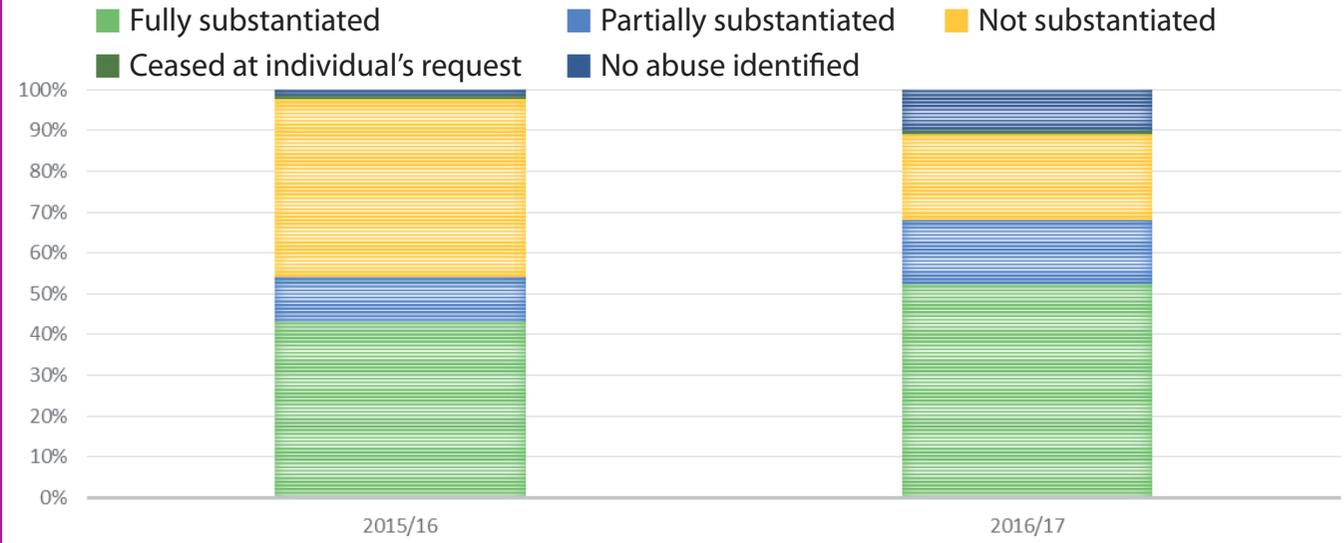
Adults aged 65-84 were as likely to be abused in their own home as a residential or nursing home.

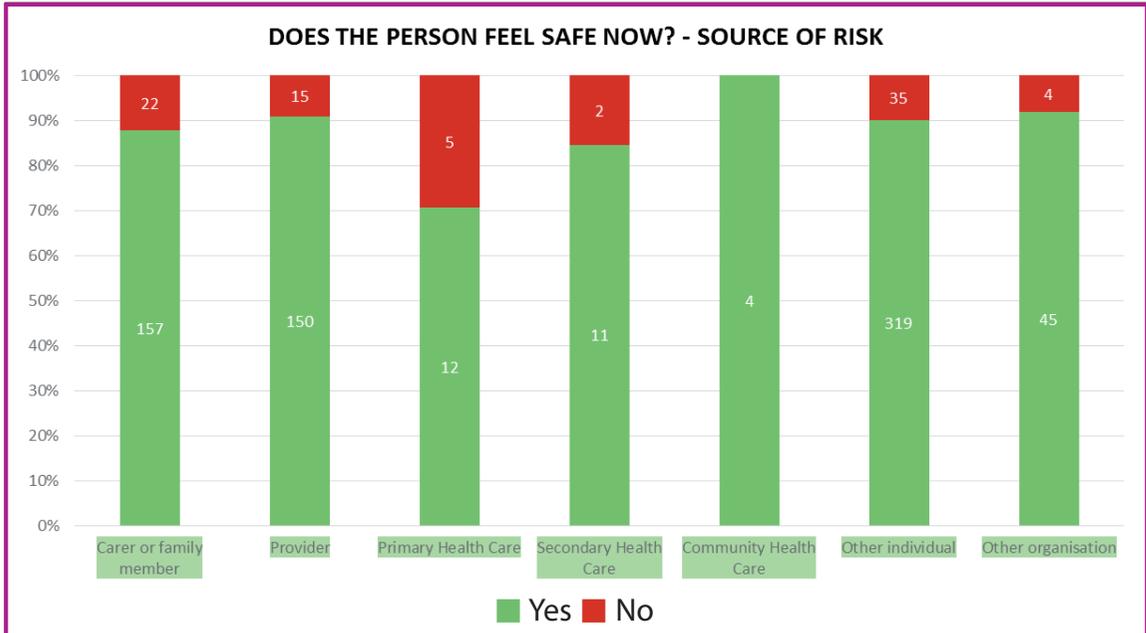
There was minimal abuse for adults aged 65+ in hospital/ health settings or other locations (includes public place, work etc.)

More than 50% of safeguarding enquiries were found on the balance of probability to be fully substantiated. A further 15% of cases were found to be partially substantiated.

There was a decrease of 23% from last year in the proportion of cases that were not substantiated. However, there was an increase of 9% in the proportion of cases where no abuse was identified.

OUTCOME OF ENQUIRY





At the conclusion of a safeguarding enquiry, the adult at risk is given the opportunity to say whether they feel safe or not.

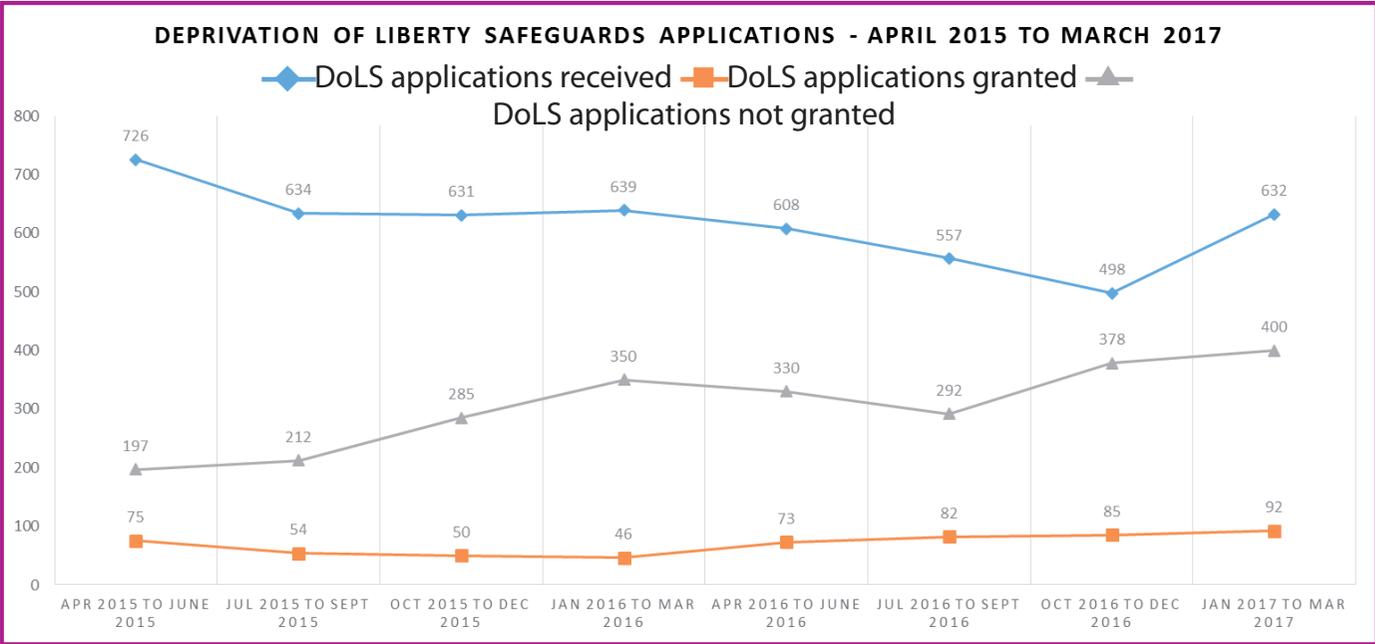
Information was not available for 47% of completed enquiries, either because the adult at risk didn't have the capacity to comment or the response was not recorded. Excluding those who lacked capacity to comment, no response was recorded in 7% of completed enquiries. This is a vast improvement from last year, where 45% of cases were not recorded.

Of those asked and who responded, 89% said they now feel safe, which is the same proportion as last year.

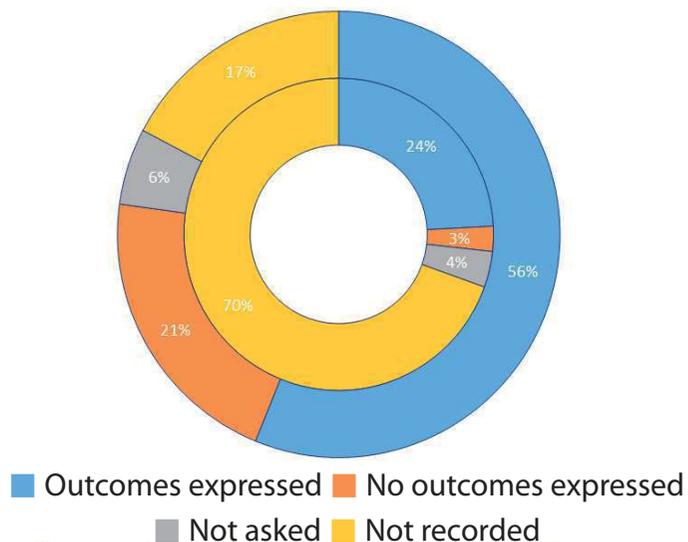
There were 335 fewer DoLS applications received in 2016-17 than in the previous year, representing a 13% decrease. Despite this the number of requests waiting for assessment grew from 1804 last year to 2348 at the end of March 2017.

However, there was a 48% increase in the number of DoLS applications granted and a 34% increase in the number of DoLS applications not granted.

The number of people who died before assessments were completed increased from 656 to 781 over the same period.



WAS THE PERSON ASKED ABOUT THIER DESIRED OUTCOMES?



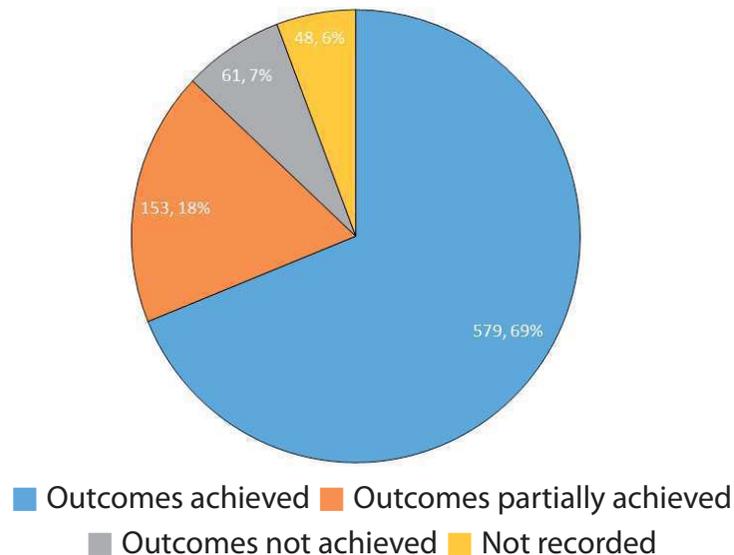
Adults at risk are encouraged to express the outcomes they would like to achieve as the result of any safeguarding action.

The outside ring shows the breakdown of desired outcomes in 2016-17 while the inside ring shows 2015-16.

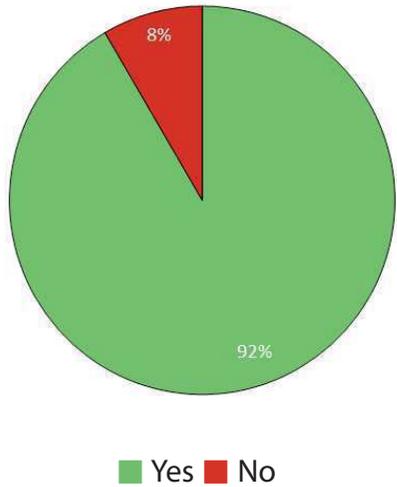
There has been an increase of 53% of outcomes being recorded, with over half of adults at risk expressing an outcome.

Of the enquiries where the adult expressed a desired outcome, 87% were achieved in part or full. However, this was a decrease of 7% from the previous year.

IF THE PERSON EXPRESSED A DESIRED OUTCOME, WAS IT ACHIEVED?



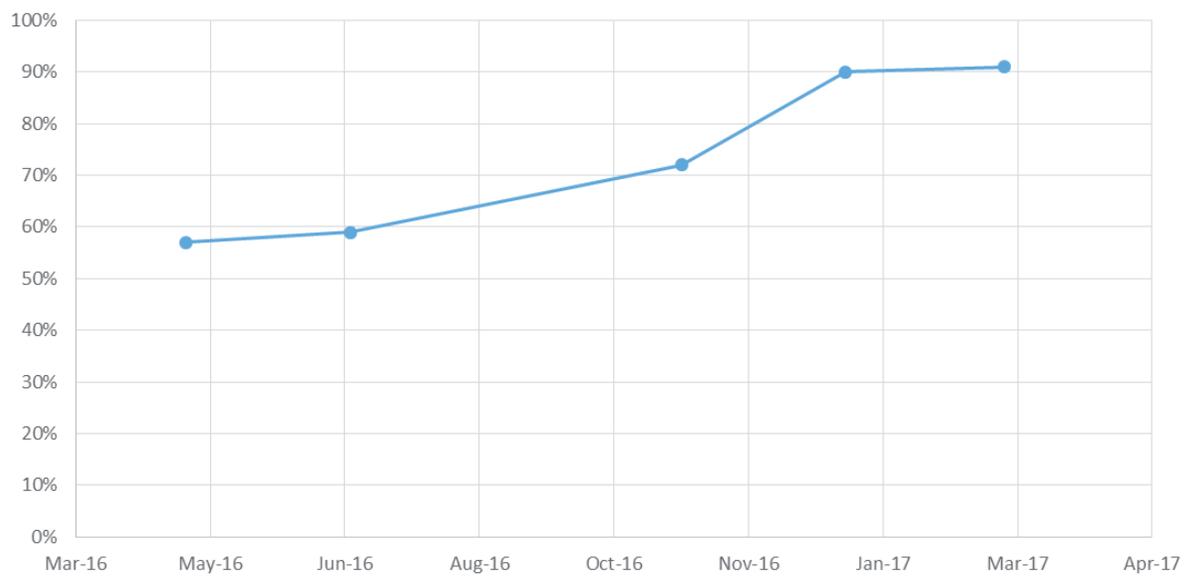
REFERRERS GIVEN CONFIRMATION THE REFERRAL HAS BEEN ACTIONED

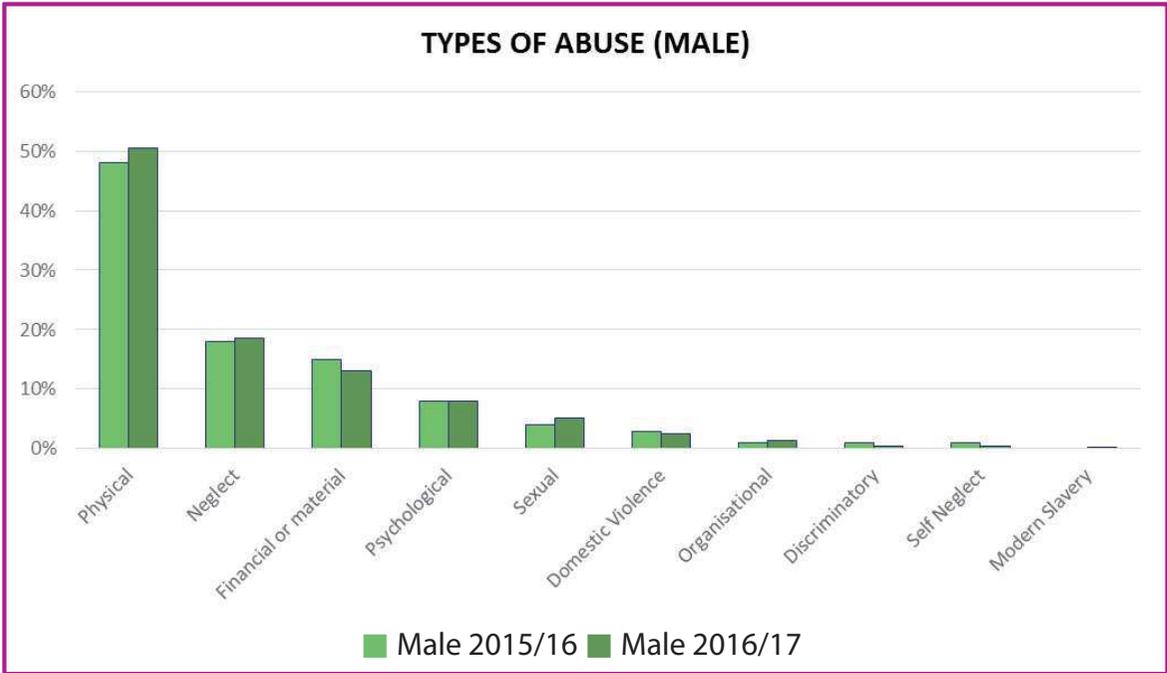


Over 90% of referrers were given confirmation that the referral they made had been actioned.

Attendance at Norfolk Safeguarding Adults Board by partner agencies increased throughout the year from below 60% in May and July 2016 to over 90% in March 2017.

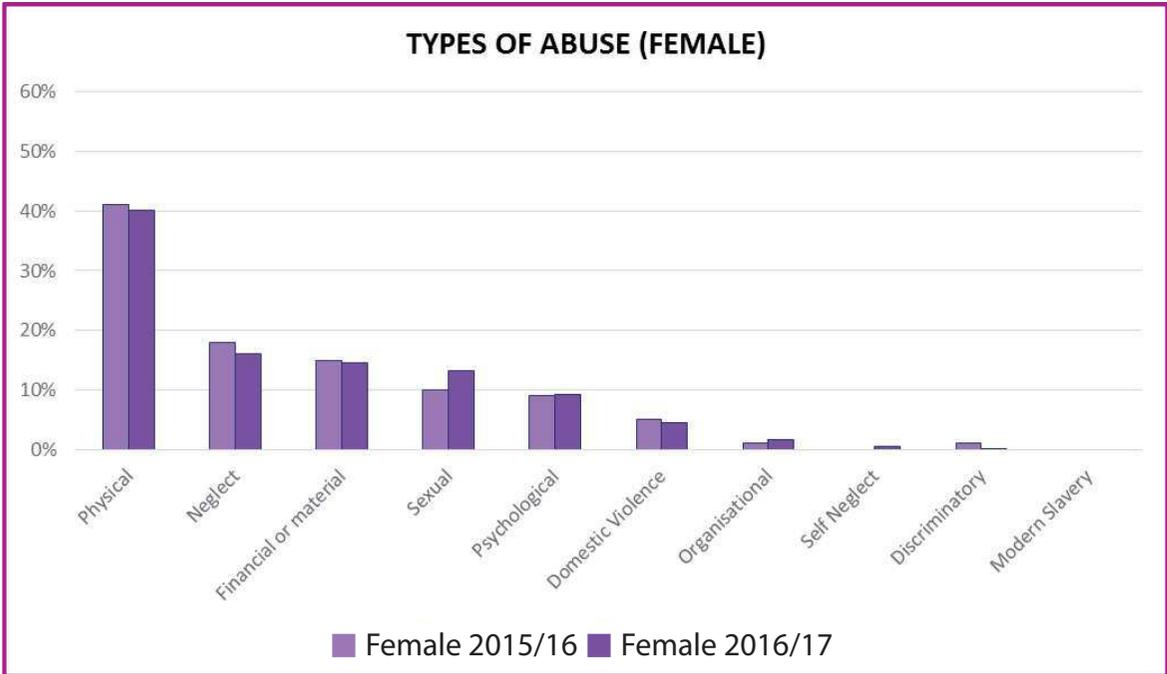
PARTNER ATTENDANCE AT NORFOLK SAFEGUARDING ADULTS BOARD





The profile of type of abuse remains largely the same as previous years, with physical abuse the most common type of abuse across both genders, as well as being more common against men than women.

There was an increase in the proportion of suspected sexual abuse for both genders from last year, currently representing 13% of the abuse against women.



The proportion of financial or material abuse decreased for both genders, along with decreases in domestic violence and discriminatory abuse.

Appendix A

Useful links and contacts

NSAB Website	www.norfolksafeguardingadultsboard.info
SAB Policies and Procedures	www.norfolksafeguardingadultsboard.info/professionals/policy-procedures-and-legislative-guidance/
Customer Service Centre, Norfolk County Council	Tel: 0344 800 8020
Norfolk Constabulary	Tel: 101
Care provider guidance (good practice guide)	www.norfolksafeguardingadultsboard.info/professionals/good-practice-guide/

Appendix B

Additional information

Contact Details	Tel: 0344 800 8020 Email: nsabchair@norfolk.gov.uk
Original Document Name	Norfolk Safeguarding Adults Board Annual Report 2016-2017
Version Control	Version 1
Date of publication	October 2017
Availability	Hard copy on request or at www.norfolksafeguardingadultsboard.info



If you need this information in large print,
or in an alternative version, please contact
Norfolk County Council on 0344 800 8020.



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Adult Social Care Committee

Item No

Report title:	Adult Social Care Finance Monitoring Report Period 5 (August) 2017-18
Date of meeting:	9th October 2017
Responsible Chief Officer:	James Bullion, Executive Director of Adult Social Services

Strategic impact

This report provides Adult Social Care Committee (the Committee) with financial monitoring information, based on information to the end of August 2017. The report sets out variations from the budget, progress against planned savings and the actions being taken by the service to remain within budget.

Executive summary

As at the end of August 2017 (Period 5), Adult Social Services is forecasting an outturn position to budget. This is following review of risks and achievement of savings. The budget was set in February 2017, prior to the announcement by the Government of additional funding for adult social care.

Expenditure Area	Budget 2017/18 £m	Forecast Outturn £m	Variance £m
Total Net Expenditure	261.313	261.313	0.000

The headline information and considerations include:

- The outturn position for 2016-17 was a £4.399m overspend, which included some one-off funding. Investment was included in the 2017-18 budget to help manage the underlying pressure in this financial year. This includes £4.197m of one-off funding and the service's internal plans include saving targets to meet this pressure by April 2018
- Commitments between setting the budget in January 2017 and the start of the financial year remained largely stable and therefore has not placed additional pressures on the budget from the outset

Adult Social Services reserves at 1 April 2017 stood at £2.074m. The reserves at the beginning of the year included committed expenditure, which was carried forward in 2016/17. At period 5 the forecast includes the planned use of £0.909m of reserves in this financial year.

The 2017-18 forecast outturn position for reserves is £4.625m. Provisions totalled £4.157m at 1 April 2017, mainly for the provision for bad debts.

Plans for the use of the additional one-off social care grant, which totals £18.561m in 2017-18 has been agreed with health partners. Work has commenced to implement the interventions that will support the priorities, including supporting hospitals to reduce delayed transfers of care and care market stability. However, due to the timing of the grant and the requirement for plans to be agreed with health partners in advance of spending, the one-off grant is not expected to be spent in full during this financial year and a reserve will be used, to enable funds to support invest to save interventions, over the planned life of the projects.

Recommendations:

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

- a) The forecast outturn position at Period 5 for the 2017-18 Revenue Budget of £261.313m
- b) The planned use of reserves
- c) The forecast outturn position at Period 5 for the 2017-18 Capital Programme

1. Introduction

- 1.1 The Adult Social Care Committee has a key role in overseeing the financial position of the department including reviewing the revenue budget, reserves and capital programme.
- 1.2 This monitoring report is based on the Period 5 (August 2017) forecast including assumptions about the implementation and achievement of savings before the end of the financial year.

2. Detailed Information

- 2.1 The table below summarises the forecast outturn position as at the end of August (Period 5).

Actual 2016/17 £m	Over/ Underspend at Outturn £m	Expenditure Area	Budget 2017/18 £m	Forecast Outturn £m	Variance @ P5 £m
10.392	(0.471)	Business Development	4.012	3.635	(0.377)
69.600	0.123	Commissioned Services	68.490	69.476	0.986
5.492	(0.727)	Early Help & Prevention	8.600	8.337	(0.263)
168.243	12.971	Services to Users (net)	186.662	185.139	(1.524)
1.064	(7.497)	Management, Finance & HR	(6.451)	(5.273)	1.178
254.791	4.399	Total Net Expenditure	261.313	261.313	0.000

- 2.2 As at the end of Period 5 (August 2017) the forecast revenue outturn position for 2017-18 is £261.313m, which is a forecast outturn to budget.
- 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 areas of overspend are Commissioned Services, and Management, Finance and HR. These are offset by underspends elsewhere.
- 2.6 **Additional Social Care Funding**
 - 2.6.1 The Chancellor's Budget in March 2017 announced £2bn additional non-recurrent funding for social care, of which Norfolk will receive £18.561m in 17/18, followed by £11.901m in 2018/19 and £5.903m in 2019/20. The funding is paid as a direct grant to councils by the DCLG and as a condition of the grant, councils are required to pool the funding into their BCF. This fund is governed by the Health and Wellbeing Board and monitored by NHS England and the Department for Communities and Local Government (DCLG) through national and local assurance and quarterly returns.

- 2.6.2 The guidance received by DCLG requires that the funding is used by local authorities to provide stability and extra capacity in the local care system. Specifically, the grant conditions require that the funding is used for the purposes of:
- a) Meeting social care needs
 - b) Reducing pressure on the NHS supporting people to be discharged from hospital when they are ready
 - c) Ensuring that the local social care provider market is stabilised
- 2.6.3 Plans for the use of the funding were reported to Committee in July and have subsequently been agreed with Norfolk's Clinical Commissioning Groups.
- 2.6.4 The revised budget shows the increased budget position for the service. Due to the timing of the grant announcement and subsequent requirement for developing and agreeing plans across the health and social care system, work to implement interventions was not able to be implemented earlier in the financial year. Actions to implement the plan have now started and include:
- a) The launch of a recruitment campaign for additional social workers
 - b) Commissioning of accommodation based reablement
 - c) Implementing short stay accommodation for people with mental health needs following discharge from hospital
 - d) Developing social prescribing opportunities
 - e) Development of the high impact change model
- 2.6.5 However, the total grant for 2017-18 will not be spent fully in this financial year and Adult Social Care Committee and Policy and Resources committee have agreed that a reserve is put in place to enable funding to be used in line with the agreed plan over the planned three year period. This will ensure that invest to save projects can be developed and implemented appropriately and give adequate time to enable outcomes to be achieved and evaluated.
- 2.6.6 Where investment in social care is evidenced to provide wider system benefits the expectation is that financial support will be sought from across health and social care to enable new ways of working to continue beyond the project timescales. Where benefits cannot be evidenced or wider financial support from the health sector is not available, it is expected that the interventions will need to be stopped at the end of the projects.
- 2.7 **Services to Users**
- 2.7.1 The table below provides more detail on services to users, which is the largest budget within Adult Social Services:

Actual 2016/17 £m	Over/ Underspend at Outturn £m	Expenditure Area	Budget 2017/18 £m	Forecast Outturn £m	Variance @ Pd5 £m
111.914	8.238	Older People	111.076	114.908	3.832
23.246	1.207	Physical Disabilities	23.148	24.186	1.038
94.527	11.119	Learning Disabilities	96.391	98.575	2.184
13.174	0.267	Mental Health	13.545	13.965	0.420
6.746	3.074	Hired Transport	6.672	5.971	(0.701)
9.144	(1.194)	Care & Assessment & Other staff costs	16.901	16.230	(0.672)
258.751	22.710	Total Expenditure	267.733	273.835	6.101
(90.508)	(9.739)	Service User Income	(81.071)	(88.696)	(7.625)
168.243	12.971	Revised Net Expenditure	186.662	185.139	(1.524)

2.7.2 Key points:

- a) August (Period 5) has seen increases in purchase of care expenditure. This mainly relates to residential and nursing care for older people and particularly relates to people who leave hospital. Initiatives such as accommodation based reablement are being implemented, which will provide more options for care provision post hospital discharge and reduce the likelihood of people requiring long term residential care. However, there is a risk that pressures within the health service and the need to reduce delays in transfer of care, particularly from acute hospitals, will lead to additional costs within adult social care
- b) Permanent admissions to residential care – those without a planned end date – have been consistently reducing for the last three years in both 18-64 and 65+ age groups, and reductions had accelerated in the first half of the last financial year in response to the provisions put in place through Promoting Independence. However, these reductions have slowed significantly over the last nine months. Last year the number of permanent admissions to residential and nursing care for people aged 65+ per 100,000 populations was 611.9. As at June 2017 the rolling 12 months admissions has remained fairly static at 611.4. For people aged 18-64, 21 people per 100,000 population were admitted into permanent residential care in 2015-16. The rate of admissions reduced to 18.3 in 2016-17, but as at June 2017 the rolling 12 months admissions has increased to 19.7. The target for this year is 16.6. However, whilst total numbers have reduced over the previous two years, those that do go into residential care tend to be people with higher levels of need that require longer lengths of stay and more expensive care packages, meaning that spend has not reduced proportionally
- c) The forecast expenditure for purchase of care, excluding care and assessment is £7.998m more than the 2016/17 outturn, this is mainly due to the higher cost of care. The forecast reflects some readjustment for savings that are high risk of non-delivery
- d) Overall there is a reduction of £1.812m in forecast income in 2017/18 compared to 2016/17 outturn. However, the 2016-17 included some one-off income items accounted for against purchase of care income, for example £5.155m in relation to Cost of Care and National Living Wage and £5m to protect social care following

reductions in the Better Care Fund. The actual service user income has therefore increased in 2017/18.

2.8 Commissioned Services

2.8.1

Actual 2016/17 £m	Variance at outturn £m	Expenditure Area	Budget 2017/18 £m	Forecast Outturn £m	Variance @Pd5 £m
1.185	(0.289)	Commissioning Team	1.662	1.619	(0.043)
10.361	(0.795)	Service Level Agreements	11.122	10.693	(0.429)
2.184	(0.418)	Integrated Community Equipment Service	2.501	2.316	(0.185)
33.280	3.257	NorseCare	32.385	33.788	1.403
8.323	(1.172)	Housing related support	6.478	6.478	0.000
13.114	(0.244)	Independence Matters	12.857	13.144	0.287
1.153	(0.216)	Other Commissioning	1.485	1.438	(0.047)
69.600	0.123	Total Expenditure	68.490	69.476	0.986

2.8.2 Key points: **NorseCare**

- The variance is unchanged from Period 2. As part of the management of the Council's overall 2016/17 underlying overspend for adult social services, one-off funding of £2m has been used in 2017/18 to temporarily manage part of the variance between the previous budget and the NorseCare contract price. Despite on-going reductions in the real-terms contract costs (including NorseCare forgoing the inflationary increase for this year that the contract entitles it to) there remains a variation between the approved budget and the contract price
- Savings targets set in the council's prior-year budgets were not able to be achieved within the 2017-18 contract price – this is mainly because of the 'legacy' costs that NorseCare carries in respect of staff terms and conditions and property maintenance
- Work continues to reduce NorseCare costs and increase its income from contracts with third parties. This should result in delivery of a contract that is more closely aligned to market prices

Independence Matters

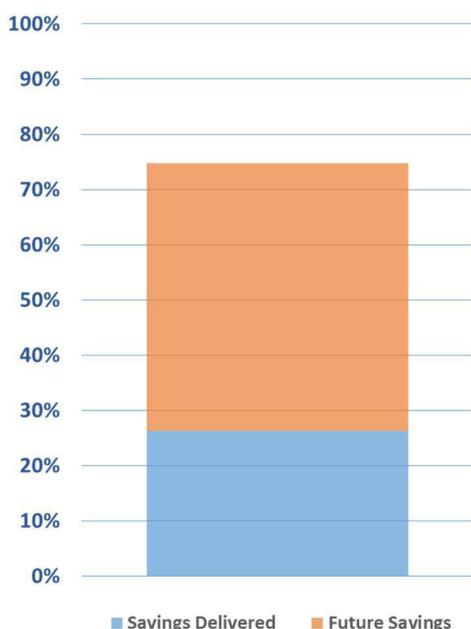
- The service is working closely with Independence Matters to reshape the contract and service model to enable long term savings to be delivered. Savings related to the review of day services will not be fully delivered in 2017-18 and other one-off efficiencies have been implemented to reduce the shortfall

2.9 Savings Forecast

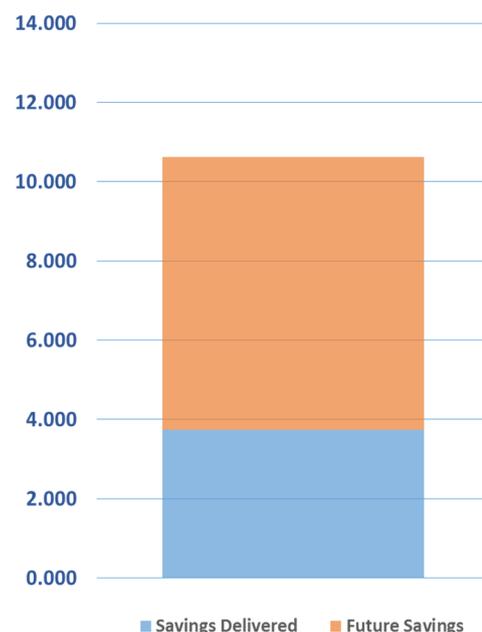
- 2.9.1 The department's budget for 2017/18 includes savings of £14.213m, the net savings reported for the service total £11.213m, which reflects the impact of reversing previous savings of £3m for transport, which are now targeted in 2018/19. In addition the service is planning to meet additional savings of £4.197m by April 2018 in order to manage the impact of the one-off adult social care support grant, which has been used to provide additional time to reduce the underlying overspend from 2016/17. The current forecast position for purchase of care suggests that this will not be achieved in full in 2017-18.
- 2.9.2 The service has refreshed the Promoting Independence strategy and savings programme. As a result, whilst the savings are in line with the proposals agreed by County Council in February, the detail about how savings will be delivered has been built up, with new projects. The report to this Committee in July 2017 detailed the revised programme of work and cross referenced these to the original savings descriptions.
- 2.9.3 Period 5 monitoring and savings analysis has shown that £3.591m of the planned savings are at risk of non-delivery and £10.622m is on track. There is no material change from the totality of savings forecast at Period 4. **Appendix C** sets out the delivery status of the programme by workstream and project.

Savings	Saving 2017/18 £m	Forecast £m	Variance £m	Previously Reported £m
Savings off target (explanation below)	-6.521	-2.930	3.591	3.587
Savings on target	-7.692	-7.692	0.000	0
Total Savings	-14.213	-10.622	3.591	3.587

ASC Savings as a % of the requirement



ASC Savings 2017/18



2.9.4 A brief explanation is provided below of the key variances and, where applicable, planned recovery actions.

Younger adults and older people reviews (target £4.445m; forecast £2.466m; variance £1.979m) This initial forecast is based on evidence of the actual impact from reviews completed earlier in the year. However, this is a difficult saving to accurately evidence and savings could still be achieved through other demand management interventions that will enable savings to be achieved across the workstream. Recruitment for additional social workers is underway and the Living Well programme has been launched, which will support approaches that will deliver increased independence for individuals.

Home care commissioning (target £0.183m; forecast £0.000m; variance £0.183m) A new framework is in place for the Northern, Central and Southern areas and work is being finalised regarding fee structures. The framework is expected to improve stability in this market but is not forecast to achieve immediate savings. The new framework encourages provider collaboration to improve efficiency of home support rounds, which will improve the financial sustainability and support more cost effective commissioning of wider services.

Review of day services (target £1.000m; forecast £0.296m; variance £0.704m) The service is working closely with Independence Matters to reshape the contract and service model to enable long term savings to be delivered, however, part of the savings will require reduction in demand for day services and alternative approaches.

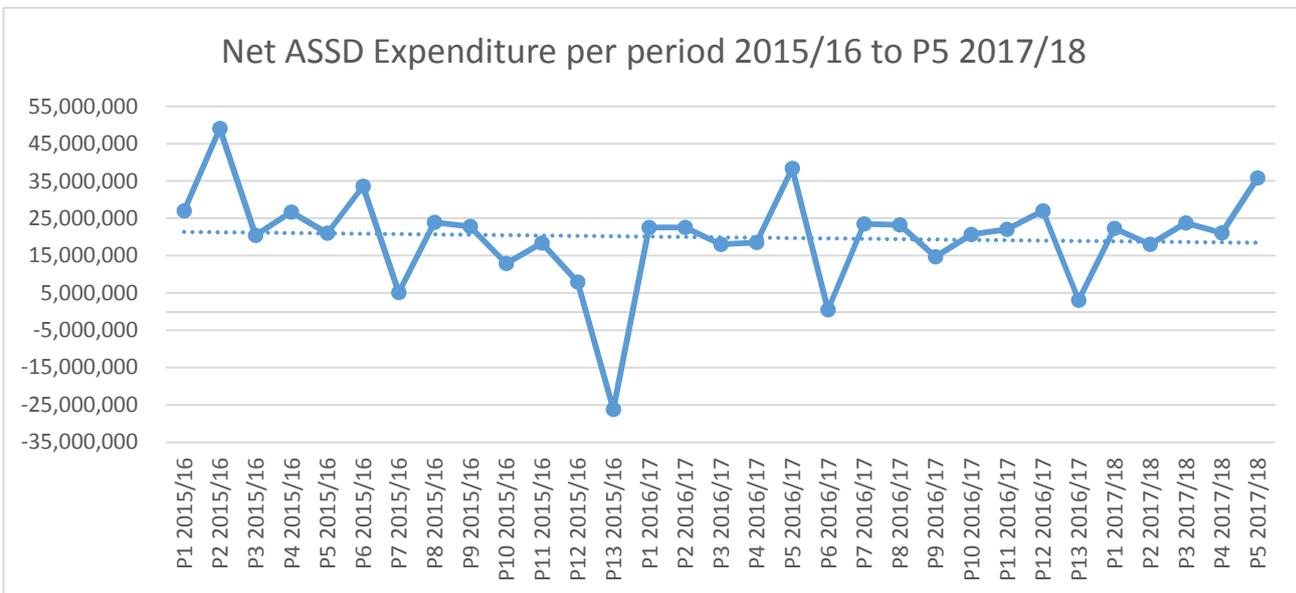
Review of the usage of short term planning beds (target £0.500m; forecast £0.130m; variance £0.370m) The service had targeted a reduction in its usage of planning beds but the decommissioning of these services has been delayed due to the requirement to source alternative capacity to ensure no detrimental impact on hospital discharge.

The following savings have no formal requirement for delivery in 2017/18, and are not part of the forecast savings above but are mitigating the non-delivery against the services reported forecast outturn.

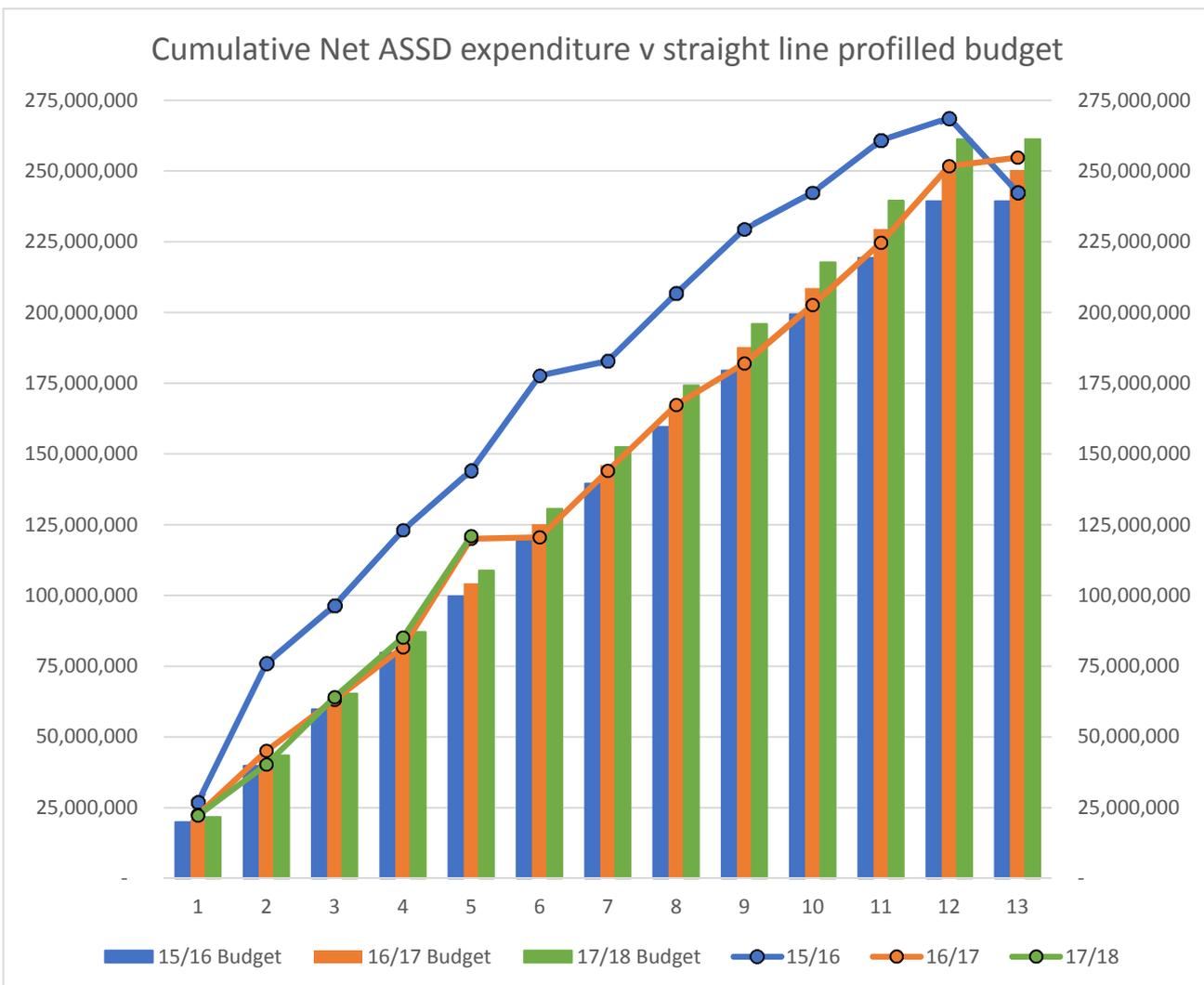
Transport (target £0.000m; forecast £0.500m) The service is seeing an impact of the transport policy coupled with the work being undertaken to continuously review routes and contracts. This will be an early achievement of the planned savings for 2018/19.

Service User income (target £0.000m; forecast £0.600m) The Finance Exchequer Service has increased work with service users who make a nil contribution towards their care with a view to ensuring the service user is maximising their income and supporting them to claim all the benefits they are entitled to.

2.9.5. The departments net expenditure each period is prone to fluctuations, as evidenced by the below graphic, however, it continues to display a downward trajectory when compared to 2015/16. The spike in the period 5 2017/18 net expenditure is due to this month having two main payment runs – this is comparable to the peaks seen in similar periods of 2016/17 and 2015/16.



2.9.6. The department's net expenditure, when compared to a profiled budget, currently appears to display a stronger position than it did in 2015/16 and similar to 2016/17. The net expenditure is now above the profiled budget at period 5, which is mainly due to the double payment period described above.



2.10 **Action plan and Finance and Performance monitoring**

- 2.10.1 Last year all locality and service teams developed financial recovery plans, which were used for focused actions to improve the financial position and to support both team management and reporting to finance and performance board. Monthly performance and finance data is reviewed by senior management team in order to highlight key areas of focus for monthly finance and performance board meetings. This is also a forum, which enables escalation by teams of blockages to progress and priority actions for the service. In addition quarterly accountability meetings have been introduced, enabling scrutiny at team level and are led by the Executive Director of Adult Social Services.
- 2.10.2 Looking ahead the service will be implementing the new social care replacement system, Liquid Logic, in November 2017. This will provide an improved management and reporting system for social care, but also includes implementing a new financial system for social care. It is expected that financial reporting will be limited during and immediately after implementation of the new system. This is both due to capacity and to enable full testing to be carried out following transition to the new system.

2.11 **Reserves**

- 2.11.1 The department's reserves and provisions at 1 April 2017 were £6.231m. Reserves totalled £2.074m.
- 2.11.2 The reserves at the beginning of the year included committed expenditure, which was carried forward in 2016/17. At period 5 the forecast includes the planned use of £0.909mm of reserves in this financial year.
- 2.11.3 The forecast reserve position at 31 March 2018 is £4.625m.
- 2.11.4 Provisions totalled £4.157m at 1 April 2017, mainly for the provision for bad debts. The projected use of reserves and provisions is shown at **Appendix D**.
- 2.11.5 As set out in section 2.6 of this report a planned reserve is approved to enable ring fenced additional social care funding to be carried forward. This will ensure that the plans agreed as part of the Better Care Fund can be used for the agreed purposes and invest to save projects can be managed across an agreed timeframe. Plans for the use of the additional social care funding were agreed at the end of July 2017.
- 2.11.6 Actions have been taken in line with the plan, as set out in paragraph 2.6.4 of this report. The plan includes carrying forward £3.145m of the additional grant funding to enable invest to save projects to be completed over the agreed timeframe.

2.12 **Capital Programme**

- 2.12.1 The department's three year capital programme is £21.581m. The programme includes £6.924m relating to Department of Health capital grant for Better Care Fund (BCF) Disabled Facilities Grant (DFG), which is passported to District Councils within the BCF. Work continues with district councils as part of the BCF programme of work, to monitor progress, use and benefits from this funding. The capital programme also includes £7.150m for the social care and finance replacement system. The priority for use of capital is development of alternative housing models for young adults. Details of the current capital programme are shown in **Appendix E**.

3. Financial Implications

- 3.1 The forecast outturn for Adult Social Services is set out within the paper and appendices.
- 3.2 As part of the 2017/18 budget planning process, the committee proposed a robust budget plan for the service, which has now been agreed by County Council. This included the

reprofiling of savings across the following four years and additional investment to enable effective management of the recurrent overspend. Within this investment £4.197m is from one-off funding. This means the service will need to deliver savings in 2017-18 above the 2017/18 headline amount in order to reduce spending to a level that will ensure that this is addressed by April 2018. These savings will continue to be pursued from areas previously agreed and, wherever possible, further efficiencies.

4. Issues, risks and innovation

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

5 Recommendations

- 5.1 Members are invited to discuss the contents of this report and in particular to agree:
- a) The forecast outturn position at Period 5 for the 2017-18 Revenue Budget of £261.313m
 - b) The planned use of reserves
 - c) The forecast outturn position at Period 5 for the 2017-18 Capital Programme

6. Background

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

[Finance Outturn Report – Adult Social Care Committee June 2017](#) (p27)

[Norfolk County Council Revenue Budget and Capital Budget 2017-20 - County Council February 2017 – p22](#)

[Finance Monitoring Report – Adult Social Care Committee September 2017](#)

Officer Contact

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

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Susanne Baldwin	01603 228843	susanne.baldwin@norfolk.gov.uk



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

Adult Social Care 2017-18: Budget Monitoring Period 5 (August 2017)

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

Summary	Budget	Forecast Outturn	Variance to Budget		Variance @ Pd 2
	£m	£m	£m	%	£m
Services to users					
Purchase of Care					
Older People	111.076	114.908	3.832	3.45%	2.589
People with Physical Disabilities	23.148	24.186	1.038	4/49%	0.787
People with Learning Disabilities	96.391	98.575	2.184	2.27%	1.928
Mental Health, Drugs & Alcohol	13.545	13.965	0.420	3.10%	0.318
Total Purchase of Care	244.160	251.634	7.474	3.06%	5.622
Hired Transport	6.672	5.971	(0.701)	(10.51%)	(0.100)
Staffing and support costs	16.901	16.230	(0.672)	(3.97%)	(0.532)
Total Cost of Services to Users	267.733	273.835	6.101	2.28%	4.991
Service User Income	(81.071)	(88.696)	(7.625)	9.41%	(6.754)
Net Expenditure	186.662	185.139	(1.524)	(0.82%)	(1.763)
Commissioned Services					
Commissioning	1.662	1.619	(0.043)	(2.56%)	0.026
Service Level Agreements	11.122	10.693	(0.429)	(3.86%)	(0.414)
ICES	2.501	2.316	(0.185)	(7.41%)	(0.269)
NorseCare	32.385	33.788	1.403	4.33%	1.403
Housing Related Support	6.478	6.478	0.000	0.00%	0.000
Independence Matters	12.857	13.144	0.287	2.23%	0.000
Other	1.485	1.438	(0.047)	(3.20%)	(0.044)
Commissioning Total	68.490	69.475	0.986	1.44%	0.703
Early Help & Prevention					
Norfolk Reablement First Support	4.516	4.398	(0.117)	(2.59%)	(0.033)
Service Development	1.244	1.228	(0.015)	(1.25%)	(0.024)
Other	2.852	2.725	(0.127)	(4.44%)	(0.116)
Prevention Total	8.600	8.337	(0.263)	(3.05%)	(0.176)

Adult Social Care 2017-18 Budget Monitoring Forecast Outturn Period 5 Explanation of variances

1. Business Development, forecast underspend (£0.377m)

The forecast underspend is from vacancies and secondments in some teams, with roles currently being reviewed.

2. Commissioned Services forecast overspend £0.986m

The main variances are:

NorseCare, overspend of £1.403m. The variance is unchanged from period 2. As part of the management of the Council's overall 2016/17 underlying overspend for adult social services, one-off funding of £2m has been used in 2017/18 to temporarily manage part of the variance between the previous budget and the NorseCare contract price. Despite on-going reductions in the real-terms contract costs (including NorseCare forgoing the inflationary increase for this year that the contract entitles it to) there remains a variation between the approved budget and the contract price.

Savings targets set in the council's prior-year budgets were not able to be achieved within the 2017-18 contract price – this is mainly because of the 'legacy' costs that NorseCare carries in respect of staff terms and conditions and property maintenance.

Work continues to reduce NorseCare's costs and increase its income from contracts with third parties. This should result in delivery of a contract that is more closely aligned to market prices.

Service Level Agreements, underspend of (£0.414m). The underspend is due to a reduction in planned costs, following retendering of agreements.

Integrated Community Equipment Store, underspend of (£0.269m). Working practices have changed, which has reduced the equipment backlog. This combines with a recycled equipment rebate to deliver an underspend.

Independence Matters, overspend of £0.287m. The overspend is due to savings not being achieved in full in 2017-18. One-off reductions in relation to inflation are mitigating the impact in 2017-18.

3. Services to Users, forecast underspend (£1.524m)

The main variances are:

Purchase of Care (PoC) expenditure, overspend of £7.474m. Additional funds were added into the budget for 2017/18 to cover some of the pressures within PoC, including the impact of Cost of Care and the National Living Wage. Period 5 has seen an increase in number of service users and commitments, particularly in relation to older people nursing and long term residential care. The service has reviewed the cases occurring in August. The majority reflect additional volume of people from hospital for which there was no alternative placement. The forecast includes the previous adjustment to reflect possible non-delivery of £3.250m net savings.

Service User Income, over-recovery of (£7.625m). Income from service users has exceeded 2016/17 figures up to the end of August 2017, and this trend is expected to continue. The increases are a reflection of the alteration to the charging policy so that the calculation of charges takes into consideration an amount more closely reflected to actual disability related expenditure incurred by individuals and a new piece of work to support people who may not be

accessing all financial benefits available to them. The variance compared to Period 4 reflects the increase in number of service users in residential care, which will increase service user income.

Transport, underspend of (£0.701m). The service has been working to reduce the use of transport in line with the Council's Transport policy and implement changes to routes and methods of transport as less people need transport. This impact of the changes are taking time, but evidence from the first four months of the year has shown that changes are now taking affect and the cost of transport provision is reducing.

4. Early Help and Prevention, forecast underspend (£0.263m)

The main variances are:

Other Services, underspend of (£0.127m). The variance relates to vacancies within Care Arranging Service and the Emergency Duty Team.

5. Management, Finance and HR, forecast overspend £1.178m

The main variances are:

Management and Finance, overspend of £1.162m. A contingency has been put in place to provide for the risk of not delivering the savings identified within the forecast, and to cover potential increases in demand. This has been reduced from Period 4, reflecting the net increase in purchase of care spend.

2017-20 Savings Programme

1 The overall revised savings programme is now structured as follows:

Gross Savings Requirement	2017/18	2018/19	2019/20
Reported gross savings - agreed by County Council	-14.213	-18.716	-10.000
Add: Removal of one-off grant		-4.197	
Target service savings	-14.213	-22.913	-10.000

Summary

Savings Programme	Workstream	2017/18	2018/19	2019/20
Promoting Independence	Early Help and Prevention	-1.500	-3.500	-0.800
	Entry Points*	0.000	0.000	0.000
	Younger Adults	-2.581	-6.794	-5.307
	Older Adults	-2.364	-2.665	-3.393
	Commissioning	-3.658	-9.724	-0.500
Business as Usual	Other	-4.110	-0.230	0.000
Total		-14.213	-22.913	-10.000

Workstream	Workstream Savings 2017-20		2017-18 Saving	2017-18	Period 5 forecast	Variance to budget
				£m	£m	£m
Early Help and Prevention workstream	-5.800	=	Promoting Independence - Reablement - net reduction - expand Reablement Service to deal with 100% of demand and develop service for working age adults	-1.500	-1.500	0.000
Older and Younger Adults workstreams	-23.104	=	Younger adult reviews	-2.581	-1.766	0.815
			Replacement of planning beds	-0.500	-0.130	0.370
			Older people reviews	-1.864	-0.700	1.164
Commissioning workstream	-13.882	=	Remodel contracts for support to mental health recovery	-0.125	-0.125	0.000
			Home care commissioning - an improved framework for procuring home care services in Norfolk	-0.183	0.000	0.183
			Promoting Independence - Integrated Community Equipment Service - expand service so through increased availability and access to equipment care costs will be reduced	-0.250	-0.250	0.000
			Building resilient lives: reshaping our work with people of all ages requiring housing related support to keep them independent	-2.100	-2.100	0.000
			Radical review of daycare services	-1.000	-0.296	0.704

Business as usual	-4.340	=	Reduce Training & Development spend following implementation of Promoting Independence	-0.200	-0.200	0.000
			Review of commissioning structure and wider opportunities to realign staffing structures in localities	-0.155	-0.155	0.000
			Review of various commissioning arrangements to identify more cost effective ways of providing services	-1.159	-0.821	0.338
			Multiple small efficiencies within Service Level Agreements	-0.190	-0.190	0.000
			Maximise use of apprenticeships	-0.020	-0.020	0.000
			Rationalise mobile phones	-0.010	-0.010	0.000
			Additional savings proposals currently being developed	-1.141	-1.141	0.000
			A consistent approach to specific laundry needs	-0.055	-0.038	0.017
			Align charging policy to more closely reflect actual disability related expenditure incurred by service users	-1.180	-1.180	0.000
			-14.213	-10.622	-3.591	

Adult Social Services Reserves and Provisions 2017/18

	Balance	Period 5	
		Proposed usage	Balance
	01-Apr-17	2017/18	31-Mar-18
	£m	£m	£m
Doubtful Debts provision	4.157	0.000	4.157
Total Adult Social Care Provisions	4.157	0.000	4.157
Prevention Fund – General - As part of the 2012-13 budget planning Members set up a Prevention Fund of £2.5m to mitigate the risks in delivering the prevention savings. £0.131m was brought-forward on 1 April 16, and it is being used for prevention projects: Ageing Well and Making it Real. 2013-14 funding for Strong and Well was carried forward within this reserve as agreed by Members. £0.122m was brought-forward on 1 April 16, all of which has been allocated to external projects and will be paid upon achievement of milestones.	0.200	-0.187	0.013
Market Development Fund	0.020	-0.020	0.000
Repairs and renewals	0.043	0.000	0.043
Adult Social Care Workforce Grant	0.255	-0.255	0.000
IT Reserve - Slippage in revenue spending pattern in relation to social care information system reprocurement	0.361	0.315	0.676
Improved Better Care Fund - requirement to carry forward grant to 2018/19 in relation to the managing capacity and transfers of care workstreams.	0.000	3.145	3.145
Unspent Grants and Contributions	1.196	-0.447	0.749
Total Adult Social Care Reserves	2.074	2.551	4.625
Total Reserves & Provisions	6.230	2.551	8.782

Adult Social Services Capital Programme 2017/18

Summary	2017/18		2018/19
Scheme Name	Current Capital Budget	Forecast outturn at Year end	Draft Capital Budget
	£m	£m	£m
Failure of Kitchen Appliances	0.030	0.030	0.000
Supported Living for people with Learning Difficulties	0.015	0.015	0.000
Adult Social Care IT Infrastructure	0.141	0.141	0.000
Adult Care - Unallocated Capital Grant	4.076	4.076	0.000
Strong and Well Partnership - Contribution to Capital Programme	0.121	0.121	0.000
Bishops Court - King's Lynn	0.085	0.000	0.000
Winterbourne Project	0.050	0.050	0.000
Care Act Implementation	0.871	0.871	0.000
Social Care and Finance Information System	5.238	5.238	1.912
Elm Road Community Hub	1.324	1.324	0.109
Better Care Fund Disabled Facilities Grant and Social Care Capital Grant – passported to District Councils	6.924	6.924	0.000
Teaching Partnership IT Equipment	0.068	0.068	0.000
Netherwood Green	0.703	0.703	0.000
TOTAL	19.645	19.560	2.021

Adult Social Care Committee

Item No.....

Report title:	Strategic and Financial Planning 2018-19 to 2021-22
Date of meeting:	9 October 2017
Responsible Chief Officer:	James Bullion – Executive Director of Adult Social Services

Strategic impact

This report provides an update on the Service Committee's detailed planning to feed into Norfolk County Council's (the Council) budget process for 2018-19. The Council's budget setting activity is informed by a range of documents including the Medium Term Financial Strategy, and the County Council Plan, which is currently being updated. Together these help to set the context for the Council's medium term service and financial planning, which will support the development of a robust, balanced budget for 2018-19.

Executive summary

This report forms part of the strategic and financial planning framework for Service Committees. It provides an update on the Council's budget setting process, and sets out details of the actions required by Service Committees to enable the Council to set a balanced budget for 2018-19.

Recommendations:

Adult Social Care Committee is asked to:

- a) **Recommend to Policy and Resources Committee that budget planning for 2018/19 assumes a 3% Adult Social Care council tax precept**
- b) **Consider and agree the service-specific budgeting issues for 2018-19 as set out in section 3 and 4**
- c) **Agree that there are no planned savings for 2018-19 which could be implemented during 2017-18 to provide an in-year saving**
- d) **Consider and agree whether any savings identified for 2019-20 have the capacity to be brought forward to 2018-19**
- e) **Agree proposed new savings for 2018/19 (Table 5), for recommendation to Policy and Resources Committee, including those which will require consultation**

1. Introduction

- 1.1 The Council's approach to medium term service and financial planning includes a rolling medium term financial strategy, with an annual budget agreed each year. The County Council agreed the 2017-18 Budget and Medium Term Financial Strategy (MTFS) to 2019-20 at its meeting 20 February 2017. At this point, the MTFS identified a gap for budget planning purposes of £35.015m.

- 1.2 The MTFs position is updated through the year to provide Members with the latest available financial forecasts to inform wider budget setting work across the organisation. As previously reported to Committees, Policy and Resources Committee considered a report “Strategic and Financial Planning 2018-19 to 2021-22” on 3 July 2017, which set out a forecast gap of £100.000m for the period to 2021-22.
- 1.3 This year, the budget-setting process is closely aligned with development of the new Council Plan and associated corporate strategy work, to be completed in the autumn. Further details of this were set out in the report “Caring for your County” and in the Strategic and Financial Planning reports considered by Policy and Resources Committee.
- 1.4 This report builds on the position reported to Service Committees in September and represents the next stage of the Council’s budget planning process. In particular, the paper sets out details of the saving proposals identified for 2018-19 and subsequent years, for the Committee’s consideration.
- 1.5 **2017-18 budget position**
- 1.5.1 The latest details of the 2017-18 budget position are set out in the budget monitoring report elsewhere on the agenda. The Council’s overarching budget planning assumptions for 2018-19 continue to assume that the 2017-18 Budget will be fully delivered (i.e. that all savings are achieved as planned and there are no significant overspends).

2. 2018-19 Budget planning

2.1 2017-20 Medium Term Financial Strategy

- 2.1.1 County Council approved the 2017-18 Budget and the Medium Term Financial Strategy for the period 2017-18 to 2019-20 on 20 February 2017. The Medium Term Financial Strategy to 2019-20 set out a balanced budget for 2017-18, but a deficit remained of £16.125m in 2018-19, and £18.890m in 2019-20. The Medium Term Financial Strategy’s aim is to ensure a balanced budget to aid forward planning and help mitigate financial risk. The Medium Term Financial Strategy position is shown in the table below.

Table 1: Budget surplus / deficit as reported to Full Council on 20 February 2017

	2017-18 £m	2018-19 £m	2019-20 £m
Additional cost pressures and forecast reduction in Government grant funding	74.212	58.719	52.819
Council Tax base increase	-19.853	-14.722	-9.338
Identified saving proposals and funding increases	-54.359	-27.872	-24.591
Budget gap (Surplus) / Deficit	0.000	16.125	18.890

- 2.2 The £58.719m assumed cost pressures and forecast reduction in Government grant funding in 2018-19 consists of:
- Inflationary cost pressures for pay and non-pay budgets of £11.548m
 - Legislative changes of £22.891m including responsibilities at the time anticipated relating to the improved Better Care Fund, and pension revaluation costs
 - Demographic cost pressures of -£2.866m. Demographic pressures in Adult Social Services were offset by the fact that additional funding for Children’s Services was one-off in 2017-18 and so reversed in the plans for 2018-19. This pressure has subsequently been made ongoing during 2018-19 budget planning
 - NCC policy changes of £2.552m
 - Forecast funding reductions of £24.594m

- 2.3 It should be noted that the budget gap of £16.125m in 2018-19 **assumes a CPI (1.9%) increase in council tax** above the 3% Adult Social Care precept, based on the assumptions used by the Government at the time of the 2016-17 local government settlement. Any reduction in this increase will require additional savings to be found. The assumed increases in Council Tax for the Adult Social Care Precept and inflation (the OBR forecast of CPI) are set out in the table below. It should be noted that currently CPI is running at 2.6%¹ and the Council awaits guidance from the Government on the council tax referendum threshold for 2018-19. The assumed council tax increases are of course subject to Full Council's decisions on the levels of Council Tax, which will be made before the start of each financial year. In addition to an annual increase in the level of Council Tax, the budget assumes modest annual tax base increases of 0.5%
- 2.4 The Medium Term Financial Strategy (MTFS) for 2017-20 agreed by Full Council in February therefore set out a forecast gap for the years 2018-19 and 2019-20 of **£35.015m** and included planned net savings of **£72.737m**. Detail of these savings is shown in **Appendix 1**.
- 2.5 **Latest forecast budget gap 2018-19**
- 2.5.1 As reported to Service Committees in September, since the preparation of the Medium Term Financial Strategy, further pressures on the budget have been identified, resulting in changes to the Council's budget planning position. In September Service Committees also considered the budget planning principles for 2018-19. Alongside the assumptions about Council Tax, other key assumptions within the Council's current budget model include:
- a) **That Revenue Support Grant will substantially disappear in 2020-21. This equates to a pressure of around £36m, but significant uncertainty is attached to this and clearly the level of savings required in year three could be materially lower should this loss of funding not take place**
 - b) 2017-18 Budget and savings delivered in line with current plans (no overspend)
 - c) Use of additional Adult Social Care funding during 2017-18 and future years as agreed by Adult Social Care Committee 10 July 2017
 - d) 2017-18 growth in Children's Services is included as an ongoing pressure
 - e) Ongoing annual pressures will exist in waste budgets
 - f) Council tax increases are agreed (subject to annual decision by Full Council) as shown in the table above for 2018-19 to 2020-21 (including Adult Social Care precept in 2018-19) with no increase in council tax in 2021-22
 - g) Moderate council tax base growth over the period of the MTFS
- 2.5.2 The latest estimate of the budget gap for the four year planning period up to 2021-22 is **£100.000m**. The table below sets out the summary County Council forecast position. Further details of the budget planning changes as reported to Policy and Resources Committee are shown in the September report to this Committee.

¹ UK consumer price inflation: July 2017, published by the Office for National Statistics:
<https://www.ons.gov.uk/economy/inflationandpriceindices/bulletins/consumerpriceinflation/july2017>

Table 2: Norfolk County Council budget gap forecast

	2018-19	2019-20	2020-21	2021-22	Total
	£m	£m	£m	£m	£m
Gap as at MTF5 February 2017	16.125	18.890	0.000	0.000	35.015
New pressures	13.135	-6.897	20.773	21.366	48.377
Funding changes	-11.612	5.998	42.343	0.000	36.729
Savings changes	0.878	0.535	-10.000	0.000	-8.587
Council tax increase <i>(1.99% 2020-21, 0% 2021-22)</i>	0.000	0.000	-7.657	0.000	-7.657
Council tax base growth <i>(0.5%)</i>	0.000	0.000	-1.914	-1.962	-3.877
Revised gap as at P&R July 2017	18.526	18.526	43.544	19.404	100.000
Reallocate year 4 saving to years 1-3 <i>(split 20/60/20)</i>	3.881	11.642	3.881	-19.404	0.000
Total new savings to find <i>(in addition to savings in 2017-18 MTF5)</i>	22.407	30.168	47.425	0.000	100.000
Note: Budget planning assumes:					
Forecast council tax	373.535	382.873	392.445	394.407	n/a
Forecast increase in council tax in budget planning <i>(including ASC precept, council tax increase and council tax base growth)</i>	14.723	9.338	9.572	1.962	35.595
Council tax increase	1.9%	2.0%	2.0%	0.0%	
Adult Social Care precept increase	3.0%	-	-	-	

- 2.5.3 The Council is already implementing a number of strategic initiatives focused on demand management, prevention and early help, and a locality focus to service provision. As referenced in the Strategic and Financial Planning 2018-19 to 2021-22 report presented at Policy and Resources 3 July 2017, the County Leadership Team has identified a number of corporate priorities (known as Norfolk Futures).
- 2.5.4 Norfolk Futures will focus on delivering the administrations manifesto priorities over the MTF5 plan period and include:
- a) Local Service strategy
 - b) A new deal for families in crisis
 - c) Promoting independence for vulnerable adults
 - d) Smarter information and advice
 - e) Towards a Housing Strategy
 - f) Digital Norfolk
 - g) Commercialisation
- 2.5.3 The budget position and the associated assumptions are kept under continuous review, and will be updated to reflect any changes arising from the Government's Autumn Budget, or further information about the Council's funding position as it becomes available. Reports on the latest financial planning position will be presented to Policy and Resources Committee up until budget-setting by County Council in February.

2.5.4 The outline budget-setting timetable for 2018-19 is set out in **Appendix 2** to this report.

2.6 Allocation of savings required

2.6.1 The following table sets out the indicative savings by department (excluding Schools and Public Health) as reported to the Committee in September.

Table 3 Allocation of new MTFS 2018-22 savings required by Committee

Allocation of new 2018-22 MTFS savings by Committee excluding Schools and Public Health	2018-19	2019-20	2020-21	2021-22	Total
	£m	£m	£m	£m	£m
Adult Social Care	-1.477	-11.480	-18.047	0.000	-31.004
Children's Services	-7.134	-6.369	-10.013	0.000	-23.516
Communities	-2.461	-2.197	-3.454	0.000	-8.112
Environment, Development and Transport	-6.663	-5.950	-9.353	0.000	-21.966
Policy and Resources	-3.553	-3.172	-4.987	0.000	-11.712
Business and Property	-0.362	-0.323	-0.507	0.000	-1.192
Digital Innovation and Efficiency	-0.757	-0.677	-1.064	0.000	-2.498
Total	-22.407	-30.168	-47.425	0.000	-100.000

3. Committee response

3.1 In September, Adults committee reviewed the current budget position. Relevant issues noted and agreed were:

- a) The additional social care grant and improved Better Care Fund is committed and has been incorporated into the budget planning assumptions
- b) Adult Social Services budget for 2017/18 includes £4.197m which is one-off grant from the Government. This has meant that we have been working towards finding additional savings this year rather than add further savings to be found in 2018/19. However, the forecast position for purchase of care indicates that these savings are unlikely to be made in full this year – this will create a pressure for 2018/19
- c) Committee agreed to amend the transport savings figure from £3.8m over the next two years (2018/19, 2019/20) to £1.7m, and to meet the difference through savings from the purchase of care budget. Information from Period 5 shows that our changes to transport policy are beginning to have an impact, so there may be more savings than we had anticipated to mitigate against other pressures and risks

3.2 Since preparing initial forecasts, further work has been completed on the adequacy of some internal budgets, highlighting that the annual amount that we include for provision for general bad debts is no longer adequate. This is because the level of income the service collects has increased. We have compared our debt collection rates with other councils and our performance compares well, with the level of write-offs below the average. Members are therefore asked to agree that a new cost pressure of £0.150m is added to budget plans for 2018-19 to address the current shortfall. A further £0.150m savings will be required to manage this new cost.

4. 2018-19 Budget

4.1 Adult Social services has already committed to savings this year of £14m, and further savings of £18m in 2018-19 and £10m in both 2019-20 and 2020-21. The existing programme of savings is shown at **Appendix 3**.

4.2 Our financial strategy for achieving these savings is:

- a) To invest in early intervention and targeted prevention to keep people independent for longer
- b) To invest in excellent social work which helps people regain and retain independence, and reduces, prevents and delays the need for formal social care
- c) To commission services which enable and re-able people so they achieve and maintain as much independence as they can and reducing the amount of formal social care they need
- d) To reduce the proportion of people who are placed in permanent residential and nursing care
- e) To lead and develop the market for social care so that it is stable and sustainable and aligns with the ambitions of Promoting Independence
- f) To work with health partners to reduce system demand and improve outcomes
- g) To increase the use of technology to enable more people to live independently for longer
- h) To charge people appropriately for their care and providing welfare rights support
- i) To strengthen the contract management of our commissioned contracts, and pursuing efficiencies in all areas of our work

4.3 Our planning suggests that whilst hugely challenging, given the trends and pressures, this financial strategy avoids an inevitable retreat to providing statutory minimum services based on higher thresholds, and helps achieve a sustainable model of service for the medium term.

4.4 Alongside this strategy, Committee has already recognised the importance of continued lobbying central government to address the longer term funding issues associated with providing social care.

4.5 Our financial strategy takes account of the need to be a strong partner in the health and social care system, and the additional funding announced by the Government is critical to protect social care, provide stability in the care market and play a significant role in reducing delayed discharges of stay in hospitals – acute, community and mental health.

4.6 **Additional savings proposals for 2018/19**

4.6.1 In order to address the increase in pressures previously agreed, and to meet this Committee's share of the additional overall council budget gap, further savings are required. Table 4 below sets out the revised position.

Table 4: new savings target for 2018/19

	2018-19	2019-20	2020-21	2021-22	Total
	£m	£m	£m	£m	£m
Additional savings target	-1.477	-11.480	-18.047	0.000	-31.004
Reversal of Transport Savings	-2.300	0.200	0.000	0.000	-2.100
Additional provision for debt write-offs	-0.150	0.000	0.000	0.000	-0.150
Total new savings target	-3.927	-11.280	-18.047	0.000	-33.254

4.6.2 In identifying how best to achieve these savings we have sought to identify areas which do not undermine Promoting Independence and financial strategy. For this reason, we have avoided

proposing savings which are based on any further assumptions around reducing the number of people we support. Our cost and demand model has shown that additional reductions in demand for older people services is not achievable, and that current plans for younger adults will be challenging.

4.6.3 Our first call on savings has been further efficiencies and ensuring we are getting the most we can out of existing contracts. We have avoided reducing prevention and early intervention activities and focussed more attention on savings that could improve the value of money through better care arrangements, procurement and contract management.

4.7 **Capitalisation of equipment spend; 2018-19 £1.800m savings, 2019-20 £0.535m cost; 2020-21 £0.535m cost and 2021-22 £0.530m cost**

4.7.1 *Why is this being considered?*

Currently all assets to deliver equipment and assistive technology are purchased on an annual basis from revenue. These assets have a lifespan of a number of years and therefore it is proposed that these are accounted for and financed as capital, with a five year lifespan, which would deliver a short-term saving.

4.7.2 *What would be required?*

The assets will be accounted for on the Council's balance sheet and capital expenditure will be incurred, with financing costs managed over a five year period.

4.7.3 *What are the implications of the proposal?*

The proposal will reduce the revenue costs incurred for this purpose in 2018-19, but will require additional capital borrowing costs over the next five years. The proposal delivers a net saving in each of the next four years, with a recurrent net cost of £0.125m from 2022-23.

4.8 **Accommodation based reablement; 2018-19 £0.550m saving**

4.8.1 *Why is this being considered?*

Reablement is central to promoting independence. We already have a good track record in supporting people in their own homes, but have identified the need for a further type of reablement. This is for people who are able to leave hospital, but not quite ready to go home. The new service helps regain and learn practical skills so they can build up confidence and carry out basic day to day tasks when they return home. Without this sort of service, there is a risk that people with the potential to regain independence move into residential care and lose the opportunity to stay in their own homes.

4.8.2 *What would be required?*

This is an 'invest to save' proposal. Through a mix of internal and commissioned provision, the service will create additional bed capacity for a new reablement service. The savings will be delivered through reducing or delaying the demand for long term formal care by offering an alternative discharge from hospital pathway.

4.8.3 *What are the implications of the proposal?*

The introduction of the new service is being funded through the additional monies from the Government for adults as part of the Better Care Fund. This saving is based on increasing the likelihood of more people being able to remain in their home long term and decrease the number of people that have no choice but to be cared for within a residential setting, which can lead to long term placement.

4.9 **Reduction in management and finance budget –invest to save funding; £0.191m saving**

4.9.1 *Why is this being considered?*

Following the introduction of the Care Act, funding was made available to support implementation. Adults chose to plan for some of this on a recurrent basis in order to support

ongoing development and enable investment where needed. This was in addition to the budget identified to support the Promoting Independence programme. Review of future plans and investment required means that this budget can be reduced without jeopardising the service's plans.

4.9.2 *What would be required?*

This would require a reduction to the budget.

4.9.3 *What are the implications of the proposal*

The assessment of investment needs indicates that this will not have a negative impact on the service's planned programme of work.

4.10 **Prevent carer breakdown by better targeted respite. 2018-19 £0.686m saving**

4.10.1 *Why is this being considered?*

We have already changed our approach for supporting carers, and a new service has been commissioned which begins on October 1st 2017. Alongside this, we plan to strengthen our approach to respite, targeting it in a timely and effective way to prevent carer breakdown.

4.10.2 *What would be required?*

Our current practice is variable with some significant differences between client groups on provision of respite. We propose to implement an approach across all adult client groups which is fair and transparent and ensures equitable and consistent provision of respite for carers.

4.10.3 *What are the implications of the proposal?*

The impact of this would be to target respite so that it is timely and prevents carer breakdown. Respite care can help to sustain caring relationships, promote good health and wellbeing, prevent a crisis situation, and reduce the likelihood of neglect and family breakdown. This proposal will help improve and sustain the wellbeing of carers and those they care for, and reduce or delay the need for formal care, including long term residential care.

4.11 **Change the way we work out how much people pay towards the cost of their non-residential care services by taking into account people's actual disability related expenses 2018-19 £0.400m saving**

4.11.1 *Why is this being considered?*

Norfolk County Council carries out a financial assessment to work out how much, if anything, people have to pay towards the costs of their care. In 2017-18 the Council agreed to change the charging policy to better reflect what people actually spend on disability related expenses. Disability related expenses are the additional expenses people face because of their disability. We changed the standard amount we take into account for disability related expenditure from £15.00 a week to £7.50. If people were spending more than £7.50 week on disability related expenditure this change did not affect them as they could ask for their full costs to be taken into account.

This change was implemented from April 2017. We are now proposing to consult on a further change to our charging policy. We are now proposing to stop using a standard amount and instead take people's actual disability related expenses into account.

4.11.2 *What would be required?*

A consultation would be undertaken to ensure that public and stakeholder views are considered prior to any further amendment of the policy.

4.11.3 *What are the implications of the proposal?*

Currently, we assume that all of our service users have some disability related expenses. We therefore take into account a standard amount of £7.50 when assessing someone's financial position. Where people can show that they spend more than £7.50 on disability related

expenses we take the full amount into consideration when working out how much they need to pay for their care.

The proposal will not affect anyone with disability related expenses above £7.50 per week. If people have no disability related expenses or they spend less than £7.50 per week on these, we will assess them as having more income available. Depending on people's individual circumstances, this could mean that these people may have to contribute more to the costs of their care.

4.12 Strengthened contract management 2018-19 £0.300m saving; 2019-20 £0.300m saving; 2020-21 £0.200m saving

4.12.1 Why is this being considered?

Adult Social Services currently commissions some £260m of care, outside of contracts with NorseCare and Independence Matters. The commissioning and procurement teams focus work on supporting the development of the market, retendering and providing commissioning support for the Promoting Independence programme of work. The services have less capacity for daily contract management, which can mean that teams and providers are not supported to maximise value for money and outcomes. The proposal is an invest to save to spend more on managing our contracts in order to get the most out of them and therefore save more in the long run.

4.12.2 What would be required?

The proposal is for additional posts to support the commissioning and procurement teams to improve value for money. New resource would focus on key contracts and categories to target efficiencies.

4.12.3 What are the implications of the proposal?

The expectation is that the new posts would target key contracts to maximise utilisation and avoid duplication, resulting in a focus on areas where contracts need to be renegotiated or alerting teams to areas where performance could be improved. Savings arising from the posts would be tracked to monitor the benefits and viability of this level of investment.

4.13 Procurement of current capacity through NorseCare at market value; 2019-20 £0.600m; 2020-21 £1.000m

4.13.1 Why is this being considered?

The Council has a contract with NorseCare for the provision of residential, dementia and housing with care services. The contract was put in place in 2011 when the company was set up and contained legacy costs due to TUPE (transfer of undertakings protection of employment) of staff and the transfer of older properties, which required investment that would otherwise have been costs to the Council. These legacy costs mean that it has not been possible to buy services from NorseCare at the same price as some of the market. However, the Council is committed to working with NorseCare to enable a model that will mean that the Council can buy services at market value, whilst recognising the legacy costs placed on the company and the work that is ongoing to reduce these. Work is continuing to set out detailed proposals, which will mean revision to the profile and value of savings estimated at this stage.

4.14 Make more use of assistive technology - equipment, software or products that can help people remain independent and reduces the need for more formal care and support; 2019-20 £0.300m saving; 2020-21 £0.500m saving; 2021-22 £0.700m saving

4.14.1 Why is this being considered?

Whilst the Council already provides equipment and assistive technologies, there remains opportunity to bring about a step change in the use of assistive technology, and make it quicker and easier for people to make the most of new developments. The savings are based on early studies completed by the Local Government Association and indicative benefits from

a study by the London School of Economics. Further work is needed as part of the Norfolk Futures programme to explore the opportunities available to Norfolk and the extent that people could be supported further through making better use of technology.

4.15 Make the most of new digital innovations; 2019-20 £1.000m saving; 2020-21 £2.000m saving; 2021-22 £3.000m saving

4.15.1 Why is this being considered?

In November, the Council will be implementing a new social care and finance system. This provides further opportunities for developing more efficient ways to work with the provider market to share care requirements, purchase care and undertake contact management, as well as being able to provide better information to the wider population about available care across Norfolk. The potential is being explored across a number of the Norfolk Futures workstreams including Smarter information and advice, Promoting Independence and Digital Norfolk.

Table 5: New 2018-19 Saving Proposals

Proposal Note: savings are shown as a negative figure	Saving 2018-19 £m	Saving 2019-20 £m	Saving 2020-21 £m	Saving 2021-22 £m	Total 2018-22 £m	Risk Assessment
Capitalisation of equipment spend	(1.800)	0.535	0.535	0.530	(0.200)	Green
Accommodation based reablement	(0.550)				(0.550)	Amber
Reduction in funding for invest to save	(0.191)				(0.191)	Green
Prevent carer breakdown by better targeted respite	(0.686)				(0.686)	Green
Review charging policy to align to actual disability related expenses	(0.400)				(0.400)	Amber
Strengthened contract management function	(0.300)	(0.300)	(0.200)	(0.200)	(1.000)	Green
Procurement of current capacity through NorseCare at market value		(0.600)	(1.000)		(1.600)	Red
Investment and development of Assistive Technology approaches		(0.300)	(0.500)	(0.700)	(1.500)	Amber
Maximising potential through digital solutions		(1.000)	(2.000)	(3.000)	(6.000)	Amber
Total savings proposals	(3.927)	(1.665)	(3.165)	(3.370)	(12.127)	

4.16 Committee discussions about proposed new savings will be reported to Policy and Resources Committee in October 2017 and used to inform development of the Council's 2018-19 Budget to enable an overall assessment of the budget position to be made.

4.17 Due to the level of lead in times and the need for consultation of the proposals it is not proposed that the new service saving proposals could be delivered earlier than 2018-19.

4.18 Future savings will be considered as part of the Norfolk Future programmes and there may be potential for savings earmarked for 2019-22 to be brought forward when more detailed business cases have been prepared.

4.19 **2018-19 Budget proposals requiring consultation**

4.19.1 Over the autumn Norfolk County Council will begin engaging residents in a discussion about the council's ideas for the future. We will be giving people the chance to hear more about how Norfolk County Council could change in the future, ask questions and offer their own ideas and aspirations for the county. As well as feeding in their views online, opportunities for people to find out more and contribute their ideas will include a series of roadshows where people can get involved and share their thoughts face-to-face.

4.19.2 Whilst it's important to focus on what Norfolk County Council will look like in the future we also have an immediate need to set a balanced budget for 2018/19. Our budget proposals for 2018/19 are based on the assumption that council tax will increase overall by (1.9% for general council tax and 3.0% for the Adult Social Care precept). As in previous years we are inviting comments on this approach via our consultation hub on Citizen Space.

4.19.3 Where any of our individual budget saving proposals require consultation we will publish them on the Council's consultation hub, Citizen Space. We will make any consultation documents available in other formats on request, make extra effort to find out the views of people who may be affected and carry out impact assessments. Our consultation will take place between November and the new year. Consultation feedback on both individual budget proposals and council tax will be available for Committees in January.

4.19.4 We will promote opportunities for people to get engaged in the discussion around Norfolk County Council's ideas for the future – as well as how to have their say on budget proposals and council tax - through the Your Norfolk residents magazine, news releases, online publications and social media.

4.19.5 As part of the 2018-19 budget planning process, it is considered that consultation will be required prior to a decision on reviewing the charging policy to align to actual disability related expenses as well as stakeholder consultation to help shape our plans for respite care.

5. Financial implications

5.1 Financial implications for the Committee's Budget are set out throughout this report.

6. Issues, risks and innovation

6.1 Significant risks or implications have been set out throughout the report. Specific financial risks in this area are also identified in the Corporate Risk Register, including the risk of failing to manage significant reductions in local and national income streams (RM002) and the risk of failure to effectively plan how the Council will deliver services (RM006).

6.2 Decisions about significant savings proposals with an impact on levels of service delivery will require public consultation. As in previous years, saving proposals, and the Council's Budget as a whole, will be subject to equality and rural impact assessments later in the budget-setting process.

6.3 Some of the savings proposals include a level of delivery risk. The additional savings proposed have sought to avoid significant increase to targets to reduce demand, which based on our cost and demand model would be challenging. However, savings for future years will seek to reduce and shift management of need, as new approaches such as assistive technology are explored. The risk is increased by the level of savings the service is already committed to deliver. The current savings programme is set out in **Appendix 3**. The

Promoting Independence programme of work is implementing significant changes, which will see transformation across practice, workforce capacity, choice for service users and commissioning of new services. This work and the new savings proposals is now further supported by Norfolk Futures. The actions to deliver the corporate priorities, targeting promoting independence for vulnerable adults, smarter information and advice, a Norfolk housing strategy, digital Norfolk and commercialisation, will enhance delivery of the adult social care programme and help mitigate delivery risk.

7. Background Papers

7.1 Background papers relevant to the preparation of this report are set out below.

[Norfolk County Council Revenue and Capital Budget 2017-20, County Council, 20 February 2017, Item 4](#)

[Norfolk County Council Budget Book 2017-20, May 2017](#)

[Caring for your County, Policy and Resources Committee, 3 July 2017, Item 7](#)

[Strategic and Financial Planning 2018-19 to 2021-22, Policy and Resources Committee, 3 July 2017, Item 9](#)

[Finance Monitoring Report Outturn, Policy and Resources Committee, 3 July 2017, Item 11](#)

[Additional Social Care Funding, Adult Social Care Committee, 10 July 2017, Item 11](#)

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Previously agreed MTFS savings 2017-20

Agreed MTFS savings 2017-20 by Committee

	2017-18	2018-19	2019-20	Total
	£m	£m	£m	£m
Adult	-11.213	-18.716	-10.000	-39.929
Children's	-1.854	-0.859	-0.535	-3.248
Communities	-1.906	-0.102	0.000	-2.008
EDT	-5.340	-0.605	0.000	-5.945
Policy and Resources	-23.646	9.100	0.290	-14.256
Business and Property	-1.710	-1.751	-1.000	-4.461
Digital Innovation and Efficiency	-2.105	-0.726	-0.059	-2.890
Total	-47.774	-13.659	-11.304	-72.737

Categorisation of saving	2017-18	2018-19	2019-20	2017-20
	£m	£m	£m	£m
A) Cutting costs through efficiencies	-32.813	8.967	-0.245	-24.091
(i) Efficiency savings	-32.531	9.589	-0.245	-23.187
(ii) Reducing service standards	-0.282	-0.622	0.000	-0.904
B) Better value for money through procurement and contract management	-1.161	-1.044	0.000	-2.205
(i) Efficiency savings	-1.161	-1.044	0.000	-2.205
C) Service Redesign: Early help and prevention, working locally	-8.978	-18.411	-10.000	-37.389
(i) Efficiency savings	-0.458	-0.950	-0.500	-1.908
(ii) Reducing service standards	-1.170	-7.199	-0.800	-9.169
(iii) Ceasing a service	-0.350	0.000	0.000	-0.350
(iv) Providing statutory services differently	-7.000	-10.262	-8.700	-25.962
D) Raising Revenue; commercial activities	-3.059	-1.561	0.000	-4.620
(i) Efficiency savings	-3.049	-1.561	0.000	-4.610
(ii) Reducing service standards	-0.010	0.000	0.000	-0.010
E) Maximising property and other assets	-1.763	-1.610	-1.059	-4.432
(i) Efficiency savings	-1.763	-1.610	-1.059	-4.432
Total	-47.774	-13.659	-11.304	-72.737

Further details of savings by Department can be found in the 2017-18 Budget Book.

2018-19 Budget Timetable

Activity/Milestone	Time frame
County Council agree recommendations for 2017-20 including that further plans to meet the shortfall for 2018-19 to 2019-20 are brought back to Members during 2017-18	20 February 2017
Spring Budget 2017 announced	8 March 2017
Consider implications of service and financial guidance and context, and review / develop service planning options for 2018-20	March – June 2017
Executive Director of Finance and Commercial Services to commission review of 2016-17 outturn and 2017-18 Period 2 monitoring to identify funding from earmarked reserves to support Children's Services budget.	June 2017
Member review of the latest financial position on the financial planning for 2018-20 (Policy and Resources Committee)	July 2017
Member review of budget planning position including early savings proposals	September – October 2017
Consultation on new planning proposals and Council Tax 2018-21	October to December 2017 / January 2018
Service reporting to Members of service and budget planning – review of progress against three year plan and planning options	November 2017
Chancellor's Autumn Budget 2017	TBC November / December 2017
Provisional Local Government Finance Settlement	TBC December 2017
Service reporting to Members of service and financial planning and consultation feedback	January 2018
Committees agree revenue budget and capital programme recommendations to Policy and Resources Committee	Late January 2018
Policy and Resources Committee agree revenue budget and capital programme recommendations to County Council	29 January 2018
Confirmation from Districts of council tax base and Business Rate forecasts	31 January 2018
Final Local Government Finance Settlement	TBC February 2018
County Council agree Medium Term Financial Strategy 2018-19 to 2020-21, revenue budget, capital programme and level of Council Tax for 2018-19	12 February 2018

2018-19 to 2021-22 Summary position and existing savings programme

Summary Table	2018-19	2019-20	2020-21	2021-22	Total
	£m	£m	£m	£m	£m
Reported gross savings - agreed by County Council	-18.716	-10.000			-28.716
Removal of IAA	0.250				0.250
Addition of 2020/21 savings deferred from 2017-20 budget cycle			-10.000		-10.000
Transport adjustment	2.300	-0.200			2.100
Sub-total 2017-20 adjusted (see detail below)	-16.166	-10.200	-10.000	0.000	-36.366
Corporate allocation of 2018-22 budget gap	-1.477	-11.480	-18.047		-31.003
Additional bad debt pressure	-0.150				-0.150
Additional savings to Transport adjustment	-2.300	0.200			-2.100
Sub-total 2018-22 Additional	-3.927	-11.280	-18.047	0.000	-33.254
Total requirement	-20.093	-21.780	-28.047	0.000	-69.620

2018-19 to 2021-22 Summary position and existing savings programme

Detail of existing savings programme 2018-22

Saving Description	2018-19	2019-20	2020-21	2021-22	Total
	£m	£m	£m	£m	£m
Promoting Independence - Reablement	-0.500				-0.500
Promoting independence - younger adults	-5.630	-5.307	-10.000		-15.937
Promoting independence - older people	-1.632	-3.393			-10.025
Remodel contracts for support to mental health recovery	-0.275		0.000		-0.275
Home care commissioning - an improved framework for procuring home care services in Norfolk	-0.549				-0.549
Housing With Care	-0.500	-0.500			-1.000
Promoting Independence - Integrated Community Equipment Service - expand service so through increased availability and access to equipment care costs will be reduced	-0.250				-0.250
Building resilient lives: reshaping our work with people of all ages requiring housing related support to keep them independent	-3.400				-3.400
Radical review of daycare services	-2.500				-2.500
Align charging policy to more closely reflect actual disability related expenditure incurred by service users	-0.230				-0.230
Transport	-0.700	-1.000			-1.700
Total Adjusted 2017-20 proposals	-16.166	-10.200	-10.000	0.000	-36.366

Adult Social Care Committee

Item No.....

Report title:	Performance management report
Date of meeting:	9 October 2017
Responsible Director	James Bullion, Executive Director of Adult Social Services
Strategic impact Robust performance management is key to ensuring that the organisation works both efficiently and effectively to develop and deliver services that represent good value for money and which meet identified need.	

Executive summary

This report covers these aspects of Adult Social Care performance:

- a) It introduces the most critical measures against our strategy Promoting Independence, and proposes targets against those measures for regular and detailed review by this Adult Social Care Committee (the Committee)
- b) It proposes three additional measures for regular and detailed review, and includes targets against two of these

Taken together it is proposed that these measures are the subject of regular detailed reporting to the Committee. The measures and associated targets for the next three years, have been selected because they are the best indicators we have of whether the changes we aim to make are having impact.

Recommendations

The Committee is asked to:

- a) **Discuss the overall performance position for adult social care as described in section 2**
- b) **Agree targets against the measures as set out in the table at section 4**

1 Introduction

1.1 This report covers these aspects of Adult Social Care performance:

- a) It introduces the most critical measures against our strategy Promoting Independence, and proposes targets against those measures for regular and detailed review by this Committee
- b) It proposes three additional measures for regular and detailed review, and includes targets against two of these
- c) It provides a link to the fuller suite of measures (vital signs) which have been regularly reported to this Committee

2 Performance overview

- 2.1 Adult Social Services teams continue to handle a high number of requests for support which is in line with well-understood changes in population and people's increasingly complex needs. Our strategy continues to be to connect people with support in their communities, building on strengths and assets already in people's lives. The last 12 months of available data shows that Norfolk County Council (the Council) is receiving between 3,500 and 4,800 enquiries a month depending on seasonal trends, and over this period between 33% and 40% of these enquiries were resolved immediately with information, advice and guidance.
- 2.2 Locality teams are reporting increased pressure on them, particularly as a result of the focus by the health and social care system to reduce the length of time people stay unnecessarily in hospital. Each area, working closely with primary care, has new approaches in place to avoid unnecessary admissions to hospital and to helping people to come home as soon as they can.
- 2.3 The Department of Health (DoH) has made clear its expectations to health and social care systems to hit stretching targets for delayed discharges of care, set through the Improved Better Care Fund process. For Norfolk and Waveney this means that overall delayed transfers of care must reduce by 16% between July 2017 and March 2018, and that delays attributable to Adult Social Services must reduce by 21% over the same period.
- 2.4 Additional monies from the Government for adults is being directed towards this priority. This includes the additional social work capacity, new types of reablement, strengthening of homecare, and targeted prevention work to address the triggers which can lead to people being admitted to hospital. For adults, it is important to establish new services outside of hospital where people can re-gain as much independence as possible before making long-term decisions about their future care. There is a risk that people moved swiftly out of hospital make long-term decisions in a state of crisis which are life-changing.
- 2.5 The number of people benefitting from reablement continues to be high which helps people to achieve the best possible levels of independence. There has been an overall increase in the number of people admitted to permanent residential and nursing care – a relatively high proportion of these have been following a stay in hospital. This will be a trend we need to monitor carefully, since it also brings budget pressures and works against our overall strategy.
- 2.6 We reported in July that teams were carrying significant backlogs of work. Since then, the position overall has slightly worsened, although some teams have begun to make reductions. Recruitment to additional capacity is underway, and the first wave has had a promising response. For further details please see **Appendix D**.

3. Promoting Independence – measuring impact and progress

- 3.1 Promoting Independence (PI) is the department's strategy for accelerating the delivery of improved outcomes for people who require adult social care and for meeting the financial targets set by Councillors for the next three years. We must ensure that our performance indicators align to the workstreams and milestones we have set as part of Promoting Independence. They must also align to and reflect other priorities, including the Better Care Fund (BCF) and the Sustainability and Transformation Plan (STP).

- 3.2 At the meeting of this committee in July 2017, a paper was received (Promoting Independence progress and actions for 2017/18) which set out six key measures that had been identified as aligning to the key intervention points of Promoting Independence workstreams, where we expect impact to be made.
- The measures are:
- a) Reducing the ‘conversion’ of requests for support to formal assessment by connecting people effectively with good quality information and support
 - b) Ensuring an appropriate proportion of assessments go on to require ongoing social care involvement
 - c) Reablement cases where the person does not require additional social care
 - d) Increasing the rate at which review backlogs are handled, and increasing the rate of reviews that lead to a reduction or cease in service
 - e) Reducing permanent admissions into residential care for people aged 18-64
 - f) Reducing permanent admissions into residential and nursing care for people aged 65 and over
- 3.3 The three-year targets proposed for these measures have been developed through using our cost and demand model. This is a modelling ‘tool’ which tracks the number of people at different stages throughout their involvement with adult social services. The model adds in changes for demography and increased demand, and estimates what impact the changes underway can reasonably be expected to have an impact.
- 3.4 Overlaid on this, we have looked at current benchmarking of our own ‘family group’ of authorities, national best practice, and our own internal expertise in data analysis and performance management. We propose reviewing the targets each year.
- 3.5 The proposed targets are described in detail in the report cards in **Appendix B**. What follows is here is a summary of each, together with an overview of current performance.
- 3.5.1 **Requests for support which go on to assessment (Appendix B – PI1)**
- 3.5.1.1 In 2016/17 the Council received around 61,000 requests for support, with 20,000 – or around 33% – ending with an intention to assess. Current performance shows this has reduced to just below 32%. However, leading practice in social care suggests that a quarter of contacts to social care should translate into a formal care act assessment. This highlights the need to expand and embed prevention and information strategies which connect people with support or advice so more people stay in control of their lives. We have modelled to achieve the best practice of 25% by the end of 2018/19, which would mean the figure for assessments reducing to 15,200. We would then aim to maintain that level going forward. Maintaining that rate will continue to be stretching, if, as we anticipate, more people are finding good sources of information and advice independently, without the need to even contact the Council.
- 3.5.1.2 If all remains equal the target would see the number ending with an intention to assess reduce from around 20,000 to 15,200 by March 2019.
- 3.5.1.3 Activities and interventions to effect this target include our 3 conversations model of social work; improved, targeted information and advice, and early offers of assistive technology.

3.5.2 **Assessments that lead to services (Appendix B – PI2)**

3.5.2.1 In 2016/17 we carried out around 8,800 assessments. Our target is modelled on this overall number reducing to around 7,400 with around 6,680 going on to some kind of service. Whilst this is an increase in the % of assessments that lead to services, the overall number going on to services does not increase, and it represents an improvement in practice because those assessments which do take place are appropriate.

3.5.2.2 Activities and interventions to impact this target include all those highlighted for the previous target together with additional social work capacity to address the holding list, and embed Living Well - our 3 conversations model.

3.5.3 **Reablement cases where the person does not require additional social care (Appendix B – PI3)**

3.5.3.1 Reablement is already having a positive benefit for people's lives in Norfolk. The number of people who are able to stay at home after reablement is amongst the best in the country and makes a substantial contribution to avoiding people going to hospital unnecessarily. In 2016/17, 5,799 people received reablement services, with just under 4,000 requiring no additional social care intervention.

3.5.3.2 The target we are modelling is based on sustaining high performance even though we are likely to be putting forward people with more complex problems for reablement.

3.5.3.3 The proposed targets maintain this rate – although any increase in the amount of reablement will require a proportional increase in those cases requiring no intervention.

3.5.3.4 Activities which impact this target include the sustained investment and scale of our in-house service Norfolk First Support, the establishment later this year an accommodation based reablement service, and increasingly the attempt to shift towards home care which has a reablement focus.

3.5.4 **Increasing the rate at which assessment backlogs are handled, and increasing the rate of reviews that lead to a reduction or cease in service (Appendix B – PI4)**

3.5.4.1 People's needs change and, under the Care Act, a review of needs has to be undertaken if there is a change in need, or if not, an annual review is required. We are currently carrying a backlog of work, much of which is made up of reviews. We have two targets associated with this measure reflecting two key groups of people – people aged 18-64, and older people (65 plus).

3.5.4.2 We have set ourselves a deliberately challenging target for reviews which lead to a reduction in service for people aged 18-64. Our target sees the figure increase from 686 at March 2017 to 2,200 at March 2021. This reflects that Norfolk makes one of the highest rates of placements in long term care for this age group. Our strategy, currently being co-designed with people with learning disabilities, will be ambitious, looking at ways to enable people to live independent lives in a way that gives them control and opportunities.

3.5.4.3 For older people our target is less stretching, reflecting that we intend to reduce the number of older people requiring long term care (through better reablement and short term interventions), and that those that do receive long term services are likely to be people with the highest and most complex levels of need, with less likelihood of reducing need.

3.5.4.4 Activities which impact on this targets include the re-shaping of learning disability services, and enablement approach for social work for people aged 18-64, reablement and enhanced home care, and our 3 conversations model of social work.

3.5.5 **Reducing permanent admissions into residential care for people aged 18-64 (Appendix B – PI5)**

3.5.5.1 For the reasons set out above, this target is highly challenging and will require a step change in our performance which has been historically poor, although last year we did see an improvement. In 2016/17 there was around 80 permanent admissions to residential and nursing care for people aged 18-64 (note: this figure does not include temporary placements) The target, that also accounts for population growth, means that around 70 people would be permanently placed in residential and nursing care in 2020/2.

3.5.5.2 Although a stretching target, it is based on what other Councils are able to do, and it also reflects the ambition we have for improving choice and opportunities for people with learning disabilities.

3.5.5.3 Activities which impact on this target include the full range of transformation in learning disability services.

3.5.6 **Reducing permanent admissions into residential and nursing care for people aged 65 and over (Appendix B – PI6)**

3.5.6.1 Our target for this represents a significant improvement from being around the median to being one of the lowest 'placing' Councils in Norfolk's family group. Many factors influence people's decisions to move into permanent residential care; for some it feels safer after an incident such as a fall or a period in hospital; there may not be the right type or amount of home care where they live; their needs may be complex and cannot be met in their own homes. This measure also counts those people whose private funding has run out, and who are then eligible for adult social care. In 2016/17 there was around 1,320 permanent admissions to residential and nursing care for people aged 65+ (note: this figure does not include temporary placements). The target, that also account for population growth, mean that around 1,220 people would be permanently placed in residential and nursing care in 2020/21.

3.5.6.2 There had been a long term reduction in the rate of admission to permanent care for older people but this has started to fluctuate in the last year, with some increases in the most recent months.

4. **Additional measures for the Committee**

4.1 In addition to the six Promoting Independence indicators set out above, there are a further three measures which we propose to report regularly and in some detail to committee. These are

- a) Delayed discharges of care
- b) Reduction of holding list
- c) Measuring our support for carers – the precise measure to be determined

4.2 Report cards for delayed discharges of care and the reduction of the holding list are appended with more detail, and the main performance issues are set out below. We have further identified a gap in close monitoring of our support for carers, and propose to include this going forward. We will bring an update to the Committee about this.

4.2.1 **Delayed discharges of care (DToC) (Appendix A)**

- 4.2.1.1 Moving people swiftly out of hospital is a major focus of interest for the Government. Stretching targets for all areas have been set (for us this is Norfolk and Waveney), and within that the target is broken down to delays caused by the NHS, and delays caused by social care.
- 4.2.1.2 This is not a new measure for Adult Social Services, although a target has recently been set down for us. This means we are working towards a reduction in social care delayed days from 744 patient days in June to 566 in November. The Norfolk and Waveney NHS is required to make a reduction from 1393 patient days to 1155 patient days. Our target will be very difficult to achieve in that space of time, but we are committed to doing everything we can with our NHS partners to ensure that as few people as possible stay unnecessarily in hospital.
- 4.2.1.3 Timely hospital discharges matter. Delays in discharging people from hospital when they are ready can have a negative impact on health outcomes and the wellbeing of individuals. If they are not able to leave hospital to continue their recovery, older people particularly risk losing their mobility and ability to manage daily living tasks, increasing their level of care needs and impacting on their independence and quality of life. It has been estimated that 10 days unnecessary stay in hospital for an older person will lead to the equivalent of 10 years loss of muscle strength and associated loss of functioning. Ensuring services are available to support timely discharge is vital to avoiding this kind of impact.
- 4.2.1.4 There is an expectation that additional monies from the Government announced earlier this year will help Councils to reduce delayed discharges. We are targeting that investment towards strengthening the social care market, investing in extra social work capacity to meet increasing numbers of people needing social care support, and specific targeted work to avoid people getting into hospital in the first place, and then getting them either home or somewhere intermediate to regain as much independence as possible.
- 4.2.1.5 Whole system working is critical to avoid one part of the health and social care system meeting its target at the expense of another. For adults, it is important to establish new services outside of hospital where people can re-gain as much independence as possible before making long-term decisions about their future care. There is a risk that people moved swiftly out of hospital make long-term decisions in a state of crisis which are life-changing.
- 4.2.1.6 We are working closely with acute hospitals on implementing new ways of working, and in ensuring that we have a shared picture of how we are measuring and recording numbers associated with delayed discharges so we can jointly make an impact for the people we support.
- 4.2.1.7 A report card, giving trends and further detail is attached at **Appendix A**

4.2.2 **Reduction in holding list (Appendix C)**

- 4.2.2.1 We reported in July that our teams were carrying high backloads of work which was impacting on the pace of change we need to make. We have modelled the reduction in this which sees the most significant reduction in 2018/19 and 2019/20 through a combination of change. This includes additional social workers, our new model of social care – Living Well: 3 conversations. Latest figures for this month show the backlog has risen overall. It may be that a dedicated team is required for a short period

of time to focus solely on the holding list, should the recruitment of new capacity not be swift enough.

5. Summary of targets

5.1

Indicator	Performance			Targets		
	2016/17	Most recent	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%	31.94% (Jul-17)	28.86%	25.00%	25.00%	25.00%
Holding list – number of unallocated cases awaiting assessment	2,710	3,109 (Aug-17)	2,396	618	200	200
% Reablement cases where the outcome is recorded as not requiring any further social care support	68.89%	68.4% (Aug-17)	69%	69%	69%	69%
% Assessments which are closed with the intention of supporting the person with services	75.95%	78.99% (Aug-17)	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	19.7 (Jun-17)	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	611.4 (Jun-17)	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%	21.69% (Jul-17)	31.82%	43.21%	54.61%	66.00%
% Reviews of people aged 65+ where the intention is to cease or reduce services	26.96%	24.59% (Jul-17)	23.97%	20.98%	17.99%	15.00%

5.2

It is intended that the measures described in detail here form the consistent basis of performance reports for the remainder of the year. The department monitors a much wider set of measures and these will be regularly published for the Committee. Should there be any issues of significance from that wider suite, we will bring detailed information to the Committee. The full list of those suite of measures is on the performance dashboard [which can be accessed by clicking here](#).

- 5.3 In addition to this, the introduction of the Liquid Logic system should provide much improved opportunities for monitoring performance in the areas described above, and in particular better information about people moving from one part of the system to another (for example from hospital to care, or from reablement to particular services). This may allow us to report, and set targets against, more precise measures. If so, we will update the Committee through regular reporting, and any additional or amended targets will be presented as part of end-of-financial-year reporting after March next year.

Officer Contact

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

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Jeremy Bone	01603 224215	jeremy.bone@norfolk.gov.uk



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.

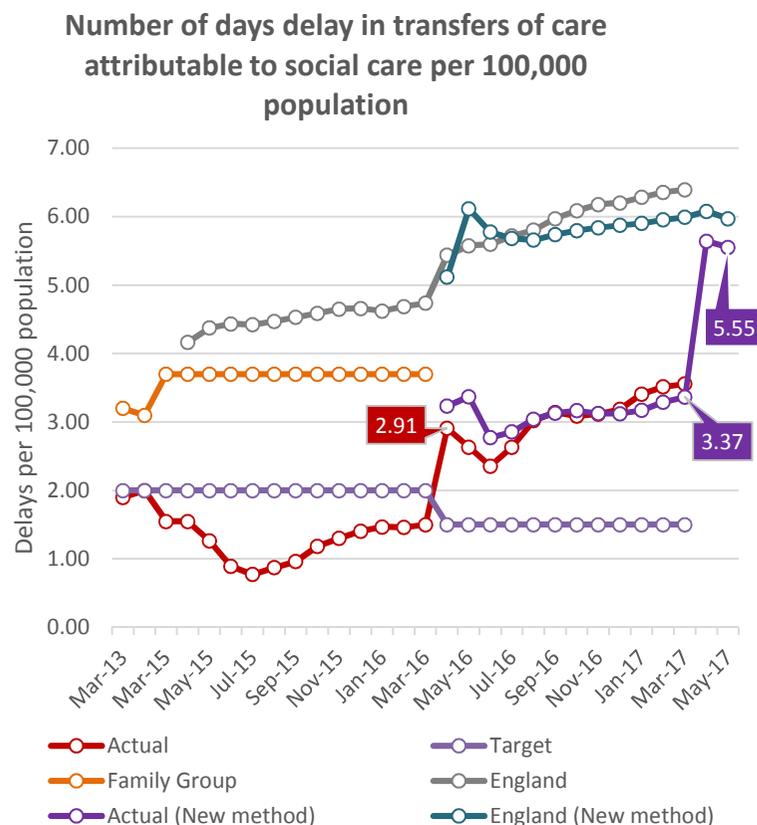
Delayed transfers of care

Why is this important?

Staying unnecessarily long in acute hospital can have a detrimental effect on people's health and their experience of care. Delayed transfers of care attributable to adult social services impact on the pressures in hospital capacity, and nationally are attributed to significant additional health services costs. Hospital discharges also place particular demands on social care, and pressures to quickly arrange care for people can increase the risk of inappropriate admissions to residential care, particularly when care in other settings is not available. Low levels of delayed transfers of care is critical to the overall performance of the health and social care system. This measure will be reviewed as part of Better Care Fund monitoring.

Performance

What explains current performance?



- From April 2017 NHS Digital changed the data reporting method from a snapshot of delays at the end of the month to average delays over the whole month. This method has been modelled backwards compare against previously reported performance for Norfolk and England.
- In April 2016 the number of days delay per 100,000 of population nearly doubled when compared to the previous month, dropping off slightly in the subsequent months and then persistently rising to a record high in March 2017 (3.56).
- Much of the increase appears to have been driven by a jump in delays attributable to social care from the Norfolk & Norwich University Hospital – from a baseline of zero prior to April 2016, to over 200 in 4 of the 5 subsequent months. There was a decrease between August and December (299 to 125) which has since risen to 225 (Feb 2017).
- Over the same period social care delays from NCH&C have risen from 268 (Aug16) to 344 (Feb 2017) and count for approximately 50% of Norfolk's social care delays since April 16.
- Since April 16 the NNUHFT has conducted changes to its internal pathways to reduce pressure on their A&E department and to recover the '4 hour target'. These changes have increased the pace of discharge resulting in an increase in referrals to social services.
- The NNUHFT has set up a discharge hub and team to support their discharge process. A daily process to validate delays is now in place and the teams will co-locate within a month.
- The NNUHFT has implemented the Red2Green programme which aims to improve patient flow through the hospital. As a result, the hospital is identifying patients suitable for discharge at a higher rate than before. This is now being implemented in community units, with Phase 3 of the Integration Programme also including a work-stream looking at social care offer to the units.
- The focus on community units has created additional demand and pressure on social care, however the length of stay has significantly reduced. The increased focus on the continuing care process and Discharge to Assess pathway has also caused additional pressure within hospital teams, though should help reduce pressures in the longer term.

What will success look like?

- Low, stable and below target, levels of delayed discharges from hospital care attributable to Adult Social Care, meaning people are able to access the care services they need in a timely manner once medically fit.

Action required

- By November 2017 – open first tranche of active assessment beds
- Strengthen and change our integrated assessment processes for discharging people from the acute and community hospitals

Lead: Lorryne Barrett, Director of Integrated Care Data: Business Intelligence & Performance Team

Indicator:	Requests for support which go on to assessment	
Brief definition	Good =	Factors likely to affect performance
The percentage of requests for support where the intention is that the person will go on to receive a care act assessment	Low	<ul style="list-style-type: none"> • Good performance will mean a reduction in the percentage of requests for support ending with an intention to carry out an assessment. Performance is therefore driven by the extent to which other options – for example community-based support – have been explored; and by the amount of requests for support. • Better advice and guidance before someone requests support may reduce overall requests, making the target harder to deliver • The delivery of the ‘Three Conversations’ approach to social work is likely to help reduce levels of assessment as people are better connected with community-based support.
	Owner	

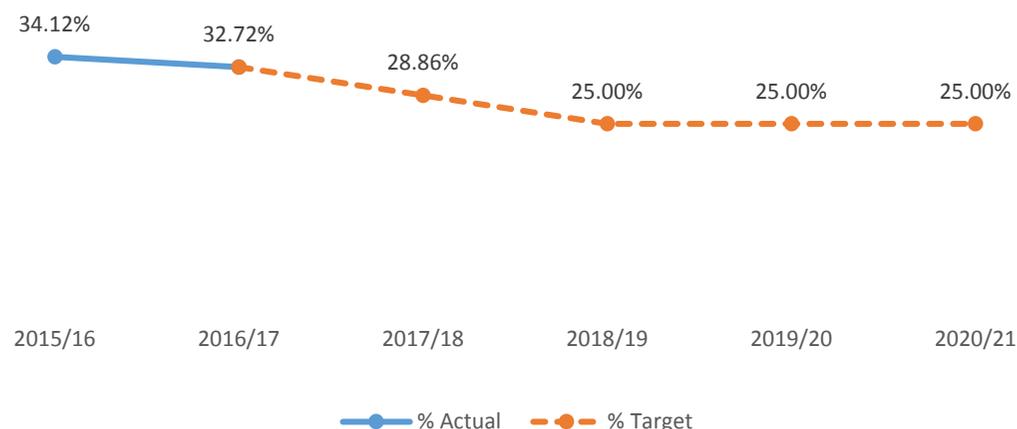
Proposed targets

Year	Result
16/17	32.72%

Current performance	
Jul-17	31.94%

Year	Target
17/18	28.86%
18/19	25.00%
19/20	25.00%
20/21	25.00%

Percentage of requests for adult social care support ending with an intention to carry out an assessment



What does this mean?

- In 2016/17 the council received around 61,000 requests for support, with 20,000 ending with an intention to assess (note – this is higher than the number of assessments that took place because of multiple calls by the same people, and because alternatives to assessment may have been identified after the initial request)
- If all remains equal the target would see the number ending with an intention to assess reduce from around 20,000 to 15,200

Rationale for target

- This measure, and target, reflects best-practice as recommended in ‘Six Steps to Managing Demand in Adult Social Care (John Bolton and Philip Provenzano, March 2017): “The figure should preferably be circa 25% of the new enquiries from the community7. (There are a number of variable factors here so this may need to be revised in particular circumstances but might be linked to the indicator below. It may also be considering reviewing arrangements if performance is significantly higher than 25%)”

Alternatives

- Additional measures around ‘Front Door’ activity (or ‘Conversation One’ in the Three Conversations model) will be required.
- In particular we will develop better indicators of volume going through the front door, and then going on to services, once the Liquid Logic system is in place.
- No alternative targets are proposed – although we could aim to meet the target sooner or later depending on levels of ambition and the pace of change anticipated.

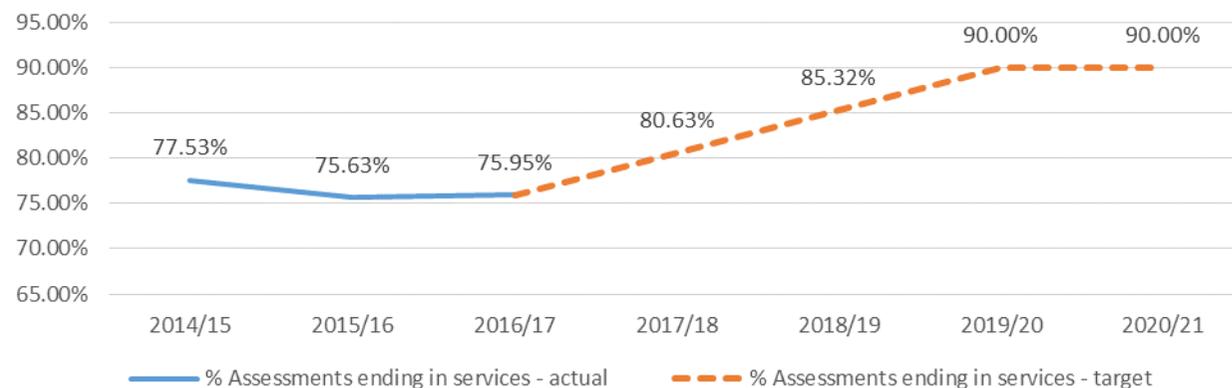
Indicator:	Assessments that lead to services	
Brief definition	Good =	Factors likely to affect performance
The percentage of assessments which are closed with the intention of supporting the person with services	Low	<ul style="list-style-type: none"> This indicator measures the effectiveness of arrangements for supporting and re-abling people, and of the process for determining which people need a Care Act Assessment. People that go on to receive information and advice as a result of an assessment, or who receive 'no further action', probably should not have received an assessment in the first place The increase suggested here may feel counter-intuitive in that it might suggest additional service provision. In fact this increase is predicated on an overall reduction in assessments in line with the principles of the 'Three Conversations' model Improvements to 'conversations 1 and 2' should both reduce overall levels of assessment and the proportion of people receiving 'no further action' after an assessment.
	Owner Lorna Bright	
Proposed targets		

Year	Result
16/17	75.95%

Current performance	
Aug-17	78.99%

Year	Target
17/18	80.63%
18/19	85.32%
19/20	90.00%
20/21	90.00%

Percentage of assessments that result in an intention to provide services
(Formal care, equipment, Norfolk First Response, Development Worker services or non-funded services)



What does this mean?

- In 2016/17 the council conducted around 8,800 assessments.
- To hit this target with no increase in actual numbers of people receiving services, overall numbers of assessments will reduce to around 7,400, with around 6,680 going on to some kind of service.

Rationale for target	Alternatives
<ul style="list-style-type: none"> This measure, and target, reflects best-practice as recommended in 'Six Steps to Managing Demand in Adult Social Care (John Bolton and Philip Provenzano, March 2017): "The % of people who have received a full assessment... who then go on to receive a package of care. This figure should be 90% - though the initial service may be help that supports recovery, rehabilitation, recuperation or reablement". 	<ul style="list-style-type: none"> No specific alternatives are suggested. Given the dependency of this target on overall assessment levels, any change to the policy of reducing overall levels of reviews (with associated increases in 'upstream' conversations 1 and 2) would need to be reflected in these targets.

Indicator:	Reablement cases where the person does not require additional social care at end of intervention																	
Brief definition	Good =	Factors likely to affect performance																
The percentage of reablement cases where the outcome is recorded as not requiring any further social care support	Low	<ul style="list-style-type: none"> The target is likely to become more challenging as the council increases the number of people receiving reablement services. This is because, as the scope for reablement services increase, people with more complex problems are offered these services – who are less likely to be fully re-abled (although their outcomes will still improve). The impact of this can already be seen – the significant increase in services between 2014/15 and 2016/17 resulted in a reduction in performance, although this has stabilised. 																
	Owner Janice Dane																	
Proposed targets																		
<table border="1"> <thead> <tr> <th>Year</th> <th>Result</th> </tr> </thead> <tbody> <tr> <td>16/17</td> <td>68.89%</td> </tr> </tbody> </table>	Year	Result	16/17	68.89%	<table border="1"> <thead> <tr> <th colspan="2">Current performance</th> </tr> </thead> <tbody> <tr> <td>Aug-17</td> <td>68.4%</td> </tr> </tbody> </table>	Current performance		Aug-17	68.4%	<p style="text-align: center;">Percentage of people receiving reablement that require no additional social care intervention at the end of the period of reablement</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>17/18</td> <td>69%</td> </tr> <tr> <td>18/19</td> <td>69%</td> </tr> <tr> <td>19/20</td> <td>69%</td> </tr> </tbody> </table>	Year	Target	17/18	69%	18/19	69%	19/20	69%
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Year	Target																	
17/18	69%																	
18/19	69%																	
19/20	69%																	
<p>What does this mean?</p> <ul style="list-style-type: none"> In 2016/17, 5,799 people received reablement services, with just under 4,000 requiring no additional social care intervention. The proposed targets maintain this rate – although any increase in the amount of reablement will require a proportional increase in those cases requiring no intervention. 																		
Rationale for target		Alternatives																
<ul style="list-style-type: none"> Given the challenges highlighted above, and the plans for continuing to increase the provision of reablement services, a ‘standstill’ position based on 2016/17 rates represents a challenging target. Norfolk already has a high performing reablement service – achieving one of the highest rates of independence after reablement compared to similar ‘family group’ councils, and offering more reablement services than most. 		<ul style="list-style-type: none"> More stretching targets are not recommended on the basis of current plans. Any significant additional investment in reablement may require a review of these targets. 																

Indicator:	Reviews that lead to a ceasing or reduction of services	
Brief definition	Good =	Factors likely to affect performance
The percentage of reviews where the intention is to cease or reduce services	On target (neither too high or low)	<ul style="list-style-type: none"> For older people, many of whom have entered service with long term and deteriorating health needs, there may be fewer opportunities for greater independence and reduced care packages. If long term care packages reduce in line with Promoting Independence and Three Conversations principles, those remaining in long term care may have more complex needs – making the target more difficult to hit For people aged 18-64, performance in this area has been relatively low – below that of reviews of people aged 65+ - and the proposed targets represent a significant change in practice and performance. This will be challenging.
	Owner	
	Lorna Bright Lorrayne Barrett	

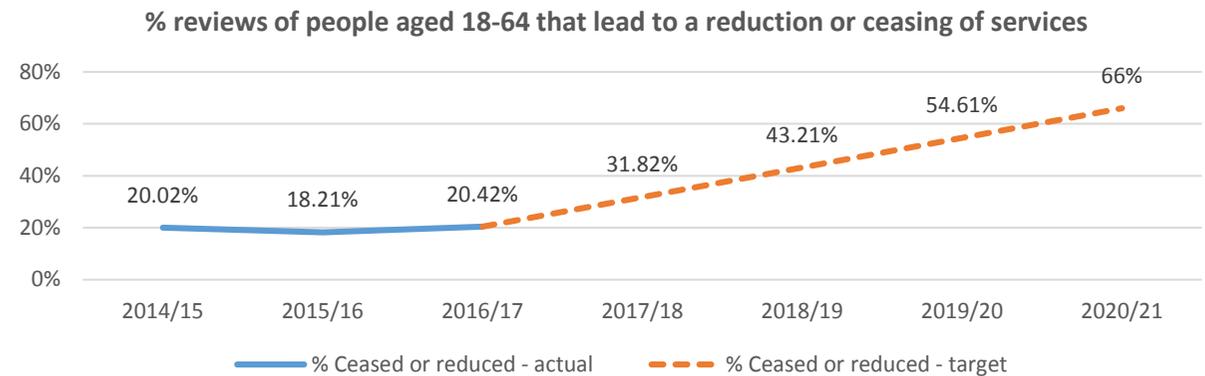
Proposed targets

18-64

Year	Result
16/17	20.42%

Current performance	
Jul-17	21.69%

Year	Target
17/18	31.82%
18/19	43.21%
19/20	54.61%
20/21	66.00%



What does this mean?

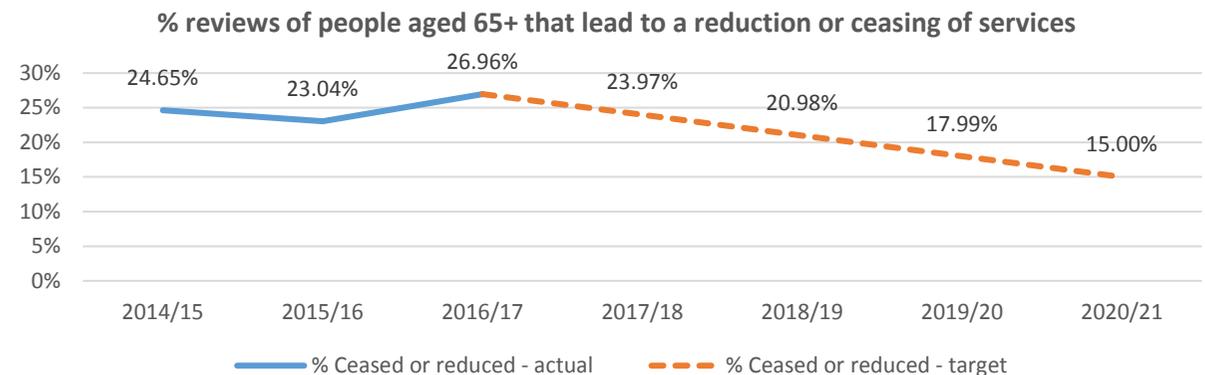
- In 2016/17, 686 reviews resulting in services being reduced or ceasing
- The targets proposed here would, all else being equal, see this number increase to just over 2,200

65+

Year	Result
16/17	26.96%

Current performance	
Jul-17	24.59%

Year	Target
17/18	23.97%
18/19	20.98%
19/20	17.99%
20/21	15.00%



What does this mean?

- In 2016/17, 2,060 reviews resulted in services being reduced or ceasing
- The targets proposed here would, all else being equal, see this number decrease to just over 1,140.

Rationale for target	Alternatives
<ul style="list-style-type: none"> • For 18-64: This measure, and target, reflects best-practice as recommended in ‘Six Steps to Managing Demand in Adult Social Care (John Bolton and Philip Provenzano, March 2017): “The proportion of younger adults receiving longer-term care who care needs may have decreased from their last review... This figure should preferably be around 66% of all younger adults receiving care and support.” The targets reflect delivery of this rate by 2021. • For 65+: This measure, and target, reflects best-practice as recommended in ‘Six Steps to Managing Demand in Adult Social Care (John Bolton and Philip Provenzano, March 2017): “The proportion of older people receiving longer-term care whose care needs have decreased from their initial assessment/latest review... This figure should preferably be around 15% of the older people supported”. The target reflects delivery of this rate by 2021. This rate actually represents a reduction in the % of people with services that cease or reduce – but this reflect the likelihood that fewer people aged 65+, with more complex needs, are likely to receive long term packages of care over time, meaning that current rates of ceases/reductions will be harder to achieve. • The Cost & Demand Model currently crudely models around 5% of people each year, in all specialisms/ages, ceasing services. The rates suggested in these targets are broadly comparable to these for people aged 65+, but are below the more stretching targets for people aged 18-64. 	<ul style="list-style-type: none"> • Targets here are particularly stretching for people aged 18-64 and reflect good practice rather than the modelled rates through the Cost & Demand Model. A less stretching target would still achieve the current modelled levels of savings. However, targets still need to address the discrepancy between rates of ceases/reductions between 18-64 and 65+ age groups. • 65+ targets appear achievable, but will require close review as volumes change and the impact of those reductions on this measure are better understood.

Indicator:	No. permanent admissions for people aged 18-64 to residential and nursing care per 100,000 population	
Brief definition	Good =	Factors likely to affect performance
The number of permanent admissions to residential and nursing care for people aged 18-64	Low	<ul style="list-style-type: none"> Performance depends on elements of social care practice and the availability of alternatives to residential and nursing care for people aged 18-64 Norfolk's performance in this indicator has been historically poor – being the worst performing council in our family group for a number of years – although this position changed last year as performance improved slightly The development of additional enablement services, along with the implementation of the 'Three Conversations' model should reduce placements over time.
	Owner Lorna Bright	

Proposed targets

Year	Result
16/17	18.3

Current performance	
Jun-17	19.7

Year	Target
17/18	16.6
18/19	15.6
19/20	14.4
20/21	13.6

Permanent admissions to residential & nursing care for people aged 18-64 per 100,000 population

Target rate and family group benchmarks

Year	Admissions per 100k population
2016/17	18.3
2017/18	16.6
2018/19	15.6
2019/20	14.4
2020/21	13.6

What does this mean?

- In 2016/17 there was around 80 permanent admissions to residential and nursing care for people aged 18-64 (note: this figure does not include temporary placements)
- The targets, that also account for population growth, mean that around 70 people would be permanently placed in residential and nursing care in 2020/21

Rationale for target	Alternatives
<ul style="list-style-type: none"> Target based on the volume of admissions profiled through the Adult Social Care 'Cost & Demand Model' The targeted reductions represent a significant improvement from being the second-highest 'placer' in our family group to being below the average. The 'stretch' is realistic in the sense that other councils have achieved this, but it nevertheless requires a step-change improvement in performance 	<ul style="list-style-type: none"> More ambitious targets are possible – in the sense that other councils make fewer placements. However it is likely that any further increase would require significant intervention and investment in the market around to make sure alternatives were available.

Indicator:	No. permanent admissions for people aged 65+ to residential and nursing care per 100,000 population	
Brief definition	Good =	Factors likely to affect performance
The number of permanent admissions to residential and nursing care for people aged 65+	Low	<ul style="list-style-type: none"> Performance depends on elements of social care practice and the availability of alternatives to residential and nursing care for people aged 65+ Several other areas of performance and activity can place additional pressures on admissions to residential care: <ul style="list-style-type: none"> Current shortages in available home care, particularly in some rural areas, can mean that people are admitted to residential care despite having potential for independence, to keep them safe. This artificially increases admissions Similarly, pressure to quickly discharge people from hospital can lead to too many people being admitted to residential care. Improved availability and impact of reablement can reduce demand on residential care
	Owner	
	Lorrayne Barrett	

Proposed targets

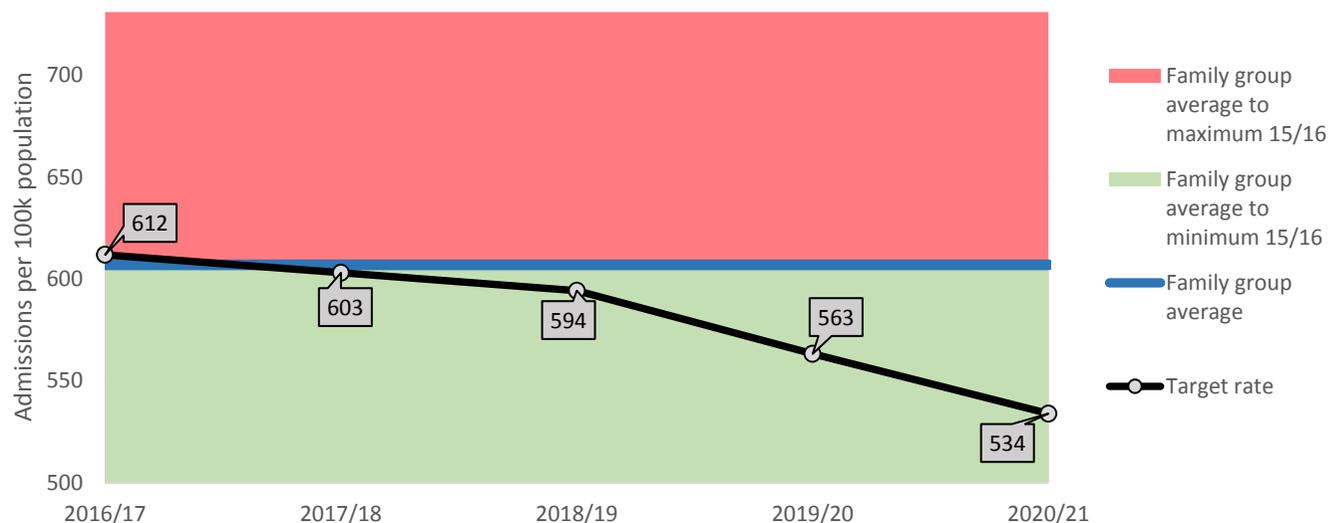
Year	Result
16/17	611.9

Current performance	
Jun-17	611.4

Year	Target
17/18	603.1
18/19	594.3
19/20	563.3
20/21	534.0

Permanent admissions to residential & nursing care for people aged 65+ per 100,000 population

Target rate and family group benchmarks



What does this mean?

- In 2016/17 there was around 1,320 permanent admissions to residential and nursing care for people aged 65+ (note: this figure does not include temporary placements)
- The targets, that also account for population growth, mean that around 1,220 people would be permanently placed in residential and nursing care in 2020/21

Rationale for target

- Target based on the volume of admissions profiled through the Adult Social Care 'Cost & Demand Model'
- The targeted reductions represent a significant improvement from being around the median to being one of the lowest 'placing' councils in Norfolk's family group

Alternatives

- More ambitious targets are possible – other councils make fewer placements. However it is likely that any further increase would require significant intervention and investment in the market around to make sure alternatives were available.
- It may be possible to increase the speed of change/reductions – although again this would require additional upstream interventions.

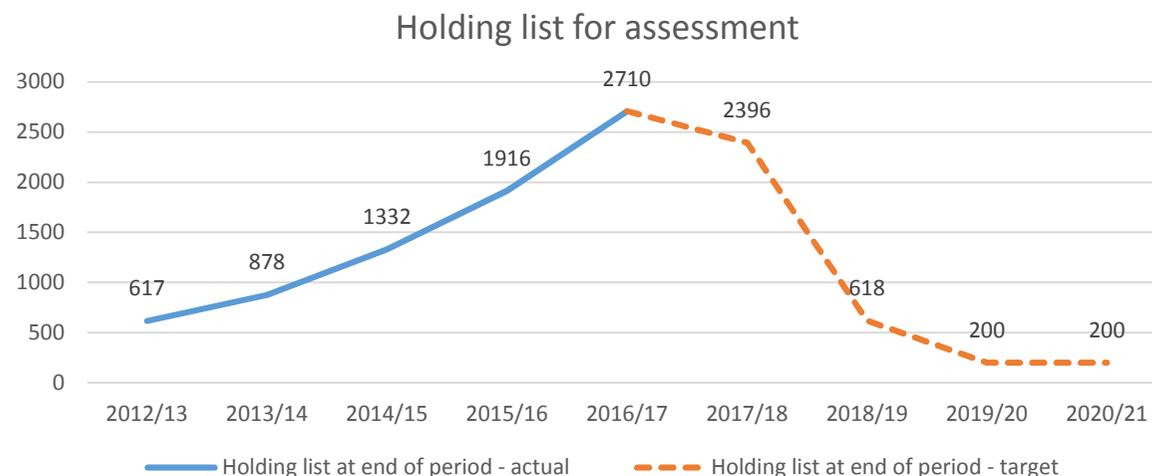
Indicator:	Holding List	
Brief definition	Good =	Factors likely to affect performance
The number of unallocated cases awaiting assessment	Low	<ul style="list-style-type: none"> • Delivery of target dependent on recruitment to additional social work posts, and on improvements to productivity delivered through the Promoting Independence programme and through the Three Conversations model • Any failure to recruit to posts, and to fill existing and future vacancies, will compromise the council’s ability to hit this target. Recruitment can be a challenge, so monitoring recruitment progress will be important • Improved ‘upstream’ intervention through conversations 1 and 2 should reduce the number of unallocated assessments – and so reduce ‘new’ cases on the list
	Owner Lorrayne Barrett	

Proposed targets

Year	Result
16/17	2,710

Current performance	
Aug-17	3,109

Year	Target
17/18	2396
18/19	618
19/20	200
20/21	200



What does this mean?

- Given a current 16/17 rate of assessments of around 8,800 a year the holding list targets require an additional 4% of assessments in 2017/18, and the equivalent of 20% more assessments in 2019/20
- Some of this will be off-set by a reduced requirement for new assessments in line with other targets (e.g. reduced rates of requests for support to services)

Rationale for target	Alternatives
<ul style="list-style-type: none"> • Overall target represents a reduction to an acceptable 200 cases unallocated – which is normal and accounts for a usual amount of cases waiting for a short time for allocation (zero is unachievable in practice) • Given the likely challenges in recruiting and in getting new staff up to speed, and the roll-out of the 3 Conversations model, the main reduction is planned for the 2018/19, with proportionally smaller reductions this year, and in 2019/20 	<ul style="list-style-type: none"> • Targets could be more or less challenging • For targets to achieve a reduced holding list sooner, dedicated resources will need to be in place quickly to specifically address unallocated assessments. The profiling of the targets would need to be reassessed to account for the timing of any specific resources being introduced • The reduction to 2,396 remains very challenging given that most new staff will not be embedded in their new teams until 2018, and it may be desirable to reduce the stretch to ensure the targets are achievable in the short term



CAMPAIGN DASHBOARD REPORT

Social Workers and Team Managers - Countywide

Start date: Phase 1] 16th August 2017 – 16th September 2017.
Media Inventory: www.communitycare.co.uk/ Search Marketing (Adwords and Display)

Media: Community Care

TARGET EMAIL
 Delivered 8,114
 Opened 1,597 (19.68%)
Clicks 74

BANNER ADVERTS
 Impress 81,001
Clicks 82 (CTR 0.10%)

JOB LISTINGS

Social Worker
 Views: 159 **Apps: 14**

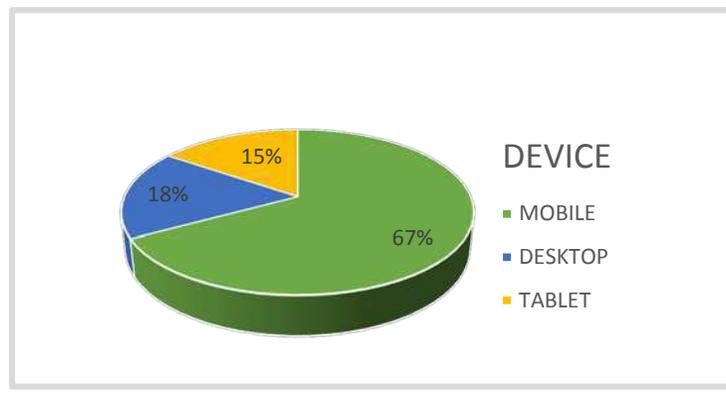
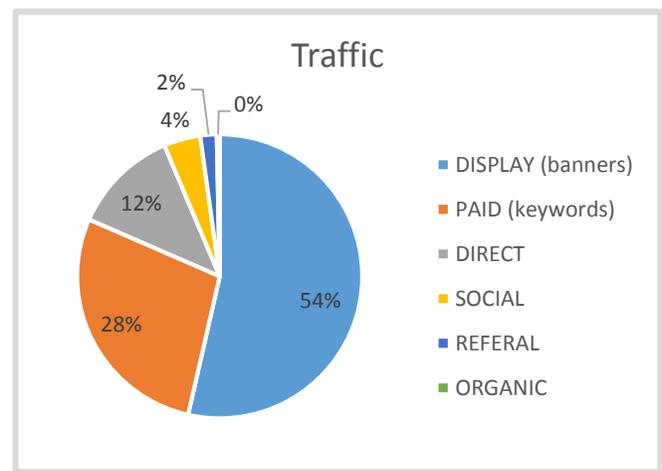
Team Manager
 Views: 172 **Apps: 12**

Media: Search Marketing

Sessions 2,388
Users 2,045
Pages viewed 1.74
Duration 00:00:51
Bounce Rate 76%
New Sessions 86%

DEMOGRAPHICS

18-26 year olds (26%)
 25-34 year olds (33%)
 35-44 year olds (17%)
 45-54 year olds (12%)
 55-64 year olds (7%)
 65+ year olds (5%)



Team Managers & Social Workers (Level 1 or 2)
 • Social Worker - £28,485 - £32,486 • Team Managers - £39,957 - £43,620
 Locations: Countywide - West Norfolk, Norwich, East Norfolk, North Norfolk and South Norfolk

It's an exciting time to join us. We're strengthening our social work teams to support people to remain as independent as possible for as long as possible. We're investing in social care and in particular changing the conversation for social work to provide better outcomes. Our new approach aligns with our vision to support people to be independent, resilient and well.

These new and exciting roles will deliver our strength based approach, fully integrating with our health partners to wrap care around the person and to encourage early intervention in the community and support admissions avoidance.

You'll be at the beginning of our journey, embedding our exciting new model of care through our PartnersChange Three Conversations Model, which has been developed through co-production to provide a person centred approach. You'll be instrumental in changing the conversation, listening and connecting to keep people independent, resilient and well.

You'll be an experienced Social Worker or Team Manager, passionate about making a difference, ready to embrace change and take us on our exciting new journey.

Opportunities exist across all our localities. We're committed to continue our professional development and offer benefits such as childcare vouchers and Norfolk Rewards - a scheme offering discounts on everyday purchases.

You'll also work in the beautiful county of Norfolk, with over 20 miles of stunning coastline, the unique Norfolk Broads, great shopping and culture, and amazing wildlife to name a few of the benefits of living here.

It's your time to be part of our journey.

Closing date: **16th September 2017**
 Find out more at: www.promotingindependencenorfolk.co.uk



Start date: Phase 1] 16th August 2017 – 16th September 2017.

Media Inventory: www.communitycare.co.uk Search Marketing (Adwords and Display)

Applications

SOCIAL WORKERS

External: 15

Internal: 8

Total: 23

TEAM MANAGERS

External: 3

Internal: 12

Total: 15

Recruitment timeline

Closing date:

16th September 2017

Shortlisting date:

18th September 2017

Interviews dates:

28th September 2017, 2nd and 3rd October 2017

Ongoing Recruitment

- ‘Rolling’ recruitment campaign (planning based on results)
- Explore expansion of NIPE
- Investigating options for an external agency to address backlog

Commentary:

Phase one of the campaign has now ended with a total of 38 applications. Analysing the data, over 82% of visitors to the careers site have been generated through search marketing (54% through online adverts displayed to the target audience and 27% through keyword searches).

Shortlisting took place on the 18th September, and due to the high quality of applications, interviews have been offered to 22 Social Workers and 12 Team Managers. This is a good result, if we take into account the campaign ran during the summer holidays, which may have effected response levels.

This is the first phase (second phase 18th September - 8th October 2017). Based on the campaign statistics, the second phase recommendation is to add further budget to ‘search marketing’. This is more targeted, cost effective and generates higher volumes of traffic to the careers site. The cost to advertise with Community Care is expensive, in the second phase I would suggest job listings only (there is no charge for these) with possible banner advertising depending on overall application numbers.

To support the recruitment drive, Adult Social Services will be exhibiting at Community Care Live (26th and 27th September). The second phase for the campaign will coincide with the event. To engage the audience further, during the next few months ‘films’ will be created of current Social Workers and Team Managers talking about the new approach and living and working in Norfolk. These will be promoted on social media and the careers site to attract more candidates.