Norfolk County Council
at your service

Adult Social Care Committee

Date: **Monday 17 November 2014**

Time: **10am**

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

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

Membership

Ms S Whitaker (Chair)

Mr B Borrett
Ms J Brociek-Coulton
Mr D Crawford
Mr J Dobson
Mr T East
Mr T Garrod
Ms D Gihawi
Mrs S Gurney
Mr C Jordan
Miss A Kemp
Ms E Morgan (Vice Chair)
Mr R Parkinson-Hare
Mr A Proctor
Mrs A Thomas
Mrs M Somerville
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

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

A g e n d a

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

2. Minutes **(To follow)**

To agree the minutes from the meeting held on 23 October 2014.

3. Members to Declare any Interests

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

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

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

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

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

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

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

5. Local Member Issues

Fifteen minutes for local members to raise issues of concern of which due notice has been given.
Please note that all questions must be received by the Committee Team (committees@norfolk.gov.uk or 01603 223230) by **5pm on Wednesday 12 November 2014.**

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

7. Director's Update

Oral update by Director of Community Services

Group Meetings

Conservative	9:00am	Colman Room, County Hall
UK Independence Party	9:00am	Room 504
Labour	9:00am	Room 513
Liberal Democrats	9:00am	Room 530

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

Date Agenda Published: 7 November 2014

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Adult Social Care Committee

Item No 8

Report title:	**Performance Monitoring Report**
Date of meeting:	**17 November 2014**
Responsible Chief Officer:	**Harold Bodmer**

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 2 performance results for Adult Social Care.

On balance the performance reported in the four dashboard 'quadrants' is good, with 22 'green' alerts, three 'amber' and three 'red'.

Two of the three 'reds' are in the Service Performance quadrant and relate to a significant issues around support to carers – and specifically shortfalls in our service levels in the light of raising expectations prompted by the Care Act. The paper outlines the approach the Council is taking to improve support to carers.

Areas of notable strong performance at quarter 2 include self-directed support take-up, staff sickness rates and the effectiveness of reablement services.

The paper includes provisional national benchmarking data. This shows that Norfolk has comparatively good performance in indicators relating to service user experiences and choice, reablement and delayed discharges caused by social care; has around average performance for indicators around rates of self-directed support and people with learning disabilities with employment; and relatively poor performance around permanent admissions to residential care and people with mental health problems that have employment.

The Adult Social Care risk register is included within this report for the first time, following feedback from all committees, in Appendix D.

The paper acknowledges that the overall positive level of performance is reported within the context of significant short- and long-term budget pressures. It is important that this paper develops to support the Committee to take an informed view about the impact of changing service volumes and performance levels on the budget, and further feedback is welcome.

Recommendations:

The committee are asked to:

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

1. Adult Social Care Performance

1.1. The following areas covered by this report are currently missing target by a significant amount (red alert):

1.1.1. **The percentage of carers supported following an assessment or review**. This remains 'red' since Quarter 1, and performance has worsened since then, going from 46.8% to 44.3%.

This reduction in performance has instigated a review, by Adult Social Care Performance Board, of performance and practice within the county. Initial investigations have shown that the strongest performing area (the East locality) has had dedicated carers assessors (jointly funded by health services) for the longest amount of time – supporting the now county-wide policy of allocating dedicated assessment resources.

However there are also a number of problems holding levels of reported performance back. These include:

a) Issues with the recording carer's assessments. When time is tight staff can prioritise the recording of service users' needs, meaning that carer's assessments are recorded later or not at all

b) Carers declining an assessment. Many carers, once they are confident that the service user's needs will be met, don't feel that they need their own assessment and actively decline one

c) A focus on other performance issues – and in particular reducing waiting lists for assessments

Finally, initial investigations identified that teams and localities were seeking to address the issues in different ways, so:

a) The Social Care Centre of Excellence is trialling a new approach to discussing carer's options with them at the beginning of assessments to encourage them to have a carer's assessment

b) The Western Locality is investigating the recording issues around carer's assessments to see whether a change in process or policy should be made

c) The Northern Locality is looking into whether scheduling carer's assessments can improve take-up

Each of these is due to report back to Performance Board in the next two months. A decision will then be made about the right changes to make to improve performance.

In considering this issue the Council remains mindful of the implementation of the Care Act and the likelihood that this will require a more fundamental review of the total support available to carers. In short, any increases in support will be helpful in meeting the legislation, but any significant system or policy changes should be made as part of the planned approach to implementing the Act.

Members will receive an update on the impact of actions to improve performance, and a judgement about whether the Council is likely to achieve the 49.5% target by the end of the financial year, in the Quarter 3 report.

1.1.2. **The percentage of carers using self-directed support**. This also remains off-target,

We are aware that the process around carer's Self Directed Support can be disproportionately complicated. In particular, given the relatively small amount

of money involved, the process can require a relatively detailed assessment, and it can take too long to get the direct payment to carers. This is being reviewed as part of the implementation of the Care Act, and should help to improve performance in the medium term.

The performance in this indicator is arguably less of a concern than our overall rate of support (see above; para 1.1.1) because:

a) The very stretching target of 70% is a Government target introduced in this way this year; it's unlikely that we will achieve this quickly whilst maintaining service standards; and other Councils are experiencing the same issues

b) Performance has improved – from 42.4% at quarter 1 to 43% at quarter 2

In addition there are some concerns about whether seeking to achieve the stretching 70% target will provide the best outcomes for carers.

Specifically carer assessors report that the best interventions with carers are often achieved 'without cost' – so getting in touch with a local support group or charity, or using universal services – and don't require a Personal Budget. To insist on a Personal Budget in such circumstances would cost more money, and with no tangible benefit to the carer.

Performance Board will investigate the extent to which 'without cost' options are appropriate. It will then make a recommendation to Committee based on any changes to the process, and in light of the review of the non-cost options, about future targets.

1.1.3. **Business mileage**. This indicator has been introduced this quarter to all dashboards and relates to a Council-wide drive to deliver savings by reducing business mileage. Whilst off-target, Adult Social Care performance should be viewed within context, specifically:

a) All departments are currently falling short of the target

b) Adult Social Care are currently showing the biggest reduction in business mileage compared to other departments

1.2. **Managing change**

The full list of projects under the Transformation Programme for Adult Social Care is in the Dashboard in Appendix A.

1.2.1. Mental Health Social Care has appointed a new Head of Service (Alison Simpkin) and the project successfully welcomed 57 transferring staff on 1 October at an induction day in the Abbey Conference Centre.

1.2.2. The Implementation of the Care Act project remains 'Amber'. However progress has been made and the Assessment Business Lead and Finance Business Lead both started on the project in Q2. The project still has aggressive timeframes and discussions are on-going with ICT regarding the requirements for the project and how these will be met. The project therefore still has an amber status.

1.2.3. The 'Better Care Fund' will be added to the project list from this report onwards. The revised BCF Plan template was approved and submitted to NHS England on 19 September. We participated in Nationally Consistent Assurance Review (NCAR) feedback teleconference conducted by KPMG and the plan was praised as one of the best seen in the area. The initiative has a large number of projects in scope with multiple organisations and due to its complexity and

resource requirements it currently has an amber status.

1.3. **Managing our resources**

1.3.1. The risk register and accompanying report is included in Appendix D.

Two risks relating to this committee are on the Corporate Risk Register:

- RM14079 “Failure to meet the longer term needs of older people”
- RM0207 “Failure to meet the needs of older people”

The background to these risks and descriptions of the actions in place were presented in the Quarter 1 paper – there are no further updates.

All of the risks on the register have an ‘amber’ rating in terms of the ‘Prospects of meeting Target Risk Score by Target Date’ – which means that there are not significant concerns about the mitigating actions put in place to manage identified risks.

1.3.2. Staff sickness levels are currently ‘on target’ as the end-of-year forecast based on performance to Quarter 2 (4.82 days per Full Time Equivalent member of staff) is significantly below the end-of-year target of 11.2 days. This positive news should still be treated with some caution. Whilst the forecast accounts for seasonal variations, experience has shown that notable bouts of seasonal illness can have a significant impact on absence levels in quarters 3 and 4, and we will continue to keep the Committee briefed.

1.3.3. Small improvements are reported in the two indicators of the effectiveness of information provision and onward referral by the Social Care Centre of Expertise. In short this means that more people are being given the information and advice that they need when they contact the Council.

1.3.4. Information about the Business Mileage indicator is provided in section 1.1.

1.4. **Service performance**

1.4.1. Comments explaining off-target performance in carer’s performance indicators are covered in paragraph 1.1.

1.4.2. Continued improvements are reported in the take-up of self-directed support and in the proportion of self-directed support received as cash payments. As previously reported, the definition for the self-directed support indicator changed recently and as such we are significantly ahead of the Government’s 70% target.

1.5. **Outcomes for Norfolk**

1.5.1. Since the Quarter 1 report the Council has had to respond to a change in the way we are required to report permanent admissions to residential care. This means that people who are in what’s known as ‘adult placements’ are no longer counted within these figures. As the vast majority of ‘adult placements’ in Norfolk (and elsewhere) are for working aged people with learning disabilities, this has significantly reduced the Quarter 2 result for permanent admissions for people aged 18-64, and this now appears ‘on target’. However, as shown in the next section, benchmarking figures show that Norfolk’s 18-64 admissions are still significantly higher than in similar councils. Given this we will review the target in the light of these changes and bring this back to the Committee within the Quarter 3 report.

1.5.2. The proportion of older people still at home 91 days after discharge into reablement services has improved from 87.1% at Quarter 1 to 87.9% in Quarter 2, though this remains down on the same period last year and is short of the stretching 90% target. Reablement is a vital part of the Council's strategy for ensuring that people are able to stay in their own home, and we will continue to monitor the rate of improvement. The 'stretching' nature of Norfolk's target for reablement should be emphasised when considering its performance, particularly in the light of benchmarking data (see section 1.6) that shows that Norfolk successfully keeps a higher proportion of people at home compared to the national and 'family group' averages.

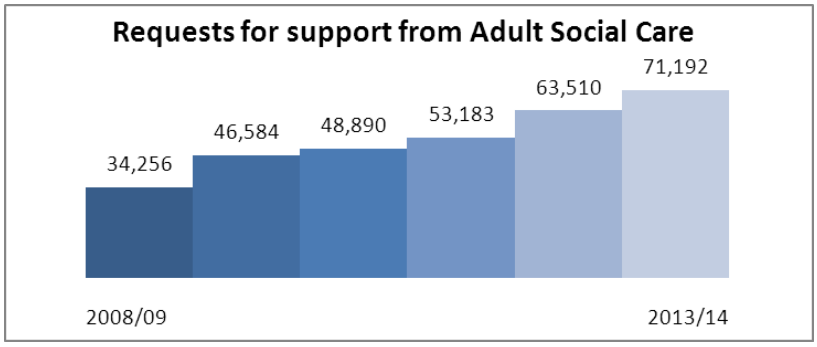
1.5.3. The indicators reporting the results of the annual Service User survey remain unchanged since Quarter 1.

1.6. Statutory and benchmarking data

During the reporting year (April-March) the Council submits and receives various data to support both benchmarking activity and internal analyses of the Council's business. Since the last report a significant amount of this has become available and the Committee requested to see this at the earliest opportunity. The remainder of this section outlines the findings of this.

1.6.1. Customer contacts and pathways

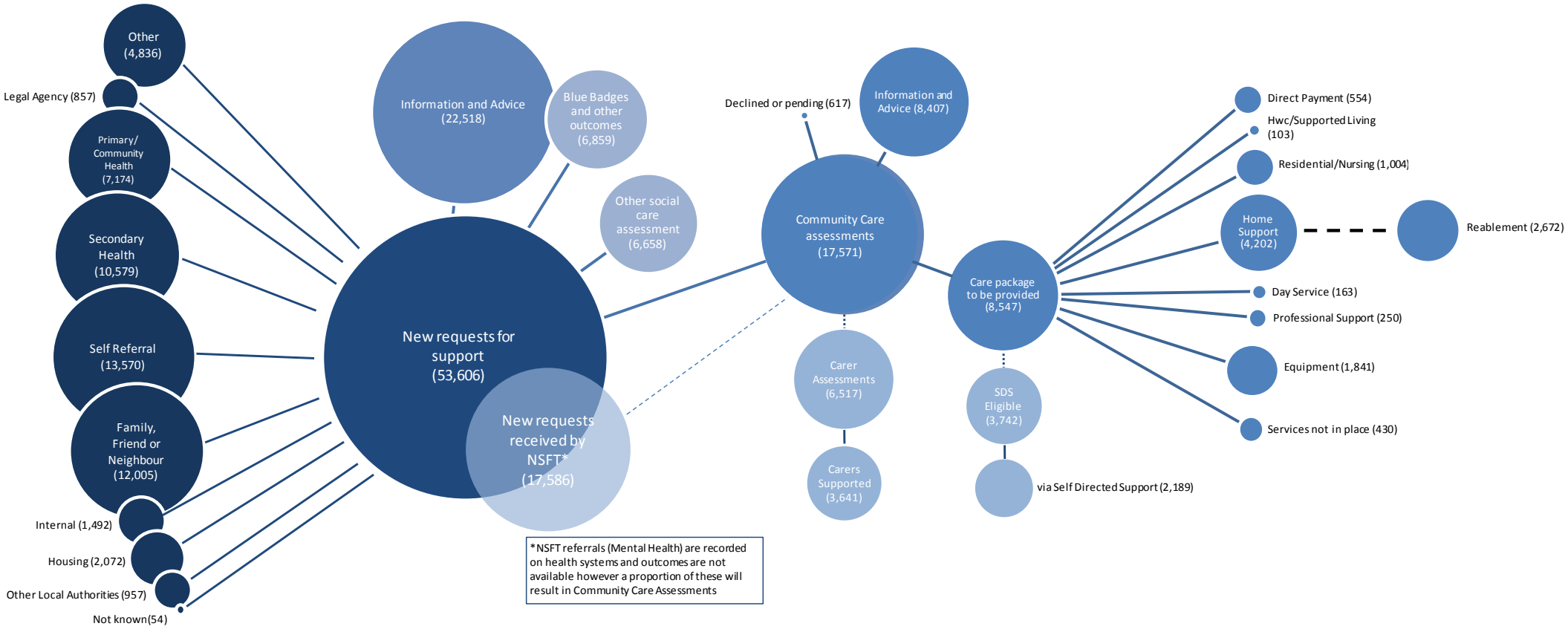
As part of our end-of-reporting-year government data collection we submit data about the number of referrals and contacts the Council receives, and where these come from. In 2013/14 around 71,000 people contacted the Council about social care, continuing a steady increase in recent years (see graph).



This has enabled us to conduct a further analysis of the 'destination' of each referral using internal data.

This provides a helpful 'overview' of the various pathways that people take through services. It also gives a feeling for the scale of services, and for the significant proportion of people contacting services that are now helped without the need for 'traditional' care services. The findings of this analysis are presented in the diagram below.

The Adult Social Care Pathway Volumes for New Contacts during 2013-14



1.6.2. **Provisional benchmarking data for 2013/14**

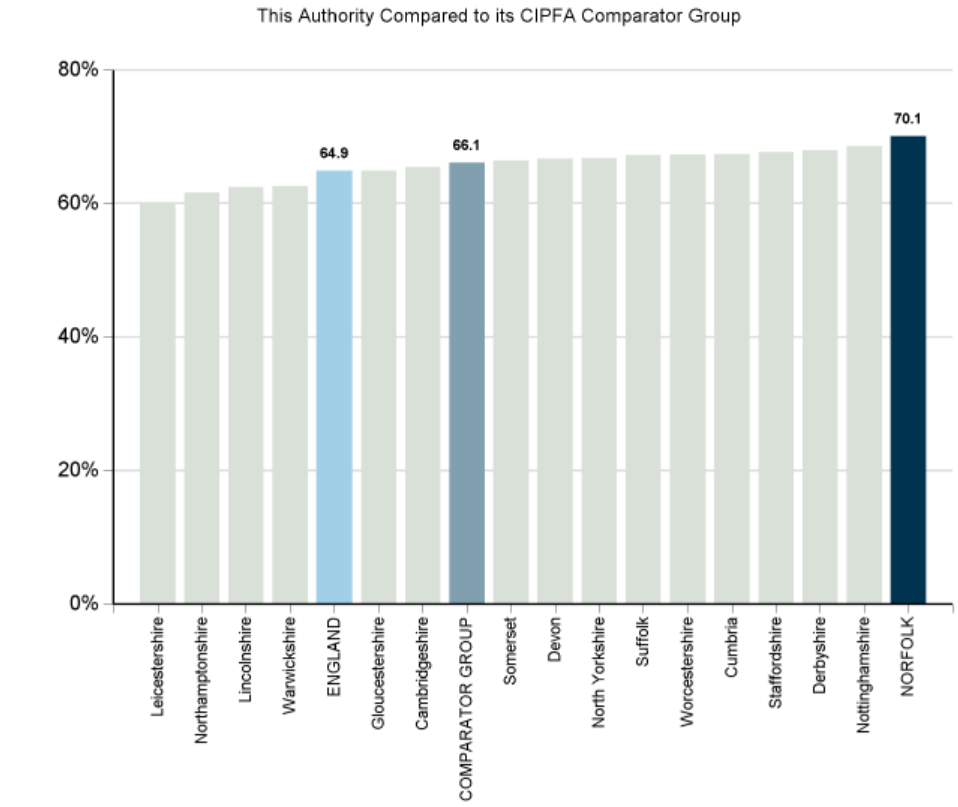
In addition, since the Quarter 1 report, the National Adult Social Care Information Service has released some initial benchmarking reports based on 'provisional' data. This means that some of the data included in the reports is still being verified – usually because a small number of councils have yet to finalise their figures. Often this data isn't fully verified until the new year – some ten months after the initial submission. Given this it is helpful to present some of the provisional findings now, accepting that there is a risk that some of the data may change.

Within these reports Norfolk's performance is usually compared to the National average, and to the average of Norfolk's 'family group' of councils that are similar in terms of size and demography.

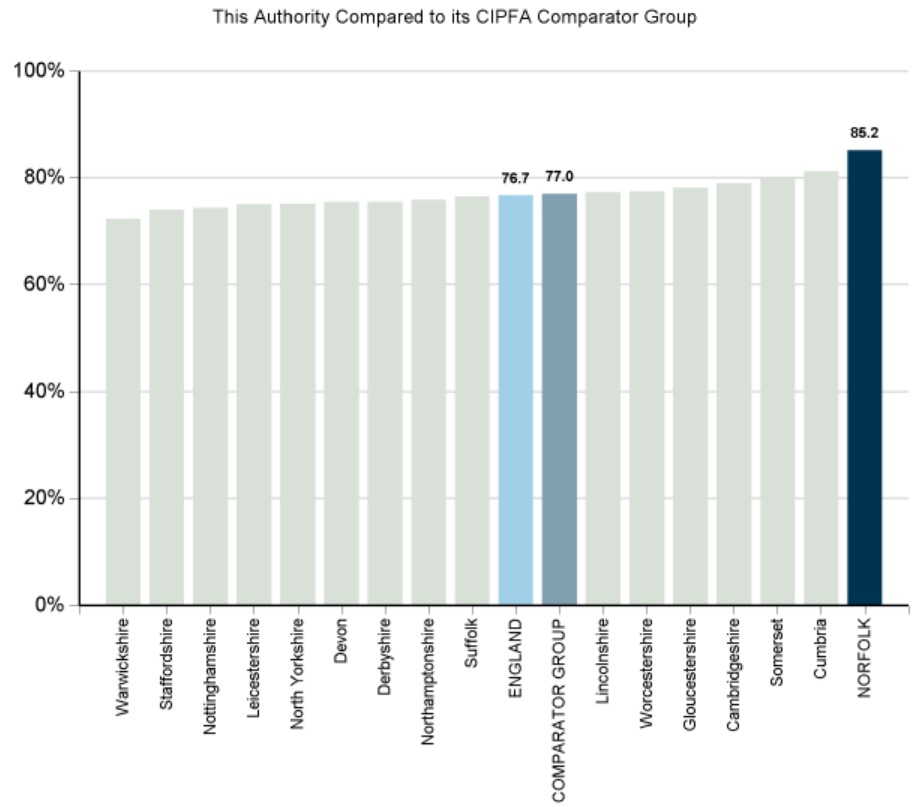
1.6.3. **Benchmarking data – where Norfolk is "ahead of the pack"**

Norfolk performs comparatively well in the following areas:

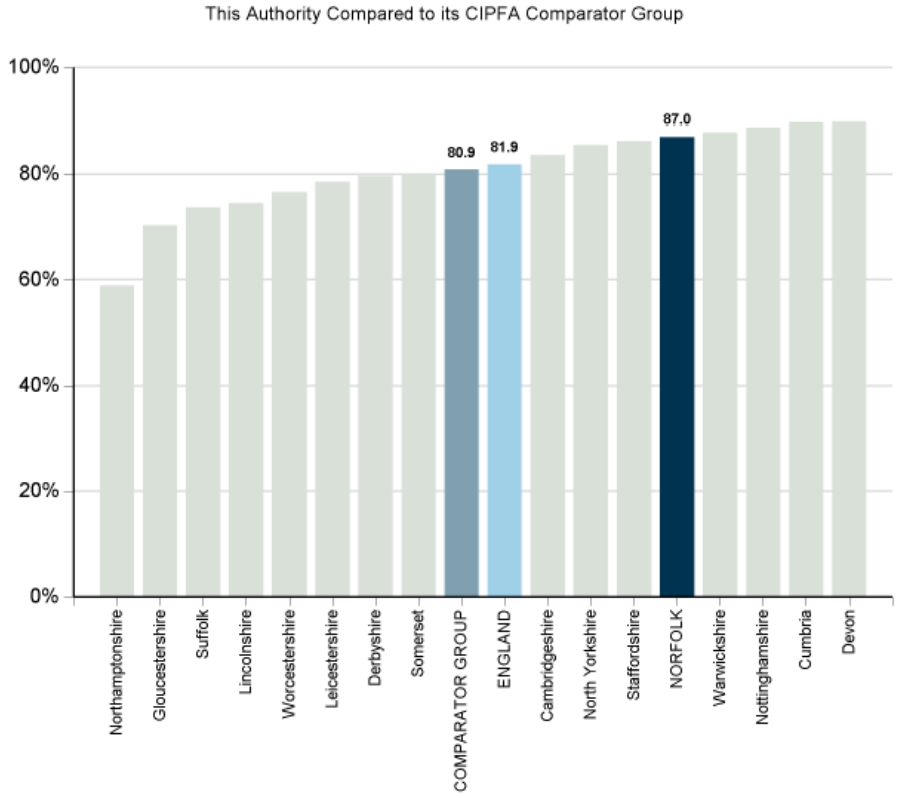
3A - Percentage of adults using services who are satisfied with the care and support they receive, 2013-14



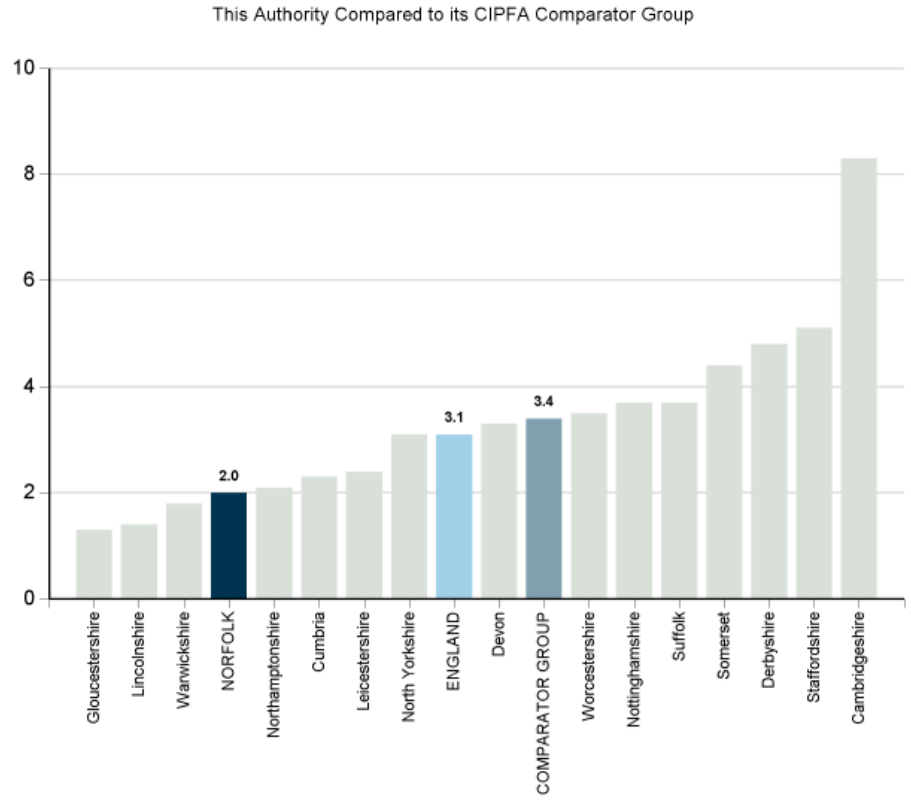
1B - The proportion of people who use services who have control over their daily life, expressed as a percentage, 2013-14



2B part 1 - Older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services, expressed as a percentage, 2013-14



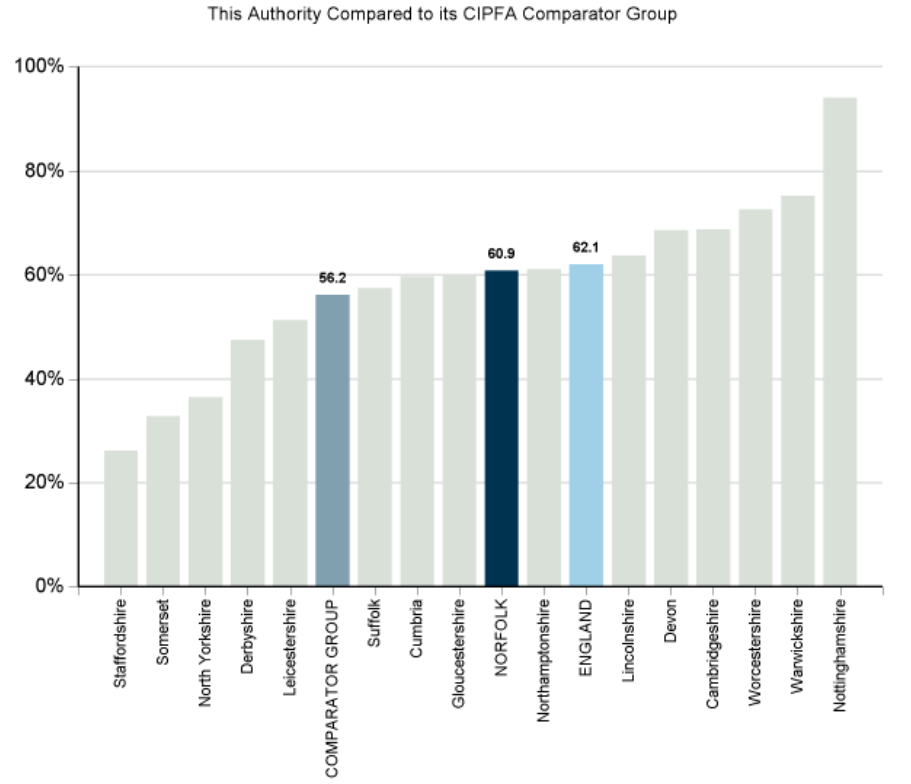
2C part 2 - Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population, 2013-14



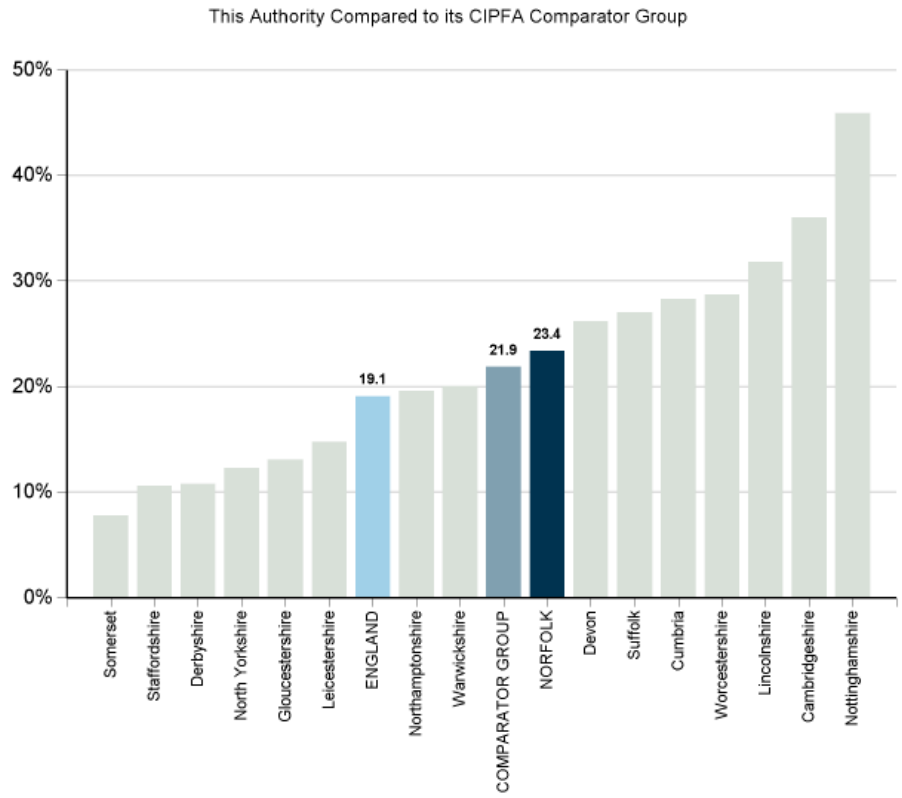
1.6.4. **Benchmarking data – where Norfolk is "within the pack"**

Norfolk performs around the average in the following areas:

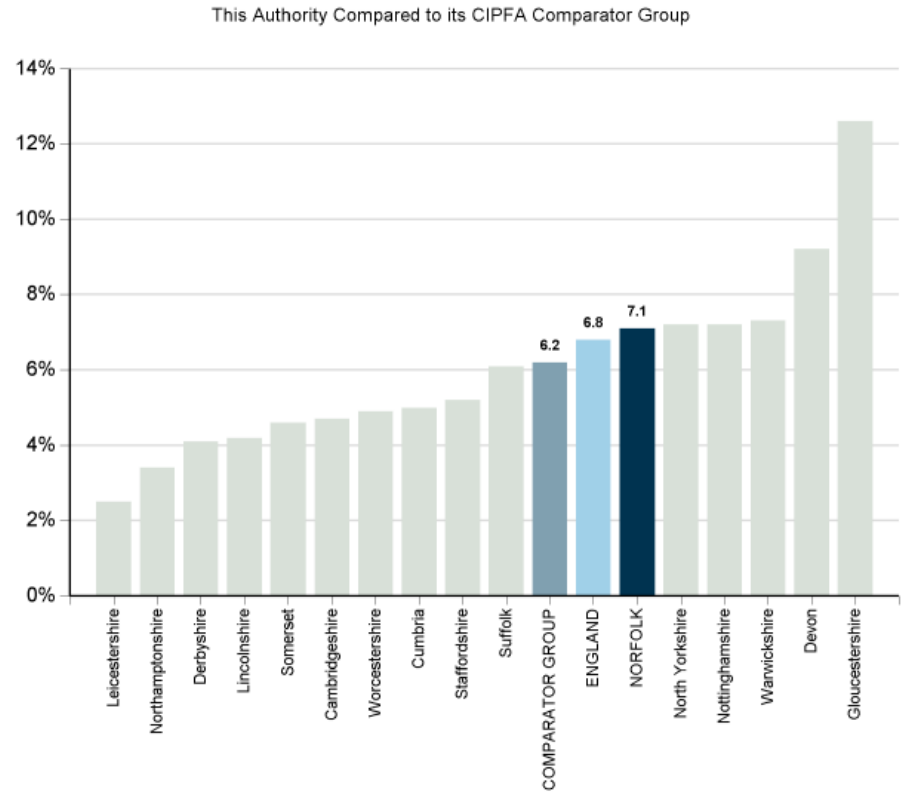
1C part 1 - Number of adults, older people and carers receiving self-directed support in the year to 31 March as a percentage of all clients receiving community based services and carers receiving carer specific services, 2013-14



1C part 2 - Number of adults, older people and carers receiving self-directed support via a direct payment in the year to 31 March as a percentage of all clients receiving community based services and carers receiving carer specific services, 2013-14



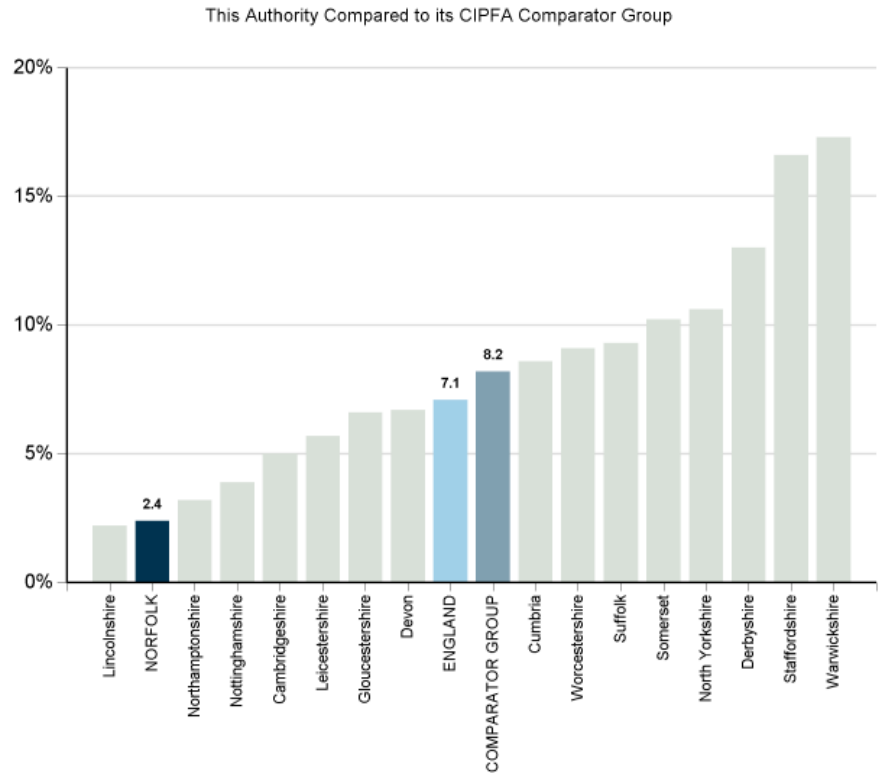
1E - Adults with a learning disability in paid employment, expressed as a percentage, 2013-14



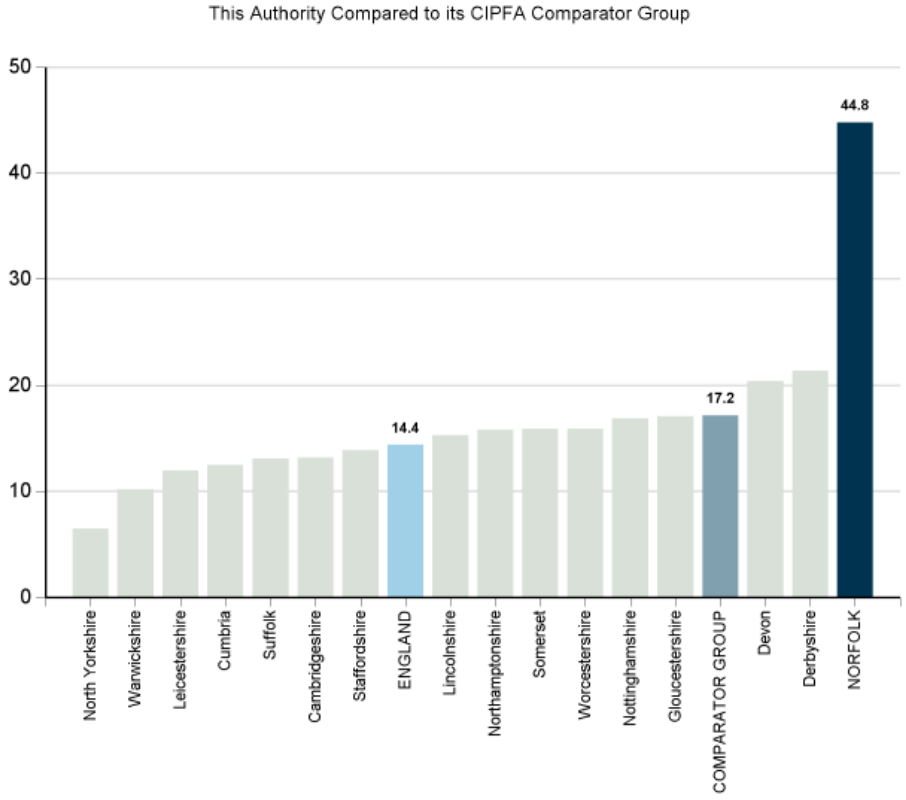
1.6.5. **Benchmarking data – where Norfolk is "behind the pack"**

Norfolk performs comparatively poorly in the following areas:

1F - Adults in contact with secondary mental health services in paid employment, expressed as a percentage, 2013-14

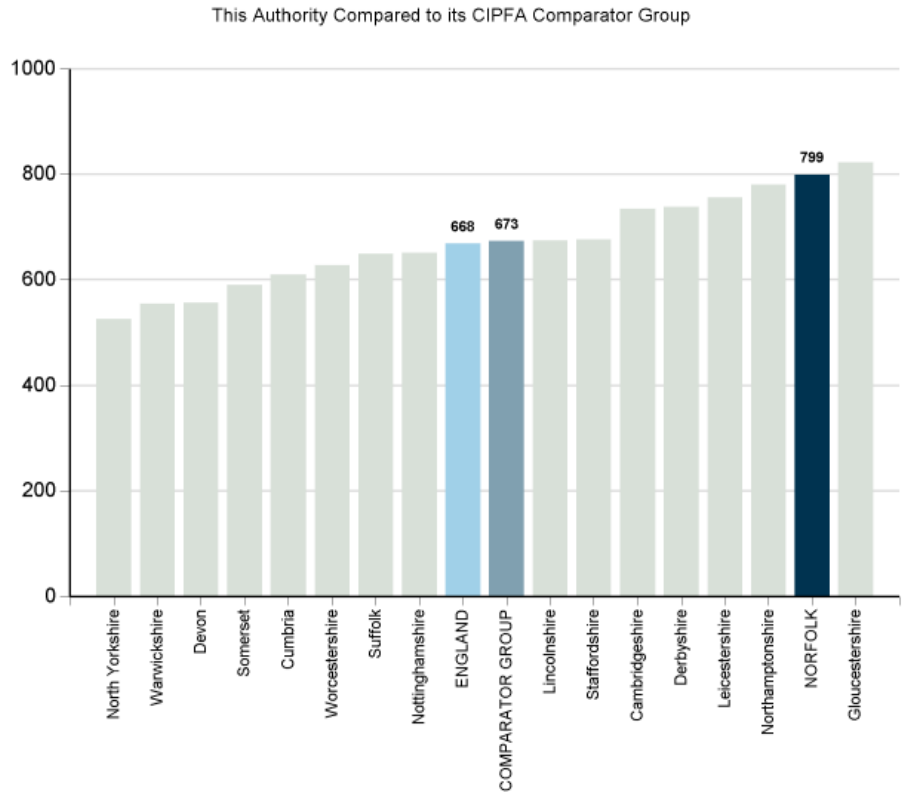


2A part 1- Permanent admissions to residential and nursing care homes for younger adults (18-64), per 100,000 population, 2013-14



(Note: Norfolk's figures for permanent admissions for people aged 18-64 are skewed by data recording issues within mental health services prior to the Council taking on responsibility for arrangements).

2A part 2 - Permanent admissions to residential and nursing care homes for older people (65 and over), per 100,000 population, 2013-14



1.6.6. **Practical implications of benchmarking data**

Benchmarking data such as that above supports the scrutiny of services, and acts as a prompt for investigations into performance levels and service patterns. For example the residential care rates presented in 1.6.5. are being used as a key line of investigation as the Council reviews it's care pathways and seeks to identify better ways of preventing or delaying the deterioration of people's health and independence (as highlighted in papers and discussions about the 15/16 budget).

Very practically these benchmarks also help the Council to set its future targets. Additional and finalised benchmarking data will be presented to Committee as available in Quarters 3 and 4 with a view to setting targets from 2015 onwards.

2. Evidence

2.1. The appendices of this report outline the contextual evidence for this report, specifically:

Appendix A: Performance Dashboard. This outlines the indicators, targets and performance alerts for each indicator

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

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

Appendix D: Adult Social Care Risk Register. This shows the department's full risk register. Specifically

- Appendix D(i) Provides an explanation of the risk register and explains current risk management activity
- Appendix D(ii) Presents the full risk register

3. Financial Implications

3.1. The Performance information presented in this report supports, and should be viewed alongside, finance monitoring reports to gain a full picture of the performance of services.

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

4. Issues, risks and innovation

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

5. Background

5.1. The current financial context for the delivery of Adult Social Care emphasises the need for the contents of Performance Monitoring reports to reflect the Council's strategy. Specifically this report needs to adequately report on:

a) Key business volumes – and specifically the number of people using those services that cost the most (residential care, nursing care etc.)

b) The extent to which we are keeping people independent; preventing or delaying the deterioration of long term conditions; and as such reducing the need for intensive care packages

c) The extent to which we are giving people choice about their outcomes

d) Whether we are working together with partners, and in particular health services, to improve the way people can 'navigate' services

e) Whether people's experience of care is of a high enough standard

5.2. In addition we must very specifically report on areas of performance that:

a) Affect whether we keep to our budget

b) Affect whether we meet our new statutory responsibilities within the Care Act

5.3. Given this, and other specific feedback received at previous Committees, the format and content of this report remains under review. As a result, since the Quarter 1 report, some changes have been made, so:

a) All 'red' or off-target areas are highlighted at the beginning of the report

b) The risk register is included as an Appendix (D) with highlights summarised within the report

In addition, following feedback from the July Committee meeting, newly published benchmarking data is included.

5.4. Further feedback is welcome and we will continue to improve this report, and accompanying data and information, over time.

Officer Contact

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

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

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APPENDIX A

Adult Social Care 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

Measure	Value	Date	Rating	2014/15 Target	Direction of Travel
Managing change					
Refocus Personal Budgets	Green	Oct 2014	★	-	→
Review packages of care for people with Learning Difficulties and people with Physical Disabilities	Green	Oct 2014	★	-	→
Integration	Green	Oct 2014	★	-	→
Learning and Development	Green	Oct 2014	★	-	→
Transport Eligibility	Green	Oct 2014	★	-	→
Business Support Review	Green	Oct 2014	★	-	→
Mental Health Social Care	Green	Oct 2014	★	-	↑
Residential Care Direct Payments	Green	Oct 2014	★	-	→
Independent Living Fund	Green	Oct 2014	★	-	→
Implementation of Care Act	Amber	Oct 2014	●	-	→
Better Care Fund	Amber	Oct 2014	●	-	→
Managing our resources					
Number of sickness absence days per FTE	4.82	Sep 2014	★	11.13	↑
Contacts closed in SCCE as Information and Advice only	38.4%	June 2014	-	TBA	↑
Work transferred by SCCE to localities where no service was provided	2.8%	June 2014	-	TBA	↓
Cost of business mileage (cumulative)	£433,257	Sep 2014	▲	£396,998 at this point in year	↑
Service Performance					
Service users using self-directed support at the end of the reporting period	86.2%	Sep 2014	★	70%	↑
Service users using self-directed support at the end of the reporting period who receive cash payments	36.2%	Sep 2014	★	25.5%	↑
Carers supported following an assessment	44.3%	Sep 2014	▲	49.5%	-

or review					
Carers using self-directed support during the year (year-end projection)	43.0%	Sep 2014	▲	70%	↑
Delayed transfers of care attributed jointly or solely to social care (per 100,000 population aged 18 and over)	1.6	Aug 2014	★	2.0	↑
Percentage of commissioned service providers that complied with CQC standards	84%	July 2014	-	TBA	↑
Percentage of commissioned service providers that required action to comply with CQC standards	12%	July 2014	-	TBA	↓
Service users whose needs have been reviewed in year	41.7%	Sep 2014	★	35% at this point in year	↑
Customer Satisfaction with work completed within CSC/SCCE	96.8%	April 2014	-	TBA	→
Overall satisfaction of people who use services with their care and support	70.1%	May 2014	★	68.65%	↑
Adult safeguarding strategy discussions completed within 3 working days	90%	Sep 2014	★	90%	↑
Outcomes for Norfolk					
Permanent admissions to residential/nursing care aged 18-64 (per 100,000 population)	10.9	Aug 2014	★	11.4	↑
Permanent admissions to residential/nursing care aged 65 and over (per 100,000 population)	279.5	Aug 2014	★	294.6	↑
Older people (aged 65 and over) still at home 91 days after discharge from hospital into reablement/rehabilitation services	87.9%	Sep 2014	●	90%	↓
People who use services who feel safe	69.6%	May 2014	★	69.6%	↑
People who use services who say that those services have made them feel safe and secure	82.5%	May 2014	★	82.5%	↑
People who find it easy to find information about support	77.8%	May 2014	★	77.8%	↑
People who feel they have control over their daily life	82.5%	May 2014	★	82.5%	↑
People aged 18-64 in contact with secondary mental health services in paid employment	3.4%	June 2014	-	TBA	↑
People aged 18-64 in contact with secondary mental health services living independently, with or without support	64.6%	June 2014	-	TBA	↑

APPENDIX B

Indicator definitions and rationale for targets

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

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
		taken into account is on track overall.					
Learning and Development		Green status represents a project that, when timescales, benefits, budget and resources are all taken into account is on track overall.	Green	-	-	Green	Monthly
Transport Eligibility	This project will review options to evaluate whether any efficiency savings can be made in the medium term from the £7m spent on commissioned transport.	Green status represents a project that, when timescales, benefits, budget and resources are all taken into account is on track overall.	Green	-	-	Green	Monthly
Business Support Review		Green status represents a project that, when timescales, benefits, budget and resources are all taken into account is on track overall.	Green	-	-	Green	Monthly

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
Mental Health Social Care	This project is to transfer the Mental Health Service staff back to work for Norfolk County Council as a result of ending the Section 75 agreement with Norfolk and Suffolk NHS Foundation Trust to provide community mental health services.	Green status represents a project that, when timescales, benefits, budget and resources are all taken into account is on track overall.	Green	-	-	Green	Monthly
Residential Care Direct Payments	This is a pilot giving people in residential care Direct Payments to pay for their care. Legislation has previously meant that people could not use Direct Payments to pay for residential care.	Green status represents a project that, when timescales, benefits, budget and resources are all taken into account is on track overall.	Green	-	-	Green	Monthly
Independent Living Fund	Funding and responsibility for the Independent Living Fund, which delivers financial support to disabled people so they can choose to live in their communities rather than in residential care, is due to transfer from Department for Work and Pensions (DWP) to local authorities in July 2015.	Green status represents a project that, when timescales, benefits, budget and resources are all taken into account is on track overall.	Green	-	-	Green	Monthly
Implementation of Care Act	Plan for the impact and implementation of the Care Act.	Green status represents a project that, when timescales, benefits, budget and resources are all	Green	-	-	Green	Monthly

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
		taken into account is on track overall.					
Managing our resources							
Risk register: Failure to meet the long term needs of older people	Risks scores are calculated by taking an impact score (out of 5, with 5 being the highest) and multiplying it by a likelihood score (also out of 5, with 5 being the highest).	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation.	Green	-	-	Risk score 8	

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
Risk register: Failure to meet the needs of older people	Risks scores are calculated by taking an impact score (out of 5, with 5 being the highest) and multiplying it by a likelihood score (also out of 5, with 5 being the highest).	If the Council is unable to invest sufficiently to meet the increased demand for services arising from the increase in the population of older people in Norfolk it could result in worsening outcomes for service users, promote legal challenges and negatively impact on our reputation.	Green	-	-	Risk score 8	
Number of sickness absence days per FTE			Smaller is better			11.13	Quarterly
Contacts closed in SCCE as Information and Advice only	The percentage of people contacting the council for support who were given advice and information about other organisations which could help them. This measure indicates how many people approach the council for help but are not eligible for council funded services.	Targets are under review as part of the service level agreement between SCCE and Adult Social Care	Bigger is better	-	-	TBA	Quarterly

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
Work transferred by SCCE to localities where no service was provided	The percentage of referrals passed by SCCE to localities for assessment where the person did not meet FACs eligibility for a funded service or the assessment resulted in information and advice only being given. This measure indicates how effectively SCCE are managing requests for support from people who are not eligible or have straightforward needs, so that only people with complex needs are passed to locality teams for assessment.	Targets are under review as part of the service level agreement between SCCE and Adult Social Care	Smaller is better	-	-	TBA	Quarterly
Service Performance							
Service users using self-directed support on 31st March 2015	The percentage of people who need support in a community based setting who completed a personal budget questionnaire to determine an allocation of money to meet their needs and decide how those needs would be met, and who were receiving their personal budget at year end. This measure indicates that people are being given choice and control over how their care is provided.	The target is in line with national self directed support (SDS) objectives.	Bigger is better	70.0%	65.8% ▲	70.0%	Monthly

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

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

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

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

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
Adult safeguarding strategy discussions completed within 3 working days	The percentage of Adult Safeguarding strategy discussion meetings completed within 3 working days of referral. This measure indicates how well the council is able to respond quickly to concerns of abuse and engage with partners in the Multi Agency Safeguarding Hub (MASH) to assess and manage risk to vulnerable adults and plan strategies to address safeguarding concerns.	90% represents a high level of performance whilst recognising that not all discussions can be completed within 3 days, where key personnel are not available or family members are difficult to contact.	Bigger is better	90%	73% ▲	90%	Monthly
Outcomes for Norfolk							
Permanent admissions to residential/nursing care aged 18-64 (per 100,000 population)	The number of council-supported permanent admissions of people aged 18-64 to residential and nursing care during the year (excluding transfers between residential and nursing care), per 100,000 population. This measure indicates how well the council is supporting working age adults to live independently in their own homes.	Performance in 2013/14 was the worst in the region and of our comparator group of local authorities. This is a reduction of target over two years to align with the comparator group average of 19.0	Smaller is better	45.0	44.75 ★	28.5	Monthly

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
Permanent admissions to residential/nursing care aged 65 and over (per 100,000 population)	The number of council-supported permanent admissions of people aged 65 and over to residential and nursing care during the year (excluding transfers between residential and nursing care), per 100,000 population. This measure indicates how well the council is supporting older people to live independently in their own homes.	The target has been set in line with achieving the Better Care Fund target by October 2014.	Smaller is better	825.0	799.3 ★	748.8	Monthly
Older people (aged 65 and over) still at home 91 days after discharge from hospital into reablement/rehabilitation services	The percentage of people aged 65 and over discharged from acute or community hospitals to their usual place of residence for rehabilitation who are at home (or in extra care housing or an adult placement scheme setting) 91 days after discharge from hospital. This measure indicates how well the Norfolk First Support rehabilitation service and community health organisations are working to give people the skills and confidence to regain their independence and prevent further admission to hospital or residential care.	The target has been set in line with achieving the Better Care Fund target by October 2014.	Bigger is better	85%	87% ★	90%	Monthly

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
People who use services who feel safe	The percentage of service users (of 454 who responded) when asked “Which of the following best describes how safe you feel?” responded "I feel as safe as I want". This measure may be influenced by factors other than support with daily living, such as the area people live in and rates of crime or anti-social behaviour.	Performance in 2013/14 was the highest in the region and 4th highest of our 16 comparator group of local authorities. This target aims to maintain performance this year at the same high level.	Bigger is better	67.83%	69.6% ★	69.6%	Annually
People who use services who say that those services have made them feel safe and secure	The percentage of service users (of 449 who responded) who answered "Yes" to the question “Do care and support services help you in feeling safe?” This is a measure of how well health and social care organisations are helping people to feel safe both inside and outside of their homes.	Performance in 2013/14 was 4th highest in the region and above average for our comparator group of local authorities. This target aims to maintain performance this year at the same high level.	Bigger is better	81.40%	82.5% ★	82.5%	Annually

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
People who find it easy to find information about support	The percentage of service users (of 457 who responded) when asked “In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?” responded “very easy to find” or “fairly easy to find”. This is a measure of how well the council, and other organisations, engage with people and promote their services.	Performance in 2013/14 was 3rd highest in the region and 4th highest of our 16 comparator group of local authorities. This target aims to maintain performance this year at the same high level.	Bigger is better	69.98%	77.8% ★	77.8%	Annually
People who feel they have control over their daily life	The percentage of service users (of 461 who responded) when asked “Which of the following statements best describes how much control you have over your daily life?” responded "I have as much control over my daily life as I want" or “I have adequate control over my daily life”. This measure indicates how well people feel supported to live their lives in the way they would like to.	Performance in 2013/14 was the highest of both region and our comparator group of local authorities. This target aims to maintain performance this year at the same high level.	Bigger is better	81.13%	82.5% ★	82.5%	Annually

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
People aged 18-64 in contact with secondary mental health services in paid employment	The percentage of people aged 18 to 64 over the year receiving secondary mental health services and on the Care Programme Approach (CPA) who were in paid employment at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting. The measure indicates improved employment opportunities for adults with mental health problems, reducing their risk of social exclusion and discrimination.	The mental health service performance framework is under development as the service is transferred back under council control.	Bigger is better	7%	2.4% ▲	TBA	Monthly
People aged 18-64 in contact with secondary mental health services living independently, with or without support	The percentage of people aged 18 to 64 over the year receiving secondary mental health services and on the Care Programme Approach (CPA) who had security of tenure or stability of residence at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting. This measure indicates how many adults with mental health problems live in stable and appropriate accommodation, which is closely linked to	The mental health service performance framework is under development as the service is transferred back under council control.	Bigger is better	44%	46.0% ★	TBA	Monthly

Name of measure	Definition/ description	Target rationale	Good performance is?	2013/14 Target	2013/14 Performance	2014/15 Target	Frequency of updates
	improving their safety and reducing their risk of social exclusion.						

APPENDIX C

Adult Social Care End of Year Performance 2013/14

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

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

APPENDIX D(i)

Adult Social Care Committee 17 November 2014
Communities Departmental Risk Register Report

1. The Adult Social Care 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 suffer 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. A copy of the departmental risk register, reviewed as of October 2014 is attached. The register contains those risks that have a current risk score of 12 and above with prospects of meeting the target score by the target date of amber or red and are reported on an exceptions basis. The current risks are those identified against the departmental objectives for 2014/15. There are two risks that have a corporate significance and therefore appear on the corporate risk register. These are risks that are so significant that they would impact on corporate/strategic objectives, or are beyond the scope of individual departments to manage. This register is reviewed regularly by Chief Officers Group and reported to the Audit Committee.

3. The Corporate risks are as follows:

   - RM14079 "Failure to meet the longer term needs of older people"
   - RM0207 "Failure to meet the needs of older people"

4. The full departmental risk register contains 13 risks, there are nine risks that fall into the above exception reporting category and appear on the risk register. The remaining four risks have a current risk score below 12. No risks with a prospect of meeting the target score by the target date shown as green will be reported as these are considered to have mitigation measures that are on target.

5. The three Community Services risks that have a risk score below 12 or have prospects of meeting the target score by the target date are as follows:

Risk Number/Name	Risk Score	Prospects
RM13929 "The speed and severity of change".	12	Green
RM13936 "Inability to progress integrated service delivery".	10	Green
RM13924 "The pace and change of legislation for "Ordinary Residence".	9	Green
RM14198 "Mental Health Social Care Project".	12	Green

6. Within the constraints of the target date (which provides a time-frame for the risk) and using the Generic Risk Impact Criteria Model and Likelihood Criteria Model contained within the current Norfolk County Council "Well Managed Risk - Management of Risk Framework three risk scores can be determined. Each risk score is expressed as a multiple of the impact and the likelihood of the event occurring.
   - Inherent risk score – the level of risk exposure before any action is taken to reduce the risk
   - 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

7. The prospects of meeting target scores by the target dates are a reflection of how well the risk owners consider that the mitigation tasks are controlling the risk. The contents of this cell act as an early warning indicator that there may be concerns when the prospect is shown as amber or red. In these cases, further investigation may be required to determine the factors that have caused the risk owner to consider the target may not be met. 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

8. There are no risks identified by the risk owners where the prospects of meeting the target score by the target date have been recorded as red.

9. The evidence is that risks are being managed to an appropriate level with mitigation tasks being undertaken. In all cases risks have been reviewed by risk owners to ensure that risk scores and target dates reflect the current position against current service objectives. Risk registers are challenged by the Strategic Risk Manager to ensure a consistent approach to risk management across all teams.

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.

    Steve Rayner - Strategic Risk Manager

Adult Social Care Risk Register

Risk Register Name	**Community Services Departmental Risk Register**		**Red**	
Prepared by	**Harold Bodmer and Steve Rayner**	**High**	**Amber**	
Date updated	**October 2014**	**Med**	**Green**	
Next update due	**January 2015**	**Low**	**Met**	

Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Inherent Likelihood	Inherent Impact	Inherent Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
Community Services Transformation	RM14 079	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.	11/10/2012	5	5	25	5	5	25	• Take steps to protect the Purchase of Care budget when budget planning prior to 2014-17. • Invest in appropriate prevention and reablement services • Integrate social care and health services to ensure maximum efficiency for delivery of health and social care • The Building Better Futures Programme will realign and develop residential and social care facilities • Ensure budget planning process enables sufficient investment in adult social care particularly in year 3 of current plan. • Continue to: try and manage needs; to identify and deliver savings in the Adult Social Care budget plan; and to ensure the issues are understood and discussed corporately.	The Adult Social Care mitigating tasks are relatively short term measures compared to the long term risk, i.e. 2030, but long term measures are outside NCC's control, for example Central Government policy. Although steps have been taken to protect the Purchase of Care budget in previous budget planning, the proposals for 2014-17 have had to include savings from the Purchase of Care budget. Actions are in hand to achieve these, e.g. adjustments to the Resource Allocation System for Community Activities/Well Being and Transport were made on 1 April 2014. However it is proving difficult to make the savings in 2014-15. The Care Act including changes in social care funding will impact significantly: more people eligible for social care funding; less service user contributions; and it is not clear whether there will be additional/sufficient government funding. The	2	4	8	31/03/2030	**Amber**	Harold Bodmer	Janice Dane	13/10/2014

Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Inherent Likelihood	Inherent Impact	Inherent Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
												guidance is still draft. A project is in place to help ensure the department delivers the changes arising from the Care Act.								
Community 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.	01/04/2011	3	4	12	3	4	12	• Invest in appropriate prevention and reablement services • Integrate social care and health services to ensure maximum efficiency for delivery of health and social care • The Building Better Futures Programme will realign and develop residential and social care facilities	A review of the fees paid to the independent sector was undertaken in 2012-13 and informed the inflationary uplift discussions with provider representatives for 2013-14 and 2014-15. Following the setting up of Norse Care in April 2011 the Building Better Futures 15 year transformation programme of the previous in house residential homes is starting with the reprovision of three residential homes in the Eastern Locality. The department is relaunching the Care Aware service, which provides independent financial advice. Most of the 2013-14 budgeted savings were achieved and where they weren't they were offset by underspends elsewhere in the department and the use of some reserves. Actions are in place to deliver the	2	4	8	31/03/2015	**Amber**	Harold Bodmer	Janice Dane	13/10/2014

Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Inherent Likelihood	Inherent Impact	Inherent Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
												2014-17 savings but there are risks associated with the savings, and they are proving difficult to achieve in 2014-15. Work is progressing on integration with NCH&C and around the setting up and delivery of the Better Care Fund (BCF). The Council will receive approximately £6m less funding from the BCF that NCC included in the budget plan to maintain current services. This is being fed into the corporate budget planning.								

Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Inherent Likelihood	Inherent Impact	Inherent Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
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.	30/04/2011	4	4	16	4	4	16	Ensure ICT capacity issues are being addressed by CareFirst Management Board and ASC ICT Steering Group.• Children's Services, Adult Care, Finance and PPP planning requirements for 14/15 have been agreed by CFMB - this is monitored and updated as necessary at each CFMB meeting. This includes measures to significantly revise the plan to support delivery of the ChS Improvement Plan and increasingly the Care Act 2014. • Continue to request the Management of Change Group (formerly BIEG) to set aside some capacity for smaller departments where small input can have substantial gains.• Use the additional OLM consultancy days approved to ensure development and delivery of CareMobile, the Portal and other developments.• CareFirst Management Board monitors processes to ensure available ICT resources are allocated to Children's Services (ChS), Adult Social Care (ASC) and Finance on an agreed service priority basis. • Engage with the implementation of the Digital Norfolk Ambition (DNA) project and appoint a Business Lead. Create and submit DNA Priority Plans including identification of systems in use, staff locations for Adult Social Care and Cultural Services. Continue to work with ICT services to identify ways	• The ICT Business Partner pulls together CareFirst and other ICT developments for ChS and ASC in the form of commissioning documents that feed into ICT Steering Group and CFMB.. • New Strategic Plan has been developed and approved by the Management of Change Group and the ICT Lead Tom Baker is working towards supporting strategic service developments that will see dividends in the medium term. • The ASC Care First ICT group ensures priorities are co-ordinated and agreed and presented to CFMB to access the required ICT resource. • The Portal will be part of the NCC Portal development within the DNA programme and a specification has been provided to OLM - an update will be provided to the ASC Transformation Board in August 2014.. The CareFirst Production Review group, a sub group of CFMB, has been delegated to prioritise and schedule work fortnightly with ICT.• CFMB have raised the issue of ICT capacity in 14/15 with Tom Baker to ensure adequate capacity is available to meet business needs.• Active monitoring of the ICT resource is being developed to understand and address quality and workflow issues. Reviewed to take into account the Children's Services Improvement Plan which has placed significant further pressures on the ICT Resource resulting in	2	4	8	31/03/2014	**Amber**	John Perrott	John Perrott	07/10/2014

Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Inherent Likelihood	Inherent Impact	Inherent Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
											of resolving the network capacity issues on the library network. • Work with the corporate DNA business leads group to ensure departmental interests are represented in the roll-out of devices, the Information Hub and the move to Floor 8.	some ASC activity being delayed. • Action Plan developed for ICT 'recovery' in Cultural Services. Progress report received by J Holland each week. • Re-procurement of the Library catalogue and Museums Retail and Admissions systems have occurred but 'teething' issues are creating service downtime with loss of customer activity and loss of income. The new Library system is reliant on DNA for the provision of higher capacity equipment necessary for efficient processing. • A Business Lead is to lead on the implementation of DNA for Adult Social Care and Cultural Services. Priority plans were approved by SMT in November 2013. We are currently engaging with the DNA programme within the corporate Business Leads group.								

Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Inherent Likelihood	Inherent Impact	Inherent Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
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.	30/04/2011	4	4	16	3	4	12	• Agreement with NHS for investment in social care services in place for 2013-14 • Prevention strategy in place and agreed by Cabinet • The Council has established a one off Living Well in the Community Fund • Ensure an agreement is reached with NHS on how to use the Better Care Fund for 2014-15 onwards, and shift resources from the acute/hospitals to community care. • Members to reach a view this year on whether to put funding into the Living Well in the Community Fund • Enabling Communities Workstream underway as part of Enterprising Norfolk, aimed at a new approach to demand management and avoiding costs	The CSR budget requirements agreed a 40% reduction in prevention spending however this was reduced to 28% following the announcement of additional NHS funding and the removal of the 2011/12 saving of £5m. This resulted in an £11m reduction in prevention spending. £5m in 2012/13 and £6m in 2013/14. This required significant service and contract reviews. The Living Well in the Community Fund has been spent and is operational. The Council established a further one off Prevention fund of £3.5m which includes support to organisations in transition from block contracts to sport arrangements and includes an amount of building community capacity. This has been utilised significantly. Trading arrangements for Assistive Technology are not delivering the anticipated savings. New contractual arrangements for Information, Advice and Advocacy are operational. Ageing Well now forms part of a joint approach with Public Health. The Council identified £5m over five years for additional investment in prevention ('Strong and Well') - however the 2014-17 budget savings agreed by Council included cutting the next four years funding. Proposals have been agreed with most of the partnerships and	2	4	8	01/04/2015	**Amber**	Janice Dane	Janice Dane	13/10/2014

Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Inherent Likelihood	Inherent Impact	Inherent Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
												discussions are on-going with the remaining two. Discussions are on-going about the Better Care Fund, with the five CCGs. £3m funding has been informally agreed by the CCGs for reablement/Swifts. There is a virtual Enabling Communities team (led by Adult Social Care), looking to co-ordinate relevant work across NCC and maximise the benefits. Approval was granted by Norfolk's Health and Well-being Board for our Ageing Well initiative (linked to the Public Health Healthy Towns programme) and this worked has commenced through a dedicated post within Community Services.								
Transformation	RM13926	If we do not meet budget savings	If we do not meet our budget savings targets over the next three years it would lead to significant overspends in a number of areas. This would result in significant financial pressures across the Council and mean we do not achieve the expected improvements to our services.	30/04/2011	3	5	15	4	5	20	• All efficiency and savings targets are being managed through the transformation and efficiency programme. • The transformation workstreams are all being operated within tight governance arrangements and are supported by the CPO • Additional funding available from the NHS for 2014-17 although this has to be agreed through five pooled funds with each of the Clinical Commissioning Groups.	Achieved balanced budget in 2013-14, although this included using some one-off reserves. Overall the department contributed £1.3m contribution towards contingency for incinerator in 2013-14 - necessitated using social care reserves. In process of setting up Better Care Fund to access additional NHS funding in 2014-17. This means setting up a pooled fund with each of the five Clinical Commissioning Groups (CCGs). N8 As well as the BCF risks for 2014-15 include: uncertainty around income for Continuing Health Care; decline in income from service user contributions; and need to achieve all 2014-17 budgeted savings. The 2014-17 savings have risks and include	2	5	10	01/04/2017	**Amber**	Janice Dane	Janice Dane	13/10/2014

Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Inherent Likelihood	Inherent Impact	Inherent Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
												significant savings from the budget used to pay for packages of care, which has meant reducing elements of Personal Budgets for community activities/well being and transport. The initial forecast for period six (September 2014) showed a significant increase in the Adult Social Care overspend from period five. There is an action plan in place to: investigate why this has happened; ensure the accuracy of the forecast; take actions to reduce the overspend; and revise the period six forecast. This is being managed by the Senior Management Team and reported through the Transformation Programme Board, which includes the Chair of the Adult Social Care Committee.									
Transformation	RM14149	Impact of the Care Act	Impact of the Social Care bill/Changes in Social Care funding (significant increase in number of people eligible for funding, increase in volume of care - and social care - and financial assessments, potential increase in purchase of care expenditure, reduction in service user contributions)	27/11/2013	4	3	12	4	5	20	Project for Implementation of the Care Act. Ensure processes and resources in place to deliver Government requirements. Estimate financial implications. Keep NCC Councillors informed of issues and risks.	Project on Implementation of the Care Act. Responded to latest Government consultation on guidance (15 August) and highlighted issue about funding. Initial estimates are that the financial and resource impact for NCC is significant and this is being fed into ADASS. Concerns about adequacy of central Government funding for costs. Two reports taken to Adult Social Care Committee and workshop on consultation response held on 12 August. Communications and presentations on-going to staff. Assessments Business Lead and Finance Business Lead	2	3	6	01/04/2016	**Amber**	Janice Dane	Janice Dane	13/10/2014

Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Inherent Likelihood	Inherent Impact	Inherent Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
												now in post.								
Transformation	RM14 150	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.	27/11/2013	4	3	12	4	4	16	Ensure departmental requirements, e.g. Customer Portal and Integration with Health, are DNA priorities. Departmental resources/workstreams in place as required. DNA Business Lead appointed to carry these issues forward.	• Importance of Integration and Customer Portal being mentioned at appropriate opportunities, e.g. CMT. Monthly DNA updates are provided by the ICT Business Partner to Senior Management meetings from July 2014. • Raised issue on need for clarity around funding of DNA at Finance Management Team. Funding risk added to overall DNA register. • Preparatory work on Portal commenced by Business Systems team in January 2014 to ensure portal requirements are clearly mapped in relation to current processes viz referral, assessment, support planning and review in order to inform service requirements to OLM. • ComServ DNA Business lead leading the implementation of DNA to ASC and Cultural Services. Service business lead meetings set up to co-ordinate information gathering and communications with staff groups. • Current emphasis is on the roll-out of DNA devices as deadlines for Floor 8 were missed with a revised date of first week in September. As of	2	3	6	31/03/2015	**Amber**	John Perrott	John Perrott	07/10/2014

Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Inherent Likelihood	Inherent Impact	Inherent Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
												June through to August 2014 staff have been engaged with user acceptance testing particularly with CareFirst. • Current concerns with the device roll-out to Mental Health staff from 1 October have been raised with the corporate DNA Business Lead and ICT for which a plan B may be necessary.								
Safeguarding	RM13931	A rise in hospital admissions	A significant rise in acute hospital admissions for whatever reason would lead to delays in the transfer of care. This would result in budget pressures, possible overspends and could negatively impact on our reputation.	30/06/2011	3	4	12	4	4	16	• Develop preventative and integrated approaches to caring for people in the community to avoid admission to hospital• Pilot working arrangements through integrated care projects being rolled out.• Ensure alternatives are in place to prevent delays from occurring • Monitor the delayed discharge targets	Integrated care approach is continuing to be developed with NCH&C across the CountyTargets agreed with NHS Commissioners.Reviewed regularly at Heads of Social Care meeting and Integration Operational Group. Recent increases in admissions have put more pressure on the system. Target score to remain at 6.28 January 2014 reviewed by SMT - no change.7/10/14 - recent increases in admissions have increased risk score. Continued close scrutiny of discharge processes across systems and plans to develop more reenablement capacity	2	3	6	01/04/2015	**Amber**	Debbie Olley	Debbie Olley	13/10/2014

Area	Risk Number	Risk Name	Risk Description	Date entered on risk register	Inherent Likelihood	Inherent Impact	Inherent Risk Score	Current Likelihood	Current Impact	Current Risk Score	Tasks to mitigate the risk	Progress update	Target Likelihood	Target Impact	Target Risk Score	Target Date	Prospects of meeting Target Risk Score by Target Date	Risk Owner	Reviewed and/or updated by	Date of review and/or update
Information Management	RM14 085	Failure to follow data protection procedures	Failure to follow data protection procedures can lead to loss or inappropriate disclosure of personal information resulting in a breach of the Data Protection Act and failure to safeguard service users and vulnerable staff, monetary penalties, prosecution and civil claims.	30/09/2011	3	5	15	3	4	12	New staff not allowed computing access until they have completed the data protection and information security e-learning courses. Mandatory refresher training and monitoring rates of completion of training. Introduction of more stringent rules to ensure sensitive information is sent to the correct recipient. Monitoring and reporting regime, including monthly reports to COG, now established. Work in progress on a standardised mechanism for investigating breaches. A workbook on data protection and information security has been published for staff and volunteers who have no computer access.	• Any cases reported to Performance Board. • Action following an adverse audit includes spot checking of ASC premises and actions taken to promote rapid improvement. • A Data Quality policy is being developed by the Business Systems team in respect of CareFirst which will take account of DP requirements. • Cultural Services managers are checking that personal data held in systems is reviewed in line with DP principles. • Floor 6 staff at County Hall are implementing a clear desk policy to further reduce DP risk in preparation for moving to floor 8. All user emails are being sent on a regular basis. issue of fax machines is being reviewed. Corporate Risk reviewed monthly by Information Compliance Group. Managers in department are sent regular reminders about people who have not completed e-learning course and completion discussed at SMT.	1	4	4	31/03/2015	**Amber**	Harold Bodmer	John Perrott	07/10/2014

Adult Social Care Committee

Item No 9

Report title:	**Adult Social Care Finance Monitoring Report Period Six (September) 2014-15**
Date of meeting:	**17 November 2014**
Responsible Chief Officer:	**Harold Bodmer**

Strategic impact

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

Executive summary

As at the end of September 2014 (Period Six) the forecast revenue outturn position for Adult Social Care for 2014-15 is an overspend of £6.486m, after recovery actions.

This is an increase of £2.830m since the report to the Committee on 22 September for period four, when an overspend of £3.656m after recovery actions was forecast. That report identified the intention to use £3.656m from the Legal Liabilities reserve to fund the overspend and to achieve a balanced budget in 2014-15. The ASC Legal Liabilities reserve was created to cover the potential costs arising from the dismissal of the Hertfordshire County Council appeal regarding funding of aftercare under s117 of the Mental Health Act. These costs arise in the Purchase of Care budget.

Purchase of Care (PoC) continues to be the area of highest financial risk to the ASC budget. The Purchase of Care budget is used to fund packages of care for people, including Personal Budgets. The current forecast for PoC is for an overspend of £8.057m. The revised budget reflects an additional £1m which was agreed by Members to support the phasing in of the 2014-17 savings in this area.

Adult Social Care reserves at 31 March 2014 stood at £13.353m. The service is forecasting a net use of reserves in 2014-15 of £1.694m to meet commitments and a further £3.656m to deliver a balanced budget as set out in this report. The 2014-15 forecast outturn position for reserves and provision is therefore £8.003m.

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

Recommendation

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

a) **The forecast revenue outturn position for 2014-15 as at Period Six of a an overspend of £6.486m**
b) **The recovery actions being taken to reduce the overspend**
c) **The current forecast for use of reserves**
d) **The forecast capital outturn position for the 2014-15 capital programme**

1 Proposal

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

1.2 This is the third monitoring report for 2014-15 and reflects the forecast position at the end of September 2014 (Period Six).

2 Evidence

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

	Revised Budget	Forecast Outturn	Forecast Variance		Previously Reported
Summary	**£m**	**£m**	**£m**	**%**	**£m**
Management, Finance & Transformation	-3.994	-6.081	-2.087	52%	-1.968
Commissioning	75.040	76.252	1.212	2%	1.870
Business Development	4.523	4.621	0.098	2%	-0.009
Human Resources	1.204	1.196	-0.008	-1%	-0.008
Safeguarding	235.600	245.857	10.257	4%	4.433
Prevention	10.075	10.940	0.865	9%	0.882
Service User Income	-72.832	-75.173	-2.341	3%	-0.034
Total Net Expenditure	**249.616**	**257.612**	**7.996**	**3%**	**5.166**
Recovery actions	0.000	-1.510	-1.510		0.000
Total Net Expenditure after recovery actions	**249.616**	**256.102**	**6.486**	**3%**	**3.656**
Use of ASC Reserves	0.000	-3.656	-3.656		-3.656
ASC Total after use of reserves	**249.616**	**252.446**	**2.830**	**1%**	**0.000**

2.2 As at the end of September 2014 (Period Six) the forecast revenue outturn position for 2014-15 is a £6.486m overspend for Adult Social Care.

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

2.4 The overspend is primarily due to an increased expenditure forecast for Purchase of Care (PoC) showing an overspend of £8.057m.

2.5 **Purchase of Care**

2.5.1 The PoC budget was overspent in 2013/14 by £4.008m. PoC for Older People is the main budget with pressure, having a forecast overspend of £8.147m.

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

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

2.6 **Overspend Action Plan**

2.6.1 Services are required to take recovery actions to avoid or mitigate an overspend

at the end of the year. This is a prior consideration before the use of reserves is considered. The following actions, which are estimated to save £1.510m in 2014/15, have been initiated by the Director to mitigate the overspend identified in the period six forecast.

2.6.2 The Department is aiming for a balanced position at the year end and is working to identify further savings that could be made and to review any money that does not appear to be committed at this stage of the financial year and which could be used to offset overspends elsewhere. The Overspend Action plan to date is shown below. To ensure that every effort is made to bring the projected outturn back within budget a set of additional weekly reports are presented to Senior Management Team on risks and issues contained within the budget and progress of agreed actions being undertaken to bring the projected outturn back within budget. Additional actions being developed but not yet quantified include a recruitment freeze, targeted savings at a locality level, and an analysis of the current run rate in conjunction with procurement review (sprint) to identify quick wins.

2.6.3

Overspend Action	**Amount £m**
Heads of Social Care have been advised by the Director of restrictions being placed on their discretion to provide residential care resulting in tighter controls around spending above NCC rates and only agreeing most cost-effective solutions.	-0.510
The 2014/15 Norse Care rebate of £1m is proposed to be used to support the revenue budget instead of being transferred to the residential reserve for the transformation of residential care.	-1.000
Run-rate/Procurement Review	
Job freeze except for those funded by NHS and essential posts	
Financial targets for Head of Social Care	
Scrutiny of all any non-block purchase placements	
Scrutiny of all high cost transport placements	
	-1.510
Built into the forecast expenditure position	
Review of forecast service user contributions towards the cost of their non-residential care. This was understated compared to last year and current spend.	-2.107
Use of ASC ICT fund for ICT costs related to bringing the MH staff back to NCC and corporate funding of redundancies. Previously this had been forecast to come from ASC revenue budget.	-0.400
Heads of Social Care have been advised by the Director of restrictions being placed on their discretion to provide residential care. This has increased the utilisation of the Norse care residential beds and is being monitored by senior management.	-0.500

2.7 **Reserves**

2.7.1 Adult Social Care reserves at 31st March 2014 were £13.353m. The service is forecasting a net use of reserves in 2014-15 of £1.694m to meet commitments and £3.656m to deliver a balanced budget as set out in this report. The 2014-15 forecast outturn position for reserves and provision is therefore £8.003m. The projected use of reserves and provisions is shown at **Appendix C.**

2.8 **Capital Programme 2014-15**

2.8.1 The position of the capital programme as at Period 6 is shown at **Appendix D**. The programme has been reviewed and the budgets re-profiled across 2014-15, 2015-16 and 2016-17 to reflect when expenditure is now expected to be incurred. The revised 2014-15 forecast is in line with the reviewed 2014-15 budget. The reviewed budget for this financial year of £5.421m includes the capital programme agreed by County Council for Adult Social Care in 2014-15 of £9.060m, slippage on the 2013-14 programme at outturn of £1.492m and re-profiling for parts of the programme now expected to be completed in future years.

	Original Budget	**Previously Reported Forecast**	**Re-profiled Budget**	**Current Forecast**
	£m	£m	£m	£m
2014/15	10.552	10.552	5.421	5.421
2015/16	0	0	5.118	5.118
2016/17	0	0	0.013	0.013
Total	**10.552**	**10.552**	**10.552**	**10.552**

The main priority for capital spending in Adult Social Care in 2014-15 continues to be the development of Housing With Care and Supported Housing provision. £4.694m of the 2015/16 budget is available for such opportunities in that year or beyond.

3 Financial Implications

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

4 Issues, risks and innovation

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

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

5 Background Papers

5.1 There are no background papers relevant to the preparation of this report.

Officer Contact

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

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

Officer Name:	**Tel No:**	**Email address**:
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Appendix A

Adult Social Care 2014-15: Budget Monitoring September 2014 (Period Six)

	Revised Budget £m	Forecast Outturn £m	Forecast Variance		Previously Reported £m
			£m	%	
Summary					
Management, Finance and Transformation	-3.994	-6.081	-2.087	52%	-1.968
Commissioning	75.040	76.252	1.212	2%	1.870
Business Development	4.523	4.621	0.098	2%	-0.009
Human Resources	1.204	1.196	-0.008	-1%	-0.008
Safeguarding	235.600	245.857	10.257	4%	4.433
Prevention	10.075	10.940	0.865	9%	0.882
Service User Income	-72.832	-75.173	-2.341	3%	-0.034
Total Net Expenditure	**249.616**	**257.612**	**7.996**	**3%**	**5.166**
Recovery actions	0.000	-1.510	-1.510		0.000
Total after recovery actions	**249.616**	**256.102**	**6.486**	**3%**	**3.656**
Use of ASC Reserves	0.000	-3.656	-3.656		-3.656
ASC Total after use of reserves	**249.616**	**252.446**	**2.830**	**1%**	**0.000**
Service Detail					
Commissioning					
Commissioning	1.250	1.183	-0.067	-5%	-0.027
Service Level Agreements	4.411	5.951	1.540	35%	1.540
Aids & Adaptations	2.601	2.601	0.000	0%	0.000
Norsecare	32.551	32.491	-0.060	0%	0.540
Supporting People	13.443	13.419	-0.024	0%	-0.024
LD Partnership	5.594	5.594	0.000	0%	-0.001
Independence matters	13.247	13.247	0.000	0%	0.000
Other	1.943	1.766	-0.177	-9%	-0.158
Commissioning Total	**75.040**	**76.252**	**1.212**	**2%**	**1.870**
Safeguarding					
Purchase of Care					
Older People	98.818	106.965	8.147	8%	5.160
People with Physical Disabilities	23.773	24.336	0.563	2%	0.034
People with Learning Difficulties	80.901	79.699	-1.202	-1%	-2.459
Mental Health, Drugs & Alcohol	12.087	12.636	0.549	5%	1.020
Hired Transport	4.650	6.913	2.263	49%	0.471
Staffing and support costs	15.371	15.308	-0.063	0%	0.207
Safeguarding Total	**235.600**	**245.857**	**10.257**	4%	**4.433**

	Revised Budget £m	Forecast Outturn £m	Forecast Variance		Previously Reported £m
			£m	%	
Prevention					
Housing With Care – tenants meals	0.673	0.692	0.019	3%	0.019
Personal & Community Support	1.143	1.152	0.009	1%	0.009
Norfolk First Support - Swifts/Owls	5.403	5.836	0.433	8%	0.408
Service Development inc N-Able	0.908	1.328	0.420	46%	0.420
Other	1.948	1.932	-0.016	-1%	0.026
Prevention Total	**10.075**	**10.940**	**0.865**	9%	**0.882**
Income from Service Users					
Older People	-59.789	-60.373	-0.584	1%	-0.047
People with Physical Disabilities	-2.243	-1.920	0.323	-14%	0.009
People with Learning Disabilities	-4.889	-4.629	0.260	-5%	0.039
Mental Health, Drugs & Alcohol	-4.523	-4.683	-0.160	4%	-0.035
Revisions to non-residential income forecast (see Overspend Action Plan)		-2.107	-2.107		
Beds purchased by Health	-1.388	-1.461	-0.073	5%	0.000
Service User Income Total	**-72.832**	**-75.173**	**-2.341**	3%	**-0.034**

Appendix B

Adult Social Care
2014-15 Budget Monitoring Period 6
Explanation of over and underspends

1. Management Finance and Transformation underspend of £-2.087m

The forecast underspend is due to the departmental retention of service budgets (-£1.714m) to enable effective targeting of resources to priorities and pressures during the year.

2. Commissioning overspend of £1.212m

The main over/underspends are:

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

Norsecare forecast underspend of £-0.060m. Savings identified with the 2014-15 budget of £2m are now forecast to be achieved: £1.600m additional Norse Care rebate and £0.500m reduced planning bed purchases from other providers by using Norse Care beds.

3. Safeguarding overspend of £10.257m

The main over/underspends are:

Purchase of Care (PoC) overspent by £8.057m. The PoC budget was overspent in 2013-14 by £4.008m. PoC Older People is the main budget with pressure, having a forecast overspend of £8.147m.

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

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

4. Prevention Overspend by £0.865m

The main over/underspends are:

Norfolk Reablement First Support overspent by £0.408m due to demand led increased staffing costs and no budget allocation for enhancements or standby payment.

Service Development overspent by £0.420m. The 2013-14 savings target for Assistive Technology (N-Able) of £0.748m are forecast to not be achieved in 2014-15. Work is continuing to implement the saving and for N-Able to deliver a profit, which will deliver savings to the service. This overspend is partly offset by the cessation of a Service Level Agreement.

5. Income from Service Users underspent by £-2.341m

Budgeting income from service user contributions towards the cost of their care is difficult as service user contributions are based on their individual financial circumstances. The service saw a significant increase in income from service user contributions towards the end of 2013-14.

This area continues to be closely monitored for reporting to each Adult Social Care Committee. There is currently a review of forecast service user contributions towards the cost of their non-residential care and this has been adjusted as it appears to be understated compared to last year and current PoC spend. See Overspend Action Plan

Adult Social Care Reserves and Provisions

	Balance 1 April 2014	Usage 2014/15	Forecast Balance 31 March 2015
	£m	£m	£m
Doubtful Debts provision	0.952	0.000	0.952
Redundancy provision	0.103	-0.072	0.031
Prevention Fund - Living Well in Community	0.117	-0.117	0.000
Prevention Fund – General - 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 and Service Level Agreements, and the need to build capacity in the independent sector.	0.533	0.000	0.533
Prevention Fund - Strong and Well	0.490	-0.490	0.000
Repairs and renewals	0.043	-0.015	0.028
IT reserve - For the implementation of various IT projects and IT transformation costs.	1.425	0.000	1.425
Residential Review - Required in future years for the Building Better Futures programme, including the transformation of the homes transferred to Norse Care on 1 April 2011.	2.330	0.000	2.330
ASC Legal Liabilities - Cabinet approved on 9 May 2011 the creation of the Adult Social Care Legal Liabilities reserve to cover the potential costs arising from the dismissal on Tuesday 15 February 2011 at the Court of Appeal of the appeal lodged by Hertfordshire County Council regarding the funding of aftercare under section 117 of the Mental Health Act. These costs appear in the Purchase of Care budget.	3.789	-3.656	0.133
Unspent Grants and Contributions- Mainly the Social Care Reform Grant which is being used to fund the Transformation in Adult Social Care.	3.571	-1.000	2.571
Total ASC reserves and provisions	**13.353**	**-5.350**	**8.003**

Appendix D

Adult Social Care Capital Programme 2014-15

Scheme Name	Reprofiled Capital Budget 2014-15 Including Slippage	Reprofiled Future Years' Capital Budget	Forecast at Period 6	Previously Reported Capital Budget 2014-15 Including Slippage
	£	£	£	£
Approved Programme				
Adult Care - Unallocated Capital Grant 2014-15 - to be used for: investment in further housing development schemes to make revenue savings, including those for people with learning difficulties and physical disabilities; and for Housing With Care schemes for older people	0.350	0.000	0.350	2.292
LPSA Domestic Violence	0.276	0.092	0.276	0.368
Failure of kitchen appliances	0.005	0.028	0.005	0.033
Adult Social Care IT Infrastructure	0.031	0.119	0.031	0.159
Improvement East Grant	0.028	0.000	0.028	0.028
Unallocated Capital Grant under consideration for HWC		0.000		1.221
Social Care grant DOH 2012-13 Unallocated under consideration for HWC		0.000		2.146
Prospect Housing - formerly Honey Pot Farm	0.320	0.000	0.320	0.320
Great Yarmouth Dementia Day Care	0.310	0.075	0.310	0.375
Adult Care - Unallocated Capital Grant		4.694		1.947
Strong and Well Partnership - Contribution to Capital Programme	0.500	0.000	0.500	0.500
Bishops Court - King's Lynn	0.300	0.000	0.300	0.300
Rashes Green	0.031	0.000	0.031	0.041
Supported Living for people with Learning Difficulties	0.008	0.009	0.008	0.017
Balance of LPSA Reward Grant 0809 not allocated		0.000		0.028
Adult Social Care Housing Development Fund		0.000		0.400
Redevelopment of Attleborough Enterprise Centre	0.031	0.011	0.031	0.042
Young Peoples Scheme - East	0.100	0.100	0.100	0.200
Department of Health - Extra Care Housing Fund (Learning Difficulties)	0.019	0.003	0.019	0.003
Great Yarmouth Learning Difficulties Day Service	0.017	0.000	0.017	0.019

Attleborough Community Hub CERF	0.001	0.000	0.001	0.017
Dementia Friendly Pilots- Norse Care	0.095	0.000	0.095	0.096
Bowthorpe ASC Scheme	3.000	0.000	3.000	
TOTAL Capital	**5.421**	**5.131**	**5.421**	**10.552**

Adult Social Care Committee

Item No10

Report title:	**Market Position Statement 2015/16**
Date of meeting:	**17 November 2014**
Responsible Chief Officer:	**Harold Bodmer**

Strategic impact

The publication of a Market Position Statement is part of the Council's engagement with service providers to ensure the right care and support services are available in Norfolk. It allows us to set out the Council's strategic priorities for social care and facilitates providers to work with us to deliver them.

A market position statement forms part of our response to new statutory duties within the Care Act 2014 for development and shaping of the social care market.

Executive summary

The purpose of publishing a market position statement is to engage providers in meeting care and support needs in Norfolk. The Council sets out its strategic analysis and priorities in respect of care and support, indicating its own commissioning intentions, but also acting to influence the market. This forms an important part of our dialogue with providers of care and support in the county. The Council published its first Market Position Statement in 2011 which was well received by the market.

Against a background of reducing funding for social care and increasing demand it is more important than ever that the Council engages effectively with the market, developing innovative care models and commercially effective sourcing strategies to ensure that we get the best possible return in terms of quality and value for money on the significant investments we make to meet care and support needs.

Section 5 of the Care Act effectively places this approach on a statutory footing from 1 April 2015 when all councils with adult social services responsibilities must promote an effective and efficient market in care and support services whether directly commissioned by councils or funded privately. Effective engagement is critical and the Market Position Statement is a key element in a suite of market engagement and shaping tools which include locality provider forums and procurement engagement events which collectively enable the Council to set out its strategic priorities, key aims and commissioning intentions so that providers can plan the investments and make the changes to care and support services that people need.

Recommendations:

The Committee is asked to

1. **Approve the proposed Market Position Statement for 2015/16 for publication**
2. **Support the proposal to develop future Market Position Statements annually on a rolling three year basis for Committee approval**

1 Proposal

1.1 The proposal is to publish a Market Position Statement on an annual basis setting out the Council's strategic priorities for the social care market in Norfolk. The

Market Position Statement forms a key part of the Council's response to new market shaping duties in the Care Act from 1 April 2015. The statement will cover the year 2015/16 and future statements will be published annually but will cover a rolling three year period in order to provide a firm basis upon which the market can plan for services in response to commissioning intentions based on meeting individual needs at local level.

2 Evidence

2.1 The Care Act 2014 places a number of new duties upon all councils with adult social care responsibilities coming into effect on 1 April 2015. One of the new duties requires the Council to promote the effective and efficient operation of the market in care and support services in Norfolk. The new duty applies to the whole market of social care services whether publicly or privately purchased and reflects the reality that councils rely heavily on hundreds of providers (in Norfolk over 500) for delivering the quality services required to meet people's needs.

2.2 The Act is accompanied by statutory guidance which has just been published following extensive public consultation which puts the duty in these terms "*the ambition is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support."*

2.3 This matches the Council's own strategic needs by being proactive and smart in managing and shaping the social care market and in particular ensuring that the significant investments it makes achieve the desired rate of return in terms of quality and value.

2.4 The statutory guidance makes it very clear that the ambition for councils extends well beyond good commissioning and procurement recognising the importance of the care workforce and the care economy as a whole. The Council will serve its own strategic interests in ensuring that Norfolk is a "place to invest in" when it comes to social care both in terms of the new care estate required and critically a high quality workforce.

2.5 The guidance establishes principles which should underpin market-shaping and commissioning activity:

a) Focusing on outcomes and wellbeing
b) Promoting quality services, including through workforce development and remuneration
c) Ensuring appropriately resourced care and support
d) Supporting sustainability
e) Ensuring choice
f) Co-production with partners.

2.6 The guidance goes on to describe the steps which local authorities should take to develop and implement local approaches to market-shaping and commissioning which include:

a) Designing strategies that meet local needs
b) Engaging with providers and local communities
c) Understanding the market
d) Facilitating the development of the market

e) Integrating their approach with local partners
f) Securing supply in the market and assuring its quality through contracting.

2.7 The new duty needs to reflect the overarching duty to promote individual wellbeing and to do so through preventing, reducing or delaying the need for care and support. In addition the Council needs to ensure that the provision of services is integrated with health provision building on the integrated commissioning model we already have in place and the roll out of new integrated care arrangements.

2.8 Councils will necessarily develop their approaches to the new duties on an ongoing basis supported by an ever improving knowledge of what makes the care and support markets work well and how best to invest with increasing commercial acumen in the market to meet local needs.

2.9 The intended audience of the Market Position Statement is primarily providers of care and support services. It is intended to engage them in delivering the services we know people need, to make them aware of specific procurement opportunities, to inform their business planning and as an outcome to generate changes in the market. The Market Position Statement is at the heart of a suite of provider engagement tools including locality based provider forums and procurement engagement events which together with new market intelligence, structuring and intervention tools will form the foundations of our new commissioning model.

2.10 The proposed Market Position Statement provides a renewed opportunity for the Council to demonstrate how it intends to develop its approach to market development in response not only to the new statutory duty but also to meet its own strategic needs and to highlight commissioning intentions and strategies for the forthcoming 2015/16 year.

2.11 With improved market intelligence and know how we intend to develop a range of resources which will enable us to provide ongoing guidance to the market and develop strategic Market Position Statements for Committee approval annually covering a rolling three year period thus supporting the markets ability to plan for services in the medium term.

2.12 The Market Position Statement itself is set out in Appendix 1.

3 Financial Implications

There are no additional financial implications from the publication of the Market Position Statement.

4 Issues, risks and innovation

4.1 The new duty must be underpinned by high quality, reliable and accurate information about the market together with analytics capacity to develop effective strategies. This will require consideration as to the best way for the Council to develop and secure the market intelligence services that will be needed.

4.2 Additional statutory requirements in the Care Act linked to market shaping require the Council to ensure that it puts arrangements in place to ensure that services can continue to be provided to people with care and support needs in the event of provider failure. This will require a review of current resilience planning and quality assurance arrangements and the development of new processes and

procedures.

Officer Contact

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

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

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Front Page
Graphics to follow

Norfolk County Council

Care and Support Market Position Statement

2015/16

Norfolk County Council Market Position Statement 2015/2016

Introduction

Securing high quality services for people in Norfolk with care and support needs, including many of the most vulnerable in our society, is core business for the Council. Over the years we have moved away from directly providing those services so that now we rely upon a market of providers for the vast majority of those services in which we now invest well over £260m a year.

We recognise, therefore, how important it is to engage with and support providers so that the increasing demand for care and support services and changing expectations about choices in the type and quality of services that people in Norfolk want can be satisfied.

We took the step of publishing our first Market Position Statement in November 2011 in order to help providers understand the market itself, to set out commissioning intentions to support business planning and flag upcoming procurement opportunities. Since that time the Care Act has put market development on a statutory footing so that from 1 April 2015 the Council must promote an effective and efficient market in care and support services. We can and will do this in many different ways but at the heart of it all is effective engagement and joint working with providers.

We want to step up our engagement with providers building on our well established locality forums and procurement engagement events so that we can work together wherever possible on new market models that focus on the outcomes that people want and provide opportunities for innovation in service delivery.

We want to empower providers to work directly with service users to personalise services to better achieve the individual wellbeing outcomes that people want and we will develop new approaches to commissioning and contracting to make this happen.

We are ambitious about developing great care, great quality and great value working with the care market now and into the future. We would like to hear from providers who want to work with us on the priorities we describe below.

Direction of travel and strategic principles

Great Care, Great Quality, Great Value

This phrase encapsulates our vision for commissioning adult social care in Norfolk. The vision is to enable people to be well and stay well so that they can live the lives that they want as successful active members of their communities.

We know of course that many people will need care and support to maintain their wellbeing. The provision of high quality services that are good value for money and, most importantly of all, achieve the outcomes that people want is what will drive all our commissioning strategies.

Care and support services are provided through an infrastructure of services provided by diverse organisations, individual people and through resilient communities. It is this whole picture with which we are concerned.

The Care Act 2014 provides the new framework for developing adult social care and support into the future. The promotion of individual wellbeing will be at the heart of everything we do and our focus will be on all adults needing care and support in Norfolk whether or not they receive it through the Council.

This means that we will increasingly focus on the quality and therefore effectiveness of all the services that support the wellbeing outcomes that people want. We will bring this focus to bear throughout the care pathway from maintaining wellbeing right through to specialised end of life care.

Where we are investing public money we are committed to use our resources to best effect and so we will invest smartly at each point in the care pathway to optimise value for money striking the best balance between preventative interventions and care and support provision.

Norfolk County Council invests around £260m in the care market every year and we need to ensure that our strategic commissioning covers not only the market of provision for people who have developed care and support needs but also the whole infrastructure that maintains wellbeing.

Our approach to social care

With the greater demand for care services, more complex needs and reduced public funding that all areas are facing, we have produced a discussion document 'the new compact for social care'. This sets out our approach to social care with five elements:

1. *Stick to 'good care' principles*
   The quality of care is an essential which cannot be compromised and we will set standards, monitor delivery and drive quality

2. *Help people to sort things out for themselves*
   People need access to good advice and information to make the care arrangements that work for them. We will work to improve transparent information about care and support in Norfolk

3. *Support communities to do their bit*
   Connection and support in local communities is vital. We will support local communities to do this and will ask our care providers how they can better connect with local communities and citizens

Our good care principles:

- ***Personalised***
- ***Good quality***
- ***Safe***
- ***Good value***
- ***Formal and informal support measures***
- ***Building on strengths, connections and technology***

4. *Fund the essentials*
   Our support planning will help people to plan to meet their needs using a wide range of formal and informal support. We continue to fund care services for those who are eligible.

5. *Combine with the NHS for co-ordinated care*
   We will continue to build an integrated approach to health and care and to commission services within this framework.

Health and social care integration

An integrated approach to promoting wellbeing with partners in the health system makes common sense. Many social care needs are linked to health needs with people receiving support from both systems concurrently or consecutively. It is important to ensure that both systems operate well together so that people get the right services at the right time in the most appropriate settings to promote their health and wellbeing. We believe that we can deliver better outcomes and better value when we commission services as part of an integrated network or pathway.

Norfolk's Better Care Fund

The Better Care Fund has been established to support integrated care provision with a particular emphasis on preventing, reducing or delaying the need for care to be provided in hospitals unless that is the appropriate setting.

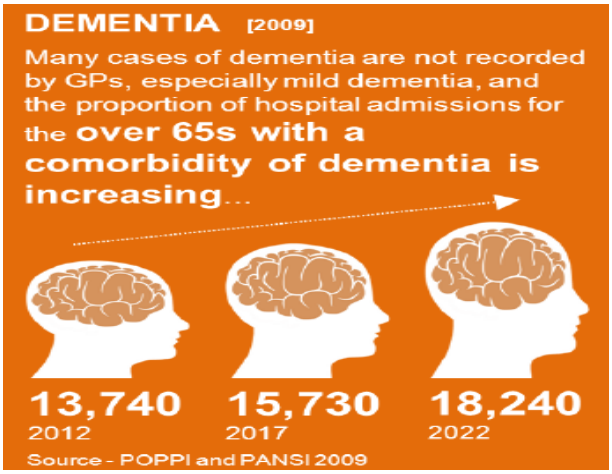
The same principles apply to residential and nursing care. We will be further developing care and support services delivered in community and home.

Health & Wellbeing Board priorities

Better Care Fund performance indicators:

- ***Reduced unplanned admissions to acute hospital***
- ***Reduced permanent admissions of older people to residential and nursing care***
- ***Increased proportion of older people still at home after discharge into reablement and rehabilitation services***
- ***Reduced delayed transfers of care from hospital***
- ***Increased proportion of people feeling supported to manage their long-term condition***
- ***Increased diagnosis of dementia***

The Norfolk Health and Wellbeing Board has overall responsibility for coordinating the strategic response to health and wellbeing in Norfolk. The Board has identified dementia as a key area to be tackled.



Norfolk Public Health published a comprehensive needs assessment in July of this year in a report entitled *Living with Dementia in Norfolk* which describes the needs of people with dementia and their carers in Norfolk and makes recommendations to further improve services.

The national initiative for GPs to increase diagnosis rates for people with dementia calls for us to ensure that effective support can be accessed, once diagnosis has been made. We will use the evidence and insights contained in Living with Dementia in Norfolk to help shape our approach to working with the market to tackle the care and support needs of people with dementia.

Our approach to quality

Quality care is an essential prerequisite to achieving wellbeing outcomes. We will publish a new quality framework which covers the whole quality pathway from maintaining wellbeing through to end of life care. The quality framework is one of the fundamental building blocks in our approach to care and support services.

The Harwood Care Charter sets out standards for quality care in Norfolk and providers are invited to make a public commitment to the scheme.
We plan to building on this and will explore how we might link membership of a quality scheme and performance more generally to payment mechanisms in all future contracts.

The new framework will support high standards throughout the care and support process and ensure that those standards are met through effective monitoring. We will work with all stakeholders to ensure we have a thorough understanding of the quality of care and to take appropriate action where standards are not met.

We will look at how we can help people in Norfolk who are looking for care services to identify good quality care.

We will review our provider assessment system that will drive our quality monitoring programme ensuring a level playing field for providers and targeting support to providers who need it most. We will work with provider partners to develop this system in the year ahead.

Workforce

We recognise that quality care is dependent on the skills and commitment of the people providing the care and are committed to supporting the care workforce. We will set out clearly our expectations in contracts. We will also review and further develop our approach to workforce development.

The Care Market in Norfolk

The social care economy is a significant part of the Norfolk economy as a whole and is growing to match increasing demand for services. This is due in particular to the significant increase in the numbers of older people expected over the coming years.

We have estimated from national data that about £840m is directly invested in paying for social care and support services in Norfolk every year. 80% of this investment is currently from public funding.

£842m

This is the amount of money we estimate goes into the social care and support market in Norfolk in a single year

£260m

This is the amount that the Council invests in the social care market in a single year

Norfolk County Council invests almost twice as much public money in the market than all privately purchased care put together.

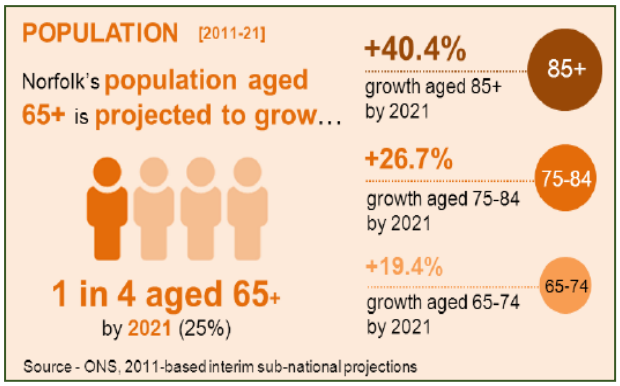
We estimate people funding their own care buy over £140m worth of care every year and this figure is rising.

People buying their own care spend over

£142m

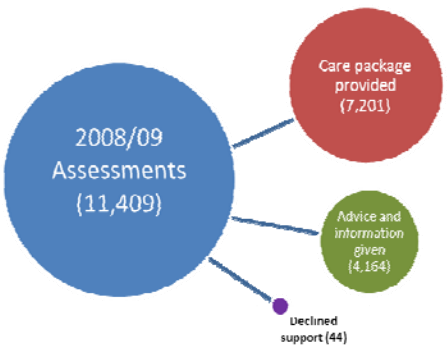
Over 94,000 people provide unpaid informal care every year which would cost the taxpayer over £500m to buy.

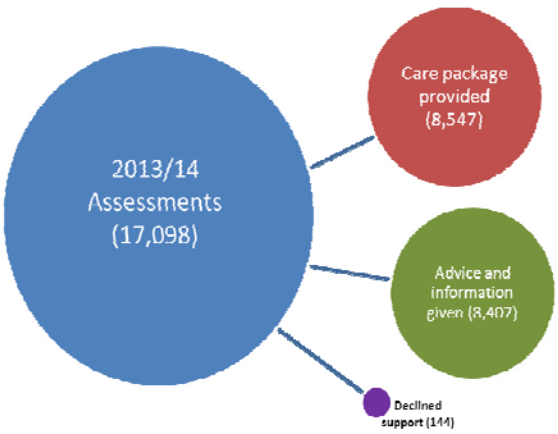
Demand in the market



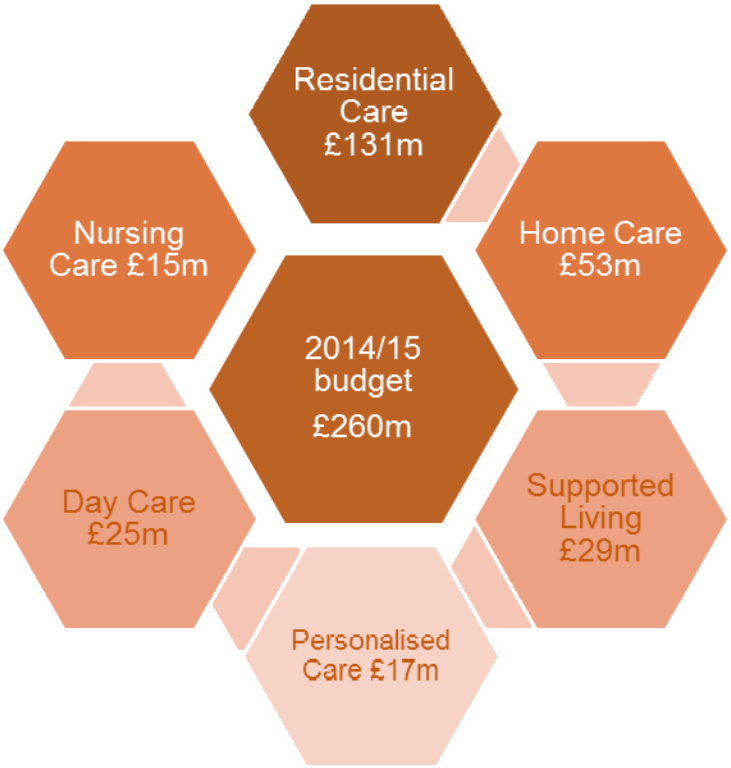
Population projections indicate the anticipated growth in the proportion and number of older people in Norfolk over coming years. In terms of service use, the need for care services increases significantly over the age of 85.

- In 2013/14 over 71,000 people contacted the Council's social care services. This number represents a continued increase in contacts – we believe this is driven by an increased demand for services, a greater awareness of the support on offer, and improved access to the Council's "front door" by telephone and the internet
- Of the 71,000 people contacting Adult Social Care services nearly 29,000 had their needs met, usually through information and advice, at the first contact
- The number of people going forward to community care assessment has increased by 50% since 2008, whereas people receiving funded support with care following assessment has only increased by 20%. Twice as many people as before are now being given advice and information on other organisations to approach for help instead

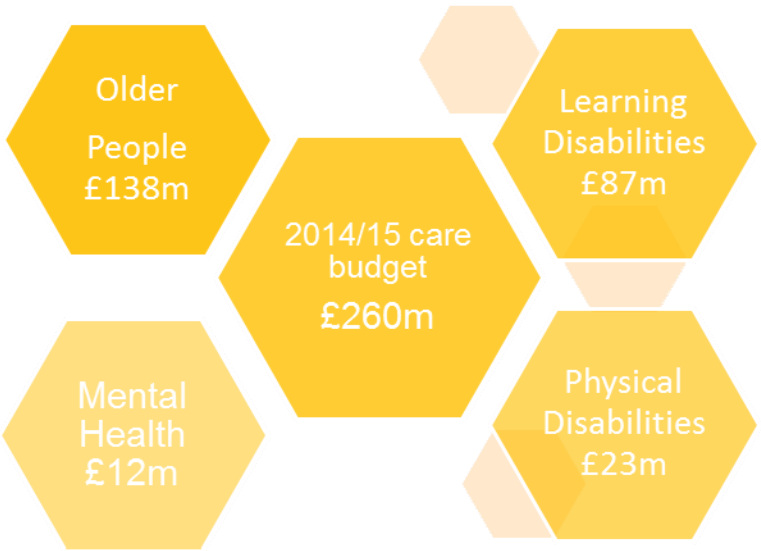




The Council investment in the market by service type:



Council investment in the market by service user group:



Developing our commissioning strategies

The financial situation and the changing needs mean that we must rethink the way we commission and deliver services making it more important than ever that we invest our resources in what works best for people.

Engagement with service users

We will work with service users to shape our commissioning strategies. We will keep developing our focus on what people tell us is working well for them and will invest in sustaining this. Just as importantly we need to know what is not working well so that we can direct our investment towards addressing any gaps in provision. Our engagement with people who use services is a vital part of planning services for the future.

We recognise the emphasis in the Care Act on individual wellbeing and so we will increasingly invest in models of care that can meet individual needs leveraging local resources and moving away from traditional less flexible services

We expect care providers to engage with their customers – to ensure services are meeting their expectations and also to understand the needs of future and potential customers.

The increasing use of personal budgets and direct payments means that we anticipate increasing numbers of people will be making their own arrangements for care and support –as those funding their own care do. It is vital that commissioners and providers of services understand what services people are looking for as they exercise their choice and control.

Engagement with providers

All of this will require more effective engagement with providers. We need an increasingly open dialogue so that working together we can be as confident as possible about the best way forward. We will develop this engagement by:

- *Working through our locality and specialist provider forums*
- *Supporting opportunities to bring together providers and customers*
- *Holding consumer forums aimed at current and future customers of care and support services*
- *Continuing to work with the market at strategic level through Norfolk Independent Care and Norfolk Care Link*
- *Continuing to work with key partners representing the interests of care consumers*
- *Publishing 'White Papers' to stimulate debate about new ways of working in the market*

Locality commissioning

We recognise the importance of a local approach to developing a network of integrated health, care and support services across the areas of Norfolk. With the five Clinical Commissioning Groups (CCGs), who are responsible for commissioning health services, we have a joint approach to commissioning in each area.

Locality commissioners want to engage with providers to build an integrated network of services designed to meet local need.

Norwich locality commissioning with Norwich CCG

Key contact - Mick Sanders Head of Integrated Commissioning
Email mick.sanders@nhs.net

Key facts about the population of Norwich

193,365 people

74.7% are 'mostly healthy'
24,488 are over 70
1,091 people with dementia
21,890 people with one long term condition
16,679 people with multiple long term conditions

Social care provision in Norwich is diverse. There is a broad range of types of provider and the range of voluntary sector provision in Norwich is particularly strong. Integrated planning for health and social care is being developed around four clusters of GP practices, each having a patient population of approximately 50,000. Supporting self-care is a principle which we seek to embed in our services.

Key priorities in Norwich

The particular focus is caring for people to live independently in the community, minimising the use of acute care wherever possible and in accordance with their expressed needs. The major commissioning priorities are:

Dementia Care

Already there is a need for more support for people with dementia with higher, more complex needs and this is set to rise. Beds are required - often at short notice - where GPs request relatively low level medical or nursing intervention as an alternative to hospital admission.

Both permanent and temporary respite beds are needed. This need will be partially alleviated by the Norsecare Bowthorpe development due to open early in 2016.

There is also a need to provide carers of people with dementia with more support, particularly respite care and a range of different respite options, to give carers a break from their caring role and enable the person with dementia to remain living at home longer.

Residential Care Beds

A high number of people are admitted to residential care on a temporary basis, but who nevertheless become permanent residents. A priority is to enable people to resume independent living after temporary residential care and we would like to explore innovative ways with service providers to ensure this can occur wherever possible.

We are reviewing intermediate health care beds in Norwich, including looking at alternatives such as 'virtual ward' support at home, and this work will be aligned with further understanding of the need for residential care beds

Rapid Response

We are undertaking work to establish the type of short-term support that people may need to help them remain at home. This may result in commissioning some additional nursing and social care support which can respond flexibly at short notice.

There is a particular need for new services that would contribute to the need for reducing acute admissions by supporting people in a more effective way in a non-medical environment.

Support at Home

There is a need in the future for domiciliary care services to be more flexible, responsive and able to provide intensive periods of care at home in order to avoid greater numbers of hospital and residential care admissions and this includes for some people with a continuing health care designation.

The new model of care for support at home will be retendered for Norwich to be in place in November 2106

Providing Care for People with Challenging Behaviour

It can often be difficult to find care solutions for people whose behaviour is challenging. It can be directly related to a health condition such as acquired brain injury, dementia or other mental illness or with lifestyle and behaviour. We will be looking to the market to develop a response to this need.

Northern locality commissioning with North Norfolk CCG

Key contact – John Everson Head of Integrated Commissioning
Email j.everson@nhs.net

Key Facts about the population of North Norfolk

167,904
people

71.0 % are 'mostly healthy'
31,457 are over 70
1,542 people with dementia
21,223 people with one long term condition
16,838 people with multiple long term conditions

North Norfolk has one of oldest populations in England (around a third of the population is over the age of 65). Integrated services are being designed around four clusters of GP practices and a key underpinning is improved access and experience to wider community, self-care & self-management based support.

Key priorities for North Norfolk
The ability for providers in North Norfolk to develop, shape and bid for services that meet our local needs and priorities is essential and we will be offering opportunities in the following priority areas:

- Flexible support services for people with complex physical disabilities both at home and in residential settings
- Responsive and flexible end of life and palliative care services
- Flexible dementia respite opportunities
- Day opportunities that meet the varied and diverse needs of people in North Norfolk and reduce the impact of rural isolation
- Improved community transport solutions
- Residential care providers who are able to use the skills and expertise of their staff to in-reach into local communities and support people with complex needs
- Housing related support for older people that is based around their own homes
- Improved housing options for people with complex physical disabilities
- Services that can provide a rapid response approach to people in crisis, but who do not need medical interventions
- Support at home that seeks to enable and reable people to remain independent for longer
- Self-care and self-management support (including assistive technology) incorporated into services to support people with long term conditions

South Norfolk locality commissioning with South Norfolk CCG

Key Contact – Rob Cooper, Head of Integrated Commissioning
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Key facts about the population of South Norfolk

235,196
people

73.6% are 'mostly healthy'
35,434 are over 70
1,517 people with dementia
28,518 people with one long term condition
21,714 people with multiple long term conditions

In South Norfolk, we want to develop a range of preventative community based services around GP localities to enable acute admissions to be avoided. We will focus on the following workstreams in developing local integrated care services:

- Integrated primary care teams
- Supporting independence, wellbeing and self-care
- Integrated care for people with dementia
- Integrated falls provision
- Intermediate and urgent care
- Supporting good mental health
- Supporting good end of life care

Over 1500 people are living in South Norfolk with dementia. We already have a number of schemes responding to the challenge including:

- Admiral Nurse service for people with dementia and their family carers available to patients registered with Mid Norfolk GP practices: service runs until March 2015
- Development of a dementia-friendly short term care environment in St Nicholas House in Dereham to allow reablement/rehabilitation and decision making for people with dementia and their families
- Dementia friendly community- very well established in Wymondham and started in Diss
- There is a lower emphasis currently on support for self-help, wellbeing and prevention weakening the potential for people to manage their health need and long term conditions
- Development of an advice and support pilot project that will work with GP practices across South Norfolk to deliver advice, support and handover to over sources of support for vulnerable older people
- A community geriatrician in mid Norfolk that offers support to primary care and to frail, older people living in their own homes or in residential care

We will increase the number of step up beds to reduce the numbers of preventable acute hospital admissions complimented by wider access to community based rehabilitation and reablement.
We will support flexible and very responsive services to support people in their own homes including Night Owls, Care at Home, dementia home support and night sitting, together with effective models of home support which can be 'switched on' at short notice

We will extend nursing and therapy support for residential care homes and increase availability of community diagnostic services and community treatment.

We want to shift the emphasis to interventions and support to more preventive intervention with wellbeing services, low level support, housing, advice, befriending, community equipment and assistive technology all focussed on integrated delivery to meet individual needs

Great Yarmouth locality commissioning with Great Yarmouth and Waveney CCG

Key Contact – Geoff Empson, Head of Integrated Commissioning
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Key Facts about the population of Great Yarmouth

73.6% are 'mostly healthy'
14,555 are over 70
802 people with dementia
11,834 people with one long term condition
8,556 people with multiple long term conditions

97,570
people

During the next year work will be undertaken with Suffolk County Council and the CCG to look at the whole picture across the CCG area

Norfolk County Council together with partner organisations have come together to develop an Integrated Care Organisation covering the Great Yarmouth and Waveney area. This works across the county boundaries so there may be opportunities for providers to engage in cross border initiatives.

We will work with commissioning partners to maximise opportunities and explore different procurement avenues including competitive dialogue with providers.

Integrated Care System
The development of the Integrated Care System is a radical, ambitious and transformational approach towards integration, working across two county councils and two district councils.

The plan is for it to encompass the activities of all of the local organisations responsible for health, social care and district council services and make it easier for providers to identify opportunities across the whole system.

Better Care Fund

The high level BCF schemes for Great Yarmouth are:

- Supporting independence by provision of community based support interventions
- Integrated community health and social care teams including out of hospital teams and integrated community palliative care
- Urgent care programme, including out of hospital teams
- Support for people with dementia and older people with functional mental health problems living in the community

Home Support service

We will be commissioning a new home care service in Great Yarmouth by the end of 2015. This will require providers who wish to tender for the new contracts to redesign their service delivery offer in order to be able to meet the requirement of the re-modelled service.

The introduction of Personal Budgets has enabled more people wanting a day time service / activity to choose a wider range of community based activities and it is anticipated that this is a trend that will continue.

Day Care / Activities

There is a range of day care provision in Great Yarmouth area, some run by voluntary organisations and others by Independence Matters. The centres include provision for: people with an acquired head injury; older people with a physical frailty; adults with a physical disability; people with dementia; people with mental health problems and people with a learning disability. 40% of people who would otherwise receive traditional home care are now taking their personal budget as a direct payment and asking providers for a wider range of community based activities and support.

Care Homes

The care home market in Great Yarmouth has seen a change in the last 12 months from a position of over-supply to one where it can at times be difficult to find an appropriate placement. It has yet to be seen if this is a temporary change or part of a longer term trend.

To ensure there are services for those eligible for continuing healthcare, we are considering integrating commissioning and contract development with Suffolk County Council and the CCG.

West locality commissioning with West Norfolk CCG

Key contact: Roger Hadingham, Head of Integrated Commissioning
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Key facts about the population of West Norfolk

171,267
people

72.3% are 'mostly healthy'
21,208 are over 70
1,020 people with dementia
21,208 people with one long term condition
17,240 people with multiple long term conditions

Within the overall county of Norfolk, this area is relatively geographically remote from the main commercial and population base around Norwich. This results in many of the service providers being exclusive to this area and some recruitment challenges.

The current position in respect to the range of levels of need is as follows:

- General support to maintain independence: a good range of services, mostly in the voluntary sector
- Structured out-of-home support and day opportunities: some excellent services but the supply limited because of the geography of the area
- Home-based support to assist with personal care tasks: generally an adequate supply, but some difficulties in meeting particularly complex needs and providing a service in the more remote parts of the area especially where two carers are required
- Support for carers/respite services: most needs are being met, but there is a general lack of options in terms of place and type of need
- Residential care and housing with care: a fine balance between supply and demand with difficulties meeting particularly complex needs e.g. bariatric, dementia

West Norfolk has a well established integrated care organisation approach and we are clustering services around GP surgery populations in order to develop a "virtual team" approach to service delivery. Key commissioning intentions include:

Intermediate care
We will be developing a more systematic approach to the procurement of "intermediate care" across community health and social care.

Reablement
The West Norfolk Reablement Partnership is a virtual team that can provide a wider range of services. The ambition is an integrated service with a reablement offer on a number of levels – the individual, the individual's home environment and the individual's social network. We are exploring the possibility of procuring a discrete service to tackle the social isolation element of the redesigned service. The future requirement for the

broad range of community services to be able to respond to weekend discharges from the local acute hospital.

Prevention
The information and advice service, LILY (Living Independently in Later Years), is available online and via telephone and aimed specifically at providing information to older people.

We will now focus on making LILY more visible, accessible and able to provide proactive support to older people by facilitating better and more efficient links between available support and services in the voluntary sector and local communities and the individual.

Dementia
The recently published Statement of Strategic direction for improving services for people with dementia and their carers in West Norfolk sets the way forward for implementing the National Dementia Strategy.

This will involve the procurement of a range of new/redesigned services across health and social care aimed at providing range of support to people living with dementia and their carers.

Homecare
A new county-wide model for home care (domiciliary care) will be procured in West Norfolk in the autumn of 2015. This will be based on the achievement of specified outcomes for the person receiving the service and, in addition to the current "core" service, will include elements of enablement and wellbeing.

We want to explore with willing providers the possibility of a single provider taking responsibility for co-ordinating, on behalf of the individual and perhaps through an Individual Service Fund, a full range of services to meet a particular set of needs.

This will require providers who wish to tender for the new contracts to redesign their service delivery offer in order to be able to meet the requirement of the re-modelled service.

Unplanned / emergency needs
We want to develop and strengthen local capacity to respond to people's unplanned/emergency needs and so will be working over the next year to commission more services so people can have access to a wider range of options when in crisis.

The local care home sector provides an essential element in range of services for older people who are physically frail or living with dementia and we believe that the sector has the potential to provide a wider range of support services through reaching out into their local communities.

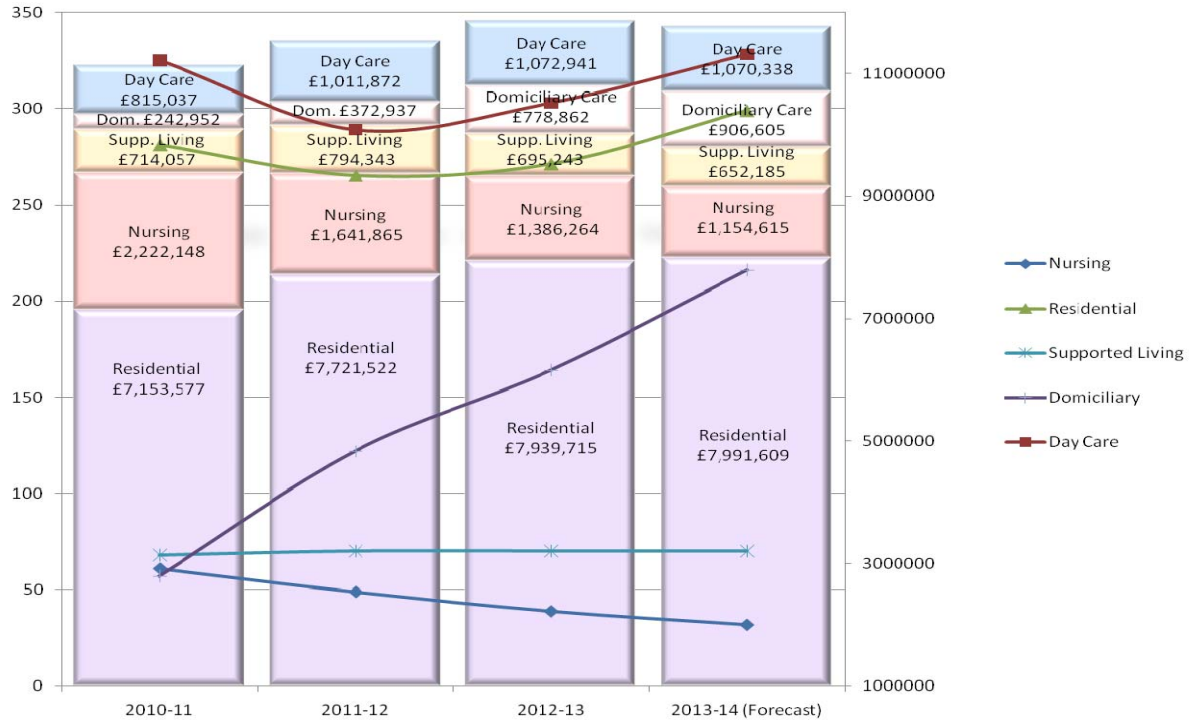
We want care homes to develop outreach support services into local communities

Key service area commissioning intentions

Mental health services

Almost 60% of the Council's investment in mental health services in 13/14 was in residential settings. Wherever possible and appropriate we want to be able to invest in support in communities, however, the trend shows a steady rise in residential care spend.

In mental health services, when we commission residential care it will focus on recovery and will be commissioned to deliver specific outcomes. This recovery focus is reflected in our payment bandings



Use of mental health purchase of care budget 2013/14

There are a number of short term 24/7 supported living schemes and care homes that focus on rehabilitation and these tend to be well used. There is no 24/7 supported living in the Southern locality. Moving on into independent housing has become more difficult with the pressures on social housing.

We want to work with providers to develop recovery based accommodation and support services. We have re-commissioned our county wide housing related mental health community support service county wide and floating support remains a key element of our accommodation strategy.

A number of mainly third sector mental health providers have developed personalised support services, which individuals purchase with their personal budgets or which are commissioned for people needing support with daily living and with social inclusion.

There are very few traditional day services catering solely for people with functional mental health need due to a major shift to community based individual opportunities in recent years. However centres, including care farms, which offer practical opportunities such as horticulture or working with animals, offer places to people with mental health needs.

Mental health commissioning intentions

There are recognised gaps in the mental health market and we will encourage providers to develop services that meet people's needs and help them to be as independent as possible in their communities. Peer support is highly valued by service users in mental health and how to extend this will be central to future service development[1]

The work on supported housing will include:

- Work to identify in more detail the gaps in service and where services need to be developed. For example we know that we lack long term supported 24/7 accommodation in Great Yarmouth and Kings Lynn but need to assess demand in market towns and also look at the models of support
- Looking at innovation – what will support moves out of care homes/maintain people in the community
- Revising supported living standards and specifications and creating a clear accreditation scheme for providers around supported living
- Looking at shared training and development needs to develop a workforce capable of supporting people with complex needs in the community
- The Drugs and Alcohol Action Team is looking at what it is commissioning for people who wish to stop using drugs and/ or alcohol and where there is overlap in the client group or a shared issues the potential for joint commissioning is being developed

Learning Disabilities

We have published Norfolk Winterbourne Concordat Joint Strategic Plan to "meet the needs of people with a learning disability who have mental conditions or behaviours described as challenging". This plan was approved by the Norfolk Health and Well Being Board in July 2014.

We are reviewing our approach to supported living and will be working with service users, families and providers to develop services for the future.

We are developing a new commissioning strategy for adults with learning disabilities which will cover the period 2015-2020.

Residential and Nursing Care

We will commission a whole market analysis of the residential and nursing care market including provision for people with mental health issues and learning disabilities so that we can gain a full understanding of the dynamics in these markets.

Current NCC investment in this market is more than £130m

We will as a consequence we propose to develop new contracting opportunities based on a wider range of contracting options to support a sustainable market of provision.

We will publish a 'White Paper' aimed at providers of residential and nursing care to stimulate debate about new ways of commissioning care in these markets so that we can be confident that any new arrangements secure good value for money quality services that are sustainable

Home Care

Current NCC investment in this market is almost £50m a year

The new model is in response to what both service users and providers have told us and will provide opportunities for many more providers to move away from spot contract arrangements on to the new outcome based contracts which will:

- Replace traditional block contracts based on time and task with new contracts based on outcomes providing much more flexibility for providers to meet individual needs
- Ensure local home care services are connected to communities and to their integrated health and care services
- Support guaranteed hours contracts and conditions of service that are fully HMRC compliant
- We will also addresses the need to ensure a greater level of resilience in this market and we will develop the Council's own social enterprise, Independence Matters, as a new provider both to meet demand at local level and to step in in the event of quality problems or provider failure

In early 2015 we plan to go to the market with a new model of home care for the East and West of the county with the remaining block contracts being replaced in 2016.

Housing with Care and Supported Housing

Current NCC investment in this market is almost £29m

Good quality housing is a key enabler of wellbeing and, working with colleagues in housing authorities and providers. The difficulty in securing housing is an area which impacts on individuals with care and support needs. We will develop our approach to housing with care and supported housing as part of a broader strategy to provide alternatives to residential care. We will be engaging with providers of housing and care to deliver new services. We have revised our approach to housing with care and will be inviting providers of housing and care to work with us on developing services.

We will develop a work programme around accommodation with service users, carers, mental health staff and providers. The work programme will link with work on supported accommodation around other client groups, in particular for people with learning disabilities.

Information and Advice Services

The Care Act requires the Council to secure the provision of information and advice services to enable people who wish to access the care market can do so in an informed manner. A significant amount of development has taken place in recent years to improve the provision of information, advice and advocacy services in Norfolk, however, we recognise the need to do more.

Current NCC investment in information and advice services is about £2m a year

We will review all care related information and advice services provided by the Council and commissioned in the market and work with providers to develop an effective network of services to support consumer choice.

Fostering the Workforce

We recognise the critical importance of securing a high quality workforce and are already encouraging providers to adopt the principles of the Ethical Care Charter and in particular to focus on the training and retention of staff.

We will continue to work with provider groups, Norfolk and Suffolk Care Support and Skills for Care to develop support for the care workforce.

Future Aspirations and Next Steps

We expect the provision of care and support to continue to undergo significant transformation: needs are becoming more complex, the population is growing, people have different expectations about how services should work – and of course resources are under pressure. We are moving away from a “one size fits all” approach to service delivery. People are increasingly looking for a more bespoke service to meet their care needs. This requires service providers to be flexible and be willing where necessary to develop partnerships with other providers.

The Council recognises that meeting these challenges requires a collective response and we will continue to work closely with partners to develop the solutions the market needs. We intend to stimulate debate about new models of care and new ways of working in the market and with communities through a series of ‘White Papers’ that will set out the key issues and challenges facing us all and innovative options for securing the services people will need into the future.

Our next Market Position Statement is part of this process and will reflect these debates and set out a three year rolling market development strategy.

We are ambitious and confident that, working together, we can secure Great Care, Great Quality and Great Value for the people of Norfolk.

Adult Social Care Committee

Item No 11

Report title:	**The Norfolk model of Social Work**
Date of meeting:	**17 November 2014**
Responsible Chief Officer:	**Harold Bodmer**

Strategic impact

This report outlines the way in which a new model of social work will have a significant contribution to ensuring the council delivers an improved, more responsive, personalised and outcome-focussed social work service in Norfolk. In addition, the work helps to address recommendations in the Safeguarding Peer Review and supports delivery of Norfolk's New Compact for Social Care.

Executive summary

This report describes the work being undertaken to develop a new model of social work for Norfolk. The committee is asked to note the contents of the report and approve both the objectives and the approach being taken.

The purpose of the work is as follows:-

a) to redefine and reaffirm the professional values underpinning the social work that is carried out with people in Norfolk

b) to raise the profile of social work as a valued and respected profession

c) to improve social work practice across the whole spectrum of work carried out in Norfolk; that is, in Adult Social Care, Children's Services and with people with mental health problems

d) to improve joint working between all disciplines of social work carried out by the council

e) to support recruitment and retention of social work staff

f) to promote a 'whole family' and 'strengths-based' focus in our social work approach

g) to enable the Department to deliver Norfolk's New Compact for Social Care

h) To deliver the changes recommended by the Safeguarding Peer Review

Recommendations

The Adult Social Care Committee is asked to endorse the objectives and the approach being taken.

1 Background and Drivers for Change

1.1 The National Context

1.1.1 The Department of Health and the Department for Children, Schools and Families (DCSF) set up the Social Work Task Force to undertake a comprehensive review of frontline social work practice with a view to making recommendations for improvement and reform across the whole profession. Whilst social work was acknowledged to be critical to the nation, social workers playing an essential role in protecting children and vulnerable adults from harm and in supporting people of every age, it was recognised that the profession was not flourishing. The system,

too often, fell short in terms of supporting social workers to provide effective help to those in need.

1.1.2 In December 2009, the Task Force published its final report 'Building a Safe Confident Future' which set out 15 recommendations for improving and reforming social work (click here). The Government's 'Vision for Adult Social Care', published in 2010, supported this, recognising the changing role of social workers in terms of the personalisation and integration agenda. 'Think Local Act Personal' or 'TLAP' (2010) further explained the need for change in the systems, processes, practices and culture in the way social care is delivered.

1.1.3 The work of the Task Force has subsequently been taken forward by the Social Work Reform Board and the College of Social Work which were established for this purpose. Local Government, too, have supported the reforms through both the Children's Improvement Board and the Towards Excellence in Adult Social Care Programme.

1.1.4 To date, the reforms have brought about a number of improvements including:-

a) A re-focussed degree that provides social workers with the skills they need to do the job

b) the introduction of the Assessed and Supported Year in employment (ASYE) for newly qualified social workers which is underpinned by the Professional Capabilities Framework (click here to see the Framework)

c) improved professional development opportunities

d) Standards for Employers of Social Workers

e) Recommendations that Local Authorities appoint a designated Principal Social Worker

1.2 The Care Act

1.2.1 The Care Act represents the biggest change in social care since 1940s, pulling together the plethora of existing social care legislation. The Act also repeals some legislation whilst enshrining other aspects of social work - like Safeguarding - in law. The Act defines how social care and support should be delivered, accessed and funded and, whilst the full and final guidance to accompany the Act is still awaited, its implications are clear.

1.3 The Local Context

1.3.1 In Norfolk, the outcome of the recent Safeguarding Peer Review (May 2014) has led to a re-modelling of Norfolk's Safeguarding Adults Board and a recognition that the culture of social work practice in the county required a step change to deliver a clearer focus on the wishes of the person being safeguarded and what they - and those that care for them - want to achieve from the intervention. The reviewing panel recommended a shift away from process-led practice to a more person-centred, outcome-focussed service, alongside greater community engagement and empowerment. The report suggested that support and training was provided to Norfolk's social workers in order to deliver this.

1.3.2 In addition of this report, the decision was taken to dissolve the S75 agreement with the Norfolk and Suffolk Mental Health Trust (NSFT). It had been broadly recognised by both NSFT and NCC that social care had not been treated as a high priority in the Trust. On 1 October 2014 the social work staff were transferred back to the Council to work in the new Mental Health Social Work service. Whilst the returning social workers will now benefit from social care leadership, it is vital for

the improvement journey that the service objectives are clearly re-articulated and that the way it will deliver social care to people with mental health problems in Norfolk, and the values and ethos that underpin this, are redefined. The outcome-focussed way of working chimes well with the concept of 'recovery' in mental health, of valuing the individual and recognising and emphasising strengths rather than focussing on the problem.

1.3.3 Alongside these drivers for change is both the Government and the public's desire to see joined-up and integrated services. It is imperative that the new Mental Health Social Work service retains and builds on its partnership with both NSFT and organisations in the voluntary sector. With the imminent appointment of a renewed, integrated senior management structure for health and social care services with Norfolk Community Health and Care aligned to the five clinical Commissioning Groups in Norfolk, it is incumbent that the new model of social work reflects this new way of working.

1.3.4 Children's Services adoption of the 'Signs of Safety' model will mean a parallel shift towards a strengths-based approach to child protection work. The Signs of Safety model relies heavily on partnership and collaboration with parents and family members, identifying areas that need to change while focusing on strengths, resources and networks that the family have.

1.3.5 In the climate of budget cuts, austerity and rising demand it is vitally important that Norfolk develops a new model of social work that can rise to these challenges. Social work with adults, in particular, needs to move on from the narrow confines of the 'care management' approach which was imposed on it following the implementation of the NHS and Community Care Act in 1990. The model, or philosophy, needs to enable social workers to promote choice and control, relying on a knowledge of an individual's strengths, those of their families and carers *and* the communities in which they live. It needs to empower social workers to go further in terms of working with people to build inclusive communities and as part of this to link up with the work carried out by other people in the Council around enabling communities, as well as other organisations and groups.

2 Progress to date

2.1 The work being carried out was initiated by and has the support of the Directors of both Children and Families and Adult Social Care. It is being led by the Principal Social workers for Adult Social Care and Children and Families.

2.2 A steering group of around 30 social workers, Practice Consultant social workers and managers from across Children's Services, Adult Care and Mental Health Social Work have been brought together to lead the work.

2.3 A series of three workshops, the first of which was held on 20 October, have been planned to allow practitioners and social care managers to ensure the work is practitioner-led and that its outcome is both ambitious and aspirational, whilst also remaining grounded in terms of the reality of budget cuts and the everyday pressures on busy social work teams.

2.4 Steering Group members are tasked with cascading the information from the workshops to social work teams across Norfolk; ensuring that all social workers have the opportunity to become involved in developing the model, and their feedback is brought back to inform the work.

2.5 Engagement work with service users is planned to ensure that the model is straightforward and meaningful to them.

2.6 The first workshop revealed the many similarities and shared values across the organisation and the similarities in the approaches that each discipline are keen to develop. This came as some surprise to the steering group illustrating, perhaps, the current social work model where there is relatively little joint working, or learning, across the boundaries of each discipline.

3 Moving forward

3.1 We are confident that the work will result in a model that is meaningful for the social work workforce, setting out a way of working that they can all aspire to.

3.2 It will be used to inform our work with our Higher Education Institutions, such as UEA and Norwich City College, and set out the Norfolk social work offer for both newly qualified and experienced practitioners wishing to join us.

3.3 Most importantly, it will define what vulnerable adults and children can expect from the social work service that Norfolk delivers.

3.4 Work is underway with the Learning and Development to ensure that the model is shared and understood widely across all social work teams in the council.

4 Financial Implications

4.1 This work will be delivered within existing departmental budgets.

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 12

Report title:	**Developing Norfolk's Carers Strategy: 2014-2017**
Date of meeting:	**17 November 2014**
Responsible Chief Officer:	**Harold Bodmer**

Strategic impact

Carers play a vital role in supporting the people they care for and underpinning health and social care in Norfolk. It is therefore essential to have a strategy with a clear set of commitments from Norfolk County Council and Norfolk's Clinical Commissioning Groups to ensure that carers receive the right support, when they need it, to continue to support the person they care for. This in turn supports the public sector as it faces both demographic and financial challenges.

The Care Act 2014, for the first time, also gives the same rights to carers as those given to the people they care for. Therefore the requirements of the Care Act have been considered and reflected in the commitments outlined in the proposed Carers Strategy.

Executive summary

A carer is defined as someone who spends (or intends to spend) a significant proportion of their life providing unpaid support to family and potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has a mental health problem or substance misuse problems.

The Strategy for Adult Carers in Norfolk 2011 – 2014 comes to an end this year. Carers have been engaged, through the Carers Council for Norfolk (CCN) and within each of the Carers Locality Groups, in reviewing the outcomes of this strategy, with some positive feedback on the progress, but recognition that there is more work to do.

It was agreed with CCN not to produce another strategy compiled in the traditional way, but instead to concentrate on the required 'next steps' to take the work forward. The new strategy, in draft form is attached (**see Appendix 1**) and Norfolk County Council and Norfolk's five Clinical Commissioning Groups (CCGs) are being requested to agree and support the commitments outlined in proposed Carers Strategy 2014 - 2017.

Once the commitments in the document have been agreed, each organisation will then determine what is being done and what will be done, over the next three years, to demonstrate that these commitments are being implemented. CCN will receive feedback on developments, plans and actions to monitor progress.

The strategy has been agreed by the Carers Council for Norfolk, the Carers Agency Partnership and each of the Clinical Commissioning Groups. It is now coming to the Adult Social Services Committee for Norfolk County Council approval.

Recommendations:

1. **Review, agree and endorse the commitments that carers have said are important to them outlined in the draft strategy – Appendix 1**
2. **Pending agreement on the above for the final Carers strategy to be launched on 28th November 2014 – 'Carers Rights Day'**

1. Proposal

1.1 Why do we need a new Carers Strategy for Norfolk for 2014 – 2017?

1.1.1 The Strategy for Adult Carers in Norfolk 2011 – 2014 comes to an end this year. Carers have been engaged, through the Carers Council for Norfolk (CCN) and within each of the Carers Locality Groups, in reviewing the outcomes of this strategy, with some positive feedback on the progress, but recognition that there is more work to do.

1.1.2 Carers in Norfolk are now keen to build on this and have a tangible new document that reflects the commitments of health and social care over the next three years. It has also been agreed that the next iteration will be more succinct and build on the good work to date, whist proactively addressing any outstanding issues.

1.2 What outcomes do carers want to see delivered?

1.2.1 Carers have confirmed that their priorities remain reflected in the nine outcomes for carers, as agreed in the previous strategy for carers in Norfolk:

a) Information on services and support
b) Having a life of their own
c) Income - the opportunity to work if carers wish to do so, or to have information on benefits
d) Health and well-being of carer
e) Having a say in service provision
f) Practical support to assist in the caring role
g) Services that support the cared-for person
h) Emergency support
i) Having a break

They want to retain these priorities and see the work on each progress under the new the strategy.

1.3 How was the new carers strategy developed?

1.3.1 The Carers Council for Norfolk and carers in the localities groups agreed that each partner would provide a progress update and future proposals against the nine outcomes for carers. The Council, five CCGs and the Carers Agency Partnership undertook this exercise.

1.3.2 This information was then used to develop a series of strategic commitments that form the foundation of the strategy. These commitments were taken back to a special working group of CCN, who have reviewed, amended and agreed the content of the draft strategy.

1.4 What commitments does the strategy for carers outline for 2014-17?

1.4.1 The commitments that carers are asking NCC and Norfolk's CCGs to commit to, are outlined in **Appendix 1** (in the darker shaded boxes) for each of the nine carers outcomes but are also summarised below:

Outcomes for carers	Norfolk County Council & Norfolk's CCGs Organisational Commitments
Information on services and support to family carers	• Health and social care professionals have the right skills and knowledge to identify carers and ensure that they are proactively signposted to the right information and support services in a timely manner • Ensure information on services and support to family carers is clearly available, within targeted Norfolk County Council and

	Norfolk CCG publications and buildings
Carers having a life outside of caring	• Health and social care professionals will have the right skills and knowledge to identify carers and ensure that they are signposted for a carers assessment and/or carers services, which will support them to identify opportunities to pursue a life outside of their caring role • To ensure carers Personal Budgets and carers Learning Grants are accessed in a timely manner to facilitate a break outside of the caring role
Income - the opportunity to work if carers wish to do so, or to have information on benefits	• Norfolk County Council and Norfolk's Clinical Commissioning Groups will ensure that their recruitment and retention policies actively support both carers in their employment or into their employment • Norfolk County Council front door service to recognise the complexity of benefits for carers and to help facilitate access and signpost to a range of benefits assessments and checks across Norfolk
Health and wellbeing	• Health and social care professionals will have knowledge of, and ensure that local carers are aware of, and have access to, a Carers Assessment, including an assessment for a Carers Personal Budget, through Norfolk County Council's Community and Mental Health Teams • The health and wellbeing of carers is recognised as key to the development and roll out of schemes of work where Health and Social Care integrate, such as Norfolk's Better Care Fund and integrated care programmes
Having a say	• Health and social care commissioners and practitioners recognise and value the contribution of carers and will actively involve and engage local family carers in the development, design and review of flexible services that support both the carer and the person they care for • Integrated commissioners will attend Locality Carers Groups and Carers Council Norfolk to inform commissioning decisions and maintain on dialogue
Practical support	• Health and social care professionals will recognise the individual needs of carers and will actively help to identify, where required, any additional areas of practical support a carer may require in assisting them in their caring role • Norfolk County Council front door service to help facilitate access and signpost to a range of practical support services
Services that support the cared-for person	• Integrated health and social care services will ensure that there is seamless and timely access to the right support for the cared-for person in partnership with the carer, and taking account of the carer as an expert partner
Emergency Support	• Carers and Health and Social Care professionals will have knowledge of and ensure that local Carers can access a Carers Emergency Plan, (through the In My Place Scheme) if they require it
Having a break	• Health and social care professionals will have the skills and knowledge to both identify carers and ensure that they are proactively signposted for a Carers Assessment and/or carers' services, which support them to take a break from their caring role

	• Flexible options for respite care and carers personal budgets are available across Norfolk to facilitate carers having a break from their caring role

1.4.2 It is the ambition of CCN for NCC and Norfolk's CCGs to agree and sign off the strategy so it can be officially launched on 'Carers Rights Day' on 28 November 2014.

1.4.3 The Carers Agency Partnerships commitments (highlighted in the lighter shaded boxes in **Appendix 1**) are contractual requirements and do not require agreement; however they provide transparency and a real commitment by CAP to work with and be accountable to carers.

1.4.4 To agree the commitments outlined in the strategy the following route for sign off has been agreed and outlines the progress to date:

- **Carers Council for Norfolk:** Co-produced and agreed the contents of the strategy
- **Norfolk's 5 Clinical Commissioning Groups:** The draft strategy has been presented to each CCG Executive Committee and has been agreed and signed off
- **NCC Community Services Senior Management Team:** As the lead department in NCC for Adult Carers agreement and support has been signed
- **NCC Adult Social Care Committee:** The Member Carers Champion has worked with CCN on developments. The Adult Social Care Committee is being asked to review agree and endorse the Strategy and the launch on Carers Rights Day on 28 November 2014

1.5 How will we measure the developments and impact of Norfolk's Carers Strategy 2014 - 2017?

1.5.1 It has been agreed by CNN, pending the agreement of the strategy, that all carers lead officers within NCC and CCGs would have responsibility for providing regular updates on developments and progress.

1.5.2 This provides CCN with an opportunity to review progress on behalf of carers, act as a critical friend when developments are not progressing or having a positive impact and provides the conduit to disseminate and receive feedback across all carers networks in Norfolk.

2. Evidence

2.1 Data from the 2011 Census indicates that there are approximately 94,700 carers providing unpaid care In Norfolk. This represents an increase of approximately 16.5% since the 2001 Census. Of particular significance is the number of carers who have recorded that they provide over 50hrs of care a week which has risen by an average of 38% across the County since 2001.

2.2 The Carers UK (2011) "Valuing Carers" report estimates that the economic value of the contribution of unpaid carers for Norfolk is £1.6 billion per annum (using a replacement cost of £18 per hour). This means that even a small percentage shift in the number of carers who no longer choose to provide unpaid care would have a significant impact on the local health and social care economy. In addition with 44% of carers reporting that they have been in debt as a result of caring, and 36% reporting difficulty in affording utility bills, it is clear that providing unpaid care is a financial challenge. All this gives further clarity around the need to make clear

commitments that support the needs of unpaid carers, through a joint strategy.

3 Financial Implications

It is the expectation that there will be no direct financial implications as a result of making the commitments outlined in the strategy as they are concerned with building and developing exiting plans, policies and operational approaches. All plans that reflect the actions to meet the commitments will be developed within existing financial thresholds and using existing resources.

4. Issues, risks and innovation

4.1 **Operational Implications:** The operational lead for carers has been integral to the development and sign up to the commitments. It is the expectation that the commitments will build on and enhance exiting practice and approaches of operational teams as reflected by Carers Champions and Carers Assessors.

4.2 **Statutory and Care Act implications:** The combination of the organisational and the contractual commitments will significantly contribute to the statuary and particularly Care Act requirements that include:

a) Promoting the wellbeing of carers
b) Preventing or delaying the development by carers of needs for support
c) Improving the quality of the support and outcomes for carers

(A full summary of this can be seen in **Appendix 2**)

5. Background

5.1 **What have we done to support carers over the past three years in Norfolk?**

5.1.1 Norfolk has a strong history of working with and supporting carers. The following outlines the key developments and achievements over the past three years that provide the foundation upon which to develop the next steps outlined in the proposed Carers Strategy for 2014 – 17.

5.2 **The Strategy for Carers for Norfolk 2011 – 2014**

5.2.1 'The Strategy for Carers for Norfolk 2011 – 2014', (one of the first integrated health and social care strategies) was developed with and for carers and provided the local evidence around what carers felt would help them maintain their caring role and enable fulfilling lives outside of this.

5.3 **The Carers Council for Norfolk & Carers Locality Groups**

5.3.1 To drive forward all developments the Carers Council for Norfolk (CCN) has been supported to enable the voice of carers across Norfolk to be heard and provides the intelligence, influence, support and challenge around public sector carer support and service developments. This includes the recent development of locality Carers Council groups across Norfolk to provide real local co-production and engagement opportunities.

5.4 **Norfolk's Integrated Carers Support Service**

5.4.1 To deliver effective support for carers and in anticipation of the requirements of the Care Act 2014 a new model for delivering carers services was developed with carers and the Carers Council for Norfolk based on the outcomes expressed in the Norfolk Carers Strategy, and reflecting existing good practice/service provision in Norfolk.

5.4.2 The model developed was awarded to the Carers Agency Partnership and went live in July 2013. It reduces the fragmentation of services provision by rationalising the number of contracts and focuses on achieving equity of service provision across the county for all client group areas. It is also the first time young adult carers in transition (aged 16 – 24) are included in a model of provision for adult carers support in Norfolk.

5.5 **Carers Assessments**

National Guidance ensures that Local Authorities provide carers with access to a 'Carers Assessment'. This has been enhanced in Norfolk and enables the carer to explore and identify the needs they have and support they require to enable them to fulfil their caring role.

5.6 **Carers Personal Budgets**

This enables carers to access a small budget (through their Carers Assessment and a Resource Allocation System), offering them greater choice and control around additional support and activities that enable them to continue in their caring role, such as taking a break or accessing an activity outside of caring.

5.7 **Carers Emergency Plans – 'In My Place'**

In My Place, Carers emergency plans involve carers registering information with Norfolk County Council that will help make provision for the cared for person in an emergency. This process has been jointly reviewed and improved with carers.

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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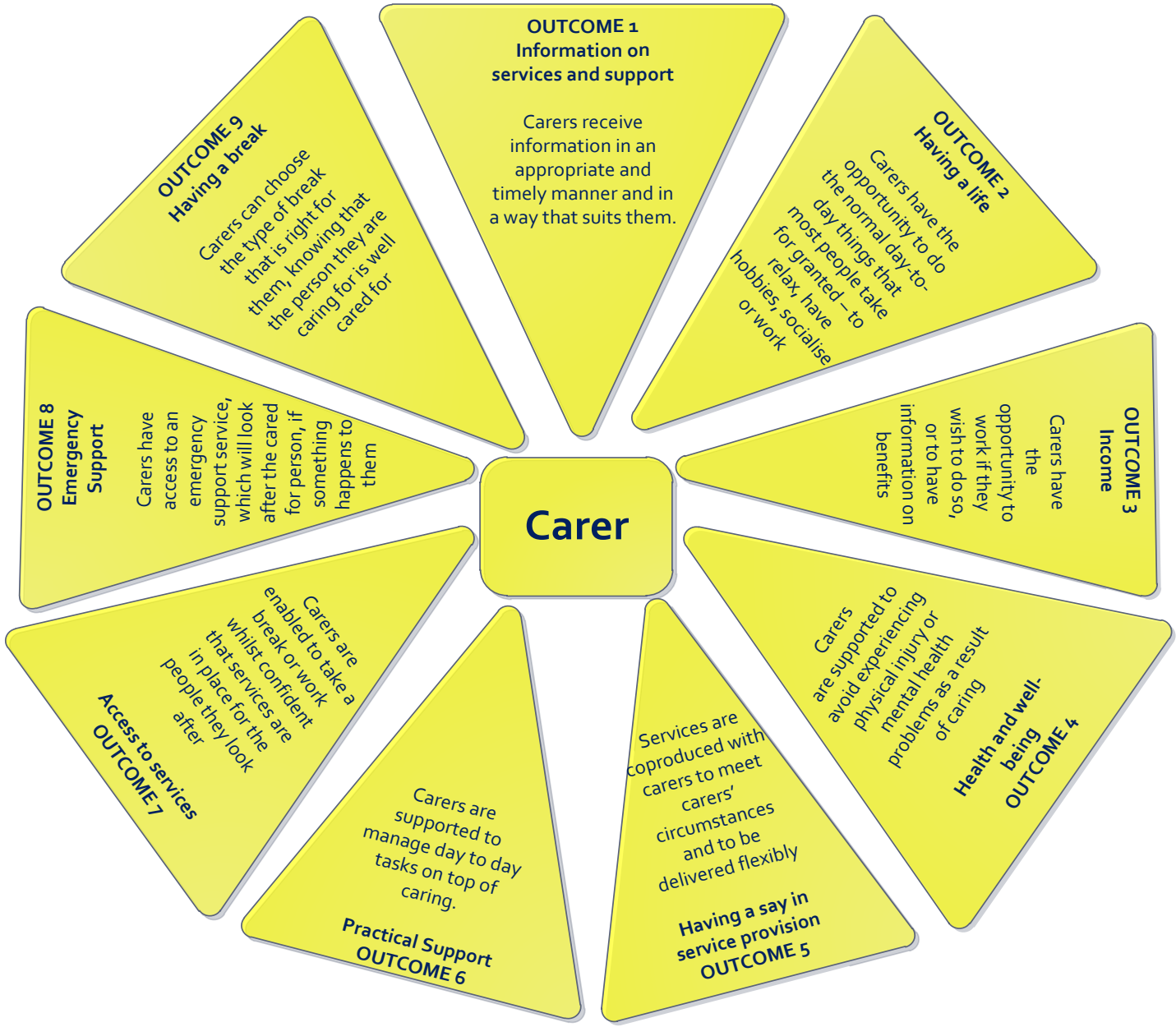
Working together to support Carers in Norfolk

Appendix 1

Carers Strategy for Norfolk 2014-17



Foreword

Why we need a new Carers Strategy for Norfolk for 2014 – 2017

The Strategy for Carers in Norfolk 2011 – 2014 ended in April this year and carers have been engaged, through the Carers Council for Norfolk (CCN) and within each of the Carers Locality Groups, in reviewing the outcomes of this strategy. The positive feedback from carers highlighted that all developments and actions reflected what carers wanted to see happening in Norfolk over the past three years, for example: the commissioning of a new integrated Carers Support Service delivered by the Carers Agency Partnership (CAP), funding for additional Carers Assessors, a remodelling of Carers Emergency Support and the introduction of Carers Personal Budgets.

However carers in Norfolk are now keen to build on this and have a tangible new document that reflects the key commitments of health and social care services over the next three years. Carers want to see how all partners will continue to work together to develop the good work to date, ensuring it has further and better reach to carers within all of Norfolk's communities, that any areas of weakness are addressed and that any new initiatives continue to reflect the nine outcomes for carers, as agreed in the original strategy and reflected on the front cover of this document.

Why it is important to make clear commitments to carers in Norfolk

- It is hugely important to demonstrate that we value the depth of commitment that all unpaid carers give so freely to their loved ones and that we support them as much as possible to care for the most vulnerable in our society. It is vital that carers are able to work with Health and Social Care to ensure that the strategic aims are delivered to those who care
- Unpaid carers provide a vast economic contribution that underpins the care and support of Norfolk residents; therefore it is important to ensure the continued health, emotional and economic wellbeing of carers now and into the future
- The numbers of carers is increasing and given the ageing population of Norfolk this is set to continue
- The Care Act 2014, for the first time, gives the same rights to carers as those given to the people they care for, so it is important for carers to understand how this is being addressed
- As vulnerable people are supported more to remain at home and public sector resources are diminishing, providing the right level of support, at the right time and in the right setting for carers is key

The set of commitments in this document from Social Care (Norfolk County Council) and Health (Norfolk's Clinical Commissioning Groups), developed and agreed by carers, will provide the benchmark of support for carers and the opportunity to monitor the impact of developments between 2014–2017.

Sharon Brooks
Chair
Carers Council for Norfolk

1	Information on services and support to family carers
• Ensure Health and social care professionals have the right skills and knowledge to identify carers and ensure that they are proactively signposted to the right information and support services in a timely manner • Ensure information on services and support to family carers is clearly available, within targeted Norfolk County Council and Norfolk CCG publications and buildings	
• Ensure that carers have access to information in ways that suit them • Raise awareness of carers and carers' issues and tackle any stigma associated with being a carer • Support the identification of 'hidden carers' • Provide access to a free Carers' Helpline, website and social media. • Produce and distribute an annual handbook for carers	

2	Carers having a life outside of caring
• Health and social care professionals will have the right skills and knowledge to identify carers and ensure that they are signposted for a Carers Assessment and/or Carers services, which will support them to identify opportunities to pursue a life outside of their caring role • To ensure Carers Personal Budgets and Carers Learning Grants are accessed in a timely manner to facilitate a break outside of the caring role	
• Provide emotional and listening support, information, advice, guidance and advocacy for carers throughout their caring roles • Work with services for cared for people to offer a break for the carer and facilitate access to support whilst the person they care for is receiving a service • Provide emotional and listening support, information, advice, guidance and advocacy to Young Adult Carers in Transition • Work with Community Services to ensure that there is a clear referral system to access support following assessment and to re-refer if necessary • Facilitate the setting up of peer supported groups	

3	Income - the opportunity to work if carers wish to do so, or to have information on benefits
• Norfolk County Council and Norfolk's Clinical Commissioning Groups will ensure that their recruitment and retention policies actively support both carers in their employment or into their employment • Norfolk County Council front door service to recognise the complexity of benefits for carers and to help facilitate access and signpost to a range of benefits assessments and checks across Norfolk	
• Provide advice and guidance on entitlements to benefits and provide practical assistance maximising income and resolving debt problems • Signpost carers to accredited benefits information, advice and representation service where appropriate and offer advice around employment related queries • Provide information and guidance on key areas of transition for Young Adult Carers in Transition, including housing, employment and further education • Provide advice, guidance and support to carers on maintaining or regaining employment and signpost to information about training opportunities to develop employment related skills • Manage and administer Learning Grants for carers & support individual carers to recognise their individual needs in regards to employment and training	

Key:	
Norfolk County Council & Norfolk's CCGs Organisational Commitments	***Carers Agency Partnership - Contractual Commitments***

4	Health and wellbeing
	• Health and social care professionals will have knowledge of, and ensure that local carers are aware of, and have access to, a Carers Assessment, including an assessment for a Carers Personal Budget, through Norfolk County Council's Community and Mental Health Teams • The Health and wellbeing of carers is recognised as key to the development and roll out of schemes of work where Health and Social Care integrate, such as Norfolk's Better Care Fund and integrated care programmes
	• Provide a structure programme of activities, including training/awareness raising sessions in GP surgeries and hospitals, working with healthcare professionals and others to promote and support the identification of carers and recognition of their role • Work with carers groups to identify any particular training and information needs of the groups that support the carer to maintain their caring role and their health and well being

5	Having a say
	• Health and social care commissioners and practitioners recognise and value the contribution of carers and will actively involve and engage local family carers in the development, design and review of flexible services that support both the carer and the person they care fo. • Integrated commissioners will attend Locality Carers Groups and Carers Council Norfolk to inform commissioning decisions and maintain on dialogue
	• Support the Carers Council for Norfolk network of Locality groups • Advocate for carers and work collaboratively with Commissioners and CCN on the Carers' Strategy • Use a range of local media and marketing to raise awareness of carers issues • Ensure carers are consulted on outcomes of CAP service

6	Practical support
	• Health and social care professionals will recognise the individual needs of carers and will actively help to identify, where required, any additional areas of practical support a carer may require in assisting them in their caring role • Norfolk County Council front door service to help facilitate access and signpost to a range of practical support services
	• Continue to develop and deliver innovative integrated and joined up Carers Support Services which are easy for customers to access, understand and use

7	Services that support the cared-for person
	• Integrated health and social care services will ensure that there is seamless and timely access to the right support for the cared-for person in partnership with the carer, and taking account of the carer as an expert partner
	• Work with NCC, CCGs, Health & Social Care and other relevant agencies to develop and manage effective cross referral processes between organisations • Ensure carers are well informed about personal budgets and opportunities for respite services

Key:	
Norfolk County Council & Norfolk's CCGs Organisational Commitments	***Carers Agency Partnership - Contractual Commitments***

8.	Emergency Support
	• Carers and Health and Social Care professionals will have knowledge of and ensure that local carers can access a Carers Emergency Plan, (through the *In My Place Scheme*) if they require it
	• Work with Social Care and other relevant agencies to ensure 'In My Place' arrangements are available and working • Ensure access to appropriate Health & Social Care assessments and personal budgets • Ensure access to CAP Short Breaks at Short Notice where appropriate

9.	Having a break
	• Health and social care professionals will have the skills and knowledge to both identify carers and ensure that they are proactively signposted for a Carers Assessment and/or Carers' services, which support them to take a break from their caring role • Flexible options for Respite Care and carers personal budgets are available across Norfolk to facilitate carers having a break from their caring role
	• Facilitate and commission short breaks from a range of providers accredited by Norfolk Community Services • Develop flexible ways for the carer to take their break which offer the carer choice and control over the type of support that they have which best meets their needs and caring situation • Ensure that the provision of short breaks is targeted on those carers who do not have any other services, where they or the person they care for does not have a personal budget and those whose caring situation is at risk of breaking down • Offer an information service for carers to find out about and/or access breaks where they are funded additionally for this, for example, through personal budgets or as self-funders • Ensure carers are referred in to Health & Social Care where appropriate for carers' assessment and carers' personal budgets

Key:	
Norfolk County Council & Norfolk's CCGs Organisational Commitments	***Carers Agency Partnership - Contractual Commitments***

Implementing the Strategy

The Integrated NCC/NHS Commissioning Team will monitor progress being made by carers' leads towards implementing the strategy in their areas. This progress will be regularly fed-back to local carers groups through the Carers Council for Norfolk.

The Carers Strategy has been developed by the Integrated NCC/NHS Commissioning Team and co-produced with the Carers Agency Partnership and with carers through the Carers Council for Norfolk.

Appendix 2

Care Act 2014: Key Requirements for Carers Summary:

The following is a summary of the key requirements of the Care Act 2014 on Local Authorities in meeting and supporting the needs of carers. This has both influenced the development of carers services in Norfolk and is reflected in the commitments outlined in the proposed Carers Strategy for Norfolk 2014 – 17.

Section 1:
Places a new general duty on Local Authorities to promote an individual's wellbeing. It is important to note that this means all individuals (adults) whether or not they are in need of any care or if they provide unpaid care.
In carrying out the general duty the Act explicitly requires that regard must be made to: *The importance of achieving a balance between the individual's wellbeing and the wellbeing of anyone who provides care to that person.*

Section 2:
Places a new duty on Local Authorities to provide or arrange for the provision of services, facilities or resources or to take any other steps to: *Contribute towards preventing or delaying the development by carers of needs for support.*
In doing this the authority must have regard to *"the importance of identifying carers with needs for support that are not being met (whether or not by the authority)"*

Section 3:
Local authorities must operate with a view to ensuring that care and support provision is integrated with health provision where that would promote the wellbeing of carers

- prevent or delay the development by carers of needs for support
- improve the quality of the support and outcomes for carers

Section 4:
Local authorities must establish and maintain an information and advice service relating to support for carers.

Section 5:
Local authorities must promote the efficient and effective operation of a market in care and support services. In doing so regard must be made to:

- the importance of enabling carers with needs for support to participate in work if they wish to do so
- the need to ensure that there are sufficient services for meeting the support needs of carers

Section 10:
Where it appears to the local authority that a carer may need support whether currently or in the future the authority must assess what those needs are now or in the future and provide them a written assessment. (Note: The Act states that a carer is not a carer for these purposes unless they are 18 years old or over).

Section 13:
This requires an assessment of carers needs to be made and an assessment of those needs against the eligibility criteria. If any needs are eligible needs the LA must consider how these needs could be met and if a financial assessment is required this must be carried out

Adult Social Care Committee

Item No 13

Report title:	**Internal and External Appointments**
Date of meeting:	**17 November 2014**
Responsible Chief Officer:	**Anne Gibson**

Strategic impact

Appointments to Outside Bodies are made for a number of reasons, not least that they add value in terms of contributing towards the Council's priorities and strategic objectives. The Council also makes appointments to a number of member level internal bodies such as Boards, Working Groups, Panels, and Steering Groups.

Under the Committee system responsibility for appointing to internal and external bodies lies with the Service Committees. The same applies to the positions of Member Champion which will be part of the review of the structures in November 2014.

In the June cycle, Committees made appointments to those external organisations and internal bodies where there was an urgent need. Committees also agreed that existing appointments to all other external and internal bodies continue pending a review and that Member Champion appointments remain in force until the November review.

Executive summary

Service Committees agreed in June 2014 that it was a timely opportunity to undertake a fundamental review of the Outside Bodies to which the Council appoints. Committees agreed that a report be produced reviewing the list of Outside Bodies within the remit of the Committee to ensure relevance and appropriateness. The views of members who have served on these bodies together with those bodies themselves and Chief Officers have been sought, and where received are reported back to this Committee.

Under the Committee system, responsibility for establishing and appointing to internal bodies lies with the Service Committees. As the current pattern of internal bodes was created under the Cabinet system, it is important to review these to make sure they are still appropriate and relevant.

Set out in the appendix to this report are the outside and internal appointments relevant to this Committee, together with any feedback from the organisation itself, the member representative and the relevant Chief Officer.

Recommendation

- **That Members review and where appropriate make appointments to those external and internal bodies, as set out in Appendix A.**
- **That the Committee agrees a mechanism for member feedback from the external bodies on which they represent the Council.**

1. Proposal

Outside Bodies

1.1 Following your June 2014 meeting, all organisations and the current member representatives were invited to provide feedback on the value to the Council and the organisation of continued representation and to make a recommendation to that effect. In addition, Chief Officers were consulted.

1.2 Organisations were asked a number of questions about the about the role of the Councillor representative. Councillor representatives were asked questions such as how the body aligned with the Council's priorities and challenges and what the benefits are to the people of Norfolk from continued representation. Finally, both were asked whether they supported continued representation. The appendix to this report sets out the outside bodies under the remit of this Committee together with any recommendations where received. The current representative is shown against the relevant body. Members are asked to review Appendix A and decide whether to continue to make an appointment, and if so, to agree who the member should be.

1.3 Members are also requested to agree a mechanism for member feedback. There are a number of options including:

- Written reports to be circulated in a bulletin
- An agenda item at each meeting to allow members to feed back
- A dedicated area of Member insight where members can post updates

1.4 Members are asked to consider the above options (and any others that may be appropriate).

Internal bodies

1.5 The current pattern of these groups was agreed by the Cabinet at its meeting in June 2013. Under the new system of governance, it is important to review these bodies as, for example, a number were established to advise Cabinet Members. Set out in Appendix A are the internal bodies that come under the remit of this Committee, together with the recommendation of the relevant Chief Officer. Members will note that the current political makeup of these bodes was established by Cabinet. There is no requirement for there to be strict political balance as the bodies concerned do not have any executive authority. The current appointments are not made on the basis of strict political proportionality, so the Committee may, if it wishes to retain a particular body change the numbers on the group and/or political makeup. The members shown in the appendix are those currently serving on the body.

2. Evidence

2.1 The views of the Councillor representative, the organisation and Chief Officer are reported where appropriate.

3. Financial Implications

The decisions members make will have a small financial implication for the members' allowances budget, as attendance at an internal or external body is an approved duty, for which members may claim travel expenses.

4. Issues, risks and innovation

4.1 There are no other relevant implications to be considered by members.

5. Background

5.1 Under the previous system of Governance, appointments to outside bodies were made under delegated powers by the Leader at the commencement of a new Council. The Leader reviewed the appropriateness of making an appointment to a body and, following consultation with Group Leaders, appointed members. Any new organisations that required representation during the period of the Council were also referred to the Leader for a decision. The Council also makes appointments to a significant number of internal bodies. Under the Committee system, responsibility for these bodies lies with the Service Committees.

5.2 There is no requirement for a member to be appointed from the "parent committee". In certain categories of outside bodies it will be most appropriate for the local member to be appointed; in others, Committees will wish to have the flexibility to appoint the most appropriate member regardless of their division or committee membership.

Background Papers – There are no background papers relevant to the preparation of this report

Officer Contact

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

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APPENDIX A

Adult Social Care Committee Boards, Working Groups, Panels, and Steering Groups

1. Independence Matters Enterprise Development Board (2)

Shelagh Gurney and Sue Whitaker

This body was created to oversee the development of Social Enterprise. The above appointments were made at the June cycle of the Committee. No action is required from the Committee.

Adult Social Care Committee Outside Bodies

1. South Norfolk Partnership for Older People's Services (1)

Joe Mooney

The Partnership is run by an elected Committee and holds at last 3 open meetings each year and campaigns on wellbeing matters.

The Partnership requests re-appointment

2. Norfolk Council on Ageing (1)

Sue Whitaker

The organisation's vision is that older people live well in Norfolk and its mission statement is to support older people in the County to enjoy the opportunities and meet the challenges of later life. The Council provides a wide variety of services to older people and their carers across the County.

The Council on Ageing and the current representative recommend re-appointment.

3. Norfolk Coastal Centre for Independent Life Board (1)

Alan Grey

This Board promotes the work of the Independent Living Centre.

The Board requests re-appointment

4. Queen Elizabeth Hospital Trust – Governors' Council (1)

David Collis

The Trust achieved Foundation Trust status in February 2011, at which time the 'shadow' Governors' Council gained it legal authority. The Governors'

Council totals 33. There are 9 appointed governors, 6 staff governors (3 clinical and 3 non-clinical) and 19 publicly voted governors (9 from West Norfolk, 2 from North Norfolk, 4 from Cambridgeshire, 1 from Breckland, and 1 from South East Lincolnshire and the Rest of England.

The Trust and the current representative recommend re-appointment.

5. Norfolk and Suffolk NHS Foundation Trust – Partner Governor (1)

Sue Whitaker

Norfolk and Suffolk NHS Foundation Trust provides mental health services, alcohol treatment, learning disability and eating disorder services across Norfolk and Suffolk. It was formed from the merger of the two former county mental health trusts in the two counties. The Board of Governors represent the interests of the members and partner organisations in the local health economy in the governance the trust, and for sharing information about key decisions with the membership. There is a statutory requirement for Council representation.

The Trust and the current representative recommend re-appointment

6. Norfolk Community Health and Care NHS Trust Shadow Council of Governors (2)

(1 representing Adults) Mike Sands
(1 representing Children) Emma Corlett

Norfolk Community Health & Care NHS Trust is responsible for community health provision across all of Norfolk except for Great Yarmouth and Waveney. This includes community hospitals and a full range of non-acute services including community nursing, health visiting, and school nursing services.

Council appointees as a Governor of an NHS Trust should not also be members of the Norfolk Health Overview and Scrutiny Committee because of the potential / perceived conflict of interest.

Councillor Corlett was appointed by Communities Committee in June 2014 to represent Children. Cllr Sands was appointed by the same Committee to represent Adults. It has been agreed that the appointment for Adults should now sit with this Committee. Children's Services Committee on 15 October agreed that Cllr Corlett should continue to the representative for Children.

7. Norfolk and Norwich University Hospital Trust – Council of Governors (1)

Dan Roper

The Trust provides the Norfolk and Norwich hospital, providing acute hospital care for almost 1m patients annually. Council appointees as a Governor of an NHS Trust should not also be members of the Norfolk Health Overview and Scrutiny Committee because of the potential / perceived conflict of interest

The Trust recommends re-appointment

8. Governors Council of James Paget University Hospitals NHS Foundation Trust (1)

Jonathan Childs

The Governors Council holds the Board of Directors to account for the performance of the Trust. Council appointees as a Governor of an NHS Trust should not also be members of the Norfolk Health Overview and Scrutiny Committee because of the potential / perceived conflict of interest.

Cllr Childs was appointed by the Communities Committee in June 2014. It has been agreed that this appointment should now sit with this Committee.

9. Thetford Municipal & United Charities (1)

Denis Crawford

The Charity runs and maintains alms houses in Thetford and administers grants towards fuel costs

The current representative recommends re-appointment

Adult Social Care Committee

Item No 14

Report title:	**Working protocol with Healthwatch Norfolk**
Date of meeting:	**17 November 2014**
Responsible Chief Officer:	**Harold Bodmer, Director of Community Services**

Strategic impact

The Health and Social Care Act 2012 gave local Healthwatches a statutory right to refer issues of concern to the appropriate committees of the County Council. This report asks the committee to agree a protocol for working between the County Council and Healthwatch Norfolk and for dealing with referrals about any matters which may be of serious concern to the patient and service user champion.

Executive summary

A new working protocol with Healthwatch Norfolk is required to reflect the committee system of governance at Norfolk County Council. This protocol covers the referral of issues to this Committee and also to other Committees of the Council (i.e. public health matters will be considered by the Communities Committee and children's social care issues by Children's Services Committee). Norfolk Health Overview and Scrutiny Committee considered the draft protocol and supported it at its meeting on 4 September 2014.

Recommendation:

That the Committee approves the attached working protocol between the County Council and Healthwatch Norfolk.

1. Working protocol with Healthwatch Norfolk

1.1 The new protocol is presented at Appendix A for the committee's approval.

2. Financial Implications

There is a very small financial implication for the member's allowances budget as committee chairmen may claim travel expenses for attendance at meetings with the Chairman of Healthwatch Norfolk.

3. Issues, risks and innovation

3.1 There are no other relevant implications to be considered by the committee.

4. Background

4.1 Local Healthwatches were established by the Health and Social Care Act 2012 replacing the former Local Involvement Networks. They act as a collective voice for patients, service users and carers and have a statutory right to refer issues of concern to the appropriate committees of the County Council.

4.2 Prior to May 2014 a working protocol with Healthwatch Norfolk was agreed by Children's Services Overview and Scrutiny Panel, Community Services Overview and Scrutiny Panel and Norfolk Health Overview and Scrutiny Committee. Following the change to a committee system of governance a new working protocol with Healthwatch Norfolk is required.

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 please get in touch with:

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WORKING PROTOCOL BETWEEN COUNTY COUNCIL SCRUTINY AND SERVICE COMMITTEES AND HEALTHWATCH NORFOLK

The Health and Social Care Act 2012 introduced local Healthwatches to provide a collective voice for patients and carers and advise Clinical Commissioning Groups and social care commissioners on the shape of local care services to ensure they are informed by the views of the local community. Local Healthwatches are commissioned by upper tier local authorities. A Local Healthwatch representative is one of the statutory members of the Health and Wellbeing Board.

Norfolk County Council respects the independence of Healthwatch Norfolk and recognises that there should be clear separation between the roles of the two organisations. This document sets out a protocol for how Healthwatch Norfolk and the County Council's scrutiny and service committees will work together in relation to:-

- Exchange of information
- Referrals of issues to the health scrutiny committee and for the consideration of service committees
- Co-ordination of activities

The relevant committees are:-

- Norfolk Health Overview and Scrutiny Committee – for scrutiny of NHS commissioned services and integrated health and social care services where the NHS is lead commissioner
- Adult Social Care Committee – for consideration of issues relating to social care services or integrated services where the County Council is lead commissioner
- Children's Services Committee – for consideration of issues relating to social care services or integrated services where the County Council is lead commissioner
- Communities Committee – for consideration of issues relating to County Council commissioned public health services.

This protocol will be subject to approval by these committees and Healthwatch Norfolk Board.

Exchange of information

1. In order to provide opportunities for regular exchange of information between the two organisations, informal meetings will be held between the appropriate committee chairmen and the Chairman of the Healthwatch Norfolk Board on a regular basis. The main objectives of these meetings will be:-

    a) to enable any issues arising to be discussed at an early stage (this will not prohibit Healthwatch Norfolk from contacting the

Council with urgent concerns, either by telephone or email).

b) to discuss opportunities for co-ordination of Healthwatch Norfolk and relevant committee activities in relation to particular issues.

2. Copies of the County Council's Health Overview and Scrutiny Committee, Adult Social Care Committee and Children's Services Committee and Communities Committee agendas are available to Healthwatch Norfolk on the County Council website and representatives of Healthwatch Norfolk will be welcome to attend public sessions of these committees. Requests to address a committee should be made in advance to, and will be at the discretion of, the Chairman.

3. The appropriate scrutiny support or service department officer will receive a copy of the Healthwatch Norfolk's agenda papers and minutes for each meeting.

4. Healthwatch Norfolk may wish to nominate an individual to be the liaison person with each of the relevant committees.

5. By invitation of the Healthwatch Norfolk Board, a scrutiny support or service department officer may attend a Healthwatch Norfolk Board meeting where an item on the agenda relates specifically to an issue on which their input is necessary and will help to inform debate or where the officer will glean information useful to the scrutiny or service committee.

Referrals of issues to scrutiny and service committees

6. Under the Health and Social Care Act 2012 local Healthwatches can refer a matter relating to health and social care services to the appropriate committee of a local authority. With the introduction of a committees system of governance at Norfolk County Council in May 2014 Norfolk Health Overview and Scrutiny Committee is the only relevant scrutiny committee remaining. However, Healthwatch Norfolk may also refer matters to the relevant service committees for consideration. At Norfolk County Council matters may be referred to:

- Adult Social Care Committee
    - adult social care issues
    - integrated health and adult social care issues, where commissioning is led by County Council commissioners.

- Children's Services Committee
    - children's social care issues
    - integrated health and children's social care issues, where commissioning is led by County Council commissioners.

- Communities Committee
    - public health issues

- Norfolk Health Overview and Scrutiny Committee (NHOSC)
    - adult and children's health issues, where services are commissioned by NHS commissioners
    - adult and children's integrated health and social care issues, where commissioning is led by NHS commissioners.

7. Referrals to these committees should:

    a) Only come from the Healthwatch Norfolk Board.
    b) Be directed to the appropriate scrutiny officer or service department officer.
    c) Be in writing but may be in electronic form.
    d) Raise matters of great concern to Healthwatch Norfolk following unsuccessful attempts to achieve local resolution with the appropriate health and social care commissioners and providers.
    e) Raise matters which Healthwatch Norfolk wishes to raise as good practice.

8. Officers must:

    a) acknowledge receipt of the referral within 20 working days beginning with the date on which the referral was made; and
    b) keep the referrer informed of the committee's actions in relation to the matter.
    c) take into account any relevant information provided by Healthwatch Norfolk.
    d) advise on whether or not the referral is within the committee's terms of reference and it can add value through scrutiny (NHOSC) or review of the issue (service committees).

9. The committee could decide that:

    a) it does wish to scrutinise or review the issue and does so at the meeting, or
    b) it does wish to scrutinise or review the issue, and adds it to the forward work programme and agrees a date for the scrutiny or review, or
    c) it does not wish to scrutinise or review the issue.

10. The Chairman of the relevant committee will provide a response to the Chairman of Healthwatch Norfolk regarding the committee's consideration of the referral.

Co-ordination of activities

11. It is understood that Healthwatch Norfolk is an independent organisation that will develop its own work programme and that the committees of the County Council are likewise free to pursue the issues that Members consider to be of greatest concern. It is also acknowledged that there can be mutual benefit in co-ordination of activity between Healthwatch Norfolk and council committees to achieve the best outcomes for health and social care service users.

12. The chairmen of Healthwatch Norfolk Board and the relevant committees will discuss opportunities for co-ordination of activities at regular informal meetings (see 1).

13. Healthwatch Norfolk will be encouraged to consider the relevant committees' forward work programmes and, if appropriate:

    - Identify issues into which they would wish to have an input. This will normally be by providing a written representation for inclusion in the officer report presented to the committee / panel.
    - Give views on how a policy or strategy is working, or what impact decisions are having.
    - Assist with the scoping of NHOSC scrutiny reviews or service committee working group reviews.

14. The committee may, if it feels it will be conducive to its work, invite a member of Healthwatch Norfolk to join a working group which it has instigated to scrutinise or review a specific issue. The Healthwatch Norfolk member would be co-opted to the working group in a non-voting capacity.

15. Healthwatch Norfolk may invite a member of a relevant committee to join a working group which it has instigated to investigate a specific issue.

16. Committees may wish to commission Healthwatch Norfolk to undertake specific pieces of research or other work relevant to scrutiny reviews (NHOSC) or working group reviews (service committees). In these instances a specification for the work and the terms of the commission will be agreed by the relevant committee before being presented to the Healthwatch Board.

27 October 2014