



Adult Social Care Committee

Date: **Monday 9 November 2015**

Time: **10:00am**

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

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

Membership

Ms S Whitaker (Chair)

Mr B Borrett
Ms J Brociek-Coulton
Mr M Chenery of Horsbrugh
Mr D Crawford
Mr T Garrod
Mr A Grey
Ms E Morgan (Vice Chair)
Mr J Perkins

Mr G Plant
Mr A Proctor
Mr W Richmond
Mr M Sands
Mr E Seward
Mrs M Somerville
Mrs A Thomas
Mr B Watkins

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

Nicola LeDain on 01603 223053
or email committees@norfolk.gov.uk

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A g e n d a

- 1. To receive apologies and details of any substitute members attending**
- 2. To agree the minutes from the meeting held on 12 October 2015**
- 3. Members to Declare any Interests**

(Page 5)

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

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

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

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

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

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

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

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

Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk or 01603 223053) by **5pm on Wednesday 4 November 2015**.

- 6. The Care Act and Safeguarding of Prisoners**
Presentation by Governor of HMP Bure, Norwich
- 7. Update from Members of the Committee regarding any internal and external bodies that they sit on**

8. **Executive Director's Update**
Verbal Update by the Executive Director of Adult Social Services
9. **Chair's Update**
Verbal Update by Cllr Sue Whitaker
10. **Exercise of Delegated Authority**
Verbal report by the Executive Director of Adult Social Services
11. **Adult Social Services Learning Disabilities Service** **To Follow**
Report by Executive Director of Adult Social Services
12. **Adult Social Services Transformation Programme** **(Page 12)**
Report by Executive Director of Adult Social Services
13. **Performance Monitoring Report** **(Page 18)**
Report by Executive Director of Adult Social Services
14. **Adult Social Care Finance Monitoring Report Period 6 (September 2015-16)** **(Page 31)**
Report by Executive Director of Adult Social Services
15. **Risk Management** **(Page 46)**
Report by Executive Director of Adult Social Services
16. **Re-Imagining Norfolk**
Presentation by Executive Director of Adult Social Services
17. **Quality Framework for Adult Social Care – Progress report** **(Page 54)**
Report by Executive Director of Adult Social Services
18. **Working Together to support Disabled Parents and Young Carers** **To Follow**
Report by Executive Director of Adult Social Services

Group Meetings

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

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Adult Social Care Committee

**Minutes of the Meeting Held on 12 October 2015
10:00am Edwards Room, County Hall, Norwich**

Present:

Ms S Whitaker (Chair)

Mr B Borrett

Ms J Brociek –Coulton

Mr D Crawford

Mr T Garrod

Mr A Grey

Ms E Morgan

Mr J Perkins

Mr G Plant

Mr A Proctor

Mr W Richmond

Mr M Sands

Mr E Seward

Mrs M Stone

Mrs A Thomas

Mr B Watkins

Mr A White

Also present: Mr J Joyce, Mr D Roper, Mrs M Strong, and Mr G Nobbs

Chair's Announcements: The Chair announced that item 15 would be taken before item 10.

1. Apologies

- 1.1 Apologies were received and accepted from Michael Chenery of Horsbrugh (substituted by Anthony White).

2. To agree the minutes from the meeting held on 9 September 2015

- 2.1 The minutes from the meeting held on 9 September 2015 were agreed as an accurate record and signed by the Chair.

3. Members to Declare Any Interests

- 3.1 There were no interests declared.

4. To receive any items of urgent business

- 4.1 No items of urgent business were received.

5. Local Member Issues

- 5.1 No local member issues were received.

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

- 6.1 Elizabeth Morgan reported that she had attended a meeting of the Norfolk Older People Strategic Partnership which launched their 'Living Longer Living Well' campaign. She had also been to a strategy group of the Norfolk Community Health & Care NHS Trust shadow governors and to the Norfolk Learning Disabilities champion board as member champion.
- 6.2 Brian Watkins had attended the AGM of the Norfolk and Norwich University Hospital.
- 6.3 Julie Brociek-Coulton had attended the performance and placement task and finish group at the James Paget Hospital.
- 6.4 Jim Perkins reported that he attended a board meeting at the Queen Elizabeth Hospital at King's Lynn.
- 6.5 The Chair reported that she had attended a meeting of Norfolk and Suffolk NHS Foundation Trust Council of Governors

7. Executive Director's Update

- 7.1 The Executive Director of Adult Social Services reported that the priority of the department had continued to be managing the in year budget pressures.
- 7.2 The department had hosted the first of a series of Health and Social Care transformation events with John Oldham leading the session. All organisations were committed to carrying out further work together.

8. Chair's Update

- 8.1 The Chair reported to the Committee that she had attended;
- a meeting with Kerry Wright, interim Head of Learning Difficulties
 - a meeting with Sue Hobbs, Strategy Manager for Young Carers (along with Cllr James Joyce),
 - a round table discussion in London organised by Localis on the future of Adult Social Care
 - the launch of dementia friendly community in Downham Market
 - Norfolk Carers Support AGM
 - three briefings with Deputy Leader on 2016/17 budget
 - two meetings of Chairs, Leader, MD and Directors with regards to devolution and refugee crisis

- a meeting of Syrian Refugees Taskforce
- a seminar organised by Shropshire Council on organisation of 'front door'.

9. Exercise of Delegated Authority

- 9.1 The Executive Director of Adult Social Services reported that the business plan for the new care village at Bowthorpe had been agreed. The village would include Housing with Care and dementia units. Residents would transfer from the current four homes to the new village.

10. Re-Imagining Norfolk: Service and Financial Planning 2016-17 to 2018-19

- 10.1 The annexed report (15) by the Executive Director of Adult Social Services was received by the Committee. The report set out details of the model of service delivery which would be required to enable the department to operate on a budget of 75% of its addressable spend.
- 10.2 The Committee reviewed each proposal in turn. With regards to proposal 1a – Promoting Independence: Customer Pathway, the following points were made;
- a) There was concern from some of the Committee regarding the scale of savings proposed and the realistic aim of achieving those savings as they were considerably high cost and high risk.
 - b) The community capacity was not the same across the County, and therefore there would have to be support available for people to ensure they were connected with the resources available by working with the Districts and the voluntary sector.
 - c) The Committee questioned the service reduction, and it was confirmed that the service would be reduced by 14% by the end of year 3, with an overall aim of 22% in the extended 5 year programme.
 - d) Although the Committee acknowledge the aspiration of the proposal there was concern about the delivery of the services in the timescales specified.
 - e) It was recognised that the 'Promoting Independence' initiative needed further work and therefore it would affect the RAG rating and achievement of service delivery.
- 10.3 The following points were made regarding proposal 1b - Promoting Independence - Reablement;
- a) It was clarified that the proposed saving would be achieved from the purchase of care as the capacity of the Reablement service would be increased.
- 10.4 The following points were made regarding proposal 1c - Promoting Independence – Housing with Care;
- a) Although the Committee acknowledged that this proposal had the right approach, there were concerns that it would need a substantial of Housing with Care in the County and a considerable amount of investment to change.
 - b) The Committee expressed concern at the Green RAG rating as achieving the savings would be dependent on partner organisations delivering their objectives and therefore was outside of the control of Norfolk County Council.
- 10.5 There were no comments made by the Committee on proposal 1d; Integrated Community Equipment Service (ICES).

- 10.6 The following points were made on proposal 2 - Reduce Training and Development spend following implementation of Promoting Independence
- a) In response to a question from the Committee why all the savings to be made in year 2, Officers confirmed that this was because it would require a cultural change and would take time to take effect.
 - b) The savings seemed modest when undertaking so much proposed change and the proposal seemed a false economy.
- 10.7 The following points were made on proposal 3 - Move service mix to Average of Comparator Family Group or Target – All Specialism
- a) The Committee questioned the Amber RAG rating.
- 10.8 The following points were made on proposal 4 - refocus Supporting People provision to support Promoting Independence Phase 1
- a) The savings would be in year 1 as it reflected the push to see deliverable savings as soon as possible. They were contracted services that could be given notice or reframed quickly.
 - b) Members felt that the service should concentrate on preventative measures rather than introduce proposals such as this.
 - c) The proposal was completely undeliverable, and should not have been considered. It was an area that had already seen major cuts in the past. It had been given a Red RAG rating due to the potential impact. This proposal was unacceptable.
 - d) It was recognised that there would be financial implications to the budget if this wasn't implemented as it represented 50% of the Year 1 savings.
- 10.9 The following points were made on proposal 5 - Radical Review of Daycare Services
- a) More detail was requested on what the service would look like if the proposal was implemented. Although it was expected that there would still be buildings-based provision, the service would need to change radically.
 - b) It was acknowledged by the Committee that this was a vague proposal; and needed more detail before reductions could be agreed to.
 - c) Service would need to be promoted in the community. It was clarified that work would be carried out to work in partnership with other organisations to help people into employment opportunities. There was some work being undertaken in this area but not enough.
 - d) The Committee agreed that there was not enough information to say if the proposal would work
 - e) The Committee agreed with the RAG rating for this proposal
- 10.10 The following points were made on proposal 6 - Phase out all transport provision to service users
- a) Members commented that service users would need transport support, and this proposal was impractical and ill-advised. Officers confirmed that there was a current project looking at to reducing transport spend locality by locality, transport use was being analysed looking at who was travelling, why, and if there was a most cost-effective alternative.
 - b) The Committee agreed that these savings would not be possible without affecting service users considerably and therefore would not be agreed.
 - c) It was confirmed that Cornwall, as a rural County, had achieved success implementing a similar approach of empowering service users to source their

own transport using their mobility budgets. A 'Trusted Trader' type scheme would be set up to provide a list of reliable transport providers.

- 10.11 There were no points made on proposal 7 - Move service mix to Lowest of Comparator Family Group – All Specialism
- 10.12 Proposal 8 (Refocus Supporting People provision to support Promoting Independence Phase 2) was unacceptable to the Committee – see comments on proposal 4.
- 10.13 The following points were made regarding proposal 9 - Restrict access to services to get to 75% target – all specialism.
- a) The Committee drew attention to the paragraph in the report which stated that if the proposal was implemented it could potentially leave Norfolk County Council open to legal challenge.
 - b) The Committee would not recommend this proposal.
- 10.14 The Committee **RESOLVED**;
- To consider and comment on the service delivery model required to provide the service within a budget of 75% of addressable spend, set out in section 2.
 - To consider and comment for Policy and Resources Committee consideration the list of savings proposals, including initial RAG rating, which are to be considered by Policy and Resources Committee on 26 October with a view to consulting with the public.

The Committee adjourned for 35 minutes and resumed at 1.35pm.

11. Adult Social Care Finance Monitoring Report Period 5 (August) 2015-16

- 11.1 The annexed report (10) by the Executive Director of Adult Social Services was received by the Committee. The report provided the Committee with financial monitoring information, based on information to the end of August 2015. It provided an analysis of variations from the revised budget and recovery actions taken in year to reduce the overspend.
- 11.2 Although there was concern that reserves were being used to balance the budget which would continually leave limited amount for future use, the Executive Director of Adult Social services confirmed that no more funds from reserves were being used than had been agreed when the budget was set earlier in the year.
- 11.3 The Committee questioned why the overall numbers of residential placements had stopped falling yet no new residential placements had been made for adults aged under 65. It was clarified that this could be due to the current model achieving its maximum reduction but the levelling off was being monitored.
- 11.4 The Committee **RESOLVED** to note;
- The forecast outturn position at period 5 for 2015-16 Revenue Budget of an overspend of £5.608m.
 - The planned recovery actions being taken in year to reduce the overspend.
 - The planned use of reserves.

- The forecast outturn position at period 5 for the 2015-16 Capital Programme.
- The overspend action plan at 2.8.

12. Performance Monitoring Report

- 12.1 The annexed report (11) by the Executive Director of Adult Social Services was received by the Committee. The report presented quarter 1 performance results with a performance dashboard, and updated the Committee on a corporate view of performance management arrangements.
- 12.2 It was noted that there had been a miscoding of temporary and permanent mental health admissions prior to the management of the mental health service being transferred back to Norfolk County Council which had altered the figures.
- 12.3 The Committee requested that any performance measures that had been discussed previously and any updated measures should be identified in the report.
- 12.4 It was clarified that the figures for 2014/2015 for family group average in appendix B of the reports had been embargoed and therefore hadn't been published for the Committee's consideration. It was reported that once the restriction had been lifted, the figures would be available to the Committee.
- 12.5 The Committee requested that the admission avoidance numbers be measured to ensure the preventative measures in place were effective. Due to the Promoting Independence strategy being implemented shortly, the numbers were at a standstill position but there would be more detailed data available in future.
- 12.6 The Committee **RESOLVED** to;
- Review and comment on the performance management information, including the Dashboard presented in Appendix A.
 - Review and comment on the proposed targets in Appendix B.
 - Consider any areas of performance that required a more-in-depth analysis.
 - Proposed any specific changes or improvements to performance reporting in the light of likely changes to the performance report for 2015/16 in response to Promoting Independence and other factors.

13. Risk Management

- 13.1 The annexed report (12) by the Executive Director of Adult Social Services was received by the Committee. The report included the departmental risk summary together with an update on progress since 9 September 2015.
- 13.2 It was hoped that implementation of the Promoting Independence strategy would be positive for social workers and similar professionals, as there was concern at the risk to staff morale and well-being. The Executive Director clarified that social workers had been assured that they would have the support of the department when making changes to service user's personal budgets providing they had been carried out professionally.
- 13.3 There were risk assessments undertaken on personal budgets and amendments

- made if necessary to prevent service users being put at an unacceptable risk.
- 13.4 The Committee expressed their support to the social workers in the difficult job that they carry out.
- 13.5 The Committee **RESOLVED** to;
- Note the progress with departmental risks since 9 September 2015
 - Comment on progress with departmental risks since 9 September 2015.
 - Consider if any further action is required.
 - Note the change in risk for RM13929 – The speed and severity of change, from Green to Amber.
- 14. Feedback from the Performance and Placement Rate Task and Finish Group**
- 14.1 The annexed report (13) by the Executive Director of Adult Social Services was received by the Committee. The report set out the work of the performance and placement rate task and finish group to date.
- 14.2 There had been a delay in organising the first meeting and although there was a short timescale for the future meetings to achieve the work, the timescale could be adjusted if needed as the group progressed-
- 14.3 The group expressed their thanks to Officers for their presentation at the first meeting of the group, and for co-coordinating the meeting.
- 14.4 The Committee **RESOLVED** to;
- Note the report.
- 15. The Cost of Care in Adult Social Services – interim report**
- 15.1 The annexed report (14) by the Executive Director of Adult Social Services was received.
- 15.2 The Committee **RESOLVED** to;
- Consider the revised timetable to enable it to retake its decision of 9 March regarding the prices the Council would usually expect to pay for residential and nursing care in Norfolk for the 2015/16 financial year.

Meeting finished at 2.30pm.

CHAIR



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Adult Social Care Committee

Item No. 12.

Report title:	Adult Social Services Transformation Programme
Date of meeting:	9 November 2015
Responsible Chief Officer:	Harold Bodmer, Executive Director of Adult Social Services
Strategic impact This report provides an update on the Adult Social Services Transformation Programme as requested by the Adult Social Care Committee. The Adult Social Services Transformation Programme supports the delivery of the departmental and corporate objectives, change in a wide range of services as well as budgeted savings.	

Executive summary

This is the first report to the Adult Social Care Committee on the Adult Social Services Transformation programme, although the programme activities have been included in a number of other service related reports.

The programme has been in place for a number of years in the department and has overseen considerable change during this time. To date it has been funded by a central government Social care reform grant which was last received in the department in 2010/11.

The Adult Social Services transformation programme reports to the Corporate Programme Office and to the Corporate Leadership Team.

Its key focus now is on the delivery of the Promoting Independence Strategy.

Recommendations:

Members are invited to:

- a) note the update on the Transformation programme
- b) comment on the Transformation programme
- c) decide whether they want further or regular reports on the Adult Social Services Transformation Programme
- d) agree to use the £0.500m recurring revenue funding agreed by Members in the 2015-16 budget setting to fund the posts in the Transformation team

1 Introduction

1.1 Adult Social Services has had a formal transformation programme since February 2008. The leadership and management of the Transformation Programme now sits under the Assistant Director Early Help and Prevention.

1.2 The Adult Social Services Transformation Programme Board meets monthly and is made up of members of the department's Senior Management Team, a representative from the Corporate Programme Office, the Customer Access and Development Manager and others as required. The Chair of the Adult Social Care Committee attends the Board meetings. The Executive Director of Adult Social Services is the sponsor of the programme.

- 1.3 The Transformation Programme Board reports to the Corporate Programme Office and in turn to the CLT (County Leadership Team). Aspects of the programme are reported to the Adult Social Care Committee via the regular Finance reports and Performance reports.

2 Background

- 2.1 Most of the departmental projects are delivered by the Adult Social Services Transformation team. This is a relatively small team, although the size of the team has varied depending on the number and type of projects ongoing at a point in time. The team currently consists of: three project managers, who are paid for by Adult Social Services but whose substantive posts are in the CPO; three project officers; and two project support officers. There is also a finance person based in the team. A project team on a particular project will also be made up of other people in the department and the Council as required, e.g. business leads from within the department, HR support.
- 2.2 Where projects are not delivered by the Transformation team they report to the Transformation Programme Board via the monthly Programme Highlight report so that the Board can monitor progress. This includes: the Home Support project; the Better Care Fund; and Integration with NCH&C.
- 2.3 Projects delivered by the Transformation programme in Adult Social Services over the years have included:
- a) Setting up Norse Care – April 2011, the transfer of 1,600 staff and 26 residential homes and the care provided in 13 Housing with Care Units
 - b) An Integrated joint management structure with Norfolk Community Health and Care
 - c) A priority based budgeting exercise in Learning Disability services
 - d) Implementing financial modules in Care First to enable a one-stop shop: finance and contract information available alongside the social care record
 - e) Reviewing the Assessment and Care Management Structure (twice), including making savings of approximately £2m
 - f) Creation of IM (Independence Matters) from in-house day services, respite services, supported living and personal assistants. IM is a Community Interest Company (CIC) and the department achieved £1.750m savings pa before the services were transferred
 - g) Reviewing Reablement and Swifts service to provide an improved service and make savings of approx. £1m
 - h) Setting up N-able – assistive technology services traded by Norse
 - i) Changing the provision of the meals on wheel model to non-subsidised Trusted Trader meals – saving £1.2m pa
 - j) Setting up of Integrated Community Equipment Service (ICES) with Health
 - k) Implementation of the Care Act changes in time for April 2015
 - l) Bringing the social care Mental Health staff into the department
 - m) Independent Living Fund (ILF) – ensuring the smooth transfer of people in receipt of ILF in Norfolk to NCC. The Government started the process of closing the Independent Living Fund (ILF) s in December 2012 and from 1 July 2015 ILF payments stopped
 - n) Residential Care Direct Payments – piloting direct payments for people going into residential care, as part of a Government project

3 Current work programme

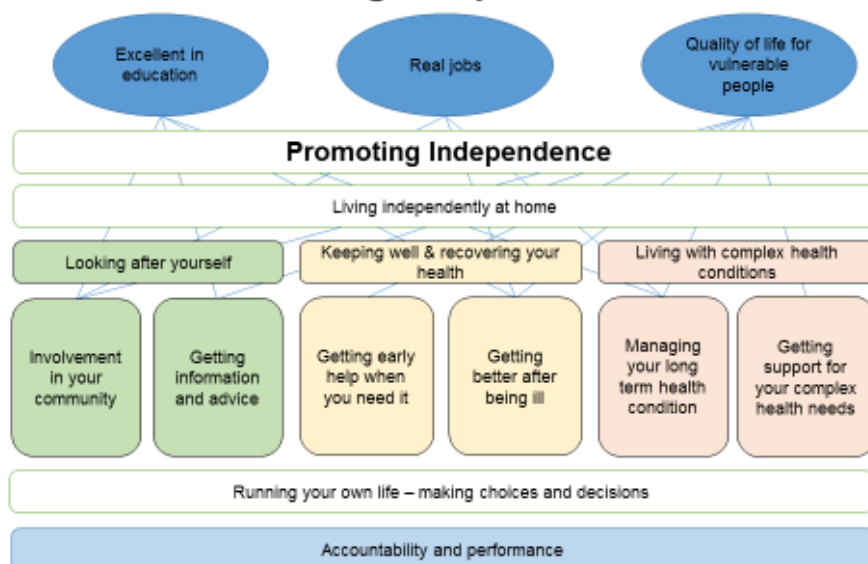
- 3.1. Currently the Transformation programme for Adult Social Services includes the following projects:

- 3.1.1 **Refocus of Personal Budgets** – to deliver the wellbeing and transport savings (£11m) in the agreed budget plan 2014-17.
- 3.1.2 **Review of packages of care for people with Learning Difficulties, Physical Disabilities and Mental Health Problems** – to deliver the savings in the budget plan 2014-17 (£6m).
- 3.1.3 **Review of Transport** – to deliver savings in the agreed budget plan 2014-2018 (£3.8m).
- 3.1.4 **Protection of Property** – to ensure actions are based on risk and efficiency and to reduce work for social workers.
- 3.1.5 **EDT (Emergency Duty Team) review** – to ensure that: the role of the EDT is clearly communicated to all staff, stakeholders and services; the current structure, resource and processes are fit-for-purpose; calls are answered and dealt with appropriately, and the service deals with emergency work only.
- 3.1.6 **Rostering System for the Reablement and Swifts services (Norfolk First Support, NFS, and Norfolk First Response, NFR)** - project to replace the current Excel based rostering system which is basic and cumbersome and to implement a mobile phone based electronic monitoring system for field workers. This will deliver: efficiencies; a more responsive service; better lone worker and service user security; and better data security.
- 3.2 The overall assessment of the Transformation Programme is Amber, meaning that there is some variation from the programme plan but actions are in hand to maintain progress. The Amber assessment is mainly due to the risks around delivering the savings in line with the budget plan because of slippage.

4 Promoting Independence

- 4.1 The Transformation programme is being re-shaped to accommodate Promoting Independence, which is the new strategy for Adult Social Services in Norfolk. Programme resources are being allocated to projects that come under the Promoting Independence strategy. Some projects that were up and running before the development of Promoting Independence will help to support the new strategy e.g. Review of Learning Difficulties, Physical Disabilities and Mental Health will mean less people of working age are in residential care; Home Support is taking forward the new model. Catherine Underwood, Director of Integrated Commissioning, is the sponsor of Promoting Independence. Over time as the other projects are completed all the projects in the Transformation programme will be about delivering Promoting Independence, including any new pieces of work.

Promoting Independence



- 4.2 Pieces of work under the Promoting Independence Banner currently are:
- 4.2.1 **Promoting Independence Strategy** – including assembling the evidence to support the strategy and taking forward the financial strategy through the budget planning process.
 - 4.2.2 **Review of Front Door and Customer Pathway** – reviewing and implementing changes to the whole customer pathway in line with the aims of Promoting Independence: to help people maintain their independence and to live at in their homes; to reduce the number of social care assessments and funded services; and to reduce the number of people in residential care.
 - 4.2.3 **Review of Reablement** – to increase the capacity of the reablement service to deal with 100% of referrals; to review the existing planning beds and implement a bed-based reablement service that reduces the number of people going from hospital into permanent residential care; and to provide a reablement and enablement service to people with Learning Difficulties, Mental Health problems and Physical Disabilities to help reduce and prevent the number of people aged 18-64 in residential care.
 - 4.2.4 **Review of Personal Budgets and the RAS (Resource Allocation System)** – reviewing the Personal Budget Questionnaire, the accompanying guidance and the RAS to ensure that they fit with the Promoting Independence Strategy: strengths-based assessment; looking to meet people needs with locally based community solutions where possible; and that the Personal Budget is used to meet any remaining unmet eligible social care needs after other solutions including Assistive Technology have been implemented.
 - 4.2.5 **Continuing Health Care** – working with the CCGs (Clinical Commissioning Groups) to improve the CHC pathway and to deliver savings to NCC and the NHS.
 - 4.2.6 Plus there are workstreams to help enable the strategy on **Communications**, **Staff Engagement and Cultural Change** and **Finance and Performance**, as well as Business As Usual activities.

5 Issues to Note

- 5.1 From the Programme Highlight Report at the end of September 2015 issues to note are:

- 5.1.1 **Transport** – the Trusted Trader (TT) 'Trusted Transport' scheme went live week commencing 7 September. However only two applications have been received from providers. Work is ongoing to promote and monitor take up. The capital bid for funding a new LD day and respite service in the Thetford area so that younger adults do not need to travel to Norwich has been agreed by the departmental Capital Steering Group. As with the Review of Learning Difficulties, the lack of staff (in house or external) to carry out the reassessments is a key issue and the department is looking at how to resolve this.
- 5.1.2 **Review packages of care for people with Learning Difficulties, people with Physical Disabilities and people with Mental Health problems** – the Netherwood Green development has been agreed for Capital Funding by departmental Capital Steering Group.
- 5.1.3 **Promoting Independence** – The financial strategy has been taken through NCC Budget Challenge process. The SCCE (Social Care Centre of Expertise) piloted the approach to Promoting Independence and have shown savings. The Front door "As is" data is completed. Three people attended a half day conference in Shropshire on 7 October.
- 5.1.4 **Integration of NCC and NCH&C** - Section 75 Monitoring Board approved phase two programme, governance and vision. Further work with CCGs on integrated CHC (Continuing Health Care) proposal. The Joint Therapy Model has been agreed by SMIT (Senior Managers Integrated Team) and work is underway on some elements. ICC (Integrated Care Co-ordinators) connectivity issues resolved.
- 5.1.5 **Better Care Fund** - work has started to focus on 2016-17 planning.
- 5.1.6 **Review of Reablement** – recruitment is underway to increase the capacity of the service to take 100% of referrals.
- 5.1.7 **Home Support** - In West Norfolk there is a challenge in terms of time and resources to process requests for Direct Payments following notification of re-commissioning Home Support providers. SCCE are providing an additional member of staff to help the locality.

6 Financial Implications

- 6.1 To date the department has used the remaining Social Care Reform Grant to fund the Adult Social Services Transformation Programme. The Social Care Reform Grant was originally for three years, the last year of which was 2010-11. The department carried forward the unspent Social Care Reform Grant from the three years (approx. £5m).
- 6.2 Although as part of the Government Funding settlement it was announced that the Social Care Reform Grant was continuing in future, ie after 2010-11, but it was no longer ring-fenced. It therefore did not come direct to Adult Social Services departments but was part of the corporate funding for Norfolk County Council.
- 6.3 The department has made careful use of this one off money over the last four and a half financial years, using other funding where possible to maintain the Transformation reserve, eg capital monies to help fund the Modern Social Care Phase Two project, which implemented the Care First financial modules.
- 6.4 The Strategic and Financial Planning 2015-18 report to the Adult Social Care Committee on 12 January 2015 (paragraph 6.3) outlined the risk around the planned movement in reserves over the next two years. The department had to include the use of £3.156m of reserves to balance its revenue budget because of the whole council financial pressures.

Although this helped to resolve the wider budget issues in 2015-16 it did mean that based on the forecasts at that point in time by the end of the end of 2015-16 the department would potentially only have £2.731m of reserves left to deliver the transformation and savings projects in future years. The report highlighted that if the department overspends/has slippage on savings in 2015-16 then there would be nothing to fund the transformation/savings projects from 1 April 2016 onwards. If there are no reserves left to fund the transformation in 2016-17, this would mean that there will be no money to fund the transformation staff as there is no revenue budget/funding for this team. If the department has no staff to deliver the projects, this will mean that future savings will not be delivered.

- 6.5 Currently, as included in the Finance Monitoring report to ASC Committee on 12 October (Appendix D) the department is forecasting that there will be £0.879m left in Unspent Grants and Contributions, which is used mainly to fund Transformation.
- 6.6 As part of setting the budget for 2015-18 Councillors agreed to provide £0.500m pa of recurring revenue funding to Adult Social Services for Transformation. The Transformation team are on loan from the CPO or are on temporary contracts, although they have all been in post for several years now and have the same rights as permanent members of staff. It is recommended that the £0.500m of recurring revenue funding is used to fund the Transformation team as a priority to ensure the continued delivery of the programme.

7 Issues, risks and innovation

- 7.1 The Adult Social Services Transformation Programme supports the delivery of the departmental and corporate objectives, and change in a wide range of services as well as budgeted savings. 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.

8 Background Papers

There are no background papers relevant to the preparation of 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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Adult Social Care Committee

Item No. 13.

Report title:	Performance Monitoring Report
Date of meeting:	9 November 2015
Responsible Chief Officer:	Harold Bodmer, Executive Director of Adult Social Services
Strategic impact Performance monitoring and management information helps committees undertake some of their key responsibilities – informing Committee Plans and providing contextual information to many of the decisions that are taken.	

Executive summary

This paper reports quarter two performance results for Adult Social Care, with a performance dashboard presented in Appendix A. As this report closely follows the quarter one report, it particularly highlights those measures that have changed.

The paper highlights 'red' measures that are off target or getting significantly worse, specifically:

- a) Long term service users that have been reviewed in the last 12 months
- b) Percentage of people with a learning disability in paid employment

The paper highlights notable 'amber' measures that are just off-target as:

- a) Service users using self-directed support at the end of the reporting period who receive cash payments
- b) 18-64 Permanent residential and nursing care placements
- c) People aged 18-64 receiving learning disability services living independently, with or without support

The paper highlights notable 'green' measures as:

- a) Older people (aged 65 and over) still at home 91 days after discharge from hospital into reablement/rehabilitation

The paper then reports initial findings from an analysis of recently published benchmarking data, focusing particularly on key current performance challenges.

Finally the paper updates the committee on the new corporate performance management framework as presented to the Policy & Resources Committee on the 26 October.

Recommendations:

The committee are asked to:

- 1. Review and comment on the performance management information, including the Dashboard presented in Appendix A**
- 2. Review and comment on initial benchmarking data in section 6**
- 3. Note the new corporate performance framework outlined in section 7**
- 4. Consider any areas of performance that require a more in-depth analysis**

1. Background

- 1.1 This report presents second quarter performance results for 2015/16. This closely follows quarter one reporting at last month's committee meeting due to a delay in quarter one reporting. As such, this report focuses only on significant updates to the quarter one report.

In addition this report presents, for the first time, benchmarking data for the 2014/15 reporting year. This has just been made available by the Health and Social Care Information Centre. In this first presentation of the data we have focused on the main national performance measures. As in previous years this will be accompanied later in the year by a more extensive benchmarking report covering a wider range of more detailed information.

2. Quarter 2 performance

- 2.1 Quarter 2 performance is presented in Appendix A: Adult Social Services performance dashboard.

The dashboard now contains targets for national performance indicators, as agreed by Committee in quarter one.

Following feedback at the last Committee meeting, indicators that have not been updated since the last report – usually annual measures – have been 'greyed out' and this is denoted in the key of the appendix.

- 2.2 The dashboard contains 22 measures. Of these:

- a. 15 have been updated since quarter 1
- b. 8 Have a 'green' alert, denoting on or better-than-target performance
- c. 7 Have an 'amber' alert, denoting that they are within 5% variance of target
- d. 3 have a 'red' alert, denoting that they are more than 5% variance off target
- e. 4 do not currently have a target

3. Measures where we're off target or getting significantly worse

The following areas are currently missing target by a significant amount (red alert) or are getting significantly worse:

- 3.2 **Red measure: Long term service users reviewed in the last 12 months**

- 3.1.1 71.8% of people with a long term service had been reviewed in the previous 12 months at quarter two, down from 72.3% at quarter one. This is actually an improvement on performance at the end of 2014/15 (64%), but the alert is red, reflecting our stretching target.

- 3.1.2 As reported at quarter one, we will be closely assessing how to best measure reviews through the Promoting Independence strategy. Historical benchmarking data shows that Norfolk's rates of reviews are in line with its 'family group' of councils. Investigations being undertaken in developing Promoting Independence show that the quality of reviews, and the extent to which they support further independence, are more important than the number undertaken. We will continue to evaluate whether other measures of the effectiveness of reviews are required to support the committee, and report back.

- 3.2 **Red measure: People with a learning disability in employment**

- 3.2.1 Performance has improved slightly in this indicator, increasing from 3.5% at the end of August to 3.6% at the end of September – but this is significantly short of the target of 5.6%. In real terms our quarter two performance means that of the 2,103 people with a learning disability receiving services, 75 are in paid employment.

Benchmarking figures for this measure are reported later in this report – and show that our performance at the end of 2014/15 (3.9%) puts us just below the median level for our family group of councils.

- 3.2.2 As reported in quarter one, alongside settled accommodation arrangements, having a job and income can prompt a step-change improvement in outcomes and independence for people with a learning disability. The council recognises this, and our performance in this area was one of the prompts for recruiting an Interim Lead for Learning Disabilities with a brief to make significant changes to practices that support people to improve their independence. Efforts are being re-focused on improving the support we provide to help people into work where this is appropriate.

4. Amber measures

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

- 4.1 **Amber measure: Service users using self-directed support at the end of the reporting period who receive cash payments**

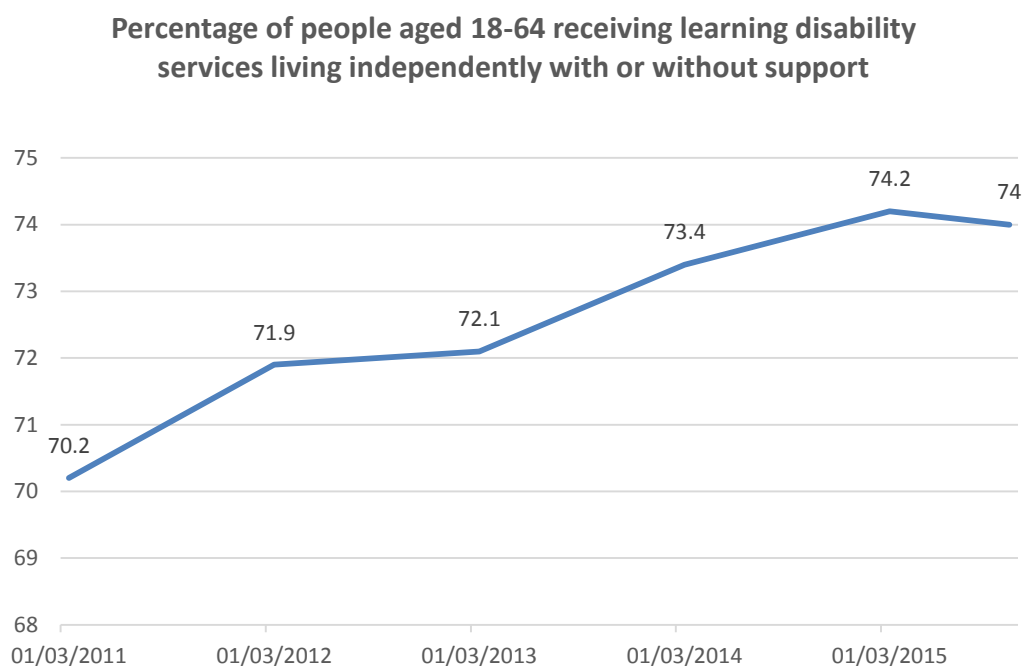
- 4.1.1 This indicator measures the proportion of people who receive self-directed support in the form of a cash payment, with which they purchase the support they need. It is part of the national Adult Social Care Outcome Framework because it measures the proportion of people who have the most choice and control over their care.
- 4.1.2 Norfolk's performance has dipped just below the target this quarter – with performance at 34.5% against a target of 35%. It is not clear whether this indicates a long-term trend or a 'blip' in performance – in the last year performance has usually stayed ahead of target – and we will continue to monitor this closely to identify any significant or persistent problems.
- 4.1.3 It is helpful to note that Norfolk's end-of-year performance in 2014/15 was 34.8%, which is significantly ahead of the Eastern Region average of 28.3% and national average of 26.3%

- 4.2 **Amber measure: 18-64 Permanent residential and nursing care placements**

- 4.2.1 Whilst this measure is 'amber', quarter 2 performance levels of 8.7 admissions per 100,000 population means that this is the first quarter that this indicator has not been 'red' in recent years. This target is particularly stretching, and is set with a view to Norfolk moving to the family group average rate. It is helpful to view this performance within the context of over two years' concerted efforts to improve Norfolk's performance as an 'outlier' within its family group for this indicator. This context is explained more fully in the provisional benchmarking data presented later in the report.
- 4.2.2 Just as caution is advised when performance veers off-track, it is important that we don't view this improvement with any complacency, or draw hasty conclusions. We will continue to closely review performance to ensure that this improvement is part of a sustained trend that brings performance on target. It will remain a top priority for the department.

- 4.3 **Amber measure: People aged 18-64 receiving learning disability services living independently, with or without support**

- 4.3.1 Whilst performance in this measure has remained the same since quarter one, we have now set a stretch target which means performance is 'amber'. Importantly, performance has also reduced from 75.12% at quarter two last year to 74% this year.
- 4.3.2 Benchmarking data shows that Norfolk's end-of-year result for 2014/15 of 74.2% is significantly ahead of the Easter region average of 69.2% and the national average of 73.3%.
- 4.3.3 Nevertheless our quarter 2 results represent a reduction in performance after several years of improvement as shown in the graph below



We will continue to review performance levels closely to assess whether this quarter's results are a 'blip' or the result of a more consistent reduction that warrants investigation and dedicated improvement efforts.

5. Green Measures

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

- 5.1 **Green measure: Older people (aged 65 and over) still at home 91 days after discharge from hospital into reablement/rehabilitation services**

- 5.1.1 This is the most notable 'green' measure as it represents a significant improvement on quarter 1. Specifically performance has improved from 84.7% in quarter one to 92.3% in quarter two. This also represents an improvement on 87.9% at quarter two last year.

6. Benchmarking data 2014/15 – first findings

- 6.1 The Health and Social Care Information Centre released benchmarking data for all councils with social services responsibilities in October. There is a large amount of data and this will take some time to analyse.

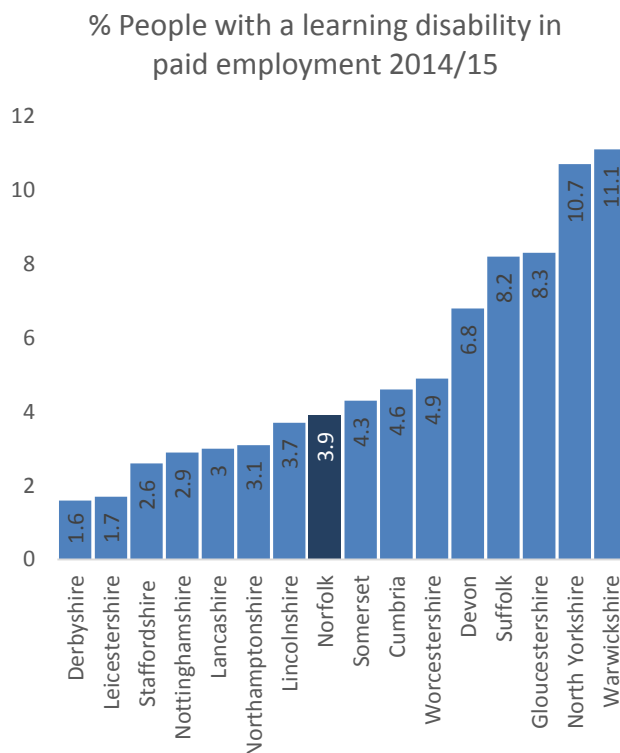
The remainder of this section outlines brief highlights of the important indicators that this committee have focused on in the last year, comparing Norfolk's performance with our 'family group' of councils.

A further, and fuller, benchmarking report will be available later in the year and will be presented as part of future quarterly reporting.

6.2 People with a learning disability in paid employment.

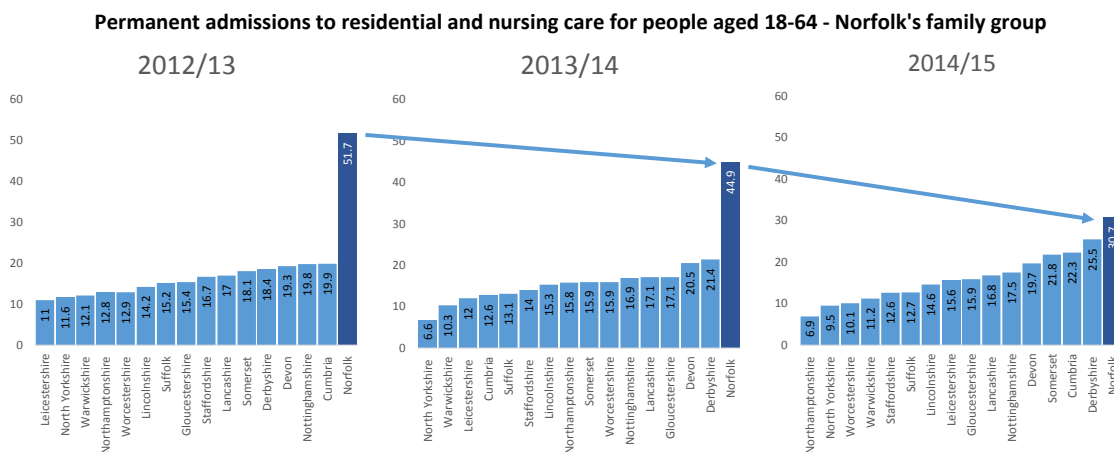
Norfolk's performance level is just below the median for its family group. As described in the quarter 1 report, the 2014/15 results show a continued reduction in this figure from a high of 7.1% in 2013/14.

During the same period many other councils also experienced reductions, and it is likely that challenging economic conditions have played a part in this. However Norfolk's reductions have been more severe than most, and performance in this area is now a priority for improvement (see section 3.2)



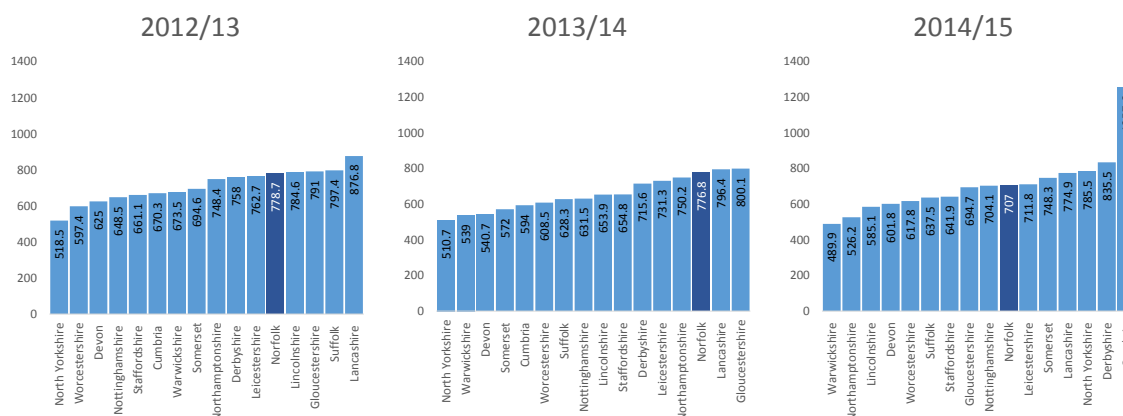
6.3 Permanent admissions to residential and nursing care for people aged 18-64

Norfolk's performance remains the highest in its family group of similar councils – see below. Nevertheless both actual and relative performance is much improved and reflects over two years of concerted efforts to reduce permanent admissions in this age group. The current improvement trajectory means that Norfolk should move below its current highest position by next year (see section 4.2 for more explanation of current performance levels).



6.4 Permanent admissions to residential and nursing care for people aged 65+

Permanent admissions to residential and nursing care for people aged 65+ - Norfolk's family group

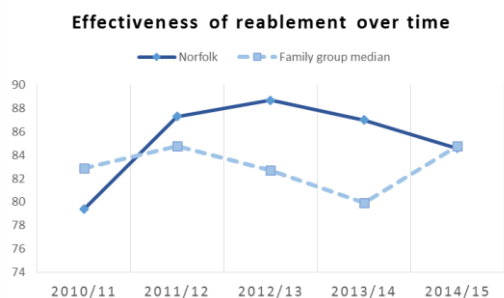


Norfolk's 2014/15 rate of 707 per 100,000 population is the tenth highest rate in our family group of sixteen authorities. Nevertheless this represents an ongoing improvement in both rate and ranking since 2013, and reflects Norfolk's success in meeting stretching Better Care Fund targets last year. The council continues to seek improvements and targets for this year aim to reduce levels of admission to the family group average.

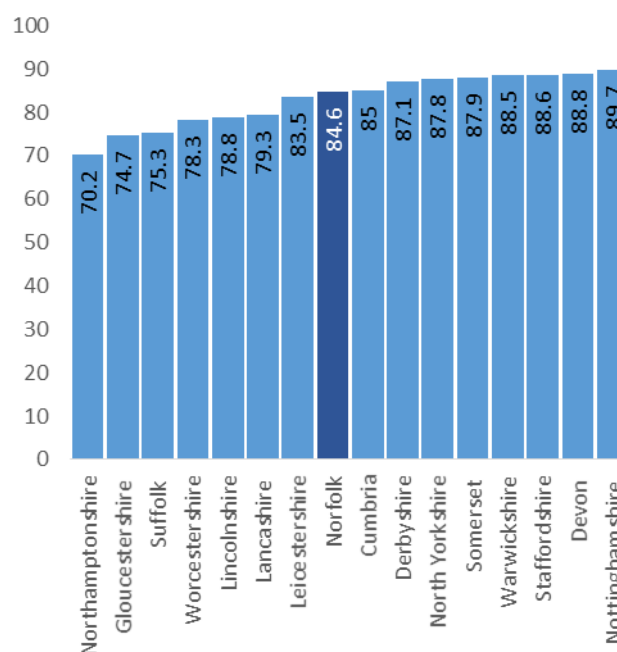
6.5 Proportion of older people still at home 91 days after being discharge from hospital into reablement or rehabilitation services

Norfolk's rate of 84.6% places is just below the median in its family group of councils.

An analysis of performance over time shows that Norfolk has tended to have above-median performance in the last five years.

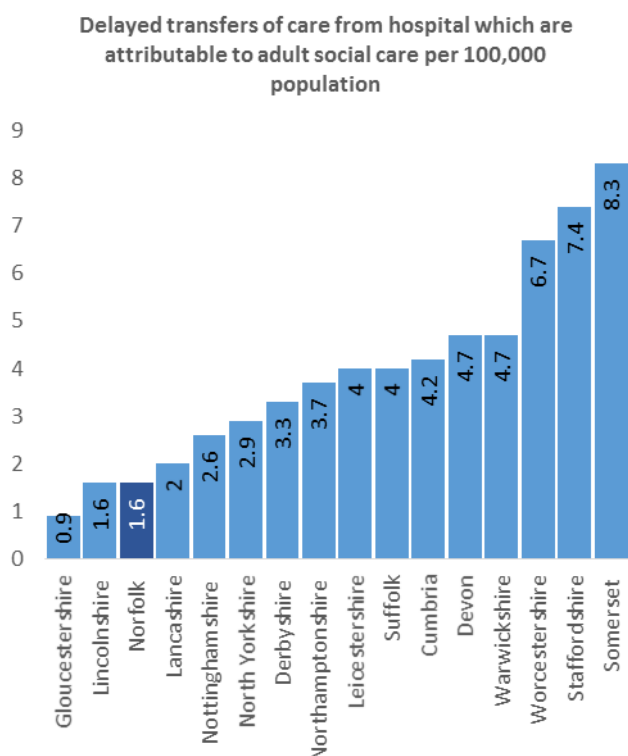


Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services



Norfolk's current position, around the median, reflects both reduced performance in the last three years within Norfolk, and a significant increase in the effectiveness of reablement in other councils in the last year. As outlined in previous committee reports, it should be noted that Norfolk's apparent reduced performance has to some extent been driven by the council increasing the proportion of people it offers reablement to. In short, in committing to reable a wider range of people, Norfolk has experienced a higher failure rate, particularly compared to councils that choose to focus reablement services on people most likely to be successfully re-abled.

6.6 Delayed transfers of care attributable to social care



This year's data confirms Norfolk's continued good performance around delayed discharges attributable to social care – hospitals experience 'bed blocking' because social care settings aren't available when people are due to be discharged..

Norfolk's rate of 1.6 delays per 100,000 population also compares well against the eastern region average (3.1) and the national average (3.6).

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7. Development of a new corporate Performance Management framework

7.1 As outlined in previous reports, the Managing Director is overseeing a renewed and strengthened corporate approach to Performance Management. This is described in full in a paper to the Policy & Resources Committee on the 26 October. The main elements of this are also outlined in this final section of the report. Along with the developing Promoting Independence strategy – Adult Social Services' response to Reimagining Norfolk – this will shape performance management and reporting in the immediate future.

7.2 Development of the new Performance Management system

7.2.1 The Reimagining Norfolk strategy outlines the context and challenges which local government is facing following the general election results in May 2015, and proposes a three year strategy for delivering the Council's priorities and statutory duties with 75% to 85% of current resources.

7.3 The Council's performance management system is key to ensuring that the resources we have are used to best effect, and that by doing things differently, the Council delivers demonstrable results to the people of Norfolk. It is about the benefits people receive for the money spent. To better align our performance management with our priorities and resources, and strengthen accountability for delivering results, the Managing Director initiated a review of our existing arrangements. Drawing on best practice and on the basis of feedback from our senior managers, it concluded that there are improvements necessary to ensure that the system:

- a) Focuses on the right things – delivering the Council's priorities and managing its vital signs and key risks; as reflected in the 'performance pyramid' and the subject of recent member workshops
- b) Sets accurate baselines and targets – so it is clear the direction and scale of performance improvement required
- c) Strengthens accountability – so there is ownership, it is clear who is responsible for delivering performance, and building these accountabilities into personal objectives and development plans

- d) Informs purposeful management – performance indicators are used to inform and motivate, rather than merely be the subject of reporting
- e) Provides timely and effective monitoring – with performance reports that provide a snapshot, based on accurate and timely information
- f) Drives an agile performance management culture – that encourages investigation, fixes performance problems and embraces challenge to existing ways of doing things

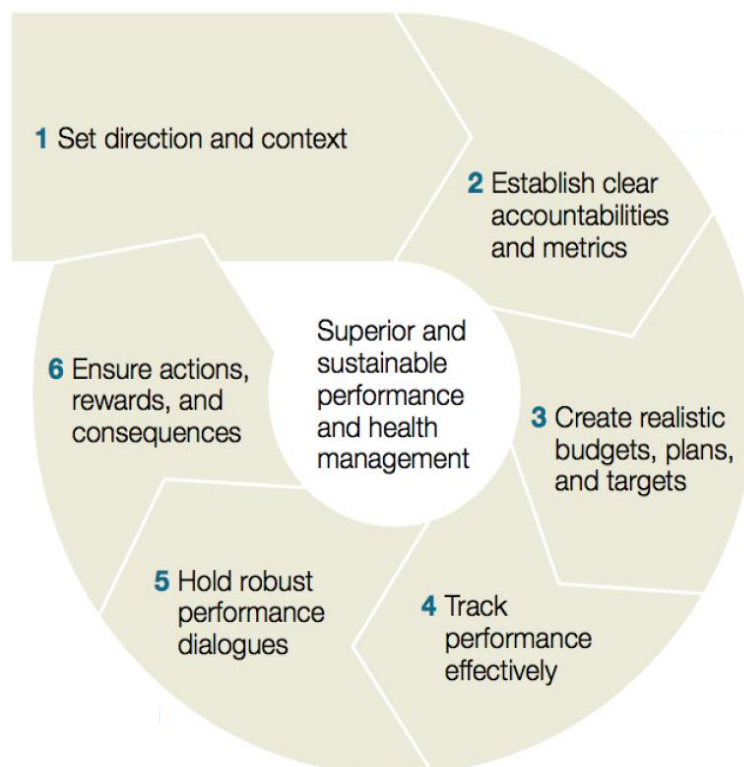
7.3.1 The County Leadership Team (CLT) provides the leadership for these changes and has agreed the plan for their implementation. The first phase is to turn the focus of the performance management and reporting system onto the right things. The deadline for that phase is the January 2016 meeting of the Policy and Resources committee.

7.4 Why performance management matters

7.4.1 High performing organisations have effective performance management systems and a results-driven culture. This does not simply mean that they measure and report performance indicators. It means that: they have clear goals; that their business is organised or 'aligned' to these goals; that it is clear what success looks like and how they will know when they are succeeding; that they focus people and efforts on what is critical to success; and that they have the right systems, processes, checks and balances to effectively manage the quantity, quality and costs of their functions and services.

7.4.2 The key elements of good performance management are illustrated in the model used extensively in the public service (developed by M Barber and McKinsey). It starts with setting the direction and context so that there is a clear view of what success looks like. From this clear accountabilities and key performance indicators can be established and then developed into realistic budgets, plans and targets that are fully owned and stretch employees. Performance is tracked through a timely and appropriately detailed view that enables robust performance dialogues to take place that are both supportive and challenging so that leaders are held to account and there is learning from what is and what is not working and actions are taken to improve performance.

The Virtual Circle: Key elements of good performance management



- 7.4.3 Reviewing the Council's existing system against this model provided a mixed picture. It recognised that some of the key elements are in place. Nevertheless, the system as a whole requires a refreshing and retooling to be fit for the pace and scale of change now facing the Council; this is evident by a number of sources:
- a) Significant service failures have been reported by external bodies, such as Ofsted, which internal performance systems should be expected to reveal and trigger effective management action overseen by good governance
 - b) Member challenge the relevance and clarity of performance reporting, and the extent that it gives enough warning of performance issues and results in improvement
 - c) More granular evidence is required to support smart spending decisions - including the evidence-base required to inform Re-imagining Norfolk and the need to secure optimal service performance within the context of severe budget reductions
 - d) Changing priorities and service models (such as demand management) – require a different focus and therefore a different set of indicators than those that have been generated in a different context and resource level (where in the past volume indicators were often judged as important, now the focus is on outcomes and value for money)
- 7.4.4 Improving performance management will require a range of interventions across the organisation. Its success will be evidenced by the following improvements:
- a) A clear view of the outcomes that we are aiming to improve for Norfolk people, and the priorities and statutory imperatives that we are committed to delivering
 - b) Linked to these, clear and directive objectives being in place throughout the Council, reflected in committee and service plans
 - c) Clear accountability, with named officers held responsible for each objective, performance measure and risk; and established and effective processes for escalating problems for their resolution
 - d) A hierarchy of performance indicators that measure the right things to the right people and level – so that they drive improvement
 - e) Joined-up information – so we know how much we need to improve, what it will cost and what the risks are
 - f) Better reporting – so members, staff and stakeholders are clear on how the Council and its services are performing
- 7.4.5 In addition to these tangible success factors, there are changes in culture required. Progress will have been made when:
- a) Members receive the information necessary for them to exercise appropriate governance of the Council's services and organisational health
 - b) Officers are clear about their responsibility for delivering the Council's priorities and target
 - c) Services and teams across the organisation have open and challenging performance conversations on a regular basis
 - d) Performance problems are known and addressed before they adversely affect Norfolk people and the Council's partners (thus reducing 'failure demand'), or are the subject of external reports from inspectors and other regulators

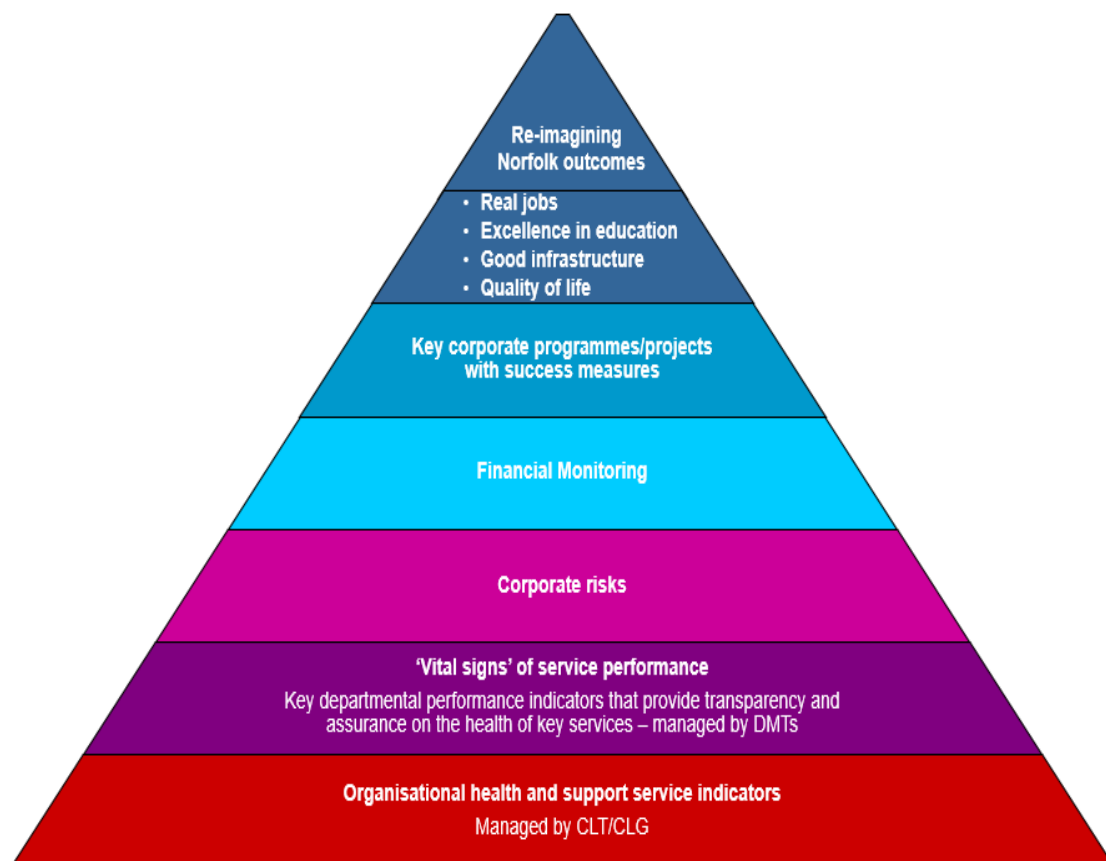
7.5 A hierarchy of performance information

- 7.5.1 Effective performance management relies on the right people getting the right kind and quantity of information they need for the job they have to do. In the local government

context, it is helpful to think about a hierarchy of information; and our review employs the following working model as a point of departure for this hierarchy.

- a) Priorities: At the top (dark blue), information about a small number of ‘outcome’ performance indicators should drive the delivery of the Council’s four priorities
- b) Major projects: (medium blue) information to track corporately significant projects
- c) Finances: (turquoise) information to monitor capital and revenue budget and savings plans
- d) Risks: (magenta) information on major corporate risks to be tracked and mitigated
- e) Vital signs: (purple) information on the health of key services
- f) Organisational health & support services: (red) information on support systems & services

Proposed performance ‘pyramid’



- 7.5.2 Members have been involved in a series of ‘Reimagining Norfolk’ workshops and will be engaged further in the development of the new performance management framework, either through workshops or through committees, over the next 6 months
- 7.5.3 In addition to the changes in the way that performance information is structured and reported, new methods and disciplines will be introduced to use data and routines more effectively. Drawing on widely-recognised good practice, CLT will provide the leadership necessary for the Council to work in a more open culture of challenge based on data, analysis and a better understanding of ‘what works’. Where there are longstanding performance challenges in particular functions or services – ‘wicked’ issues – or unexplained declines in performance - a model of sharp, data-driven reviews may be employed. Such ‘priority’ reviews will use small cross-departmental teams to quickly diagnose and resolve problems.

8. Evidence

- 8.1 The appendices of this report outline the contextual evidence for this report, specifically:
Appendix A: Performance Dashboard. This outlines the indicators, targets and performance alerts for each indicator

9. Financial Implications

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

10. Issues, risks and innovation

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

Officer Contact

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

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Adult Social Services Performance Dashboard

Key

Rating symbols:	★	On or ahead of target
	●	Within 5% variance of target
	▲	Missing target by more than 5% variance
Direction of travel symbols	↑	Getting better ('higher is better' indicators)
	↓	Getting better ('lower is better' indicators)
	↑↓	Getting worse ('higher is better' indicators)
	↓↑	Getting worse ('lower is better' indicators)
	→	Same performance
Greyed out cells = Data that has not been updated since the last report		

Measure	Value	Date	Rating	2015/16 Target	Direction of Travel
Managing our resources					
Average % of lost time (rolling 12 months figure)	4.2	Sep 2015	-	-	↓
Contacts closed in SCCE as Information and Advice only	33.5%	Sep 2015	-	-	↑
Work transferred by SCCE to localities where no service was provided	4.1%	Sep 2015	-	-	↓
Service Performance					
Service users using self-directed support at the end of the reporting period	88.1%	Sep 2015	★	85%	↑
Service users using self-directed support at the end of the reporting period who receive cash payments	34.5%	Sep 2015	●	35%	→
Carers supported following an assessment or review	33.7%	Sep 2015	-	-	-
Carers using self-directed support during the year	86.3%	Sep 2015	★	70%	↑
Delayed transfers of care attributed jointly or solely to social care (per 100,000 population aged 18 and over)	0.9	Aug 2015	★	2.0	↓
People with a long term service whose needs have been reviewed in the last 12 months	71.8%	Sep 2015	▲	80%	-
Overall satisfaction of people who use services with their care and support	66.9%	Mar 2015	●	68.7%	↓
Adult safeguarding strategy discussions completed within 3 working days	94%	Sep 2015	★	90%	↑

Measure	Value	Date	Rating	2015/16 Target	Direction of Travel
Outcomes for Norfolk					
Permanent admissions to residential/nursing care aged 18-64 (per 100,000 population)	8.7	Sep 2015	●	8.3	↓
Permanent admissions to residential/nursing care aged 65 and over (per 100,000 population)	265.0	Sep 2015	★	273.6	↓
Older people (aged 65 and over) still at home 91 days after discharge from hospital into reablement/rehabilitation services	92.3%	Sep 2015	★	90%	↑
People who use services who feel safe	65.8%	Mar 2015	●	69.6%	↓
People who use services who say that those services have made them feel safe and secure	83.5%	Mar 2015	★	82.5%	↑
People who find it easy to find information about support	74.3%	Mar 2015	●	77.8%	↓
People who feel they have control over their daily life	80.8%	Mar 2015	●	82.5%	↓
People aged 18-64 in contact with secondary mental health services in paid employment	4.7%	Apr 2015	▲	5.5%	↑
People aged 18-64 in contact with secondary mental health services living independently, with or without support	66.4%	Apr 2015	★	65.0%	↑
People aged 18-64 receiving learning disability services in paid employment	3.6%	Sep 2015	▲	5.6%	↓
People aged 18-64 receiving learning disability services living independently, with or without support	74.0%	Sep 2015	●	75.0%	→

Adult Social Care Committee

Item No. 14

Report title:	Adult Social Care Finance Monitoring Report Period 6 (September) 2015-16
Date of meeting:	9 November 2015
Responsible Chief Officer:	Harold Bodmer, Executive Director of Adult Social Services

Strategic impact

This report provides the Committee with financial monitoring information, based on information to the end of August 2015. It provides an analysis of variations from the revised budget and recovery actions taken in year to reduce the overspend.

Executive summary

As at the end of September 2015 (Period 6), Adult Social Service's financial position showed an improvement of £0.719m. Given the significant risks identified in delivering savings, it is prudent to maintain the period 5 forecast position of an overspend of £5.612m, after application of a proportion of the Care Act funding and to use the £0.719m to reduce the risk of non-delivery of savings.

Expenditure Area	Budget 2015/16 £m	Forecast Outturn £m	Variance £m
Total Net Expenditure	241.702	252.514	10.812
Application of Care Act Funding (included in budget)	0.000	(5.200)	(5.200)
Revised Net Expenditure	241.702	247.314	5.612

- Adult Social Services has a net revenue budget for 2015/16 which is £6.3m less than for 2014/15
- Forecast expenditure for 2015/16 is £10.812m over budget before use of new funding, but nearly £10m less compared to the actual outturn for last year. The forecast for period 6 includes a reduction in the savings forecast to be delivered over the remainder of the year, given that there are now six months left. This reduction is approximately £0.719m
- Significant pressures remain as a consequence of the number of people receiving social care services, particularly the numbers of people aged 18-64
- There is a projected shortfall of £5.954m on the department's saving target for 2015/16 of £16.296m. This includes the use of £0.719m to reduce the risk of non-delivery of savings.
- The additional funding for the implementation of the Care Act of £8.2m for 2015/16 though included in the budget is not fully committed. Taking account of assumptions about future costs, £5.2m of the total funding has been allocated
- The revenue budget does not take account of spending the £1.753m allocated to the department from the 2014/15 Council underspend

Adult Social Services reserves at 1 April 2015 stood at £10.336m. The service plans to make a net use of reserves in 2015-16 of £6.545m therefore it is estimated that £3.791m will remain at 31 March 2016. Included in the planned use of reserves is £3.156m approved by Full Council in setting the revenue budget for 2015/16 and estimated use of £0.520m of the £1.753m agreed by the Policy & Resources Committee in June to support transformation of Adult Social Services and policy decision regarding War Veterans.

Recommendations:

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

- a) The forecast outturn position at period 6 for 2015-16 Revenue Budget of an overspend of £5.612m
- b) The planned recovery actions being taken in year to reduce the overspend
- c) The planned use of reserves
- d) The forecast outturn position at period 6 for the 2015-16 Capital Programme
- e) The overspend action plan at 2.8

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 6 forecast including assumptions about the implementation and achievement of savings before the end of the financial year. It also includes the allocation of £5.2m of £8.2m of the funding provided for the implementation of the Care Act.
- 1.3 Since the period 5 monitoring report, further work has been undertaken to improve the robustness and understanding of the forecast, particularly in relation to the purchase of care packages to meet the individual needs of service users.

2. Detailed Information

- 2.1 The table below summarises the forecast outturn position as at the end of September 2015 (Period 6).

Actual 2014/15 £m	Expenditure Area	Budget 2015/16 £m	Forecast Outturn £m	Variance @ P6 £m	Previously Reported £m
8.125	Business Development	10.224	9.870	(0.354)	(0.362)
71.428	Commissioned Services	70.310	71.307	0.997	1.327
9.522	Early Help & Prevention	6.414	6.747	0.333	0.344
174.780	Services to Users (net)	155.145	165.126	9.981	9.638
(1.605)	Management, Finance & HR	(0.391)	(0.536)	(0.145)	(0.135)
262.250	Total Net Expenditure	241.702	252.514	10.812	10.812
(5.572)	Use of reserves & one-off funding to support revenue spend	0.000	0.000	0.000	0.000
0	Application of Care Act Funding (included in budget)	0.000	(5.200)	(5.200)	(5.200)
(1.000)	Other Management Actions	0.000	0.000	0.000	0.000
255.678	Revised Net Expenditure	241.702	247.314	5.612	5.612

- 2.2 As at the end of Period 6 (September 2015) the revenue outturn position for 2015-16 after use of new funding for implementing the Care Act of £5.200m is a £5.612m overspend.
- 2.3 The detailed position for each service area is shown at **Appendix A**, with further explanation of over and underspends at **Appendix B**.
- 2.4 The overspend is primarily due to the net cost of Services to Users (purchase of care and hired transport), and risks associated with the delivery of savings, resulting in a forecast overspend of £9.981m

2.5 Services to Users

2.5.1

Actual 2014/15 £m	Expenditure Area	Budget 2015/16 £m	Forecast Outturn £m	Variance £m	Previously Reported £m
107.803	Older People	107.292	107.694	0.402	0.881
23.325	Physical Disabilities	24.053	23.833	(0.220)	(0.157)
87.350	Learning Disabilities	79.239	86.704	7.465	6.523
12.814	Mental Health	11.834	13.262	1.428	1.298
7.196	Hired Transport	4.581	7.131	2.550	2.547
14.948	Care & Assessment & Other staff costs	15.806	15.206	(0.600)	(0.647)
253.436	Total Expenditure	242.805	253.830	11.025	10.445
(78.656)	Service User Income	(87.660)	(88.704)	(1.044)	(0.819)
174.780	Revised Net Expenditure	155.145	165.126	9.981	9.626

2.5.2 Key points:

- The number of permanent residential placements of older people has been successfully reduced to bring the forecast residential spend in line with the budget
- Reducing the number of working age adults in residential placements is challenging but progress has been made this year and longer terms plans to achieve this are in place
- The review and refocus of transport savings is underway to achieve reduction
- The personal budget savings target is proving extremely challenging with at best only 40% of the £6m target likely to be achieved in 2015/16
- The Learning Disability and Physical Disability savings are off target as it is taking longer than anticipated to deliver the changes required. It is anticipated that £1m will be delivered of the £2m target in the financial year

- f) The risk in relation to income from charges to service users has been quantified and the revised forecast is £1.044m now more than budget and an increase in forecast income achieved of £0.225m over last month

2.6 Commissioned Services

2.6.1

Actual 2014/15 £m	Expenditure Area	Budget 2015/16 £m	Forecast Outturn £m	Variance £m	Previously Reported £m
1.224	Commissioning	1.401	1.285	(0.116)	(0.110)
10.337	Service Level Agreements	11.275	11.088	(0.187)	(0.172)
1.836	Integrated Community Equipment Service	2.599	2.708	0.109	0.174
32.922	NorseCare	31.212	32.648	1.436	1.436
10.092	Supporting People	9.282	9.265	(0.017)	0.013
13.292	Independence Matters	13.151	13.151	0.000	0.000
1.896	Other Commissioning	1.390	1.162	(0.228)	(0.014)
71.428	Total Expenditure	70.310	71.307	0.997	1.327

2.6.2 Key points:

- The Integrated Community Equipment Service budget has been pooled alongside funding from four of the five CCGs in Norfolk. The net cost of the service is currently forecast to be over budget in 3 of the 5 localities. Whilst the cost of the equipment issued has remained largely consistent with last financial year the credits received from recycled equipment has reduced. A recovery plan is in place to reduce the overspend and bring the forecast back in line with the budget
- Whilst there is a risk in delivering the savings against the NorseCare contract, work is in hand with the company to minimise the shortfall

2.7 Savings Forecast

2.7.1

The department's budget for 2015/16 includes savings of £16.296m. As previously reported to the Adult Social Care Committee on 29 June 2015, 7 September 2015 and 12 October 2015, and to Policy and Resources Committee on 1 June 2015, there are significant risks to the delivery of £5.235m of these savings. At period 6 the level of forecast savings has been reduced to account for the risk in the delivery of homecare savings and savings associated with the reduction in funding of wellbeing activities. This additional shortfall has been built into the forecast outturn figures in paragraph 2.1 above.

Savings	Saving 2015/16 £m	Forecast £m	Variance £m	Previously Reported £m
Savings off target (explanation below)	9.835	3.862	5.973	5.235
Savings on target	6.461	6.480	(0.019)	0.000
Total Savings	16.296	10.342	5.954	5.235

For those savings that are off target a brief explanation is provided below of the reasons why they are off target and any planned recovery action that is in place.

2.7.2 Review Care Arranging Service (target £0.140m, forecast £0, variance £0.140m, no change from last month)

This proposal predated the introduction of the Care Act which gives the council increased responsibilities for arranging care for people who fund their own care. There will in fact be additional workload responsibilities for this team and alternative means of achieving this saving are being sought within the department.

2.7.3 Change the type of social care support that people receive to help them live at home (target £0.200m, forecast £0.0m, variance £0.200m, increase £0.100m from last month)

A tender for the re-procurement of home care services in West Norfolk and in Yarmouth and Waveney has been awarded. The Great Yarmouth and Waveney tender was run jointly with Suffolk County Council to deliver a more integrated and efficient service. However this has resulted in a delay in the original procurement timetable. Full year savings will not be achieved in 2015-16 as the new contracts not commence until 1st April 2016 onwards.

2.7.4 Renegotiate contracts with residential providers, to include a day service as part of the contract, or at least transport to another day service (target £0.100m, forecast £0, variance £0.100m, no change from last month)

This has been further examined in detail and it has been concluded that these savings will not be achieved. Residential providers will increase their prices if they have to provide day service. Compensating savings are being sought, in particular through a new model of care to meet the needs of people with Learning Disability.

2.7.5 Changing how we provide care for people with learning disabilities or physical disabilities (target £2.000m, forecast £1.000m, variance £1.000m, no change from last month)

The saving involves re-assessing the needs of existing service users and where appropriate providing alternative and more cost effective accommodation, or means of supporting them in their current accommodation. While the total saving will be achieved over time, this project does have a longer lead in time. This project is under review to ensure that all possible savings can be achieved.

2.7.6 Reduce funding for wellbeing activities for people receiving support from Adult Social Care through a personal budget (target £6.000m, forecast £2.362m, variance £3.638m, increase of £0.638m from last month)

The time lag in implementing the change for existing service users, which was agreed following the consultation exercise, along with pressure on the reviewing capacity in the

teams means it is uncertain whether the full £6.000m saving will be achieved in 2015-16. Additional reviewing capacity has been brought in to speed up this process, and the project is being reviewed to seek alternative means of reducing costs from the purchase of care budget. This continues to be a significant risk in delivery of this saving with the forecast reduced to £2.362m from £3.000m.

2.7.7 Redesign Adult Social Care pathway (target £0.395m, forecast £0, variance £0.395m, no change from last month)

This saving was about using data and information better to manage voids in Supported Living.

Initially this was linked to the sprint and development of the i-Hub but the work done manually to improve data quality and processes alongside the sprint has delivered significant benefits and this saving is therefore being incorporated into the wider Adult Social Care Committee saving from Changing Models of Care.

2.7.8 NorseCare rebate (target £1.000m, forecast £0.500m, variance £0.500m, no change from last month)

Based on the company's current strategic financial plan, there is a shortfall against the current Adult Social Services target and work is underway with NorseCare to reduce the gap and deliver the saving in full.

2.8 Overspend Action Plan

- 2.8.1 The department is taking recovery action to reduce in year spending as far as possible. A number of actions were initiated by the Executive Director of Adult Social Services to mitigate the 2014/15 reported overspend to March 2015. In addition to these, further actions have been identified to deal with the forecast position for 2015/16. These actions and progress are detailed in **Appendix C** and have been reinforced by an e-mail from the Executive Director of Adult Social Services to all Adult Social Services Staff on 12 August 2015 and progress reviewed at every Adults Social Services Senior Management Team.

2.9 Reserves

- 2.9.1 The department's reserves at 1st April 2015 were £10.336m. The service is forecasting a net use of reserves in 2015-16 of £6.545m to meet commitments, including the planned use of reserves of £3.156m approved by Full Council in setting the revenue budget for 2015/16. This does not assume use of reserves to offset general overspend. The 2015-16 forecast outturn position for reserves and provisions is therefore £3.791m. The projected use of reserves and provisions is shown at **Appendix D**.

2.10 Capital Programme

- 2.10.1 The department's three year capital of £12.775m has been reprofiled with £6.3m of uncommitted funding originally earmarked to be used in 2015/16 moved to 2016/17 to fund future as yet to be identified projects. The capital programme for 2015/16 is now £2.372m though at this stage £1.0m is as yet uncommitted. The priority for use of capital is Housing with Care and the development of alternative housing models for young adults. Projects are in development which are expected to utilise some of the uncommitted funding and the schemes will have benefits for revenue spend. There are no adverse variances to be reported at this stage. Details of the current capital programme are shown in **Appendix E**.

3. Financial Implications

- 3.1 There are no decisions arising from this report. The forecast outturn for Adult Social Services is set out within the paper and appendices and the action plan aims to address the overspend.

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 demand led service where number of service users continues to increase, and 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
 - b) The ability to deliver a savings target of £16.296m where major transformation change is taking longer to deliver than anticipated resulting in a potential savings shortfall of £5.942m
 - c) The cost of transition cases, those service users move into adulthood, have not been fully identified
 - d) The implementation of the new homecare contract in the West locality has led to a number of issues where the cost of implementation has yet to be quantified
 - e) 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 the reduced risk the forecast becomes more accurate
 - f) The current Judicial Review and the Cost of Care exercise currently underway may result in increased costs

5. Background

- 5.1 There are no background papers relevant to the preparation of 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 2015-16: Budget Monitoring Period 6 (September)

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

Summary	Revised Budget	Forecast Outturn	Variance to Budget		Previously Reported
	£m	£m	£m	%	£m
Services to users					
Purchase of Care					
Older People	107.292	107.694	0.402	0.4%	0.881
People with Physical Disabilities	24.053	23.833	(0.220)	-0.1%	(0.157)
People with Learning Difficulties	79.239	86.704	7.465	9.4%	6.523
Mental Health, Drugs & Alcohol	11.834	13.262	1.428	12.1%	1.298
Total Purchase of Care	222.418	231.493	9.075	4.1%	8.545
Hired Transport	4.581	7.131	2.550	55.7%	2.547
Staffing and support costs	15.806	15.206	(0.600)	-3.8%	(0.647)
Total Cost of Services to Users	242.805	253.830	11.025	4.5%	10.445
Service User Income	(87.660)	(88.704)	(1.044)	1.2%	(0.819)
Net Expenditure	155.145	165.126	9.981	6.4%	9.626
Commissioned Services					
Commissioning	1.401	1.285	(0.116)	-8.3%	(0.110)
Service Level Agreements	11.275	11.088	(0.187)	-1.7%	(0.172)
ICES	2.599	2.708	0.109	4.2%	0.174
NorseCare	31.212	32.648	1.436	4.6%	1.436
Supporting People	9.282	9.265	(0.017)	-0.2%	0.013
Independence Matters	13.151	13.151	0.000	0.0%	0.000
Other	1.390	1.162	(0.228)	-2.4%	(0.014)
Commissioning Total	70.310	71.307	0.997	1.4%	1.327
Early Help & Prevention					
Housing With Care Tenant Meals	0.692	0.688	(0.004)	-0.6%	(0.005)
Personal & Community Support	0.173	0.173	0.000	0.0%	0.000
Norfolk Reablement First Support	2.822	2.680	(0.143)	-5.1%	(0.198)
Service Development (incl. N-Able)	0.558	1.411	0.853	153.0%	0.867
Other	2.169	1.795	(0.373)	-17.2%	(0.320)
Prevention Total	6.414	6.747	0.333	5.2%	0.344

Adult Social Care

2015-16 Budget Monitoring Forecast Outturn Period 6

Explanation of variances

1. Business Development, forecast underspend (£0.354m)

Business Support vacancies, especially in the Southern and Norwich teams.

During Period 5 (£0.384m) budget was moved to the Corporate Property Team relating to Building Maintenance Fund and staffing in accordance with the Member decision to set up a central property function.

2. Commissioned Services forecast overspend £0.997m

The main variances are:

NorseCare, forecast overspend of £1.436m. Shortfall on budgeted reduction in contract value compared the 2014/15 outturn together with risk around achieving savings target. Work is underway working with the company to minimise or reduce the level of overspend.

ICES, forecast overspend of £0.109m. The recycling credits due to NCC have reduced compared to prior years, which are a reflection of the reduction in NCC's purchasing spend during the previous year following contract renegotiations. Recycling rates are being closely monitored and the contract provides financial incentives to the provider to recycle and reduce waste.

3. Services to Users, forecast overspend £9.981m

The main variances are:

Purchase of Care (PoC), forecast overspend £11.025m.

There are significant savings to be delivered across the year, with the £6m planned to be delivered on the reduction in personal care budgets at risk. As a result the saving is being refocused to reconsider the Resource Allocation System and to ensure that service reviews are being conducted in a consistent way.

Older People, forecast overspend of £0.402m. The work to reduce the level of permanent residential placements in the last four months of 2014/15 has continued in 2015/16 and as a result the forecast for 2015/16 suggests that residential spend will be close to be on budget if these reductions continue. The forecast for home care is overspent, which reflects the drive to support more service users to remain in their own homes and the failure to deliver savings from the retendering of the homecare contract this financial year.

Learning Difficulties, forecast overspend £7.465m. The projected overspend in this area is at the same level in 2014/15. It is relevant to note that the bulk of the personal care budget savings and the savings to be achieved through changing how we provide care for people with Learning or Physical Disabilities have been set against this budget. The overspend for day care and supported living service provision, budgets particularly affected by these savings, is partially offset by an underspend on residential service provision. The numbers of residential placements for younger adults has reduced but remains high relative to comparator councils. The department has set out as a default position that there should be no residential placements for younger adults, except for in rare and particular circumstances. The savings

target for Learning Difficulties is exacting but revised plans suggest that whilst there will be a shortfall in 2015/16 against the target, and possibly a further shortfall in 2016/17, the saving will be achieved in full by 2017/18.

Mental Health, forecast overspend £1.428m. A significant proportion of the overspend is on residential placements where the department has a high number of placements compared to comparator councils. Work has been undertaken to review residential placements to identify service users who are ready to move on to community based support or to identify further support required for readiness. This has been carried out alongside work to identify the community support needed to support the transition away from residential services.

Hired Transport, forecast overspend £2.550m. Revised plans to deliver savings carried over from 2014/15 are being put in place, but the development of the plans are being hindered by the lack of detailed accurate information about transport use across the county and where there may be opportunities to reduce or re-plan the transport available. These plans include reviewing the location of provision with a view to reducing the need for service users to travel as far.

Service User Income, forecast underspend (£1.045m). There is a forecast shortfall on income from charges to service users and NHS contributions to jointly funded packages, £0.363m, offset by income of £1.182m received to cover care packages for service users previously funded directly by the Independent Living Fund. The Independent Living Fund (ILF) closed on the 30th of June 2015 and the Council has received ring fenced funding for the period 1st July 2015 to 31st March 2016 to cover the cost of care for those individuals previously funded directly by the ILF. Expenditure matching this income has been identified.

4. Early Help and Prevention, forecast overspend £0.344m

The main variances are:

Norfolk Reablement First Support, forecast underspend (£0.143m). The underspend is due to the allocation of a Department of Health grant to assist with helping with hospital discharge and staffing related underspends. Plans are under-way to expand the service to provide reablement to more service users with the potential to benefit from this service to support them to live more independent lives.

Service Development, forecast overspend £0.853m. The savings target for N-able (the assistive technology service run by Norse) remains off-target from 2014-15. Work is continuing to implement the saving which is based on N-Able making increased profits.

Other, forecast underspend (£0.373m). There is a forecast overspend of £0.146m as a result of the savings target for the Care Arranging Services not being achieved. This is offset by an underspend on the Transformation budget, (£0.500m), as reserves are planned to be utilised to fund the team.

Action Plan Progress Tracker

	Action	Progress	Update	Timescale
1	No new under 65 placements in residential care, as default position.	Progress is monitored on a weekly basis with numbers no longer increasing	Very few new placements have been made for working age adults and there are 7 fewer people in permanent residential care than on 1 st April.	On-going
2	Targets for locality teams to reduce the numbers of older people in residential care by 25%	Targets in place and monitored on a weekly basis, linked with 2 for 1 flow	Numbers of placements have fallen during July and early August, levelled off in September but are now falling slowly.	On-going as part of Promoting Independence Strategy
3	Prioritise the use of Norsecare block purchased beds	Target to achieve a 95% occupancy on average for the remainder of the year	Current occupancy is less than 90% and work is in hand to improve this further.	On-going
4	To manage our funding flows we will only fund a residential or nursing home placement in each locality when two placements have been released	Target newly introduced with potential saving still to be quantified	Teams are holding to targets, and the numbers or permanent placements are now beginning to reduce.	Continue until 31/3/16
5	Temporary residential placements should only be used where a clear plan exists for the service user to return home and the placement only authorised for the period in the plan.	Will contribute to overall reduction in cost of older people placements	Improvement in the recording of temporary and permanent placements	On-going
6	Reinforce our practice on Personal Budgets. These should only be used to meet any unmet eligible social care need. Working on the basis of least spend to deliver the best outcomes	Will contribute to overall reduction in cost of packages of care.	Strength based assessments being rolled out from November, small sample suggests potential of 12% on Personal Budget	On-going

	Action	Progress	Update	Timescale
7	Reviewing all care packages which involve two carers, to ensure that use of additional equipment or assistive technology has been considered.	Work still ongoing to quantify savings benefit	Strength based assessments being rolled out from November, small sample suggests potential saving of 12% on Personal Budgets	On-going
8	Reviewing packages of care of up to 10 hours per week, to ensure that there are no informal alternatives that could be used.	Work still ongoing to quantify savings benefit	Strength based assessments being rolled out from November, small sample suggests potential of 12% on Personal Budget	On-going
9	Reviews of last 100 placements in residential care to make sure that decision making about access to residential care is robust.	Learning from the reviews is being fed into refocused PB reviews to be rolled out next month	Strength based assessments being rolled out from November, small sample suggests potential of 12% on Personal Budget	On-going
10	Scrutiny of all personal budgets reviews where the service remains unchanged	Learning from the reviews is being fed into refocused PB reviews to be rolled out next month	Strength based assessments being rolled out from November, small sample suggests potential of 12% on Personal Budget	On-going
11	Weekly Panels to scrutinise proposed overrides of the RAS (Resource Allocation System) funding for indicative Personal Budgets for younger adults	Panels commenced w/c 17 th August.	Seven panels have been held having reviewed 112 cases. Of the 112 cases 39% have been approved and the balance have been deferred for further work. The panel process is being reviewed following the appointment of the Interim Head of LD with revised locality based panels being rolled out during October.	On-going

	Action	Progress	Update	Timescale
12	Urgent review of the Resource Allocation System (RAS), which sets the size of personal care budgets.	Part of an ongoing review to reconsider the Personal Budget process and the RAS, particularly in light of Promoting Independence. No saving has been quantified at this stage. All other local authorities in England have been asked to share their Resource Allocation System	Project underway	31/3/16
13	A freeze on Learning and Development spending, except for statutory training and training on the Care Act.	Review has been undertaken and savings of £200k have been incorporated into the current forecast	Saving achieved	Complete
14	Appoint an Interim Head of Learning Disability, who will be drive forward improvements in the Learning Disabilities services to reduce expenditure.	Kerry Wright now in post.		Complete

Adult Social Services Reserves and Provisions 2015/16

	Balance	Planned Usage	Balance
	1 April 2015	2015/16	31 March 2016
	£m	£m	£m
Doubtful Debts provision	1.572	0.000	1.572
Redundancy provision	0.016	0.000	0.016
Prevention Fund - Living Well in Community	0.006	(0.006)	0.000
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 in 2012-13 and 2013-14, particularly around Reablement, Service Level Agreements, and the need to build capacity in the independent sector. The funding has now been earmarked to support the early implementation of an expanded Reablement service, which is linked to budget savings for 2016-18. 2013-14 funding for Strong and Well was carried forward within this reserve as agreed by Members £0.321m remains of the Strong and Well funding, all of which has been allocated to external projects and will be paid upon achievement of milestones (mostly anticipated in 2015-16).	0.734	(0.686)	0.048
Repairs and renewals	0.043	0.000	0.043
IT reserve - For the implementation of various IT projects and IT transformation costs.*	0.876	(0.876)	0.000
Residential Review - Required in future years for the Building Better Futures programme, including the transformation of the homes transferred to NorseCare on 1 April 2011.*	2.278	(2.278)	0.000
Unspent Grants and Contributions - Mainly the Social Care Reform Grant which is being used to fund the Transformation in Adult Social Care	3.058	(2.179)	0.879
The Council underspend at 31 st March 2015 of £1.753m has been included in the opening balance, £0.520m has been committed for the engagement of a temporary Learning Difficulties Manager to drive forward improvements in that services and to offset the loss of income relating to the policy change regarding War Veterans' pre 5 th April 2005 War Disablement Pensions	1.753	(0.520)	1.233
Total ASC reserves and provisions	10.336	(6.545)	3.791

* Use of reserves agreed by Full Council in setting the revenue budget for 2015/16

Adult Social Care Capital Programme 2015-16

Summary	2015/16		2016/17	2017/18
	Current Capital Budget	Actual outturn at Year end	Draft Capital Budget	Draft Capital Budget
Scheme Name	£'000s	£'000s	£'000s	£'000s
Failure of kitchen appliances	18	18	13	0
Supported Living for people with Learning Difficulties	17	17	0	0
Adult Social Care IT Infrastructure	141	141	0	0
Improvement East Grant	60	60	0	0
Prospect Housing - formerly Honey Pot Farm	0	0	318	0
Young Peoples Scheme - East	200	200	0	0
Great Yarmouth Dementia Day Care	36	36	0	0
Adult Care - Unallocated Capital Grant	1,000	1,000	7,201	2,000
Strong and Well Partnership - Contribution to Capital Programme	252	252	0	0
Bishops Court - King's Lynn	198	198	0	0
Dementia Friendly Pilots	1	1	0	0
Lakenfields	125	125	0	0
Autism Innovation	19	19	0	0
Cromer Road Sheringham (Independence Matters	199	199	0	0
Winterbourne Project	50	50	0	0
Humberstone	24	24	0	0
Baler Press	32	32	0	0
Care Act Implementation	0	0	871	0
TOTAL	2,372	2,372	8,403	2,000

Adult Social Care Committee

Item No. 15.

Report title:	Risk Management
Date of meeting:	9 November 2015
Responsible Chief Officer:	Harold Bodmer, 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 ASC meeting of 11 May Members requested a full report at the first meeting of the year followed by exception reports to subsequent meetings. The first exceptions paper was reported to the 9 September meeting.

This report includes the departmental risk summary together with an update on progress since the last committee meeting on 12 October. There are no changes to a risk score for 2015/16 and there are no additions or deletions to report this time.

Risks are where events may impact on the Department and County Council achieving its objectives.

Recommendations:

Committee Members are asked to:

- a) note progress with departmental risks since 12 October
- b) comment on progress with departmental risks since 12 October
- c) consider if any further action is required

1 Proposal

1.1 Recommendations:

- a) note progress with departmental risks since 12 October
- b) comment on progress with departmental risks since 9 September
- c) consider if any further action is required

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

2 Evidence

2.1 The Adult Social Services departmental risk register reflects those key business risks that need to be managed by the Senior Management Team and which, if not managed appropriately, could result in the service failing to achieve one or more of its key objectives and/or 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 Each risk score is expressed as a multiple of the impact and the likelihood of the event occurring:
- Original risk score – the level of risk exposure before any action is taken to reduce the risk when the risk was entered on the risk register
 - Current risk score – the level of risk exposure at the time the risk is reviewed by the risk owner, taking into consideration the progress of the mitigation tasks
 - Target risk score – the level of risk exposure that we are prepared to tolerate following completion of all the mitigation tasks
- 2.3 In accordance with the Risk Matrix and Risk Tolerance Level set out within the current Norfolk County Council "Well Managed Risk - Management of Risk Framework", four risks are reported as "High" (risk score 16–25) and 10 as "Medium" (risk score 6–15). A copy of the Risk Matrix and Tolerance Levels appears at Appendix 2.
- 2.4 The prospects of meeting target scores by the target dates are a reflection of how well mitigation tasks are controlling the risk. It is also an early indication that additional resources and tasks or escalation may be required to ensure that the risk can meet the target score by the target date. The position is visually displayed for ease in the "Prospects of meeting the target score by the target date" column as follows:
- Green – the mitigation tasks are on schedule and the risk owner considers that the target score is achievable by the target date
 - Amber – one or more of the mitigation tasks are falling behind and there are some concerns that the target score may not be achievable by the target date unless the shortcomings are addressed
 - Red – significant mitigation tasks are falling behind and there are serious concerns that the target score will not be achieved by the target date and the shortcomings must be addresses and/or new tasks are introduced
- 2.5 The current risks are those identified against the departmental objectives for 2015/16 and have been updated for this report.
- 2.6 There are currently three risks that have a corporate significance and appear on the corporate risk register.
- RM14079 "Failure to meet the longer term needs of older people". If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local authorities may only have sufficient funding for Adult's and Children's care
 - RM0207 "Failure to meet the needs of older people". If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation

- RM012 “A successful Judicial Review being brought by a group of residential care providers may result in additional costs for 2015/16 which were not anticipated in budget planning for the year”

- 2.7 There are no changes to risk scores and no additions or deletions to report this time.
- 2.8 Appendix 1 provides Committee members with a summary of the risks on the register.
- 2.8. There have been two changes to the Risk Summary since the last report:

Risk Number	Risk Name	Progress Update
RM012	Negative outcome of the Judicial Review into fee uplift to care providers	The prospects of meeting the target risk score was previously shown as ‘New’ and has been provisionally updated to ‘Amber’ this time. The risk owner will be asked to review this for the January 2016 risk report.
RM (ref requested)	Failure in the care market	The prospects of meeting the target risk score was previously shown as ‘New’ and has been provisionally updated to ‘Amber’ this time. The risk owner will be asked to review this for the January 2016 risk report.

2.9 Progress with departmental risks

- 2.9.1 Since the last report to this Committee progress has been made with the following risks:

Risk Number	Risk Name	Progress Update
RM0207	Failure to meet the needs of older people	The Norfolk First Response service is receiving an extra £1.8m in 2015/16 to ensure that those that need the service receive it.
RM13926	Failure to meet budget savings	Overall at period 6 there is a forecast overspend of £5.601m on a net budget of £241.7m (2.3%). The budget assumes delivering savings of £16.296m but there are risks of £5.942m contained within the savings. These significant savings include a reduction in the budgets used to pay for packages of care, which has meant reviewing and reducing the wellbeing element of personal budgets. There is an action plan in place to bring the forecast back into line with the budget which is reviewed in terms of progress at every Adult Social Service Senior Management Team for progress and is also reported to every cycle to Adult Social Care Committee.
RM13929	The speed and severity of change	This item has been brought forward from the previous ASC committee meeting to ensure a complete record: As the Promoting Independence programme is introduced this requires a different social work

		<p>approach which will take some time to embed. Staff require increased levels of support and increased L and D input during this period of cultural change.</p> <p>Staff sickness has begun to increase above target and is being monitored closely.</p>
RM14150	Impact of DNA	<p>The roll out of laptops is complete apart from James Paget University Hospital where a network feasibility project is under way to resolve long-standing connectivity issues on this site. This is expected to be completed by 31 January 2016.</p> <p>The Customer Portal project is currently on hold to enable the contractor to develop appropriate authenticating processes.</p>
RM14085	Failure to follow data protection procedures	<p>Departmental Information Security procedures are being revised together with development of ICT skills modules for NCC staff.</p> <p>Data Exchange agreements between the NHS, other partners and NCC are being reviewed in support of safe data sharing between organisations.</p>

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

3 Financial Implications

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

4 Issues, risks and innovation

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

5 Background

- 5.1 Appendix 1 provides the Committee members with a summary of the risks on the register. Appendix 2 is a copy of the risk scoring matrix to show the scoring methodology for Impact and Likelihood.
- 5.2 The review of existing risks has been completed with responsible officers.
- 5.3 There remains a strong commitment to the management of risk and appropriately managing risk, particularly during periods of organisational change, such as the accelerated programme to deliver all the elements of the vision for the County Council.
- 5.4 An on-going clear focus on strong risk management is necessary as it provides an essential tool to ensure the successful delivery of our strategic and operational objectives.

Officer Contact

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

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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.

Risk Register - Norfolk County Council

Risk Register Name		Adult Social Care Departmental Risk Register - Appendix 1									Red	↓	Worsening
Prepared by		Harold Bodmer and Steve Rayner						High			Amber	↔	Static
Date updated		October 2015						Med			Green	↑	Improving
Next update due		November 2015						Low			Met		
Area	Risk Number	Risk Name	Risk Description	Current Likelihood	Current Impact	Current Risk Score	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Direction of travel from previous review	Risk Owner		
Adult Social Services Transformation	RM14079	Failure to meet the long term needs of older people	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation. With regard to the long term risk, bearing in mind the current demographic pressures and budgetary restraints, the Local Government Association modelling shows a projection suggesting local authorities may only have sufficient funding for Adult's and Children's care.	5	5	25	8	31/03/2030	Amber	↔	Harold Bodmer		
Adult Social Services Transformation	RM13926	Failure to meet budget savings	If we do not meet our budget savings targets over the next three years it would lead to significant overspends in a number of areas. This would result in significant financial pressures across the Council and mean we do not achieve the expected improvements to our services.	4	5	20	10	31/03/2017	Red	↔	Neil Sinclair		
Adult Social Services Transformation	RM14149	Impact of the Care Act 2014	Impact of the Care Act 2014/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)	1	5	5	3	31/03/2016	Green	↔	Janice Dane		
Safeguarding	RM13931	A rise in hospital admissions	A significant rise in acute hospital admissions for whatever reason would lead to increased demand for social care services. This would result in budget pressures, possible overspends and could lead to delayed transfers of care which would negatively impact on user experience and on our reputation.	4	4	16	6	31/03/2016	Amber	↔	Lorraine Barrett		
Adult Social Services Transformation	RM0207	Failure to meet the needs of older people	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation.	3	4	12	8	31/03/2016	Amber	↔	Harold Bodmer		
Support & Development	RM13925	Lack of capacity in ICT systems	A lack of capacity in IT systems and services to support Community Services delivery, in addition to the poor network capacity out into the County, could lead to a breakdown in services to the public or an inability of staff to process forms and financial information in for example Care First. This could result in a loss of income, misdirected resources, poor performance against NI targets and negatively impact on our reputation.	3	4	12	6	31/03/2016	Amber	↔	John Perrott		
Adult Social Services Prevention	RM13923	Uncertainty around the shift towards investment in prevention services	There is uncertainty around achieving a general shift towards investment in prevention services by health care and housing organisations, meaning that key strategic strategies for older and disabled people were not met in line with Living Longer, Living Well. This results in poorer outcomes for service users and higher expenditure.	3	4	12	8	31/03/2016	Amber	↔	Janice Dane		
Adult Social Services Transformation	RM13929	The speed and severity of change	The speed and severity of the changes in work activities and job cuts across all areas of the department outlined necessary to achieve budget savings targets could significantly affect the wellbeing of staff. This results in increased sickness absence, poor morale and a reduction in productivity.	3	4	12	8	31/03/2016	Amber	↓	Lucy Hohnen		

Area	Risk Number	Risk Name	Risk Description	Current Likelihood	Current Impact	Current Risk Score	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Direction of travel from previous review	Risk Owner
Adult Social Services Transformation	RM14150	Impact of DNA	Impact of DNA: temporary pausing of customer portal/self service ; impact on work to integrate with NHS; resources required to deliver departmental elements; impact on resources with DNA implementation and funding of DNA.	3	4	12	3	31/03/2016	Green	↑	John Perrott
Information Management	RM14085	Failure to follow data protection procedures	Failure to follow data protection procedures can lead to loss or inappropriate disclosure of personal information resulting in a breach of the Data Protection Act and failure to safeguard service users and vulnerable staff, monetary penalties, prosecution and civil claims.	3	4	12	3	31/03/2016	Green	↑	Harold Bodmer
Adult Social Services Transformation	RM13936	Inability to progress integrated service delivery	Inability to progress integrated service delivery between NCC and Health due to; different governance regimes, the lack of management capacity and the on-going NHS changes. This could result in the programmes objectives not being fully met.	2	5	10	5	31/03/2016	Green	↔	Harold Bodmer
SMT	RM14237	Deprivation of Liberty Safeguarding	The Cheshire West ruling March 2014 has significantly increased referrals for people in care homes and hospital. The demand outstrips the capacity of the DOLS team to assess, scrutinise, process and record the workload. Significant backlog has developed and priority cases are no longer met within timescales. Specific areas of risk are: <ul style="list-style-type: none"> • 222 of priority 1 cases not seen • Priority 2 and 3 cases not being seen at all • Staff unable to complete tasks appropriate to role c/o capacity issues • Outstanding reviews not being addressed • Litigation risk • Reputational risk • Delays in appointing paid reps • DOLS team staff wellbeing • Increased cost to the department 	3	4	12	8	31/03/2016	Amber	↔	Alison Simpkin
Adult Social Services Prevention	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.	2	3	6	1	30/11/2015	Green	↑	Lorna Bright
Adult Social Services Commissioning	RM012	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 for 2015/16 which were not anticipated in budget planning for the year.	3	4	12	4	31/03/2016	Amber	↔	Harold Bodmer
Adult Social Services Commissioning	RM?	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.	4	3	12	6	31/03/2016	Amber	↔	Catherine Underwood

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

Adult Social Care Committee

Item No. 17.

Report title:	Quality Framework for Adult Social Care – Progress report
Date of meeting:	9 November 2015
Responsible Chief Officer:	Harold Bodmer, Executive Director of Adult Social Services

Strategic impact

The Council approved a quality assurance framework (the Framework) for adult social care in January 2015. The Framework is one of the key building blocks designed to achieve the Council's strategic aim of supporting vulnerable adults through investing in high quality care and support services.

Executive summary

The Council contracts with a market of almost 1,000 providers to deliver social care and support at a cost of over £260m a year. It is essential that we can be confident that this care is high quality, effective and responsive to care needs, promotes independence and supports the outcomes that people want. The Adult Social Care Committee approved the Framework in January 2015 aimed at securing high quality care through an intelligence-led programme of risk-driven monitoring and intervention in the care market.

The Committee approved investment of just over £100k to enable the development of our market intelligence capability and the appointment of two new Market Assurance Officers. They would focus initially on the recommissioned home care contracts in the West and East of the County due to commence in November 2015.

The Framework supports effective working with the Care Quality Commission (CQC), the Regional Quality Surveillance Group, other quality assurance teams in the health system and drives regular dialogue between commissioners and social care practitioners in all five CCG areas in the County.

The Framework also requires that the Committee receives an annual report which we intend to bring to the March 2016 meeting. This report provides the Committee with an update on progress with the implementation of the framework to date, the work of the Quality Team and an overview of the quality of adult care provided in Norfolk.

Recommendations:

The committee is asked to consider the progress made in the implementation of the Quality Framework

1. Proposal

1.1 The Framework is intended to:

- a) Support a systematic approach to Quality Assurance proportional to risk to ensure that standards are met by providers
- b) Put service user feedback at the heart of our assessment of quality
- c) Put adherence to quality standards at the heart of future contracts
- d) Enable the evaluation of effectiveness and value for money of services
- e) Support an effective and efficient market in care and support services

- f) Provide formal governance and oversight of the effectiveness of the Quality Assurance system as a whole

2 Progressing the Framework

2.1 Remodelling the Quality Assurance Team

- 2.1.1 The current Quality Assurance Team (the QA team) is a small, highly skilled and knowledgeable team whose effectiveness is critical to the successful implementation of the Framework.
- 2.1.2 The team is currently being reorganised to maximise flexibility and effectiveness through better intelligence led interventions and knowledge sharing and to become fully aligned with the Framework. The restructure is expected to have been completed by the end of the year and will include the incorporation of the two new Market Assurance Officer posts in October which will focus initially on provider performance in the new home care contracts in the West and East of Norfolk.

2.2 Quality Dashboards

- 2.2.1 The Framework clearly sets out the need to monitor quality and intervene effectively to secure ongoing high quality services. The QA team has developed new comprehensive quality dashboards. The dashboards bring together and use all the intelligence gathered about provider performance from all sources to set out a clear picture of risk in each of the five CCG areas in Norfolk.
- 2.2.2 The dashboards are published monthly and bring together locality-based commissioners and social care practitioners with lead Quality Officers to drive a focused dialogue and agree interventions. There is also a summary dashboard which is considered on a monthly basis by the departmental Finance & Performance Board. These developments are key to putting quality at the heart of what we do.
- 2.2.3 We are working actively with colleagues in Public Health to enhance the dashboards by incorporating evidence of provider performance in relation to infection control in care homes. In addition, we have shared the dashboards with colleagues responsible for the quality of commissioned health services in the Clinical Commissioning Groups (CCGs) and great interest is being shown in them. The QA Manager is currently engaging the CCGs in active dialogue with a view to developing the dashboard further.
- 2.2.4 The dashboards are now supporting our work with the Care Quality Commission (CQC) local manager with whom we meet on a quarterly basis together with Healthwatch and quality leads from the CCGs.
- 2.2.5 The dashboards also support our contribution to the Regional Quality Surveillance Group focussing in the main on care homes as part of the national arrangements for securing safe, high quality health and care services in the East of England.

2.3 Market Intelligence System

- 2.3.1 The committee approved investment in a market intelligence post and system to ensure that we could effectively gather and analyse all information about provider performance to target high risk providers and ensure effective and early interventions. An Information Analyst has been appointed who will be responsible for the development and implementation of the APP system (currently supporting the council's Trading Standards Service) which will enable all intelligence about the performance of all adult care providers to be logged and analysed systematically. This will support the ongoing assessment of

risk to quality services and the identification and targeting of poor performing providers.

- 2.3.2 The system will also replace the manual systems that currently support the new quality dashboards and will enable a broader range of analysis including countywide sector-based reports. As the system is further developed it will support the performance management and the effectiveness of the QA Team as a whole. The system is already in place and we expect it to be fully operational by the end of the current financial year.

2.4 **Service User Feedback**

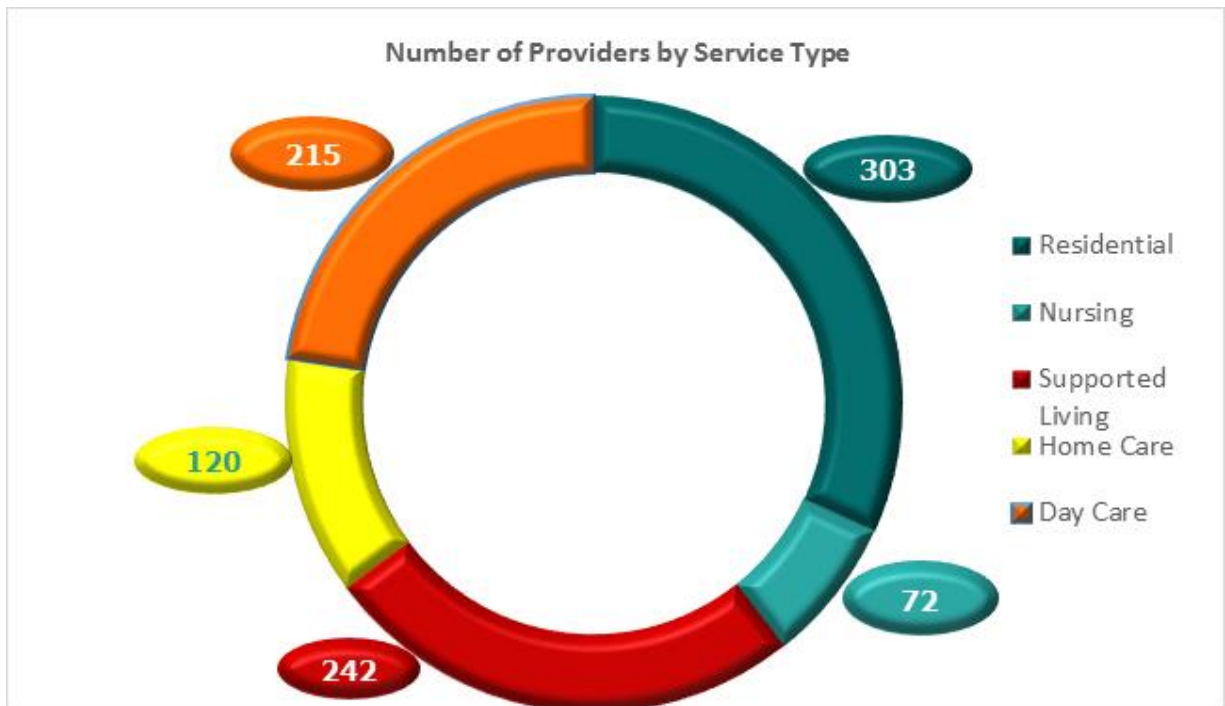
- 2.4.1 We have been developing a new service user feedback system with an established specialist company in this area of work and have piloted the system with a small number of home care providers.
- 2.4.2 At the heart of the system is a service user questionnaire which has been well received by providers and service users alike. In addition the system enables feedback to be sent straight to our *APP* system to generate a rating for providers which we will include on our quality dashboards.
- 2.4.3 We plan to complete the development of the feedback system in time for its formal use with the new home care contracts. For the first time, these contracts place a contractual obligation on providers to proactively support the Council's monitoring of quality from user feedback at least four times a year for analysis by the QA team.
- 2.4.4 The results will be used to target providers whose performance gets a low rating. In due course it is hoped to be able to publish these ratings as part of the Council's new duties to provide information and advice about providers under the Care Act complementing the Council's web based Rate and Review facility.

2.5 **Harwood Care Charter**

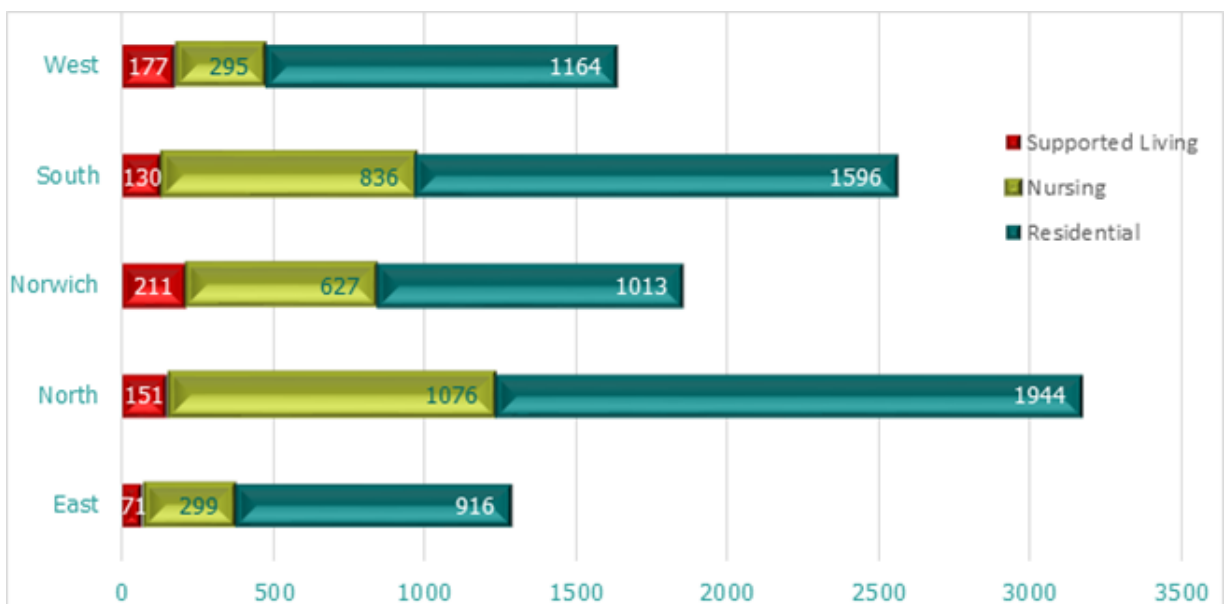
- 2.5.1 Our own Harwood Care Charter, which puts the service user at the heart of our quality regime, remains at the heart of our thinking on quality. We are continuing our innovative work developing our proposed Trusted Carer Scheme in which the Harwood Care Charter will be embedded.

3 **Quality in Care Overview**

- 3.1 There are almost 1,000 care providers operating in Norfolk with whom the Council has contractual relationships. Providers of residential and nursing care, supported living and home care are also required to be registered by the CQC and are subject to the new CQC assessment regime. Providers of day care shown on the diagram are not regulated by CQC nor are individual personal assistants (not shown in the diagram) who make up a growing part of the market.



3.2 The following diagram shows the geographical split of bed-based care provision which accounts for the majority of our investment in the care market



3.3 We have developed a risk evaluation approach that classifies each provider in one of four risk categories as described below:

Very High Risk

In broad terms we would expect to be intervening on a weekly basis with providers rated as very high risk. These providers would typically be the subject of suspensions implemented by the QA team because of serious complaints, ongoing concerns or might be facing market failure for financial reasons

High Risk

We would expect to be intervening on a monthly basis with providers rated as high risk. These providers would typically be subject to ongoing concerns, voluntary suspensions or be working through an Improvement Plan.

Medium Risk

We would expect to be intervening twice yearly with providers rated as medium risk to ensure that they do not fall into the high risk category. These providers would typically be subject to concerns on an occasional basis or isolated complaints

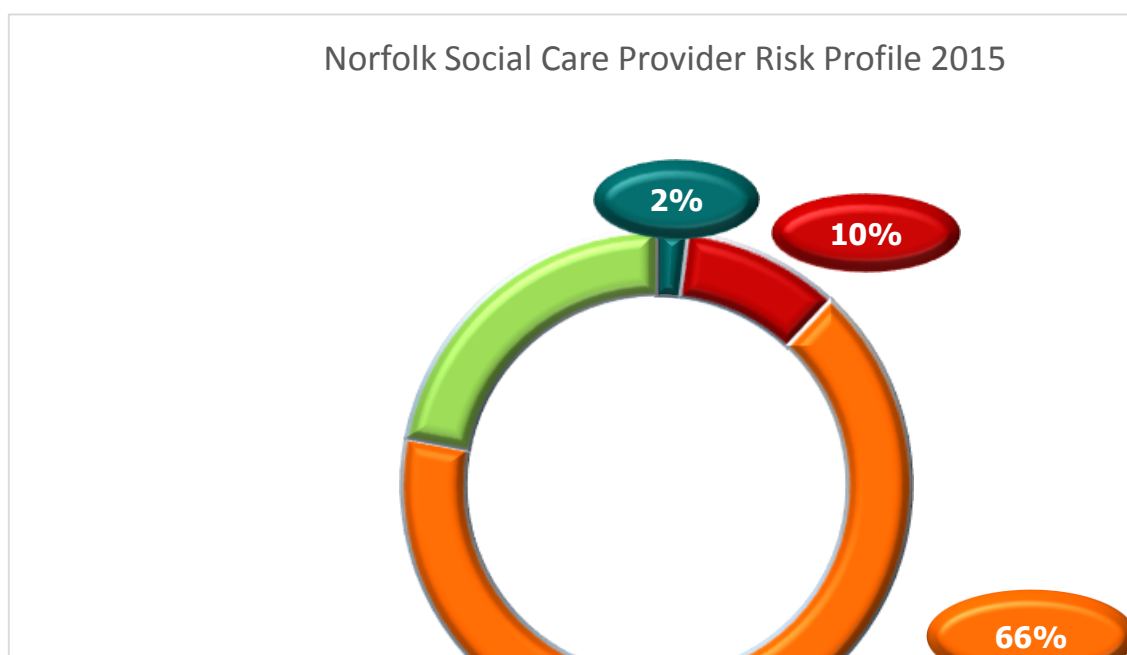
Low Risk

We would expect to intervene with providers rated as low risk once a year to ensure that they are able to maintain their high standards

- 3.4 The table and diagram below shows the risk evaluation of providers driven by our intelligence system shown by provider type.

Risk by Provider Type						
	Day Care	Home Care	Nursing	Residential	Supported Living	Total
Very High	0	7	3	5	0	15
High	4	5	18	19	52	98
Medium	225	41	31	166	190	653
Low	22	67	20	113	0	222

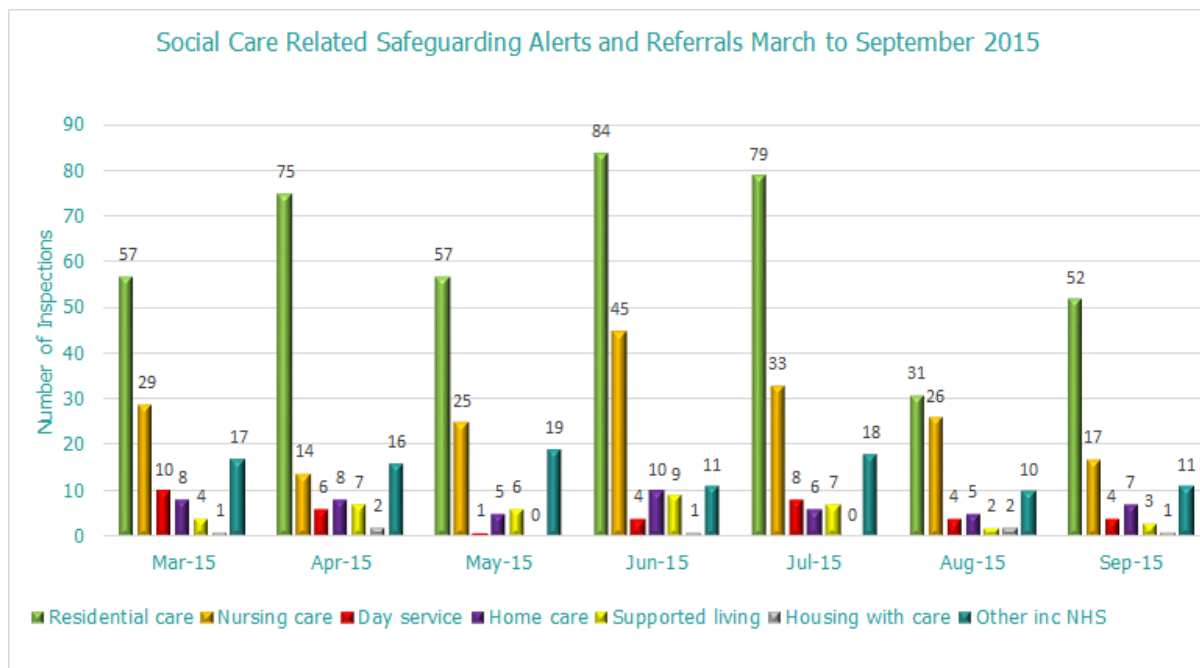
- 3.5



- 3.6 Much of the QA team work is driven by safeguarding referrals where the performance of a provider has contributed to the safeguarding risk. The table and diagram below shows the number of referrals by provider type from March to September 2015. It can be seen that 73% of all referrals come from residential and nursing care provision

Month	Residential care	Nursing care	Day service	Home care	Supported living	Housing with care	Other inc NHS	Grand Total
Mar-15	57	29	10	8	4	1	17	126
Apr-15	75	14	6	8	7	2	16	128
May-15	57	25	1	5	6	0	19	113
Jun-15	84	45	4	10	9	1	11	164
Jul-15	79	33	8	6	7	0	18	151
Aug-15	31	26	4	5	2	2	10	80
Sep-15	52	17	4	7	3	1	11	95
Total	435	189	37	49	38	7	102	857

3.7

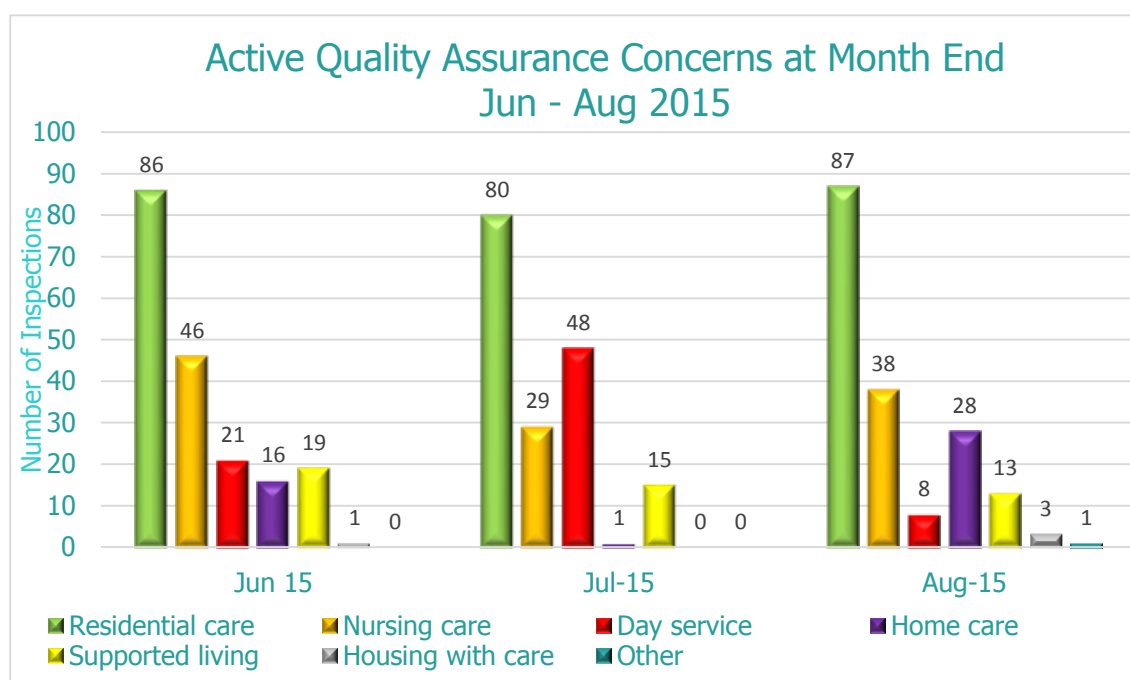


3.8 The next table and diagram shows the number of active concerns that required the QA team to intervene with providers. (This includes those safeguarding referrals that could not be resolved quickly) Each QA officer has an active work load of about 100 cases a month.

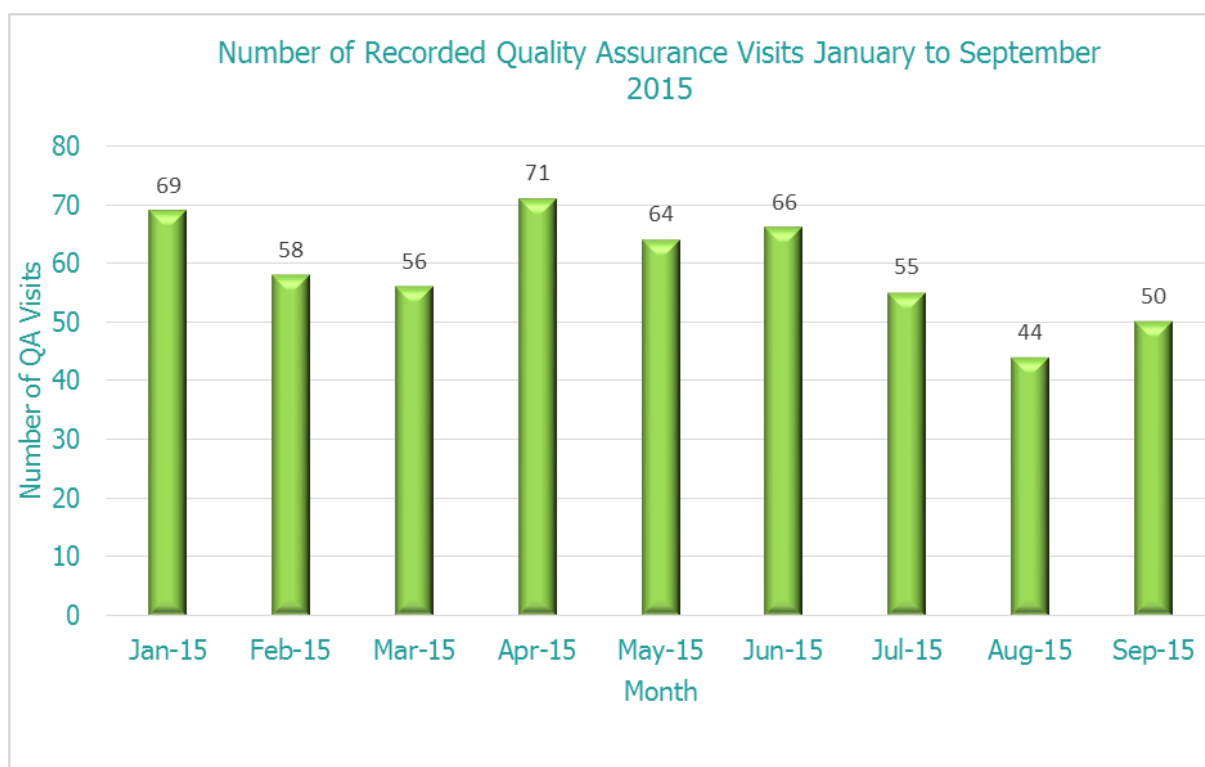
Active Quality Assurance Concerns at Month End by Care Type

Month	Residential care	Nursing care	Day service	Home care	Supported living	Housing with care	Other	Grand Total
Jun 15	86	46	21	16	19	1	0	189
Jul-15	80	29	48	1	15	0	0	173
Aug-15	87	38	8	28	13	3	1	178
Total	253	113	77	45	47	4	1	540

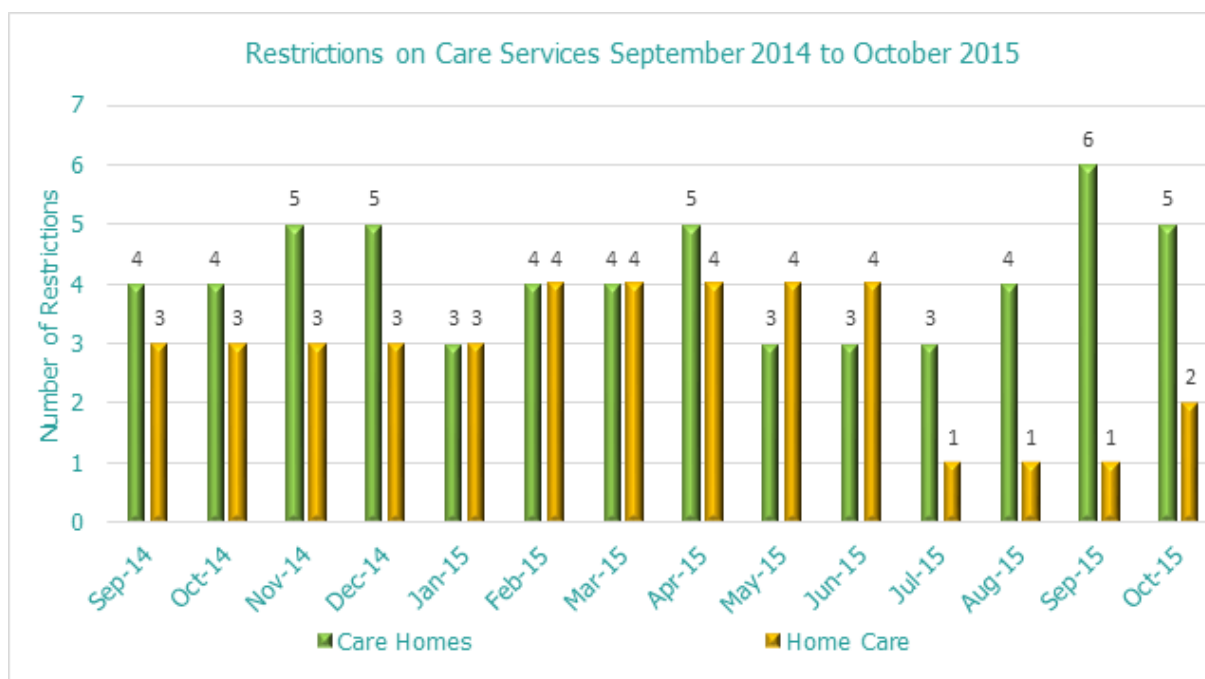
3.9



- 3.10 The diagram below shows the number of provider visits carried out by the QA team each month. The average monthly visit number is 59. This excludes non-visit interventions including telephone calls and e mails.



- 3.11 In the most serious cases, suspensions on placement of adults takes place. The diagram below shows the number of suspensions operating each month in residential care and homecare. In these instances, the QA team will be working with the provider to secure the improvements needed so that services can be safely recommenced.

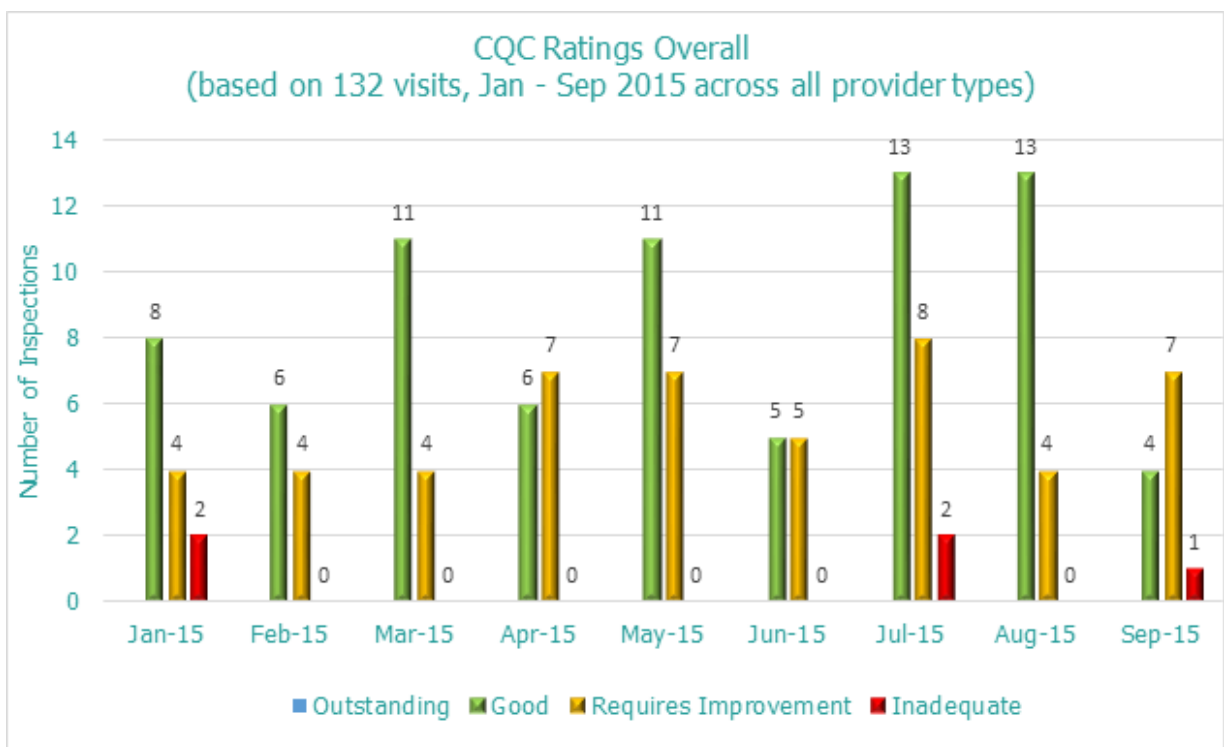


4 CQC ratings

- 4.1 CQC use four ratings:
- Outstanding

- b) Good
- c) Requires Improvement
- d) Inadequate

- 4.2 It is important to understand that CQC do not have the responsibility to ensure high quality care is being delivered in Norfolk on a day to day basis – this is a duty placed upon the Council by the Care Act.
- 4.3 CQC do have the duty to assess regulated providers and publish ratings. They also have the power to require Improvement Plans to be developed and, in serious cases, can take enforcement action. CQC work with local authority staff and expect them to help secure improvements but ultimately the Council remains responsible for the quality of care, however funded.
- 4.4 The QA team work to support providers to improve so that they can consistently provide safe, high quality services focusing on the highest risk providers. This enables the Council in discharging its statutory duties in relation to safe and high quality care.
- 4.5 The CQC have begun the process of assessing regulated care providers and the diagram below illustrates the Norfolk picture to date. Only 132 providers have been rated so far and the latest projections suggest that all providers in Norfolk will not have been assessed until September 2016 at the earliest.
- 4.6 In Norfolk no providers have been rated as outstanding, 54% have been rated as good, 38% have been rated as requires improvement and five providers (under 4%) have been rated as inadequate. These early results show that 4 in every 10 regulated providers are falling below the national standards.
- 4.7 If we extrapolate these early results across the CQC regulated market it would suggest that about 280 providers would be rated as requires improvement and 30 providers would be rated in the inadequate category. These numbers are consistent with our own ratings.



5 Significant market changes

5.1 Care Homes

5.1.1 Six care homes have closed in the past year and two care homes have changed their registration to operate as supported living providers. At the time of writing another care home is closing and a further care home is changing to supported living.

5.1.2 Four nursing homes have stopped providing nursing care with another nursing home in the process of doing so at the time of writing. This reflects the difficulties being experienced by providers in recruiting nurses.

5.2 Home Care Agencies

5.2.1 Six agencies have closed in the past six months with a further agency planning to do so at the time of writing.

5.3 GP surgeries

5.3.1 Four GP surgeries have closed their lists to new patients or are in the process of doing so. This reflects the very high workload for some surgeries particularly where there are a lot of care homes in the area. This has a real impact on the ability of care homes to take new residents. We are in dialogue with NHS England, who are responsible for GP surgeries, and with the care homes affected.

6 Financial Implications

6.1 The QA team is currently working at full capacity and any further deterioration in the quality of care provided in Norfolk would require a review of capacity and may give rise to the need for further investment in the team

7 Issues, Risks and Innovation

7.1 The risks arising from failing to quality assure key processes and in particular the care and support provided to people with substantial or critical care needs include:

- a) Individual harm
- b) Poor value for money for the Council
- c) Reputational risk to the Council
- d) Failure to discharge statutory duties
- e) Inefficient, uneconomical and ineffective internal processes
- f) Market failure

7.2 The framework enables the Council to manage these risks and supports effective governance and innovative approaches to quality assurance.

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