

Adult Social Care Committee

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

Present:

Mr B Borrett (Chairman)

Mr Tim Adams

Mr D Bills

Miss K Clipsham

Mr P Duigan

Mrs S Gurney (Vice-Chair)

Mrs B Jones

Mr G Peck

Mr W Richmond

Mrs C Rumsby

Mrs S Squire

Mr V Thomson

Mr B Watkins

1. Apologies

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

2. To confirm the minutes of the meeting held on

- 2.1 The minutes of the meeting held on 09 October 2017 were agreed as an accurate record and signed by the Chairman.

3. Declarations of Interest

- 3.1 There were no declarations of interest.

4. Urgent Business

- 4.1 There were no items of urgent business.

5. Public Question Time

- 5.1 No public questions were received.

6. Local Member Questions / Issues

- 6.1 No Member questions were received.

7. Notice of Motions

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

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

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

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

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

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

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

the task and finish group.

8. Agenda Order

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

9. Executive Director's Update

9.1 The Executive Director of Adult Social Services updated members on:

- Recruitment of social workers; 20 of the 50 additional social workers had been recruited and 6 social work managers, meaning recruitment was on target;
- The new Executive Director of Childrens Services, Sara Tough, who had started in post the previous week;
- The Better care fund (BCF); the fund was now assured as the requirements had been met, and the BCF plan was continuing to progress.

9.2.1 An update was requested on replacement of the CEO at the Norfolk and Suffolk Foundation Trust. The Executive Director of Adult Social Services did not know who would replace the CEO; an Executive Officer was covering the role in the interim.

9.2.2 It was queried how many Norfolk County Council staff had left for mental health reasons or asked for support. The Executive Director of Adult Social Care **agreed** to organise a response through Human Resources and Policy and Resources Committee. A public health proposal would be brought to the Committee in future.

10. Chairman's Update

10.1 The Chairman shared an update from Cllr Brociek-Coulton in her role as Members' Carers' Champion:

- At a Making It Real meeting, carers had expressed a wish to be consulted on cuts being made to services affecting disabled people in Norfolk;
- The Making It Real Board would have a stall at the Carers' Convention in November; carers' expenses for this would be reimbursed;
- A seminar for carers was being arranged for carers' week in 2018.

10.2 The Chairman had attended a monthly board meeting of the STP (Sustainability and Transformation Programme) Chairs Oversight Group at the Norfolk and Norwich University Hospital; it was felt there was not adequate joint working between some Health Service departments, however, this was being addressed, for example through developing better IT systems. It was thought they may use Liquid Logic as a basis.

10.3 It was queried what steps were being taken to ensure adequate public engagement before publication of the STP in light of concerns about this. The Chairman updated the Committee that STP group meetings would be held to address this; he hoped that Health and Wellbeing Board meetings would have more links with the STP in future to allow the public to be more engaged in the process.

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

11.1 There were no updates from Members.

12. Member Champion Appointments

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

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

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

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

14. NorseCare Contract review

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

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

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

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

16. Risk Management

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

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

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

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

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

The meeting finished at 11:29 AM

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

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

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

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D	Locality and hospital teams	RM13931	A rise in acute hospital admissions and discharges and pressure on acute services.	A significant rise in acute hospital admissions / services would certainly increase pressure and demand on Adult Social Care. Potential adverse impacts include rise in Delayed Transfers of Care (DTCOs), pressure on Purchase of Care spend, assessment staff capacity and NCC reputation.	30/06/2011 - revised 21/04/2016	3	4	12	4	4	16	1) Integrated structure between NCC and NCHC allows AD's to make quick decisions and to flex resources to minimise impact. 2) Integration programme developing new approaches to reduce delays and prevent admissions 3) Daily participation in whole system escalation process. 4) DTOC Improvement Plan is now in place 5) Senior manager oversight of emerging issues. 6) Careful management of reputational risk.	1) Daily Capacity mapped and monitored and given high priority. 2) Build on delivery in phase 2, real emphasis on where we can achieve most benefit to the individual receiving our services and link to the wider strategic agenda. Within Phase 3 we are concentrating on flow and capacity and working closely with the Promoting independence team to alter the bed based offer for short term placements. Also the introduction of accommodation based reablement beds across Norfolk will aid the flow from the acute and community hospitals and reduce strain on the purchase of care budget and assist the department to meet DTOC targets. 3) Work closely with health colleagues on silver calls. 4) The DTOC Improvement Plan includes weekly meetings to monitor the figures and to take action as required. 5) Director of Integrated Care coordinates senior manager oversight to effectively manage issues. 6) SMT presence at A&E delivery Board which helps to improve reputation.	2	3	6	31/03/2018	Amber	James Bullion	Lorraine Barrett	13/10/2017
D	SMT	RM14237	Deprivation of Liberty Safeguarding	Following the Cheshire West ruling it has been identified that we're not meeting our responsibilities around Deprivation of Liberty Safeguards (DoLS). This could lead to us being judicially reviewed.	08/05/2015	3	4	12	4	4	16	1) Reviewed staffing compliment 2) Reviewed processes and systems to ensure cases are dealt with in a timely manner. 3) Improved data quality and reporting to allow cases to be monitored. 4) Implementation of Liquid Logic may impact whilst staff become used to a new system.	1) Limited DoH grant funds remain. Remaining Best Interest Assessor (BIA) post is only for 6 months. SCCE have therefore agreed to receive referrals from April 18. This will free up DoLS staff as they currently manage their own referral line. These staff will be used to undertake reviews on the outstanding work. 1b) Relief BIA employment is being sought and BIA staff on rota will be used to undertake review work. 2) Processes and systems are working well to manage priority decisions. 3) There is currently one legal challenge and two potential – but all are around objection to the DoLS and not NCC process.	2	4	8	31/03/2018	Red	Lorna Bright	Alison Simpkin	12/10/2017
D	Finance	RM14262	The potential risk of shortfall between funding and pressures through integration of capital and revenue funding between the Council, health organisations and district councils	The integrated health and social care agenda has seen pooling of capital and revenue resources through the Better Care Fund and further policy drive to manage the transfer of people with learning disabilities from inpatient settings to community settings. There is a risk that this will have a negative impact on available resources for delivery of adult social care	16/06/2016	3	5	15	3	5	15	1) Section 75 agreements to manage forward planning and joint arrangements 2) Partnership Boards in place attended by NCC. 3) Transforming Care Plan project in place and NCC involvement on all workstreams. 4) Introduction of the Improved Better Care Fund including planned use for additional social care grant.	1) Section 75 agreements to be renewed for 17/18 once final allocations and detailed BCF guidance is received. 2) Consolidated Better Care Fund Programme Board is in place. BCF plans in place and signed off. 3) Transforming Care Plan programme in place and baseline completed. Progress achieved with moving people from inpatient settings to community placements. Further work completed on joint protocols, which have not been agreed. Work is progressing to develop criteria in line with operational processes. 4) The introduction of the Improved BCF from April 2017, including additional one-off funding for social care. Additional social care funding has been received and plans agreed by NCC and health partners. In addition to funding to support protection of social care and to support market stability, there are invest to save projects that will both support discharge from hospital and wider demand management.	2	4	8	31/03/2019	Amber	James Bullion	Susanne Baldwin	24/10/2017
D	Transformation	RM13923	Risk of failing to deliver Promoting Independence, change programme for Adult Social Services in Norfolk	Promoting Independence Change Programme oversees and co-ordinates the linked change and transformation activities required to deliver the strategy. If we fail to deliver the programme this will lead to a failure in developing a sustainable model for adult social care and a failure to deliver a balanced budget	30/04/2011	4	3	12	3	4	12	1) Robust programme management arrangements with properly resourced capacity and skills in place 2) Defined suite of business cases which are prioritised and sequenced to maximise impact and make best use of resources 3) Clear leadership from senior managers to sponsor and champion changes 4) Strong performance framework to measure and monitor the impact of change activities and to take action to address any issues	1) Programme manager and four project managers now in place. 2) Business cases are being prepared on a priority basis and are presented to the Promoting Independence Board or SMT as required. 3) Workstream sponsors engaged and owning priorities. Temporary business lead roles appointed to the Programme. 4) Initial set of high level measures agreed – effectively a set of 'vital signs' for the programme. Requires targets to be set against these, and metrics disaggregated to workstream and project level.	2	4	8	31/03/2018	Amber	James Bullion	Debbie Bartlett	13/10/2017
D	Adult Social Services Department	RM 14261	Staff behaviour and practice changes to deliver the Promoting Independence Strategy	A significant change in staff behaviour and social care practice is required to deliver the Promoting Independence Strategy. Failure to make the culture change needed across the workforce would greatly impact the transformation of the service and its ability to deliver associated budget savings'	25/04/2016	3	5	15	3	4	12	1) Robust OD plan signed off by the PI Programme Board. 2) Reviewing staff supervision and process and training. 3) Management Development Programme for Team Managers and Practice Consultants will be rolled out throughout the year.	1 - 3) Living Well – 3 Conversations work has started. Recruitment for additional social workers well under way. The Management Development Programme starts in November for Team Managers and Practice Consultants.	2	4	8	31/03/2018	Amber	James Bullion	Lucy Hohnen	13/10/2017
D	Support & Development	RM13925	Lack of capacity in ICT systems	A lack of capacity in IT systems and services to support Adult Social Services delivery, in addition to the poor network capacity out into the County, could lead to a breakdown in services to the public or an inability of staff to process forms and financial information in for example Care First.	30/04/2011	4	4	16	3	4	12	1) As part of the Business Continuity plan steps are in place to mitigate any system loss and downtime. 2) To ensure effective Integration, staff must have access to the relevant systems regardless of where they are located. Please also refer to Risk RM019	1) Recovery steps are outlined in the Business Continuity plan. These are always reviewed following any serious incidents and updated where necessary. 2) ICT Capacity and solutions for integrated working are discussed at the Integration Programme Board. Issues are being progressed as a key priority. NCHC staff now have access to NCC Outlook calendars. We are working with NCHC to arrange NCC staff having access to NCHC Outlook calendars.	3	2	6	31/03/2018	Amber	James Bullion	Sarah Rank	13/10/2017

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

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