

Adult Social Care Committee

Date: **Monday, 15 January 2018**

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) Mr M Storey

Mrs B Jones Mr H Thirtle

Mr J Mooney Mr B Watkins

Mr G Peck Mrs S Young

**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 6 November 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 10 January 2018**. For guidance on submitting public question, please visit www.norfolk.gov.uk/what-we-do-and-how-we-work/councillors-meetings-decisions-and-elections/committees-agendas-and-recent-decisions/ask-a-question-to-a-committee

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 10 January 2018.**

7. Chairman's Update

Verbal update by Cllr 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. Risk management

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A report by the Executive Director of Adult Social Services

11. Adult Social Care Finance Monitoring Report Period 7 (October) 2017-18

Page 26

A report by the Executive Director of Adult Social Services

12. Fee levels for Adult Social Care Providers 2018/19

Page 51

A report by the Executive Director of Adult Social Services

13. Strategic and Financial Planning 2018-19 and 2021-22 and Revenue Budget 2018-19

Page 59

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 |

Chris Walton
Head of Democratic Services

County Hall
Martineau Lane
Norwich
NR1 2DH

Date Agenda Published: 05 January 2018



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Adult Social Care Committee

**Minutes of the Meeting Held on Monday, 06 November 2017
at 10:00am in the Edwards Room, County Hall, Norwich**

Present:

Mr B Borrett (Chairman)

Mr Tim Adams

Mr D Bills

Miss K Clipsham

Mr P Duigan

Mrs S Gurney (Vice-Chair)

Mrs B Jones

Mr G Peck

Mr W Richmond

Mrs C Rumsby

Mrs S Squire

Mr V Thomson

Mr B Watkins

1. Apologies

- 1.1 Apologies were received from Mr J Mooney (Mr D Bills substituting), Mr M Sands (Mrs C Rumsby substituting), Mr M Storey, (Mr V Thomson substituting), Mr H Thirtle (Mr P Duigan substituting).

2. To confirm the minutes of the meeting held on

- 2.1 The minutes of the meeting held on 09 October 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 were no items of urgent business.

5. Public Question Time

- 5.1 No public questions were received.

6. Local Member Questions / Issues

- 6.1 No Member questions were received.

7. Notice of Motions

- 7.1.1 Cllr Rumsby spoke for the motion; it was expected that there would be more onus on carers and young carers due to increasing prevalence of dementia. She discussed the impact of caring responsibilities on young carers' and stressed the importance of having a committee to properly discuss support for carers.

- 7.1.2 Mr Watkins seconded the motion; he discussed how carers supported the health and social care system. He felt there should be representation from young carers and people with expertise and, where possible, meetings should be held in public.
- 7.2 The Vice-Chair supported the motion but felt some amendments were needed. She welcomed cross-committee working with Children's Services and noted that children as young as 5 could be young carers. She was concerned at the suggestion of meetings being held in public due to possible associated safeguarding issues.
- 7.3.1 The Chairman **PROPOSED** an amendment to the motion seconded by Mr Richmond::
- 7.3.2 "Committee welcomes the decision of Council to ask us to establish a ~~Commission~~ task and finish group to examine the creation of a Carers Charter to include:
- a) Carer friendly practices employers could adopt to enable employees with carer responsibilities to work more flexibly;
 - b) Support that schools could provide to students with caring responsibilities whose studies and participation in school life might be adversely affected ;
 - c) Support that the County Council could offer or be part of to support community organisations in providing respite and social activities for carers who activities may be restricted by caring responsibilities;

Recognising the importance of this work across all the Council the Committee resolves the membership of the ~~commission~~ task and finish group should be:

- An independent chair with experience & knowledge of the issues;
- ~~Six~~ four councillors in total from Adult Social Care and Children's Services committees;
- Norfolk County Council Carers champion;
- Four representatives nominated by Carers organisations

Council agreed to establish the ~~Commission~~ task and finish group no later than December 2017 with a target date to report by June 2018. This Committee therefore agreed that, as we had no more meetings until January, to:

1. Delegate calling the first meeting of the ~~commission~~ task and finish group to Officers;
2. Request the Executive Director of Adult Social Care to invite Carers organisations to nominate 4 representatives on to the ~~commission~~ task and finish group;
3. Ask Adult Social Care Committee to agree the representation of Councillors on the ~~commission~~ task and finish group;
4. Ask the group to report progress in January to Adult Social Care Committee and Childrens Services Committee"

- 7.3.3 The Chairman **PROPOSED** approaching Bill Armstrong, Chairman of Healthwatch Norfolk, to be Chair of the group and had received a nomination for Cllr M Storey for an Adult Social Care Member representative on the group.
- 7.3.4 Mr Watkins suggested Councillor representation on the group should be cross-party. Mrs Jones **PROPOSED** Cllr M Sands as nomination for an Adult Social Care Member representative on the group, seconded by Mrs Rumsby.
- 7.4 With 8 votes in favour and 5 abstentions the Committee:
- **AGREED** the amended motion;
 - **AGREED** to nominate Cllr M Storey and Cllr M Sands as the 2 Adult Social Care Member representatives on the task and finish group;
 - **AGREED** to seek agreement from Bill Armstrong as nomination for Chair of

the task and finish group.

8. Agenda Order

- 8.1 The Chairman chose to take the Executive Director's update next and then return to the running order of the agenda.

9. Executive Director's Update

- 9.1 The Executive Director of Adult Social Services updated members on:
- Recruitment of social workers; 20 of the 50 additional social workers had been recruited and 6 social work managers, meaning recruitment was on target;
 - The new Executive Director of Childrens Services, Sara Tough, who had started in post the previous week;
 - The Better care fund (BCF); the fund was now assured as the requirements had been met, and the BCF plan was continuing to progress.
- 9.2.1 An update was requested on replacement of the CEO at the Norfolk and Suffolk Foundation Trust. The Executive Director of Adult Social Services did not know who would replace the CEO; an Executive Officer was covering the role in the interim.
- 9.2.2 It was queried how many Norfolk County Council staff had left for mental health reasons or asked for support. The Executive Director of Adult Social Care **agreed** to organise a response through Human Resources and Policy and Resources Committee. A public health proposal would be brought to the Committee in future.

10. Chairman's Update

- 10.1 The Chairman shared an update from Cllr Brociek-Coulton in her role as Members' Carers' Champion:
- At a Making It Real meeting, carers had expressed a wish to be consulted on cuts being made to services affecting disabled people in Norfolk;
 - The Making It Real Board would have a stall at the Carers' Convention in November; carers' expenses for this would be reimbursed;
 - A seminar for carers was being arranged for carers' week in 2018.
- 10.2 The Chairman had attended a monthly board meeting of the STP (Sustainability and Transformation Programme) Chairs Oversight Group at the Norfolk and Norwich University Hospital; it was felt there was not adequate joint working between some Health Service departments, however, this was being addressed, for example through developing better IT systems. It was thought they may use Liquid Logic as a basis.
- 10.3 It was queried what steps were being taken to ensure adequate public engagement before publication of the STP in light of concerns about this. The Chairman updated the Committee that STP group meetings would be held to address this; he hoped that Health and Wellbeing Board meetings would have more links with the STP in future to allow the public to be more engaged in the process.

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

- 11.1 There were no updates from Members.

12. Member Champion Appointments

- 12.1.1 The Committee received the report asking them to consider the appointments to Member Champion for Learning Disabilities and Member Champion for Physical Disability and Sensory Impairment.
- 12.2.1 The Chairman had received a nomination for Mrs Squire for the two positions.
- 12.2.2 Mrs Rumsby **NOMINATED** Mrs Jones for Member Champion for Physical Disability and Sensory Impairment and Cllr Rowntree for Member Champion for Learning Disabilities.
- 12.3.1 With 5 votes for Cllr Rowntree and 8 votes for Mrs Squire, the Committee **APPOINTED** Mrs S Squire as Member Champion for Learning Disabilities.
- 12.3.2 Mrs B Jones was **DULY APPOINTED** as Member Champion for Physical Disability and Sensory Impairment.

13. Commissioning and Market Shaping Framework 2017/18 to 2019/20

- 13.1.1 The Committee received the report detailing the proposed framework of changes required by commissioning and market shaping to best support the Promoting Independence strategy and deliver the savings needed over the period 2017/18 to 2019/20.
- 13.2.1 The strategy to support care providers in the event of workers moving out of Norfolk after Brexit was queried. The Head of Quality Assurance and Market Development clarified that 7% of staff in residential care and 5.2% of staff in home care were from remaining EU countries; the average percentage of non-British staff in the sector was 17%. A workforce development strategy and care careers website were in place to address workforce issues and care vacancy rates had reduced from 6.8% to 5.2%.
- 13.2.2 The commissioning research showing that 1500 additional beds would be needed by 2036 was queried. The Director of Integrated Commissioning clarified that these would be across the whole sector including private beds; Adult Social Care policy and the Promoting Independence Strategy should reduce the number of people needing formal care. Officers were working with service users when designing services.
- 13.2.3 Norfolk Adult Social Services and the Association of Directors of Adult Social Services had been lobbying for adequate funding from Government.
- 13.2.4 The strategy to address the staff turnover rate of 30% in care homes and 50% in home care was queried. The Head of Quality Assurance and Market Development reported that the workforce strategy was focussed on addressing these rates which were the highest in the East of England. The low wage economy of the sector meant providers were competing against higher paying employers such as the retail sector, but it was encouraging to note that younger people were training to become carers.
- 13.2.5 The Director of Integrated Commissioning confirmed that the needs analysis factored in people moving to Norfolk to retire however **agreed** to check whether it included population flow in and out of the County.
- 13.2.6 The Director of Integrated Commissioning reported Officers involved Borough and District Councils in planning for future care home needs by working with housing authorities to look at provision of care homes in their localities.

- 13.2.7 A report on adequacy of the assurance offer would be presented to the Executive Director of Adult Social Services. Intervention with care homes had been positive; 25 homes had been supported to improve their quality, over half of which had seen an improved rating.
- 13.2.8 It was suggested that Officers should discuss future care home development with planning authorities. Officers would address Planning Officers regarding the Council's planning obligations to include Adult Social Care functions.
- 13.2.9 The Head of Quality Assurance and Market Development advised that those wanting to set up a care home could contact the CQC (Care Quality Commission) for advice on appropriate sites, locations and planning applications; Officers would work with planning colleagues to advise them on good quality care home applications. He **agreed** to discuss this with the Vice-Chair after the meeting.
- 13.3.1 Mr Watkins **PROPOSED** to add to the recommendation that "the priorities for the framework include clearer outcomes for the people of Norfolk with a strong emphasis on quality assurance on the basis of it being co designed with services users and their carers for the wider community". This was seconded by Mrs Jones.
- 13.3.2 The Chairman felt this was not necessary as these issues were covered in the report.
- 13.3.3 With 5 votes in favour and 8 against the proposal was lost.
- 13.4 When taken together, with 8 votes for and 5 votes against the Committee:
- a) **AGREED** the strategic priorities for market shaping and development set out in the Commissioning and Market Shaping Framework 2017- 2020, as set out in 3.11.2 of the report;
 - b) **AGREED** to **DELEGATE** the development of sector plans in conjunction with providers & users of services based on the strategic priorities in the Framework.

14. NorseCare Contract review

- 14.1.1 The Committee considered the report analysing the current position of NorseCare, proposing new operating principles to inform changes to the transformation programme and revise the contract arrangement between the Council and NorseCare.
- 14.1.2 It was noted that NorseCare homes were in the top 10 in the Country for Good and Excellent CQC ratings and had a lower turnover than discussed at paragraph 12.2.
- 14.2.1 Findings in a recent Parliamentary Select Committee report regarding low rates paid at some Councils for residential care was raised. The Director of Integrated Commissioning confirmed that the cost of care exercise had identified a weekly rate of £468 for standard and £523 for residential care in Norfolk.
- 14.2.2 It was queried how the refreshed contract would take concerns of other providers about NorseCare legacy costs into account. The Executive Director of Adult Social Services felt it was key to ensure there was clarity around legacy costs, the bulk of which were made up by TUPE arrangements for staff and buildings related costs.
- 14.3 The Committee unanimously:
- **AGREED** the principles in Section 3 of the report; and
 - **DELEGATED** to the Executive Director of Adult Social Services a refresh of the NorseCare Contract based on the principles in Section 3 of the report.

15. Adult Social Care Finance Monitoring Report Period 6 (September) 2017-18

- 15.1.1 The Committee discussed the report providing Adult Social Care Committee financial monitoring information based on information to the end of September 2017.
- 15.1.2 The Finance Business Partner, Adult Social Services, had further information to add to the report:
“This Committee discussed and recommended budget saving proposals for 2018-22 in October. Policy and Resources Committee then considered the latest budget planning position for 2018-19 at its meeting on 30 October. This included the summary of all proposed savings from Service Committees and a revised forecast of the remaining budget gap for 2018-19, which is now £7.806m. Over the four year planning period, a gap of £63.351m remains to be closed. Officers continue to work following Policy and Resources Committee to develop the 2018-19 Budget and close the gap for next year, this will include consideration of the implications of the Autumn Budget (due 22 November 2017) and the Local Government Finance Settlement. Service Committees are not being asked to identify further savings, however in view of the remaining gap position for 2018-19, any change to planned savings or removal of proposals will require alternative savings to be identified.
Consultation has begun on £3.580m of savings for 2018-19 and the level of council tax for the year. Committees will receive feedback on the outcomes of the consultation in January 2018 to inform their budget setting decisions. In addition, Committees will need to consider the financial risks for their services that could affect the 2018-19 budget plans and any changes in the overall planning context for the Council.”
- 15.2.1 The Director of Integrated Commissioning gave an update on the increased spend on purchase of care discussed at the October 2017 meeting; a “dip-test” of 20 admissions showed admission was appropriate in these cases. Further work would be done to see if earlier preventative work could have aided delay or aversion of admission.
- 15.2.2 The Executive Director of Adult Social Services **agreed** to provide a further briefing on the contract reshaping for residential and home care capacity at a future meeting.
- 15.2.3 Mrs Jones discussed issues reported in the press from Care Providers who were concerned about closure due to the cost of back pay for sleep-in staff, and asked if the risk to Norfolk providers had been assessed. The Director of Integrated Commissioning clarified that the outcome of a legal case due in March 2018 would determine this; in the meantime all affected providers were being worked with on a case by case basis. There was financial provision to increase rates if needed. Mrs Jones requested a written answer to her question.
- 15.2.4 The Assistant Director of Social Work clarified that people who refused assessment or early intervention were recorded. There was statistical analysis of how many of these people ended up requiring hospital admission; this was something they would consider moving forward.
- 15.2.5 Most of the invest-to-improve plans highlighted in the improved Better Care Fund (BCF) would occur as 2 year pilots. Benefits and evidence would be evaluated and built on to explore what would be needed for the future.
- 15.3 The Committee unanimously **AGREED**:
- a) The forecast outturn position at Period 6 for the 2017-18 Revenue Budget of £261.313m;
 - b) The planned use of reserves;

c) The forecast outturn position at Period 6 for the 2017-18 Capital Programme.

16. Risk Management

16.1.1 The Committee received the report showing risks on an exception basis, as agreed at the Committee meeting in June 2017.

16.1.2 It was noted that the last two risks were missing from the risk register shown in the report; a hard copy including these risks was circulated, see appendix A.

16.2.1 The measures being taken to safeguard NCC from judicial review following the Cheshire West DoLS (Deprivation of Liberty Safeguards) ruling was queried; the Assistant Director, Social Work clarified that cases were prioritised, and highest risk cases dealt with first. Risks were mitigated but could not be completely removed. A briefing paper issued on the 1 November 2017 outlined new Liberty Protection Safeguards to replace DoLS and the final recommendations were being awaited.

- 16.3
- a) With 8 votes for and 5 against, the Committee **AGREED** to the addition of the new Risk RM023 which would replace RM020a and RM020b;
 - b) With 8 votes for and 5 against, the Committee **AGREED** to the removal of Risk RM020a/RM14079 and RM020b/RM0207 (as per recommendation a, above);
 - c) The Committee unanimously **AGREED** to change the prospect Risk score for Risk RM014b from red to green.

17. The Chairman announced that a Learning Disabilities member workshop on the future learning Disabilities Strategy would take place at 12 noon, and all members present at the meeting confirmed that they would be attending.

The meeting finished at 11:29 AM

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

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| Risk Register - Norfolk County Council | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|---|---------------------|-----------------|---------------------|--------------------|----------------|--------------------|----------------------------|---|---|---------------|-------------------|-------------|---|------------|----------------------------|------------------------------|------------|
| Risk Register Name | | Adult Social Care Departmental Risk Register | | | | | | | | | | | Red | | | | | | | | |
| Prepared by | | Sarah Rank and SMT | | | | | | | | | | | Amber | | | | | | | | |
| Date updated | | October 2017 | | | | | | | | | | | Green | | | | | | | | |
| Next update due | | January 2018 | | | | | | | | | | | Met | | | | | | | | |
| Service | Risk number | Risk name | Risk Description | Date entered on risk register | Original Likelihood | Original Impact | Original Risk Score | Current Likelihood | Current Impact | Current Risk Score | Tasks to mitigate the risk | Progress update | Target Likelihood | Target Impact | Target Risk Score | Target Date | Prospects of meeting Target Risk Score by Target Date | Risk Owner | Reviewed and/or updated by | Date of review and/or update | |
| C | Adults Services | RM023 | Failure to understand and act upon changes to demography, funding, and government policy, with particular regard to Adults Services. | There is a risk of failure to fully understand and act upon changes to demography, funding, and government policy. Cause: Changes to demography, funding, and government policy. Event: The Council fails to plan and adapt to change effectively for the future. Effect: Outcomes for Norfolk citizens may worsen. | 18/08/2017 | 5 | 5 | 25 | 4 | 5 | 20 | 1) Implementation of Promoting Independence Strategy. This strategy is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. The strategy aims to ensure that demand is understood and managed, and there is a sustainable model for the future. 2) As part of the strategy, a shift of spend towards targeted prevention, reablement services, enablement, and strengthened interim care. 3) Implementation of Better Care Fund plans which promote integration with the NHS and protect, sustain and improve the social care system. 4) A new set of NCC corporate priorities which aims to address longer-term demand management in children's and adult services. | 1) Promoting Independence change programme established. First set of change activities prioritised and agreed; robust and extended (to 5 years) target demand model in place to model scenarios and set volume and saving targets. 2) Business cases for change prioritised to address key shifts which need to be made; underpinned by and aligned to commissioning and de-commissioning. Critical enabler is embedding strengths-based practice. 3a) Initial plans for investment of additional Better Care Fund monies discussed with Health and Wellbeing Board; clear alignment with Promoting Independence and STP expectations. Significant delays in publication of national guidance on BCF which has delayed production of a local two year BCF Plan. When finalised this will include an Integration Plan with objectives linked to STP. 3b) Performance management arrangements for the BCF to provide additional assurance and progress on shared BCF targets including reablement, and reductions in residential care. 4) Analysis of workload patterns across adults social services; agreement by Adults committee to invest in additional social work capacity and recruitment launched. Critical enabler is embedding strengths-based practice; innovation site began on 12th September 2017, with two further sites to be rolled out. | 2 | 4 | 8 | 31/03/2030 | Amber | James Bullion | Debbie Bartlett | 05/10/2017 |
| C | Adult Social Care Committee | RM14079 and RM020a | Failure to meet the long term needs of Norfolk citizens | If the Council is unable to invest sufficiently to meet the increased demand for services it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local authorities may only have sufficient funding for Adult's and Children's care. E10 | 11/10/2012 | 5 | 5 | 25 | 4 | 5 | 20 | 1) Implementation of Promoting Independence Strategy. This strategy is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. The strategy aims to ensure that demand is understood and managed, and there is a sustainable model for the future. 2) As part of the strategy, a shift of spend towards targeted prevention, reablement services, enablement, and strengthened interim care. 3) Implementation of Better Care Fund plans which promote integration with the NHS and protect, sustain and improve the social care system. | 1) Promoting Independence change programme established. First set of change activities prioritised and agreed; robust and extended (to 5 years) target demand model in place to model scenarios and set volume and saving targets. 2) Business cases for change prioritised to address key shifts which need to be made; underpinned by and aligned to commissioning and de-commissioning. Critical enabler is embedding strengths-based practice. 3) Initial plans for investment of additional Better Care Fund monies discussed with Health and Wellbeing Board; clear alignment with Promoting Independence and STP expectations. Significant delays in publication of national guidance on BCF which has delayed production of a local two year BCF Plan. When finalised this will include an Integration Plan with objectives linked to STP. 3b) Performance management arrangements for the BCF to provide additional assurance and progress on shared BCF targets including reablement, and reductions in residential care. | 2 | 4 | 8 | ##### | Amber | James Bullion | Debbie Bartlett | 31/05/2017 |
| C | Adult Services (Lead Director) Shared Re-procurement of social care system for Adults, Children's and Finance Departments - | RM019 | Failure to deliver a new fit for purpose social care system on time and to budget. | A new Social Care system is critical to the delivery and efficiency of Adults and Children's Social Services. This is a complex project and the risk is the ability to deliver on time along with the restriction on making any system changes to the existing system (Carefirst) | 24/02/2016 | 4 | 5 | 20 | 3 | 5 | 15 | 1) Ensure effective governance is in place 2) Set up a project team to manage the project. 3) Determine go live dates for Adults Services, Children's Services, and Finance. 4) Deliver implementation of the new system 5) Complete User Acceptance and Data Migration Testing 6) Deliver change and training | 1) Clear governance is in place. The Project Sponsors are Janice Dane (Adults), Don Evans (Children's) and John Baldwin (Finance). This is overseen by CLT. A Programme Board has now been set up to replace JLAG (Joint Leadership Advisory Group) including the Directors of Adults, Children's and Finance and Commercial Services . 1b) There are weekly Joint Leadership Advisory Group (JLAG) Leads sessions with the Project Sponsors and the Project Team; and regular updates to Adults Committee and to CLT. 2) A core Project Team has been up and running since January 2016 (with strong practitioner involvement). A network of champions has been established in Adult Social Services and Children's Services. 3) Adults and Finance are planned to go live w/c 20 November 2017 and Children's and Finance in April 2018. 4) Delivery of implementation is proceeding in line with the plan. 5) The fourth and final round of User Acceptance Testing has been completed for Adults and Finance. No show stopping issues have been forecast against any of the acceptance criteria so the face to face training programme has been initiated. 6) ELearning invites have been sent out to all Adults CareFirst users and staff are generally achieving the required pass mark to proceed to face to face training. A significant number of staff have been scheduled in for the Face to Face training programme which is being initiated in five locations across the county from 2 October. Enrolment has run a little late due to the complexity of scheduling around 2,500 units of training with 1,500 staff to be delivered in a six week period. 7) A support helpdesk has been set on 2 October in a central location and is now preparing for go live. | 1 | 4 | 4 | 30/04/2018 | Green | James Bullion | Janice Dane | 13/10/2017 |

| Service | Risk number | Risk name | Risk Description | Date entered on risk register | Original Likelihood | Original Impact | Original Risk Score | Current Likelihood | Current Impact | Current Risk Score | Tasks to mitigate the risk | Progress update | Target Likelihood | Target Impact | Target Risk Score | Target Date | Prospects of meeting Target Risk Score by Target Date | Risk Owner | Reviewed and/or updated by | Date of review and/or update | |
|---------|------------------|-------------------|---|---|---------------------|-----------------|---------------------|--------------------|----------------|--------------------|---|--|--|---------------|-------------------|-------------|---|------------|----------------------------|------------------------------|------------|
| C | Adult's Services | RM014b | The savings to be made on Adult Social Services transport are not achieved. | The risk that the budgeted savings of £1.7m to be delivered by 31 March 2020 will not be achieved. | 04/11/2015 | 3 | 3 | 9 | 3 | 3 | 9 | 1) Whilst we have managed to achieve £0.487m of the budgeted savings, as we were unable to achieve the savings in full, the savings have been reprofiled to future years (2017/18 and 2019/20). 2) A review of transport is also taking place. 3) Transport Guidance has been updated in line with the revised transport policy 4) Refurbishment of a site in Thetford to provide day services and respite care to prevent people from having to travel long distances. 5) Under the Younger Adults of the Promoting Independence Workstream, we're developing a joint approach to disability and transition from Children's to Adults. 6) Exploring the use of an application to help with monitoring of the cost of transport. This application is currently being used by Children with Special Educational Needs. | 1) Adult Social Care Committee agreed on 4 September 2017 to amend the transport savings to £0.700m in 2018-19 (from £3m) and £1m in 2019-20 (from £0.800m) and that the difference of £2.1m in savings will be made through the purchase of care budget as a result of changes to patterns of care. 2) Titan training will be rolled out. Currently recruiting to ASS specific posts to enable more people to use public transport. 3) The revised Transport Guidance and Policy was agreed by ASC Committee on 6 March 2017 and shared with staff. This is being implemented for new service users now and for existing people at the point of review. This now links with the work on assessments and reviews as part of the Promoting Independence Programme. It appears that this is being embedded in working practices, given the forecast underspend on transport. 4) Planning application for Thetford Site has been agreed and the tender for the refurbishment is due to go out in the autumn. The building work is estimated to be completed by May 2018. The tender for care services will go out in the Autumn 2017. 5) This is currently being developed. We have carried out the fieldwork to understand the current transition process from Children's services to Adult services. We have taken a joint approach and carried out 50 interviews with senior stakeholders from children's services, adult services and health, as well as meeting with transition workers, team managers and other key staff from children with disability teams, looked after care teams, leaving Care teams, Adult LD, Adult mental health and adult Physical disability team. We have also engaged with NSFT Youth Service for their views, and will be | 2 | 2 | 4 | 31/03/2020 | Green | James Bullion | Janice Dane | 13/10/2017 |
| | | | | | | | | | | | incorporating the views of young people who have been through transition. We also made a visit to the Transition service used by Essex Social Services team, and learning from this will be incorporated into the overall review. Transition review interviews will be completed by early October and then an overview of the findings will be drawn up to be shared as part of a Transition planning workshop in early November. The output of this phase will be to draw up a current state report and to identify options to explore what a new service might look like. The plan is to complete this report by the end of December. | | | | | | | | | | |
| C | Adult's Services | RM0207 and RM020b | Failure to meet the needs of Norfolk citizens | If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. It is recommended that this risk is removed and replaced by RM023 | 01/04/2011 | 3 | 4 | 12 | 3 | 4 | 12 | 1) Implementation of Promoting Independence Strategy. This strategy is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. The strategy aims to ensure that demand is understood and managed, and there is a sustainable model for the future. 2) As part of the strategy, a shift of spend towards targeted prevention, reablement services, enablement, and strengthened interim care. 3) Implementation of Better Care Fund plans which promote integration with the NHS and protect, sustain and improve the social care system. | 1) IMT have developed the first version of a Transport application for use by Adult Social Services and Travel and Transport where you can see for each day centre where people are travelling from, whether they are travelling alone/with others and which day services other people charged to that budget code are going to. It is based on an application IMT developed for Children with Special Education Needs. The application looks useful, and provides a clearer picture of transport provision than analysing pages of reports. The department is checking the viewer application and it will be trialled with Business Support initially. | 2 | 4 | 8 | 31/03/2018 | Amber | James Bullion | Debbie Bartlett | 31/05/2017 |
| D | Finance | RM13926 | Failure to meet budget savings | If we do not meet our budget savings targets over the next three years it would lead to significant overspends in a number of areas. This would result in significant financial pressures across the Council and mean we do not achieve the expected improvements to our services | 30/04/2011 - | 3 | 5 | 15 | 4 | 5 | 20 | 1) Efficiency and savings targets are being managed through the Promoting Independence Programme Board and the Finance and Performance Board. 2) Monthly monitoring, locality team meetings and continued development of forecast to ensure timely focus on key budgets and any emerging issues 3) Norecare Liaison Board to develop and monitor delivery of savings related to the Norecare contract 4) County Council agreed budget for 2017-18 included investment and reprofiling of savings to future years 5) Senior and concerted focus on transforming the LD service. | 1) Promoting Independence programme of work refreshed and delivery plan developed. Target demand model complete and focussed work on entry points, processes for older people and younger adults, cross-cutting behavioural change and commissioning projects. 2) Finance and Performance Board have moved to a panel style approach providing senior management scrutiny along with locality finance meetings. Mid year close down undertaken to improve accuracy of forecast. 3) Work continues with Norecare to deliver savings. 4) Additional social care funding has been received and plans agreed by NCC and health partners. In addition to funding to support protection of social care and to support market stability, there are invest to save projects that will both support discharge from hospital and wider demand management. 5) Reshaped management of the LD service and dedicated younger adults workstream within the PI programme 6) Norfolk Future's programme in place, including Promoting Independence for vulnerable adults, smarter information and advice, towards a Norfolk housing strategy, Digital Norfolk, Commercialisation and Local Service Strategy. The programme will provide further support for delivery of savings. | 3 | 5 | 15 | 31/03/2018 | Red | James Bullion | Susanne Baldwin | 24/10/2017 |

| Service | Risk number | Risk name | Risk Description | Date entered on risk register | Original Likelihood | Original Impact | Original Risk Score | Current Likelihood | Current Impact | Current Risk Score | Tasks to mitigate the risk | Progress update | Target Likelihood | Target Impact | Target Risk Score | Target Date | Prospects of meeting Target Risk Score by Target Date | Risk Owner | Reviewed and/or updated by | Date of review and/or update | |
|---------|----------------------------------|-----------|--|--|-----------------------------------|-----------------|---------------------|--------------------|----------------|--------------------|----------------------------|--|---|---------------|-------------------|-------------|---|------------|----------------------------|------------------------------|------------|
| D | Locality and hospital teams | RM13931 | A rise in acute hospital admissions and discharges and pressure on acute services. | A significant rise in acute hospital admissions / services would certainly increase pressure and demand on Adult Social Care. Potential adverse impacts include rise in Delayed Transfers of Care (DTCs), pressure on Purchase of Care spend, assessment staff capacity and NCC reputation. | 30/06/2011 - revised 21/04/2016 - | 3 | 4 | 12 | 4 | 4 | 16 | <ol style="list-style-type: none"> 1) Integrated structure between NCC and NCHC allows AD's to make quick decisions and to flex resources to minimise impact. 2) Integration programme developing new approaches to reduce delays and prevent admissions 3) Daily participation in whole system escalation process. 4) DTOC Improvement Plan is now in place 5) Senior manager oversight of emerging issues. 6) Careful management of reputational risk. | <ol style="list-style-type: none"> 1) Daily Capacity mapped and monitored and given high priority. 2) Build on delivery in phase 2, real emphasis on where we can achieve most benefit to the individual receiving our services and link to the wider strategic agenda. Within Phase 3 we are concentrating on flow and capacity and working closely with the Promoting independence team to alter the bed based offer for short term placements. Also the introduction of accommodation based reablement beds across Norfolk will aid the flow from the acute and community hospitals and reduce strain on the purchase of care budget and assist the department to meet DTOC targets. 3) Work closely with health colleagues on silver calls. 4) The DTOC Improvement Plan includes weekly meetings to monitor the figures and to take action as required. 5) Director of Integrated Care coordinates senior manager oversight to effectively manage issues. 6) SMT presence at A&E delivery Board which helps to improve reputation. | 2 | 3 | 6 | 31/03/2018 | Amber | James Bullion | Lorraine Barrett | 13/10/2017 |
| D | SMT | RM14237 | Deprivation of Liberty Safeguarding | Following the Cheshire West ruling it has been identified that we're not meeting our responsibilities around Deprivation of Liberty Safeguards (DoLS). This could lead to us being judicially reviewed. | 08/05/2015 | 3 | 4 | 12 | 4 | 4 | 16 | <ol style="list-style-type: none"> 1) Reviewed staffing compliment 2) Reviewed processes and systems to ensure cases are dealt with in a timely manner. 3) Improved data quality and reporting to allow cases to be monitored. 4) Implementation of Liquid Logic may impact whilst staff become used to a new system. | <ol style="list-style-type: none"> 1) Limited DoH grant funds remain. Remaining Best Interest Assessor (BIA) post is only for 6 months. SCCE have therefore agreed to receive referrals from April 18. This will free up DoLS staff as they currently manage their own referral line. These staff will be used to undertake reviews on the outstanding work. 1b) Relief BIA employment is being sought and BIA staff on rota will be used to undertake review work. 2) Processes and systems are working well to manage priority decisions. 3) There is currently one legal challenge and two potential – but all are around objection to the DoLS and not NCC process. | 2 | 4 | 8 | 31/03/2018 | Red | Lorna Bright | Alison Simpkin | 12/10/2017 |
| D | Finance | RM14262 | The potential risk of shortfall between funding and pressures through integration of capital and revenue funding between the Council, health organisations and district councils | The integrated health and social care agenda has seen pooling of capital and revenue resources through the Better Care Fund and further policy drive to manage the transfer of people with learning disabilities from inpatient settings to community settings. There is a risk that this will have a negative impact on available resources for delivery of adult social care | 16/06/2016 | 3 | 5 | 15 | 3 | 5 | 15 | <ol style="list-style-type: none"> 1) Section 75 agreements to manage forward planning and joint arrangements 2) Partnership Boards in place attended by NCC. 3) Transforming Care Plan project in place and NCC involvement on all workstreams. 4) Introduction of the Improved Better Care Fund including planned use for additional social care grant. | <ol style="list-style-type: none"> 1) Section 75 agreements to be renewed for 17/18 once final allocations and detailed BCF guidance is received. 2) Consolidated Better Care Fund Programme Board is in place. BCF plans in place and signed off. 3) Transforming Care Plan programme in place and baseline completed. Progress achieved with moving people from inpatient settings to community placements. Further work completed on joint protocols, which have not been agreed. Work is progressing to develop criteria in line with operational processes. 4) The introduction of the Improved BCF from April 2017, including additional one-off funding for social care. Additional social care funding has been received and plans agreed by NCC and health partners. In addition to funding to support protection of social care and to support market stability, there are invest to save projects that will both support discharge from hospital and wider demand management. | 2 | 4 | 8 | 31/03/2019 | Amber | James Bullion | Susanne Baldwin | 24/10/2017 |
| D | Transformation | RM13923 | Risk of failing to deliver Promoting Independence, change programme for Adult Social Services in Norfolk | Promoting Independence Change Programme oversees and co-ordinates the linked change and transformation activities required to deliver the strategy. If we fail to deliver the programme this will lead to a failure in developing a sustainable model for adult social care and a failure to deliver a balanced budget | 30/04/2011 | 4 | 3 | 12 | 3 | 4 | 12 | <ol style="list-style-type: none"> 1) Robust programme management arrangements with properly resourced capacity and skills in place 2) Defined suite of business cases which are prioritised and sequenced to maximise impact and make best use of resources 3) Clear leadership from senior managers to sponsor and champion changes 4) Strong performance framework to measure and monitor the impact of change activities and to take action to address any issues | <ol style="list-style-type: none"> 1) Programme manager and four project managers now in place. 2) Business cases are being prepared on a priority basis and are presented to the Promoting Independence Board or SMT as required. 3) Workstream sponsors engaged and owning priorities. Temporary business lead roles appointed to the Programme. 4) Initial set of high level measures agreed – effectively a set of 'vital signs' for the programme. Requires targets to be set against these, and metrics disaggregated to workstream and project level. | 2 | 4 | 8 | 31/03/2018 | Amber | James Bullion | Debbie Bartlett | 13/10/2017 |
| D | Adult Social Services Department | RM 14261 | Staff behaviour and practice changes to deliver the Promoting Independence Strategy | A significant change in staff behaviour and social care practice is required to deliver the Promoting Independence Strategy. Failure to make the culture change needed across the workforce would greatly impact the transformation of the service and its ability to deliver associated budget savings' | 25/04/2016 | 3 | 5 | 15 | 3 | 4 | 12 | <ol style="list-style-type: none"> 1) Robust OD plan signed off by the PI Programme Board. 2) Reviewing staff supervision and process and training. 3) Management Development Programme for Team Managers and Practice Consultants will be rolled out throughout the year. | <ol style="list-style-type: none"> 1 - 3) Living Well – 3 Conversations work has started. Recruitment for additional social workers well under way. The Management Development Programme starts in November for Team Managers and Practice Consultants. | 2 | 4 | 8 | 31/03/2018 | Amber | James Bullion | Lucy Hohnen | 13/10/2017 |
| D | Support & Development | RM13925 | Lack of capacity in ICT systems | A lack of capacity in IT systems and services to support Adult Social Services delivery, in addition to the poor network capacity out into the County, could lead to a breakdown in services to the public or an inability of staff to process forms and financial information in for example Care First. | 30/04/2011 | 4 | 4 | 16 | 3 | 4 | 12 | <ol style="list-style-type: none"> 1) As part of the Business Continuity plan steps are in place to mitigate any system loss and downtime. 2) To ensure effective Integration, staff must have access to the relevant systems regardless of where they are located. Please also refer to Risk RM019 | <ol style="list-style-type: none"> 1) Recovery steps are outlined in the Business Continuity plan. These are always reviewed following any serious incidents and updated where necessary. 2) ICT Capacity and solutions for integrated working are discussed at the Integration Programme Board. Issues are being progressed as a key priority. NCHC staff now have access to NCC Outlook calendars. We are working with NCHC to arrange NCC staff having access to NCHC Outlook calendars. | 3 | 2 | 6 | 31/03/2018 | Amber | James Bullion | Sarah Rank | 13/10/2017 |

| Service | Risk number | Risk name | Risk Description | Date entered on risk register | Original Likelihood | Original Impact | Original Risk Score | Current Likelihood | Current Impact | Current Risk Score | Tasks to mitigate the risk | Progress update | Target Likelihood | Target Impact | Target Risk Score | Target Date | Prospects of meeting Target Risk Score by Target Date | Risk Owner | Reviewed and/or updated by | Date of review and/or update | |
|---------|-------------------------------------|-----------|---|---|---------------------------------|-----------------|---------------------|--------------------|----------------|--------------------|----------------------------|--|--|---------------|-------------------|-------------|---|------------|----------------------------|------------------------------|------------|
| D | Information Management | RM14085 | Failure to follow data protection procedures | Failure to follow data protection procedures can lead to loss or inappropriate disclosure of personal information resulting in a breach of the Data Protection Act and failure to safeguard service users and vulnerable staff, monetary penalties, prosecution and civil claims. | 30/09/2011 | 3 | 5 | 15 | 3 | 4 | 12 | 1) New staff not allowed computing access until they have completed the data protection and information security e-learning courses. 2) Mandatory refresher training and monitoring rates of completion of training. 3) Monthly reports to CLT around data breaches 4) An Information Compliance Group (with representation across each department) meet on a bi-monthly basis and reports back any issues to the Information Management Board. 5) Changes to Data Protection rules will come into effect in May 2018 - we are working closely with Information Management to ensure all of our policies and procedures are compliant. | 2) Reminders to individual staff to complete Data Protection e-Learning courses are sent out and managers are informed of staff who have not completed the e-learning course. The refresher e-learning course has now moved from every three year's to two year's in line with guidance received from the ICO. | 1 | 3 | 3 | 31/03/2018 | Green | Lorna Bright | Sarah Rank | 13/10/2017 |
| D | Adult Social Services Commissioning | RM14290 | Negative outcome of the Judicial Review into fee uplift to care providers | A successful Judicial Review being brought by a group of residential care providers may result in additional costs which were not anticipated in budget planning for the year. | 07/09/2015 | 3 | 4 | 12 | 3 | 4 | 12 | 1) Following the Older People residential and nursing care cost of care exercise and consultation process, the outcome and revised usual prices was recommended to the Adult Social Care Committee on 29th April 2016 and implemented. 2) Ongoing work with the market to discuss annual increases to fees | 1) The 2017/18 uplifts were recommended to Committee and implemented following consultation 2) Project in place to review working age adults fee framework 3) Discussion around increase to fees with market to understand cost implications and pressures. Recommendations will be reported to Committee in January alongside budget planning proposals. | 1 | 4 | 4 | 31/03/2018 | Amber | James Bullion | Susanne Baldwin | 24/10/2017 |
| D | Adult Social Services Commissioning | RM14247 | Failure in the care market | The council contracts with independent care services for over £200m of care services. Risk of failure in care services would mean services are of inadequate quality or that the necessary supply is not available. The council has a duty under the Care Act to secure an adequate care market. If services fail the consequence may be risk to safeguarding of vulnerable people. Market failure may be faced due to provider financial problems, recruitment difficulties, decisions by providers to withdraw from provision, for example. Further reductions in funding for Adult Social Care significantly increases the risk of business failure. | 07/09/2015 | 4 | 3 | 12 | 4 | 3 | 12 | 1) A Quality Assurance Framework in place which provides a risk based approach to the market of care services, collating intelligence from a range of sources and triangulating to identify services for targeted intervention 2) Prioritising care workforce capacity within the learning and development programme 3) Revision of a market failure protocol based on established good practice 4) Liaison with Care Quality Commission to engage with their work with Norfolk care services 5) Procuring new domiciliary care contracts 6) Appropriate investment in the care market 7) Effective management of market failure | 2) A recruitment and retention project is underway which was launched in March 17. 2b) New real time quality (risk) dashboard produced 3) Market resilience strategy under development 4) Refreshed working arrangements with CQC 4b) Revised and improved carers service that will support informal carers - being procured for delivery in Sept 17. 5) New 'patch' based contracts procured in the North, East and West of the county with a roll out to Norwich and South during 2017. 6) Stabilisation of provider market and channelling of investment proposed as part of the improved Better Care Fund. 7) Provider engagement and dialogue included in the 'cost of care' exercise which will support accurate identification of costs of provision and ensure investment targeted appropriately | 2 | 3 | 6 | 31/03/2018 | Amber | Sera Hall | Steve Holland | 31/05/2017 |
| D | Adult Social Services Commissioning | RM 14260 | Failure of the care market (through the independent providers) due to difficulties in recruiting staff into the sector. | The council invests over £54m through approximately 120 independent providers in provision of homecare to over 4000 vulnerable people at any one time. Failure of the care market (through the independent providers) due to problems recruiting staff into the sector may result in a risk to safeguarding of vulnerable people, delays in discharging people from hospital and inappropriate admissions to hospitals and care homes. Problems recruiting into and retaining care workers in the care sector are particularly acute in the west and north of the county but are experienced across the county as a whole. | 16/05/2016 | 4 | 4 | 16 | 4 | 3 | 12 | 1) A Quality Assurance Framework provides a risk based approach to the market of care services 2) Ensure robust procurement processes that ensure providers cost provision adequately 3) Work with providers, workforce professionals and other partners to develop and implement a workforce development plan and to ensure workforce terms and conditions are equitable 4) Development of a care contingency network and emergency provision 5) Clear communication needed with the market to publicise areas of need and future commissioning intentions | 2) Market testing conducted using open technique (providers set bid price) 3) An executive board has been created to take responsibility for the promotion and delivery of a sector skills action plan and this includes a clear accountability structure with named leads for each priority 3b) Inclusion of Unison Ethical Care Charter in all new Home support contracts 3c) We have a website for care workers which includes information and advice around the caring profession. There is also a recruitment portal for providers to advertise vacancies and a promotional campaign in order to make the profession more attractive. 4) Plans to develop and implement resilience measures including emergency provision are being developed and will be proposed to SMT 5) Market Position Statement for 2017/18 complete. | 2 | 3 | 6 | 31/03/2018 | Amber | Sera Hall | Steve Holland | 31/05/2017 |
| D | Integration | RM13936 | Potential for integration to adversely affect delivery of statutory responsibilities or impact on reputation | Pressure on integrated staff could have an adverse impact on joint teams regarding capacity and take them away from departmental priorities impacting on reputation / ability to deliver. | 30/06/2011 - revised 18/04/2016 | 3 | 5 | 15 | 2 | 5 | 10 | 1) Pressure closely monitored by AD's and escalated to Director Integrated Services. 2) Integration Programme Board monitors and considers implications and costs across both organisations. 3) Issues can be escalated to S75 Monitoring Board (membership includes Committee Chair and Executive Director) for resolution. | 1) SMIT (Senior Managers Integration Team) regularly discuss capacity issues and take action. 3) Issues are escalated as and when necessary. | 1 | 5 | 5 | 31/03/2018 | Green | James Bullion | Lorraine Barrett | 13/10/2017 |

| Service | Risk number | Risk name | Risk Description | Date entered on risk register | Original Likelihood | Original Impact | Original Risk Score | Current Likelihood | Current Impact | Current Risk Score | Tasks to mitigate the risk | Progress update | Target Likelihood | Target Impact | Target Risk Score | Target Date | Prospects of meeting Target Risk Score by Target Date | Risk Owner | Reviewed and/or updated by | Date of review and/or update | |
|---------|--|-----------|--|---|---------------------|-----------------|---------------------|--------------------|----------------|--------------------|----------------------------|--|--|---------------|-------------------|-------------|---|------------|----------------------------|------------------------------|------------|
| D | Adult Social Services Department - Commissioning | RM14238 | Failure in our responsibilities towards carers. | The failure of Adult Social Services to meet its statutory duties under the Care Act will result in poorer outcomes for service users and have a negative impact on our reputation. Funding reductions by health and other partners may adversely impact on provision of countywide carers services | 27/05/2015 | 2 | 3 | 6 | 2 | 3 | 6 | 1) Co-production with providers and users of service resulted in revised carers services specification 2) Maintaining existing health investment in commissioned services 3) Strong engagement and dialogue with Carers Council 4) Competitive procurement of Carers Service to deliver in Sept 2017 5) Proposed investment as part of the improved Better Care Fund for enhanced support for carers. 6) Review of our offer to carers around respite, direct payments and commissioned services. | 1-5) A tender process is now complete and a new service was put into place on 1/10/17. 6) A review of the respite policy has being considered by SMT and is now being developed further. | 1 | 1 | 1 | 31/03/2018 | Amber | Sera Hall | Emma Bugg | 13/10/2017 |
| D | Transformation | RM14149 | Impact of the Care Act | Impact of the Social Care Act/Changes in Social Care funding (significant increase in number of people eligible for funding, increase in volume of care - and social care - and financial assessments, potential increase in purchase of care expenditure, reduction in service user contributions) | 27/11/2013 | 4 | 3 | 12 | 1 | 5 | 5 | 1) Project for Implementation of the Care Act. Ensure processes and resources in place to deliver Government requirements. Estimate financial implications. 2) Keep NCC Councillors informed of issues and risks. | 1) Project delivered necessary changes for April 2015 (part one of the Care Act). On 17 July 2015 the Government announced that Part Two of the Care Act is deferred until 2020. 2) ASC Committee members agreed to keep this on the risk register until government guidance was clearer. No further information has been received from Government. | 1 | 3 | 3 | 31/03/2020 | Green | Janice Dane | Janice Dane | 13/10/2017 |
| D | Safeguarding | RM14287 | Potential failure to meet the needs and safeguarding of adults in Norfolk. | There is a national risk that Adults Social Service do not provide adequate safeguarding controls. | 14/12/2016 | 2 | 5 | 10 | 2 | 5 | 10 | 1) Multiagency Safeguarding Policy & Local Procedures in place. 2) Adults Safeguarding Board in place. 3) Delivery of Safeguarding training to providers. 4) Appropriate checks / vetting of staff. 5) Serious case reviews actioned where appropriate. 6) Any recommendations made by Safeguarding Adults Review's (SAR's) are monitored by the Safeguarding Adults Review Group and also disseminated 1/4ly to all managers via the Quarterly Managers Forum (QMF). | 1) Multiagency safeguarding policy and procedure refreshed and updated by the Learning, Improvement and Policy sub group of the Norfolk Safeguarding Adults Board (NSAB). Now published on the NSAB and publicised among partners. 2) Board is well established and has an independent chair. 3) Specific training for providers is delivered (at a cost) via the commissioned training provider, St Thomas'. The NSAB can also signpost providers to safeguarding training. 4) Enhanced DBS checks are carried out for all customer-facing staff in ASSD. 5) ASSD has a representative on the multiagency Safeguarding Adult's Review (SAR) Group and the group is attended by NPLaw. There is a robust process in place for evaluating cases referred to the SAR Group against the SAR criteria. Claire Crawley (Senior Policy Advisor for the Department of Health) has visited the NSAB and has given advice on the interpretation of the SAR criteria and the importance of identifying and actioning learning. 6) The SAR Group holds and monitors action plans for each SAR and is developing a thematic approach. They also have a standing item on the NSAB agenda to update the board on progress with actions, and any forthcoming reviews. The Head of Service (for Safeguarding) presents learning from SARs and reviews this alongside the relevant locality Assistant Director/Head of Operations. The learning is used as a platform for a more detailed look at a particular theme for ASSD. | 2 | 4 | 8 | 31/03/2018 | Green | Lorna Bright | Helen Thacker | 13/10/2017 |

Adult Social Care Committee

Item No.

| | |
|---|---|
| Report title: | Risk Management |
| Date of meeting: | 15 January 2018 |
| Responsible Chief Officer: | James Bullion, Executive Director of Adult Social Services |
| Strategic impact Monitoring risk management and the departmental risk register helps the Committee undertake some of its key responsibilities and provides contextual information for many of the decisions that are taken. | |

Executive summary

At the Committee in June 2017, we agreed to bring the Risk report on an exception basis, ie where there had been any significant changes. A significant change can be defined as any of the following;

- A new risk
- A closed risk
- A change to the risk score
- A change to the risk title or description (where significantly altered).

Since the last Committee meeting the risk register has been reviewed by the Senior Management Team who have agreed to adding a new departmental risk around Delayed Transfers of Care (DToC). This new risk has been numbered as RM14314.

Recommendations:

Committee Members are asked to:

- a) **Agree to the addition of the new Risk RM14314.**
- b) **Consider if any further action is required**

1. Proposal

- 1.1 The Adult Social Care Risk Register has been reviewed in conjunction with the Risk Management Officer and the Senior Management Team. This report provides Members with an update on changes to the risk register which have occurred since this was last reported to Committee in November.
- 1.2 The Senior Management Team (SMT) have agreed to adding a new risk to the register around DToC. Whilst there has been reference to DToC within other risks on the register, SMT felt that in view of the current situation around this area, DToC should be identified as a risk within its own right.

2. Evidence

- 2.1 The Adult Social Services departmental risk register reflects both corporate and departmental key business risks that need to be managed by the Senior Management Team and which, if not managed appropriately, could result in the service failing to achieve one or more of its key objectives and/or suffering a financial loss or reputational

damage. The risk register is a dynamic document that is regularly reviewed and updated in accordance with the Council's "Well Managed Risk – Management of Risk Framework".

- 2.2 A clear focus on strong risk management is necessary as it provides an essential tool to ensure the successful delivery of our strategic and operational objectives. The Business Development Manager meets regularly with the Risk Management Officer to provide an update on each of the risks contained within the risk register.

3. Risk Register

- 3.1 Each risk score is expressed as a multiple of the impact and the likelihood of the event occurring:
- a) Original risk score – the level of risk exposure before any action is taken to reduce the risk when the risk was entered on the risk register
 - b) Current risk score – the level of risk exposure at the time the risk is reviewed by the risk owner, taking into consideration the progress of the mitigation tasks
 - c) Target risk score – the level of risk exposure that we are prepared to tolerate following completion of all the mitigation tasks
- 3.2 In accordance with the Risk Matrix and Risk Tolerance Level set out within the current Norfolk County Council "Well Managed Risk - Management of Risk Framework", four risks are reported as "High" (risk score 16–25) and 14 as "Medium" (risk score 6–15) and one as "Low" (risk score 1-5). A copy of the Risk Matrix and Tolerance Levels appears at **Appendix B**.
- 3.3 The prospects of meeting target scores by the target dates are a reflection of how well mitigation tasks are controlling the risk. It is also an early indication that additional resources and tasks or escalation may be required to ensure that the risk can meet the target score by the target date. The position is visually displayed for ease in the "Prospects of meeting the target score by the target date" column as follows:
- a) Green – the mitigation tasks are on schedule and the risk owner considers that the target score is achievable by the target date
 - b) Amber – one or more of the mitigation tasks are falling behind and there are some concerns that the target score may not be achievable by the target date unless the shortcomings are addressed
 - c) Red – significant mitigation tasks are falling behind and there are serious concerns that the target score will not be achieved by the target date and the shortcomings must be addresses and/or new tasks are introduced
- 3.4 The current risks are those identified against the departmental objectives for 2017/18 and have been reviewed for this report.

4. Attachments

- 4.1 **Appendix A** provides Committee members with the full departmental risk register including Adult Social Care corporate risks.
- Appendix B** provides Members with a Risk Matrix, showing where the risks sit on the risk spectrum from 1 (lowest possible score) to 25 (highest possible score).

5. Financial Implications

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

6. Issues, risks and innovation

6.1 There are no other significant issues, risks and innovations arising from this Risk Management report.

7. Recommendations

7.1 **Committee Members are asked to:**

- a) **Agree to the addition of the new Risk RM14314.**
- b) **Consider if any further action is required**

Officer Contact

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

| Officer name : | Email address : | Tel No. : |
|-----------------------|--|------------------|
| Sarah Rank | sarah.rank@norfolk.gov.uk | 01603 222054 |



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

Risk Register - Norfolk County Council

| Risk Register Name | | Adult Social Care Departmental Risk Register | | | | | | | | | | | Red | | | | | | | |
|--------------------|---|--|--|-------------------------------|---------------------|-----------------|---------------------|--------------------|----------------|--------------------|--|---|-------------------|---------------|-------------------|-------------|---|---------------|----------------------------|------------------------------|
| Prepared by | | Sarah Rank and SMT | | | | | | | | | | | Amber | | | | | | | |
| Date updated | | December 2017 | | | | | | | | | | | Green | | | | | | | |
| Next update due | | | | | | | | | | | | | Met | | | | | | | |
| Service | Risk number | Risk name | Risk Description | Date entered on risk register | Original Likelihood | Original Impact | Original Risk Score | Current Likelihood | Current Impact | Current Risk Score | Tasks to mitigate the risk | Progress update | Target Likelihood | Target Impact | Target Risk Score | Target Date | Prospects of meeting Target Risk Score by Target Date | Risk Owner | Reviewed and/or updated by | Date of review and/or update |
| C | Adults Services | RM023 | Failure to understand and act upon changes to demography, funding, and government policy. Cause: Changes to demography, funding, and government policy. Event: The Council fails to plan and adapt to change effectively for the future. Effect: Outcomes for Norfolk citizens may worsen. | 18/08/2017 | 5 | 5 | 25 | 4 | 5 | 20 | 1) Implementation of Promoting Independence Strategy. This strategy is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. The strategy aims to ensure that demand is understood and managed, and there is a sustainable model for the future. 2) As part of the strategy, a shift of spend towards targeted prevention, reablement services, enablement, and strengthened interim care. 3) Implementation of Better Care Fund plans which promote integration with the NHS and protect, sustain and improve the social care system. 4) A new set of NCC corporate priorities which aims to address longer-term demand management in children's and adult services. | 1) Promoting Independence change programme established. First set of change activities prioritised and agreed; robust and extended (to 5 years) target demand model in place to model scenarios and set volume and saving targets. 2) Business cases for change prioritised to address key shifts which need to be made; underpinned by and aligned to commissioning and de-commissioning. Critical enabler is embedding strengths-based practice. 3a) Initial plans for investment of additional Better Care Fund monies discussed with Health and Wellbeing Board; clear alignment with Promoting Independence and STP expectations. Significant delays in publication of national guidance on BCF which has delayed production of a local two year BCF Plan. When finalised this will include an Integration Plan with objectives linked to STP. 3b) Performance management arrangements for the BCF to provide additional assurance and progress on shared BCF targets including reablement, and reductions in residential care. 4) Analysis of workload patterns across adults social services; agreement by Adults committee to invest in additional social work capacity and recruitment launched. Critical enabler is embedding strengths-based practice; innovation site began on 12th September 2017, with two further sites to be rolled out. | 2 | 4 | 8 | 31/03/2020 | Amber | James Bullion | Debbie Bartlett | 05/12/2017 |
| C | Adult Services (Lead Director) Shared Re-procurement of social care system for Adults, Children's and Finance Departments - | RM019 | Failure to deliver a new fit for purpose social care system on time and to budget. | 24/02/2016 | 4 | 5 | 20 | 3 | 5 | 15 | 1) Ensure effective governance is in place 2) Set up a project team to manage the project. 3) Determine go live dates for Adults Services, Children's Services, and Finance. 4) Deliver implementation of the new system 5) Complete User Acceptance and Data Migration Testing 6) Deliver change and training | 1a) Clear governance is in place. The Project Sponsors are Janice Dane (Adults), Debby McKechnie (Children's) and John Baldwin (Finance). This is overseen by CLT: a Programme Board was set up to replace JLAG (Joint Leadership Advisory Group) including the Directors of Adults, Children's and Finance and Commercial Services. 1b) There are weekly Joint Leadership Advisory Group (JLAG) Lead sessions with the Project Sponsors and the Project Team; and regular updates to Adults Committee and to CLT. 2) A core Project Team has been up and running since January 2016 (with strong practitioner involvement). A network of champions has been established in Adult Social Services and Children's Services. 3) Adults and Finance successfully went live on 22 November 2017 and Children's and Finance are planned to go live in March 2018. 4) Delivery of implementation is proceeding in line with the plan. Adults and Finance Go Live - Considering the scale of the change that has happened, requiring some significant changes to behaviours in staff and managers, this process has been relatively smooth. Payment and billing runs have been made from the system and approximately 70 providers are using the Provider Portal. A support helpdesk is up and running in a central location. 5) Children's and Finance -For the social care and early help part of the system the third round of testing was completed on 21 November and for the finance part of the system the iterative cycle of build and test will continue until mid-December. The Children's half of the programme is approaching the implementation phase once the fourth round of testing is completed in mid-January 2018. After this point the class room training will commence, the dry run of the go live process will be completed with the go live and manual migration work will commence w/c 19 March. 6) Final preparations are underway to set-up the e-learning and training enrolment process for Children's. | 1 | 4 | 4 | 30/04/2018 | Green | James Bullion | Janice Dane | 05/12/2017 |
| C | Adult's Services | RM014b | The savings to be made on Adult Social Services transport are not achieved. | 04/11/2015 | 3 | 3 | 9 | 3 | 3 | 9 | 1) Whilst we have managed to achieve £0.487m of the budgeted savings, as we were unable to achieve the savings in full, the savings have been reprofiled to future years (2017/18 and 2019/20). 2) A review of transport is also taking place. 3) Transport Guidance has been updated in line with the revised transport policy 4) Refurbishment of a site in Thetford to provide day services and respite care to prevent people from having to travel long distances. 5) Under the Younger Adults of the Promoting Independence Workstream, we're developing a joint approach to disability and transition from Children's to Adults. 6) Exploring the use of an application to help with monitoring of the cost of transport. This application is currently being used by Children with Special Educational Needs. | 1) Adult Social Care Committee agreed on 4 September 2017 to amend the transport savings to £0.700m in 2018-19 (from £3m) and £1m in 2019-20 (from £0.800m) and that the difference of £2.1m in savings will be made through the purchase of care budget as a result of changes to patterns of care. 2) Travel Independence Training Across the Nation (Titan) training is being rolled out. Have recruited to ASS specific posts to enable more people to use public transport. 3) The revised Transport Guidance and Policy was agreed by ASC Committee on 6 March 2017 and shared with staff. This is being implemented for new service users now and for existing people at the point of review. This now links with the work on assessments and reviews as part of the Promoting Independence Programme. It appears that this is being embedded in working practices, given the forecast underspend on transport. 4) The department has been advised that there is potentially scope for the development of the Elm Road site on a bigger scale. In light of this, the review of Learning Difficulties day services and the potential new opportunities this could lead to, the department is reviewing the Elm Road project. 5) This is currently being developed. We have carried out the fieldwork to understand the current transition process from Children's services to Adult services. We have taken a joint approach and carried out 50 interviews with senior stakeholders from children's services, adult services and health, as well as meeting with transition workers, team managers and other key staff from children with disability teams, looked after care teams, leaving Care teams, Adult LD, Adult mental health and adult Physical disability team. | 2 | 2 | 4 | 31/03/2020 | Green | James Bullion | Janice Dane | 05/12/2017 |

| Service | Risk number | Risk name | Risk Description | Date entered on risk register | Original Likelihood | Original Impact | Original Risk Score | Current Likelihood | Current Impact | Current Risk Score | Tasks to mitigate the risk | Progress update | Target Likelihood | Target Impact | Target Risk Score | Target Date | Prospects of meeting Target Risk Score by Target Date | Risk Owner | Reviewed and/or updated by | Date of review and/or update | | | | | | | | |
|---------|-----------------------------|-----------|--|--|-------------------------------|-----------------|---------------------|--------------------|----------------|--------------------|----------------------------|---|---|---------------|-------------------|-------------|---|------------|----------------------------|------------------------------|------------|--|--|--|--|--|--|------------|
| | | | | | | | | | | | | We have also engaged with NSFT Youth Service for their views, and will be incorporating the views of young people who have been through transition. We also made a visit to the Transition service used by Essex Social Services team, and learning from this will be incorporated into the overall review. Transition review interviews will be completed by early October and then an overview of the findings will be drawn up to be shared as part of a Transition planning workshop in early November. The aim of this workshop is to look at the key findings and plan options going forward. The output of this phase will be to draw up a current state report and to identify options to explore what a new service might look like. The plan is to complete this report by the end of December. 6) IMT have developed the first version of a Transport application for use by Adult Social Services and Travel and Transport where you can see for each day centre where people are travelling from, whether they are travelling alone/with others and which day services other people charged to that budget code are going to. It is based on an application IMT developed for Children with Special Education Needs. The application looks useful, and provides a clearer picture of transport provision than analysing pages of reports. The department is checking the viewer application and it will be trialled with Business Support initially. | | | | | | | | | | | | | | | | 05/12/2017 |
| D | Finance | RM13926 | Failure to meet budget savings | If we do not meet our budget savings targets over the next three years it would lead to significant overspends in a number of areas. This would result in significant financial pressures across the Council and mean we do not achieve the expected improvements to our services | 30/04/2011 | 3 | 5 | 15 | 4 | 5 | 20 | 1) Efficiency and savings targets are being managed through the Promoting Independence Programme Board and the Finance and Performance Board. 2) Monthly monitoring, locality team meetings and continued development of forecast to ensure timely focus on key budgets and any emerging issues 3) Norsecare Liaison Board to develop and monitor delivery of savings related to the Norsecare contract 4) County Council agreed budget for 2017-18 included investment and reprofiling of savings to future years 5) Senior and concerted focus on transforming the LD service. | 1) Promoting Independence programme of work refreshed and delivery plan developed. Target demand model complete and focussed work on entry points, processes for older people and younger adults, cross-cutting behavioural change and commissioning projects. 2) Finance and Performance Board have moved to a panel style approach providing senior management scrutiny along with locality finance meetings. Mid year close down undertaken to improve accuracy of forecast. 3) Work continues with Norsecare to deliver savings. 4) Additional social care funding has been received and plans agreed by NCC and health partners. In addition to funding to support protection of social care and to support market stability, there are invest to save projects that will both support discharge from hospital and wider demand management. 5) Reshaped management of the LD service and dedicated younger adults workstream within the PI programme 6) Norfolk Future's programme in place, including Promoting Independence for vulnerable adults, smarter information and advice, towards a Norfolk housing strategy, Digital Norfolk, Commercialisation and Local Service Strategy. The programme will provide further support for delivery of savings. | 3 | 5 | 15 | 31/03/2018 | Red | James Bullion | Susanne Baldwin | 05/12/2017 | | | | | | | |
| D | Locality and hospital teams | RM13931 | A rise in acute hospital admissions and discharges and pressure on acute services. | A significant rise in acute hospital admissions / services would certainly increase pressure and demand on Adult Social Care. Potential adverse impacts include rise in Delayed Transfers of Care (DTOCs), pressure on Purchase of Care spend, assessment staff capacity and NCC reputation. | 30/06/2011 revised 21/04/2016 | 3 | 4 | 12 | 4 | 4 | 16 | 1) Integrated structure between NCC and NCHC allows AD's to make quick decisions and to flex resources to minimise impact. 2) Integration programme developing new approaches to reduce delays and prevent admissions 3) Daily participation in whole system escalation process. 4) DTOC Improvement Plan is now in place 5) Senior manager oversight of emerging issues. 6) Careful management of reputational risk. | 1) Daily Capacity mapped and monitored and given high priority. 2) Build on delivery in phase 2, real emphasis on where we can achieve most benefit to the individual receiving our services and link to the wider strategic agenda. Within Phase 3 we are concentrating on flow and capacity and working closely with the Promoting independence team to alter the bed based offer for short term placements. Also the introduction of accommodation based reablement beds across Norfolk will aid the flow from the acute and community hospitals and reduce strain on the purchase of care budget and assist the department to meet DTOC targets. 3) Work closely with health colleagues on silver calls. 4) The DTOC Improvement Plan includes weekly meetings to monitor the figures and to take action as required. 5) Director of Integrated Care coordinates senior manager oversight to effectively manage issues. 6) SMT presence at A&E delivery Board which helps to improve reputation. | 2 | 3 | 6 | 31/03/2018 | Amber | James Bullion | Lorraine Barrett | 05/12/2017 | | | | | | | |
| D | SMT | RM14237 | Deprivation of Liberty Safeguarding | Following the Cheshire West ruling it has been identified that we're not meeting our responsibilities around Deprivation of Liberty Safeguards (DoLS). This could lead to us being judicially reviewed. | 08/05/2015 | 3 | 4 | 12 | 4 | 4 | 16 | 1) Reviewed staffing compliment 2) Reviewed processes and systems to ensure cases are dealt with in a timely manner. 3) Improved data quality and reporting to allow cases to be monitored. 4) Implementation of Liquid Logic may impact whilst staff become used to a new system. | 1) Limited DoH grant funds remain. Remaining Best Interest Assessor (BIA) post is only for 6 months. SCCE have therefore agreed to receive referrals from April 18. This will free up DoLS staff as they currently manage their own referral line. These staff will be used to undertake reviews on the outstanding work. 1b) Relief BIA employment is being sought and BIA staff on rota will be used to undertake review work. 2) Processes and systems are working well to manage priority decisions. 3) There is currently one legal challenge and two potential – but all are around objection to the DoLS and not NCC process. | 2 | 4 | 8 | 31/03/2018 | Red | Lorna Bright | Alison Simpkin | 05/12/2017 | | | | | | | |
| D | Finance | RM14262 | The potential risk of shortfall between funding and pressures through integration of capital and revenue funding between the Council, health organisations and district councils | The integrated health and social care agenda has seen pooling of capital and revenue resources through the Better Care Fund and further policy drive to manage the transfer of people with learning disabilities from inpatient settings to community settings. There is a risk that this will have a negative impact on available resources for delivery of adult social care | 16/06/2016 | 3 | 5 | 15 | 3 | 5 | 15 | 1) Section 75 agreements to manage forward planning and joint arrangements 2) Partnership Boards in place attended by NCC. 3) Transforming Care Plan project in place and NCC involvement on all workstreams. 4) Introduction of the Improved Better Care Fund including planned use for additional social care grant. | 1) Section 75 agreements to be renewed for 17/18 once final allocations and detailed BCF guidance is received. 2) Consolidated Better Care Fund Programme Board is in place. BCF plans in place and signed off. 3) Transforming Care Plan programme in place and baseline completed. Progress achieved with moving people from inpatient settings to community placements. Further work completed on joint protocols, which have not been agreed. Work is progressing to develop criteria in line with operational processes. 4) The introduction of the Improved BCF from April 2017, including additional one-off funding for social care. Additional social care funding has been received and plans agreed by NCC and health partners. In addition to funding to support protection of social care and to support market stability, there are invest to save projects that will both support discharge from hospital and wider demand management. | 2 | 4 | 8 | 31/03/2019 | Amber | James Bullion | Susanne Baldwin | 05/12/2017 | | | | | | | |
| D | Transformation | RM13923 | Risk of failing to deliver Promoting Independence, change programme for Adult Social Services in Norfolk | Promoting Independence Change Programme oversees and co-ordinates the linked change and transformation activities required to deliver the strategy. If we fail to deliver the programme this will lead to a failure in developing a sustainable model for adult social care and a failure to deliver a balanced budget | 30/04/2011 | 4 | 3 | 12 | 3 | 4 | 12 | 1) Robust programme management arrangements with properly resourced capacity and skills in place 2) Defined suite of business cases which are prioritised and sequenced to maximise impact and make best use of resources 3) Clear leadership from senior managers to sponsor and champion changes 4) Strong performance framework to measure and monitor the impact of change activities and to take action to address any issues | 1) Programme manager and four project managers now in place. 2) Business cases are being prepared on a priority basis and are presented to the Promoting Independence Board or SMT as required. 3) Workstream sponsors engaged and owning priorities. Temporary business lead roles appointed to the Programme. 4) Initial set of high level measures agreed – effectively a set of 'vital signs' for the programme. Requires targets to be set against these, and metrics disaggregated to workstream and project level. | 2 | 4 | 8 | 31/03/2018 | Amber | James Bullion | Debbie Bartlett | 05/12/2017 | | | | | | | |

| Service | Risk number | Risk name | Risk Description | Date entered on risk register | Original Likelihood | Original Impact | Original Risk Score | Current Likelihood | Current Impact | Current Risk Score | Tasks to mitigate the risk | Progress update | Target Likelihood | Target Impact | Target Risk Score | Target Date | Prospects of meeting Target Risk Score by Target Date | Risk Owner | Reviewed and/or updated by | Date of review and/or update | |
|---------|-------------------------------------|-----------|---|---|---------------------------------|-----------------|---------------------|--------------------|----------------|--------------------|----------------------------|--|---|---------------|-------------------|-------------|---|------------|----------------------------|------------------------------|------------|
| D | Adult Social Services Department | RM 14261 | Staff behaviour and practice changes to deliver the Promoting Independence Strategy | A significant change in staff behaviour and social care practice is required to deliver the Promoting Independence Strategy. Failure to make the culture change needed across the workforce would greatly impact the transformation of the service and its ability to deliver associated budget savings' | 25/04/2016 | 3 | 5 | 15 | 3 | 4 | 12 | 1) Robust OD plan signed off by the PI Programme Board. 2) Reviewing staff supervision and process and training. 3) Management Development Programme for Team Managers and Practice Consultants will be rolled out throughout the year. | 1 - 3) Living Well – 3 Conversations work has started. Recruitment for additional social workers well under way. The Management Development Programme starts in November for Team Managers and Practice Consultants. | 2 | 4 | 8 | 31/03/2018 | Amber | James Bullion | Lucy Hohnen | 05/12/2017 |
| D | Support & Development | RM13925 | Lack of capacity in ICT systems | A lack of capacity in IT systems and services to support Adult Social Services delivery, in addition to the poor network capacity out into the County, could lead to a breakdown in services to the public or an inability of staff to process forms and financial information in for example Care First. | 30/04/2011 | 4 | 4 | 16 | 3 | 4 | 12 | 1) As part of the Business Continuity plan steps are in place to mitigate any system loss and downtime. 2) To ensure effective Integration, staff must have access to the relevant systems regardless of where they are located. Please also refer to Risk RM019 | 1) Recovery steps are outlined in the Business Continuity plan. These are always reviewed following any serious incidents and updated where necessary. 2) ICT Capacity and solutions for integrated working are discussed at the Integration Programme Board. Issues are being progressed as a key priority. NCHC staff now have access to NCC Outlook calendars. We are working with NCHC to arrange NCC staff having access to NCHC Outlook calendars. | 3 | 2 | 6 | 31/03/2018 | Amber | James Bullion | Sarah Rank | 05/12/2017 |
| D | Information Management | RM14085 | Failure to follow data protection procedures | Failure to follow data protection procedures can lead to loss or inappropriate disclosure of personal information resulting in a breach of the Data Protection Act and failure to safeguard service users and vulnerable staff, monetary penalties, prosecution and civil claims. | 30/09/2011 | 3 | 5 | 15 | 3 | 4 | 12 | 1) New staff not allowed computing access until they have completed the data protection and information security e-learning courses. 2) Mandatory refresher training and monitoring rates of completion of training. 3) Monthly reports to CLT around data breaches 4) An Information Compliance Group (with representation across each department) meet on a bi-monthly basis and reports back any issues to the Information Management Board. 5) Changes to Data Protection rules will come into effect in May 2018 - we are working closely with Information Management to ensure all of our policies and procedures are compliant. | 2) Reminders to individual staff to complete Data Protection e-Learning courses are sent out and managers are informed of staff who have not completed the e-learning course. The refresher e-learning course has now moved from every three year's to two year's in line with guidance received from the ICO. | 1 | 3 | 3 | 31/03/2018 | Green | Lorna Bright | Sarah Rank | 05/12/2017 |
| D | Adult Social Services Commissioning | RM14290 | Negative outcome of the Judicial Review into fee uplift to care providers | A successful Judicial Review being brought by a group of residential care providers may result in additional costs which were not anticipated in budget planning for the year. | 07/09/2015 | 3 | 4 | 12 | 3 | 4 | 12 | 1) Following the Older People residential and nursing care cost of care exercise and consultation process, the outcome and revised usual prices was recommended to the Adult Social Care Committee on 29th April 2016 and implemented. 2) Ongoing work with the market to discuss annual increases to fees | 1) The 2017/18 uplifts were recommended to Committee and implemented following consultation 2) Project in place to review working age adults fee framework 3) Discussion around increase to fees with market to understand cost implications and pressures. Recommendations will be reported to Committee in January alongside budget planning proposals. | 1 | 4 | 4 | 31/03/2018 | Amber | James Bullion | Susanne Baldwin | 05/12/2017 |
| D | Adult Social Services Commissioning | RM14247 | Failure in the care market | The council contracts with independent care services for over £200m of care services. Risk of failure in care services would mean services are of inadequate quality or that the necessary supply is not available. The council has a duty under the Care Act to secure an adequate care market. If services fail the consequence may be risk to safeguarding of vulnerable people. Market failure may be faced due to provider financial problems, recruitment difficulties, decisions by providers to withdraw from provision, for example. Further reductions in funding for Adult Social Care significantly increases the risk of business failure. | 07/09/2015 | 4 | 3 | 12 | 4 | 3 | 12 | 1) A Quality Assurance Framework in place which provides a risk based approach to the market of care services, collating intelligence from a range of sources and triangulating to identify services for targeted intervention 2) Prioritising care workforce capacity within the learning and development programme 3) Revision of a market failure protocol based on established good practice 4) Liaison with Care Quality Commission to engage with their work with Norfolk care services 5) Procuring new domiciliary care contracts 6) Appropriate investment in the care market 7) Effective management of market failure | 2) A recruitment and retention project is underway which was launched in March 17. 2b) New real time quality (risk) dashboard produced 3) Market resilience strategy under development 4) Refreshed working arrangements with CQC 4b) Revised and improved carers service that will support informal carers - being procured for delivery in Sept 17. 5) New 'patch' based contracts procured in the North, East and West of the county with a roll out to Norwich and South during 2017. 6) Stabilisation of provider market and channelling of investment proposed as part of the improved Better Care Fund. 7) Provider engagement and dialogue included in the 'cost of care' exercise which will support accurate identification of costs of provision and ensure investment targeted appropriately | 2 | 3 | 6 | 31/03/2018 | Amber | Sera Hall | Steve Holland | 05/12/2017 |
| D | Adult Social Services Commissioning | RM 14260 | Failure of the care market (through the independent providers) due to difficulties in recruiting staff into the sector. | The council invests over £54m through approximately 120 independent providers in provision of homecare to over 4000 vulnerable people at any one time. Failure of the care market (through the independent providers) due to problems recruiting staff into the sector may result in a risk to safeguarding of vulnerable people, delays in discharging people from hospital and inappropriate admissions to hospitals and care homes. Problems recruiting into and retaining care workers in the care sector are particularly acute in the west and north of the county but are experienced across the county as a whole. | 16/05/2016 | 4 | 4 | 16 | 4 | 3 | 12 | 1) A Quality Assurance Framework provides a risk based approach to the market of care services 2) Ensure robust procurement processes that ensure providers cost provision adequately 3) Work with providers, workforce professionals and other partners to develop and implement a workforce development plan and to ensure workforce terms and conditions are equitable 4) Development of a care contingency network and emergency provision 5) Clear communication needed with the market to publicise areas of need and future commissioning intentions | 2) Market testing conducted using a range of techniques that enable providers to accurately identify costs 3) An executive board has been created to take responsibility for the promotion and delivery of a sector skills action plan and this includes a clear accountability structure with named leads for each priority 3b) Inclusion of Unison Ethical Care Charter in all new Home support contracts 3c) Website for care workers which includes information and advice around the caring profession. There is also a recruitment portal for providers to advertise vacancies and a promotional campaign in order to make the profession more attractive. 4) Emergency capacity which provides additional funding for providers put in place over winter 5) Use of in house resources when market cannot provide 6) Development and implementation of framework provision which is planned to stabilise provision and provide recompense for provision in very rural areas | 2 | 3 | 6 | 31/03/2018 | Amber | Sera Hall | Steve Holland | 05/12/2017 |
| D | Integration | RM13936 | Potential for integration to adversely affect delivery of statutory responsibilities or impact on reputation | Pressure on integrated staff could have an adverse impact on joint teams regarding capacity and take them away from departmental priorities impacting on reputation / ability to deliver. | 30/06/2011 - revised 18/04/2016 | 3 | 5 | 15 | 2 | 5 | 10 | 1) Pressure closely monitored by AD's and escalated to Director Integrated Services. 2) Integration Programme Board monitors and considers implications and costs across both organisations. 3) Issues can be escalated to S75 Monitoring Board (membership includes Committee Chair and Executive Director) for resolution. | 1) SMIT (Senior Managers Integration Team) regularly discuss capacity issues and take action. 3) Issues are escalated as and when necessary. | 1 | 5 | 5 | 31/03/2018 | Green | James Bullion | Lorraine Barrett | 05/12/2017 |

| Service | Risk number | Risk name | Risk Description | Date entered on risk register | Original Likelihood | Original Impact | Original Risk Score | Current Likelihood | Current Impact | Current Risk Score | Tasks to mitigate the risk | Progress update | Target Likelihood | Target Impact | Target Risk Score | Target Date | Prospects of meeting Target Risk Score by Target Date | Risk Owner | Reviewed and/or updated by | Date of review and/or update | |
|---------|--|-----------|--|---|---------------------|-----------------|---------------------|--------------------|----------------|--------------------|----------------------------|--|--|---------------|-------------------|-------------|---|------------|----------------------------|------------------------------|------------|
| D | Adult Social Services Department - Commissioning | RM14238 | Failure in our responsibilities towards carers. | The failure of Adult Social Services to meet its statutory duties under the Care Act will result in poorer outcomes for service users and have a negative impact on our reputation. Funding reductions by health and other partners may adversely impact on provision of countywide carers services | 27/05/2015 | 2 | 3 | 6 | 2 | 3 | 6 | 1) Co-production with providers and users of service resulted in revised carers services specification 2) Maintaining existing health investment in commissioned services 3) Strong engagement and dialogue with Carers Council 4) Competitive procurement of Carers Service to deliver in Sept 2017 5) Proposed investment as part of the improved Better Care Fund for enhanced support for carers. 6) Review of our offer to carers around respite, direct payments and commissioned services. | 1-5) A tender process is now complete and a new service was put into place on 1/10/17. 6) A review of the respite policy has been considered by SMT and is now being developed further. 7) A Carers Charter has been proposed by Members - a working group is now actively developing this | 1 | 1 | 1 | 31/03/2018 | Amber | Sera Hall | Emma Bugg | 05/12/2017 |
| D | Transformation | RM14149 | Impact of the Care Act | Impact of the Social Care Act/Changes in Social Care funding (significant increase in number of people eligible for funding, increase in volume of care - and social care - and financial assessments, potential increase in purchase of care expenditure, reduction in service user contributions) | 27/11/2013 | 4 | 3 | 12 | 1 | 5 | 5 | 1) Project for Implementation of the Care Act. Ensure processes and resources in place to deliver Government requirements. Estimate financial implications. 2) Keep NCC Councillors informed of issues and risks. | 1) Project delivered necessary changes for April 2015 (part one of the Care Act). On 17 July 2015 the Government announced that Part Two of the Care Act is deferred until 2020. 2) ASC Committee members agreed to keep this on the risk register until government guidance was clearer. No further information has been received from Government. | 1 | 3 | 3 | 31/03/2020 | Green | Janice Dane | Janice Dane | 05/12/2017 |
| D | Safeguarding | RM14287 | Potential failure to meet the needs and safeguarding of adults in Norfolk. | There is a national risk that Adults Social Service do not provide adequate safeguarding controls. | 14/12/2016 | 2 | 5 | 10 | 2 | 5 | 10 | 1) Multiagency Safeguarding Policy & Local Procedures in place. 2) Adults Safeguarding Board in place. 3) Delivery of Safeguarding training to providers. 4) Appropriate checks / vetting of staff. 5) Serious case reviews actioned where appropriate. 6) Any recommendations made by Safeguarding Adults Review's (SAR's) are monitored by the Safeguarding Adults Review Group and also disseminated 1/4ly to all managers via the Quarterly Managers Forum (QMF). | 1) Multiagency safeguarding policy and procedure refreshed and updated by the Learning, Improvement and Policy sub group of the Norfolk Safeguarding Adults Board (NSAB). Now published on the NSAB and publicised among partners. 2) Board is well established and has an independent chair. 3) Specific training for providers is delivered (at a cost) via the commissioned training provider, St Thomas'. The NSAB can also signpost providers to safeguarding training. 4) Enhanced DBS checks are carried out for all customer-facing staff in ASSD. 5) ASSD has a representative on the multiagency Safeguarding Adult's Review (SAR) Group and the group is attended by NPLaw. There is a robust process in place for evaluating cases referred to the SAR Group against the SAR criteria. Claire Crawley (Senior Policy Advisor for the Department of Health) has visited the NSAB and has given advice on the interpretation of the SAR criteria and the importance of identifying and actioning learning. 6) The SAR Group holds and monitors action plans for each SAR and is developing a thematic approach. They also have a standing item on the NSAB agenda to update the board on progress with actions, and any forthcoming reviews. The Head of Service (for Safeguarding) presents learning from SARs and reviews this alongside the relevant locality Assistant Director/Head of Operations. The learning is used as a platform for a more detailed look at a particular theme for ASSD. | 2 | 4 | 8 | 31/03/2018 | Green | Lorna Bright | Helen Thacker | 05/12/2017 |
| D | Adult Social Services Department | RM14314 | Delayed Transfers of Care (DTC) | A significant increase in DTC might jeopardise additional funding (IBCF) and have adverse consequences as well as for the quality of care This would further increase financial pressures on the health and social care system. | 05/12/2017 | 4 | 4 | 16 | 4 | 5 | 20 | 1) DTC Improvement Plan is now in place 2) Improved Better Care Fund is targetted, in part, on reducing DTC | 1) Performance reporting mechanism established. 1b) Daily capacity mapped and monitored and given high priority 1c) The DTC Improvement Plan includes weekly meetings to monitor the figures and take action as required 1d) Senior NCC presence at A&E Delivery Board which helps to ensure an integrated and coherent approach 1e) Ongoing work with providers to increase capacity in the market to support safe discharges | 3 | 4 | 12 | 31/03/2018 | Amber | James Bullion | Sera Hall | 05/12/2017 |

Risk Matrix and Tolerance Levels

| Impact \ Likelihood | Extreme 5 | Major 4 | Moderate 3 | Minor 2 | Insignificant 1 |
|----------------------------|--------------|------------|---------------|------------|--------------------|
| Almost Certain 5 | 25 | 20 | 15 | 10 | 5 |
| Likely 4 | 20 | 16 | 12 | 8 | 4 |
| Possible 3 | 15 | 12 | 9 | 6 | 3 |
| Unlikely 2 | 10 | 8 | 6 | 4 | 2 |
| Rare 1 | 5 | 4 | 3 | 2 | 1 |

| Tolerance Level | Risk Treatment |
|------------------------------|--|
| High Risk (16-25) | Risks at this level are so significant that risk treatment is mandatory |
| Medium Risk (6-15) | Risks at this level require consideration of costs and benefits in order to determine what if any treatment is appropriate |
| Low Risk (1-5) | Risks at this level can be regarded as negligible or so small that no risk treatment is needed |

The Council's risk scoring methodology

Each risk score is expressed as a multiple of the impact and the likelihood of the event occurring:

- a) Original risk score – the level of risk exposure before any action is taken to reduce the risk when the risk was entered on the risk register
- b) Current risk score – the level of risk exposure at the time the risk is reviewed by the risk owner, taking into consideration the progress of the mitigation tasks
- c) Target risk score – the level of risk exposure that we are prepared to tolerate following completion of all the mitigation tasks

In accordance with the Risk Matrix and Risk Tolerance Level set out within the current Norfolk County Council “Well Managed Risk - Management of Risk Framework”, three risks are reported as “High” (risk score 16–25) and 11 as “Medium” (risk score 6–15).

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

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

Adult Social Care Committee

Item No

| | |
|-----------------------------------|---|
| Report title: | Adult Social Care Finance Monitoring Report Period 7 (October) 2017-18 |
| Date of meeting: | 15 January 2018 |
| 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 October 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 October 2017 (Period 7), Adult Social Services is forecasting an outturn position to budget. This is following review of risks and achievement of savings. Normally, this Committee would receive a report at its January meeting, based on the end of November 2017. However, as planned the service went live with a new social care record and finance system at the end of Period 8, which has necessarily meant that reporting at the end of November is not available. A brief verbal update will be provided at the January Committee.

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
- 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. A range of interventions are being implemented 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

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 7 the forecast includes the planned use of £0.901m of reserves in this financial year.

The 2017-18 forecast outturn position for reserves is £11.035m. Provisions totalled £4.157m at 1 April 2017, mainly for the provision for bad debts.

Recommendations:

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

- a) **The forecast outturn position at Period 7 for the 2017-18 Revenue Budget of £261.313m**
- b) **The planned use of reserves**
- c) **The forecast outturn position at Period 7 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 7 (October 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 October (Period 7).

| Actual 2016/17 £m | Over/ Underspend at Outturn £m | Expenditure Area | Budget 2017/18 £m | Forecast Outturn £m | Variance @ P7 £m |
|--------------------------|---------------------------------------|------------------------------|--------------------------|----------------------------|-------------------------|
| 10.392 | (0.471) | Business Development | 4.012 | 3.678 | (0.333) |
| 69.600 | 0.123 | Commissioned Services | 71.669 | 71.990 | 0.321 |
| 5.492 | (0.727) | Early Help & Prevention | 9.638 | 9.588 | (0.050) |
| 168.243 | 12.971 | Services to Users (net) | 186.687 | 187.113 | (2.574) |
| 1.064 | (7.497) | Management, Finance & HR | (13.693) | (11.056) | 2.637 |
| 254.791 | 4.399 | Total Net Expenditure | 261.313 | 261.313 | 0.000 |

- 2.2 As at the end of Period 7 (October 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, however the management and finance costs is due to creation of a contingency to manage business risk as opposed to spend. These are offset by underspends elsewhere.
- 2.5 **Additional Social Care Funding**
- 2.5.1 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.

- 2.5.2 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
- 2.5.3 Plans for the use of the funding were reported to Committee in July and were subsequently agreed with Norfolk's Clinical Commissioning Groups.
- 2.5.4 The revised budget reflects the grant, which is expected to be accounted for in full either through spending or creation of a reserve. 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 are set out at **Appendix C**.
- 2.5.5 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.
- 2.5.6 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.
- 2.6 **Services to Users**
- 2.6.1 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 @ Pd7 £m |
|-------------------|--------------------------------|---------------------------------------|-------------------|---------------------|-------------------|
| 111.914 | 8.238 | Older People | 111.076 | 115.614 | 4.538 |
| 23.246 | 1.207 | Physical Disabilities | 23.148 | 23.743 | 0.595 |
| 94.527 | 11.119 | Learning Disabilities | 96.191 | 101.308 | 2.117 |
| 13.174 | 0.267 | Mental Health | 13.545 | 14.087 | 0.542 |
| 6.746 | 3.074 | Hired Transport | 6.672 | 5.972 | (0.700) |
| 9.144 | (1.194) | Care & Assessment & Other staff costs | 17.126 | 16.305 | (0.821) |
| 258.751 | 22.710 | Total Expenditure | 270.758 | 277.029 | 6.271 |
| (90.508) | (9.739) | Service User Income | (81.071) | (89.915) | (8.845) |
| 168.243 | 12.971 | Revised Net Expenditure | 186.687 | 187.113 | (2.574) |

2.6.2 Key points:

- a) October (Period 7) has seen an increase in purchase of care expenditure in line with expected demand. This mainly relates to residential care for older people and residential and supported living for people with learning disabilities. As reported to Committee in October, deep dive review of cases leading to residential care for older people, highlighted that this was the most appropriate placement and alternatives were not suitable. Additional reviews are continuing to ensure that residential placements are reasonable and understood fully. 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 year. Whilst the trend for people aged 65+ has continued to reduce, there has been an increasing trend for people aged 18-64. 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 £11.890m 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 at high risk of non-delivery.
- d) Overall there is a reduction of £0.593m in forecast income in 2017/18 compared to 2016/17 outturn. However, 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 significantly in 2017/18.

2.7 Commissioned Services

2.7.1

| Actual 2016/17 £m | Variance at outturn £m | Expenditure Area | Budget 2017/18 £m | Forecast Outturn £m | Variance @Pd7 £m |
|-------------------|------------------------|--|-------------------|---------------------|------------------|
| 1.185 | (0.289) | Commissioning Team | 3.962 | 3.932 | (0.030) |
| 10.361 | (0.795) | Service Level Agreements | 12.029 | 11.853 | (0.176) |
| 2.184 | (0.418) | Integrated Community Equipment Service | 2.501 | 2.242 | (0.259) |
| 33.280 | 3.257 | NorseCare | 32.385 | 33.122 | 0.737 |
| 8.323 | (1.172) | Housing related support | 6.478 | 6.478 | 0.000 |
| 13.114 | (0.244) | Independence Matters | 12.857 | 12.937 | 0.080 |
| 1.153 | (0.216) | Other Commissioning | 1.457 | 1.427 | (0.030) |
| 69.600 | 0.123 | Total Expenditure | 71.669 | 71.990 | 0.321 |

2.7.2 Key points:

NorseCare

- The variance has reduced from Period 6 to £0.737m. 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
- The reduction in the variance reflects work to maximise and reshape the contract and to ensure that income that relates to NorseCare block beds is reflected against the contract spend

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, however one-off efficiencies have been implemented, which has reduced the shortfall to £0.080m

2.8 Savings Forecast

- 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

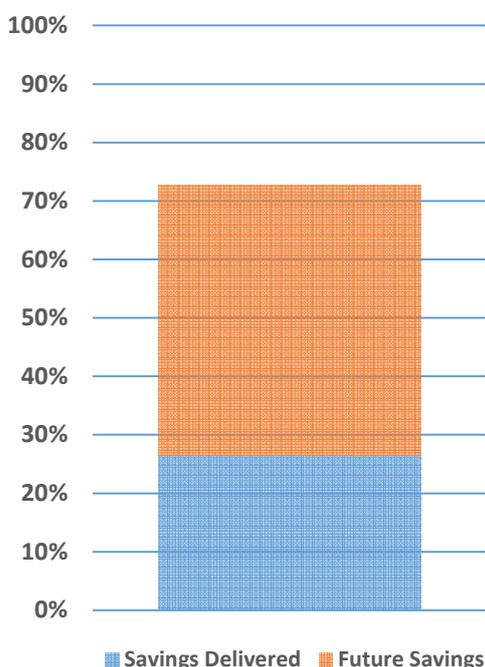
additional time to reduce the underlying overspend from 2016/17. The current forecast position for purchase of care suggests that this will not be achieved in full in 2017-18.

2.8.2 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.

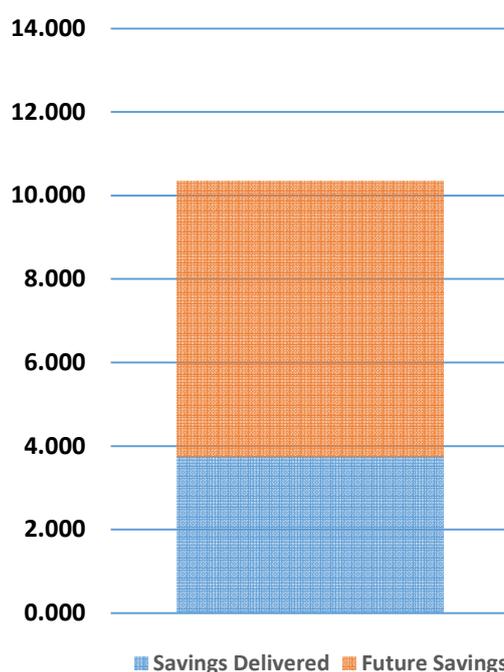
2.8.3 Period 7 monitoring and savings analysis has shown that £3.874m of the planned savings are at risk of non-delivery and £10.339m is on track. There is no material change from the totality of savings forecast at Period 6. **Appendix C** sets out the delivery status of the programme by workstream and project

| Savings | Saving 2017/18 | Forecast | Variance | Previously Reported |
|--|----------------|----------|----------|---------------------|
| | £m | £m | £m | £m |
| Savings off target (explanation below) | -6.842 | -2.968 | -3.874 | 3.874 |
| Savings on target | -7.371 | -7.371 | 0.000 | 0 |

ASC Savings as a % of the requirement



ASC Savings 2017/18



2.8.4 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) The 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, however it is expected that this will not result in savings in the short term.

Review of day services (target £1.000m; forecast £0.266m; variance £0.734m) 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 £0.080m; variance £0.420m) 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.

Review of various commissioning arrangements to identify more cost effective ways of providing services (target £1.159m; forecast £0.618m; variance £0.541m) Planned reduction and decommissioning of some contracts has not been achieved. This has been mitigated through revised usage of contracts to improve value for money.

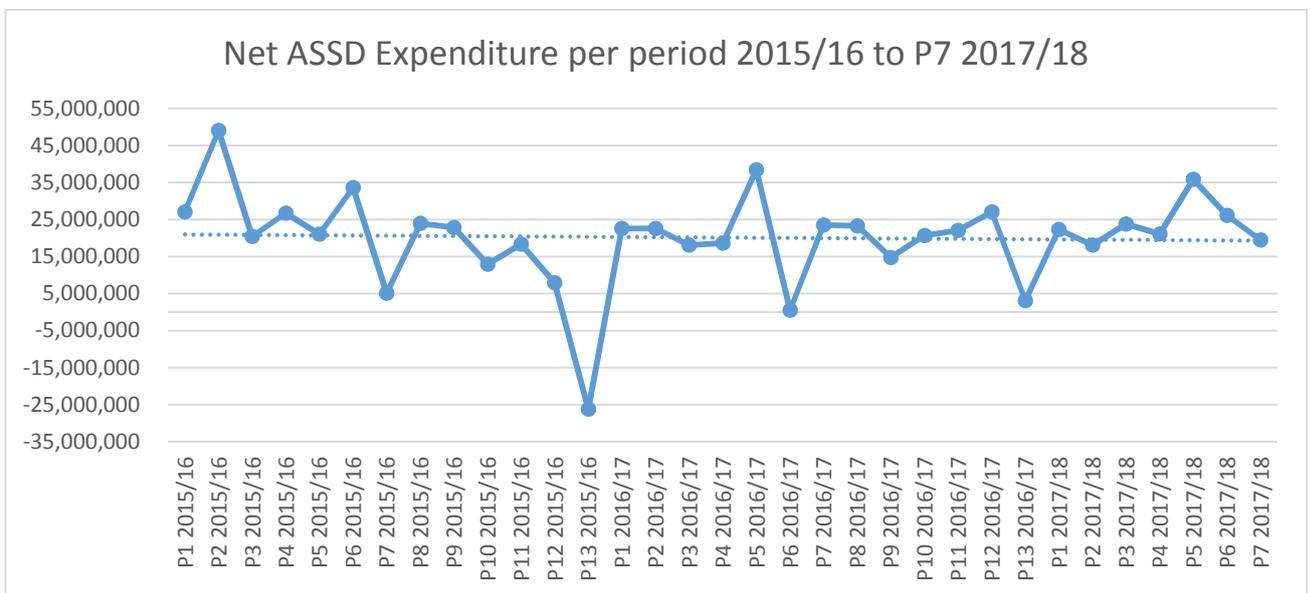
The following savings have no formal requirement for delivery in 2017/18, and are not part of the forecast savings above but are mitigating the non-delivery against the services reported forecast outturn.

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.

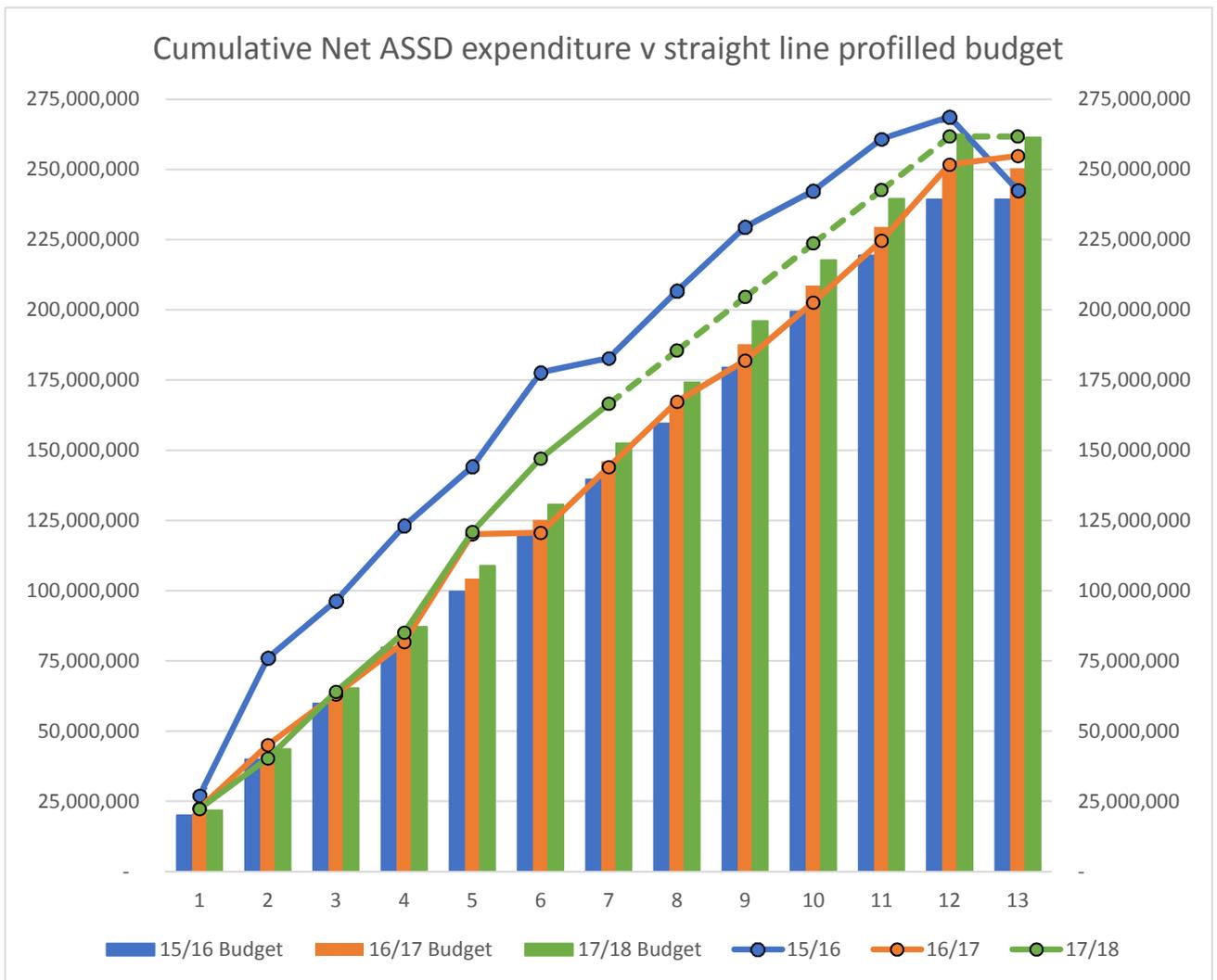
Service User income (target £0.000m; forecast £0.600m) The Finance Exchequer Service has increased work with service users who make a nil contribution towards their care with a view to ensuring the service user is maximising their income and supporting them to claim all the benefits they are entitled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

Independence Matters (one-off forecast £0.287m) Independence Matters has identified one-off savings from an inflationary increase that was expected to take effect in 2017/18 but will now not be paid. This is mitigating the delay in delivery of day service savings related to this contract.

- 2.8.5. 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 the month having two main payment runs – this is comparable to the peaks seen in similar periods of 2016/17 and 2015/16.



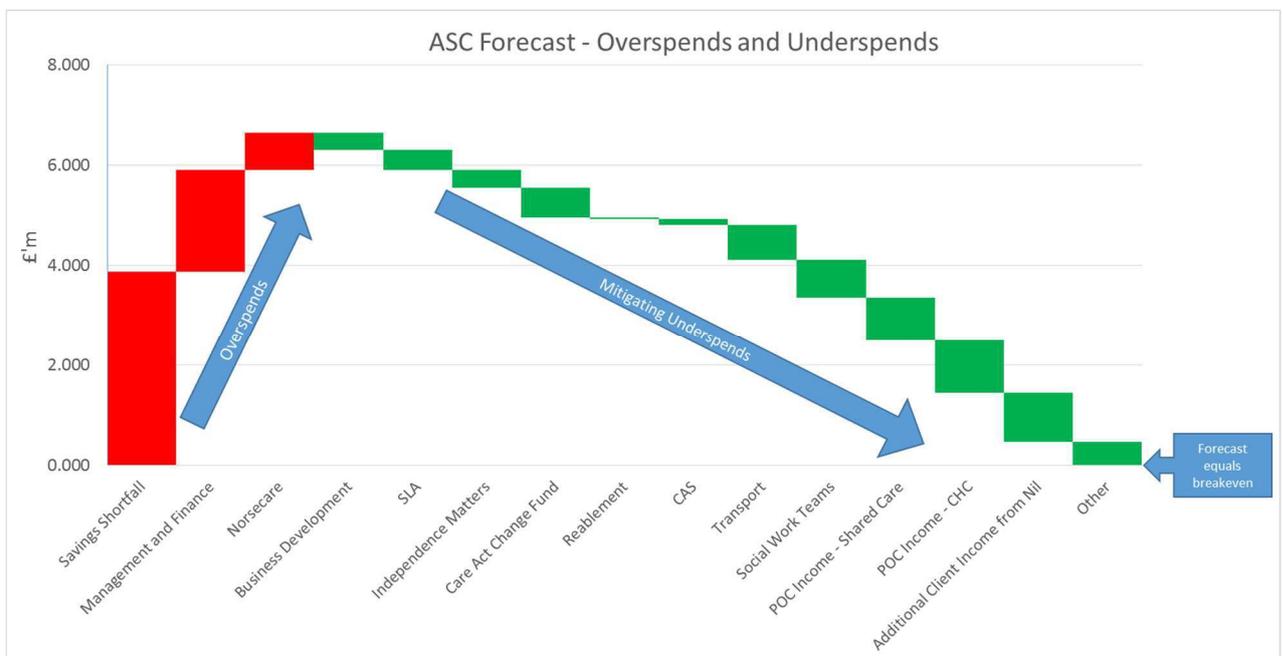
2.8.6. The department's net expenditure, when compared to a profiled budget, currently appears to display a stronger position than it did in 2015/16 but a slightly worse position than 2016/17. The net expenditure is now above the profiled budget at period 7, which is mainly due to the double payment period described above. We expect that the net expenditure will more gradually return towards the profiled budget than it did in 2016/17. Whilst the period 5 and period 6 patterns of expenditure are relatively similar, in 2016/17 period 6 was represented by a one-off spike in income as the billing commenced for the Better Care Fund (BCF). In 2017/18, now the S75 agreement has been completed for the BCF, the income can begin to be transferred from the BCF Pooled funds into the Adult Social Care Fund, thereby beginning to close the gap between net expenditure and the budget.



2.9 Finance and Performance monitoring

2.9.1 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. Teams continue to develop actions and follow up work to scrutinise variation to forecast.

2.9.2 Furthermore, whilst the savings programme is not expected to deliver the full savings expectation in the current year, the department continues to forecast a breakeven position due to mitigating underspends in non-savings related activities – as evidenced by the following graphic.



2.9.3 The service implemented the new social care replacement system, Liquid Logic, on 22 November 2017, which included implementing a new financial system for social care. The system provides an improved management and reporting system for social care. The implementation has been successful and teams are bedding in the new ways of working. As previously reported, the project timescale has meant that Period 8 reporting on purchase of care is not possible as it will take a few weeks for the teams to ensure that all commitments are in the system. To mitigate risk, the service worked with finance to undertake a half year-end close at Period 6, which provided a more detailed view of the accounts and balances and this has not identified variations to the previous forecast position.

2.10 Reserves

- 2.10.1 The department's reserves and provisions at 1 April 2017 were £6.231m. Reserves totalled £2.074m.
- 2.10.2 The reserves at the beginning of the year included committed expenditure, which was carried forward in 2016/17. At period 7 the forecast includes the planned use of £0.901m of reserves in this financial year.
- 2.10.3 The forecast reserve position at 31 March 2018 is £11.035m.
- 2.10.4 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 E**.
- 2.10.5 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.
- 2.10.6 Actions have been taken in line with the plan, as set out in paragraph 2.6.4 of this report. The original plan included carrying forward £3.145m of the additional grant funding to enable invest to save projects to be completed over the agreed timeframe. In order to ensure delivery of the agreed plans it is proposed that £9.6m is carried forward within reserves.

2.11 Capital Programme

- 2.11.1 The department's three year capital programme is £21.870m. 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 £7.354m 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 F**.

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 was 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
- l) Achievement of targets for delayed transfers of care attributable to social care, which could impact on available funding for 2018-19

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 7 for the 2017-18 Revenue Budget of £261.313m**
- b) **The planned use of reserves**
- c) **The forecast outturn position at Period 7 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 October 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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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 7 (October 2017)

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

| Summary | Budget | Forecast Outturn | Variance to Budget | | Variance @ Pd 6 |
|--|----------------|---------------------|--------------------|----------------|--------------------|
| | £m | £m | £m | % | £m |
| Services to users | | | | | |
| Purchase of Care | | | | | |
| Older People | 111.076 | 115.614 | 4.538 | 4.09% | 4.912 |
| People with Physical Disabilities | 23.148 | 23.743 | 0.595 | 2.57% | 0.537 |
| People with Learning Disabilities | 99.191 | 101.308 | 2.117 | 2.13% | 2.716 |
| Mental Health, Drugs & Alcohol | 13.545 | 14.087 | 0.542 | 4.00% | 0.462 |
| Total Purchase of Care | 246.960 | 254.752 | 7.792 | 3.16% | 8.627 |
| Hired Transport | 6.672 | 5.972 | (0.700) | (10.49%) | (0.700) |
| Staffing and support costs | 17.126 | 16.305 | (0.821) | (4.79%) | (0.747) |
| Total Cost of Services to Users | 270.758 | 277.029 | 6.271 | 2.32% | 7.180 |
| Service User Income | (81.071) | (89.915) | (8.845) | 10.91% | (8.672) |
| Net Expenditure | 189.687 | 187.113 | (2.574) | (1.36%) | (1.492) |
| | | | | | |
| Commissioned Services | | | | | |
| Commissioning | 3.962 | 3.932 | (0.030) | (0.76%) | (0.053) |
| Service Level Agreements | 12.029 | 11.853 | (0.176) | (1.47%) | (0.210) |
| ICES | 2.501 | 2.242 | (0.259) | (10.36%) | (0.245) |
| NorseCare | 32.385 | 33.122 | 0.737 | 2.27% | 0.806 |
| Housing Related Support | 6.478 | 6.478 | 0.000 | 0.00% | 0.000 |
| Independence Matters | 12.857 | 12.937 | 0.080 | 0.62% | 0.287 |
| Other | 1.457 | 1.427 | (0.030) | (2.05%) | (0.001) |
| Commissioning Total | 71.669 | 71.990 | 0.321 | 0.45% | 0.584 |
| | | | | | |
| Early Help & Prevention | | | | | |
| Norfolk Reablement First Support | 5.516 | 5.485 | (0.030) | (0.55%) | (0.062) |
| Service Development | 1.244 | 1.245 | 0.001 | 0.12% | 0.003 |
| Other | 2.879 | 2.857 | (0.021) | (0.73%) | (0.140) |
| Prevention Total | 9.638 | 9.588 | (0.050) | (0.52%) | (0.199) |

Adult Social Care 2017-18 Budget Monitoring Forecast Outturn Period 7 Explanation of variances

1. Business Development, forecast underspend (£0.333m)

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

2. Commissioned Services forecast overspend £0.321m

The main variances are:

NorseCare, overspend of £0.737m. The variance has reduced from Period 6 to £0.737m. 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

The reduction in the variance reflects work to maximise and reshape the contract and to ensure that income that relates to NorseCare block beds is reflected against the contract spend.

Service Level Agreements, underspend of (£0.176m). The underspend is due to a reduction in planned costs, following retendering of agreements, together with additional income from Continuing Health Care and private sale of beds within the contracts.

Integrated Community Equipment Store, underspend of (£0.259m). 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 £0.080m. 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 (£2.574m)

The main variances are:

Purchase of Care (PoC) expenditure, overspend of £7.792m. 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 7 continues to see increases in commitments but this has slowed, the main areas seeing an increase continue to be Residential and Supported Living. The forecast includes adjustment to reflect possible non-delivery of £3.316m net savings.

Service User Income, over-recovery of (£8.845m). Income from service users has exceeded 2016/17 figures up to the end of October 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 increase also reflects the rise in number of service users in residential care, which will increase service user income.

Transport, underspend of (£0.700m). 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 is 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 (£0.050m)

The main variances are:

Other Services, underspend of (£0.128m). The variance relates to vacancies within Care Arranging Service and the Emergency Duty Team. This is offset by a pressure within Housing with Care Tenant Meals of £0.107m relating to ongoing costs, of which there is a plan to manage these downward.

5. Management, Finance and HR, forecast overspend £2.637m

The main variances are:

Management and Finance, overspend of £2.637m. 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 increased from Period 6.

Improved Better Care Fund (iBCF) - Summary table and October Update

Appendix C

| Planning priority | Grant Condition | Description | 2017/18 £m | 2018/19 £m | 2019/20 £m | Impact | Activity and progress |
|-------------------|--|--|---------------|---------------|---------------|--|---|
| Protect | Meeting Social Care Needs | iBCF1 Funding required to manage shortfall in recurrent pressures and protect social care services | 1.9 | 11.9 | 22.2 | Over the three year period this funding will ensure that vital service provision such as homecare is maintained and people are supported to maintain their independence and stay out of hospital | Funding is part of budget planning for adult social care as a whole - over 80% of spend is with the market |
| Sustain | Reduce pressure on the NHS and stabilise Social Care provider market | iBCF2 Support the care market and develop resilience against the impact of specific recurrent market pressures | 9.1 | 10.8 | 10.8 | Recent legislation on NMW and the cost of care presents additional pressures to the care sector that require supporting if provision is to remain sustainable. Market failure presents a risk to individuals but also the system overall funding here will support integrity of the care market | This is about sustaining the Market. In line with cost of care, legislation and market pressures – the aim is to develop a sustainable approach. Funding is targeted on specific needs such as legislative change, but some funding will be carried forward to 2018-19 where this enables funding to be targeted in a more sustainable way. |
| Sustain | Meeting Social Care Needs | iBCF3 Managing recurrent capacity with DOLs when alternative funding finishes | 0 | 0.2 | 0.2 | | To support delivery of this service from 2018-19 when current funding will no longer be available |
| Sustain | Reduce pressure on the NHS and meet social care need | iBCF4 Managing capacity – strengthen social work to assist people at discharge and to prevent admissions | 2.6 | 2.5 | 0.0 | Social work is core to ensuring people's needs are met quickly and effectively. Supporting capacity of social work will strengthen the prevention offer, ensure people receive support that meets their needs and is fundamental to ensuring that people are able to leave formal care settings as soon as they are medically fit. Resources here will enable services to be flexed according to pressure within the system. | As part of enhancing our capacity a recruitment campaign for 50 practitioners and 15 team managers is fully underway. In December and January we expect the following to take up new roles in the service*: 17 fte social workers, 11 fte Team Managers, 5 fte Occupational Therapists |

| Planning priority | Grant Condition | Description | 2017/18 £m | 2018/19 £m | 2019/20 £m | Impact | Activity and progress |
|--------------------|----------------------------|---|---------------|---------------|---------------|---|---|
| | | | | | | <p>Investing in social work will reduce pressures on the NHS and supports the Promoting Independence agenda. The invest to save element will be realised through better management of needs and management of flow through the system.</p> <p>Note: of the £2.6m in 2017/18, £1m will need to be carried forward into 2018/19 to reflect recruitment timescales, therefore £3.5m will be spent in 2018/19. For 2019/20 it is the intention for the investment to remain at 2018/19 levels (£3.5m) but the additional capacity should be self-financing through savings delivered in the Purchase of Care budget.</p> | <p>We are currently actively recruiting additional occupational therapists, social workers and Team Managers</p> <p>*initially there may be a movement of people between roles (promotions etc.) which will leave gaps that will be backfilled.</p> <p>A new County Resilience team for Community Care has been created for 12 months commencing in December</p> <p>A similar service for LD will start in January 2018 and be staffed with Assistant Practitioners Whilst complex cases are likely to be met through an agency arrangement</p> |
| Invest and Improve | Reduce pressure on the NHS | <p>iBCF5 Expansion of prevention schemes – social prescribing and community/care navigation schemes – Invest to save</p> | 0.7 | 0.7 | 0.0 | <p>Social prescribing has been evidenced to divert demand from formal care services, especially hospitals. Combined with an offer that builds on community resilience and capacity this initiative is designed to support demand management initiatives and enhance community ability to respond to need</p> | <p>Supporting the development of existing initiatives working with CCGs, Public Health and District Councils. This will be taken forward on CCG boundaries. Working with Districts, CCGs & voluntary sector. Locality plans have been developed and are due to start at different times but the first service is expected to begin in January 2018.</p> |

| Planning priority | Grant Condition | Description | 2017/18 £m | 2018/19 £m | 2019/20 £m | Impact | Activity and progress |
|--------------------|----------------------------|---|---------------|---------------|---------------|--|---|
| Invest and Improve | Reduce pressure on the NHS | iBCF6 Respond to care pressures – micro commissioning invest to save pilot | 0.1 | 0.1 | 0.0 | Homecare is a key service in ensuring people can stay out of hospital and be discharged quickly when they are medically fit. Micro commissioning initiatives have been shown to have a positive impact on homecare capacity in similar rural areas. Increased capacity in the system is designed to be sustainable without additional funding after the first two years | Investment in support to micro enterprises to deliver Home Support. Community Catalyst have been engaged to support this work and initial scoping discussions undertaken to identify our approach to localised development. |
| Invest and Improve | Reduce pressure on the NHS | iBCF7 Managing transfers of care – Trusted assessor | 0.2 | 0.2 | 0.2 | Managing transfers of care and implementing the HICM requires a number of joint initiatives between social care and health partners. Key elements of the pathway are trusted assessor and discharge to assess. The implementation of these will be supported by an enhanced, wrap around, home care offer and additional capacity in reablement beds – these initiatives will support the reduction of delayed transfers of care and provide a better quality of care for people in this pathway | Co-production of a trusted assessor model with providers will ensure that each acute hospital is able to discharge people safely and efficiently back to care homes. Partner agencies has signed off the approach. A new job role has been created and appointments made. Service expected to begin in late January 2018. The bed tracker system to support this work went live on 18 December. |
| Invest and Improve | Reduce pressure on the NHS | iBCF8 Managing transfers of care – through invest to save programme for example discharge to assess; home support wrap around service; accommodation based reablement and | 5.1 | 0.5 | 0.2 | Many of these initiatives are to be run as pilots to evaluate outcomes and put in place sustainable funding based on the part of the system where benefits accrue. There will be a requirement to carry forward an element of the 2017/18 funding depending on the progress and timing of implementing each pilot. | Recruitment for six discharge to assess social workers, was completed in December 2017. Service expected to begin in late January 2018. |

| Planning priority | Grant Condition | Description | 2017/18 £m | 2018/19 £m | 2019/20 £m | Impact | Activity and progress |
|--------------------|----------------------------|---|---------------|---------------|---------------|---|--|
| | | active assessment beds | | | | | |
| Invest and Improve | Reduce pressure on the NHS | iBCF9 Enhanced community offer for carers - 3 year invest to save pilot | 0.1 | 0.1 | 0.1 | Carers are key to supporting people to stay safe and independent. Additional funding here will work alongside newly commissioned carers service to ensure that carers are fully supported to have a good quality of life | Using the Home First model this is being linked with iBCF 8 and 9 to provide crisis management services |
| Invest and Improve | Reduce pressure on the NHS | iBCF10 Enhanced flexible dementia offer - 3 year invest to save pilot | 0.2 | 0.2 | 0.2 | Providing support that enables people with dementia to stay in their own homes is a priority for both health and social care. This funding will enhance the existing offer and allow innovations in service to be implemented and tested for success. This service will support people with dementia to be discharged safely from formal care settings. | Using the Home First model this is being linked with iBCF 8 and 10 to provide crisis management services |

Improved Better Care Fund (iBCF) - Summary table and October Update

Appendix C

| Planning priority | Grant Condition | Description | 2017/18 £m | 2018/19 £m | 2019/20 £m | Impact | Activity and progress |
|--------------------|----------------------------------|---|---------------|---------------|---------------|---|---|
| Invest and Improve | Reduce pressure on the NHS | iBCF11 Reduce DTOC mental health services | 0.4 | 0.4 | 0.4 | Providing sufficient support when people with mental health problems leave formal care services is crucial in ensuring people can settle and establish their independence. We are working with mental health colleagues to formulate the most effective mechanisms that will support discharge from hospitals and formal care settings. | This will provide 1fte Assistant Mental Health Practitioner overnight. There will be an additional seven beds/flats jointly funded with NSFT with social care support to provide suitable discharge destinations. 7 units of accommodation commissioned as "step down" and admission avoidance from mental health hospitals. 6 units are active and fully occupied, one further unit is ready for occupation. |
| | | | 20.4 | 27.7 | 34.3 | | |
| Funded by: | iBCF as per 2017 Spring Budget | | -18.6 | -11.9 | -5.9 | Non -recurrent funding | |
| | iBCF as per 2015 Spending Review | | -1.9 | -15.8 | -28.4 | | |
| | Total | | -20.4 | -27.7 | -34.3 | | |

2017-20 Savings Programme

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 7 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 | -0.080 | 0.420 |
| | | | 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 | -0.266 | 0.734 |

| | | | | | | |
|-------------------|--------|---|---|----------------|---------------|-------|
| 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 | -0.618 | 0.541 |
| | | | 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 | -10.339 | -3.874 | |

Adult Social Services Reserves and Provisions 2017/18

| | Balance | Period 7 | |
|---|--------------|----------------|---------------|
| | | Proposed usage | Balance |
| | 01-Apr-17 | 2017/18 | 31-Mar-18 |
| | £m | £m | £m |
| Doubtful Debts provision | 4.157 | 0.528 | 4.685 |
| Total Adult Social Care Provisions | 4.157 | 0.000 | 4.685 |
| 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. Funding was brought-forward on 1 April 17, 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. Funding was brought-forward on 1 April 17, 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 | 0.244 | 0.605 |
| 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 | 9.618 | 9.618 |
| Unspent Grants and Contributions | 1.196 | -0.439 | 0.757 |
| Total Adult Social Care Reserves | 2.074 | 8.961 | 11.035 |
| Total Reserves & Provisions | 6.230 | 9.489 | 15.720 |

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 | 4.948 | 4.948 | 2.406 |
| 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 |
| Sheringham Hub (Cromer Road) | 0.000 | 0.004 | 0.000 |
| TOTAL | 19.355 | 19.274 | 2.515 |

Adult Social Care Committee

Item No.....

| | |
|-----------------------------------|---|
| Report title: | Fee levels for adult social care providers 2018/19 |
| Date of meeting: | 15 January 2018 |
| Responsible Chief Officer: | James Bullion, Executive Director of Adult Social Services |

Strategic impact

Norfolk County Council (the Council) invests more than £280m a year in purchasing adult social care services from the market. The Council has legal duties under the Care Act 2014 to promote the effective and efficient operation of this market including its sustainability including setting and maintaining adequate fee levels.

Executive summary

The Care Act requires the Council to promote the effective and efficient operation of the care market to secure the sustainable supply of high quality care services for adults in Norfolk. The Council purchases almost all adult social care services from the care market investing more than £280m annually. The prices that the Council pays must continue to reflect the actual cost of care having due regard to inflationary pressures in order to secure sustainable supply.

The Council has adopted a number of key strategies and approaches that directly affect the care market including Living Well, Promoting Independence and the Commissioning and Market Shaping Framework. The Council will wish to have due regard to these policies and approaches in determining the proportion of funding it has available to invest in each sector of the market. Inflationary uplifts support promotion of growth in particular sectors and also ensures sustainability for example: incentivising care homes to support people whose dementia drives challenging behaviours and people who require nursing and improving efficiency in and stabilising the home care sector.

The Council has developed an inflationary pressures price adjustment mechanism working with the provider market. This mechanism enables prices to reflect increases in the national minimum/living wage announced in the Autumn budget statements as well as the estimate for Consumer Price Index (CPI) inflation calculated by the Office of Budget Responsibility (OBR) and actual wage rates from the National Minimum Data Set (NMDS). This means that the increases proposed are above the core price inflation included in the growth pressures for the Adult Social Care Committee (the Committee).

Additional growth pressures have been included within the budget plans for 2018-19 to manage both the recurrent increase in prices arising from the cost of care exercise and impact of the introduction of the national living wage in 2016-17 and to enable price uplifts to reflect additional costs from the 2017-18 increase in national living wage. This report sets out the recommended approach for 2018/19.

Recommendations

The Committee is recommended to consider and agree the approach to fee uplifts for the 2018/19 financial year as set out below:

- a) In respect of contracts where an inflation index or indices are referenced an uplift is implemented to match any changes in the relevant index or indices**
- b) In respect of contracts where there is a fixed price for the duration of the contract, no additional uplift in contract prices takes place**
- c) In other contracts, where the Council has discretion in relation to inflationary uplifts, that uplifts are considered in line with those set out in this report**

1. Proposal

- 1.1 The proposal is to implement fee uplifts for the 2018/19 financial year in accordance with specific contractual obligations where they exist and otherwise as set out in the table below:

Table 1 Inflation Uplifts by Sector

| Sector | 2018/19 |
|--|----------------|
| Home Support spot providers* | 1.17% |
| Home Support framework providers** | 4.24% |
| Residential Care standard rate for older people | 3.88% |
| Residential Care enhanced rate for dementia older people | 3.88% |
| Nursing Care standard rate for older people | 3.88% |
| Nursing Care enhanced rate for dementia older people | 3.88% |
| Residential Care for working age adults | 4.11% |
| Nursing Care for working age adults | 4.11% |
| Day Care | 3.00% |
| Supported Living | 4.06% |
| Supported Accommodation | 4.06% |
| Direct Payments*** | 6.21% |
| Other including carers | 2.20% |

*A home support spot provider has historically been paid a premium above block contract prices because there are no guaranteed commissioned hours however spot providers are not obliged to accept any hours offered by the Council

** A home support framework provider has gone through a procurement process in order to be selected as a preferred provider in any given area. They are contractually bound to provide commissioned hours and to work collaboratively with other providers to help join up services and make provision more efficient

*** Direct payments are frequently used to enable people to directly employ their carers. Rates must therefore reflect not only general inflation but also employment costs including changes in legislation including national minimum wage and auto enrolment pension

2. Evidence

2.1 The legal framework Care Act 2014

- 2.1.1 The Care Act places duties on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways.
- 2.1.2 The ambition is for local authorities to influence and drive the pace of change for their whole market leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.
- 2.1.3 The statutory guidance to the Care Act requires local authorities to commission services having regard to cost effectiveness and value for money. The guidance also states, however, that local authorities must not undertake any actions that might threaten the sustainability of the market as a whole, that is the pool of providers able to deliver the services required to an appropriate quality - for example by setting fee levels below an

amount which is not sustainable for providers in the long term. The guidance emphasises the need to ensure that fee levels are sufficient to enable providers to meet their statutory obligations to pay at least the national minimum wage and provide effective training and development of staff.

2.2 **Contracts**

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

2.2.2 At current usage rates the fee levels proposed in this report would add £10.478m a year to maintain the value of our total investment in the care market. This is considered to be essential to enable the Council to continue to discharge its legal obligations as well as securing stable supply in the longer term

2.3 **Indexation of prices**

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

2.4 **Fixed prices**

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

2.5 **Pre-agreed tendered prices**

2.5.1 In these contracts the provider is required to set out in advance the prices they require over the life of the contract including their assessment of inflation with no facility for altering those prices. In these circumstances the Council is not contractually obliged to make any changes to prices but has a discretion to consider changes in wholly exceptional circumstances.

2.6 **Prices subject to annual inflation consideration**

2.6.1 These contracts typically require the Council to consider any changes in provider costs that may have occurred in the previous year and/or may occur in the forthcoming year and to make adjustments to reflect these changes at its discretion. In exercising its discretion the Council must have due regard to its market shaping duties under the Care Act. The proposed inflationary uplifts in respect of contracts where the Council is required to consider inflation each year the proposed uplifts are shown in Table 1 above.

2.7 **Home Support**

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

2.7.2 Evidence suggests that there is inefficiency in some parts of the home support market driven by multiple suppliers operating in the same geography and the way in which the Council's own care arranging service has placed packages of care. A new framework approach has been developed together with a cost model that has enabled the Council to

establish pricing that reflects actual 2017/18 costs and in particular varying travel times. The framework pricing structure will be implemented in the central area in April 2018 and will be required to reflect inflationary pressures in that market. The proposed increase for 2018/19 is 4.24% which would result in framework prices for 2018/19 as shown in the table below:

Table 2 – Home Support Framework Pricing

| | Band 1 0-3 miles | Band 2 3-6 miles | Band 3 6+ miles |
|------------------------------|------------------|------------------|-----------------|
| Proposed 2018/19 Hourly Rate | £17.40 | £19.68 | £21.72 |

2.7.3 The price for spot purchased home support throughout 2017/18 has been £17.08 an hour. The Council has discretion in evaluating and applying any uplift to this rate. Commissioners wish to manage the Council's exposure to spot purchased home care as this does not secure or encourage stable long term supply. The Council's financial systems require the spot rate to be divisible by twelve (this enables five minute increments to be determined). In order to incentivise the shift towards investment in longer term secure framework supply, it is proposed to set the hourly spot rate accordingly. The spot rate will be raised to £17.28 which equates to a 1.17% increase as set out in Table 1 above.

2.8 Independent residential and nursing care

2.8.1 For residential and nursing care there is a requirement to complete a consultation process prior to the implementation of any usual prices for 2018/19. It is intended to commence this process on 17 January 2018 closing on 6 February 2018. It is proposed that implementation of the new prices will be undertaken through the exercise of delegated powers as approved at the 29 April 2016 Committee meeting.

2.9 Independent residential and nursing care for older people

2.9.1 In the case of residential and nursing care for older people provided by the independent market the Council undertook to award cost of care increases in 2016/17, 2017/18 and 2018/19. These increases are independent of any inflationary uplift.

2.9.2 Detailed below are the proposed usual prices for residential and nursing care provided by the independent sector for older people arising from the 2018/19 cost of care increase and inflationary pressures for older people. For completeness the inflationary element is also set out in Table 1 above.

Table 3 Residential and Nursing Care – cost of care and inflationary uplift

| Older People | A | B | C | D | E |
|------------------------|---------------------|-------------------------------|----------------------------------|------------------------------|--------------------------------|
| Single Room Only | 2017/18 Usual Price | 18/19 Cost of Care % increase | 18/19 Price inflation % increase | 18/19 Total % price increase | Proposed 2018/19 Usual Price |
| Band | | | | | |
| Residential - Standard | £468.10 | 2.21% | 3.88% | 6.09% | £496.61 |
| Residential - Enhanced | £523.21 | 2.38% | 3.88% | 6.26% | £555.96 |
| Nursing - Standard | £488.34 + FNC of | 2.32% | 3.88% | 6.20% | £518.62 + FNC* ₁ of |

| | | | | | |
|-------------------------------|---|-------|-------|-------|---|
| | £155.05 = £643.39 | | | | £155.05 = £673.67 |
| Nursing - Enhanced | £521.74 + FNC of £155.05 = £676.79 | 0.57% | 3.88% | 4.45% | £544.96 + FNC of £155.05 = £700.01 |

*1 The Funded Nursing Care (FNC) is set nationally by the Government and the figure included in the above table may be subject to change.

2.10 **Independent residential and nursing care for working age adults**

- 2.10.1 The Committee approved the process to undertake the cost of care exercise for working age adults at its meeting on 29 April 2016. As a result of the work undertaken a consultation report was sent to providers on 15 November 2017 indicating that the Council was minded to confirm the usual prices that were in operation in 2015/16, the interim prices in operation in 2016/17 and 2017/18 as its usual prices for those years. In addition an equality impact assessment was carried out. A summary of the feedback received and the equality impact assessment have been posted on the Council's cost of care page on the website.
- 2.10.2 The consultation lasted for 28 days concluding on 12 December 2017. The Council has taken into consideration all the feedback provided.
- 2.10.3 Having had due consideration of the consultation feedback the Executive Director of Adult Social Care in consultation with the Committee Chair and Group Spokespersons exercised delegated powers to confirm the usual price in operation in 2015/16 and the interim prices in operation in 2016/17 and 2017/18 as the Council's usual prices for those years.
- 2.10.4 In respect of the usual prices for residential and nursing care for working age adults for 2018/19 the council is proposing an uplift of 4.11% to its published usual prices for 2017/18. For completeness the proposed inflationary uplift is set out in Table 1 above.

2.11 **Usual prices for residential and nursing care from 2019/20 onwards**

- 2.11.1 The cost model developed as part of the cost of care process for older people will be reviewed during the course of 2018/19 to enable usual prices to be determined for 2019/20 and onwards. In addition work currently underway will develop a cost model for residential and nursing care in the working age adult sector intended to inform usual prices from 2019/20 onwards with the possibility of partial implementation during 2018/19.

2.12 **Day Care and Supported Living**

- 2.12.1 The annual cost for these services have been assessed and uplifts outlined in Table 1. These uplifts are above the OBR forecast for inflation over the next year and reflect the diversity of provision in the market and projected demand for these services going forward. Day Care and Supported living will be subject to review over the coming year.

2.13 **Approach for evaluating cost changes for 2018/19.**

- 2.13.1 The Council introduced a new provider dialogue process during 2016 and this has enabled the development of an inflation adjustment mechanism which underpins the proposed uplifts to support the Council in the exercise of its discretion as set out in Table 1 above.
- 2.13.2 The basis for evaluating price changes is set out below:

Table 4

| Cost | Market Sector | Evidence |
|-------------|----------------------|---|
| Pay | All | National minimum dataset |
| Prices | All | Office of Budget Responsibility November estimates for inflation in 2018-19 |
| Pensions | All | Relevant auto enrolment rate |

2.13.3 The key cost drivers affecting care provision are:

- a) General inflation, is based on the County Council's financial planning forecast of 2.2%. This is considered reasonable when compared to the Office of Budget Responsibility (OBR) November forecast for inflation of 2.4% in 2018 and 1.9% in 2019. The overall rate for 2018-19 is 2.1%
- b) The national living wage, which will increase from £7.50 to £7.83 from April 2018 represents a 4.4 % increase. The national minimum dataset information sets out actual pay rates which tend to be slightly above the national living wage. The Council recognises however that in order to compete in the labour market increases in pay rates in line with increases in the national minimum wage rates will be required. In addition the council recognises that pay differentials need to be supported to aid retention of skilled and experienced staff

2.13.4 It is proposed that Direct Payments budget is increased by 6.21 %. In previous years this has been in line with the Government departmental spending plans, which use the November Office of Budget Responsibility estimates. However, direct payments reflect costs relating to both services and direct employment. The increase therefore needs to enable those that directly employ staff i.e. as personal assistants, to pay in line with the national living wage. The proposal would enable the hourly rate for care to increase to £8.00. Other costs would be increased by inflation at 2.2%. In addition other mechanisms are in place that will ensure that an individual is able to meet their assessed unmet eligible needs, including reviews of needs and support plans to ensure that they accurately reflect those needs.

2.14 **Consideration of affordability – budget planning**

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

2.14.2 The financial context continues to be challenging. Overall, councils will see a reduction in central government support to local government of £16bn between 2010 and 2020, with a local impact of £218m. Independent estimates show the national social care funding gap is set to reach £2.1bn by 2020 and locally we are planning to deliver recurrent savings of over £50m by 2021, which is due in part to £33m of potential inflationary pressures and £24m of potential demographic pressures over the next four years.

2.14.3 The Strategic and Financial Planning paper to this Committee, sets out the wider financial position and the impact of the Autumn Statement 2016 and Local Government Finance Settlement. In addition to the future year savings agreed by the County Council in February 2017 the updated medium term financial strategy has identified a further gap of £100m between 2018 and 2022 requiring an additional £20m of savings to be identified within adult social care. Within the Autumn Statement the departmental spending plans set out that expenditure as a share of GDP is forecast to fall from 38.9% in 2017-18 to 27.7% in 2022-23.

2.14.4 The Council's plans are based on the government's spending plans.

- 2.14.5 National efficiency savings in public spending were revised to £1.4bn by 2019-20.
- 2.14.6 There is no specific support for the implications of legislative changes to national living wage on provision of social care. The future financing of social care will be set out in a Green Paper, which was intended to be published in 2017, however this has now been postponed until summer 2018.
- 2.14.7 To provide support for social care in 2016/17 the Government introduced the Adult Social Care precept, giving local authorities with social care responsibilities the flexibility to raise an additional 2% on council tax. For Norfolk County Council the precept is forecast to provide funding of £10.8m in 2018/19. The Council's medium term financial plans include budget assumptions for council tax increase. The Council is currently consulting on a council tax increase of up to 5.99% for 2018/19, made up of 3% increase for Adult Social Care and a 2.99% increase for general council tax.
- 2.14.8 In addition, the Government announced in the Spring Budget an additional social care grant, which would be provided on a one-off basis in 2017/18, 2018/19 and 2019/20. The criteria for managing this funding is that is part of the better care fund and must be spent to support protection of social care, help to sustain the care market and to help reduce delayed transfers of care from hospital. This totals £11.8m in 2018/19, but together with use of the improved better care fund (IBCF), which is to fund adult social care in general, the (IBCF) totals £27.7m in 2018-19. The plans for the use of the funding were agreed by the council and health partners in July 2017. The plans include £10.8m to help sustain the care market, with funding focused on managing legislative pressures that change previous sleep-ins rates, cost of care, implementation of the home support framework, and purchase of care packages.
- 2.14.9 In total the service is budgeting for additional net pressures of £33.9m in 2018-19.
- 2.14.10 The budget plans for 2018-19 have included growth for inflationary cost pressures for pay and non-pay budgets (price inflation at 2.2%); legislative changes, demographic cost pressures for adult social care of £6.134m.
- 2.14.11 The plans for adult social care services require savings to be delivered amounting to £27m in 2018-19 to enable services to be delivered within reduced funding and increased investment in the service to support unavoidable cost pressures.
- 2.14.12 In addition to core inflationary increase of £5.709m and the additional costs through cost of care of £1.8m, it is recommended that an additional £5.921m is included within cost pressures to manage the impact of national living wage. £2.1m has been allocated within the improved better care fund to support the introduction of the home support framework.
- 2.14.13 In overall terms this enables inflationary pressures on pay including the impact of the national minimum wage as determined by our cost model to be funded in full. It also enables the estimates of the likely increases faced by local care providers to be met based on the revised cost of care models.
- 2.14.14 Application of the process described in 2.13 in conjunction with factors including effective operation in the market, alternative ways of working and innovative business practice, as well as the overall affordability for the Council, have resulted in the proposed uplifts detailed in Table 1. (section 1.1)

3 Financial Implications

- 3.1 The financial impact of the recommended price uplifts, excluding cost of care totals is £10.478 m in 2018-19. This increase is included in the budget proposals set out to Committee elsewhere on this agenda. In addition the budget proposals to be agreed by County Council will include a further increase in fee levels for older people residential and

nursing in line with the cost of care exercise completed in 2016, this is included in the usual price proposals set out in Table 3 of this report. The additional cost of care increase totals £1.8m for 2018-19.

4. Issues, risks and innovation

- 4.1 The Care Act requires councils with adult social care responsibilities to promote the effective and efficient operation of the market so that sustainable value for money quality services are available to care consumers. If a provider fails the Council has specific responsibilities to ensure that services remain available to meet needs.
- 4.2 The Committee has approved a new Commissioning and Market Shaping Framework which supports the development of detailed sector based plans that will be further developed working with providers and care consumers to realise the Promoting Independence strategy.
- 4.3 Combined with the strengths based approach to care needs assessment and review greater effectiveness and efficiency will be secured.

5. Background

- 5.1 The Committee reports dealing with the Cost of Care considered on 29 April 2016 and 10 October 2016 are relevant to the proposals regarding uplifts in the residential and nursing care market sectors.
- 5.2 **Background Papers –**
[Usual price of residential and nursing care in Norfolk 29 April 2016](#) – p4
[Usual price of residential and nursing care in Norfolk 10 October 2016](#) - p55

6 Recommendations

- 6.1 **The Committee is recommended to consider and agree the approach to fee uplifts for the 2018/19 financial year as set out below:**
- a) **In respect of contracts where an inflation index or indices are referenced an uplift is implemented to match any changes in the relevant index or indices**
 - b) **In respect of contracts where there is a fixed price for the duration of the contract, no additional uplift in contract prices takes place**
 - c) **In other contracts, where the Council has discretion in relation to inflationary uplifts, that uplifts are considered in line with those set out in this report**

Officer Contact

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

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

Adult Social Care Committee

Item No:

| | |
|---|---|
| Report title: | Strategic and Financial Planning 2018-19 to 2021-22 and Revenue Budget 2018-19 |
| Date of meeting: | 15 January 2018 |
| Responsible Chief Officer: | James Bullion, Executive Director of Adult Social Services |
| Strategic impact <p>The proposals in this report will inform Norfolk County Council's (the Council) decisions on council tax and contribute towards the Council setting a legal budget for 2018-19 which sees its total resources targeted at meeting the needs of residents.</p> <p>The information in this report is intended to enable the Adult Social Care Committee (the Committee) to take a considered view of all the relevant factors to agree budget proposals for 2018-19 and the Medium Term Financial Strategy (MTFS) to 2021-22, and make recommendations on these to the Policy and Resources Committee. Policy and Resources will then consider how the proposals from Service Committees contribute to delivering an overall balanced budget position on 29 January 2018 before the Full Council meets 12 February 2018 to agree the final budget and level of council tax for 2018-19.</p> | |
| Executive summary <p>This report sets out details of the Council's strategy which will set out the future direction, vision and objectives for the Council across all its services. It also provides an overview of the financial issues for the Council, including the latest details of the Autumn Budget 2017 and the Local Government Finance Settlement for 2018-19. It then summarises this Committee's saving proposals for 2018-19, identified budget pressures and funding changes, and sets out the proposed cash-limited revenue budget as a result of these. The report also provides details of the proposed capital programme.</p> <p>Details of the outcomes of rural and equality impact assessments in respect of the 2018-19 Budget proposals are set out in the paper, alongside the findings of public consultation around specific savings proposals, relevant to this Committee.</p> <p>Policy and Resources Committee works with Service Committees to coordinate the budget-setting process, advising on the overall planning context for the Council. Service Committees review and advise on the budget proposals for their individual service areas. The report therefore provides an update on the Service Committee's detailed planning to feed into the Council's budget process for 2018-19. The County Council is due to agree its budget for 2018-19, and Medium Term Financial Strategy to 2021-22 on 12 February 2018.</p> | |
| Recommendations: Adult Social Care Committee is recommended to: <ul style="list-style-type: none">a) Note the new corporate priorities – Norfolk Futures – to focus on demand management, prevention and early help, and a locality focus to service provision as set out in section 2 of this reportb) Consider the service specific budgeting issues for 2018-19 as set out in section 5 | |

- c) Consider and comment on the Committee’s specific budget proposals for 2018-19 to 2021-22, including the findings of public consultation in respect of the budget proposals set out in Appendix 2**
- d) Consider the findings of equality and rural impact assessments, attached at Appendix 3 to this report, and in doing so, note the Council’s duty under the Equality Act 2010 to have due regard to the need to:

 - i. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act**
 - ii. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it**
 - iii. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it****
- e) Consider and agree any mitigating actions proposed in the equality and rural impact assessments**
- f) Consider the recommendations of the Executive Director of Finance and Commercial Services, and:

 - i. Recommend to Policy and Resources Committee that the Council’s budget includes an inflationary increase of 2.99% in council tax in 2018-19, within the council tax referendum limit of 3.0% for 2018-19**
 - ii. Recommend to Policy and Resources Committee that the Council’s budget planning includes an increase in council tax of 3.0% for the Adult Social Care precept in 2018-19, meaning that no increase in the Adult Social Care precept would be levied in 2019-20****
- g) Agree and recommend to Policy and Resources Committee the draft Committee Revenue Budget as set out in Appendix 4:

 - i. including all of the savings for 2018-19 to 2021-22 as set out Or**
 - ii. removing any savings unacceptable to the Committee and replacing them with alternative savings proposals within the Committee’s remit**

For consideration by Policy and Resources Committee on 29 January 2018, to enable Policy and Resources Committee to recommend a sound, whole-Council budget to Full Council on 12 February 2018.**
- h) Agree and recommend the Capital Programmes and schemes relevant to this Committee as set out in Appendix 5 to Policy and Resources Committee for consideration on 29 January 2018, to enable Policy and Resources Committee to recommend a Capital Programme to Full Council on 12 February 2018**

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 Council agreed the 2017-18 Budget and 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. 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 Norfolk County Council is due to agree its new Budget and Medium Term Financial Strategy for 2018-19 to 2021-22 on 12 February 2018. This paper sets out the latest information on the Local Government Finance Settlement and the financial and planning context for the Council for 2018-19 to 2021-22. It summarises the Committee’s pressures, changes and savings proposals for 2018-19, the proposed cash limit revenue budget based on all current proposals and identified pressures, and the proposed capital programme.

2. County Council Strategy and Norfolk Futures

- 2.1 The County Council Strategy will set out the future direction, vision and objectives for the Council across all its services.

- 2.2 A key plank of the new strategy will be Norfolk Futures. This comprises a number of 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 30 October 2017.

- 2.3 Norfolk Futures will focus on delivering the administration’s manifesto priorities over the Medium Term Financial Strategy period and include:

2.3.1 Local Service strategy:

- a) We want to proactively target our services in the places where they are most needed in our market towns, Norwich, Great Yarmouth and King’s Lynn
- b) Joining up different areas of the council’s work under one roof will enable the closure of little-used buildings and remodelled services
- c) Refocusing our investment, based on the evidence we have of service usage will mean we can create services that meet the need of the residents in that place, rather than a one size fits all offer

2.3.2 A new deal for families in crisis:

- a) We want to keep families together when life gets tough, and reduce the number of children entering the care system
- b) To achieve this will we focus on early intervention to keep children safely at home
- c) When we have to help and offer care we will use foster care and adoption where appropriate, which we know deliver better outcomes for our children
- d) We will reduce our use of residential care and invest in specialist support alternatives
- e) Care leavers will be better supported through high quality post 16 provision

2.3.3 Promoting independence for vulnerable adults:

- a) We want to give people the skills and confidence to live independently and safely, in their own homes, for as long as possible
- b) To do this we will focus on those most likely to need our formal services at some point to help them to stay independent for longer
- c) This will involve supporting people to overcome problems and find renewed levels of independence
- d) Helping people with learning disabilities to do the things we all want to do in life
- e) Strengthen social work so that it prevents, reduces and delays need

2.3.4 **Smarter information and advice:**

- a) We want to make it easier for people to find trusted, reliable information to make decisions that improve their independence and well being
- b) Direct and connect people to services in their local community
- c) This will help people to take control of their lives and their futures and to reduce reliance on health and local authority services

2.3.5 **Towards a Housing Strategy:**

We care about the large number of people who are not able to afford a home of their own. As a county council we can help by accelerating the delivery of new housing, in all forms, throughout Norfolk by:

- a) Using county council landholdings to undertake direct development via Repton Property Developments Ltd, NCC's development company
- b) Providing up-front finance for infrastructure development
- c) Acquiring strategic landholdings with a view to development
- d) Working in partnership with housing authorities, the HCA, and the LEP to secure additional investment
- e) Highlight gaps in the type and location of accommodation to meet the needs of the people of Norfolk today and in the future

2.3.6 **Digital Norfolk:**

Driving the creation of a sustainable technology infrastructure for better broadband and mobile services:

- a) Norfolk will be a place where all appropriate local government services are available online and are used safely and effectively by people to live, work, learn and play
- b) We want to use technological solutions, to provide smarter ways of working and reduce costs within the council and in frontline services
- c) Support provision of smarter information and advice by providing quicker, reliable access
- d) This could include more online transactions, which are more convenient for many people and are more cost effective

2.3.7 **Commercialisation:**

- a) Sweating our assets to maximise return on investment to invest in frontline services. Making the most of our under-utilised buildings and land by selling or leasing it to generate rent income
- b) Running traded services profitably to make a return for the County Council to invest in frontline services
- c) Seeking out new commercial opportunities
- d) Managing the council's services in the most efficient way
- e) Make sure the £700m we spend through contracted out services is managed and reviewed to ensure value for money

3. **Strategic financial context**

- 3.1 Through the submission of an Efficiency Plan in 2016¹, the Council has gained access to confirmed funding allocations for the four years 2016-17 to 2019-20. As a result, the Council's main funding settlement in the period to 2019-20 is not expected to change

¹ <https://www.norfolk.gov.uk/what-we-do-and-how-we-work/our-budget-and-council-tax/our-budget/our-budget>

substantially, although allocations are confirmed annually in the Local Government Finance Settlement.

- 3.2 The **Autumn Budget**, announced by the Chancellor of the Exchequer, Philip Hammond, on Wednesday 22 November 2017 contained relatively few announcements with implications for the County Council. The Chancellor characterised it as a “balanced approach” being adopted in the Budget, including preparing for the exit from the EU, maintaining fiscal responsibility, investing in skills and infrastructure, supporting housebuilding and home ownership and helping families with the rising cost of living.
- 3.3 The **provisional Local Government Finance Settlement for 2018-19** was announced on 19 December 2017. The 2018-19 Settlement represents the third year of the four year certainty offer which began in 2016-17, and was described by the Government as providing a path to a new system which will build on the current 50% retention scheme and will see councils retain an increased proportion of locally collected business rates. The Department for Communities and Local Government plans to implement the latest phase of the Business Rates Retention Scheme (BRRS) in 2020-21, which will see 75% of business rates retained by local government. This is to be achieved by rolling in existing grants including Public Health Grant and Revenue Support Grant. Local Government will also retain a 75% share of growth from the 2020-21 reset onwards. 100% Business Rates pilots are continuing with a number of new pilots announced for 2018-19. Norfolk was not one of the 2018-19 pilots, although there may be a further opportunity to apply to participate in 2019-20.
- 3.4 In recognition of the pressures facing local government, the settlement includes plans for the core council tax referendum limit of 2% to be increased by 1% to **allow a maximum increase of 3%** before a local referendum is required (in line with inflation) in both 2018-19 and 2019-20. The implications of this are discussed in the section on the latest 2018-19 budget position below.
- 3.5 The Settlement acknowledged concerns about planned reductions to Rural Services Delivery Grant (RSDG) and as a result this is to be increased by £15m in 2018-19 – so that RSDG will remain at £65m throughout the settlement period (i.e. to 2019-20). There has been no change to the distribution methodology, which means an additional (one-off) £0.737m for the County Council in 2018-19.
- 3.6 The Government set out plans to look at options for dealing with the negative Revenue Support Grant (RSG) allocations within the settlement which appear in 2019-20, and intends to consult in the spring to inform planning for the 2019-20 settlement. It should be noted that Norfolk is not in a negative RSG position during the four year settlement. The Government has also published a formal consultation on the review of relative needs and resources, intended to deliver an updated and more responsive distribution methodology for funding to be implemented from 2020-21.
- 3.7 No new funding has been announced for social care. However the Government has recognised that a long term solution to adequately fund social care services is required, and confirmed that a green paper on future challenges within adult social care is due to be published in summer 2018. There was no mention in the Settlement of any funding for the recently announced local government pay offer for 2018-19 and 2019-20 of 2% in each year, with higher increases for those earning less than £19,430. There was also no extension of the Transitional Grant provided in 2016-17 and 2017-18, which has ceased in 2018-19.

3.8 The latest estimate of the Council's overall budget position for 2018-19 as a result of the above, and any other issues, will be reported to Policy and Resources Committee in January.

4. 2018-19 Budget planning

4.1 2017-20 Medium Term Financial Strategy

4.1.1 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 for 2017-20 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.

4.2 2017-18 budget position

4.2.1 The latest details of the Committee's 2017-18 budget position are set out in the budget monitoring report elsewhere on the agenda. The Council's overarching budget planning for 2018-19 continues 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).

4.3 The budget planning process for 2018-19

4.3.1 As reported to Service Committees in September, since the preparation of the Medium Term Financial Strategy, further pressures on the budget were identified, resulting in changes to the Council's budget planning position. At that point, the estimate of the budget gap for the four year planning period up to 2021-22 was **£100.000m**, and in September Service Committees were informed of the allocation of savings targets to aid in closing this projected gap.

4.3.2 In October, Service Committees then reported to Policy and Resources on the savings proposals identified to assist in closing the forecast gap for 2018-19. The total **gross** savings proposed were £41.593m. Policy and Resources Committee also considered a number of further changes to the Council's budget planning including the reversal and delay of a number of savings agreed as part of the 2017-18 Budget that had been identified as no longer deliverable in 2018-19. After new savings had been included, against the target **a budget gap of £7.806m remained for 2018-19 and £63.351m for the MTFs planning period 2018-22**. Policy and Resources Committee launched consultation on £3.580m of savings for 2018-19, and the level of council tax for the year, in order for Service Committees to consider the outcomes of consultation in January to inform their budget setting decisions.

4.3.3 In November Service Committees were updated on the position reported to Policy and Resources Committee but were not asked to identify further savings. In view of the remaining gap position for 2018-19, Committees were advised that **any change to planned savings or removal of proposals would require alternative savings to be identified**.

4.3.4 The budget position and the associated assumptions are kept under continuous review. The latest financial planning position will be presented to Policy and Resources Committee in January prior to budget-setting by County Council in February. The outline budget-setting timetable for 2018-19 is set out for information in **Appendix 1** to this report.

4.4 Latest 2018-19 Budget position

- 4.4.1 The council's budget planning was originally based on an increase in council tax of 4.9%, and the general approach set out in the council's Medium Term Financial Strategy has been to raise general council tax in line with inflation, reflecting the Government's assumptions within the local government financial settlement.
- 4.4.2 The Government has now provided the discretion to raise general council tax by an additional 1% without the need for a local referendum in both 2018-19 and 2019-20, recognising the higher forecast rate of inflation. **This means council tax can be raised by 3% for general council tax and 3% for the adult social care precept, a total of 5.99% in 2018-19.** The Government's core spending power figures now assume the council will raise council tax by the maximum amount available of 5.99%.
- 4.4.3 Since the last budget report to Policy and Resources Committee in October 2017, a number of pressures have emerged which require funding in 2018-19. These include:
- Additional on-going funding to support Children's Services
 - Funding for the £12m investment in Children's Services
 - The national pay award offer of 2% plus higher increases for those earning less than £19,430
 - Changes to planned savings
 - Continuing higher inflation rates
- 4.4.4 **An additional 1.09% increase in council tax, to raise council tax by the maximum amount of 5.99% without requiring a local referendum would be worth approximately £3.9m in 2018-19 based on current tax base estimates. This would contribute to funding the above pressures, closing the gap in 2018-19, and reducing the 2019-20 forecast budget gap. A council tax increase of 5.99% would therefore enable a substantially more robust budget for 2018-19 and significantly reduce the risks for the council over the Medium Term Financial Strategy period.**
- 4.4.5 In setting the annual budget, Section 25 of the Local Government Finance Act 2003 requires the Executive Director of Finance (Section 151 Officer) to report to members on the robustness of budget estimates and the adequacy of proposed financial reserves. This informs the development of a robust and deliverable budget for 2018-19.

4.5 Budget planning assumptions 2018-19

- 4.5.1 Key assumptions within the Council's medium term financial budget model include:
- A CPI (2.99%) increase in council tax** above the 3% Adult Social Care precept, based on the updated assumptions used by the Government in the provisional 2018-19 local government finance settlement. Any reduction in this increase will require additional savings to be found. It should be noted that currently CPI is running at 3.0%². The assumed council tax increases are 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 (but with no increase in council tax in 2021-22), the budget assumes modest annual tax base increases of 0.5%
 - That Revenue Support Grant will substantially disappear in 2020-21. This equates to a pressure of around £39m, 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**

² UK consumer price inflation: October 2017, published by the Office for National Statistics:
<https://www.ons.gov.uk/economy/inflationandpriceindices/bulletins/consumerpriceinflation/october2017>

- c) 2017-18 Budget and savings delivered in line with current plans (no overspend)
- d) Use of additional Adult Social Care funding during 2017-18 and future years as agreed by Adult Social Care Committee 10 July 2017, with no changes to the overall funding allocations in 2018-19
- e) 2017-18 growth in Children's Services is included as an ongoing pressure and additional investment is included with Children's Services budgets to reflect 2017-18 pressures
- f) Ongoing annual pressures will exist in waste budgets; and
- g) That undeliverable savings have been removed as set out elsewhere in this report, and that all the remaining savings proposed and included for 2018-19 can be successfully achieved

4.5.2 The Executive Director of Finance and Commercial Services' judgement on the robustness of the 2018-19 Budget is substantially based upon these assumptions.

5. Service Budget, Strategy and Priorities 2018-19

5.1 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.

5.2 The service is currently on track in 2017-18 to deliver £10.339m against planned savings, which together with alternative budget management intervention, and increased service user income is resulting in a forecast balanced budget at Period 7. The service went live with a new social care record and finance system at the end of Period 8, which will improve processes, care management and information, but necessarily has meant that the Period 8 reporting is not available during transition. The finance monitoring paper reported to January Committee sets out the position at Period 7 (end of October 2017) and a brief verbal update will be provided at the January Committee.

5.3 Our financial strategy for achieving 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

5.4 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.

- 5.5 Promoting Independence strategy continues to drive the medium and long-term changes we need to make to have a sustainable service for the future. Looking ahead, the top priorities for change are:
- a) Living Well: 3 conversations – the new strengths based approach to social work which focuses on what people can do, rather than what they can't do. The innovation sites are demonstrating the potential for empowering people and connecting them to help in their neighbourhoods, without the need for long-term formal care. In the coming year, the model will be extended to a further 10 sites
 - b) Transforming learning disability services – a new 'offer' for people with learning disabilities which is based on enablement and promotes independence. Current support draws heavily on traditional formal adult care services, and the intention is to modernise our offer to be more ambitious for service users, enhance independence and improve overall wellbeing
 - c) Integrated short-term support – critical to helping people to stay independent for longer, or to recover after a stay in hospital are services which aim to recover as much confidence and independence as possible and avoid long-term decisions in a crisis. A strength is our reablement approach. Norfolk First Support's focus on helping people regain and keep skills and confidence is helping people to stay in their own homes. The reablement approach is now expanding to a short-term residential setting so that people who can leave hospital but are not ready to go home can regain skills and confidence
 - d) Technology enabled services – refreshing and scaling up the use of assistive technology, making it quicker and easier for people to make the most of new developments – self-funders and adults service users. Exploiting the potential of digital opportunities to complement more traditional face to face care
- 5.6 Alongside this strategy, Committee has already recognised the importance of continued lobbying of central government to address the longer term funding issues associated with providing social care. Following cross party support at Full Council the Leader has written to the Secretary of State for Communities calling on the Government to:
- a) Carry out an urgent and fundamental review of social care and health before next year's autumn Budget
 - b) Properly fund social care with genuinely new government money and to explore other mechanisms to support social care
- 5.7 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.
- 5.8 **Improved Better Care Fund**
- 5.8.1 The improved better care fund includes both recurrent funding and use of the one –off additional social care grant announced within the Spring Budget 2017. The three year plan, covering the period 2017-2020 and setting out the use of this funding, was agreed by the County Council and health partners in July 2017. The budget proposals for 2018-19 incorporate the agreed use of this funding and where plans will not be implemented in full in 2017-18, it includes the use of one-off funding carried forward from 2017-18. Not including any carried forward of funding, the planned use of the improved better care fund in 2018-19 will total £27.726m. This includes £11.885m for protection of social care, which has minimised the need for the service to identify further savings as part of the corporate budget planning process; £10.8m to help sustain the care system, through increasing prices, implementing the home support framework, managing additional costs

from national living wage legislation and purchase of care; and continued investment in social work capacity and interventions to reduce delayed transfers of care from hospital.

5.9 **Adult Social Care Precept**

5.9.1 The County Council MTFs includes increasing the adult social care precept by 3%. It is estimated based on current projections that this will provide funding of £10.8m, this figure will be revised prior to County Council to reflect final district council figures. This funding will support adult social care services. Predominately, the funding helps support the additional pressures faced by adult social services including additional inflation to reflect care market costs that are above inflation, totalling £5.921m and demographic growth pressures totalling £6.134m.

5.10 **Pressures**

5.10.1 The budget plans set out at Appendix 4, include cost pressures facing the service in 2018-19. Demographic pressures total £6.134m and reflect rising demand for services as people live longer and transition of service users from Children's Services to adult social care. The implementation of the national living wage is supported by the council. As well as meeting legislation for the Council's staff and council owned companies, the increase in pay costs is reflected in the assessment of fee uplifts to providers and within the rate of direct payments for service users. The budget plans support new cost pressures for the service, totalling £44.854m. Including reversal of some pressures relating to 2017/18 and planned usage of iBCF funding from reserves, the net pressures for 2018/19 total £33.934m. These include:

- a) Staff pay – 2% - £0.847m
- b) Price inflation – 2.2% £5.854m
- c) Additional inflation to support market pressures - £5.921m
- d) Demographic growth (incl. transitions from children to adult services) - £6.134m
- e) Legislative impact of national living wage on sleep in care provision - £2.8m
- f) Purchase of care including cost of care and care framework -£10.433m
- g) Deprivation of Liberty Safeguarding service - £0.225m
- h) Pressures to manage capacity and improve delayed transfers of care (predominately invest to save across the health and social care system) - £8.723m

5.11 **Risks for the service**

5.11.1 In setting the budget it is not possible to make financial provision for all remaining risks. The key risks for this Committee are:

- a) The level of savings for the service in 2018-19 is higher than in previous years. £17m of the £27.290m savings will be achieved through demand management. Benchmarking shows that there is opportunity to reduce demand in Norfolk, particularly for people with learning disabilities, but also that the target demand will be challenging; particularly for older people. The Promoting Independence programme is helping to mitigate risks through a defined programme of work, but high risks remain, particularly in relation to providing alternative ways to meet people's eligible care needs within the timescales. Key risk has also been identified for the delivery of savings related to the home support market. See Paragraph 6.3 below
- b) National Living Wage legislation – Norfolk County Council has been committed to ensure that it, and its providers, can pay staff in line with the national living wage. However, recent challenges regarding payment for people who provide a sleep in service has resulted in all providers needing to pay individuals for every hour

- during the night. This has led to national legal challenge and the Government has introduced a scheme for providers (including our service users who employ people directly through direct payments) to work with HMRC to ensure national living wage rates are met. There is also a potential requirement for back pay to be required. The Council's plans include some provision to meet these additional cost for service users, but do not include provision for the impact of provider failure if back pay is not affordable to some providers
- c) Further market pressures, resulting in provider closure or provider decision to not provide services under current contract arrangements. The improved better care fund has provided mitigation of this risk in this financial year, but will not be able to provide this on a recurrent basis. Financial risks arising from provider failure will need to be met through resources allocated to purchase of care
 - d) Continuing pressures across the health and social care system. Increase in demand and significant financial pressures across the system are seeing increased need for social care and this is presenting additional financial pressures for the Council. The service is working closely with all health commissioners and providers across Norfolk, both operationally and strategically through the Norfolk and Waveney Sustainability and Transformation Plan.

5.12 Implications from the Provisional Local Government Finance Settlement

5.12.1 The provisional local government finance settlement was announced on 19 December 2017. Announcements specific to this committee included:

- a) confirmation of the continuation of the Adult Social Care precept including the additional flexibility to raise the precept to 3% this year, but by no more than 6% over the 2017-18 to 2019-20 period.
- b) Confirmation that the expected Green Paper for Adult Social Care will be published in summer 2018
- c) Confirmation of the improved Better Care Fund allocation

No new funding announcement were made for adult social care.

6. Budget proposals for Adult Social Care Committee

6.1 Budget proposals have been developed for the service in the context of the following factors, which affect the way adult social services are planned

- a) Adult Social Care is provided in line with legislation set out in the Care Act 2014. This sets out the Council's duties, including the national threshold to determine eligibility of needs and rights to an assessment for adults and carers
- b) The Promoting Independence programme of work is supporting delivery of £24m savings, through changing the way that people's needs are met in Norfolk. Through supporting people earlier and preventing care needs and by providing care in different ways, the Council is planning to reduce the amount of care it purchases. Increased use of assistive technology and digital solutions will aim to provide new approaches to support service users and providers
- c) Integrated social care and health teams – the service provides integration through its operational and commissioning teams, working with community health and clinical commissioning groups. The Better Care Fund is developed alongside CCGs and district councils in relation to the effective deployment of disabled facility grant, which is passported in full to district councils. The service continues to work collaboratively with health partners within the sustainable transformation programme and the budget plans reflect priorities within the In Good Health STP programme, including social prescribing and high impact change model to improve delayed transfers of care from hospital

- d) Use of the market – The service spends £290m each year on the purchase of care with the local care market. Rising costs from national living wage, difficulties with recruitment and inflation has led to pressure from providers to increase care fees. Some providers have been facing more severe financial difficulties and this has increased risks for the county council in relation to continuation of care and provision of care at usual prices
- e) Social work capacity - the budget plans reflect the decision during this year to increase capacity within social work teams to manage demand

6.2 This Committee discussed the additional savings required from adult social care in order to address the increase in pressures previously agreed, and to meet this Committee’s share of the additional overall council budget gap. These new savings are in addition to the savings programme previously agreed by the County Council. 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. Table 1 below sets out the revised position in relation to additional savings:

| Table 1 | 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 |

6.3 Since the October Committee report, the service has continued to develop the savings plans and review the programme of work. Changes and pressures in the home support market has meant that the service has needed to respond to develop different approaches to commissioning. The Council has introduced a new home support framework, which is aiming to reduce unmet need and reflect the cost of delivering services in more rural areas. While originally it was anticipated that new commissioning arrangements would enable efficiencies in the way that care rounds are organised, in reality it has been clear that investment is needed in some areas of the county. Therefore, £2.1m of the improved Better Care Fund is being spent to deliver the new framework. The service therefore proposes that these savings are removed in 2018-19.

6.4 Alternative savings are therefore required. Capitalisation of equipment savings are higher than initially forecast, which will deliver an additional £0.500m. It is proposed that the remaining savings are delivered through bringing forward the implementation of savings from digital solutions to March 2019, which will target a further £0.049m saving.

6.5 In response to the need to identify additional savings the following proposals were agreed by Committee in October. The proposed adjustments are shown at the foot of Table 2 below.

| Table 2 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 (subject to change) | | (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) | |
| Capitalisation of equipment spend (Total £2.300m) | (0.500) | (0.535) | (0.535) | (0.530) | (2.100) | Green |
| Maximising potential through digital solutions | (0.049) | 0.049 | | | 0.000 | Amber |
| Total new savings proposals | (4.476) | (2.151) | (3.700) | (3.900) | (14.127) | |
| Reversal of ASC042 Home Care Commissioning – an improved framework for procuring home care services in Norfolk | 0.549 | | | | | |

6.6 As reported to Committee during 2017-18 the service will need to identify a further £4.197m of savings to manage the reversal of the one-off funding provided to the service

in 2017-18. This was provided to give the service time to make additional changes to reduce the underlying overspend position at the end of 2016-17. For monitoring purposes these savings are included within the savings requirement in the budget plan set out in **Appendix 4**. The purchase of care budget is currently forecasting an underspend in 2017-18, which will support delivery of these savings in 2018-19. These are reflected as part of the wider reduction to purchase of care for both younger and older adults within the promoting independence programme.

- 6.7 The proposals recommended and agreed by the Committee in October 2017 included consultation on taking actual disability related expenses into account when calculating charges towards care. The consultation feedback is set out at Section 9.

7. Revenue Budget

- 7.1 The table in **Appendix 4** sets out in detail the Committee's proposed cash limited budget for 2018-19, and the medium term financial plans for 2019-20 to 2021-22. These are based on the identified pressures and proposed budget savings reported to this Committee in October, which have been updated in this report to reflect any changes to assumptions. The savings reflect the new programme of work that has been reported to this Committee throughout 2017/18. The transition from the proposals originally agreed by County Council in February was set out in the finance monitoring report to this committee on 10 July 2017. Key changes from the position reported to October Committee include the proposal to reverse savings related to home care commissioning, which is being managed through the capitalisation savings being higher for the service than originally estimated and bring forward savings from digital solutions by one month, to target a small saving in 2018/19. Cost neutral adjustments for each Committee will be reflected within the Policy and Resources Revenue Budget 2018-19 to 2021-21 paper which will be presented on the 29 January 2018.
- 7.2 The summary of the medium term financial plan is shown in Table 3 below. The reduction in the net budget reflects the additional income being received through the improved better care fund grant.

| Table 3 | 2018-19 £m | 2019-20 £m | 2020-21 £m | 2021-22 £m |
|--------------------------|---------------|---------------|---------------|---------------|
| Opening net budget | 261.453 | 252.536 | 254.493 | 257.987 |
| Net pressures | 33.934 | 18.801 | 11.288 | 11.954 |
| Net savings | -27.290 | -9.351 | -13.700 | -3.900 |
| Base adjustments | -21.934 | -6.546 | 5.903 | |
| Cost neutral adjustments | 6.303 | -0.879 | | |
| Net Budget | 252.466 | 254.491 | 257.982 | 266.036 |

- 7.3 The Revenue Budget proposals set out in Appendix 4 form a suite of proposals which will enable the County Council to set a balanced Budget for 2018-19. **As such recommendations to add growth items, amend or remove proposed savings, or otherwise change the budget proposals will require the Committee to identify offsetting saving proposals or equivalent reductions in planned expenditure.**
- 7.4 The Executive Director of Finance and Commercial Services is required to comment on the robustness of budget proposals, and the estimates upon which the budget is based,

as part of the annual budget-setting process. This assessment will be reported to Policy and Resources Committee and County Council.

8. Capital Programme 2018-19

- 8.1 A summary of the Capital Programme and schemes relevant to this Committee can be found in **Appendix 5**.
- 8.2 Work on the Social Care and Finance Information is on track to complete in 2018/19.
- 8.3 The Elm Road Community Hub is currently being reviewed, which may result in a proposal that changes the scope and profile of spend. Alongside this, the service is developing plans for supported accommodation. Additional requirements in the next financial year are expected to be funded through underspend from 2017-18 and unallocated capital grant.
- 8.4 Capitalisation of equipment is to support the purchase of one-off equipment for service users. This is used to help meet service users eligible needs and support prevention of increased care needs and costs.
- 8.5 Disabled Facility Grant is passported to district councils and is therefore no longer shown in the Adult Social Care capital programme.
- 8.6 The planned capital expenditure is £9.138m in 2018/19, £2.380m in 2019/20, £2.428m in 2020/21 and £2.476m in 2021/22, based on those projects and priorities currently identified.

9. Public Consultation

- 9.1 Under Section 3(2) of the Local Government Act 1999, authorities are under a duty to consult representatives of a wide range of local people when making decisions relating to local services. This includes council tax payers, those who use or are likely to use services provided by the authority and other stakeholders or interested parties. There is also a common law duty of fairness which requires that consultation should take place at a time when proposals are at a formative stage; should be based on sufficient information to allow those consulted to give intelligent consideration of options; should give adequate time for consideration and response and that consultation responses should be conscientiously taken into account in the final decision.
- 9.2 Saving proposals to bridge the shortfall for 2018-19 were put forward by Committees, the majority of which did not require consultation because they could be achieved without affecting service users.
- 9.3 Where individual savings for 2018-19 required consultation:
 - a) The public consultations ran from the 6 November 2017 to 2 January 2018
 - b) Those consultations were published and consulted on via the Council's consultation hub Citizen Space at:
<https://norfolk.citizenspace.com/consultation/budget2018/>
 - c) We promoted the consultation through Your Norfolk residents' magazine, online publications, social media and our website
 - d) People were able to respond online and in writing. We also received responses by email to HaveYourSay@norfolk.gov.uk and accepted responses in other format, for example, petitions
 - e) Consultation documents were available in hard copy, large print and easy read as standard and other formats on request

- f) Every response has been read in detail and analysed to identify the range of people's opinions, any repeated or consistently expressed views, and the anticipated impact of proposals on people's lives

9.4 **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 consultation feedback**

9.4.1 In addition to the steps the council has taken to promote the consultation listed above we have also written to all 3,868 people who are potentially affected by this proposal and included a consultation feedback form with pre-paid postage. We provided a consultation hotline that people could call if they had any questions.

9.4.2 In total we received 906 responses, including 754 feedback forms. This means that at least 19.5% of those directly affected responded. Eight respondents told us that they were responding on behalf of organisations. We did not receive any petitions. Norfolk County Council Labour Group undertook a separate consultation and submitted the responses they received which contained 71 comments relating to this proposal.

9.4.3 Key issues and concerns were:

- a) A large number of respondents commented on the additional costs faced by disabled people and expressed their concern that disabled people are already struggling with these costs and could not afford to pay more. Some respondents referred to potential negative effects on people's wellbeing if their access to existing or future care was limited by the proposed change
- b) There were concerns about the forms and information / evidence that we would ask people to provide in order for us to work out their disability related expenditure. People felt that the process should be clear and easy to follow with support provided
- c) Where people generally agreed with the proposal they offered a range of reasons including that the proposal was reasonable and 'fair', people should only be reimbursed for what they used, no-one needing the allowance would lose out and that they felt some people could afford to pay more
- d) Some respondents expressed their concern that the proposal was an additional cut on top of previous cuts. People stated that they faced rising costs with no additional way of increasing income
- e) There were also concerns that some people may be more affected by this proposal than others, including self-funders, people in shared accommodation and those least able to pay more, including people who have additional carer costs
- f) Reasons respondents gave for generally disagreeing with the proposal included a feeling that disabled or older people should not have to pay for their care, that disabled people should not be asked to justify their spend and that money for these services should not be cut but invested in
- g) Respondents were worried about the effect of the proposals on carers, including the impact on household finances and the extra burden on carers to provide evidence of the disability related expenditure of the person they care for

In addition, some respondents challenged the thinking behind the proposal, stating that it would not save money and that the finances had not been thought through. Others reported that the consultation document was too long, hard to understand and not user friendly.

9.5 A full summary of the findings, including details of those people responding on behalf of organisations, are presented in **Appendix 2**.

10. Equality and rural impact assessment – findings and suggested mitigation

- 10.1 When making decisions the Council must give due regard to the need to promote equality of opportunity and eliminate unlawful discrimination of people with protected characteristics.
- 10.2 Equality and rural impact assessments have been carried out on each of Adult Social Care Committee's nine budget proposals for 2018/19, to identify whether there may be any disproportionate or detrimental impact on people with protected characteristics or in rural areas.
- 10.3 It is evident from this process that the Committee's proposals will primarily impact on disabled and older people and their carers – which is inevitable, because disabled and older people constitute the majority of adult social care users.
- 10.4 However, only one proposal (the proposal to Review charging policy to align to actual disability related expenses) is likely to have a detrimental impact on disabled and older people or people in rural areas.
- 10.5 The other eight proposals are unlikely to have any detrimental impact on people. Broadly speaking, this is because no changes are proposed to assessment processes, eligibility of needs, service standards, quality or delivery.
- 10.6 Four mitigating actions are proposed to address the detrimental impact relating to the proposal to *Review charging policy to align to actual disability related expenses*:
- a) Continue to review whether service users (for example people with learning disabilities) face any barriers to claiming and evidencing spending (noting that a range of approaches are already available to provide appropriate support)
 - b) If the proposal goes ahead, contact all service users affected, to offer guidance and advice on any steps they need to take – taking into account the particular needs of different groups of service users, such as people with learning disabilities. This will include how to complete the forms and the evidence that is required, to enable their needs to be taken into account. It will also include how to ask for help to complete the forms and who to talk to if they are worried about how they will manage the financial impact
 - c) Work with relevant stakeholders to ensure that the guidance provided is simple, clear and accessible, particularly for people with learning difficulties and people with mental health issues, and that it addresses the fact that some service users may be fearful of seeking information and advice as they may worry that current entitlements may lessen or be withdrawn
 - d) If a service user expresses concern about financial austerity, offer appropriate budget planning or other relevant support to make sure people are spending as effectively as possible, and ensure transition plans are established
- 10.7 The full assessment findings are attached for consideration at **Appendix 3**. Clear reasons are provided for each proposal to show why, or why not, detrimental impact has been identified, and the nature of this impact.

11. Financial implications

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

12. Issues, risks and innovation

- 12.1 Significant risks or implications have been set out throughout the report and specifically within paragraph 5.11. 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).
- 12.2 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, are subject to equality and rural impact assessments within the budget-setting process.

13 Recommendations

13.1 Adult Social Care Committee is recommended to:

- a) **Note the new corporate priorities – Norfolk Futures – to focus on demand management, prevention and early help, and a locality focus to service provision as set out in section 2 of this report**
- b) **Consider the service specific budgeting issues for 2018-19 as set out in section 5**
- c) **Consider and comment on the Committee's specific budget proposals for 2018-19 to 2021-22, including the findings of public consultation in respect of the budget proposals set out in Appendix 2**
- d) **Consider the findings of equality and rural impact assessments, attached at Appendix 3 to this report, and in doing so, note the Council's duty under the Equality Act 2010 to have due regard to the need to:**
 - i. **Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act**
 - ii. **Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it**
 - iii. **Foster good relations between persons who share a relevant protected characteristic and persons who do not share it**
- e) **Consider and agree any mitigating actions proposed in the equality and rural impact assessments**
- f) **Consider the recommendations of the Executive Director of Finance and Commercial Services, and:**
 - i. **Recommend to Policy and Resources Committee that the Council's budget includes an inflationary increase of 2.99% in council tax in 2018-19, within the council tax referendum limit of 3.0% for 2018-19**
 - ii. **Recommend to Policy and Resources Committee that the Council's budget planning includes an increase in council tax of 3.0% for the Adult Social Care precept in 2018-19, meaning that no increase in the Adult Social Care precept would be levied in 2019-20**
- g) **Agree and recommend to Policy and Resources Committee the draft Committee Revenue Budget as set out in Appendix 4:**
 - i. **including all of the savings for 2018-19 to 2021-22 as set out Or**
 - ii. **removing any savings unacceptable to the Committee and replacing them with alternative savings proposals within the Committee's remit**

For consideration by Policy and Resources Committee on 29 January 2018, to enable Policy and Resources Committee to recommend a sound, whole-Council budget to Full Council on 12 February 2018.

- h) **Agree and recommend the Capital Programmes and schemes relevant to this Committee as set out in Appendix 5 to Policy and Resources Committee for consideration on 29 January 2018, to enable Policy and Resources Committee to recommend a Capital Programme to Full Council on 12 February 2018**

13. Background Papers

13.1 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, Adult Social Care Committee, 9 October 2017, Item 12 p88](#)

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

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 | 22 November 2017 |
| Provisional Local Government Finance Settlement | 19 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 |

Your views on our proposal to change the way we work out how much people pay towards the cost of their non-residential care services

Respondent information

Respondent Numbers

There were **906** responses received for this proposal. Of these, the majority (96.47%) replied as individuals, members of the public or a family.

| Responding as: | | | |
|---|-----|--------|---------------|
| An individual / member of the public | 852 | 94.04% | 96.47% |
| A family | 22 | 2.43% | |
| On behalf of a voluntary or community group | 5 | 0.55% | 0.88% |
| On behalf of a statutory organisation | 3 | 0.33% | |
| On behalf of a business | 0 | % | |
| A Norfolk County Councillor | 0 | % | 1.1% |
| A district or borough councillor | 0 | % | |
| A town or parish councillor | 7 | 0.77% | |
| A Norfolk County Council employee | 4 | 0.33% | |
| Not Answered | 13 | 1.44% | 1.44% |

How we received the response

| | | | |
|--------------------------------------|-----|-------|--------------|
| Email | 11 | 1.2% | 1.2% |
| Letter | 4 | 0.4% | 0.4% |
| Easy Read consultation feedback form | 39 | 4.3% | 83.2% |
| Consultation paper feedback form | 715 | 78.9% | |
| Online submission | 137 | 15.1% | 15.1% |
| Total | 906 | 99.9% | 99.9% |

Of the 906 responses received, the majority (83.2%) were paper consultation feedback forms. These were printed versions of the consultation that we sent to all service users potentially affected by the proposal and includes both standard and easy read formats.

In total we sent out 3,868 paper copies of the consultation (made up of 3340 standard copies, 12 copies translated into languages other than English, 203 large print versions and 313 easy read versions). This means we had a response rate to our letters of at least 19.5%.

Responses by groups, organisations and businesses

Five respondents told us they were responding on behalf on a **voluntary or community group**. The groups are: Board of Trustees of Opening Doors, Equal Lives, Management Committee of Opening Doors, Norfolk Older People's Partnership, and one group which did not give its name.

Broadland Older People's Partnership also responded but did not identify as a voluntary or community group.

The voluntary and community groups expressed their views that:

- people with learning disabilities would be affected by the proposed change more than people with other disabilities and claiming would be especially difficult for them, requiring additional support and clear information to ensure no inappropriate loss of income and to minimise the risk of financial difficulties.
- the proposed change is discriminatory, not based on research, requires clarity around the process (particularly relating to financial assessment), will put people's wellbeing at risk restricting their access to local communities, and may result in longer term social care costs.
- there is insufficient support for people with learning disabilities to be able to claim and this could result in unfair loss of income on top of existing reductions in income which is causing anxiety.
- the proposed change could be intrusive for older people and cause them concern and recourse to additional services: people should be assessed to see if they could cope and support provided to help them claim if required. Special arrangements should be made for older people aged over 75.
- disability related costs in the broadest sense have not been considered and the proposed change inappropriately targets a vulnerable group.
- the proposed change is "too complex for us, and possibly others, to make constructive comment".

Three respondents told us they were responding on behalf of a **statutory organisation**. The organisations are: Snettisham Parish Council, Shipdham Parish Council, Norwich Clinical Commissioning Group. The statutory organisations expressed the following views:

- adult social care payments should "relate to the amount that people can afford ... [and] should be fair and proportionate."
- the proposed change is supported because it is an improved method of calculating DRE.
- more information about the assessment and possible impact is required to ensure additional costs are not prohibitive for people already accessing social care provision; use of Personal Health Budgets should be considered alongside the proposed change.

Seven respondents told us they were responding as **town or parish councillors** although five did not name the council. The only named councils are Ormesby St Margaret with Scratby, and Rollesby. Town and parish councillors expressed the following views:

- three were in broad agreement with the proposed change but gave no reason
- people may need support to complete claim forms (which should be written in an easy to understand way) and the cost of such support should not outweigh any savings made
- the proposed change is an additional reduction in income and will lead to more people seeking residential care as non-residential care becomes non-viable.
- payment of non-residential care services should be means tested against income excluding capital assets.
- no further charges should be made for social care because some older people are struggling financially.

A response by Brandon Lewis MP was also received which noted the potential impact of the proposed change and the need to keep people informed and to offer support if required.

Summary of main themes

| Overall theme | Issues raised | Number of times mentioned | Quotes |
|---|---|---------------------------|---|
| <p>Cost of items bought because of disability/age, additional expenses incurred</p> | <ul style="list-style-type: none"> • Medical or age related conditions create additional costs that other people do not experience to the same extent, e.g. additional washing and heating costs, costs for household help/alarm • People are struggling with existing costs • Amount of cost for personal items is detailed - people are worried about the financial implications of the proposal for themselves and their family | <p>375</p> | <p>“I think it is important that everything is taken into consideration as I do get cold and use more heating. I try to buy more fruit and veg to lose weight and heating cost are much higher now it is cold.”</p> <p>“As both of us are disabled we require a House-keeper, Cleaner and Gardener. Odd jobman which employ to assist us. We have an alarm system fitted. No family live close. I wash and tumble dry the bedding often. I use more water because of this. My husband is never hungry so I have to buy favourites to tempt him. He is always cold so the heating is on continuously. I feel that the amount we pay is adequate.”</p> <p>“At the moment I pay for a community alarm system, more for heating as I get cold easily (I am on warfarin which thins my blood) and I pay for 4 carers a day to meet some of my personal care and feed me.”</p> <p>“I have been unable to gain a reduction in my water bill as I am not in receipt of any benefit, although I use the washing machine 4 or 5 times a week due to my 'accidents' due to my imobility. Heating on 24 hrs a day as cold causes pain in my parallised left side. Purchase of 'Tena Lady' pants (2 a day) not supplied by incontinence service.”</p> <p>“I spend a considerable amount each month on products directly related to my disability. Whilst they can easily be shown via my receipts/bank statements, the N.H.S. will not put into writing what I need. Therefore I am continually facing the choice of paying for products I cannot afford, or having personal hygiene problems on a daily basis.”</p> <p>“I think the proposal is wrong, isn't it bad enough that people are ill and cant manage for themselves + need a careworker to come in and help, without having all the worry of where the extra money to pay them is</p> |

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| | | | <p>going to come from. Having a care worker come in the mornings to get me washed + dressed is the only help I have, and my wife do everything else for me, and if the price of having a care worker went up any higher I think I would have to consider stop having them come, & I really don't know how we would manage without one.”</p> <p>“People should be listened to on a personal basis. A lot of things I wouldn't buy if I werent disabled ie incontinence pads, pre chopped veg cos I cant prepare Food. etc Non of this was taken into account and I struggle to pay for my care. It should go on everything not just the amount of money someone gets.”</p> <p>“I currently pay approx £320 per month for carers to visit me for about 1 hours every morning. I need extra support provided by my son and partner for other daily tasks eg preparing meals etc. I also pay non-professional people for the following, £21-75 per week for meals from local [address], £15.00 to launder bedding. £20.00 per week for a cleaner, £20.00 per two weeks for gardening. All tasks I cannot do myself as I suffer from severe arthritis. I cannot stand for very long and cannot walk unaided. Because I do not use professional companies then my outgoings are 'non-receiptal'. Many pensioners will not be able to afford non residential care if costs go too high!”</p> <p>“I am Diabetic I have to have special food and care alarm. Also I wear pads/special knickers. And my care charges have gone up from £11.00 a week to £45.[illegible]9 a week. This is a very big increase if it goes up any more I will not be able to afford it. Yes if goes up too much I could not afford it.”</p> <p>“I understand you need to make savings but why is it always at our cost. I couldn't afford to pay anymore towards the cost of my care and feel this unjust if I have to!”</p> | |
| Ensure people can claim | <ul style="list-style-type: none"> • People may not be able to manage to complete forms without support | 140 | <p>“What happens if people's care related expenses vary from week to week? How long will it take the council to sort it out, and what happens if they don't sort it out for years - as has happened to me - and a huge overpayment results? I am concerned that many people who are entitled to such payments will</p> | |

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| | <ul style="list-style-type: none"> • Burden of proof is on individual to claim and providing receipts for some items (e.g. utilities if online) will be problematic • Concern that claims may take a long while to process leaving claimants worse off • Claiming can be very stressful, aggravating some illnesses • Additional costs hard to calculate as dependent on factors such as building size, insulation etc. • The claims process is invasive • The claims process is most likely to be beneficial for those who are organised and able to do the necessary administration • People may be too proud or embarrassed to claim | | <p>miss out because they fail to make a claim, this is the case at present with a number of benefits available.”</p> <p>“I think the extra work for claimants is not a good idea, for the small sums involved.”</p> <p>“Won’t affect me, but people will need help to fill out form and warning in advance to save receipts”</p> <p>“For this to be fair the Council might have to ensure that older people receive some help in completing the assessment forms, e.g. will you provide extra money to AgeUK Norfolk to do this?”</p> <p>“How you can charge for needs that vary considerably, some days, months and years requiring more care than others by expecting a disabled person to keep you posted with bills and receipts...? And not rack up a huge debt waiting for you to catch up with them.”</p> <p>“Your demand for proof of DRE is unfair and unreasonable. Heating, electricity and water usage is affected by many factors, size of property outside temperature how do you quantify or separate out the costs.”</p> <p>“My husband is writing this response to your consultation as due to my condition I find it very difficult, many disabled suffer the same problem an inability to cope with forms, causing stress which itself exaggerates their condition.”</p> <p>“However, last year I found it very difficult to put together a list of bills which I know took me over 7.50. So I didn't do it. We also live in a paperless society so obtaining bills is difficult. I found particular difficulty in getting fuel bills. ... So I would welcome the change but NCC need to make it easy for me to get all the costs together in a way that will be acceptable.”</p> <p>“It sounds very complicated especially for the elderly and anyone with Dementia that still lives at home or is cared for at home by their family. Having to send receipts, invoices, bills and bank statements is really</p> | |
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| | | | <p>confusing and must cause an awful lot more work for someone, which will lead to more errors.”</p> <p>“The £7.50 barely defrays expenses over the course of a year as it is. To be put in a position of having to prove these on a regular basis is invasive and dehumanising.”</p> <p>“My other concern is that proud and vulnerable people may be too embarrassed to want to claim, giving the breadth of detail you will be seeking - invoices etc. A round sum allowance enables, for instance additional laundry and electricity, to be covered without additional administration time being necessary by staff, who already are working to capacity.”</p> <p>“Asking someone who is vulnerable e.g. mental health, elderly or infirm for who life is already a struggle to provide receipts etc. is putting too much pressure on people, it’s not realistic to expect people to cope with yet more admin. You might save money but I think you will also spend more on admin/cause suffering to people already beleaguered by forms. Also the amount spent on heating etc. is hard to quantify and based on subjectivity. You will end up subsidising only those who are most capable of organising themselves and fighting for their welfare - ie - NOT the most vulnerable. Think again”.</p> <p>“Because of crises, emergencies and changes at N&SMH Trust I have been waiting since April 2017 for a letter to claim back the amount £7-50 per week extra charge.”</p> <p>“It is ridiculous to expect people in receipt of money to do all this paperwork. They will just get confused and distressed and social workers offer no help. I have a brain injury and cannot do paperwork.”</p> | |
| General agreement with proposal | <ul style="list-style-type: none"> • Agree because proposed change is right or reasonable | 108 | <p>“I agree with your proposal to pay only those people who have additional expenditure because of disability needs.”</p> <p>“Looks fair to me”</p> | |

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| | <ul style="list-style-type: none"> • Agree because people should only be reimbursed for what they use • Agree because it is fair for everyone - nobody who needs the allowance will lose out • Agree because it could save money • Agree because some people can afford to pay more • Agree because it is understood that savings have to be made • Agree because it will help people retain their independence for longer | | <p>“It is fairer to reimburse people for their actual expenses.”</p> <p>“It seems fair and balanced. However I will not be affected.”</p> <p>“I think the proposal is in line with the increases the rest of us are facing. I am aware that this disability allowance is not the only assistance available.”</p> <p>“Seems logical you should have to prove the costs before they are taken into account”</p> <p>“Now you have the technology and systems available make use of them. What is the point of paying for new software if you don't take advantage of the features. Make the changes it make sense.”</p> <p>“The new proposal seems perfectly fair and reasonable.”</p> <p>“This seems a fair way to assess people. It is not right to allow a standard exemption when some people are simply not using it. Nobody is really losing out, only those receiving something they are not entitled to.”</p> <p>“I agree with your proposal. Just because someone has a disability, doesn't mean they are on a low income/have no savings.”</p> <p>“This sounds like a sensible idea, to only pay for what people are spending, it could save a lot of money, which could be used elsewhere.”</p> <p>“This proposal does not currently affect me. It seems a fair proposal to ensure that those who need the assistance get it, those whose savings exceed the limit pay for themselves, and those who need a little help will be making a contribution.”</p> <p>“I think it's a good idea and would fairly means test individuals. Personally it would help me with all that I pay out for to enable me to stay in my own home plus keep my independence for as long as possible.”</p> | |
| General disagreement with proposal | <ul style="list-style-type: none"> • Disagree without giving reason | 105 | <p>“I think it is disgusting. It puts people in the position of having to JUSTIFY their disabilities and puts the council in a position of POWER over them rather than working as an equal partner to help them.”</p> | |

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| | <ul style="list-style-type: none"> • Disagree because proposed change is 'wrong', a bad idea, shameful, disgusting • Disagree because older people should not have to pay for care • Disagree because it makes people with disabilities justify their spend • Disagree because the money should be ring-fenced and/or invested in, not cut • Disagree because older people/people with disabilities have little choice but to pay other people for day to day care • Disagree because definition of DRE costs are not correct • Disagree because it disadvantages people already facing financial hardship | | <p>"I think this funding should be ring-fenced and social care should be invested in."</p> <p>"Do not agree, as I am reliant completely on other people as I am housebound and need their help"</p> <p>"am completing this for my daughter [name] with learning disability. We are encouraging her to live as independently as possible. She has multiple small expenses related to her disability but is unable to record these, or retain receipts for these. Such a change, requiring receipts to avoid the £7.50 reduction in benefit would be punitive to her and others like her. I strongly oppose this change"</p> <p>"Absolutely appalled at this proposal. Example of broader logic applied to disability related costs. If someone has total incontinence it is not just perhaps disability expenditure on products such as pads, special bed/furniture covers; but also the extra home fuel used. More washing/showering equals more water use and more electricity/gas use." "If someone has a form of arthritis it is the extra heating they need during the colder months. If someone as limited mobility, lives alone and still able to drive an adapted vehicle; that vehicle is there independence ability to move around and therefore extra cost on fuel. The above are just a few examples of the broader nature of disability related expenditure that i don't think you have even thought to consider."</p> <p>"I think it's mean minded of NCC to have reduced the allowance from £15 to £7.50 in the first place and doubly so to remove the allowance completely. These are vulnerable people we're talking about, people whose only real company during the week might be the folk they see at a day care centre, which they may end up not being able to attend because they can't afford it any more. It is also seriously disadvantageous to people who are already struggling with rising prices and reducing public services."</p> <p>"I think I would be paying more as I have an alarm when its cold the heating is on longer as I feel the cold dew to my stroke so I don't agree with the changes"</p> | |
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| | <ul style="list-style-type: none"> • Disagree because of (perceived?) negative personal financial impact | | | |
| <p>Proposal is an additional cut on top of previous cuts</p> | <ul style="list-style-type: none"> • People with disabilities have already experienced cuts to services • Cuts are experienced by those least able to afford them • Cost of living and care costs have risen but not matched by income • The cumulative effect of cuts has left little room for further savings to be made | <p>85</p> | <p>“I have to pay the full amount which the law says each month towards my care. last year it went up by another 37 pounds per month. I have to pay towards community alarm. My utility bills are higher than normal because of the need to use more water for washing clothes every day which increases my water bill and having heating on I believe the bill for social care should stay the same each month. everything is going up in price due to inflation and benefits are being freezed not increasing.”</p> <p>“Not happy about the changes as my care costs are going up constantly.</p> <p>“Very concerned my mother is 95 years old and her disability costs keep going up. The costs for carers alone have going up 35% her allowance has gone down 10% which means we now have a defecit of nearly £700 and you are now looking to increase her charges?”</p> <p>“[Name] has already had a 50% rise in his care charges. He also pays privately for a day centre all day and pays the carers petrol. He also pays for a bedroom tax. Please think about the people who need this service.”</p> <p>“As I had my allowance cut last year my disability is worsening I feel any further deductions would be facing me with more hardship.”</p> <p>“I am not allowed DRE as, although I am severely disabled I found this very difficult to apply for and prove . Your last change in April 2017 devastated me financially together with reductions in benefits both of which reduced my weekly income considerably. I am already heavily in debt with [care provider] and social services for the newly improved care charges. I have never before in my life been in debt. I would certainly be unable to pay out any extra as my household budget has already been cut down as much as possible. 2017 has been a nightmare to me financially and I have only got through this with outside help. I live alone with my dog.”</p> | |

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| <p>Challenge to the thinking behind the proposal</p> | <ul style="list-style-type: none"> • Proposal won't save money as administration costs will increase • Definition of a 'disability related cost' is too narrow • Finances have not been thought through • People require support for the system to work • The proposed change will not deliver the anticipated savings | <p>72</p> | <p>"Will the cost of administering the change significantly negate the savings? / would policing the claim costs increase?" "Flawed thinking in the narrow perception of disability related cost"</p> <p>"Just do your sums"</p> <p>"NCC need to make it easy for me to get all the costs together in a way that will be acceptable."</p> <p>"From the information I have just read, I am not convinced the additional work involved to individually calculate each person's contribution would necessarily save the sums mentioned."</p> <p>"Once you take into consideration all of the above for people and how the decision making process will have to be assessed I wonder how the additional staffing cost can be considered negligible. If you say an average of 10 hours a decision on 3,800 people that's over 38,000 hours a year that aren't currently assessed. That's about 19 people full time a year on salaries of £20k that's nearly £400,000. That's without costs of letters, developing systems for people to complete returns, appeals, complaints, managers for the staff, pensions, holiday pay and so on. This will have to be reassessed annually and I question what the difference in cost and saving will be. I have said 10 hours a decision as a conservative estimate as given my own related expenses I know they will be time consuming to calculate the above-mentioned without even touching on the easy to track cost of medications one for example. I dare say there are some disabled people without additional expenses although I question where saving the money they get will create vast savings overall."</p> | |
| <p>Description of medical condition or disability</p> | <ul style="list-style-type: none"> • Description of a medical condition or disability only. Implies that the condition or disability results in additional | <p>64</p> | <p>"I have now been diagnosed with lung, liver and kidney cancer. I think I will have to cancel 1 carer during the week because of chemo and radiation treatment."</p> | |

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| | <p>charges but does not explicitly say so.</p> | | <p>“It would Affect me As I Have LONG TERMED Illnesses Arthritis, Diabetes, Bend spine, Had A Stroke 6 or 7 years Ago. Walk Only A Few Steps With Difficulty.”</p> <p>“I have Type 2 Diabetis. I have ostriar arthritis High Colestrial I also have arthritis in my hands I am crippled in Both legs and I on Water Tablets every day. My sister cares for me as I am Disabled in a wheelchair. I have a lot of Long term problems with my Health.”</p> <p>“[name] is bed bound. Everyday they is sheets to wash and Blankets. The accomodation he lives in has no central heating and [name] and his son lives in one room with electric heaters on as he gets cold. [name] is 91 years of age. He has a hospital bed and careers coming in four time a day [name] also pays for a community alarm system.”</p> | |
| <p>Some groups will be more affected than others</p> | <ul style="list-style-type: none"> • Concern that self-funders are unfairly penalised compared to people on benefits • Concern that people in shared accommodation may not be fairly assessed • Unjust – affects those least able to protest • Unjust – affects those who need support the most (older people and people with disabilities) • Unjust – physical disabilities can be more straightforward to | <p>60</p> | <p>“It will take more money away from those vulnerable people who can least afford it. An example of its flawed thinking in the narrow perception of disability related cost . If someone wants to have coffee in a cafe but need the support of a paid care, they have to pay for the carers coffee too. That is a disability related cost but you make no allowance for it. As ever it is easier to take from those least able to protest.”</p> <p>“As a co-tenant with 2 other gentlemen in supported living it will be almost impossible to assess the amount of disability related expenses that apply to each of them individually so may well mean my son can't be assessed accurately.”</p> <p>“I am completing this for my daughter [name] with learning disability. We are encouraging her to live as independently as possible. She has multiple small expenses related to her disability but is unable to record these, or retain receipts for these. Such a change, requiring receipts to avoid the £7.50 reduction in benefit would be punitive to her and others like her. I strongly oppose this change.”</p> <p>“I am already paying over £180:00 a month for my care, having to do this has limited my day to day life do to financial. People with disabilities should not have to pay for care.”</p> | |

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| | <p>recognise as a disability than a mental health issue or learning difficulties</p> | | <p>“I think it is just another way of extracting funds from vulnerable people who mostly cannot stick up for themselves.”</p> <p>“I think this is once again taking money off the most vulnerable people who cannot afford it. As they are already on a substance amount of benefits. People who are disabled or have special needs should not have to pay anymore for there care!!”</p> <p>“Just as with the Government PIP forms the weighting seems to favour physical difficulties and not be aware of the needs of someone with mental health and learning difficulties.”</p> <p>“We believe that the idea will be especially bad for people with learning disabilities, more than people who have a physical disability. We feel it will discriminate against people with learning disabilities.”</p> | |
| <p>Individuals’ wellbeing could be affected by proposal</p> | <ul style="list-style-type: none"> • Proposal will cause people stress/worry/anxiety • People’s mental wellbeing will be negatively affected if proposed change goes ahead | <p>59</p> | <p>“Therefore I would not change the present system as it brings no real advantages but actually increase mental health issues through worry and paper work.”</p> <p>“Furthermore the ongoing stress of these continual assessments has a profound impact on our health.”</p> <p>“think this proposal will effect us by adding more stress, to an already stressful situation. Having to cope with yet more forms”</p> <p>“Also the mental and physical pressure of proving via receipts is both demanding and exhausting for sick and disabled people. this is another way to prevent people from claiming as many will not due to stress of process”</p> <p>“This is not good for people who have not got a lot of money my money is housebound, nearly blind, very deaf. This is just another added worry, she does not need.”</p> <p>“I do not think I or unpaid carers should be put under this level of stress, and request your help in this matter.”</p> | |

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| <p>Criticism of DRE consultation process</p> | <ul style="list-style-type: none"> • Consultation is a paper exercise • Consultation documentation is too long, hard to understand, not user-friendly • Consultation is not fair in that decisions have already been made • No confidence in consultation process • Some people completed the demographic questions but did not tell us how the proposal might affect them • Others told us they did not understand but it wasn't clear if they did not understand the proposal itself, or the impact of the proposed change on their lives. | <p>43</p> | <p>“I think that this proposal is a sham consultation because nothing anyone says would make any difference you are going to do it anyway and you are just wasting public money to pretend that you have a mandate.”</p> <p>“I also think this consultation is poorly written, overly long and not at all user friendly.”</p> <p>“Pages of text left me confused.”</p> <p>“Be honest enough to speak the truth.”</p> <p>“Does my age, background or sexual orientation, wether I am male or female have any impact on this consultation? I think not, this just another paper exercise and is not fairly dealing with people’s disability.”</p> <p>“As its probably all ready a done deal he'll pay more again anyway. We don't really have a choice if again "money has to be saved", and it'll be the same in 2019.”</p> <p>“I Think That Whatever I Put here You Have Already Made Up Your Minds As To What You Intend To Do Last Year You Sent Me A Similar Letter to this One And You Did Not Appear To Take Much Notice Of My Opinions.”</p> <p>“No confidence! Unlikely my view matters.”</p> <p>“No matter what our thoughts are you will still carry on as you see fit.”</p> <p>“This "consultation" is a mockery. You do not define the questions clearly enough, are you asking about the person being cared for? or the carer filling in the form? N.C.C will reduce its help to the most vulnerable in our society anyway.”</p> | |
| <p>Support should be dependent on need</p> | <ul style="list-style-type: none"> • Support should be means tested • Support should be targeted to those most in need | <p>43</p> | <p>“No elderly person should have to pay for care. They have paid their dues for all of their lives. Now is the time for payback.”</p> <p>“I think it's a good idea and would farely means test individuals.”</p> <p>“Good idea only those that need it will get financial help.”</p> | |

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| | | | <p>“Dont mind paying whilst I can afford it, as long as everybody is treated the same. I have been up front and honest about my savings, pensions ect, not everybody is.”</p> <p>“Surely the fairest way is to treat everybody individually and assess us on our income without making any "standard" deductions.”</p> | |
| Impact on vulnerable people | <ul style="list-style-type: none"> • The most vulnerable people in society will be affected • Although cuts are necessary they should not be at the expense of the most vulnerable | 43 | <p>“I understand that Norfolk County Council have to make cuts and savings but ... I personally find it disgraceful to penalise the most needy and vulnerable people in society, through no fault of their own, having disabilities.”</p> <p>“I think this is once again taking money off the most vulnerable people who cannot afford it. As they are already on a subsistence amount of benefits. People who are disabled or have special needs should not have to pay any more for their care.”</p> <p>“I think this is an absolutely immoral and heartless idea and should not be implemented. The proposal will not affect me personally, but will affect many around me – hitting the most vulnerable hardest.”</p> <p>“I do not agree with targeting vulnerable people.”</p> | |
| People may not be able to pay for as much care | <ul style="list-style-type: none"> • People may have to stop paying for some care • People may have to change the type of care they receive • People may not be able to continue to live at home | 38 | <p>“If you wanted more money I would not be able to afford the care I now get, and would not be able to live in my own home.”</p> <p>“I think the proposal is wrong, isn't it bad enough that people are ill and cant manage for themselves + need a careworker to come in and help, without having all the worry of where the extra money to pay them is going to come from. Having a care worker come in the mornings to get me washed + dressed is the only help I have, and my wife do everything else for me, and if the price of having a care worker went up any higher I think I would have to consider stop having them come, & I really don't know how we would manage without one.”</p> | |

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| | | | <p>“It will cost me extra money and I will have to give up all my social care as I cannot afford to pay anymore money.</p> | |
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| | | | <p>“May have to consider going 1 day less to day-care as this is not only thing that is costing more!”</p> | |
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| | | | <p>“I am 89 years old and live alone. I wish to continue living in my own home. I have to pay for someone to do my gardening, clean my windows, come to my home to set my hair every week. I am unable to go out unless someone takes me by car + using a wheelchair. I pay for a personal alarm. My daughter - who is 64 - does my shopping etc. If I have to pay more for my care I may not be able to afford it + may have to give up my independence.”</p> | |
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Additional responses

| List responses received in addition to the standard format (e.g. petitions, postcard campaigns, letters) and summarise main points |
|---|
| Norfolk County Council Labour Group organised and promoted their own separate consultation. They described this consultation proposal as: “increasing charge for non-residential care – introducing costly means testing and forms to complete for people with extra expenses because of their disability, illness, or mental health conditions”. Seventy one (71) of the responses contained comments relating to this proposal. In general the proposed change was opposed (31 people stated they disagreed) and the concerns expressed in the Norfolk County Council Labour Group consultation reflected those expressed in the Norfolk County Council consultation. Respondents told us they felt that the proposed change was not fair (that some people would be more affected than others - 27 mentions); that the most vulnerable people in society were being targeted (27 mentions); people’s wellbeing would be negatively affected (9 mentions); and people with disabilities already found the cost of living high (7 mentions). |

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Adult Social Care budget proposals 2018-2019

Equality and rural assessments – findings and recommendations

January 2018

Lead officer – Jo Richardson, Equality & Diversity Manager, in consultation with Carol Rake, Client Services Exchequer Manager; Susanne Baldwin, Finance Business Partner; Adult Social Services; and Debbie Bartlett, Assistant Director - Strategy & Transformation

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

For more information please contact Equality & Diversity team, email: equality@norfolk.gov.uk or tel: 01603 222611.

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The purpose of equality and rural assessments

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

The Legal context

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

The assessment process

5. This assessment comprises three phases:
 - **Phase 1** – evidence is gathered on the proposal, to examine who might be affected and how. This includes reviewing the findings of related assessments and public consultation, contextual information about local populations and other relevant data. Where appropriate, public consultation takes place.
 - **Phase 2** – the results are analysed. The assessments are drafted, making sure that any potential impacts are fully assessed. If the evidence indicates that a proposal may have a detrimental impact on people with protected characteristics or in rural communities, mitigating actions are considered.
 - **Phase 3** – the findings are reported to service committees, to enable any impacts to be taken into account before a decision is made.

Adult Social Care Services budget proposals 2018-2019

6. Adult Social Care Committee has put forward nine budget proposals for 2018-2019:

| | Title of proposal | Description |
|----|--|--|
| 1. | Capitalisation of equipment spend | <p>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.</p> |
| 2. | Accommodation based reablement | <p>Reablement is central to promoting independence. The Council already has a good track record in supporting people in their own homes, but has 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.</p> <p>The new service helps regain and learn practical skills so that people 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.</p> <p>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.</p> <p>The introduction of the new service is being funded through the additional monies from the Government for adults as part of the improved 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 who have no choice but to be cared for within a residential setting, which can lead to long term placement.</p> |
| 3. | Reduction in funding for invest to save | <p>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. A review shows that this budget can be reduced without jeopardising the service's plans.</p> <p>This would require a reduction to the budget. The assessment of investment needs indicates that this will not have a negative impact on the service's planned programme of work.</p> |
| 4. | Prevent carer breakdown by better targeted respite | <p>The Council has already changed its approach to supporting carers, and a new service has been commissioned which began on 1st October 2017. Alongside this, the Council plans to strengthen its approach to respite, targeting it in a timely and effective</p> |

| | Title of proposal | Description |
|----|---|---|
| | | <p>way to prevent carer breakdown.</p> <p>Current practice is variable with some significant differences between client groups on provision of respite. The Council is proposing to implement an approach across all adult client groups which is fair and transparent and ensures equitable and consistent provision of respite for carers.</p> <p>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.</p> |
| 5. | Review charging policy to align to actual disability related expenses | <p>Norfolk County Council carries out a financial assessment to work out how much, if anything, people have to pay towards the cost 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.</p> <p>Disability related expenses are the additional expenses people face because of their disability. The Council changed the standard amount it takes into account for disability related expenditure from £15.00 a week to £7.50 a week last year. It is now proposing to consult on a further change to stop using a standard amount and instead take people's actual disability related expenses into account.</p> |
| 6. | Strengthened contract management function | <p>Adult Social Services currently commissions some £260m of care, outside of contracts with NorseCare and Independence Matters. The commissioning and procurement teams support 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 contracts in order to get the most out of them and therefore save more in the long run.</p> <p>The proposal is for additional posts to support the commissioning and procurement teams to improve value for money.</p> <p>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.</p> |

| | Title of proposal | Description |
|----|---|---|
| 7. | Procurement of current capacity through NorseCare at market value | 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. |
| 8. | Investment and development of Assistive Technology approaches | Whilst the Council already provides equipment and assistive technologies, there remains opportunities 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. |
| 9. | Maximising potential through digital solutions | 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 Norfolk Futures workstreams including Smarter information and advice, Promoting Independence and Digital Norfolk. |

Who is affected?

7. These proposals will affect disabled and older people and their carers, including disabled and older people with other protected characteristics and in rural areas. Staff will also be affected:

| | |
|--|------------|
| People of all ages (particularly older people) | YES |
| Disability (all disabilities and long-term health conditions, including but not limited to people with, for example, reduced mobility; Blind and visually impaired people; Deaf and hearing impaired people; people with mental health issues; people on the Autism spectrum; people with learning disabilities and people with dementia) | YES |

| | |
|--|------------|
| Gender reassignment (e.g. people who identify as transgender) | YES |
| Marriage/civil partnerships | YES |
| Pregnancy & Maternity | YES |
| Race (different ethnic groups, including Gypsies, Roma and Travellers) | YES |
| Religion/belief (different faiths, including people with no religion or belief) | YES |
| Sex (i.e. men/women/people who identify as intersex) | YES |
| Sexual orientation (e.g. lesbian, gay and bisexual people) | YES |

Potential impact

8. Adults budget proposals for 2018/19 will impact primarily on disabled and older people and their carers – which is inevitable, because disabled and older people constitute the majority of adult social care users.
9. The proposal to Review charging policy to align to actual disability related expenses may have a significant detrimental impact on some disabled and older people and people in rural areas. The reasons for this are set out on page 10.
10. The other eight proposals are unlikely to have any detrimental impact on people with protected characteristics or in rural areas. The reasons for this are provided below:

| | Title of proposal | Impact |
|----|-----------------------------------|---|
| 1. | Capitalisation of equipment spend | There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because no changes are proposed to assessment processes, eligibility of needs, service standards, quality or delivery. |
| 2. | Accommodation based reablement | <p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> • No changes are proposed to assessment processes, eligibility of needs, service quality or standards. Service users will continue to receive support relative to their needs. The proposal will not lead to new or increased costs for service users. • The principles of promoting Independence strategy will guide the design and delivery of this proposal. Promoting independence strategy prioritises the independence, dignity and safety of disabled and older people, and draws directly on the voices of disabled and older service users to guide service design. Disabled and older people consistently report that these are critical factors in supporting well-being. • People in rural and urban areas will receive the |

| | Title of proposal | Impact |
|----|--|---|
| | | <p>same standards and quality of services.</p> <ul style="list-style-type: none"> • Opportunities for building greater levels of accessibility for disabled and older people into the design of services will be considered as part of the commissioning process. |
| 3. | Reduction in funding for invest to save | <p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because no changes are proposed to assessment processes, eligibility of needs, service standards, quality or delivery.</p> |
| 4. | Prevent carer breakdown by better targeted respite | <p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> • The proposal seeks to address current significant differences between client groups in receipt of respite services. It is intended to implement a new approach which is fair and transparent for all adults to ensure equitable and consistent provision of respite for carers, including carers in rural areas. • The proposal may lead to some changes in how carer respite services are delivered, or who delivers them, but these are not anticipated to have any significant impact on service users. This means that service users, including service users from rural areas, will not experience any changes in the quality or standards of the services they currently receive or be disadvantaged. They will continue to receive support relative to their needs. No changes are proposed to the assessment process or eligibility of needs. • The proposal will not lead to new or increased costs for service users. • The principles guiding design and delivery of the proposal will be Promoting Independence strategy, which prioritises the independence, dignity and safety of disabled and older people, and draws directly on the voices of disabled and older service users and their carers to guide service design. • Opportunities for building greater levels of accessibility for disabled and older people into the design of services will be considered as part of the commissioning process. |
| 5. | Strengthened contract management function | <p>There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because:</p> <ul style="list-style-type: none"> • Service users will continue to receive support relative to their needs. No changes are proposed to |

| | Title of proposal | Impact |
|----|---|---|
| | | service standards or quality, assessment processes or to eligibility of needs. |
| 6. | Procurement of current capacity through NorseCare at market value | There is no evidence to indicate that this proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because service users will continue to receive support relative to their needs. No changes are proposed to service standards and quality, assessment processes or to eligibility of needs. |
| 7. | Investment and development of Assistive Technology approaches | <p>This proposal should impact positively on disabled and older people, because it will look to continue to maximise the potential of technology to keep people independent for as long as possible.</p> <p>Norfolk Futures will see the Council make much greater use of technology to serve people in their homes, at a time and place that suits them. Increasingly, digital inclusion will be a critical factor in the ability of disabled residents to live independently, access services and combat social isolation. Badly designed and implemented web technology can make it difficult or impossible for disabled people using assistive technologies like text-to-speech screen readers or magnification software to access web information and self-service.</p> <p>In March 2018, the Council's Digital Innovation and Efficiency Committee will receive a paper on digital inclusion in Norfolk, which will set out principles for ensuring that accessibility for disabled people and other vulnerable groups is 'built in' to digital inclusion strategy, rather than regarded as an extra layer of usability for a minority of users.</p> <p>There is no evidence to indicate that the proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because service users will continue to receive support relative to their needs. No changes are proposed to service standards and quality, assessment processes or to eligibility of needs.</p> |
| 8. | Maximising potential through digital solutions | <p>There is no evidence to indicate that the proposal would have any detrimental impact on people with protected characteristics or in rural areas. This is because service users will continue to receive support relative to their needs. No changes are proposed to service standards and quality, assessment processes or to eligibility of needs.</p> <p>See also 7 above.</p> |

| | |
|---------------------------|--|
| Title of proposal: | Review charging policy to align to actual disability related expenses |
| Lead Officer: | Jo Richardson, Equality & Diversity Manager |

Analysis of proposal & potential impact

Overview – about the proposal

1. This proposal is to stop allowing a standard amount of £7.50 for disability related expenditure for people in their own home, and instead take people's actual disability related expenses into account.
2. This follows a similar proposal last year, where Adult Social Care Committee agreed to change the amount the Council automatically allows for disability related expenditure for people in their own home from £15 a week to £7.50 a week.
3. If the proposal goes ahead, the amount that people may need to pay towards their care will change from April 2018.
4. The proposal could save £400,000 in 2018/19.

Background

5. Being disabled is expensive. Many disabled people have to pay for help with things that others take for granted. This is called 'disability related expenditure'. Disability related expenditure must be directly related to a person's disability or illness, and be greater than the average cost a person without a disability or illness spends on the same item.
6. The Council takes the amount people spend on their disability into account when it assesses them to identify how much they can afford to contribute towards their non-residential adult social care. Disability related expenditure reduces the amount that people are asked to pay towards their non-residential care. Some people do not have to pay anything towards their non-residential care, because their assessment shows that they cannot afford to do so.
7. At the moment, the Council automatically allows all service users receiving non-residential care £7.50 per week for disability related expenditure. This means that the Council automatically reduces the amount that people have to pay towards their care by £7.50 per week. This reduction is referred to as an 'allowance' or 'disregard'.
8. If people spend more than £7.50 per week, then they have to provide evidence of this (such as receipts) so that the Council can ensure that this is reflected in what they pay towards their care.
9. For many years prior to April 2017 the Council allowed a standard amount of £15.00 a week for disability related expenditure for people in their own home. However, during 2016, research was conducted that indicated that the average amount that people tended to spend on disability related costs was around £5.50 a week. In addition, more sophisticated software meant that it was easier for the Council to account for disability related expenditure. Because of this, the Council decided in February 2017 to change the amount it automatically allows for disability related expenditure from £15 a week to £7.50 a week. This sought to avoid a situation whereby some service users were receiving an 'allowance' towards their care that they did not need.

What would happen if the proposal goes ahead?

10. If the proposal goes ahead, there would be no change to the policy that service users can off-set their disability related expenditure against the cost of their adult social care. The main change is that if a service user has any disability expenditure, they will need to provide evidence of this, whereas from 1 April 2017, they did not need to show evidence until their disability related expenditure reached £7.50 per week.
11. If people currently don't have any disability related expenditure, then the proposal means they might have to start paying more towards the cost of their care – up to £9.99 per week. If people receive a direct payment to purchase their own non-residential care they may need to contribute up to an additional £7.50 to their personal direct payments account.
12. If the proposal goes ahead, the Council would have to work out how much to ask people to pay towards their care costs. To do this the Council would write to everyone affected and ask them to fill in a form to state how much they spend on disability related expenditure. Service users would be asked to provide evidence of how much they spend – this could include receipts, bills, invoices or bank statements.
13. To apply for disability related expenditure, people can telephone and ask for an application form. The Council can also complete this over the phone on their behalf. However, they will need to send in the evidence (by post or email) prior to an amount to be agreed.
14. If people's financial circumstances change at any time, they can contact the Council and ask for a review of the amount they have to pay towards their care.
15. In future, whenever someone asks for financial help, the Council will ask them about their exact disability related expenditure in their financial assessment to get it right from the start – people can then ask for a review if their disability related expenditure increases.

Who is affected?

16. The proposal will primarily affect disabled and older service users who live in their own home. This includes people with the following protected characteristics:

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

17. Service users in rural areas will be affected.
18. The proposal does not affect people who live in residential or nursing care. People with savings over £23,250 will still need to pay the full cost of their care.

Analysis of the people affected

19. This proposal affects people who receive non-residential adult social care services that are fully funded or part funded by Norfolk County Council. It also affects people who receive direct payments in order to buy services.
20. Non-residential services help meet people's social care needs in the community. These include things like help at home, getting meals, activities such as accessing local groups, help with education, and going to a day centre.

How many people would be affected if this proposal went ahead?

21. The Council currently provides non-residential adult social care services to approximately 8,200 people.
22. Currently, around 3,740 people contribute something towards the cost of their non-residential care. Around 3,760 service users don't have to make any financial contribution to their care. Around 700 people pay the full cost.
23. If the proposal goes ahead, many of the 3,760 people who currently don't have to make any financial contribution to their care may continue in this way, if their income is below the minimum amount for living expenses that the Council has to take into account, which is £189.00 a week.
24. Overall, it is estimated that around 3,872 people would be affected by the proposal and around 130 might have to start paying something towards their social care for the first time.

Potential impact

25. In considering the potential impact of this proposal, it is important to note that there will be no change to the policy that service users can off-set their disability related expenditure against the cost of their adult social care. The main change is that if service users spend anything at all on disability related expenditure, they will need to show evidence of this, whereas previously, they did not need to show evidence until their disability expenditure reached £7.50 per week.
26. On this basis, it is difficult to make a case for detrimental impact, because the Council will continue to reduce the amount that people are asked to pay towards their care based on their disability related expenditure. In view of this, the proposal should not have a significant detrimental impact on people who are using the allowance for disability related expenditure. They will continue to be able to claim expenses to cover their costs.
27. However, it is critical to take into account that this group of users may face barriers relating to the need to evidence spending and fill in forms. This may be particularly the case for people with learning disabilities, who, without the right support, may be unable to complete paperwork. This could put them at a high risk of not claiming benefits to which they are entitled, or getting in a muddle and making incorrect claims which they then have to pay back. These barriers also apply to people who struggle with fatigue, mobility issues, confusion or other disabilities who may need

additional help to fill in forms and evidence spending correctly. It will be important to continuously review the barriers to claiming for these people. A range of approaches are already available to provide appropriate support.

28. There will be a detrimental impact for people who have received the disability related allowance and used it for general living expenses, rather than for expenses incurred because of their disability. Their base allowance will change which will mean they could have to contribute more to the cost of their care – anything up to £9.99 a week out of their current income – equivalent to £39.96 every four weeks, or £519.48 a year.
29. Not all service users will have to pay this – it will depend on whether or not they are using their allowance for its intended purpose. However, given that most service users are likely to be living on a low income, this may cause financial hardship for those people who suddenly find themselves having to contribute more towards their care than they have done previously.
30. The impact of this would need to be balanced against the fact that:
 - Service users will only be asked to pay based on what the Government says they can afford.
 - The purpose of the allowance is to help people who are disabled with extra costs associated with their disability. The proposed change will mean that resources are better targeted to people who have disability related expenditure.
 - Demand for services is increasing, and the current model is not financially sustainable. There is an imperative to design a new model, in order to continue to be able to provide essential services to the most vulnerable service users.
31. If the proposal goes ahead, it will mean that service users who are using their £7.50 allowance to supplement living expenses and not for disability expenditure will have to adjust their spending, which could lead to the following impacts:
 - A reduction in standard of living, quality of life, physical wellbeing and independence because people have less money available to pay for day-to-day expenses because they have to pay more towards their care.
 - An increase in anxiety and stress (with a concomitant impact on people’s emotional and mental health) due to having to live on a lower income, and deal with new expenses and tighter budgeting, alongside the need to evidence spending, fill in forms and undergo review to determine need. Many service users may be unprepared for the change in their costs, both practically and emotionally.
 - Reducing people’s access to services – because they have less money to spend on transport or the services themselves.
 - Making people more socially isolated – because they have less money to spend on social or leisure activities.
 - Increasing pressure on carers who may have to provide additional help at home.
32. These impacts may be exacerbated for disabled and older people living in rural areas, where there may be a higher cost of living, and less access to services and carer support.

Human rights implications

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

Action to address any negative impact

| | Action/s | Lead | Date |
|----|---|---|-------------------|
| 1. | Continue to review whether different groups of service users (for example people with learning disabilities) face barriers to claiming and evidencing spending (noting that a range of approaches are already available to provide appropriate support). If so, develop actions for addressing any barriers. | Executive Director of Adult Social Care | From 1 April 2018 |
| 2. | If the proposal goes ahead, contact all service users affected, to offer guidance and advice on any steps they need to take – taking into account the particular needs of different groups of service users, such as people with learning disabilities. This will include how to complete the forms and the evidence that is required, to enable their needs to be taken into account. It will also include how to ask for help to complete the forms and who to talk to if they are worried about how they will manage the financial impact. | Executive Director of Adult Social Care | From 1 April 2018 |
| 3. | Work with relevant stakeholders to ensure that the guidance provided is simple, clear and accessible, particularly for people with learning disabilities and people with mental health issues, and that it addresses the fact that some service users may be fearful of seeking information and advice as they may worry that current entitlements may lessen or be withdrawn. | Executive Director of Adult Social Care | From 1 April 2018 |
| 4. | If a service user expresses concern about financial austerity, offer appropriate budget planning or other relevant support to make sure people are spending as effectively as possible, and ensure transition plans are established. | Executive Director of Adult Social Care | From 1 April 2018 |

Evidence used to inform this assessment

- Norfolk budget proposals 2018/19 – consultation documents and background papers: <https://norfolk.citizenspace.com/consultation/budget2018/>
- Consultation documents regarding the Council's consultation in 2016 to reduce disability related expenditure.
- Business intelligence and management data, as quoted in this report
- Equality Act 2010 and Public Sector Equality Duty codes of practice

Further information

For further information about this equality impact assessment please contact Jo Richardson, Equality & Diversity Manager, Email: jo.richardson@norfolk.gov.uk



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

¹ Prohibited conduct:

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

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

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

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

2 The protected characteristics are:

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

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

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

Marriage and civil partnership

Pregnancy and maternity

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

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

Sex - a man or a woman.

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

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

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

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

2018-19 to 2021-22 Proposed Committee Revenue Budget

| Budget change forecasts for 2018-22 Adult Social Care | | | | | |
|--|--|----------------|----------------|----------------|----------------|
| Reference | | 2018-19 £m | 2019-20 £m | 2020-21 £m | 2021-22 £m |
| | OPENING BUDGET | 261.453 | 252.466 | 254.491 | 257.982 |
| | | | | | |
| | ADDITIONAL COSTS | | | | |
| | Inflationary | | | | |
| | Basic Inflation - Pay (2% for 18-22) | 0.847 | 0.892 | 0.848 | 0.848 |
| | Basic Inflation - Prices | 5.854 | 4.844 | 5.007 | 5.007 |
| | Demand / Demographic | | | | |
| | Demographic growth | 6.134 | 6.000 | 6.100 | 6.100 |
| | iBCF - Social Care Purchase of Care | 7.833 | -3.000 | 2.000 | -1.336 |
| | iBCF - Managing market pressures | 2.000 | | | |
| | Remove 2017-18 growth for ASC 2016-17 overspend lower than forecast | -1.000 | | | |
| | Legislative Requirements | | | | |
| | Pay and Price Market Pressures | 5.921 | 5.741 | | |
| | iBCF - Impact of the National Living Wage - Sleep in care provision | 2.800 | | | |
| | iBCF - Deprivation of Liberty Safeguarding Service (DOLS) | 0.225 | | | |
| | iBCF - Mental health support to reduce Delayed Transfer of Care (DLOC) | 0.240 | 0.657 | -0.642 | |
| | iBCF - Pressure from ending of Section 75 protection of social care funding agreement | | 5.100 | | |
| | NCC Policy | | | | |
| | Adult Social Care 2016-17 Overspend | -4.197 | | | |
| | Vulnerable Persons Resettlement Scheme | -0.101 | -0.043 | | |
| | iBCF - Securing supply in home support | 0.500 | | | |
| | iBCF - Community models (micro commissioning) | 0.100 | | -0.100 | |
| | iBCF - Social Care staff capacity enhancement | 3.912 | -3.912 | | |
| | iBCF - Investment in social prescribing | 0.750 | -0.300 | -0.450 | |
| | iBCF - Trusted assessors model | 0.165 | 0.146 | -0.146 | |
| | iBCF - Enhanced Home Support service | 1.207 | -0.212 | -0.517 | -0.478 |
| | iBCF - Accommodation based Reablement Service | 2.169 | -1.715 | -0.454 | |
| | iBCF - Continuing Health Care discharge to assess social workers | 0.245 | -0.037 | -0.208 | |
| | iBCF - Commissioning capacity and flow post | 0.035 | -0.035 | | |
| | Planned carry forward of iBCF in reserves to fund future projects | 3.479 | -1.665 | -1.814 | |
| | Planned usage of iBCF funds from reserves | -9.819 | 6.340 | 1.665 | 1.814 |
| | Capacity to deliver service strategy and social and health care integration | 0.288 | | | |
| | Increase Adult Social Care provision for bad debt write-offs | 0.150 | | | |
| | Pressure from removal of one-off Adult Social Care grant | 4.197 | | | |
| | | 33.934 | 18.801 | 11.288 | 11.954 |
| | SAVINGS | | | | |
| | Brought forward from 2017-20 budget round | | | | |
| ASC003 | Service users to pay for transport out of personal budgets, reducing any subsidy paid by the Council | -0.900 | -0.800 | | |

2018-19 to 2021-22 Proposed Committee Revenue Budget

Budget change forecasts for 2018-22
Adult Social Care

| Reference | | 2018-19 £m | 2019-20 £m | 2020-21 £m | 2021-22 £m |
|------------------------------|---|----------------|----------------|----------------|---------------|
| ASC006 /ASC011 /ASC015 | Promoting Independence for Younger Adults - Customer Pathway - where the focus will be on connecting people with ways to maintain their wellbeing and independence thereby reducing the numbers of service users receiving care in a residential setting | -5.630 | -5.307 | -5.000 | |
| ASC006 /ASC011 /ASC015 | Promoting Independence for Older Adults - Customer Pathway - where the focus will be on connecting people with ways to maintain their wellbeing and independence thereby reducing the numbers of service users receiving care in a residential setting | -1.632 | -3.393 | -5.000 | |
| ASC007 | Promoting Independence - Reablement - net reduction - expand Reablement Service to deal with 100% of demand and develop service for working age adults | -0.500 | | | |
| ASC008 | Promoting Independence - Housing with Care - develop non-residential community based care solutions | -0.500 | -0.500 | | |
| ASC009 | Promoting Independence - Integrated Community Equipment Service - expand service so through increased availability and access to equipment care costs will be reduced | -0.250 | | | |
| ASC013 | Radical review of daycare services | -2.500 | | | |
| ASC016-019 | Building resilient lives: reshaping our work with people of all ages requiring housing related support to keep them independent | -3.400 | | | |
| ASC020 | Remodel contracts for support to mental health recovery | -0.275 | | | |
| ASC021 | Recommissioning of information advice and advocacy services | -0.250 | | | |
| ASC024 | Home care commissioning - an improved framework for procuring home care services in Norfolk | -0.549 | | | |
| ASC029 | Align charging policy to more closely reflect actual disability related expenditure incurred by service users | -0.230 | | | |
| COM040 | Delay to 14-15, 15-16 and 16-17 saving: Reduce the number of service users we provide transport for | -2.100 | | | |
| | | -18.716 | -10.000 | -10.000 | 0.000 |
| | Changes to 2017-20 budget round savings | | | | |
| ASC021 | Recommissioning of information advice and advocacy services | 0.250 | | | |
| COM040 /ASC003 | Delay and reversal of transport savings | 2.300 | -0.200 | | |
| ASC024 | Home care commissioning - an improved framework for procuring home care services in Norfolk | 0.549 | | | |
| ASC006 /ASC011 /ASC015 | Promoting Independence for Younger Adults - Customer Pathway - where the focus will be on connecting people with ways to maintain their wellbeing and independence thereby reducing the numbers of service users receiving care in a residential setting - savings required from reversal of one-off funding in 2017-18 | -1.164 | | | |

2018-19 to 2021-22 Proposed Committee Revenue Budget

Budget change forecasts for 2018-22
Adult Social Care

| Reference | | 2018-19 £m | 2019-20 £m | 2020-21 £m | 2021-22 £m |
|------------------------------|---|----------------|----------------|----------------|----------------|
| ASC006 /ASC011 /ASC015 | Promoting Independence for Older Adults - Customer Pathway - where the focus will be on connecting people with ways to maintain their wellbeing and independence thereby reducing the numbers of service users receiving care in a residential setting - savings required from reversal of one-off funding in 2017-18 | -3.033 | | | |
| | | -1.098 | -0.200 | 0.000 | 0.000 |
| | New 2018-22 budget round savings | | | | |
| ASC032 | Review charging policy to align to actual disability related expenses | -0.400 | | | |
| ASC033 | Accommodation based reablement | -0.550 | | | |
| ASC034 | Prevent carer breakdown by better targeted respite | -0.686 | | | |
| ASC035 | Investment and development of Assistive Technology approaches | | -0.300 | -0.500 | -0.700 |
| ASC036 | Maximising potential through digital solutions | -0.049 | -0.951 | -2.000 | -3.000 |
| ASC037 | Strengthened contract management function | -0.300 | -0.300 | -0.200 | -0.200 |
| ASC038 | Procurement of current capacity through NorseCare at market value (subject to change) | | -0.600 | -1.000 | |
| ASC039 | Capitalisation of equipment spend | -2.300 | | | |
| ASC040 | Reduction in funding for invest to save | -0.191 | | | |
| ASC041 | One-off underspends in 2017-18 to be used to part fund 2018-19 growth pressures on a one-off basis | -3.000 | 3.000 | | |
| | | -7.476 | 0.849 | -3.700 | -3.900 |
| | TOTAL SAVINGS | -27.290 | -9.351 | -13.700 | -3.900 |
| | | | | | |
| | BASE ADJUSTMENTS | | | | |
| | Improved Better Care Fund (iBCF) | -13.943 | -12.544 | | |
| | Adult Social Care Grant | 4.197 | | | |
| | War veterans | -0.287 | | | |
| | Additional ASC funding announced in March 2017 Budget | -11.901 | -5.903 | | |
| | Reversal of one-off Adult Social Care funding | | 11.901 | 5.903 | |
| | | -21.934 | -6.546 | 5.903 | 0.000 |
| | COST NEUTRAL ADJUSTMENTS | | | | |
| | Social Care System | -0.035 | -0.879 | | |
| | Adults Rehabilitation Public Health agreed cross cutting savings 2017-18 | -0.140 | | | |
| | Adult business support post to Customer Service Centre | -0.020 | | | |
| | Blue Badge Scheme budget from Adults to Communities | -0.007 | | | |
| | Depreciation transfer | 0.075 | | | |
| | Debt management transfer | 0.000 | | | |
| | REFCUS transfer | 6.500 | | | |
| | Information Advice & Guidance Directory to Public Health | -0.070 | | | |
| | | 6.303 | -0.879 | 0.000 | 0.000 |
| | | | | | |
| | NET BUDGET | 252.466 | 254.491 | 257.982 | 266.036 |

2018-19 to 2021-22 Capital Budget Proposals

| Capital Scheme Name | 2018/19 £m | 2019/20 £m | 2020/21 £m | 2021/22 £m |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Social Care & Finance Information System | 2.406 | 0 | 0 | 0 |
| Elm Road Community Hub | 0.109 | 0 | 0 | 0 |
| Capitalisation of Equipment | 2.334 | 2.380 | 2.428 | 2.476 |
| Unallocated Capital Grant | 4.289 | 0 | 0 | 0 |
| Total | 9.138 | 2.380 | 2.428 | 2.476 |