Norfolk County Council

Market Position Statement

2018-19

Contents

Introduction

The Care Act came into force in April 2015 requiring councils with responsibility for adult social care to promote individual wellbeing to maintain independence and to prevent, reduce or delay the need for formal care. This duty applies to all adults irrespective of who may eventually have to pay for any care or support required. Where formal care is required councils are either obliged to arrange it or to support people to source their own care.

In common with all other councils, Norfolk County Council (the Council) purchases most of the care and support that people require from a care market consisting of hundreds of independent businesses and organisations. The Care Act requires councils to promote the effective and efficient operation of their care market so that services are of good quality, value for money, sustainable in the longer term, and provide a choice of providers and provision.

The Market Position Statement (MPS) is intended to set out how the care market is operating against the requirements of the Care Act and what steps a council is taking to shape the market so that it can effectively promote individual wellbeing and prevent, reduce or delay the need for care and support as well as providing effective care and support when it is needed.

The Council has responded to these Care Act duties by setting out a new vision captured in the headline Supporting People to be Independent, Resilient and Well. The Council has already begun to implement its Promoting Independence strategy, shifting the focus towards strengthening prevention and early help, supporting people to stay independent for longer and to live at home with complex needs.

The Council has also introduced a new strengths-based approach to its social work practice called Living Well and recruited more social workers to develop approaches to care and support. This emphasises the use of family networks and assets in communities that enable people to recover any reduced independence wherever possible and to be able to manage long term conditions in their own homes.

For all major social care services, we have introduced new contractual arrangements under framework agreements which allow us to deliver services more flexibly, and develop contracts with providers to offer a more person-centred approach.

James Bullion
Executive Director,
Adult Social Care

Summary of the Council's Position on the Future Care Market

The Market Position Statement is a summary of the care market as it currently stands and how the Council intends to shape the care market to meet people's needs.

The Council will do so using the following guiding principles:

1. Every effort will be made by the Council to meet a person's care needs without resorting to formal care services

2. Where formal care services are required these will focus on returning the person to a level of independence where the need for formal care services is removed or reduced

3. Where people need longer-term services, the focus will still be on enabling the person to retain as much independence as they can while ensuring that they remain safe

4. Where possible, services should be home and community based. All services should be high quality, good value for money, offer choice and be sustainable

2

Sustainability and Transformation Plan

The Plan

The Council is a major partner in the Norfolk and Waveney Sustainability and Transformation Plan (STP). Sustainability and Transformation Plans (STPs) were introduced in NHS planning guidance published in December 2015. NHS organisations in different parts of England were asked to come together to develop plans for the future of health services in their area, including by working with local authorities and other partners.

The STP for Norfolk and Waveney, In Good Health, was published in November 2017 and sets out a number of key intended outcomes by 2021 whose success will require new ways of working for commissioners and providers of care and support in the health and social care system. These key outcomes include but are not limited to:

A sustainable, integrated primary care model which meets locally defined minimum standards and is easily accessible to all.

Primary care and community care services are being brought together to support local populations as part of the STP. Good access to primary care services (e.g. GPs) is fundamental to sustaining wellbeing and maintaining independence. The relationships between care providers in the market, health providers and primary care is being redrawn by Local Delivery Groups in each Clinical Commissioning Group (CCG) area. In many cases the most effective intervention is better sourced from the formal care market, organisations in the voluntary and charitable sector, or community groups active in the local area or a combination of these. It will be important for these organisations to become fully engaged with developments in their local areas.

This broader range of provision, including the formal care market, needs to become much more closely and directly connected to our GP surgeries so that timely and tailored support can be accessed locally throughout Norfolk and Waveney.

The other “prescribers” in any local area are the Council’s own adult social work practitioners and closer links are needed with both GP surgeries and the local provider base. We need to work on ensuring that both GPs and adult social work practitioners are fully aware of all care and support provision and community assets that are available in any local area and commissioners need to ensure that any gaps are filled. There are clear opportunities here for providers to develop a flexible and diverse care and support offer to meet local need and to be part of new supply and provision chains.

Reduce accident & emergency (A&E) attendances and non-elective (NEL) admissions by at least

20%

Our acute hospitals continue to be under significant pressure as a result of ever increasing A&E and NEL admissions. Organisations and agencies providing support to people in their own homes, for example, have a big part to play in helping the system to reach its reduction target. This can be achieved through more flexible and responsive services, particularly in emergency and crisis episodes, and through providing 24-hour cover.

The use of technology by these organisations and agencies to monitor and identify deterioration in someone's condition at an early stage and to prompt early intervention needs to become the norm as does the widespread use of assistive technologies and equipment by people in their own homes. Care homes also have a key role in reducing admissions to hospital that can be avoided.

The full adoption of the Enhanced Health Care in Care Homes programme together with the more widespread use of assistive technologies and significant improvements in service quality (again technology aided) will be critical.

Reduce NEL acute bed days by at least

35%

The prerequisite requirement to support shorter acute, mental health and community hospital stays is immediate access to the care and support needed by people following a hospital admission. Care is typically provided in both care homes and by organisations and agencies providing care in people's own homes. We need these organisations to work more closely together and seven days a week tailoring their offer in line with improved independence and health.

Providing physical, mental and social care through integrated place or locality-based teams who work together to help the most vulnerable people manage their physical and mental health better and remain in their community.

Ensuring that people with health or social care needs are able to manage their conditions or needs in their community is a key aim of our health and wellbeing strategies. This requires person-centred coordinated care which brings together health and social care professionals and provider organisations working seamlessly at local level. Providers in the independent care market and voluntary sector providers need to become part of these local arrangements working alongside health and social care professionals. Future commissioning will need to support such arrangements.

Towards a Single Integrated Care System

The health and care system in Norfolk and Waveney is multi-layered and we envisage a move towards a single integrated care system that provides a joined up approach to commissioning and delivering coordinated person-centred services. In our system we have one Norfolk & Waveney STP, three acute hospitals and a number of community and mental health hospitals, five clinical commissioning groups and about 19 populations of about 50,000 people supported by clusters of GP practices operating locally.

When the Council's spend on adult social care is mapped the places where care and support is provided can be clearly seen:

Our market shaping will increasingly be led at local level to reflect the needs of local populations and access to services where people live. The person and population centred approach will determine people's needs, and current levels of provision in all of these areas. This will identify shortages and gaps in health, social care and informal services and will inform planning of future services going forward. We want to ensure that the services that people require, whatever form they take, are available in the community they live in. We want a market and places that enable people to live in their own homes for as long as possible. We want to eliminate avoidable admissions to our acute hospitals and ensure that people can return home as soon as they no longer require an acute hospital bed.

GP led local delivery groups have been set up in each of the five CCG areas and will lead the delivery of a range of programmes within their local areas and for each of their population groups.

Our Commitment to Collaborative Working

The key way to ensure that the services that are available to help people meet their needs is to ensure that people who use these services, their unpaid carers and family, people in these communities and care providers are engaged in the planning of these services. The Council has been undertaking planning work collaboratively with these groups and some examples are given below:

Norfolk's Learning Disability Strategy 2018 – 2022: My Life, My Ambition, My Future is the product of a wide engagement and collaborative process that saw over 800 people providing their contribution. The strategy communicates a vision that all people with a learning disability have the ambition, choice and opportunity to be equal members of the Norfolk community.

Some of the partners who have helped to develop the strategy include:

- The Police
- The Learning Disabilities Partnership Board (an example of collaborative working)
- People with learning disabilities
- The Council/ social care
- Families of people with learning disabilities
- Learning Disability Charities in Norfolk
- Companies who provide services such as housing and day opportunities in Norfolk
- Schools and colleges in Norfolk
- Health

The Council is undertaking a collaboratively produced multi-agency carers charter for Norfolk and Waveney. The intention is to put the voice of carers centre stage. The strategy is being developed in collaboration with carers and agencies who provide these services.

The Council is a partner in the development of an all age autism strategy to inform the vision and the priorities in the delivery of improved life outcomes and opportunities for people with autism and their parents or unpaid carers. The Norfolk All Age Autism Partnership Board met for the first time in April 2018 with membership from:

- Unpaid carers
- Not for profit voluntary providers
- People with autism
- Parents
- The Police
- Adults' and Children's Social Care
- Health commissioners and providers
- Education

The Council is a leader and partner in setting up a care association for Norfolk. A series of consultations took place in October 2018 to consult widely with the adult social care sector to understand what services providers would want from a care association. Following these events, the University of East Anglia and the University of Suffolk will analyse provider responses and use them to inform an online survey to be sent to all social care providers in Norfolk. The results of the survey together with all the other data gathered will be used to make recommendations on how a care association might be structured, how it might operate and what services it might provide.

3

Enabling People to Remain in their Own Homes

Promoting Independence
Our Vision for Social Care

Promoting Independence is the Council's approach to adult social care in Norfolk. Social care needs are viewed in the context of people's lives within their families and communities. The Council's response to social care needs will be firmly rooted in maintaining and restoring people's ability to live independently.

Prevention and early help...

empowering and enabling people to live independently for as long as possible through giving people good quality information and advice and helping people stay connected with others in their communities, tapping into help and support already around them, such as friends, families, local voluntary and community groups.

Staying independent for longer...

for people who are most likely to develop needs, we will try and intervene earlier, looking at what extra input could help people's quality of life and independence – this might be some smart technology or access to specialist tailored advice. When people do need a service from us, we want those services to help people gain or re-gain skills. These services could be a spell of intensive reablement after a stay in hospital to restore their confidence and their ability to do as many day to day tasks as possible.

Living with complex needs...

for some people, there will be a need for longer- term support. This might mean the security of knowing help is on tap for people with conditions like dementia, and that carers can have support. We will look at how we can minimise the effect of disability so people can retain independence and control after say a stroke or period of mental illness. For some people, moving into residential care or to housing where there are staff close by will be the right choice at the right time, but such decisions should be made with good information and not in a crisis.

At the heart of our Promoting Independence strategy is the Living Well approach to embed strengths-based social work across all our social work and occupational therapy teams.

Living Well starts by looking at people's strengths – what they can and would like to do, rather than focusing on what they can't. We know that this is how our social care staff want to do their job, because it is the best way to support people to live independently and bring about improved outcomes. Living Well boldly strips away unnecessary bureaucracy and processes and instead focuses on 3 Conversations:

Conversation 1: **Listen hard and connect**

Understand what really matters to the person. Connect them with resources and support that allows them to get on with their chosen life independently.

Conversation 2: **Work intensively with people in crisis**

What needs to change urgently to help someone regain control of their life? "Stick to them like glue" and make the most important things happen. Put in an agreed action plan.

Crucially, anyone needing support will be put through to a social care professional who will become a single point of contact.

They will keep the individual informed and involved in the decisions about what is going to happen next. The approach depends on social care professionals spending more time with individuals and having an excellent knowledge of local neighbourhoods and community resources, including any "hidden gems" (community resources) that they can connect people to. It does away with process driven 'hand-offs' and signposting, and encourages workers to assist an individual to connect with the things that will make their lives work.

Conversation 3: **Build a good life**

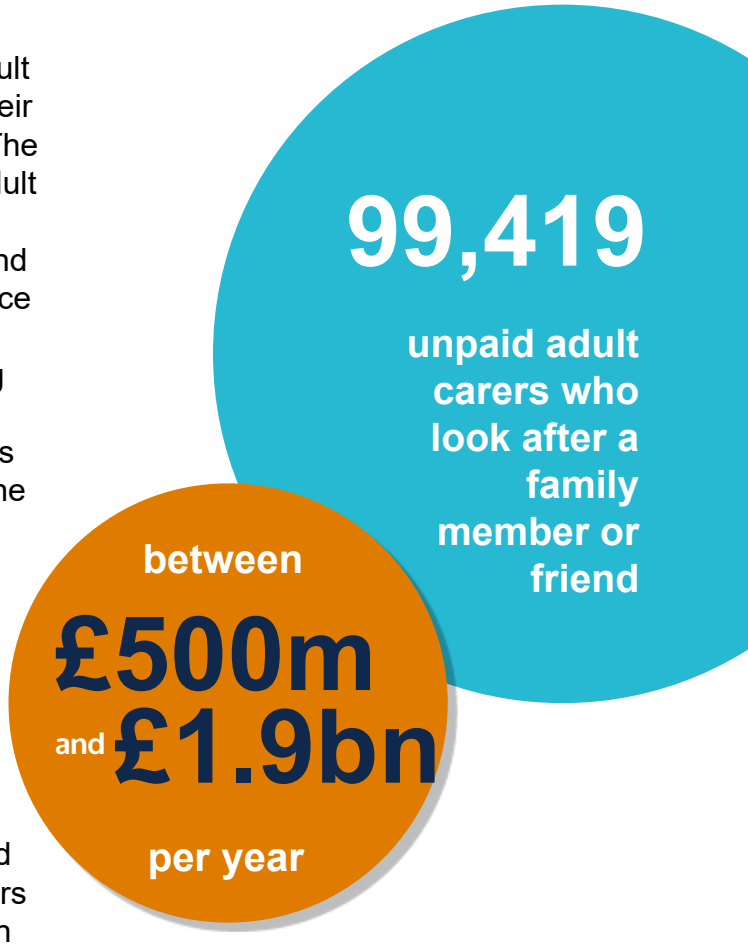
What does a good life look like? What assets, strengths, resources (including personal budgets) does someone have to support their chosen life? How can I help you organise your life?

Living Well has been built up from small innovation sites since September 2017 which were designed and implemented by front-line social care teams. Using feedback and learning from these sites we are currently agreeing an optimum approach which will be rolled out across Norfolk in 2019.

Supporting Unpaid Carers

Through Promoting Independence, the Council is committed to supporting unpaid carers to maintain their own health and wellbeing and feel confident in their caring.

In Norfolk there are an estimated 99,419 unpaid adult carers who look after a family member or friend. Their contribution to health and social care is immense. The value of the care provided in Norfolk by our local adult carers is estimated to be between £500m and £1.9 billion a year. Supporting carers brings economic and social benefits, helping carers to care with confidence and enabling them to live healthier lives, taking account of their own physical and mental well-being whilst benefiting the communities and the local economy. The Council values carers and recognises that doing so supports carers, their cared for, and the local communities that are taking greater responsibility for their residents.



In recognition of the importance of supporting unpaid carers in Norfolk, a refreshed system-wide strategy for carers of all ages is currently being scoped. This will be jointly produced with carers and will provide a medium-term framework for all partners within the Health and Wellbeing Board to strengthen and improve their support for all carers.

In November 2018, Norfolk County Council also launched the co-produced Norfolk Carers Charter.
This recommends standards for:

- Carer friendly practices employers should put in place to help and support employees with caring roles
- Support that schools (and other places of learning) could provide to young carers and young adult carers whose studies and involvement in school and college life might be affected by caring
- Support that the Council can offer, or be part of, to help all carers, regardless of who they are caring for, access their local community and support services

4,000

unpaid carers caring for adults accessed Council commissioned services in 2017-18

In 2017-18 over 4,000 unpaid carers who were caring for adults accessed Council delivered and commissioned services. This included information and advice, carer's assessments and support plans, respite services to give the carer a break from caring, and direct payments to assist carers with their caring role.

The new outcomes based commissioned service for unpaid carers, Carers Matter Norfolk launched in October 2017. Carers Matter Norfolk offer a comprehensive information, advice and support service to unpaid carers, which is tailored to meet what matters to carers, enabling them to stay independent, resilient and well. Support can be accessed online, on the telephone or in person. The service provides an information and advice line, accessible via phone call, text or through web chat on the website. The extensive operating times were determined by people who are unpaid carers. Carers can also access telephone or online counselling; face to face support from the Carer Connectors; a programme of education and training sessions in their area including an e-learning portal; and support for their Carers Group amongst other services.

Carers Matter Norfolk will work with carers to help them explore 'What Matters to Me', using a tool collaboratively produced by carers with Carers Voice Norfolk and Waveney. The tool helps carers think about how caring works with all aspects of their life, and to identify what support they need to remain independent, resilient and well.

As part of the digital offer the Council and the CCGs have also collaborated with Carers UK to create Carers UK Norfolk, a dedicated web space offering both national and local resources to Carers (www.norfolk.gov.uk/care-support-and-health/looking-after-someone/carers-uk-norfolk).

As part of this offer unpaid carers can access 'Jointy', a digital care co-ordination app, which allows everyone involved in an individual's care access to the same information about past and upcoming appointments, up to date medications and health information, tasks that need completing and other relevant information.

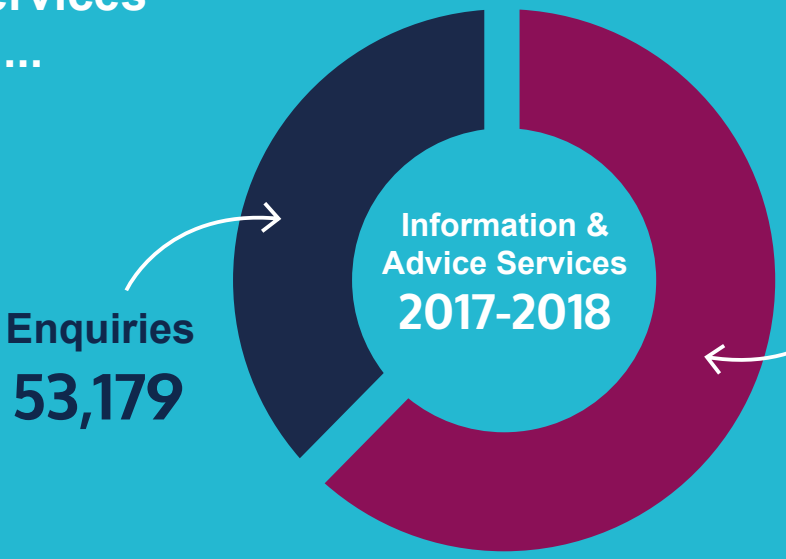
Information, Advice and Advocacy

Provision of information and advice is a key part of the Council's Promoting Independence strategy. Some of these services are jointly planned and funded with health. The Council has specialist contracts with various organisations to provide information and advice services for the following areas:

- **Older** people
- People with **dementia**
- People with **disabilities**
- People with **hearing impairment**
- People with **mental health problems**
- People with **learning disabilities**

Adult Social Services invests
£1.9 million
per year to fund a wide range of services
to offer information advice and advocacy

In 2017-18 specialist information and advice services managed...



were used to deliver these services

In 2017-18 specialist information and advice services helped people contacting them to achieve the following:

- Additional welfare benefit take-up
- Take part in education and training
- Debt recovery
- A reduction in personal debt
- Take part in group work and peer support sessions

The Council has also recognised and supported the provision of generalist advice which is often used by people in work to manage a range of pressures which if not dealt with could tip them into crisis.

Future demand for these services is expected to increase. Organisations providing these services estimate that there has been as much as a 10% increase in the last 12 months. Providers also report an increase in the complexity of cases that are being referred. Effective and accessible information and accredited advice is a cornerstone for the drive within Adult Social Services to enhance local community based support.

The Norfolk Community Directory provides residents and families with information, advice, services and activities across Norfolk. The Council welcome listings from local providers and organisations, and we include information about any clubs, events and support services which help Norfolk people lead active, healthy and fulfilling lives.

Sensory Support Unit

The Council's Sensory Support Unit is a specialist team of practitioners who work with people with sensory impairments. They carry out a range of assessments and provide services, early support and short-term interventions to help people to stay independent for as long as possible.

The main services are:

- Assessments carried out in sign language
- Equipment and access needs for people with hearing impairments
- Rehabilitation and learning new skills for visually impaired people
- Assessment and provision for people with dual sensory loss

Place Shaping and Social Prescribing

Through Promoting Independence, the Council is committed to supporting and increasing activities and services (community assets) in every geographical area of the county to provide people with the means to remain more active, get support when they need it and to feel less lonely and isolated. This is part of place shaping. Our Living Well strategy is committed to putting people into contact with resources in their local area to help them to maintain their independence.

The Council is committed to social prescribing. This is when a person visiting a GP practice or contacting a social care practitioner is referred to a 'connector' who can help them make a plan to deal with immediate issues and, where helpful, access activities provided by voluntary and community groups, as well as, or instead of, medical interventions or formal social care services.

The Council has provided funding for two years to develop social prescribing. This will enable primary care services (GPs) to refer patients with social, emotional or practical needs to a range of local, non-clinical services. This is being undertaken on CCG boundaries, working with districts councils, CCGs and the voluntary sector. Locality plans have been developed. Services commenced between January and June 2018.

Living Well Workers and Connectors will offer additional support to people whose health needs and long term conditions are made worse by practical pressures such as debt, being in the wrong housing or because they feel lonely. Furthermore, the Council's "In Good Company" campaign is an initiative to tackle loneliness in the county.

The Council has put additional funding into community support to help people build confidence and overcome loneliness.

Assistive Technology

Part of the Council's Promoting Independence programme is the roll-out of a new social work model Living Well, incorporating the '3 Conversations'. Increasing the use of technology, including assistive technology (AT), is seen as a key enabler of this approach.
The vision is that:

- AT plays a major role in supporting people to live independently for as long as possible, and in helping carers to continue caring for as long as they are able and willing to do so
- AT will be widely accessible, easy to use, and available for people when it can make most difference to maintaining independence
- Our own staff are champions for AT and use it widely to mitigate the need for and support formal care services
- Providers embrace technology to help people stay independent in all types of settings

£1m spend in 2017/18

The Council's AT team currently assesses approximately

2,000

people per year

About 7,000
people are currently receiving
AT in Norfolk

The AT team works with a mix of more traditional type AT equipment as well as new technologies. The provision of the equipment is person- centred and is based on the best way of providing a solution to the problem that needs to be addressed. Current equipment provided by the AT Service includes:

- Sensors and detectors linked to a community alarm so that they send alerts to a monitoring centre
- Non-linked devices that prompt or alert the vulnerable person or a nearby carer
- GPS location devices for locating people accessing their community
- Home activity monitoring: provided for short term assessment of activity within the home to inform care and support planning (monitoring a person's behaviours and associated risks)
- Special bespoke types of technology
- Mainstream technology: Ring video door bell, wi-fi enabled sensors, smart speakers linked to a voice-controlled intelligent personal assistant service, and use of apps

The Council is actively engaged in trials and pilots of assistive technology and digital solutions to enable people to remain safe and independent. Some examples are:

- The AT team is working with Norfolk Police and the Council's Safeguarding Team on the re-launch of the Herbert Protocol in Norfolk for vulnerable people who go missing. For each person who has been visited by Norfolk Constabulary following a missing person incident, the police will make a direct referral to the AT team for assessment and where appropriate provision of suitable equipment, which may include GPS location devices
- The AT Service is currently working with the Social Work Team at the Norfolk and Norwich University Hospital to look at how AT can support timely discharge from hospital. This will look at ways of ensuring that any delays in accessing AT are minimised as far as possible
- Further work is also planned to explore opportunities to maximise the use of AT by working with providers of care and support, health partners and colleagues in Children's Services
- The Council is actively testing the potential benefits of various types of assistive technology, designed to support elderly and vulnerable adults to remain living independently at home and in their community

Equipment

Thorough Promoting Independence, the Council is committed to supporting people to maintain their independence for as long as possible, and equipment is a key enabler of this. Norfolk's Integrated Community Equipment Service (ICES) is a health and social care partnership, based in Norwich but covering all of Norfolk. Equipment is provided by a contracted rehabilitation equipment company.

The equipment provided by ICES helps to prevent, reduce or delay conditions worsening and encourages people to be independent for longer by, for example, avoiding pressure ulcers, preventing falls, aiding mobility and balance, and supporting end of life care. Providing a person with community equipment can aid discharge home from hospital or to another care setting such as a care home. It can also support the home care market by enabling some care that would usually have to be delivered by a double up (two carers) to be delivered by a single carer.

In 2017 ICES helped over 30,000 people of all ages

80% were aged 65+

Over
350,000
ICES supplied pieces of equipment are in the community

Over
113,000
pieces of equipment supplied in 2017

The cost of providing ICES in 2017-18 was more than
£6m
split between health and social care

Direct Payments

Through Promoting Independence, the Council is committed to more people using direct payments to choose their own bespoke care solutions. Direct payments can be paid through a pre-paid card to an adult social care service user to spend on meeting their eligible care and support needs.

The amount given is determined at assessment (for people with no current adult social care services) or review (for people with current adult social care services). This is part of the personal budget calculation that determines the amount an individual has available to spend on their care and support services and uses a resource allocation system (RAS).

Direct payments give individuals choice in the care services that best meet their needs and the freedom to make these arrangements themselves (with support if required). Direct payments are most frequently spent on:

Home care

Day services

We are reviewing current arrangements to provide information and help people to plan and manage their own care. We have introduced pre-payment cards and new arrangements for people who require support to manage the money which pays for their care arrangements.

We have been reviewing the current systems for supporting people to make decisions about the way their care should be provided and enabling people to manage their own care. In doing this we have been talking with people receiving direct payments about what options would work well for them. We plan to introduce clearer and more joined up support arrangements for people who may choose to manage their own care needs through use of direct payments.

The Council's commitment to the choice that direct payments give individuals is demonstrated by the

£27 million

of direct payments used by Norfolk adult social care service users in 2017-18

Home Support

The Council is committed through Promoting Independence to helping people to maintain their independence in their own home for as long as possible and reduce the number of people being admitted to permanent placements in care homes. An effective home care market providing the required level of service across all areas of Norfolk is key to supporting people to be independent, resilient and well, and to remain in their own home and community.

An effective home care market enables people to to receive an appropriate home care service in the area where they live:

- They need to return home after a hospital stay or a temporary residential placement (after hospital or a crisis)
- They need to continue to maintain their independence after a period of home-based reablement, but need a home care service longer-term
- They require a home care service for the first time to help maintain their independence

Framework of Home Support Providers and Banded Pricing

The Council implemented a home care provider framework in Norwich, South Norfolk and North Norfolk CCGs in 2018. Included in this is banded pricing to recognise the higher cost of providing this service in rural areas. This has been implemented at a cost of £2.1 million per year.

The purpose of setting up a Provider Framework and trialling a banded pricing structure is to:

- Reduce unmet need (people not being able to find a suitable home care package in their area)
- Pay a banded price to providers
- Stabilise and consolidate the home support market
- Support the creation of effective and efficient home support rounds through greater collaboration between providers
- Encourage more flexible and responsive services that focus on maximising independence

Extra Care Housing

The Council is committed through Promoting Independence to helping people to maintain their independence in their own home for as long as possible and reduce the number of people being admitted to care homes on a permanent basis. The provision of extra care housing for older people is a desirable option for people as they get older and their needs change and has many benefits over residential care.

Extra care housing is an effective way of supporting people to be more independent in their own homes, providing safety, security, social interaction and care.

40% **of older adults find themselves needing or wanting to move home at least once after the age of 65**

25% **of adults over the age of 60 prefer specialist housing for their future accommodation**

Current provision of extra care housing in Norfolk is low, and the Council is committed to the creation of additional schemes to meet the needs of Norfolk's population. The population-based evidence and the Council's plan to support more people to stay independent in their own community calculates that by 2028 Norfolk needs more than 2,800 additional extra care housing places. This estimate needs to be further refined in conjunction with district councils and other stakeholders to create area-based plans for each district council and market town area to feed into the planning process.

2,843

additional extra care housing places required by 2028

Extra care housing needs to be attractive, well designed and allow integration into an existing community. The accommodation will need to appeal to a range of ages and needs including a variety of care needs. The accommodation should not feel clinical, it should be bespoke, flexible and offer choice where possible. Innovative design is critical in meeting the diverse needs and aspirations of society today. This accommodation can encourage people to downsize with attractive, affordable options.

The Council's vision of extra care housing is that it is more flexible than the current provision, including:

- Mixed tenure (owned, rented, social housing)
- Not being limited to people funded by the Council – an offer to Norfolk as a whole
- Being dementia friendly in design and capable of supporting people with complex needs
- Being technology enabled to enable the person to maintain their independence
- Having places for people with different care and support needs; physical disabilities, mental health and learning disabilities
- Offering short-term or recuperative placements for those who leave hospital and require a period of re-enablement and assessment for a good recovery
- Being able to meet diverse needs, such as accommodating same sex couples, or catering for people who have religious needs
- Being able to house couples

Reduce Unnecessary Hospital Admission, Delayed Transfers of Care and Length of Stay in Hospital

Through Promoting Independence, the Council is committed to reducing unnecessary hospital admission, delayed transfers of care (DTOC), length of stay in hospital and permanent admissions to care homes.

Any avoidable admission to hospital is a poor outcome for the individual concerned and increases demand on health and social care services. Spending longer than is necessary in hospital (DTOC), whatever the reason, can have the effect of reducing the skills a person has to maintain their independence and increasing their dependence on formal care services.
49% of permanent admissions to care homes of older people funded by the Council follow an acute hospital admission.

Unnecessary admissions increase permanent care home placements as a consequence. Once the need for acute hospital treatment is over people need to be moved swiftly and safely along an appropriate pathway that should include the path to reablement and independence as the first option. The person is expected to achieve the maximum possible level of independence, even where they require longer-term services.

49%

of permanent admissions to care homes of older people funded by the Council follow an acute hospital admission

£7.5m spend in 2017/18

Norfolk First Response

Norfolk First Response (NFR) can provide assistance with short-term care needs, onward referrals and advice and information to help the customer receive the right help or service at the most appropriate time. The service assists with timely and safe discharges from hospital and acts to prevent unnecessary admissions to hospital and residential care.

Norfolk First Response brings together two highly successful services - Norfolk Swift Response and Norfolk First Support – to enable customers to get a fast, efficient solution to their care needs. Norfolk First Support provides planned reablement support for up to six weeks in a person's home. Norfolk Swift Response responds to unplanned non-medical emergencies in a person's home. NFR also comprises Supported Care (a hospital admission avoidance service) and Accommodation Based Reablement (described below).

90% of people aged 65+

discharged into the Norfolk First Support reablement service are still in their own homes three months later

Accommodation Based Reablement

As part of our Promoting Independence programme, we have commissioned Accommodation Based Reablement beds in 2018. This service is designed to maximise people's independence and reduce permanent admissions to residential care, reduce hospital admissions and support safe and timely hospital discharge. These units are for individuals with care and support needs (including those needing to regain skills and confidence) who are medically fit but unable to return to or stay in their home safely. This can be due to physical/functional ability and concerns around night time safety, and the person could benefit from a period of short-term accommodation based reablement to then return to or remain in their own home.

These providers are located in North Norfolk, Norwich, South Norfolk, Great Yarmouth and Waveney and West Norfolk CCGs and are staffed by specially trained reablement workers. There are currently 24 beds, and this will increase.

The provider in the East is in Great Yarmouth and has

4 beds

The provider in Central Norfolk is in Cromer and has

18 beds

The provider in the West is in Swaffham and has

2 beds

Enhanced Home Support Service

The Enhanced Home Support Service (EHSS) commenced in February 2018 for referrals from the three acute hospitals and for referrals from the community from April 2018. This small and targeted social care initiative aims to reduce delayed discharges from the three acute hospitals, as well as prevent unnecessary admissions from the community.

The service provides a responsive and flexible service which offers enabling support to individuals with short term needs i.e. to avoid going into hospital or residential care to settle in at home following a hospital stay.

The service provides the following:

- Unplanned, same-day, short term home support across all five CCG areas in Norfolk
- Home support visits over a 24 hour/7 day period (not continuous)
- Access for new referrals between 9am-8pm, seven days per week
- Person-centred, enabling support in the person's home, which is focused on stabilising and supporting the individual so they can live safely and independently at home

Trusted Assessment Facilitators

The Council, with Suffolk County Council, has created a new team of five Trusted Assessment Facilitators (Trusted Assessors) based at the three acute hospitals in Norfolk. This role focuses on unblocking and streamlining processes to reduce DTOC and improve the experience of patients as they move into a care home or return to their home. The project is currently funded by the Improved Better Care Fund (iBCF). Funding from the project has also supported the development of a bed capacity tracking system to identify available care home beds in Norfolk. This gives the Trusted Assessment Facilitators and the Council's Brokerage (formerly Care Arranging) service more accurate information to help prevent delayed transfers of care.

Escalation Avoidance Teams

The escalation avoidance team (NEAT) is running in Norwich with the aim to establish one (or a similar model) in each adult social care locality. The purpose is to have a central point in each locality to meet urgent and unplanned health and social care needs. These will be for patients/ people at risk of admission to hospital or step-up beds. This will be provided via an integrated coordination centre and the teams will receive referrals from agreed professionals who require an urgent, but not emergency community response. Referrals will be received by telephone and processed by an Integrated Care Coordinator. Similar initiatives have been trialled or are being scoped in other localities across Norfolk.

Other Initiatives to Reduce Admission to, and Facilitate Discharge from Hospital

The Council has commissioned three independent flats within a 24-hour extra care housing setting in Norwich, supporting people who have been assessed as being medically fit for discharge from hospital, but who are unable to return to their home safely. The flats are fully contained and have been equipped to replicate a home from home environment. Referrals to the service commenced in early February 2018.

The Council is a partner in the implementation of Discharge to Assess. This is where a person is discharged from hospital to their own home or a temporary setting (e.g. an accommodation based service) with the decision about their long-term care not being taken within a hospital setting.

One-off additional funding of £100k in 2017-18 was used to develop seven places in step down accommodation and support for people with functional mental health needs leaving mental health hospital. All seven places are in Norwich but serve Norfolk and are funded to the end of March 2019. The Council is looking at the need for on-going step down accommodation. There are also three places in a partner scheme funded by the CCGs. These places provide short term supported accommodation for people leaving hospital, most of whom had significant issues around housing which could not be resolved to allow a timely hospital discharge.

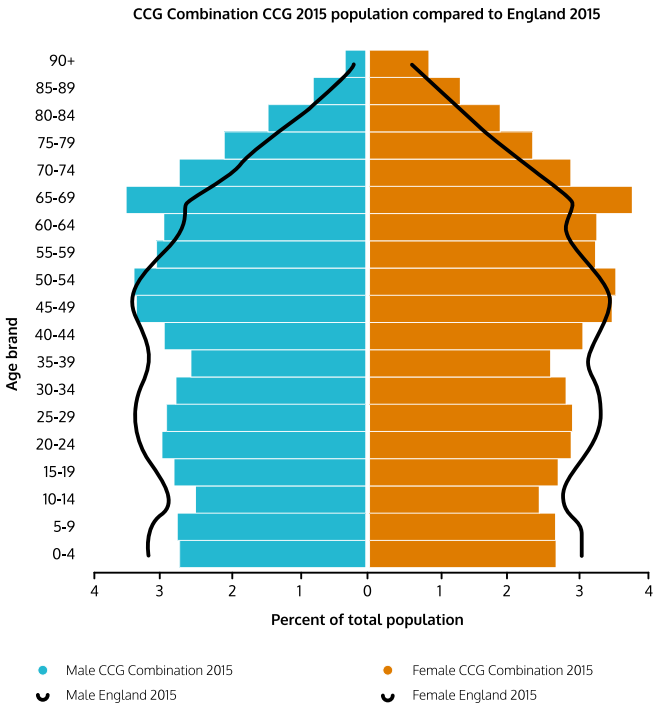
To inform planning we have engaged with care home staff and owners through workshops on topics which affect the local health and care system. This has included ensuring people are able to go back home in a timely way after a hospital admission.

4

The Social Care Economy and Shaping the Care Market

Demographics in Norfolk Driving Demand for Care Services

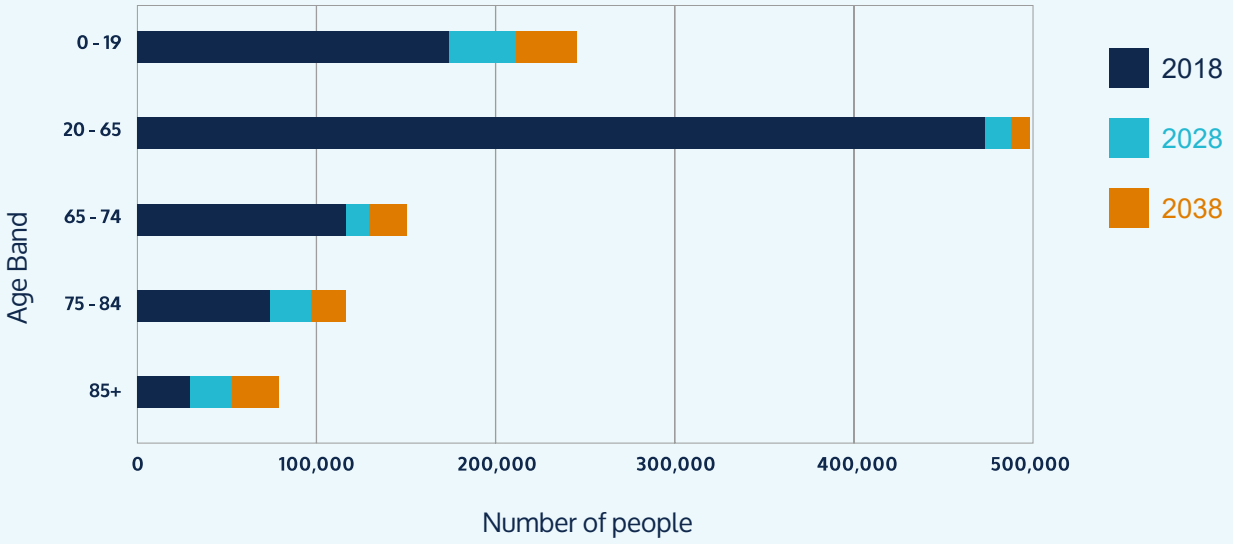
Anticipated Population Growth



Norfolk and Waveney has a higher percentage of people in all the 65+ age bands than the England average

Norfolk and Waveney also has a lower % of its population in the under 50 age bands than the England average

The estimated Norfolk population is **902,033 rising to 1,011,073 in 2038**. The Norfolk population is generally older than average for England and the largest increase in population between 2015 and 2038 is anticipated to be in the older age bands (age 75+).



People Aged 85+ as a percentage of Population – Change Over Time

2021
Norfolk - 3.5%
East of England - 2.9%
England - 2.6%

2031
Norfolk - 4.7%
East of England - 3.8%
England - 3.4%

2041
Norfolk - 6%
East of England - 5%
England - 4.5%

The percentage of 85+ people in Norfolk is significantly higher than in the East of England and England. The percentage of the 85+ age group in the general Norfolk population is 3.3% of the total population. This is predicted to rise to 6% by 2041.

This increase is greater in Norfolk than the East of England and England. Projected increases in this group will put considerable pressure on the Council's ability to meet this increasing care need, especially when this is occurring at the same time as reduced funding from central government. As the older age groups increase in size the associated number of people with dementia in Norfolk will also increase.

In 2018 in Norfolk

30%

of Council funded service users aged 18+ are aged 85+, seven times the rate of this group in the adult population

The difference between the health and life restrictions faced:

At 65...		At 85...
8.4% chance of living in a household without a car	→	**55.5% chance of living in a household without a car**
26.2% chance of day to day activities being "limited"	→	**82.6% chance of day to day activities being "limited"**
66% chance of living in a couple, and 4.9% chance of being widowed or a surviving partner	→	**24.6% chance of living in a couple, and 65.3% chance of being widowed or a surviving partner**

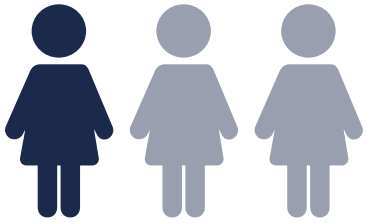
This has a significant implication for the Council as a provider of social care services and the individuals and families affected and demonstrates the loss of independence associated with ageing.

Despite a large care home estate, if we continue with historic practices for placing people the Council could run out of care home places for 65+ Council funded service users in around five years, with some areas experiencing shortages sooner. Similar shortages are expected for people who fund their own care. The Council needs to find solutions and alternatives to meet this increasing need.

Dementia

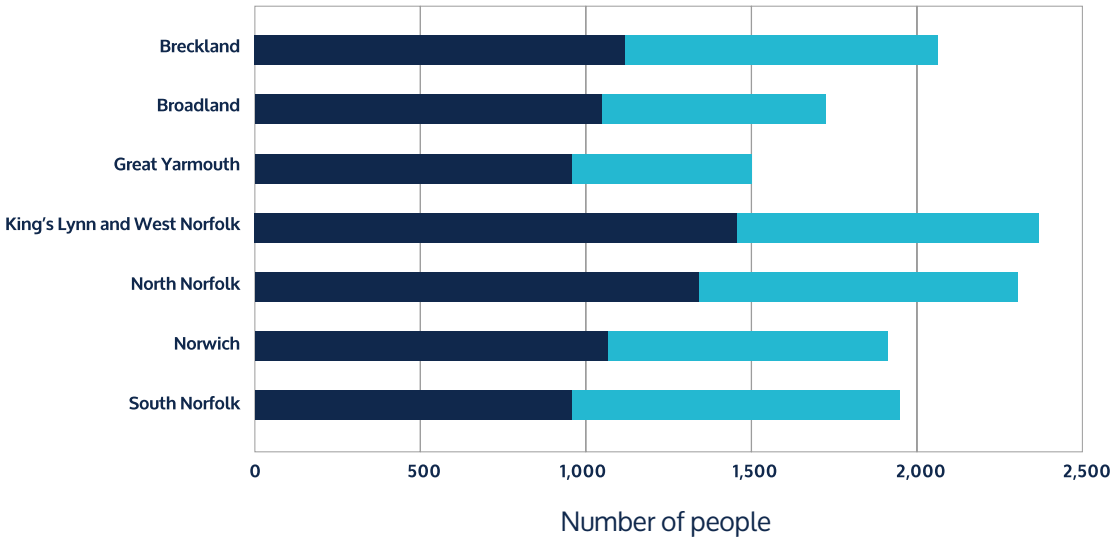
8,117

people with a dementia diagnosis in Norfolk

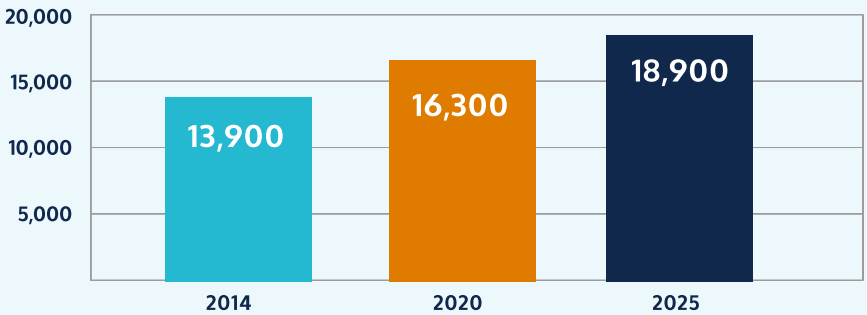


1 in 3

females in Norfolk over the age of 90 is estimated to have dementia



Projected dementia prevalence 2014-2025



Around 58% of the older people that the Council funds in care homes are funded at the "enhanced" dementia rate. As indicated by the statistics around diagnosis rates, this is lower than the actual number of people with dementia in care homes. The number of people in care homes with dementia is predicted to increase as the number of people with dementia in the population increases. Care homes and other types of care provision will need to have a greater capacity for dementia service users in future.

Social Care and CCGs in Norfolk are working together to improve the provision of timely dementia diagnosis, access to advice and information and community based and specialist support. It is key to ensure that people affected by dementia and their family and friends feel informed and supported and able to live an independent life in their local community.

58%

of the older people that the Council funds in care homes are funded at the "enhanced" dementia rate

Through the Norfolk and Waveney Dementia Partnership commissioners from health and social care are working with researchers and the voluntary sector to develop services and support for people with dementia initiatives include:

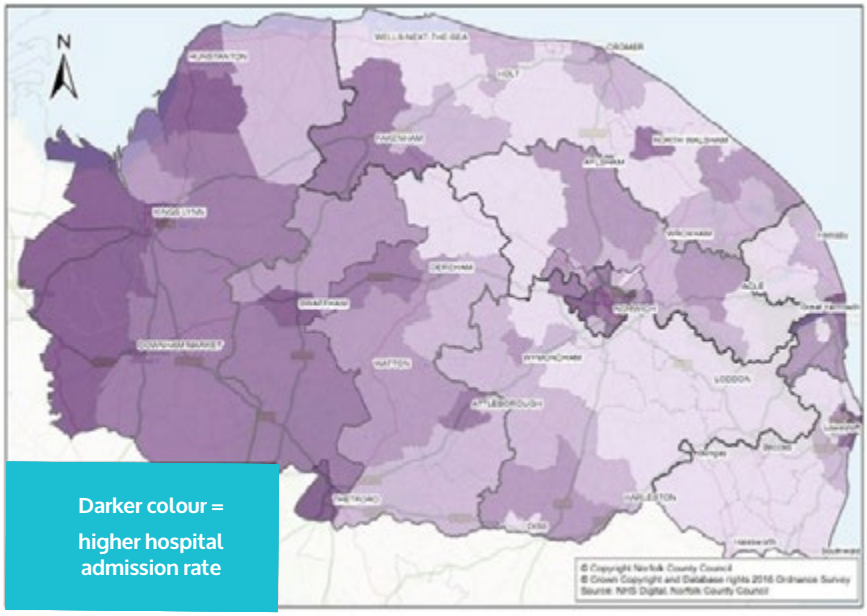
- Dementia friendly Norwich
- Working with care homes to support their work with residents who have dementia
- Dedicated respite care for people with dementia
- Enhanced Home Support Service which includes a flexible dementia support service
- Use of assistive technology
- Ensuring occupational therapy and reablement services provide early support for people with dementia

We recognise that there is more work to do and as we develop our commissioning solutions for the market sectors we will be developing and extending provision for people with dementia, this includes:

- Carers services
- Dementia advice and support
- Residential and nursing care
- Extra care housing

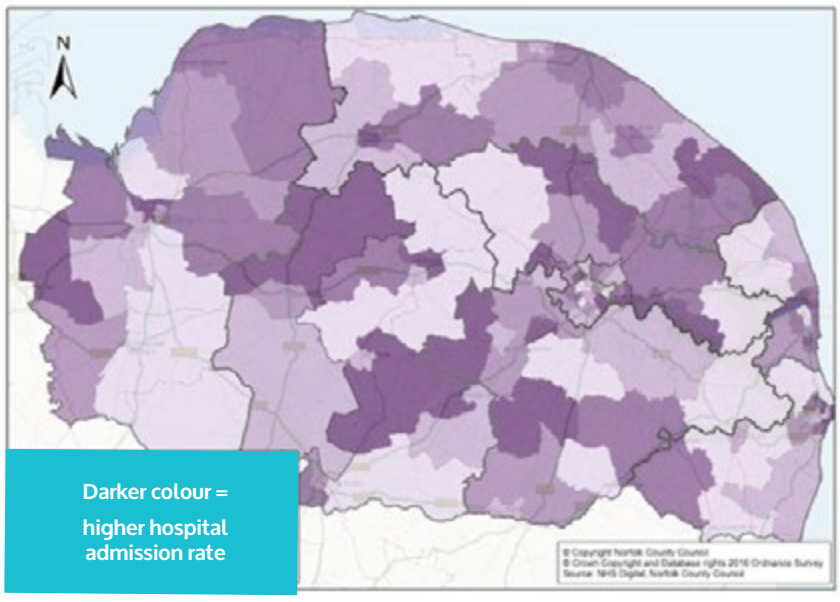
Hospital Admissions

Parts of Norfolk have a high rate of emergency hospital admissions for people aged over 65 generally and for hip fractures specifically. Reducing unnecessary hospital admissions is a key Promoting Independence intention for the Council, especially considering that almost half of older people being permanently admitted to a care home do so after an acute hospital admission.



Emergency admissions 65+

Fracture of neck of femur admissions 65+



The Council has several initiatives to reduce unnecessary hospital admission and length of stay described earlier in the document, namely:

- Norfolk First Response
- Accommodation Based Reablement
- Escalation Avoidance Teams
- Enhanced Home Support
- Service Trusted Assessment Facilitators

General Health Factors

The Council's Public Health strategy for for Norfolk is to help the people of Norfolk live in healthy places, promote healthy lifestyles, prevent ill-health and reduce health inequalities through:

- Promoting healthy living and healthy places
- Protecting communities and individuals from harm
- Providing services that meet community needs
- Working in partnership to transform the way we deliver services

The lifestyles and habits of the Norfolk population will place an increasing pressure on Council services if they continue. This is not just an issue in the most deprived areas, for example two in three adults in Norfolk are overweight. This ratio is the same in the least deprived CCG (South Norfolk) as it is in the most deprived CCG (Great Yarmouth and Waveney).

2 in 3

adults in Norfolk are overweight

The effect that this will have in social care is to increase the demand for bariatric services and generally as people live for a longer period of their lives in poorer health this will place increasing demands on health and social care services.

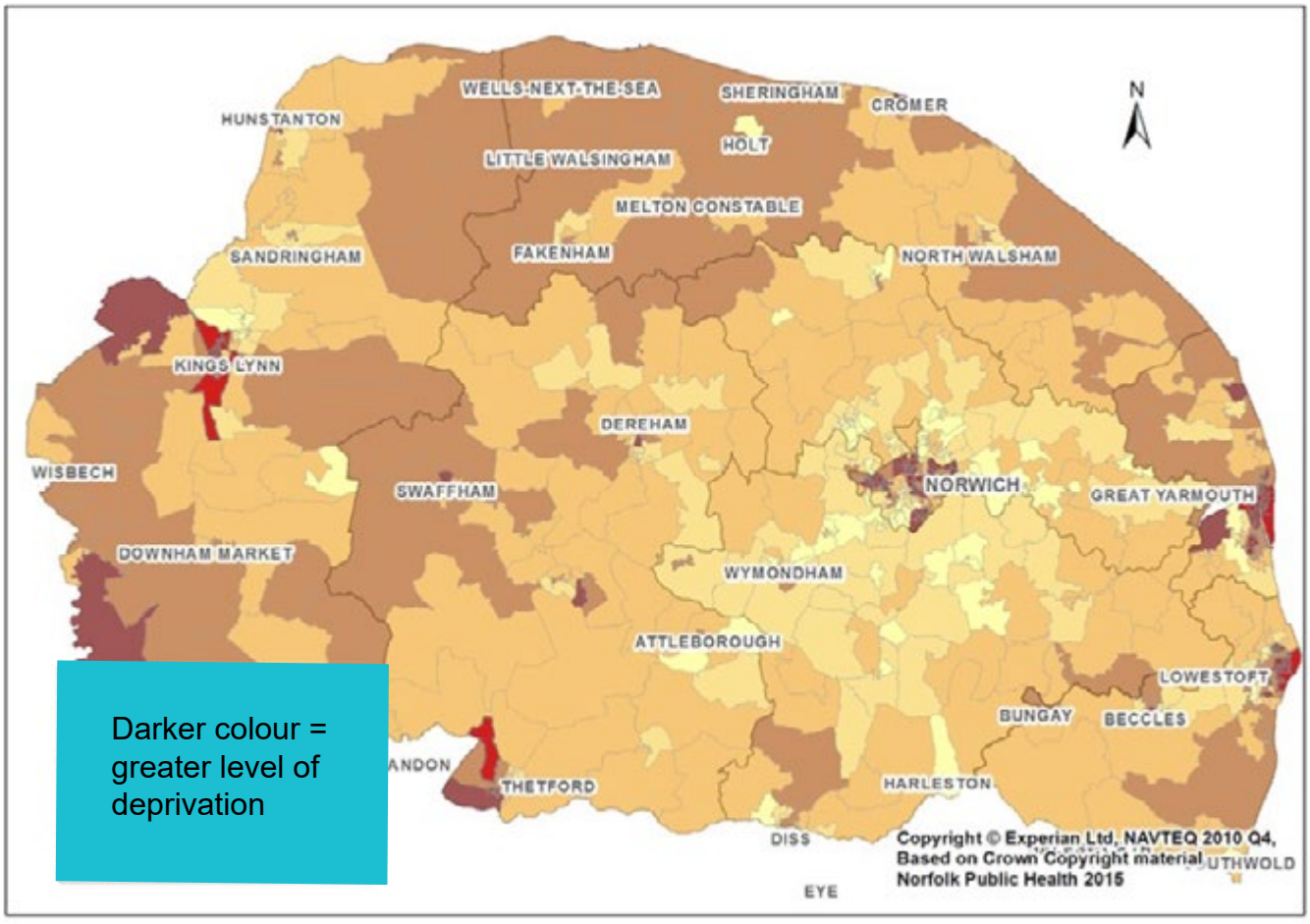
Deprivation

Out of **152** local authorities in England

Norfolk ranks as the **89th** most deprived

The variations of deprivation in Norfolk are vast ranging from Great Yarmouth and Waveney CCG (44th most deprived of 209 CCGs in England), to South Norfolk CCG (158th most deprived of 209 CCGs).

The picture of deprivation in Norfolk is hugely varied, with Norfolk containing some of the most and least deprived wards in England. This is shown in the graphic below with the darkest colours representing the most deprived areas and the lightest areas the least deprived. Often these exist side by side. This poses challenges to the Council in terms of delivery of services.



Care Act Balanced Assessment of Care Provision

Councils have a duty under the Care Act to ensure that the care market provides:

Good Quality Care, in Norfolk we interpret this as:

- Care provided needs to be at least CQC rated good, or meet an equivalent standard for services not yet inspected and "non-regulated" services
- Quality is determined by CQC ratings, PAMMS (East of England monitoring tool) assessment or where these are not available, through evaluation by other quality assurance tools and methods

Value for money:

- This means fair prices for good quality care

Choice:

- People have choice in the provider delivering their care, and the care they receive in their community
- Choice should be more than just the same care provided by a different organisation

Sustainability:

- The money that providers receive should enable them to continue providing services of good quality and with choice
- The care market needs to be sustainable from a recruitment and retention perspective. Staff turnover and vacancies in the care market need to be at an acceptable level and the number of care workers needs to be sufficient to meet changing demand
- The financial structure of care providers should be sustainable
- The physical locations where care is delivered (care homes, extra care housing, supported living, day services and people's homes) need to be sustainable

The Council's Quality Assurance and Market Development Team views the care market in this way.

Care Market Summary

Care Quality – Care Quality Commission (CQC) Ratings

The Care Quality Commission are the independent regulator of health and social care services. The regulated service types (residential, nursing, home care, supported living, extra care housing) are all subject to periodic inspection and more frequent inspections if they are falling below the required standard. The percentage of providers rated by CQC as good or better is a strong indicator of care quality in a local authority area. The market as a whole in Norfolk is currently underperforming in this area with no significant improvement during 2017-18.

At 31 March 2018:

Only **76.5%** of Norfolk's CQC registered providers were rated good or better

Norfolk ranked **11/11** of East of England local authorities

Norfolk ranked **15/16** of similar authorities (large mostly rural non-unitary authorities)

Norfolk's CQC Ratings Across All Care Types Showed Little Improvement in 2017-18:

	March 2017 % of providers rated	March 2018 % of providers rated
Outstanding	0.5%	1.1%
Good	75%	75.4%
Requires Improvement	22.2%	20.2%
Inadequate	2.3%	3.3%

Norfolk's CQC Ratings Across Care Types at 31st March 2018:

Community Based Services

82% of providers were rated good or better. Norfolk ranked 9/11 against other authorities in East of England, 16/16 against similar authorities

Nursing Care:

74.2% of providers were rated good or better. Norfolk ranked 9/11 against other authorities in East of England, 12/16 against similar authorities

Residential Care:

74.7% of providers were rated good or better. Norfolk ranked 11/11 against other authorities in East of England, 15/16 against similar authorities.

The Council is taking proactive action to address quality issues in the care market:

- The Council has set a target that a minimum of 85% of regulated providers are rated as good or outstanding by the end of the 2019/20 financial year

- The Council is strengthening its Adult Social Care Quality Assurance Team so that it can support improvement through a proactive planned inspection regime focused on providers whose overall rating requires improvement. Providers are expected to improve their performance so that they would be capable of achieving a rating of good or better within six months of the published CQC rating

Target = Minimum of

85%

of regulated providers are rated as good or outstanding

- We recognise the need to support providers and will do so through the new proactive inspection programme and the use of a new rating tool called the Provider Assessment and Market Management Solution (PAMMS). Providers rated requires improvement by CQC are being prioritised for PAMMS assessments by a member of the Quality Assurance Team.

  - *If the PAMMS assessment results in a rating less than good the market assurance officers will specify the areas requiring improvement and will require a credible quality improvement plan to be developed and implemented by the provider. The officers will support providers in this process as much as possible, but it is the providers' responsibility to make the improvements that are necessary.*

  - *There will be a second PAMMS assessment within a period not exceeding six months. If the PAMMS rating or a subsequent CQC inspection taking place within this six-month improvement period results in a rating of less than good the Council reserves the right to implement proportionate sanctions for breach of contract including but not limited to:*

    - **Suspending further placements**
    - **Decommissioning existing placement**
    - **Removal of accreditation**

- The Quality Assurance Team is undertaking a pilot of the Quiq Solutions provider self-assessment tool with targeted care homes rated requires improvement by CQC. The offer from the Council to the pilot providers is:

  - *Free use of the online self-assessment tool for providers requested to take part in the pilot. The tool contains tailored guidance on what is required by CQC*

  - *Quiq Solutions enables providers to rate themselves through the Red/Amber/Green (RAG) system and provide commentary and evidence of how they feel they are meeting the CQC key lines of enquiry (KLOEs)*

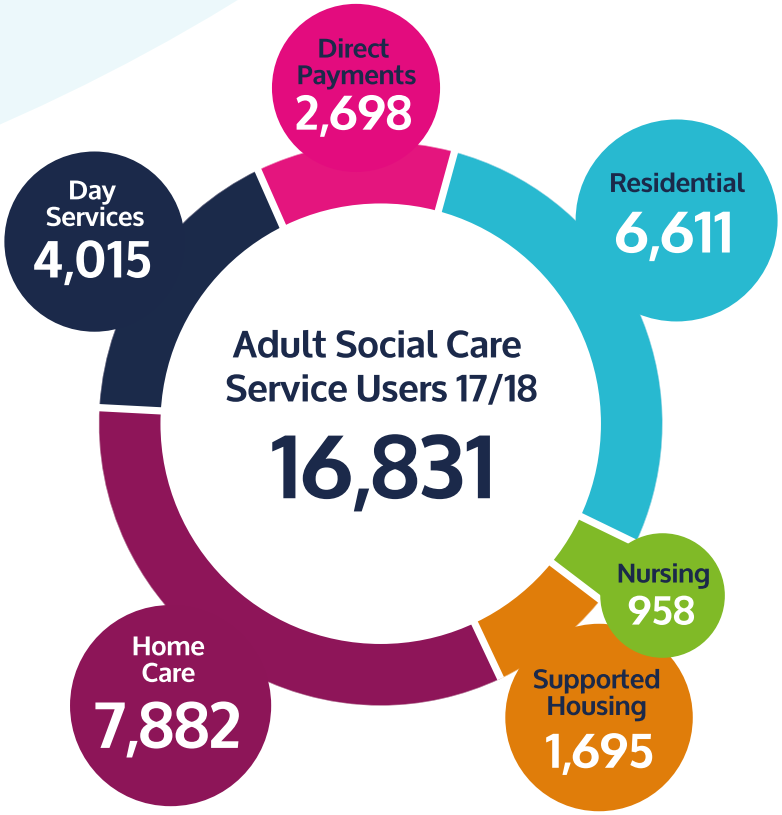
  - *Providers rate themselves against the KLOEs in all CQC domains (Safe, Effective, Caring, Responsive, Well-led)*

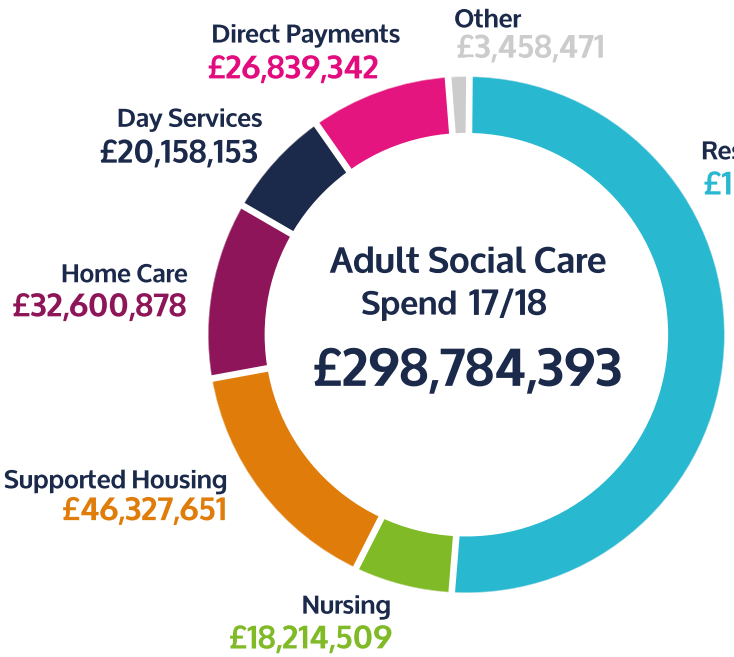
  - *Providers have been invited to complete a self-assessment on Well-led first. The rating the provider gets for Well-led is usually the same as the rating they get overall*

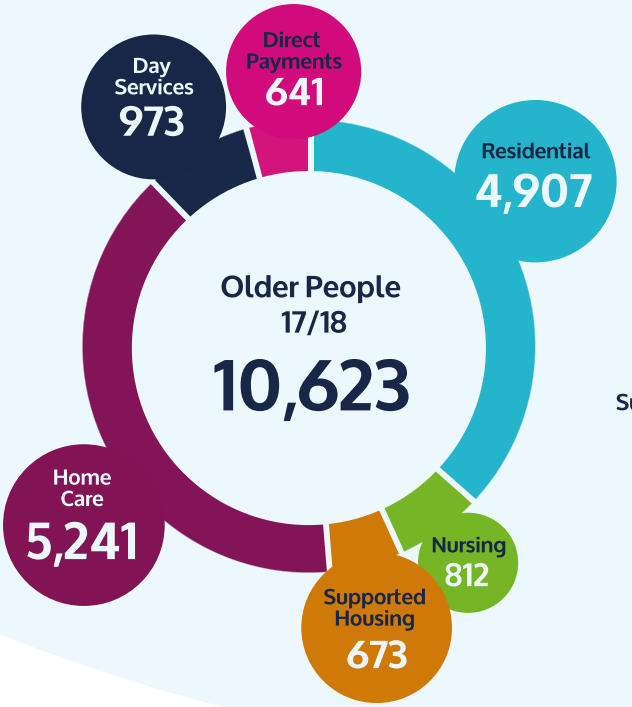
  - *NCC's Quality Assurance Team receives a copy of the provider's RAG ratings, comments and evidence, and can then RAG rate and make comments that the provider can then see and use to make improvements*

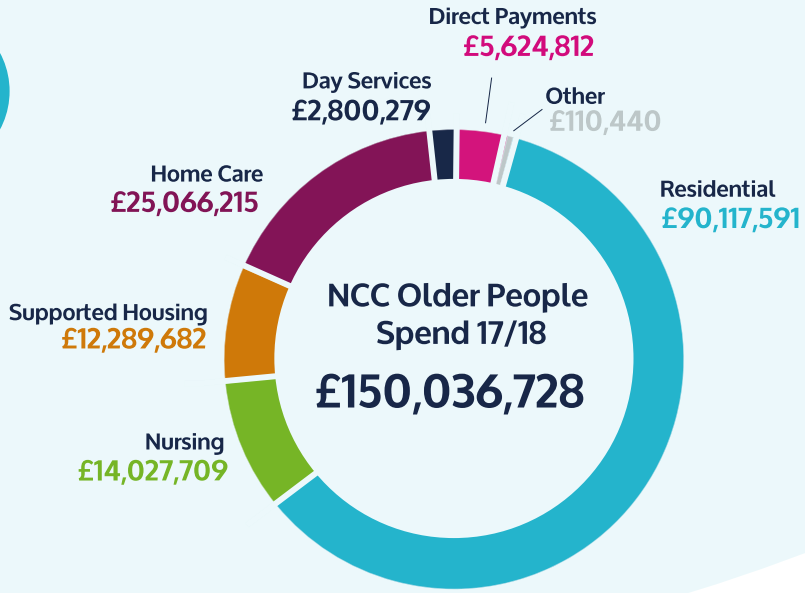
Demand for Care and Support

In 2017-18 the Council commissioned services for nearly 17,000 adults at a cost of just under £300 million. This is the spend from the Purchase of Care Budget and does not include other spend such as reablement, community equipment and assistive technology. The amount that the Council spends on care services plus the number of people receiving services increases each year. The Council's proactive attempts to reduce costs and manage demand (as set out in the Care Act) through Promoting Independence currently mitigates this increase in the face of the demographic pressures.






Day Services
973
Direct Payments
641
Residential
4,907
Older People
17/18
10,623
Home Care
5,241
Nursing
812
Supported Housing
673


Direct Payments
£5,624,812
Day Services
£2,800,279
Other
£110,440
Residential
£90,117,591
Home Care
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Supported Housing
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NCC Older People
Spend 17/18
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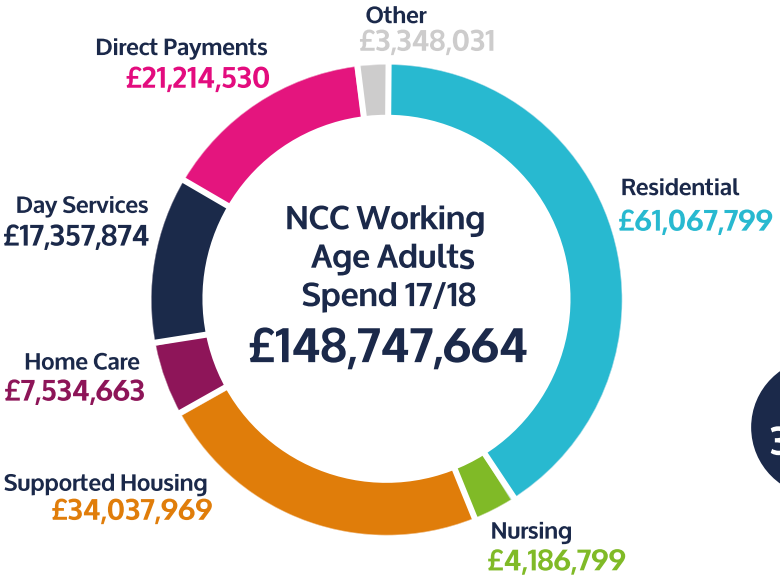
Nursing
£14,027,709


Other
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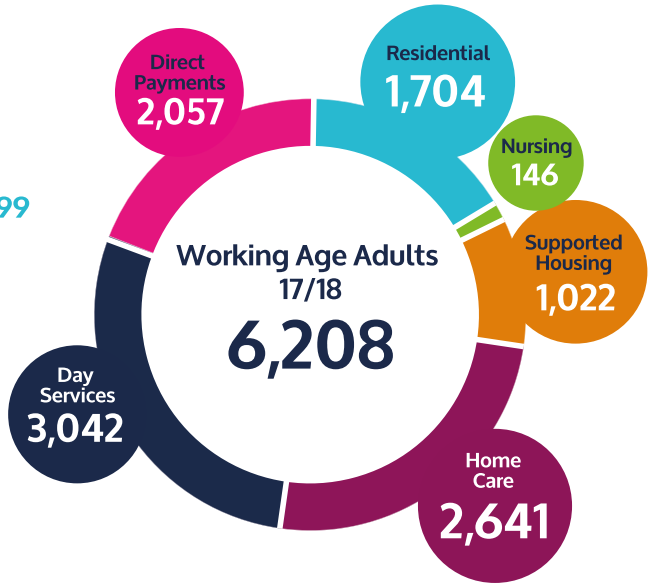
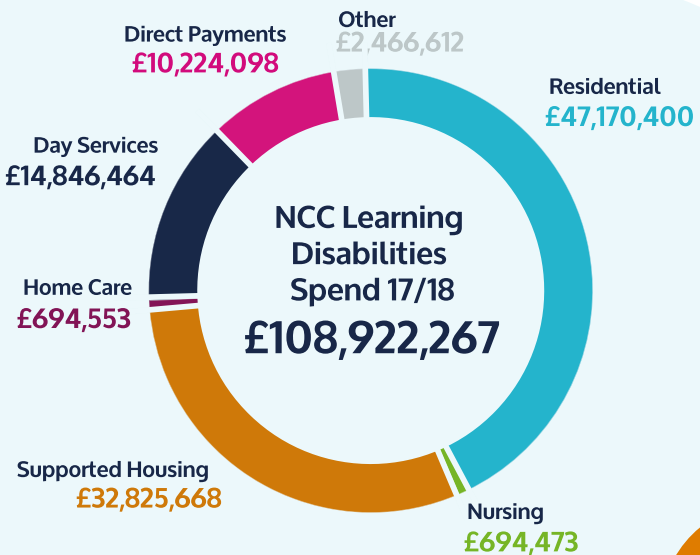
Direct Payments
£21,214,530
Residential
£61,067,799
Day Services
£17,357,874
NCC Working
Age Adults
Spend 17/18
£148,747,664
Home Care
£7,534,663
Supported Housing
£34,037,969
Nursing
£4,186,799


Direct Payments
2,057
Residential
1,704
Nursing
146
Supported
Housing
1,022
Working Age Adults
17/18
6,208
Day
Services
3,042
Home
Care
2,641


Direct
Payments
786
Residential
1,114
Nursing
22
Learning Disabilities
17/18
2,809
Day
Services
1,790
Supported
Housing
800
Home
Care
580


Direct Payments
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Other
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Residential
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Day Services
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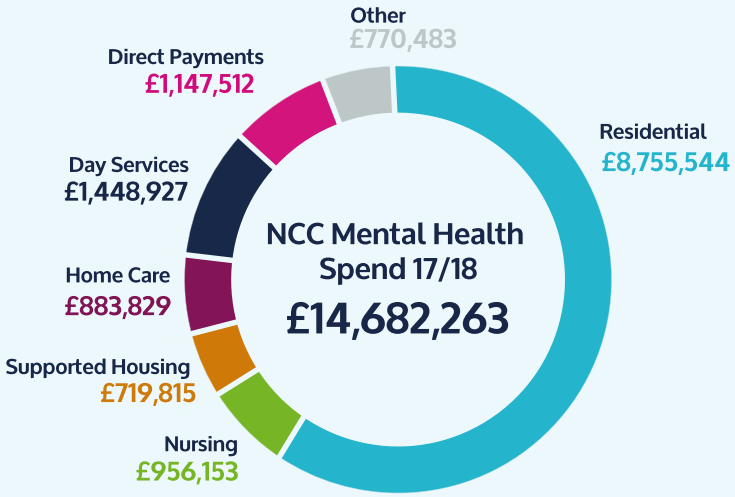
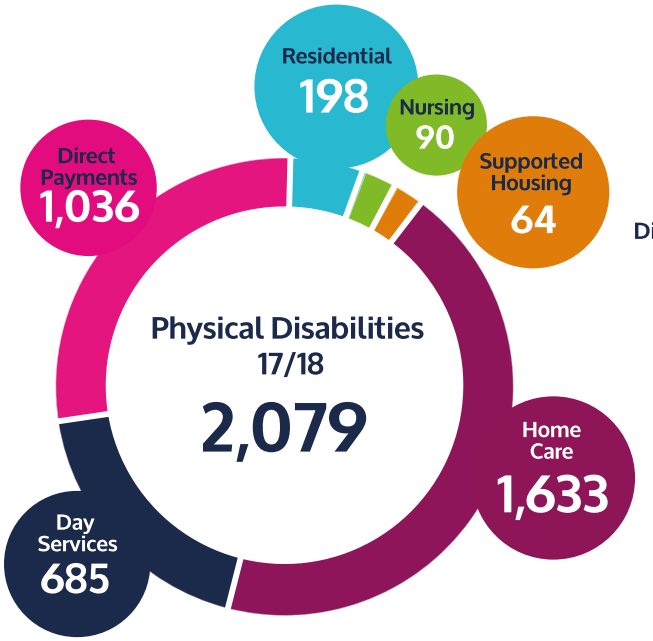
NCC Learning
Disabilities
Spend 17/18
£108,922,267
Home Care
£694,553
Supported Housing
£32,825,668
Nursing
£694,473


Direct Payments
235
Residential
392
Nursing
34
Supported Housing
158
Home Care
428
Day Services
567
Mental Health
17/18
1,320


Other
£770,483
Direct Payments
£1,147,512
Residential
£8,755,544
Day Services
£1,448,927
Home Care
£883,829
Supported Housing
£719,815
Nursing
£956,153
NCC Mental Health
Spend 17/18
£14,682,263


Residential
198
Nursing
90
Supported Housing
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Direct Payments
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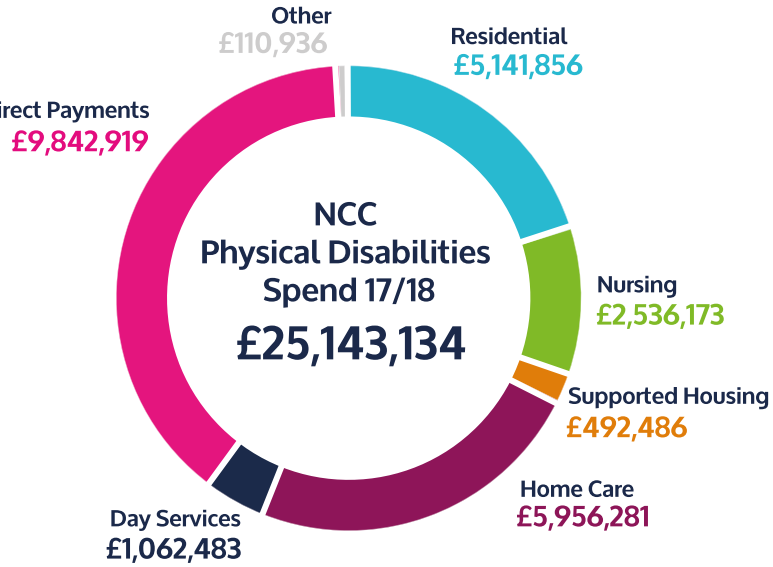
Home Care
1,633
Day Services
685
Physical Disabilities
17/18
2,079


Other
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Residential
£5,141,856
Direct Payments
£9,842,919
Nursing
£2,536,173
Supported Housing
£492,486
Home Care
£5,956,281
Day Services
£1,062,483
NCC
Physical Disabilities
Spend 17/18
£25,143,134

Provision of Care and Support Services

Norfolk has a vast, varied and complex care estate with variations across CCGs, within CCGs and across different service user groups. In early 2018 the Council undertook a significant study of the care market to provide adult social care decision makers with information to assist them in formulating their future plans. Some facts from this study:

37 beds

The average size of an older people's care home in Norfolk

11 beds

The average size of a working age adults home

41 places

The average size of an older people's extra care housing scheme

4 places

The average size of a working age adults supported living scheme

The average number of hours that a home care service user receives in a week is 11

55% of people receive less than 10 hours of home care per week and 78% receive less than 15 hours per week

The average length of stay for older people in residential care homes in Norfolk is

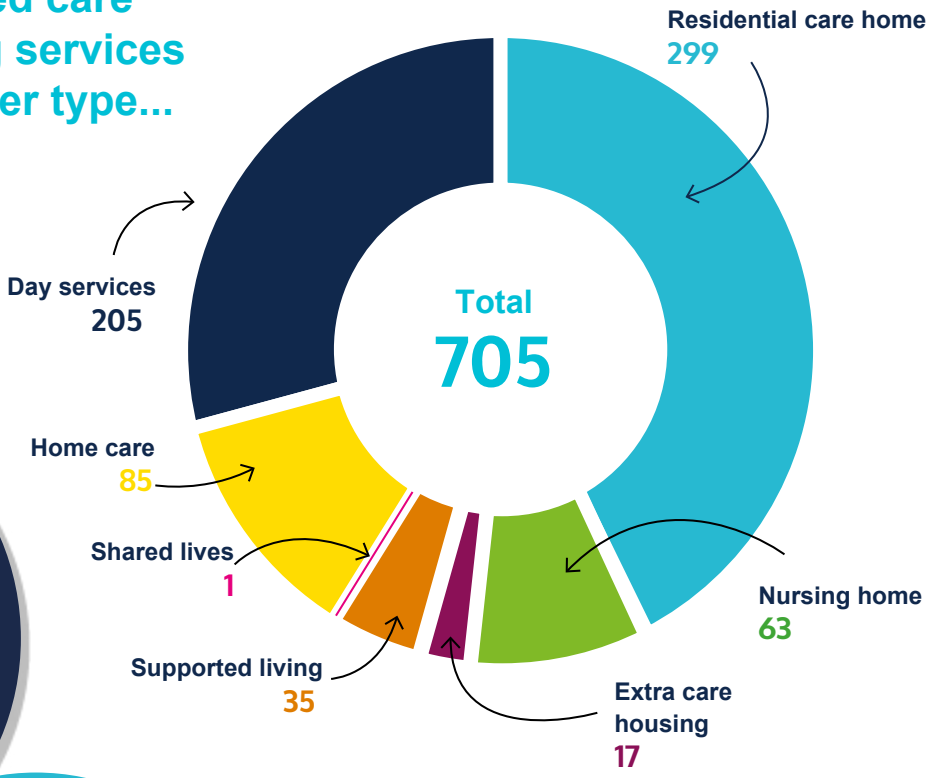
2 years and 8 months

in nursing homes

2 years and 1 month

Norfolk has a large care estate of often relatively small units with providers delivering care to a large number of service users.

Number of accredited care providers delivering services in Norfolk by provider type...



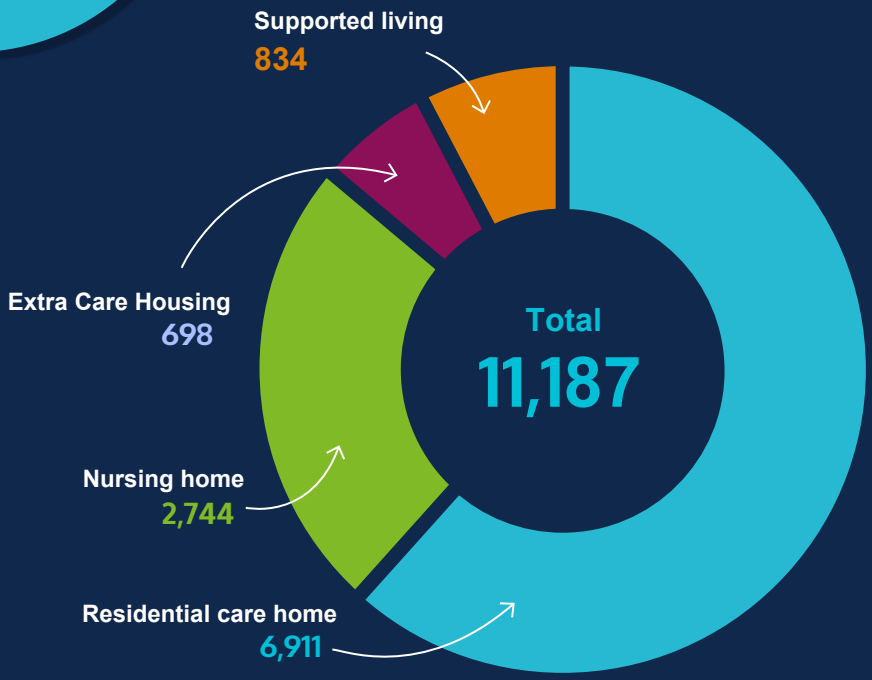
35

providers of supported living delivering care through 209 schemes and 27 floating support providers (not all located in Norfolk)

85

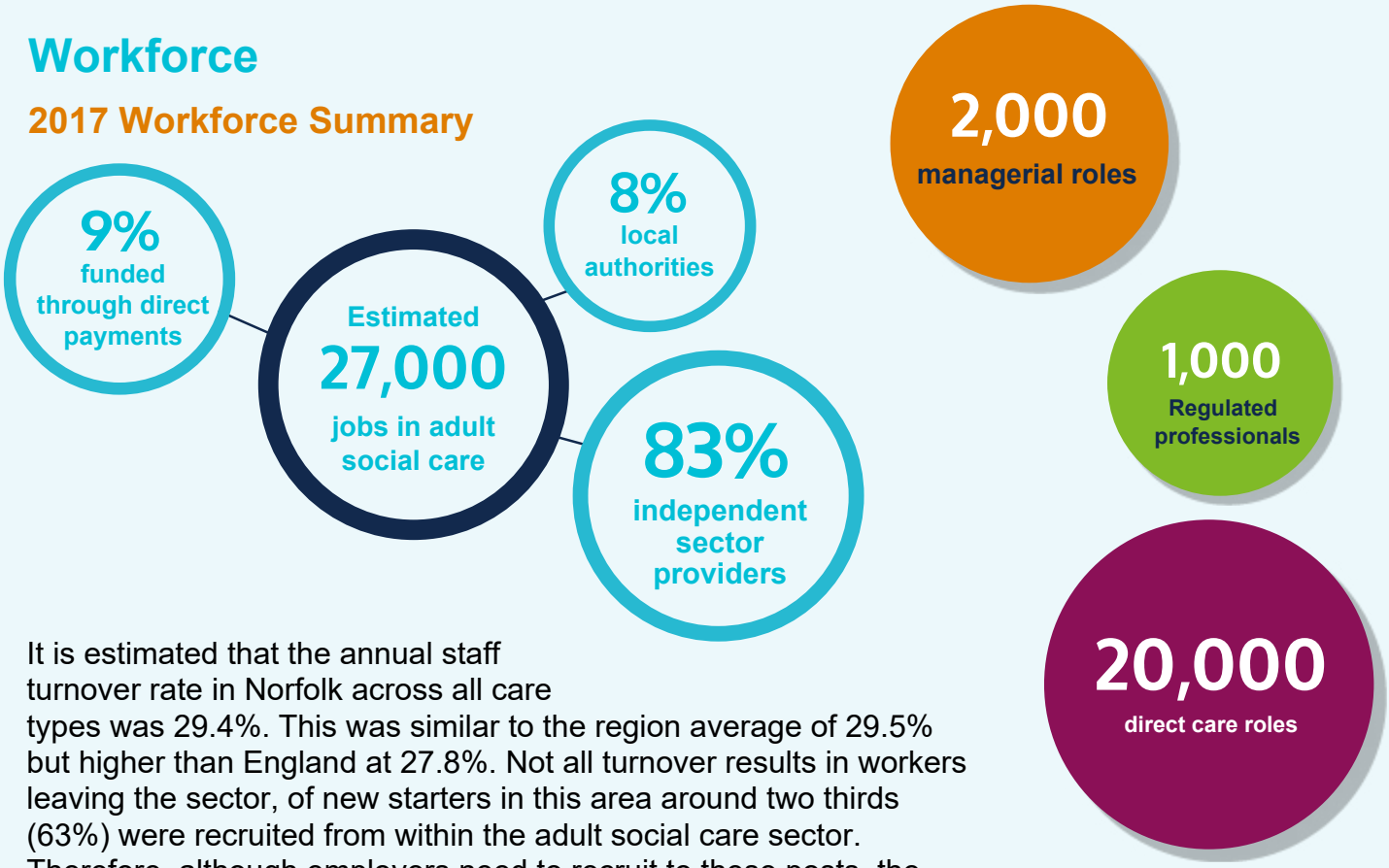
Home care providers accredited to deliver care in Norfolk, but not all located in Norfolk

Number of building based accredited Norfolk beds/places by provider type...



Workforce

2017 Workforce Summary



It is estimated that the annual staff turnover rate in Norfolk across all care types was 29.4%. This was similar to the region average of 29.5% but higher than England at 27.8%. Not all turnover results in workers leaving the sector, of new starters in this area around two thirds (63%) were recruited from within the adult social care sector. Therefore, although employers need to recruit to these posts, the sector retains their skills and experience.

Workers in Norfolk had on average

8.3

years of experience in the sector

69%

of the workforce had been working in the sector for at least three years

It is estimated that in Norfolk in 2017, 6.4% of roles in adult social care were vacant, this equates to around 1,700 vacancies at any one time. This vacancy rate was lower than the region average at 7.5% and similar to England at 6.6%.

The average number of sick days taken in Norfolk last year was

4.3

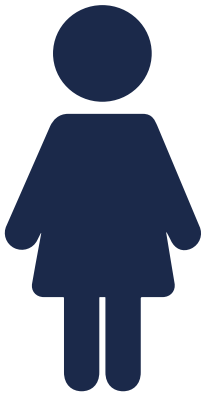
Compared to 4.3 in the Eastern region and 5.2 across England. With an estimated workforce of 27,000 this would mean employers in Norfolk lost approximately 116,100 days to sickness in 2017.

Zero
hours contracts

Less than one fifth (17%) of the workforce in Norfolk were on zero-hours contracts, though this is much higher in some service areas and in direct care roles. Approximately half (49%) of the workforce worked on a full-time basis, 46% were part-time and the remaining 5% had no fixed hours.

81%

of the workforce in Norfolk were female



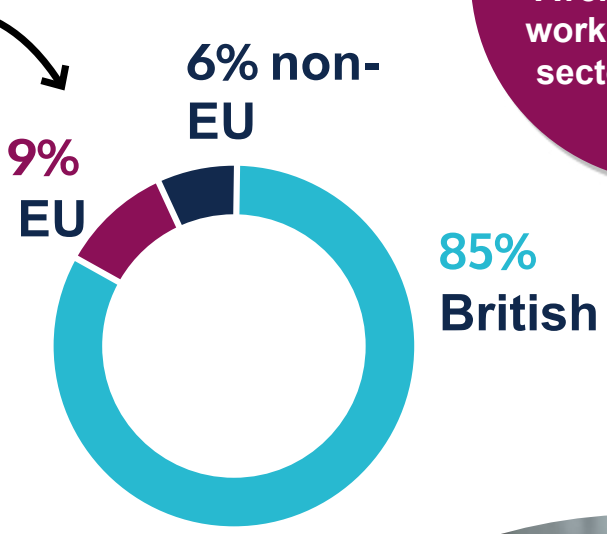
Those aged 24 and under made up 12% of the workforce and those aged over 55 represented 25%.

Given this age profile approximately 6,800 workers will be reaching retirement age in the next 10 years.

43

Average age of a worker in the care sector in Norfolk

Workforce nationality in Norfolk

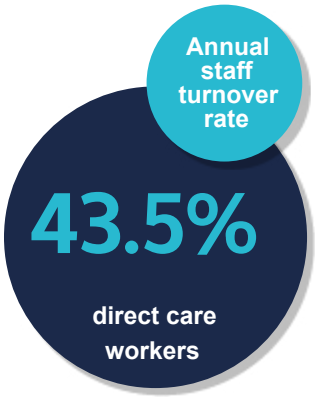


Average pay rates are not significantly different to East of England and England averages.

Older People's Workforce Summary

Home Care - Older People's

Less than East of England (66.2%) and England (60.4%)



Comparable with East of England (43.1%) and slightly higher than England (41.6%)

Higher than East of England (13.7%) and England (12.3%)

Comparable to East of England (**24%**) and England (**22.3%**)

In line with East of England (**86.5%**) and England (**86.8%**) patterns

Less than East of England (**9.3%**) but more than England (**5.6%**)

Good terms and conditions of employment means low turnover rates and vacancies

Extra Care Housing - Older People's

Comparable to East of England (91.7%) but less than England (93%)

Comparable to East of England (**25.9%**) but more than England (**22.9%**)

Day Services - Older People's

Annual staff turnover rate
30% workers

Significantly more than East of England (18.0%) and England (15.1%)

29.5% of direct care staff aged over 55

Lower than East of England (36%) and England (35.4%)

82.1% of direct care staff are Female

Comparable to East of England (83.1%) and England (81.6%)

Care Homes (residential and nursing) – Older People's

Annual staff turnover rate
36.5% direct care workers

Higher than East of England (34.1%) and England (31.5%)

Annual staff turnover rate
49.5% registered nurses

Significantly higher than East of England (33.4%) and England (32.9%)

7.5% of direct care staff from the European Economic Area

Lower than East of England (10.2%) but comparable to England (7.5%)

31.2% registered nurses from European Economic Area

Significantly higher than East of England (23.5%) and England (16.2%)

20% of direct care workers are aged over 55

Higher than East of England (18.9%) and similar to England (19.6%)

36.3% of registered nurses are aged over 55

Higher than East of England (31.2%) and England (33.5%)

87.7% of direct care workers are Female

Comparable to East of England (88.2%) and England (88.9%)

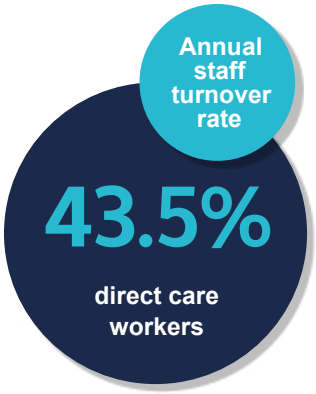
87.8% registered nurses are Female

Comparable to East of England (88.3%) and higher than England (86.3%)

Working Age Adults Workforce Summary

Home Care - Working Age Adults

Less than East of England (66.2%) and England (60.4%)



Comparable with East of England (43.1%) and slightly higher than England (41.6%)

Higher than East of England (13.7%) and England (12.3%)

Comparable to East of England (24%) and England (22.3%)

In line with East of England (86.5%) and England (86.8%)

Less than East of England (9.3%) but more than England (5.6%)

Good terms and conditions of employment means low turnover rates and vacancies

Comparable to East of England (91.7%) but less than England (93%)

Extra care housing is used predominantly by older people with some use by working age adults.

Extra Care Housing - Working Age Adults

Comparable to East of England (25.9%) but more than England (22.9%)

Supported Living - Working Age Adults

Significantly higher than East of England (68.7%) and England (70%)

Significantly higher than East of England (22.6%), and England (23%)

Day Services - Working Age Adults

Significantly more than East of England (20.3%) and England (14.8%)

In line with East of England (28.3%) and England (28.8%)

Slightly higher than East of England (21.1%) and England (21.8%) averages

Care Homes (residential and nursing) - Working Age Adults

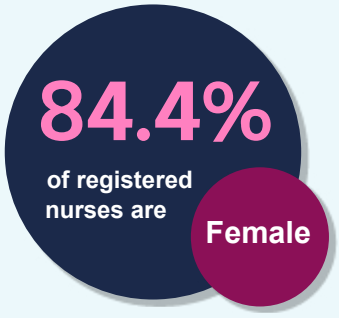
Comparable to East of England (9.6%) but higher than England (6.3%)

Higher than East of England (18.0%) and England (12.9%)

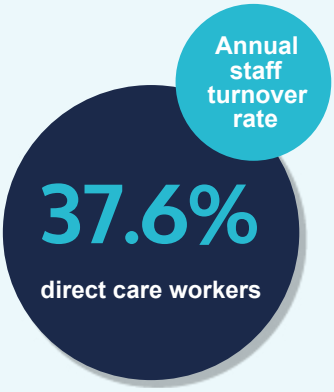
Comparable to East of England (18.8%) and England (19.5%)

Significantly higher than East of England (31.4%) and England (31.4%)

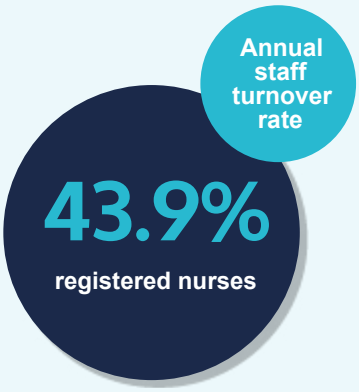
Slightly higher than East of England (18.6%) and England (18.7%)



Comparable to East of England (86.4%) and England (85.2%)



Significantly higher than East of England (31.4%) and England (30.9%)



Significantly higher than East of England (32%) and England (35.9%)

One of our top priorities within Adult Social Services is to help to resolve the recruitment and retention challenges the care market faces in Norfolk. To attract more people to work in the sector, the Council created a dedicated website called Norfolk Care Careers to engage and promote working in care. It shares the stories of people who currently work in the sector and what motivates them, as well as providing a central location for employers in the sector to advertise vacancies at no cost.

Older People's Care Services

All Older People's Services

Spend
£150,036,728

Service users
10,623

Older People's Home Care

Spend
£25,066,215

Service users
5,241 in year

85 **NCC accredited providers of home care, all registered to provide older people's home care**

Summary of Issues:

- Unmet home care need in rural, semi-urban and urban areas
- Quality issues within the home care market
- Sustainability issues and market failures
- High annual staff turnover and vacancy rates
- Better links are needed between formal and informal care
- High percentage of direct care workers on zero hours contracts
- High percentage of care workers approaching retirement age
- Exposure to Brexit greater because of large number of EU workers employed in home care
- Small percentage of male carers causing difficulties providing "male only" care packages

We are...

- Operating a home care provider framework to stabilise and consolidate the home support market, paying a banded price to providers, reducing unmet need, supporting the creation of effective home support rounds and encouraging more flexible and responsive services to maximise independence
- Using banded pricing to pay a higher hourly rate in more sparsely populated areas further away from centres of population where it can be difficult to get a care package currently
- Using the Enhanced Home Support Service to enable people to avoid going into hospital or residential care and to settle in at home following a hospital stay

Older People's Extra Care Housing

Spend
£12,289,682

Service users
673
(includes people who fund their own care, but the Council arranges their placement)

17 **Extra care housing schemes**

698 **Places providing services to predominantly older people**

It is estimated that Norfolk needs to create more than 2,800 extra care housing places by 2028.

Summary of Issues:

- Considerable shortage of schemes and places to meet the needs of the Norfolk population. More dementia places will need to be created
- Current extra care housing provision has very restrictive criteria for people who want to live there
- Large percentage of care workers approaching retirement age

We are...

- Evaluating how NCC can subsidise extra care housing to ensure Norfolk has the capacity it needs in the future
- Recruiting a Specialist Housing Programme Manager to work closely with district councils and providers to ensure that the required number of schemes are built
- Promoting a mixed tenure approach to ensure fewer restrictions on who can live in the schemes

Older People's Day Services

Spend £2,800,279

Service users 973

114 **Day Services**
Provide care to predominantly older people

Summary of Issues:

- Care is often provided in older buildings that are expensive to run and to where people have to travel
- Care is not always focused on maintaining people's independence
- High annual staff turnover rates
- Large percentage of care workers approaching retirement age

We are...

Seeking more community-based solutions to enable people to be more active and carry out enjoyable activities/tasks.

Older People's Direct Payments

People use their direct payments to arrange their own home care or personal assistant and day services (plus other services). These payments give individuals choice in the care services that best meet their needs and the freedom to make these arrangements themselves.

Spend £5,624,812

Service users 641

We are...

- Reviewing current arrangements to provide information, help people to plan, and support them to manage their own care. In doing this we have been talking with people with care needs about what options would work well for them
- Supporting the use of pre-payment cards and new arrangements for people who require support to manage the money which pays for their care arrangements

Summary of Issues:

- People need more help to manage their direct payments and spend them appropriately

Older People's Care Homes –
Residential and Nursing Care

Spend
£104,145,300

Residential	Nursing
£90,117,591	£14,027,709

Service users
5,629 (4,662 permanent long term, 967 temporary)

Residential	Nursing
4,907	812

Residential

167 **Homes** (5,520 beds)

Providing services to predominantly older people

Nursing

51 **Homes** (2,506 beds)

Providing services to predominantly older people

It is estimated that a maximum of about 1,550 of these beds are available for nursing care (and probably less than this), the rest are residential

Summary of Issues:

- Norfolk has a high percentage of older people in care homes. We understand that for many people, living in a care home is the best place they can be. However, some people can be supported to increase and maintain their independence and social connections, to keep them happy and safe in their own homes
- There are some serious quality concerns in older people's residential and nursing care. Norfolk does not compare well with other East of England or demographically similar authorities. We are working to address these issues to ensure that all homes are CQC rated `Good' or above, building on the 68% of older people's care homes that are already achieving this rating
- Analysis to predict demand for the number of care home beds in the future is being undertaken. The initial modelling highlights that more dementia places will be required in the future supported by demographic projections that dementia numbers will increase substantially
- The care estate is comprised of smaller homes (42% of older people's homes have less than 30 beds). We want to work with all homes to ensure that they are future proofed and provide a modern living environment to meet the changing care needs of people.
- High turnover of direct care staff and very high and unsustainable turnover of nursing staff
- Large percentage of registered nurses approaching retirement age
- High exposure to the impact of Brexit, one-third of nurses are from the European Economic Area
- We are working to address feedback from the market which tells us that more could be done to co-ordinate the messages and expectation that the Local Authority and NHS are placing on providers. We understand that providers would welcome a clear set of strategic intentions. Importantly, they want something practical that would inform their business plans to develop their business
- De-registration and closures of nursing homes has reduced the number of beds in nursing homes for older people and working age adults by nearly 300 in two years

We are...

- Through Promoting Independence working to reduce the number of permanent admissions to care homes for older people. However, demographic drivers are pulling in the opposite direction and the Council needs to plan for this

- Recommissioning residential and nursing care with additional resources being put in place to deliver the following outcomes:

The Council has a clear understanding and confidence in their current residential and nursing provision across Norfolk, detailed at a market town level.

The Council has a clear understanding of the future residential and nursing needs across Norfolk (especially for dementia), detailed at a market town level.

Providers have confidence and a clear idea of the current and future demand for residential and nursing provision/needs from the Council.

Providers have an open and transparent relationship with the Council with a clear communications and engagement strategy.

To achieve these outcomes we are:

- Working on updating the current service specification to meet current and future demands. This will take into account the Regional Association of Directors of Adult Social Services (ADASS) Care Home contract and the expectation that people can be placed at a residential and/or nursing home seven days a week

- Developing one engagement and communication plan across all Council departments, so we have co-ordinated and clear discussions with the market

- Developing the bed tracker, an online tool to provide up to date information about bed vacancies. This is is being used by our Brokerage Service and the Trusted Assessor Facilitators across the three Norfolk and Waveney acute hospitals. We hope the bed tracker will reduce the number of calls to providers and will better utilise the beds that we have

- Working to support the market over the winter period as demand on services is anticipated to grow

- Establishing a new framework arrangement for our providers to join. This is currently live and is the framework being used to enter into contracts with people for the provision of residential care. Developing a Light Touch Framework through which the Council will contract with the market

- Establishing with providers how to better meet the requirements of people e.g. out of hours access and linking to GPs

- Professionalising the quality assurance offer and adopting the regional standard assessment system PAMMS. We have adopted a low tolerance approach to providers who continue to fail to meet the required standard

- Piloting the Quiq Solutions self-assessment tool with targeted "requires improvement" care homes across the older people and working age adults market

Learning Disabilities Care Services

All Learning Disabilities Services

Spend
£108,922,267

Service users
2,809

Learning Disabilities Home care

Spend £694,553

Service users 580

57 **Home care**
Providers registered to provide home care to people with learning disabilities

Summary of Issues:

- Unmet home care need in rural, semi-urban and urban areas
- Quality issues within the home care market
- Lack of skilled providers to provide care for those with higher or challenging needs
- Sustainability issues and market failures
- High annual staff turnover and vacancy rates
- High percentage of direct care workers on zero hours contracts
- High percentage of care workers approaching retirement age
- Exposure to Brexit greater because of the large number of EU workers employed in home care
- Small percentage of male carers causing difficulties providing “male only” care packages
- Better links are needed between formal and informal care

We are...

- Operating a home care provider framework to stabilise and consolidate the home support market, pay a banded price to providers, reduce unmet need, support the creation of effective home support rounds and encourage more flexible and responsive services to maximise independence
- Using banded pricing to pay a higher hourly rate in more sparsely populated areas further away from centres of population where it is currently difficult to get a care package

Learning Disabilities Supported Housing – Supported Living

Spend
£32,825,668

Service users
800

189 **Schemes** (615 tenancies)

Providing supported living services predominantly to people with learning disabilities. 85% of schemes are of four places or less.

22 **Supported living floating support**

Providers registered to provide services to people with learning disabilities.

+ 1 shared lives provider

Summary of Issues:

- Current care provision is mostly schemes of four places or less, some of which are quite old. Purchase of care in this model is considerably more expensive than in schemes of five to eight tenancies
- Small and old schemes are difficult to adapt to changing needs of people and to offer activities and opportunities to increase independence
- Large percentage of care workers approaching retirement age

We are...

- Working with Children's Services to plan for future accommodation and housing needs for young people that also enables independence skills
- Reviewing the existing supported living options to make sure they meet the needs of people now and in the future
- Reviewing the shared lives model (adult fostering) to offer more opportunities. Focusing on enablement, young people returning from residential school, people moving out from home and respite
- Developing a single accommodation and housing needs list across Norfolk for people with a learning disability accessing social care, including people who need new or different accommodation
- Going to work with housing developers and providers to develop new accommodation
- Considering the most suitable short-term crisis accommodation, not being a hospital or a residential home, when people cannot be safely supported in their own home
- Trialling the use of extra care housing for people with learning disabilities to evaluate whether this works well on an ongoing basis

Learning Disabilities Day Opportunities

Spend £14,846,464

Service users 1,790

64 **Day services**
Providing services predominantly to people with learning disabilities.

Summary of Issues:

- Care is often provided in older buildings that are expensive to run and to where people have to travel
- Care is not always focused on maintaining people's independence. For people with learning disabilities this means a lack of opportunity to develop and maintain life skills, work experience and the support to move towards employment
- There is a lack of opportunities for people with learning disabilities to undertake day activities in the community
- High annual staff turnover rates
- Large percentage of care workers are approaching retirement age

We are...

- Working with day opportunity providers to ensure that day services offer outcome focused services that are going to lead to more independence and more work-related activities
- Working with Children's Services and Education to think about how they also prepare young people and adults to access employment opportunities and develop their skills to be prepared for a workplace
- Working in partnership with employment support agencies and day opportunity providers to understand what employment and training is currently available for people with learning disabilities, and what people need for the future
- Working with employers to promote the positives and opportunities that employing people with learning disabilities can have
- We are working with Welfare Rights to help people access the right benefits and work with employment agencies to support people in retaining employment opportunities once in work
- Intending to utilise the community to help make best use of the facilities, clubs and services that are already in existence in the community. We will need to work alongside colleagues, providers and other local authorities to ensure accessibility of community options for people with learning disabilities

Learning Disabilities Direct Payments

Spend
£10,224,098

Service users 786

Summary of Issues:

- The Council has undertaken a consultation to obtain views from users of direct payments including people with a learning disability. It is recognised that in many cases people with a learning disability and family members have found managing direct payments difficult

We are...

- Beginning to work with community providers to look at more personalised approaches that could be delivered through a direct payment
- Working with the Welfare Rights Team to provide greater outreach and support to people with a learning disability and autism
- Reviewing the take up of, and accessibility to, personal assistants and considering how the Council's workforce plan can support the increase in numbers of personal assistants
- Exploring ways that we can support people to develop friendship groups, so that they can access the community through pooling personal budgets and direct payments to share joint activities
- Supporting the use of pre-payment cards and new arrangements for people who require support to manage the money which pays for their care arrangement

Learning Disabilities Care Homes –
Residential and Nursing Care

Spend
£47,864,873

Residential	Nursing
£47,170,400	£694,473

Service users
1,130 (752 permanent)

Residential	Nursing
1,108	22

115 **Residential and nursing homes**
(1,090 beds)
Providing services predominantly to people with learning disabilities

Summary of Issues:

- Norfolk has a high percentage of people with learning disabilities in care homes. Being resident in a care home when it is not the best care setting for them can have less positive outcomes
- It can be difficult to provide activities for residents to increase their skills and maintain independence in very small homes. Residents can often end up having to have these activities provided by a separate day service
- Placements in smaller homes (1-9 beds) are noticeably more expensive than placements in slightly larger homes (10-19 beds)
- 13% of care home placements for people with learning disabilities are out of county (though some are only just over the Norfolk border). This indicates that there is a lack of certain care provision in Norfolk
- Out of county placements cost the Council more on average than placements in Norfolk and even more than those in very small homes in Norfolk
- Out of county placements can mean residents are at a considerable distance from their friends, families and community and make it harder for the Council to monitor the care they are receiving.
- High annual turnover of direct care staff. The exposure to Brexit is greater because of the large number of EU workers employed in care homes

19%
of people with a learning disability in a care home are aged 65+ and many will have complex care needs

68%
of Norfolk learning disability care homes have less than 10 beds

We are...

- Through Promoting Independence, working to reduce the number of permanent admissions to care homes for working age adults
- Working to ensure completion of annual reviews of services for placements out of county. Where it is beneficial to bring people back to Norfolk we will seek to do so. With new placements we will look to keep people in Norfolk wherever possible if they have networks and relationships here
- Working with Children's Services to plan for future accommodation and housing needs for young people that also enables independence skills
- Developing a single accommodation and housing needs list across Norfolk for people with a learning disability accessing social care, including people who need new or different accommodation
- Actively considering the alternatives to residential care
- Working with housing developers and providers to develop new supported living accommodation
- Reviewing the shared lives model (adult fostering) to offer more opportunities, focusing on enablement, young people returning from residential school, people moving out from home and respite
- Trialing the use of extra care housing for people with learning disabilities to evaluate whether this works well on an ongoing basis
- Working with care homes to ensure that they provide meaningful day opportunities focused on developing skills to support independence

Mental Health Care Services

All Mental Health Services

Spend
£14,682,263

Service users
1,320

Mental Health Home care

Spend
£883,829

Service users
428

55 **Home care providers**
Registered to provide home care to people with mental health needs.

Summary of Issues:

- Drug and alcohol misuse is a big and increasing issue. People may have chaotic lifestyles which can make securing and maintaining a home care service problematic and increases unmet need for these people
- Mental health services need to have a closer relationship with home care providers so that personal care and mental health services can work in tandem
- Unmet home care need in rural, semi-urban and urban areas
- Quality issues within the home care market
- Sustainability issues and market failures
- High annual staff turnover and vacancy rates
- High percentage of direct care workers on zero hours contracts
- High percentage of care workers approaching retirement age
- Exposure to Brexit greater because of the large number of EU workers employed in home care
- Small percentage of male carers causing difficulties providing “male only” care packages
- Better links are needed between formal and informal care

We are...

- Working with commissioning and procurement colleagues to make providers with mental health expertise aware of opportunities (e.g. when procurement frameworks are open for new providers to join) in order to improve the quality of specialist supply for people with complex needs
- Working with home care agencies will involve a degree of upskilling of both sets of staff through joint working and, potentially, training
- Intending to develop closer working relationships between home care agencies and our new specialist mental health support service (see following sections)

Mental Health Supported Housing –
Supported Living

Spend
£719,815

Service users
158

Additional spend outside of Purchase of Care:

Supported Living
£1,243,000 123 people

Housing related floating support
£404,000 160 people

18 Schemes

Providing services predominantly to people with mental health needs. The average size of a scheme is 12 tenancies.

4 Supported living floating support providers

Registered to provide services to people with mental health needs.

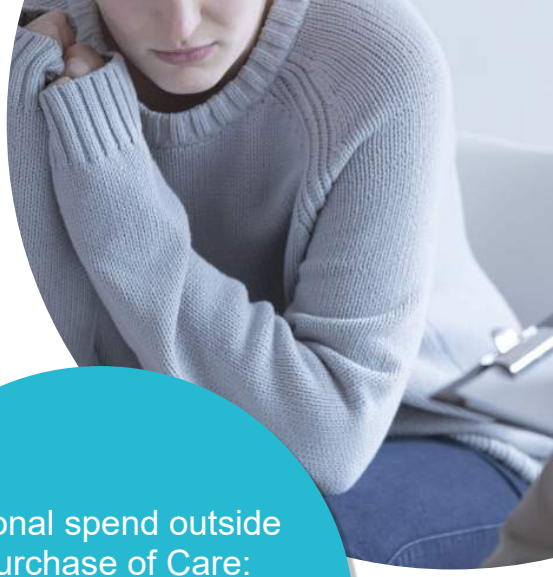
Summary of Issues:

- More supported living schemes are required for mental health service users, and these need to be larger than the smaller learning disabilities model to enable more opportunity for activities and developing skills to maintain independence
- There is a need for supported living schemes that can cater for people with early onset dementia and also Huntingtons' disease, as well as complex needs such as mental health needs coupled with drug and alcohol use
- Large percentage of care workers approaching retirement age
- It is desirable to have more extra care housing for people with serious and enduring mental health issues, including people with functional mental health needs. Mainstream housing can give greater access to the public and therefore make people with mental health issues more likely to be the victims of abuse. Extra care housing is more secure and has greater opportunities for activities, especially those that would help people maintain their independence

We are...

- Transforming supported living and associated services. In 2017-18 we completed the procurement process to bring together supported living, housing related floating support and personal assistant support provided through day opportunities. The new contract started in March 2018 and is run by five local providers working together as Norfolk Integrated Housing and Community Support Services (NIHCSS)
- Working with NIHCSS to identify potential home care partners to provide a consistent service into our supported living schemes in Norwich, Great Yarmouth and King's Lynn so that the schemes can support people with more complex physical health needs. Over time we will look to extend this partnership working to people supported by NIHCSS in the community
- Working with providers who can support disabled parents with mental health needs who need practical parenting support
- Actively seeking out opportunities for the creation of new supported living schemes
- Encouraging developers of new supported living schemes to build in assistive technology solutions at the design stage

Mental Health Day Opportunities



Spend
£1,448,927

Service users
567

18 **Day services**
Providing services predominantly to people with mental health needs.

Additional spend outside of Purchase of Care:

£57,000
25 people

Summary of Issues:

- Care is often provided in older buildings that are expensive to run and to where people have to travel
- Care is not always focused on maintaining people's independence. For people with mental health issues this means a lack of opportunity to develop and maintain life skills, work experience and the support to move towards employment
- High annual staff turnover rates
- Large percentage of care workers approaching retirement age

We are...

- Working with our provider of community outreach support NIHCSS to implement the new service model, following the contract change in March 2018. This involves more support through informal and formal groups to develop support networks and utilise assets in the community
- The new service model with the NIHCSS will involve different ways of working together e.g. joint support planning, as well as core training for support staff in recovery and psychologically informed environments
- Intending to work with other services to develop employment for people with mental health needs. Norfolk and Suffolk Foundation Trust are bidding with the CCGs for funding to run Individual Placement and Support (IPS) services
- Exploring the role of day services in providing stimulation for people with early onset dementia and respite for carers

Mental Health Direct Payments

Spend
£1,147,512

Service users
235

Summary of Issues:

- People who receive services and their families can find managing direct payments difficult. Often people rely on a provider to support them around employing people

We are...

- Reviewing current arrangements to provide information and help to help people plan, and support them to manage their own care. In doing this we have been talking with people with disabilities about what options would work well for them.
- Supporting the use of pre-payment cards and new arrangements for people who require support to manage the money which pays for their care arrangements

Mental Health Care Homes – Residential and Nursing Care

Spend
£9,711,697

Residential	Nursing
£8,755,544	£956,153

Service users
423 (299 permanent)

Residential	Nursing
392	34

Additional spend outside of Purchase of Care on specialist rehabilitative care home services:

£1,500,000
44 people

21 **Residential and nursing homes** (379 beds)

Providing services predominantly to people with mental health needs. Other people housed in shared provision with older people, people with learning disabilities and people with physical disabilities.

Summary of Issues:

- Significant number of people have been in care homes for a long time without the opportunity to develop skills to maintain independence. It is hard to relocate people who have been in residential care for a long time, especially if the care is inexpensive and the person does not wish to move
- More people aged over 50 are being placed in care homes. 37% of people with mental health problems in care homes are aged over 65. People aged 65+ in mental health service services often have complex issues - physical and mental deterioration
- Most new permanent care home placements in working age adult mental health services are for people with early onset dementia, however there is a lack of specialist provision for this group
- There are training needs for older people's care homes and housing with care around supporting people with functional mental health needs who are ageing or physically frail
- High annual turnover rates for direct care workers
- Exposure to Brexit greater because of the large number of EU workers employed in care homes

We are...

- Looking at the needs across the county of people with early onset dementia, some of whom also have functional mental illness e.g. schizophrenia. This will involve working with colleagues in adult social care in the community care teams and the health service. At present care homes for dementia tend to cater for an older and physically frailer age group and this needs to change
- Moving away from placing new people in long-term residential care, especially younger people
- Looking with CCGs at the future model of rehabilitation support for care homes and supported living for people with complex mental health needs
- Making providers aware of gaps in care home provision able to meet the needs:
  - Of people with Huntington's disease
  - Of the population with functional mental illnesses which is changing as they become physically frailer. Both mental health care homes and older people's homes need to adapt to be able to meet needs. This may include improving accessibility and training for staff

Physical Disabilities Care Services

All Physical Disabilities Services

£

Spend £25,143,134

Service users 2,079

Physical Disabilities Home Care

Spend
£5,956,281

Service users
1,633

82 **Home care providers**

registered to provider services to people with physical disabilities.

Summary of Issues:

- Unmet home care need in rural, semi-urban and urban areas
- Quality issues within the home care market
- Sustainability issues and market failures
- High annual staff turnover and vacancy rates
- High percentage of direct care workers on zero hours contracts
- High percentage of care workers approaching retirement age
- Exposure to Brexit greater because of the large number of EU workers employed in home care
- Small percentage of male carers causing difficulties providing “male only” care packages
- Better links are needed between formal and informal care

We are...

- Operating a home care provider framework to stabilise and consolidate the home support market, paying a banded price to providers, reducing unmet need, supporting the creation of effective home support rounds and encouraging more flexible and responsive services to maximise independence
- Using banded pricing to pay a higher hourly rate in more sparsely populated areas further away from centres of population where it is currently difficult to get a care package

Physical Disabilities Supported Housing –
Extra Care Housing and Supported Living

Spend
£492,486

Service users
64

2 **Supported living schemes**
(16 tenancies)

Providing services predominantly to people with physical disabilities. Other people are receiving supported living in schemes where most people are learning disabilities or mental health service users. Older persons extra care housing schemes accommodate people with physical disabilities, but no scheme is specifically for working age adults with physical disabilities.

Summary of Issues:

- Shortage of supported living schemes for working age adults with physical disabilities, choice is invariably only between home care or residential care
- Concerns that accommodating working age adults in extra care housing schemes with frail older people may not be appropriate
- Large percentage of care workers approaching retirement age

We are...

Encouraging the development of independent accommodation for people with a physical disability. This needs to provide opportunities for activities to develop the skills required to maintain independence.

Physical Disabilities Day Opportunities

Spend
£1,062,483

Service users
685

9 **Day services**

Providing services predominantly to people with physical disabilities. Other people are receiving care in older persons, learning disabilities and mental health services.

Summary of Issues:

- Care is often provided in older buildings that are expensive to run and to where people have to travel
- Care is not always focused on maintaining people's independence. For people with physical disabilities this means a lack of opportunity to develop and maintain life skills, work experience and the support to move towards employment
- There are a lack of opportunities for people with physical disabilities to undertake day activities in the community
- High annual staff turnover rates
- Large percentage of care workers approaching retirement age

We are...

Evaluating options for more community-based day activities that increase independence and skills for employment.

Physical Disabilities Direct Payments

Spend
£9,842,919

Service users
1,036

Summary of Issues:

- People who receive services and their families can find managing direct payments difficult

We are...

- Reviewing current arrangements to provide information, help people plan, and support them to manage their own care. In doing this we have been talking with people with disabilities about what options would work well for them
- Supporting the use of pre-payment cards and new arrangements for people who require support to manage the money which pays for their care arrangements

Physical Disabilities Care Homes –
Residential and Nursing Care

Spend
£7,678,029

Residential	Nursing
£5,141,856	£2,536,173

Service users
279 (180 permanent)

Residential	Nursing
198	90

8 **Residential and nursing homes** (160 beds)

Providing services predominantly to people with physical disabilities. Other people are accommodated in older people's, learning disabilities and mental health provision and out of county.

Summary of Issues:

- Significant number of people with physical disabilities are in care homes, there are questions over whether this has good outcomes for them. We do accept, however, that care homes are the correct placement for many people (41% of physical disabilities permanent care home residents receive nursing care which is difficult to provide in another setting)
- Too many working age adults with physical disabilities are residents in homes where the other residents are frail older people
- Very high and unsustainable nursing staff turnover
- Significantly large percentage of registered nurses approaching retirement age
- Significant number of nurses are from the EU, large exposure to Brexit
- Exposure to Brexit greater because of the large number of EU workers employed in care homes as care workers

14% **of care home placements**

of people with physical disabilities are out of county (though some are only just over the Norfolk border)

- This indicates that there is a lack of certain care provision in Norfolk
- Out of county placements cost the Council considerably more on average than placements in Norfolk
- Out of county placement can place residents at considerable distance from their friends, families and communities and make it harder for the Council to monitor the care they are receiving

We are...

Looking at our model of residential accommodation for people with physical disabilities regarding:

- *Our position on out of county placement practices*
- *How to avoid placing working age adults with physical disabilities in older people's care homes*
- *Alternatives to residential placements (dedicated extra care housing, supported living and home care)*

Young People in Transition aged 14-25

What is Transition?

Transition is the move of a young person from Children's to Adults Social Services. The transfer happens at age 18 and the young person stays "in transition" until they are 25. Effective planning and management of the transition process is vital for the individuals involved and in planning the services that are required for young people entering adult social services via transition.

Young people are tracked from the age of 14, with a person's level of need being identified by their Education Health and Care Plan (EHCP). A significant number of children receiving services before the age of 18 are not eligible for adult social care services. Young people who may be eligible for adult services are currently identified as:

1. **Those who may be in need of additional support beyond mainstream services and historically face challenging transitions to adult life, or...**
2. **Those who currently hold an EHCP but are less likely to qualify for additional support beyond school age**

140 - 150
young people

An estimated 140-150 young people transfer from Children's services to Adult social services annually: learning disabilities (c.100), mental health (c.20) and physical disabilities (c.20)

We are...

- Working with Children's Services to review and improve the transition pathway, including through commissioning services which can meet the needs of people once they become 18
- Including the following in young people's Transition Plans:
  - *Health and well-being needs*
  - *Accommodation*
  - *Access to the community*
  - *Managing money and option to receive a direct payment*
  - *Aspirations for the person's future, including getting a job*
  - *Developing opportunities into employment, training and further education*

Summary of Issues

- Young people need to be prepared for adult life including the transfer to adult services or the ending of Children's Services at aged 18. This preparation needs to begin well in advance
- It can be hard to predict accurately how many people will require adult services when they reach 18

Autism

Autism is not a mental illness or a learning disability, it is a developmental spectrum condition. People with autism can have difficulties in social functioning including communication, comprehension and imagination. People with autism can also experience heightened sensory experiences with light, sound and touch all impacting upon someone's daily living experience.

The impact of autism upon an individual is unique and will be helped or hindered by their personal and environmental circumstances. Asperger Syndrome also sits within the autism spectrum in which the person does have a learning disability or is above average intelligence.

People with autism are likely to have additional needs sometimes including a learning disability and/or mental health conditions such as depression or anxiety.

45%
of people with autism have a learning disability

70%
of people with autism have a learning disability and/or a mental health condition

The Council is a partner in the development of an all age autism strategy to inform the vision and the priorities in the delivery of improved life outcomes and opportunities for people with autism, and their parents, and or unpaid carers. A Norfolk All Age Autism Partnership Board met for the first time in April 2018 with membership from unpaid carers, parents, people with autism, the police, Adults and Children's Social Care, education, health commissioners and providers in addition to a not for profit voluntary provider.

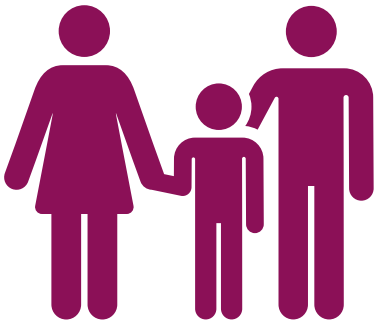
5

Integrated Locality Commissioning

Great Yarmouth and Waveney CCG

Population and Deprivation

Population analysis includes Waveney while analysis of services commissioned, service users, spend and providers includes the Norfolk part of Great Yarmouth and Waveney CCG only.

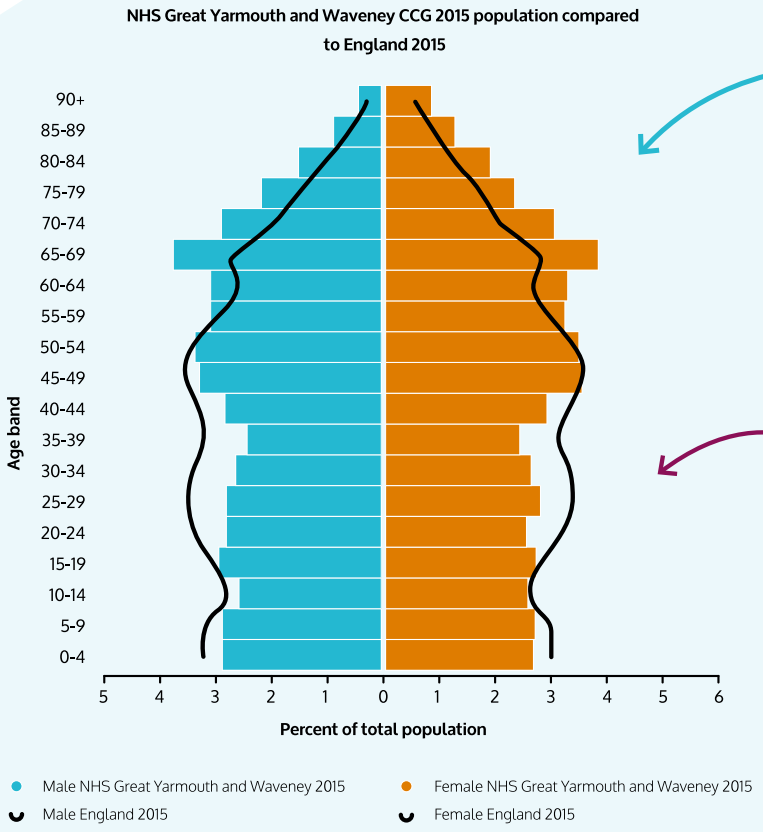


The estimated population of **Great Yarmouth and Waveney** is

215,000 rising to

226,000 in 2030

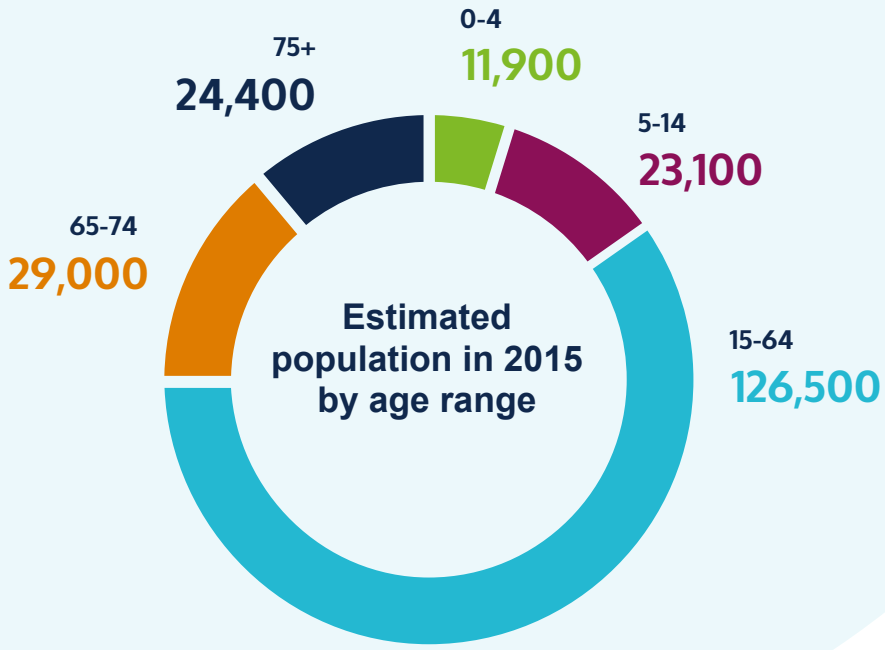
The Great Yarmouth and Waveney population is generally older than the England average and the largest increase in population between 2015 and 2030 is anticipated to be in the 75+ age band.

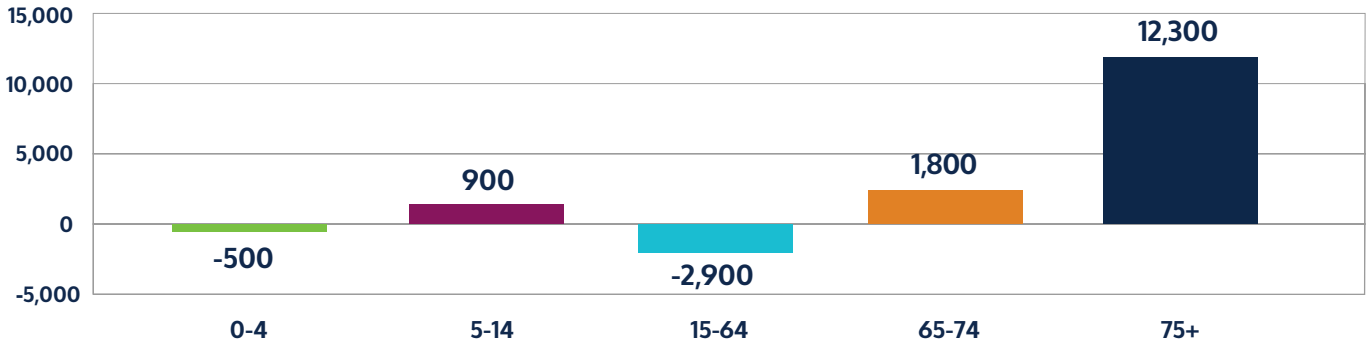


Great Yarmouth and Waveney has a higher percentage of people in the 65+ age band than the England average

Great Yarmouth and Waveney also has a lower percentage of its population in the under 45 age band than the England average

The effect of this going forward is an increasingly elderly and frail population and a limited number of working age adults to care for them.





Estimated population change between 2015 and 2030 by age range

Out of 209 CCGs in England, Great Yarmouth and Waveney ranks as the

44th most deprived

The Health of the Population -
Great Yarmouth and Waveney CCG

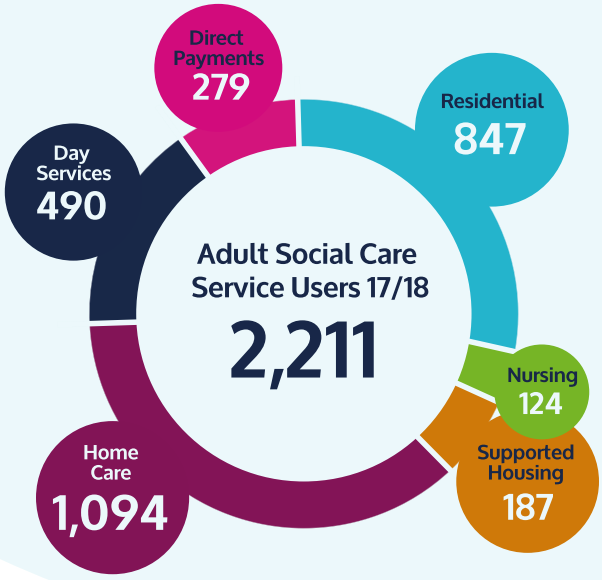
16-69%	70+%	All Adults	
4.9%	33.3%	-	Multiple Long Term Conditions
1.3%	5.8%	-	Severe and Enduring Mental Illness
0.8%	0.4%	-	Learning Disability
0.1%	3.4%	-	Physical Disability
-	-	67%	Mostly Healthy

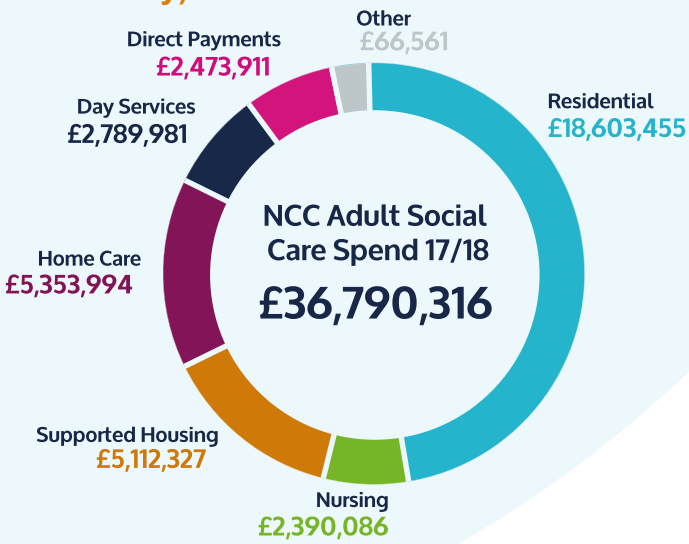
2 in 3

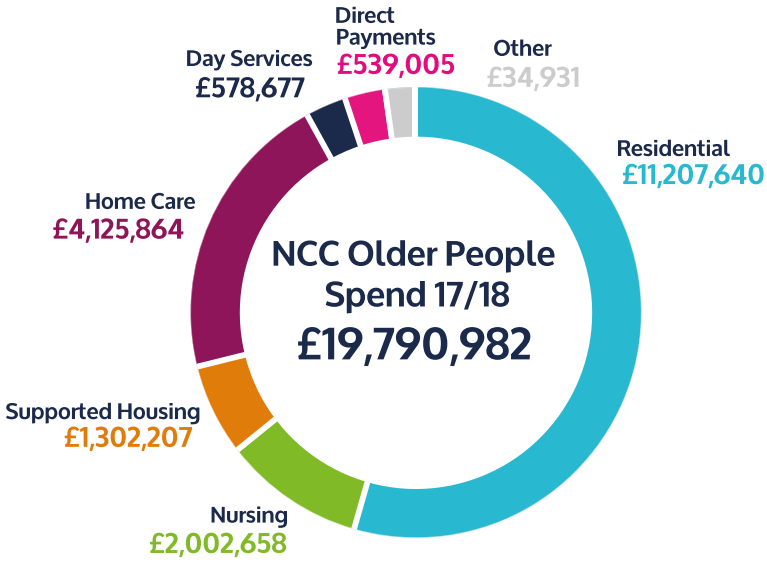
Adults in Great Yarmouth are overweight

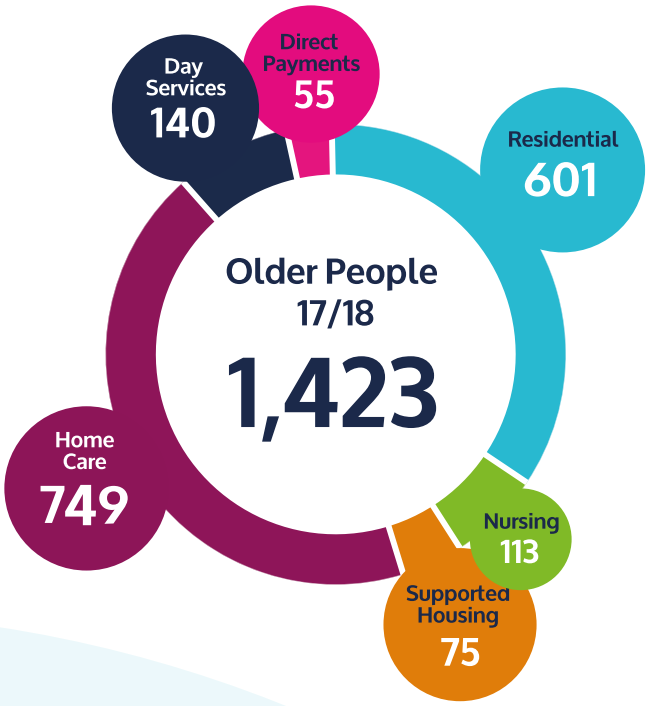
Services Delivered and Spend on Adult Social Care

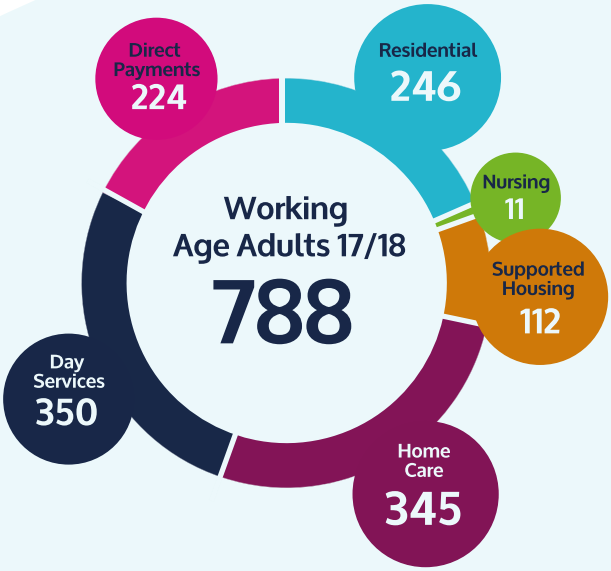
Spend by Eastern Adult Social Services (excludes Waveney)

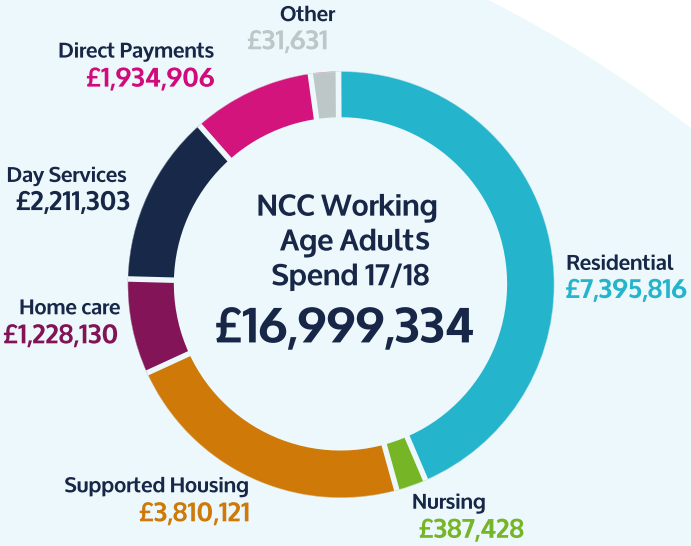




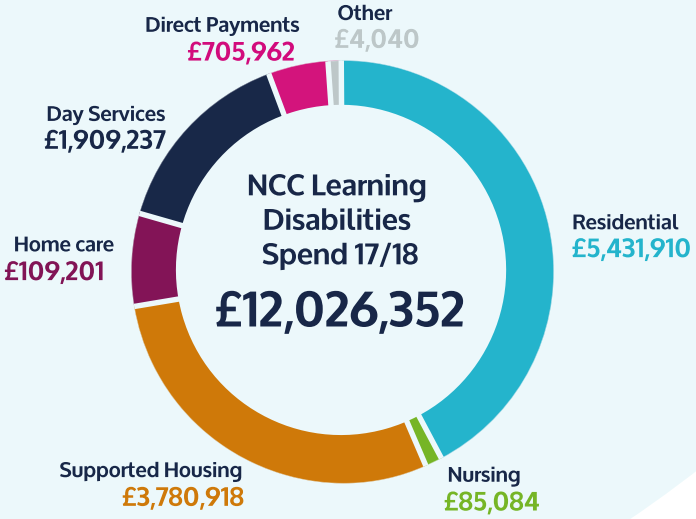




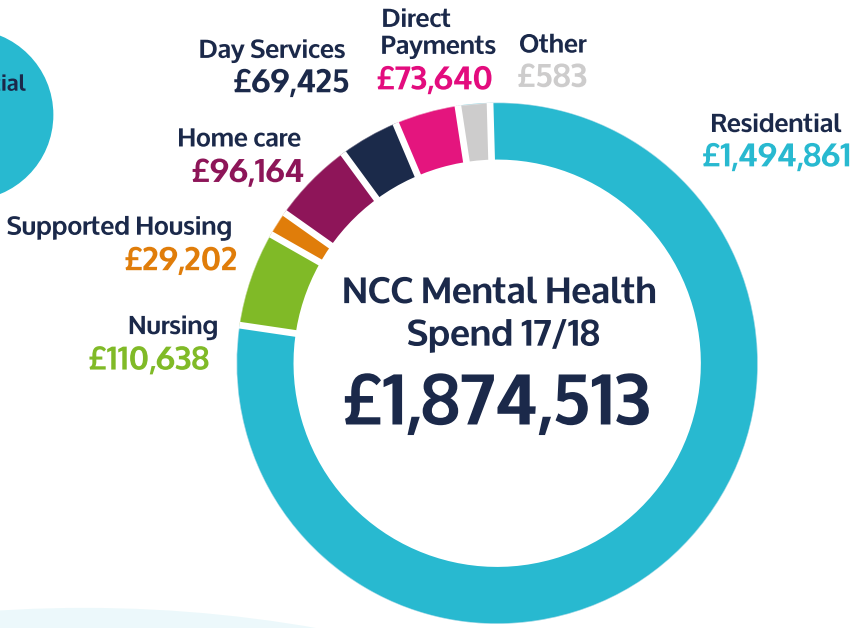


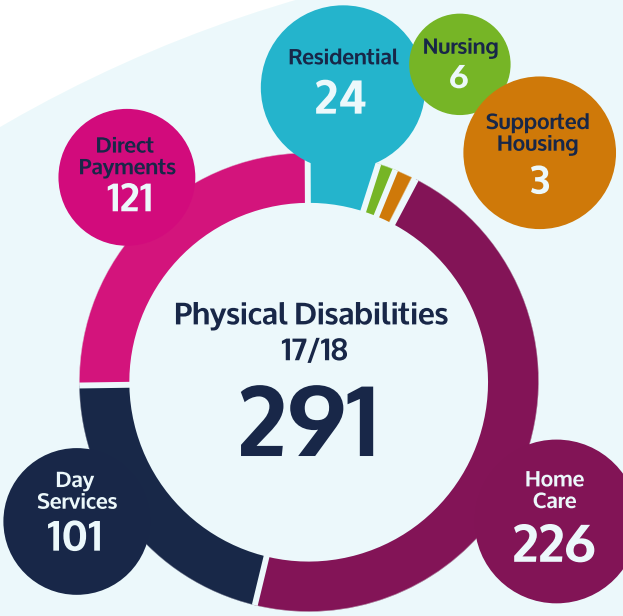


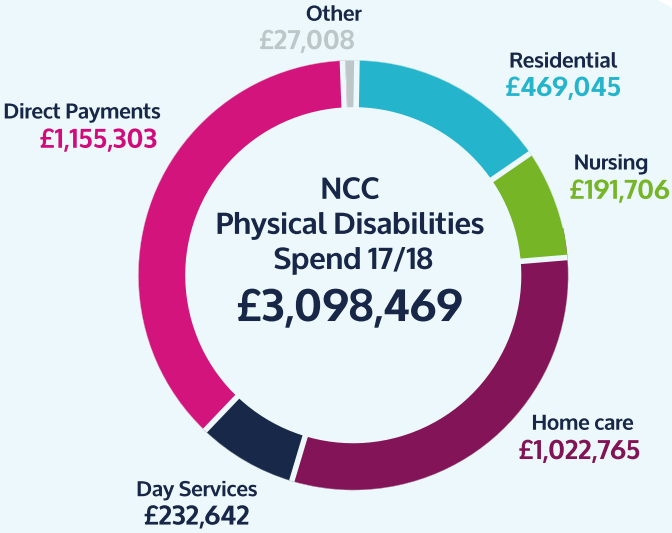

Direct Payments 79
Residential 152
Nursing 2
Supported Housing 90
Home Care 77
Day Services 210
Learning Disabilities 17/18
352


Direct Payments £705,962
Other £4,040
Day Services £1,909,237
Home care £109,201
Residential £5,431,910
Supported Housing £3,780,918
Nursing £85,084
NCC Learning Disabilities Spend 17/18
£12,026,352


Direct Payments 24
Residential 70
Day Services 39
Nursing 3
Home Care 42
Supported Housing 19
Mental Health 17/18
145


Day Services £69,425
Direct Payments £73,640
Other £583
Residential £1,494,861
Home care £96,164
Supported Housing £29,202
Nursing £110,638
NCC Mental Health Spend 17/18
£1,874,513


Residential 24
Nursing 6
Supported Housing 3
Direct Payments 121
Day Services 101
Home Care 226
Physical Disabilities 17/18
291


Other £27,008
Residential £469,045
Direct Payments £1,155,303
Nursing £191,706
NCC Physical Disabilities Spend 17/18
£3,098,469
Home care £1,022,765
Day Services £232,642

Providers of Adult Social Care -

Norfolk part of Great Yarmouth and Waveney CCG

Buildings Based Services

Residential Care Homes

Working Age Adults' providers	Working Age Adults' beds	Older People's providers	Older People's beds
17 Locations	151 Beds	21 Locations	616 Beds

Nursing Homes

Working Age Adults' providers	Working Age Adults' beds	Older People's providers	Older People's beds
3 Locations	20 Beds	6 Locations	227 Beds

Extra Care Housing

Working Age Adults' providers	Working Age Adults' tenancies	Older People's providers	Older People's tenancies
0 Locations	0 Tenancies	2 Locations	65 Tenancies

Supported Living Schemes

Working Age Adults' providers	Working Age Adults' tenancies	Older People's providers	Older People's tenancies
19 Locations	80 Tenancies	0 Locations	0 Tenancies

Day Services

Working Age Adults' providers	Older People's providers
13 Locations	11 Locations

Non-Buildings Based Services - Located in CCG

Home Care

Providers: 6

Supported Living Floating Support

Providers: 0

We are...

- Commissioning accommodation based reablement beds to assist hospital discharge and prevent admission. The Great Yarmouth provider currently has four beds
- In partnership with Suffolk County Council and health partners, putting in place two Trusted Assessment Facilitators who work at the James Paget University Hospital to improve the experience of patients plus reduce any delays as they return to their home or move into a care home
- Working to reduce delayed discharges through the Enhanced Home Support Service (EHSS). One assessor is employed at the James Paget University Hospital
- An active partner in the Health and Social Care Integrated Discharge Hub at the James Paget University Hospital in order to facilitate joined up working that improves the discharge process for social care patients
- Working with our health partners to put in place a reablement model of support across all intermediate care beds, to maximise people's independence
- Commissioning the Healthy Homes scheme which enables home adaptations to support residents to stay in their own homes for longer
- Commissioning "I'm Going Home", a service which enables patients to leave hospital with a community alarm thereby providing assurance and peace of mind to those living on their own

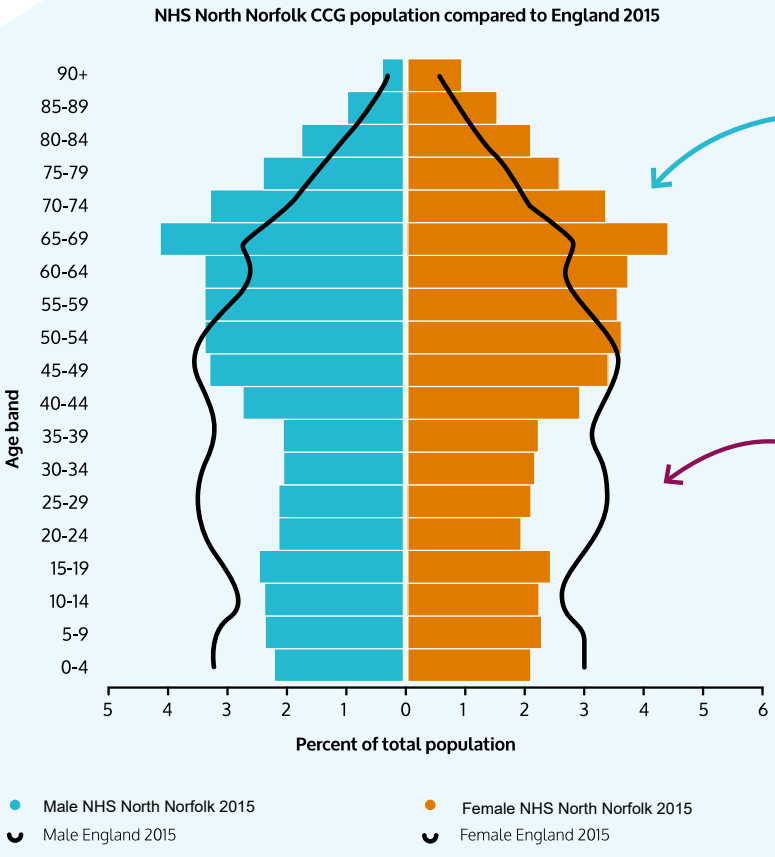
North Norfolk CCG

Population and Deprivation

The estimated population of **North Norfolk** is

171,000 rising to **184,000** in 2030

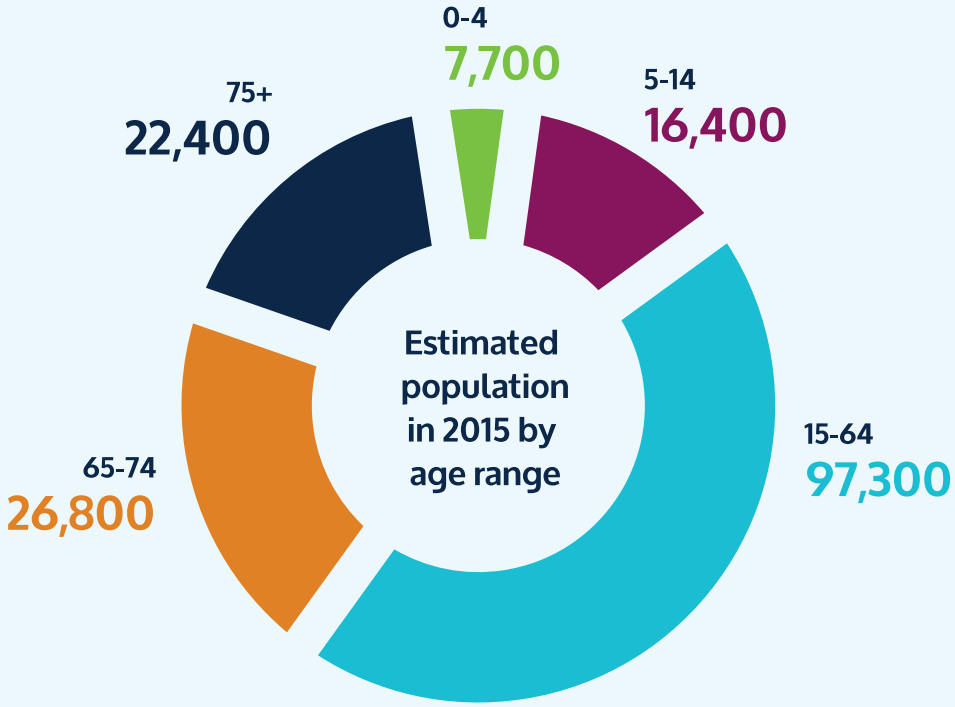
The North Norfolk population is generally older than the England average and the largest increase in population between 2015 and 2030 is anticipated to be in the 75+ age band.

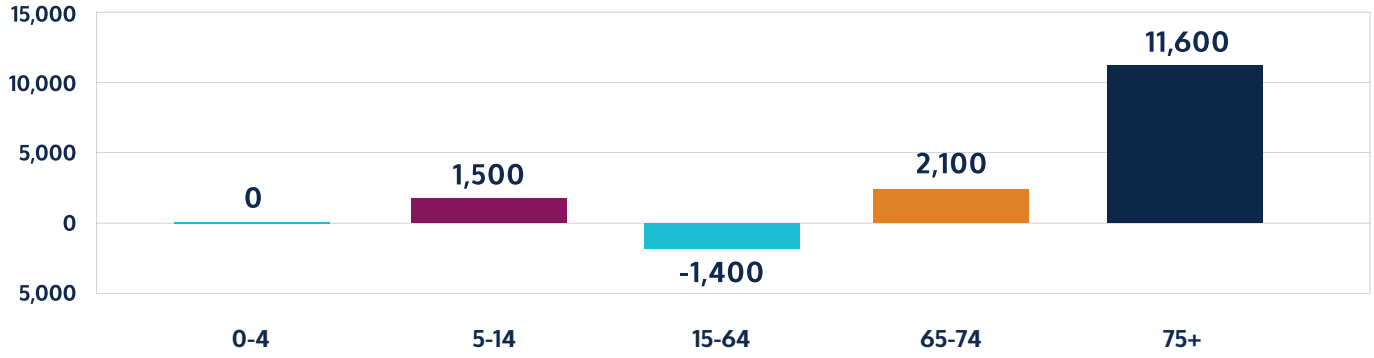


North Norfolk has a significantly higher percentage of people in all the 65+ age bands than the England average. It also has a higher percentage of people approaching retirement age.

North Norfolk also has a significantly lower percentage of its population in the under 45 age bands than the England average.

The effect of this going forward is an increasingly elderly and frail population and a limited number of working age adults to care for them. In North Norfolk this situation could be described as critical.





Estimated population change between 2015 and 2030 by age range

Out of 209 CCGs in England, North Norfolk ranks as the

134th most deprived

The Health of the Population -
North Norfolk CCG

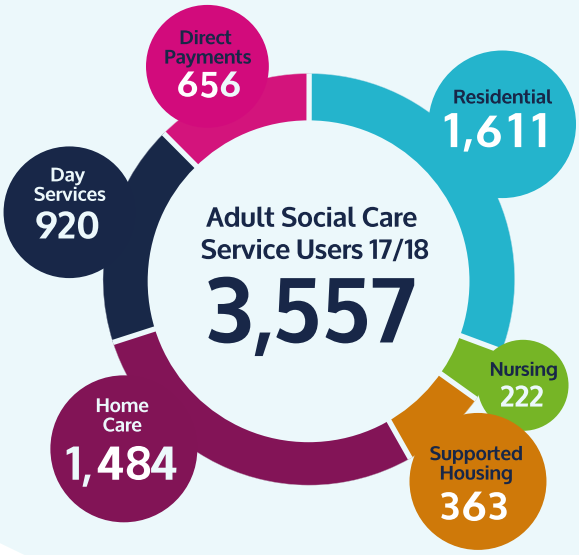
16-69%	70+ %	All Adults	
3.7%	30%	-	Multiple Long-Term Conditions
1.0 %	5.1%	-	Severe and Enduring Mental Illness
0.7%	0.4%	-	Learning Disability
0.1%	3.1%	-	Physical Disability
--		66%	Mostly Healthy

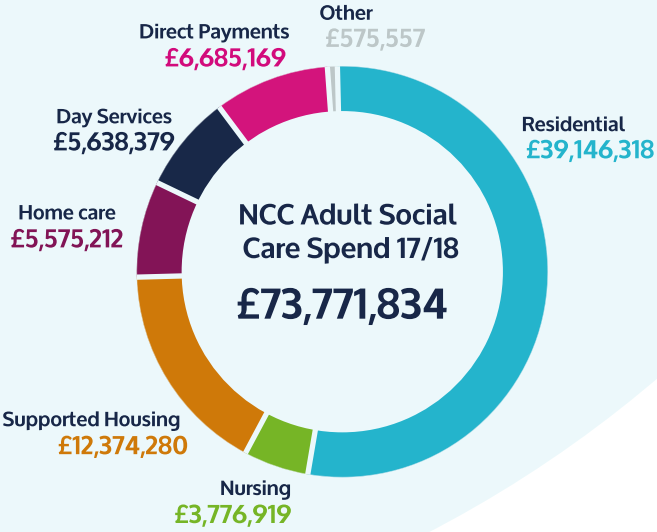
2 in 3

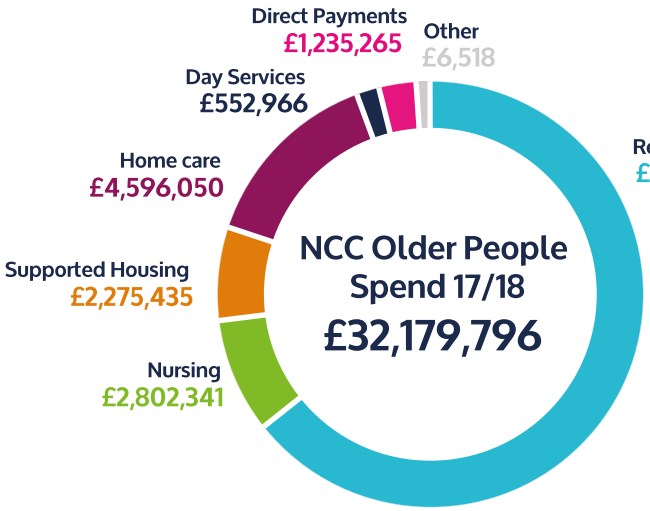
Adults in North Norfolk are overweight

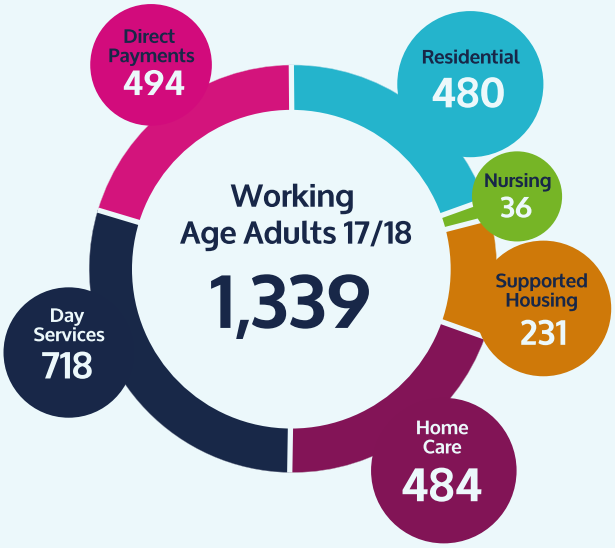
Services Delivered and Spend on Adult Social Care

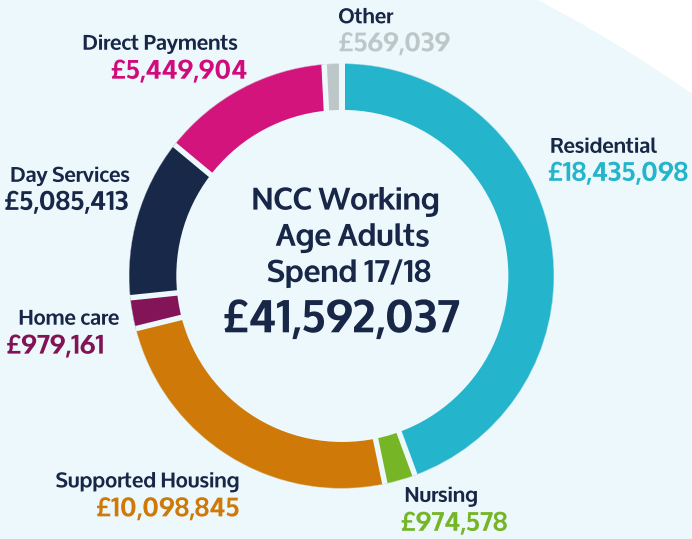
Spend by Northern Adult Social Services



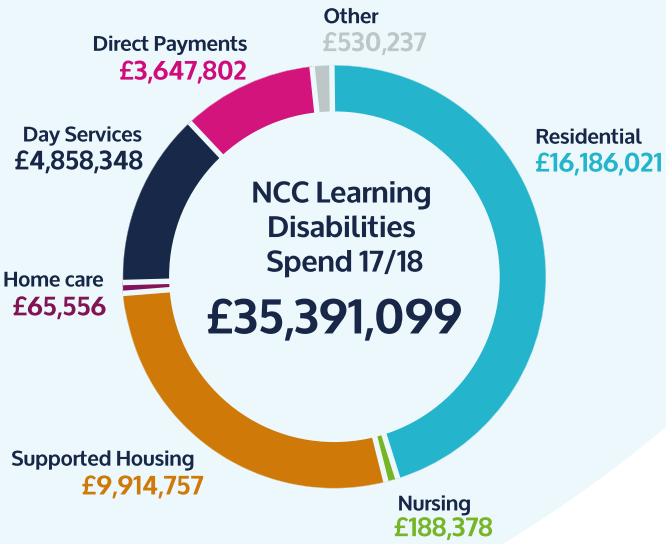


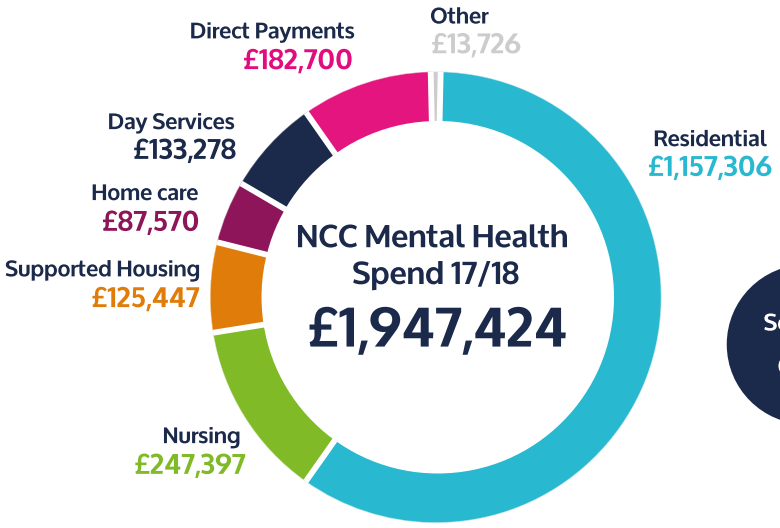




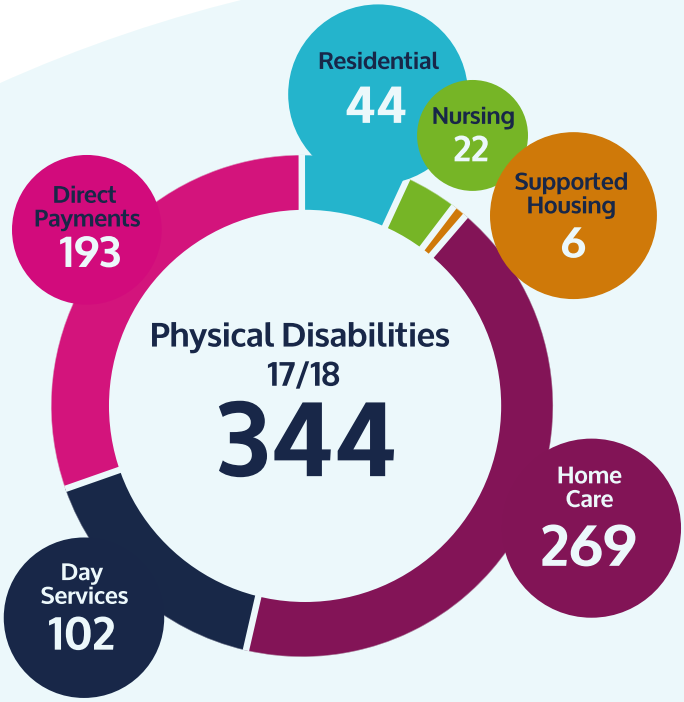


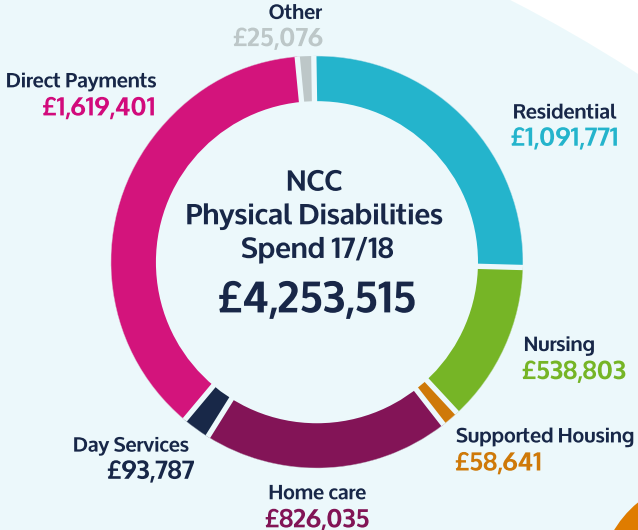

Direct Payments 258
Residential 377
Nursing 6
Supported Housing 205
Home Care 143
Day Services 552
Learning Disabilities 17/18 809


Other £530,237
Direct Payments £3,647,802
Residential £16,186,021
Day Services £4,858,348
NCC Learning Disabilities Spend 17/18 £35,391,099
Home care £65,556
Supported Housing £9,914,757
Nursing £188,378


Direct Payments £182,700
Other £13,726
Day Services £133,278
Residential £1,157,306
Home care £87,570
NCC Mental Health Spend 17/18 £1,947,424
Supported Housing £125,447
Nursing £247,397


Direct Payments 43
Residential 59
Mental Health 17/18 186
Nursing 8
Day Services 64
Supported Housing 20
Home Care 72


Residential 44
Nursing 22
Supported Housing 6
Direct Payments 193
Physical Disabilities 17/18 344
Home Care 269
Day Services 102


Other £25,076
Direct Payments £1,619,401
Residential £1,091,771
NCC Physical Disabilities Spend 17/18 £4,253,515
Nursing £538,803
Supported Housing £58,641
Day Services £93,787
Home care £826,035

Providers of Adult Social Care - North Norfolk CCG

Buildings Based Services

Residential Care Homes

Working Age Adults' providers	Working Age Adults' beds	Older People's providers	Older People's beds
45 Locations	484 Beds	48 Locations	1,407 Beds

Nursing Homes

Working Age Adults' providers	Working Age Adults' beds	Older People's providers	Older People's beds
2 Locations	85 Beds	9 Locations	496 Beds

Extra Care Housing

Working Age Adults' providers	Working Age Adults' tenancies	Older People's providers	Older People's tenancies
0 Locations	0 Tenancies	3 Locations	100 Tenancies

Supported Living Schemes

Working Age Adults' providers	Working Age Adults' tenancies	Older People's providers	Older People's tenancies
47 Locations	160 Tenancies	0 Locations	0 Tenancies

Day Services

Working Age Adults' providers	Older People's providers
23 Locations	35 Locations

Non-Buildings Based Services - Located in CCG

Home Care

Providers: 10

Supported Living Floating Support

Providers: 4

We are...

- Commissioning accommodation based reablement beds for people in North Norfolk to assist hospital discharges and prevent admission
- Introducing a new banded pricing for framework providers in the Central Belt (Norwich, South Norfolk and North Norfolk CGG areas). The purpose of setting up a provider framework and trialling a banded pricing structure is to try to address issues such as instability in the home care market and unmet need
- Working in partnership with Suffolk County Council and health partners and have put in place two Trusted Assessment Facilitators who work at the Norfolk and Norwich University Hospital to improve the experience of people and reduce any delays as they return to their home or move into a care home
- Using the new Enhanced Home Support Service (EHSS) to reduce delayed discharges. Three assessors are employed at the Norfolk and Norwich University Hospital
- Introducing Supported Care which brings reablement and community nursing together, this has enabled more people to receive care at home and avoid the need for a community short-term bed. An escalation team was piloted during May and June 2018 and will inform plans for admission avoidance schemes at a more localised level

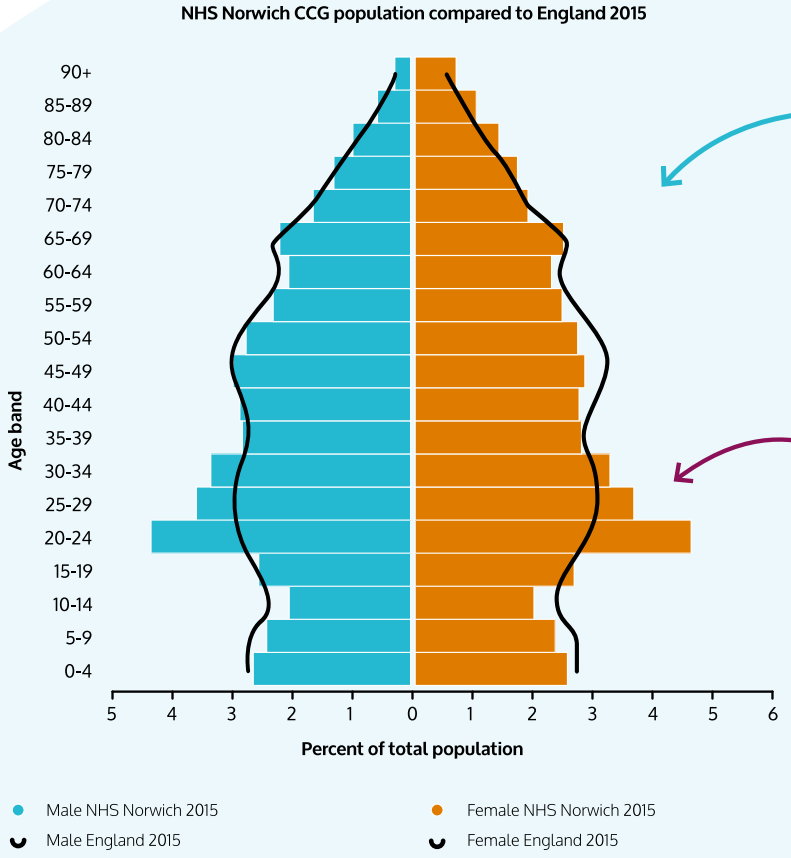
Norwich CCG

Population and Deprivation

The estimated population of **Norwich** is

198,000 rising to **219,000** in 2030

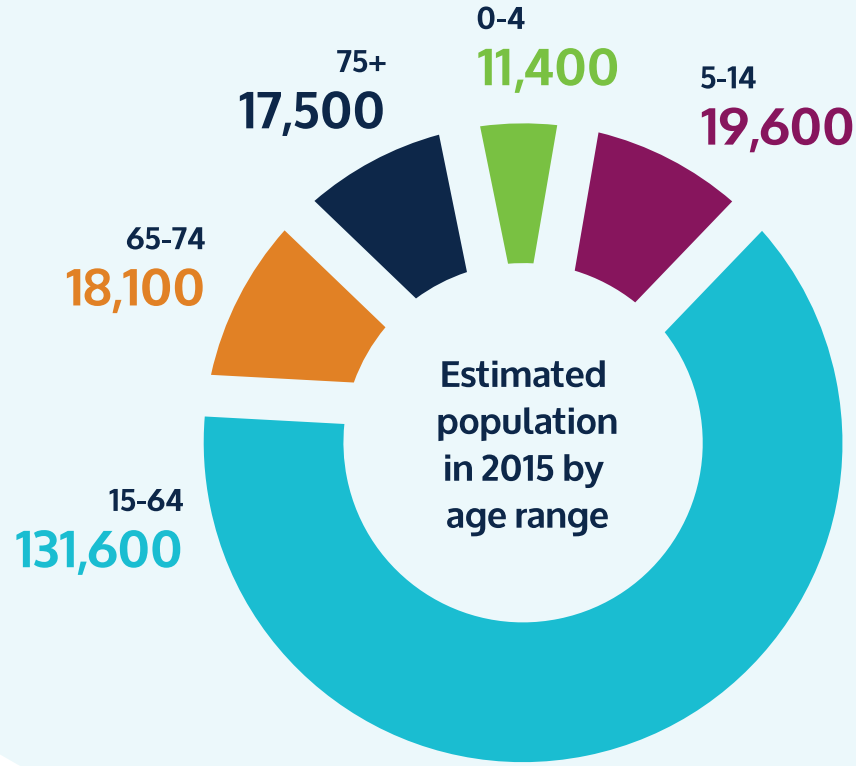
The population is generally younger than the England average and the largest increase in population between 2015 and 2030 is anticipated to be in the age bands 15-64 and 75+.

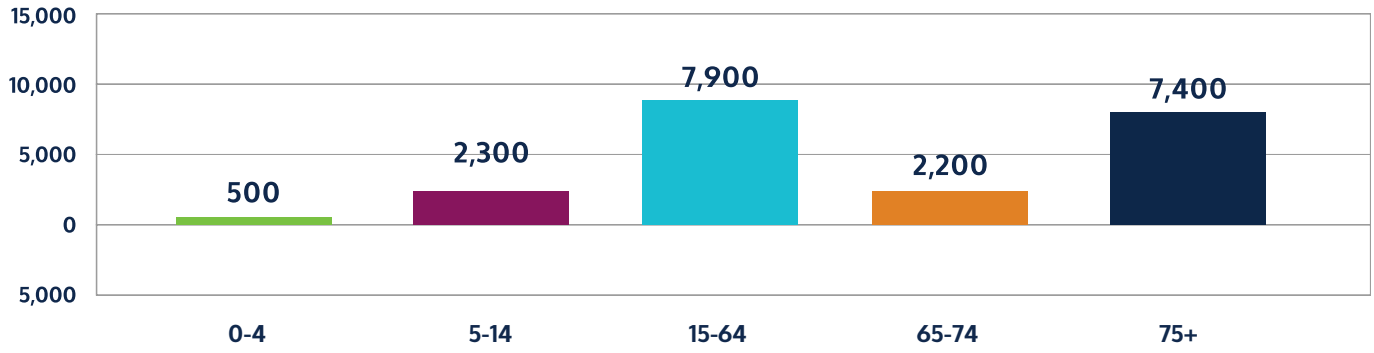


Norwich has a population age structure similar to the England average for over 35s

Norwich also has a significantly higher percentage of its population in the age band 20-35 than the England average

Norwich therefore has an age structure that is the reverse of the general Norfolk position i.e. much younger. The effect of this going forward is smaller increased demand for older people's services and a workforce that is more likely to be able to meet increased demand. There is likely to be a greater demand for "working age adults" services (learning disabilities, mental health and physical disabilities) in future.





Estimated population change between 2015 and 2030 by age range

Out of 209 CCGs in England, Norwich ranks as the

88th most deprived

The Health of the Population -
Norwich CCG

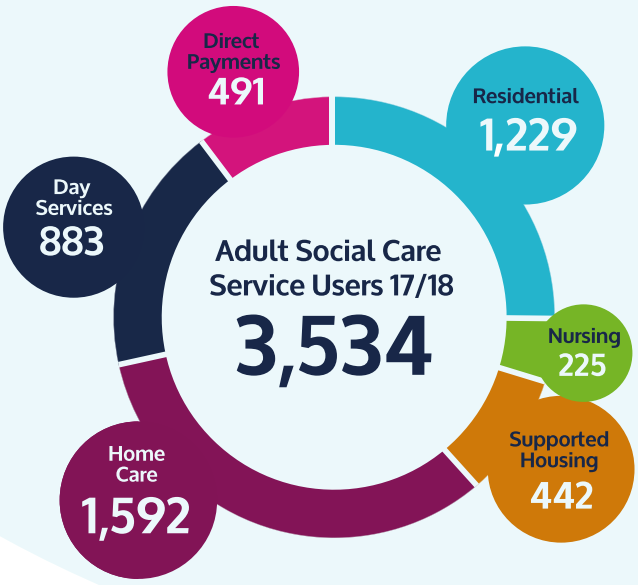
16-69%	70+%	All Adults	
4.9%	24.1%	-	Multiple Long-Term Conditions
1.3%	3.7%	-	Severe and Enduring Mental Illness
0.9%	0.3%	-	Learning Disability
0.1%	2.3%	-	Physical Disability
-	-	70%	Mostly Healthy

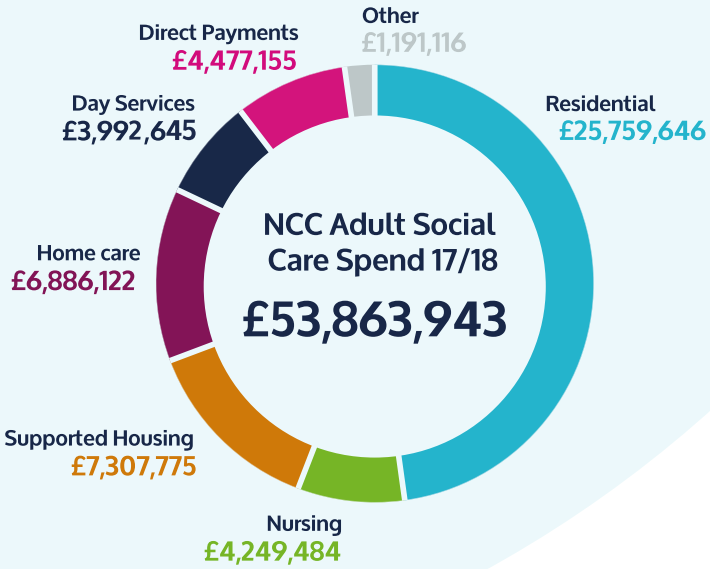
1 in 2

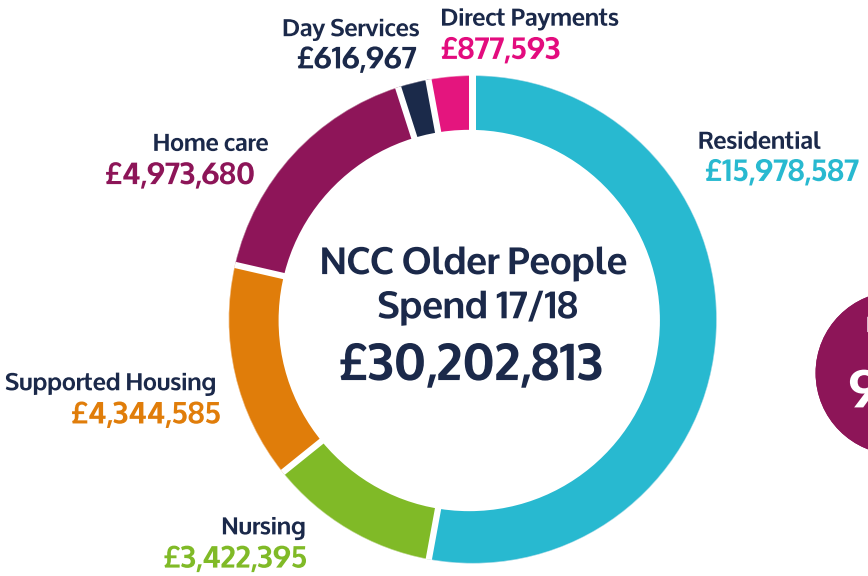
Adults in Norwich is overweight

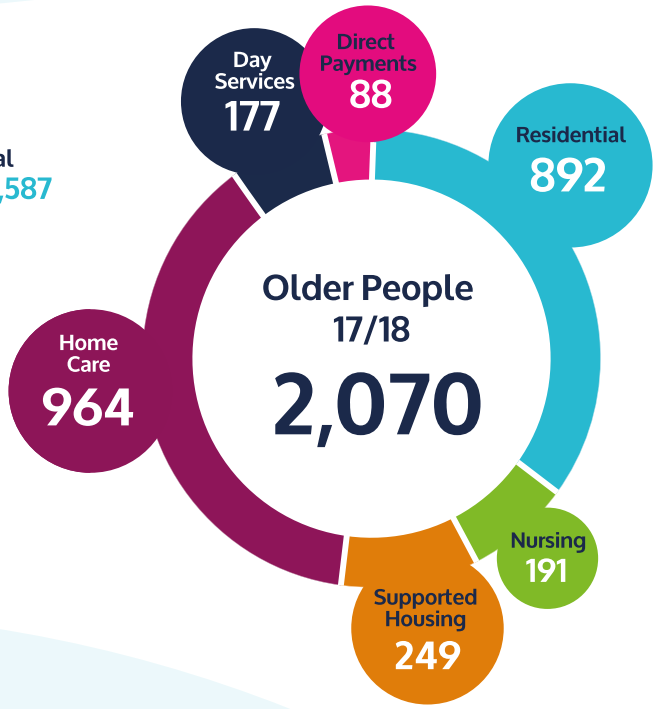
Services Delivered and Spend on Adult Social Care

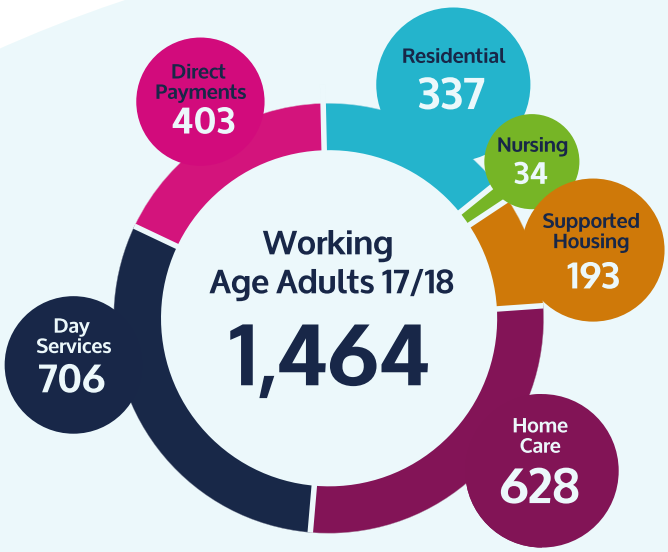
Spend by Norwich Adult Social Services

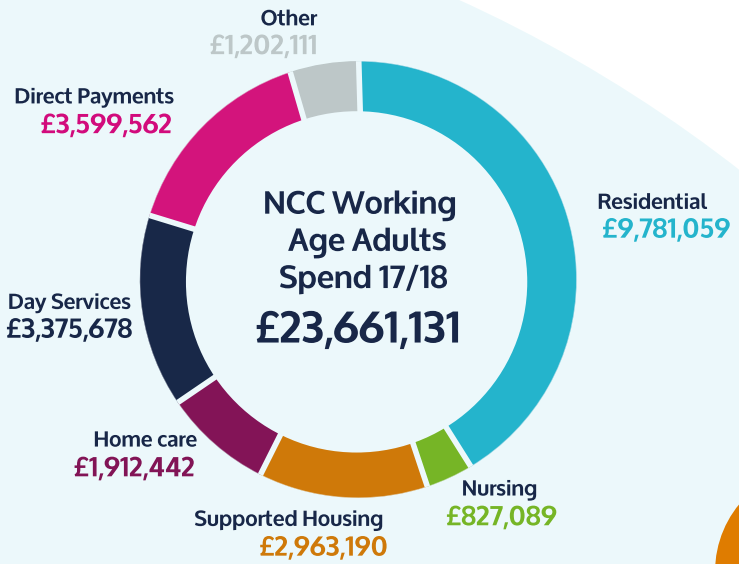




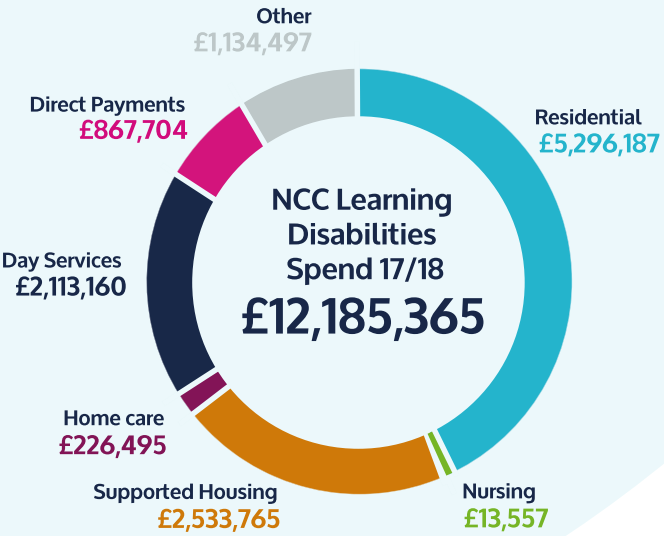


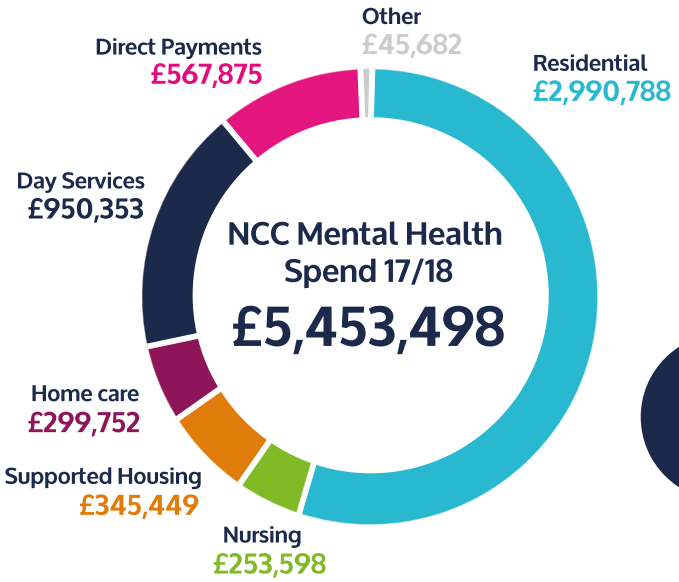


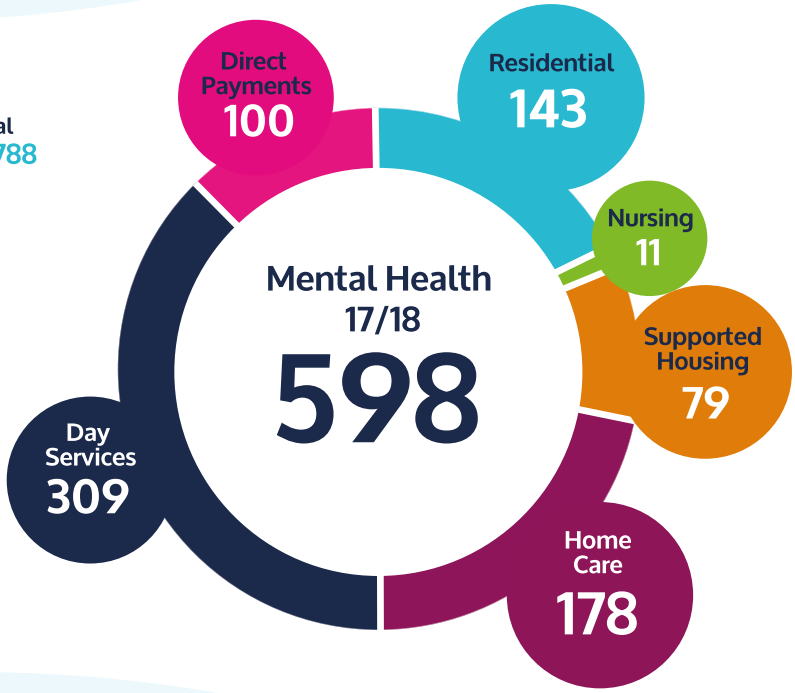


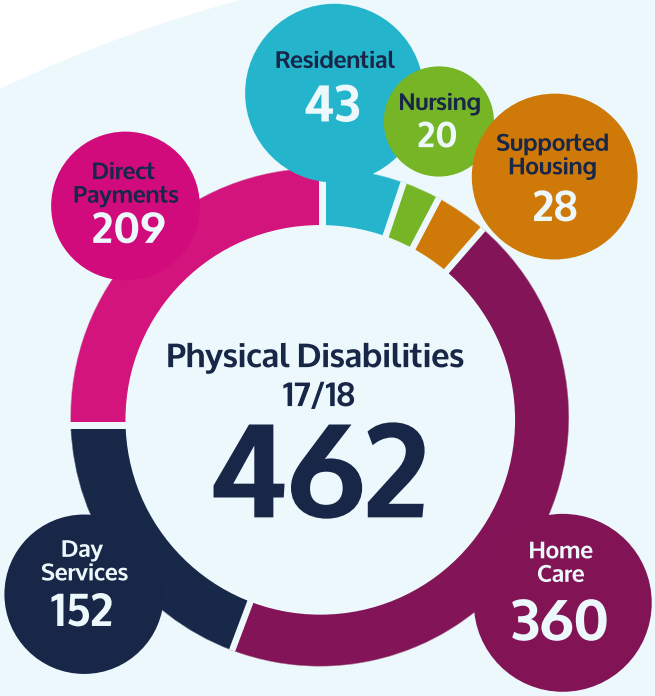


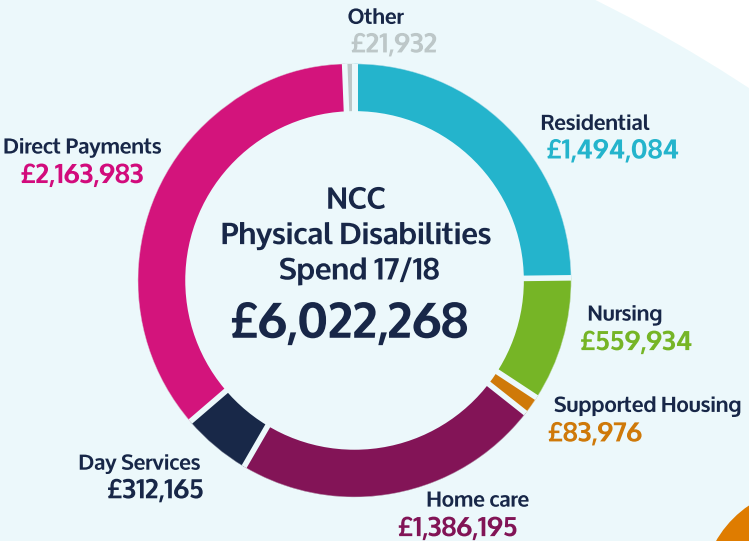

Direct Payments
94
Residential
151
Nursing
3
Supported Housing
86
Home Care
90
Day Services
245
Learning Disabilities
17/18
404


Other
£1,134,497
Direct Payments
£867,704
Residential
£5,296,187
NCC Learning
Disabilities
Spend 17/18
£12,185,365
Day Services
£2,113,160
Home care
£226,495
Supported Housing
£2,533,765
Nursing
£13,557


Other
£45,682
Direct Payments
£567,875
Residential
£2,990,788
Day Services
£950,353
NCC Mental Health
Spend 17/18
£5,453,498
Home care
£299,752
Supported Housing
£345,449
Nursing
£253,598


Direct Payments
100
Residential
143
Nursing
11
Supported Housing
79
Mental Health
17/18
598
Day Services
309
Home Care
178


Residential
43
Nursing
20
Supported Housing
28
Direct Payments
209
Physical Disabilities
17/18
462
Day Services
152
Home Care
360


Other
£21,932
Residential
£1,494,084
Direct Payments
£2,163,983
NCC
Physical Disabilities
Spend 17/18
£6,022,268
Nursing
£559,934
Supported Housing
£83,976
Day Services
£312,165
Home care
£1,386,195

Providers of Adult Social Care - Norwich CCG

Buildings Based Services

Residential Care Homes

Working Age Adults' providers	Working Age Adults' beds	Older People's providers	Older People's beds
25 Locations	340 Beds	23 Locations	834 Beds

Nursing Homes

Working Age Adults' providers	Working Age Adults' beds	Older People's providers	Older People's beds
4 Locations	51 Beds	13 Locations	609 Beds

Extra Care Housing

Working Age Adults' providers	Working Age Adults' tenancies	Older People's providers	Older People's tenancies
0 Locations	0 Tenancies	5 Locations	280 Tenancies

Supported Living Schemes

Working Age Adults' providers	Working Age Adults' tenancies	Older People's providers	Older People's tenancies
50 Locations	263 Tenancies	0 Locations	0 Tenancies

Day Services

Working Age Adults' providers	Older People's providers
24 Locations	14 Locations

Non-Buildings Based Services - Located in CCG

Home Care

Providers: 19

Supported Living Floating Support

Providers: 5

We are...

- Commissioning accommodation based reablement beds for people in Norwich to assist hospital discharges and prevent admission
- Introducing a new banded pricing for framework providers in the Central Belt (Norwich, South Norfolk and North Norfolk CGG areas). The purpose of setting up a provider framework and trialling a banded pricing structure is to try to address issues such as instability in the home care market and unmet need
- We are operating with two Trusted Assessment Facilitators who work at the Norfolk and Norwich University Hospital to improve the experience of people and reduce any delays as they return to their home or move into a care home. We are doing this in partnership with Suffolk County Council and health partners
- Operating a new Enhanced Home Support Service to reduce delayed discharges with three assessors working at the Norfolk and Norwich University Hospital
- Operating a new escalation avoidance team (NEAT) in Norwich. The intention is to have a central point in each locality following a similar model to meet urgent and unplanned health and social care needs. This is for people at risk of admission to hospital or step-up beds
- Running three independent flats within a 24-hour housing with care setting in Norwich, supporting people who have been assessed as being medically fit for discharge from hospital, but are unable to return to their home safely

South Norfolk CCG

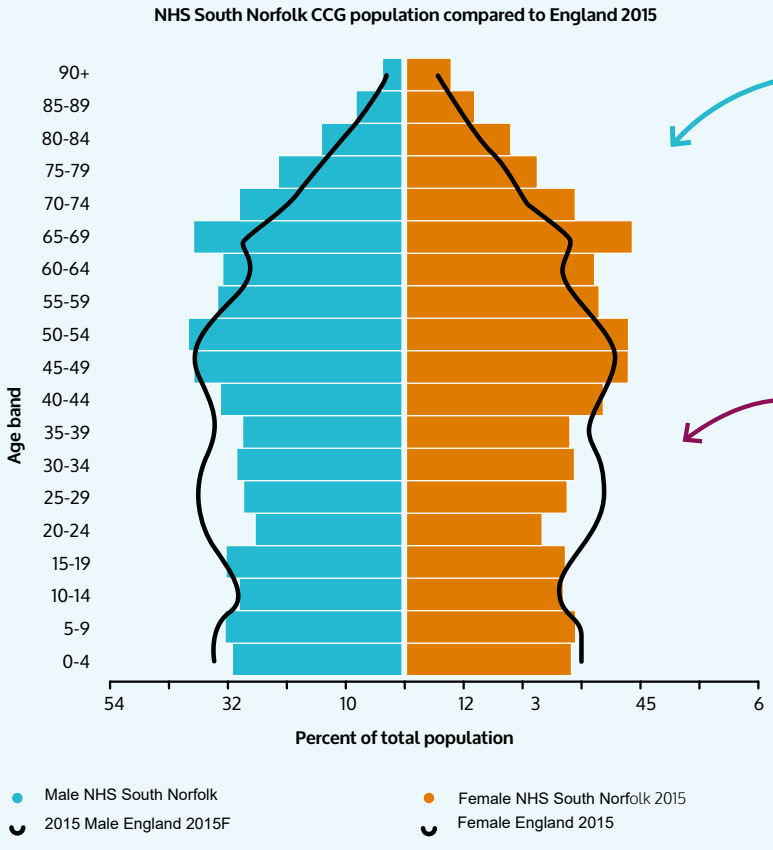
Population and Deprivation

The estimated population of **South Norfolk** is

243,000 rising to

276,000 in 2030

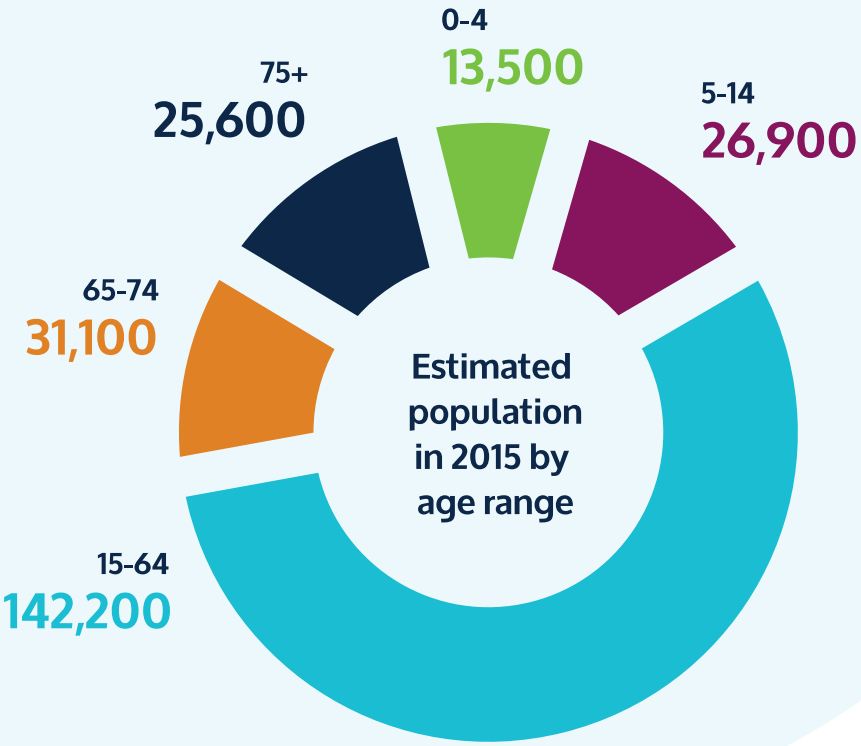
The population is generally older than the England average and the largest increase in population between 2015 and 2030 is anticipated to be in the 75+ age band.

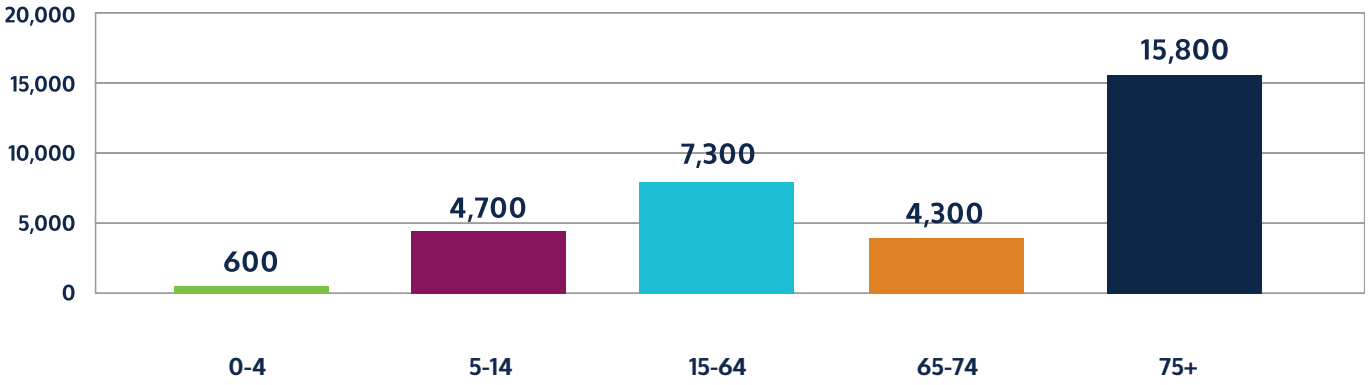


South Norfolk has a noticeably higher percentage of people in the 65+ age band than the England average and is also higher in the 50+ age band

South Norfolk also has a lower percentage of its population in the under 40 age band than the England average

The effect of this going forward is an increasingly elderly and frail population and a limited number of working age adults to care for them.





Estimated population change between 2015 and 2030 by age range

Out of 209 CCGs in England, South Norfolk ranks as the

158th most deprived

The Health of the Population -
South Norfolk CCG

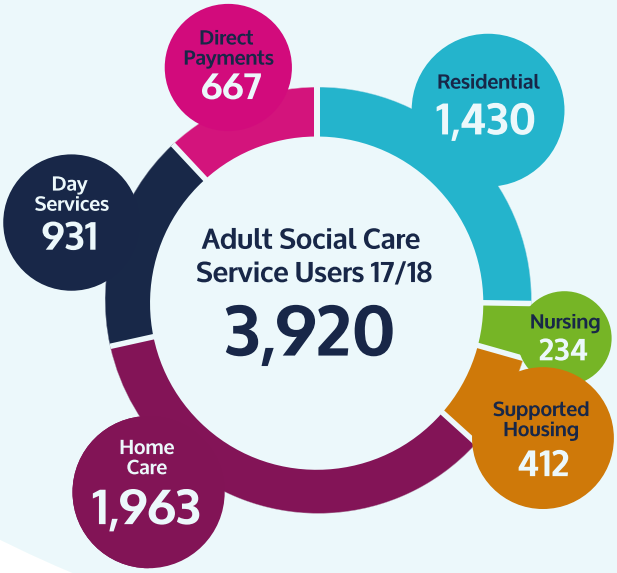
16-69%	70+%	All Adults	
5.8%	36.1%	-	Multiple Long Term Conditions
1.5%	5.2%	-	Severe and Enduring Mental Illness
0.8%	0.4%	-	Learning Disability
0.1%	3.5%	-	Physical Disability
-	-	68%	Mostly Healthy

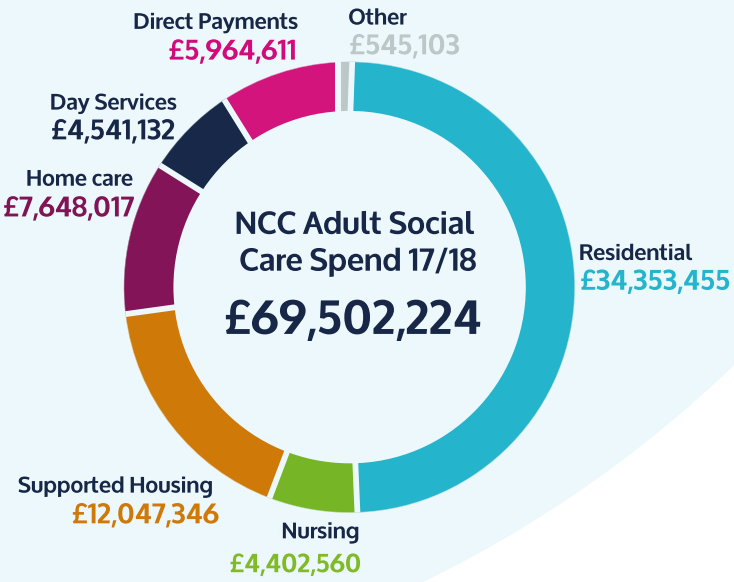
2 in 3

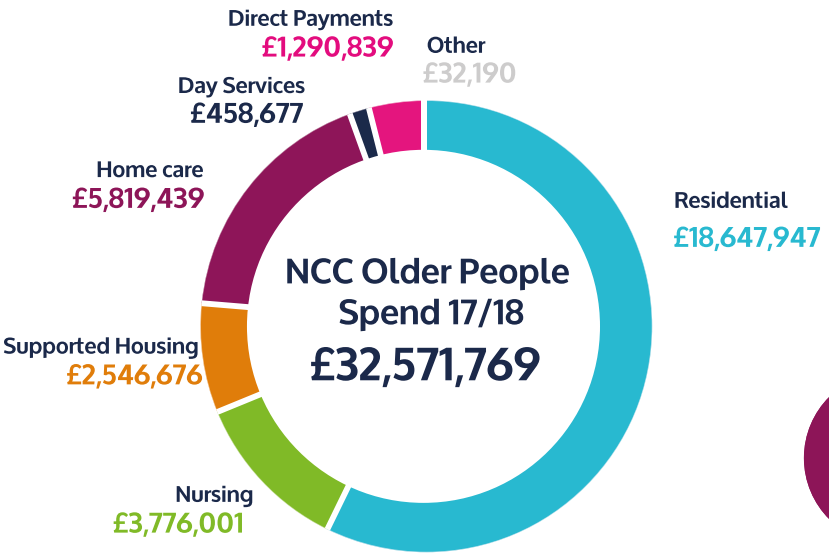
Adults in South Norfolk are overweight

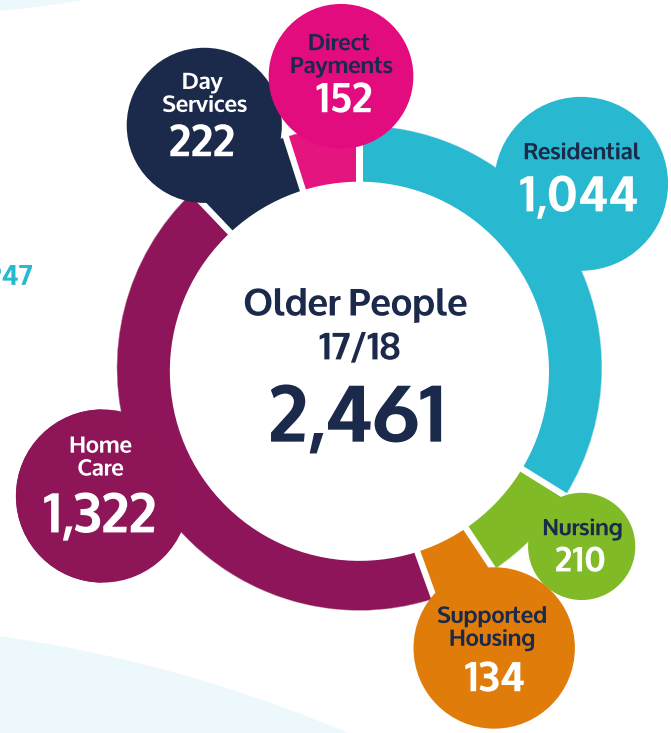
Services Delivered and Spend on Adult Social Care

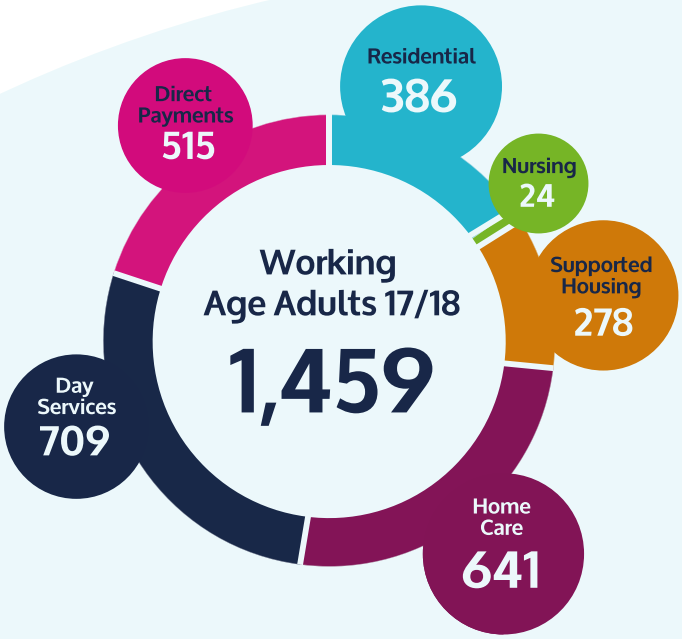
Spend by Southern Adult Social Services

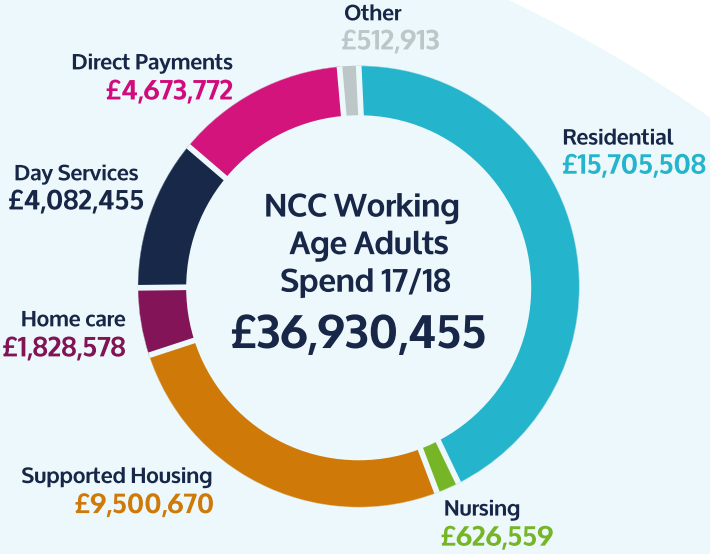




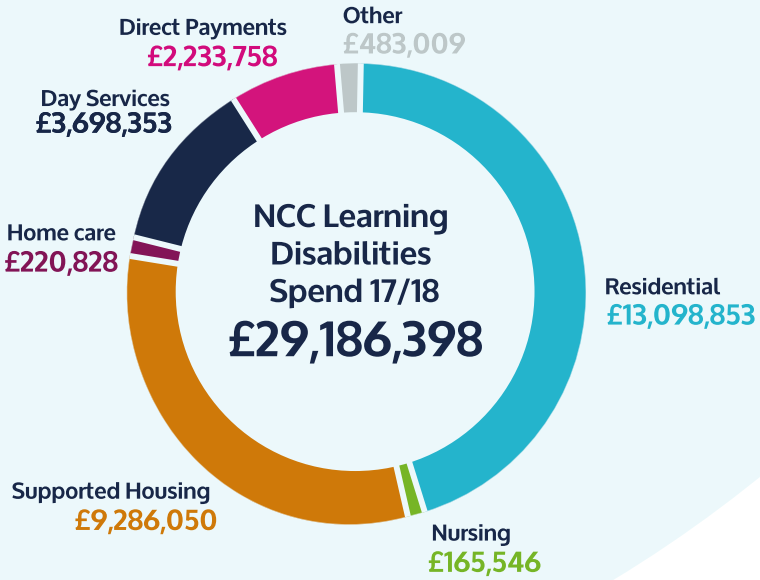


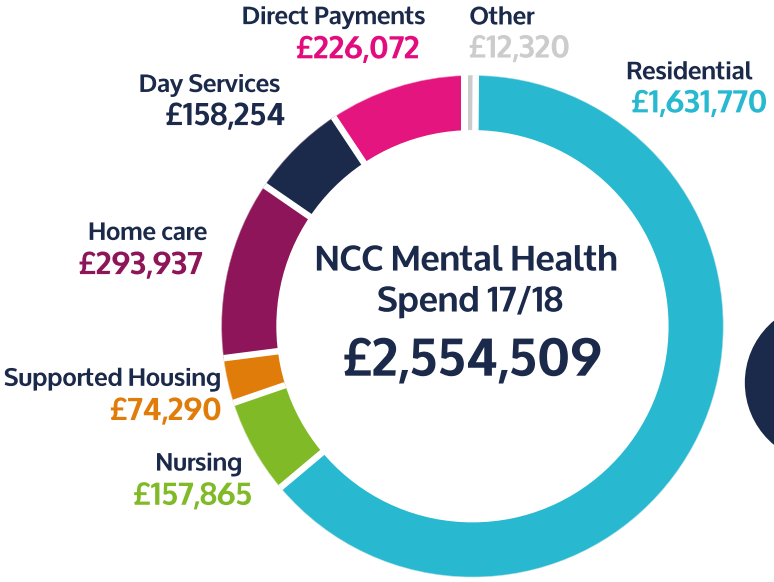




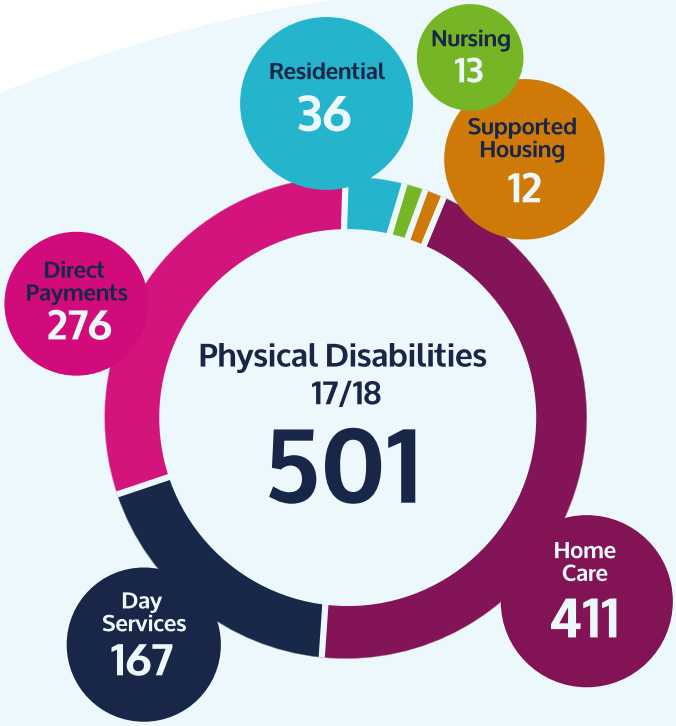


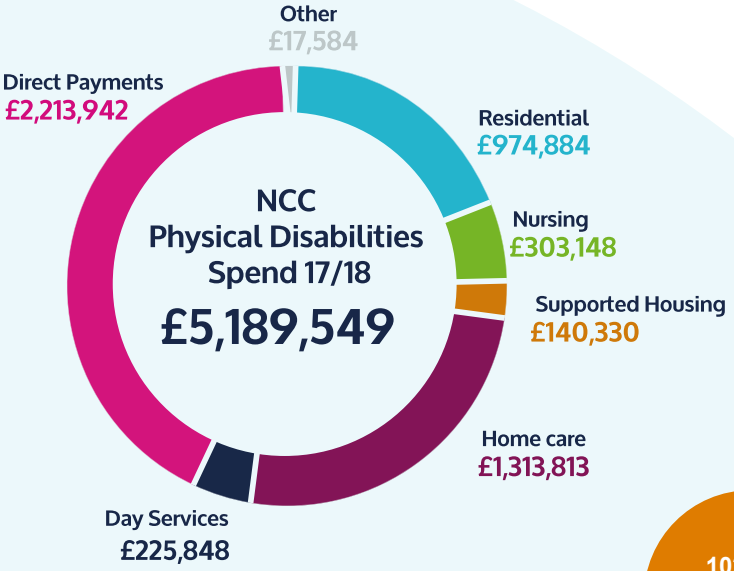

Direct Payments
196
Residential
283
Nursing
4
Supported Housing
242
Home Care
145
Day Services
459
Learning Disabilities
17/18
739


Direct Payments
£2,233,758
Other
£483,009
Day Services
£3,698,353
Home care
£220,828
NCC Learning
Disabilities
Spend 17/18
£29,186,398
Residential
£13,098,853
Supported Housing
£9,286,050
Nursing
£165,546


Direct Payments
£226,072
Other
£12,320
Day Services
£158,254
Residential
£1,631,770
Home care
£293,937
NCC Mental Health
Spend 17/18
£2,554,509
Supported Housing
£74,290
Nursing
£157,865


Direct Payments
43
Residential
67
Nursing
7
Day Services
83
Mental Health
17/18
219
Supported Housing
24
Home Care
85


Residential
36
Nursing
13
Supported Housing
12
Direct Payments
276
Physical Disabilities
17/18
501
Home Care
411
Day Services
167


Other
£17,584
Direct Payments
£2,213,942
Residential
£974,884
Nursing
£303,148
NCC
Physical Disabilities
Spend 17/18
£5,189,549
Supported Housing
£140,330
Home care
£1,313,813
Day Services
£225,848

Providers of Adult Social Care - South Norfolk CCG

Buildings Based Services

Residential Care Homes

Working Age Adults' providers	Working Age Adults' beds	Older People's providers	Older People's beds
32 Locations	303 Beds	39 Locations	1,444 Beds

Nursing Homes

Working Age Adults' providers	Working Age Adults' beds	Older People's providers	Older People's beds
2 Locations	44 Beds	16 Locations	758 Beds

Extra Care Housing

Working Age Adults' providers	Working Age Adults' tenancies	Older People's providers	Older People's tenancies
0 Locations	0 Tenancies	4 Locations	159 Tenancies

Supported Living Schemes

Working Age Adults' providers	Working Age Adults' tenancies	Older People's providers	Older People's tenancies
45 Locations	153 Tenancies	0 Locations	0 Tenancies

Day Services

Working Age Adults' providers	Older People's providers
15 Locations	24 Locations

Non-Buildings Based Services - Located in CCG

Home Care

Providers: 26

Supported Living Floating Support

Providers: 9

We are...

- Commissioning accommodation based reablement beds for people in South Norfolk to assist hospital discharges and prevent admission
- Introducing a new banded pricing for framework providers in the Central Belt (Norwich, South Norfolk and North Norfolk CGG areas). The purpose of setting up a provider framework and trialling a banded pricing structure is to try to address issues such as instability in the home care market and unmet need
- Benefiting from the two Trusted Assessment Facilitators who work at the Norfolk and Norwich University Hospital to improve the experience of people and reduce any delays as they return to their home or move into a care home. We are doing this with Suffolk County Council and health partners
- Operating a new Enhanced Home Support Service to reduce delayed discharges. Three assessors are employed at the Norfolk and Norwich University Hospital

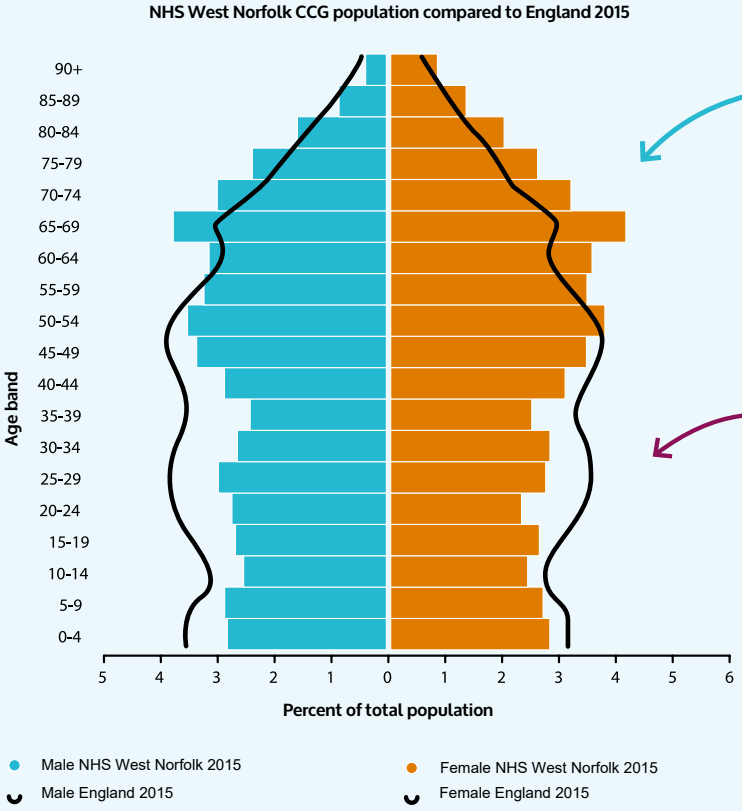
West Norfolk CCG

Population and Deprivation

The estimated population of **West Norfolk** is

174,000 rising to **189,000** in 2030

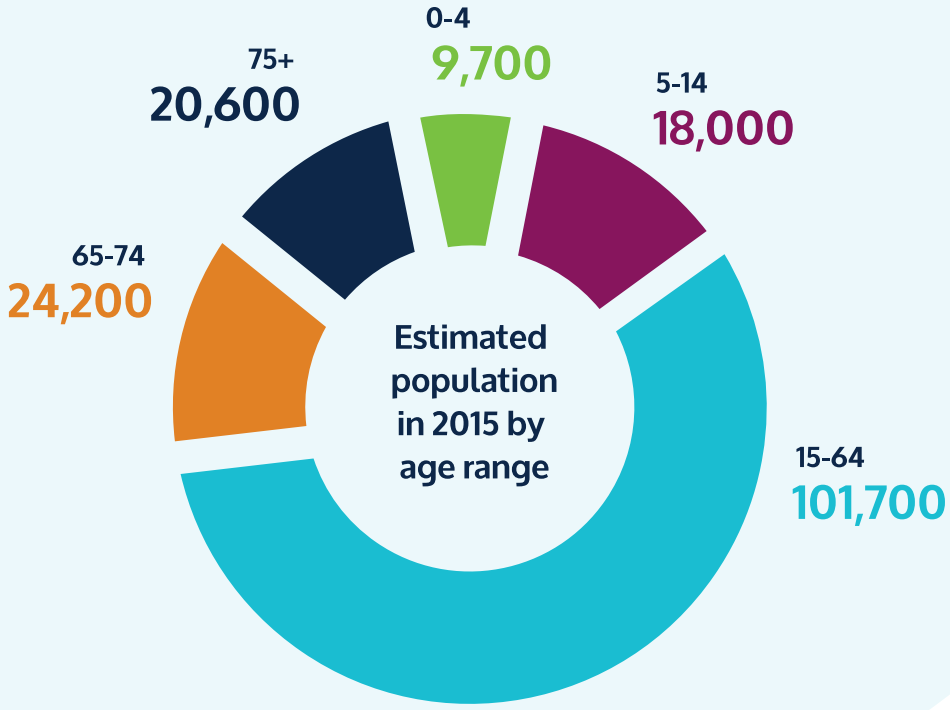
The population is generally older than the England average and the largest increase in population between 2015 and 2030 is anticipated to be in the 75+ age band.

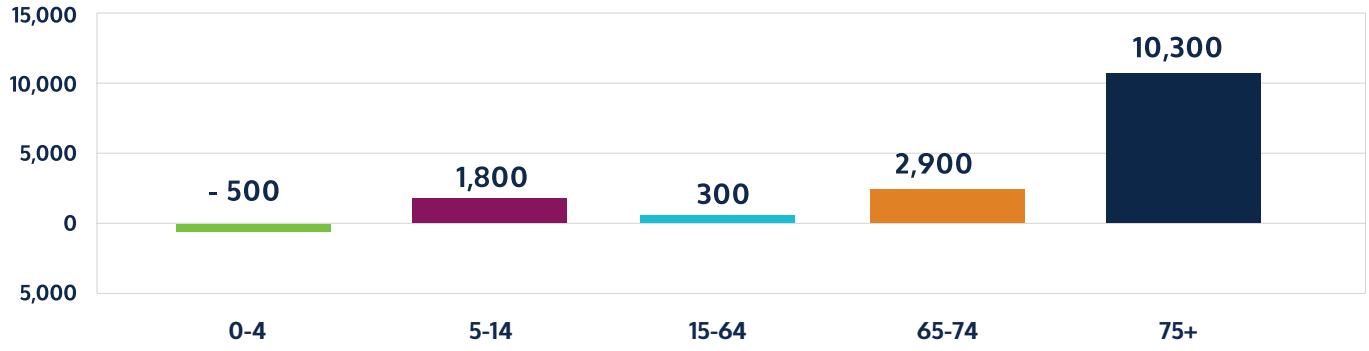


West Norfolk has a noticeably higher percentage of people in the 65+ age band than the England average and is also higher in the 55+ age band

West Norfolk also has a lower percentage of its population in the under 50 age band than the England average

The effect of this going forward is an increasingly elderly and frail population and a limited number of working age adults to care for them.





Estimated population change between 2015 and 2030 by age range

Out of 209 CCGs in England, West Norfolk ranks as the

84th most deprived

The Health of the Population -
West Norfolk CCG

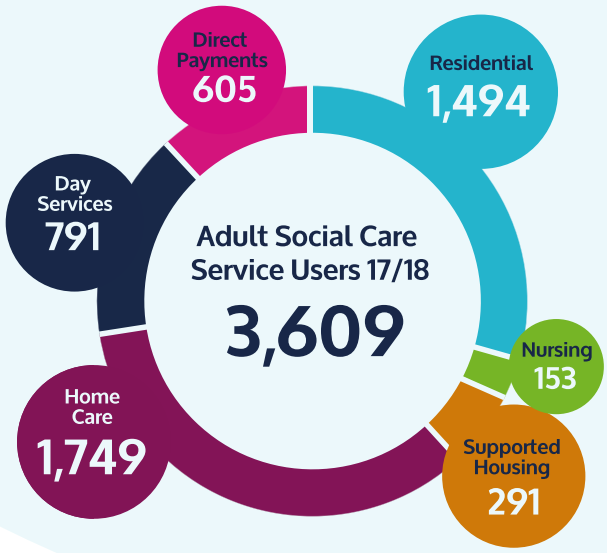
16-69%	70+%	All Adults	
4.1%	29%	-	Multiple Long-Term Conditions
1.1%	4.2%	-	Severe and Enduring Mental Illness
0.5%	0.3%	-	Learning Disability
0.1%	2.8%	-	Physical Disability
-	-	67%	Mostly Healthy

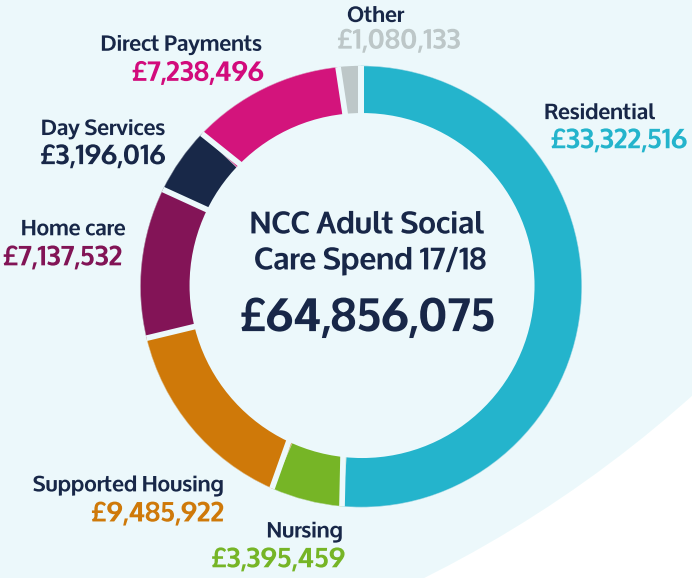
2 in 3

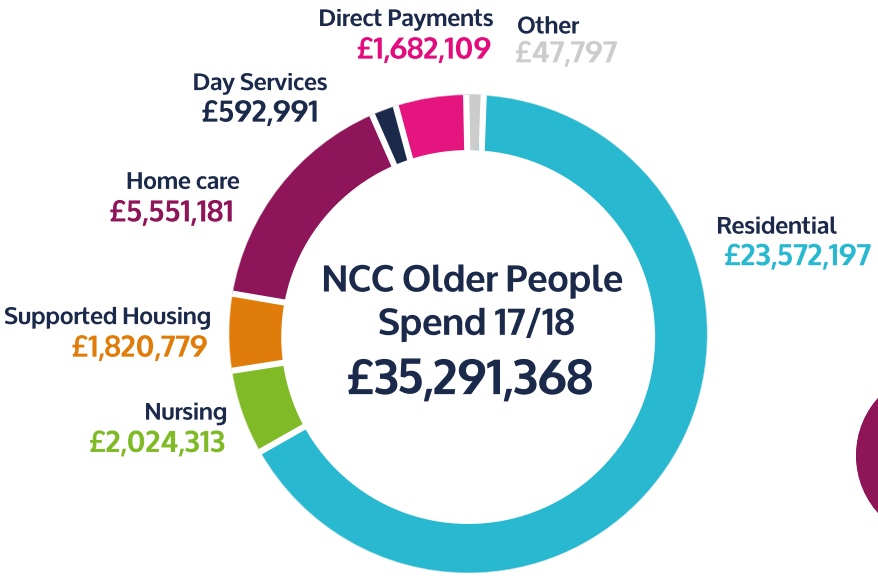
Adults in West Norfolk are overweight

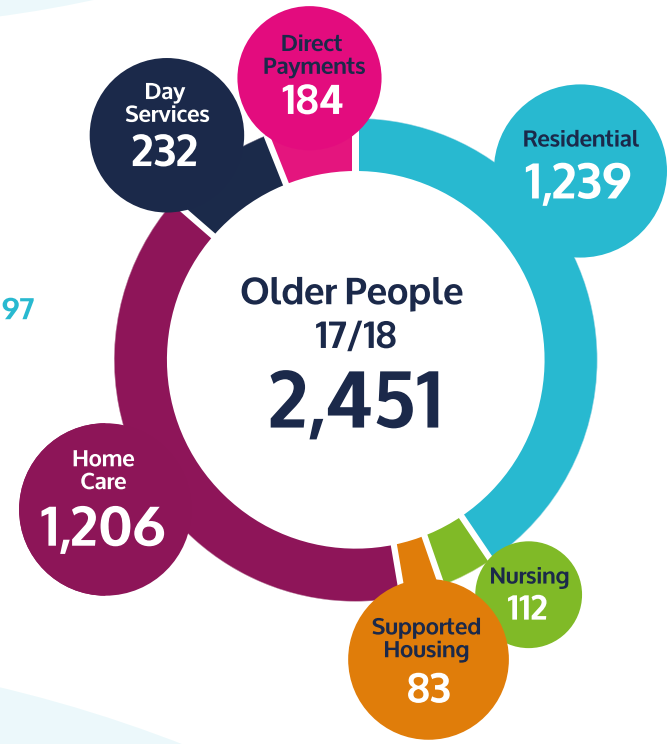
Services Delivered and Spend on Adult Social Care

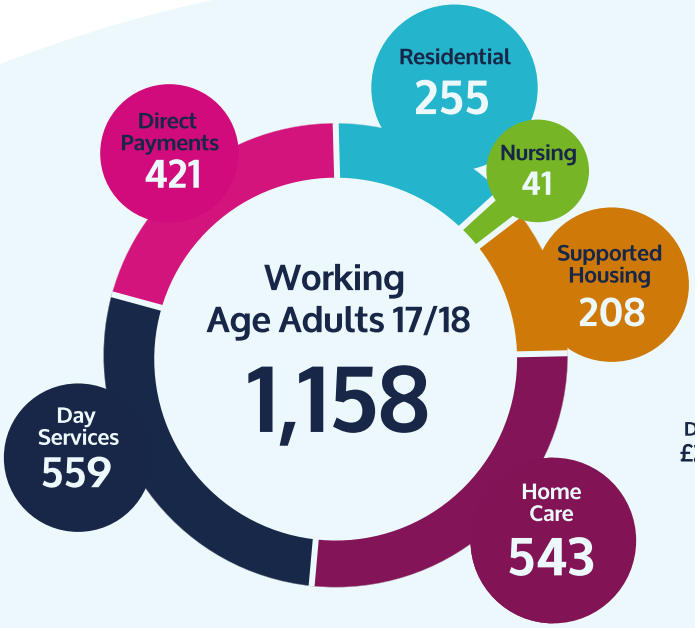
Spend by Western Adult Social Services

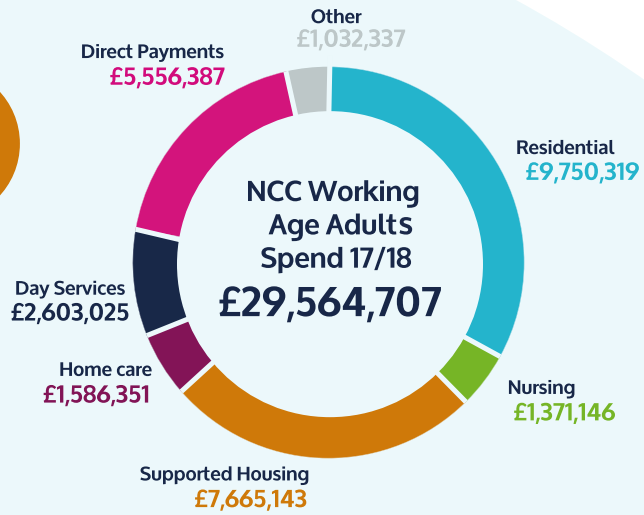




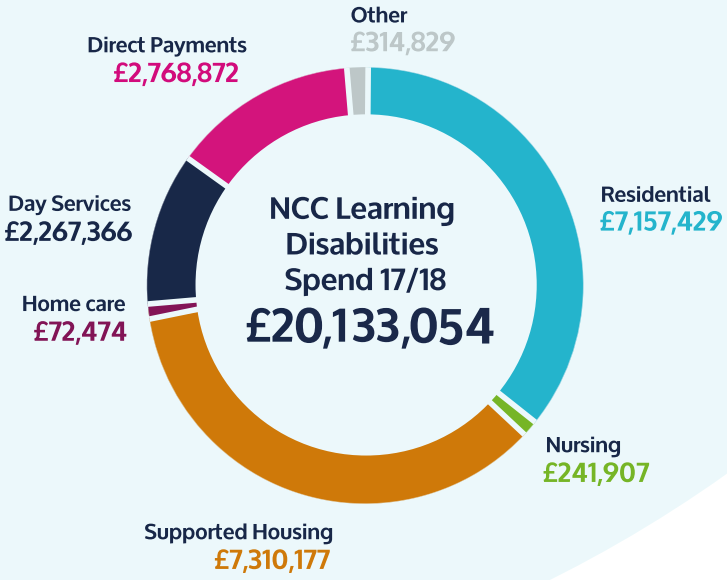


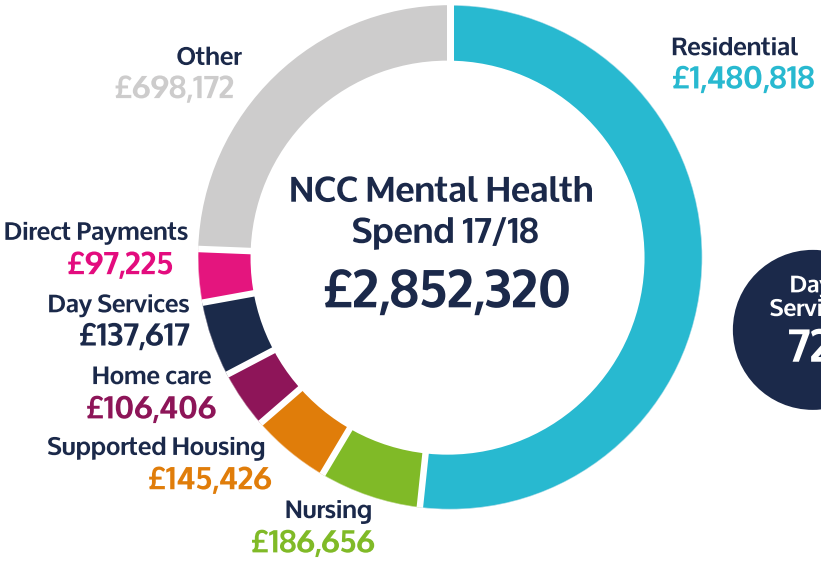


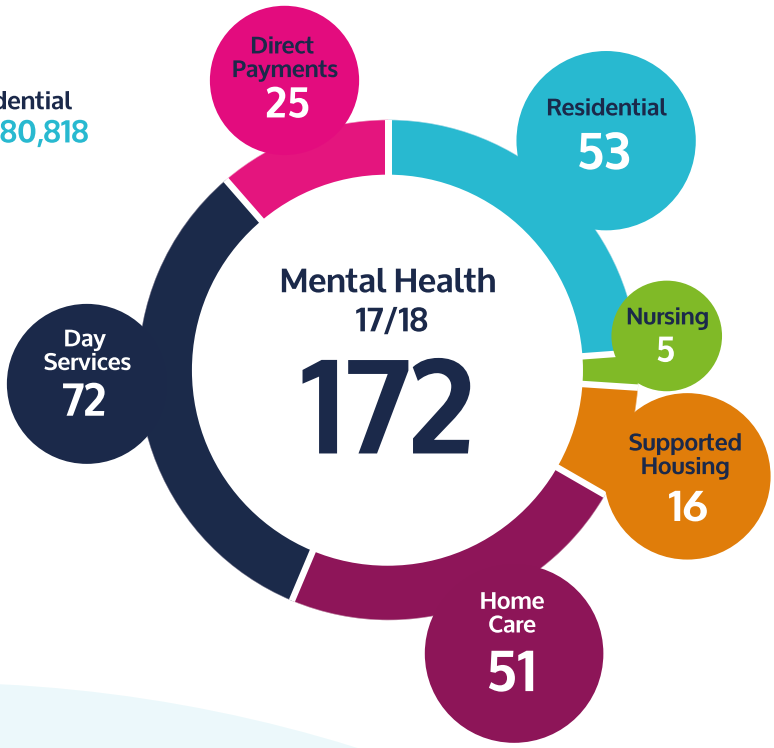


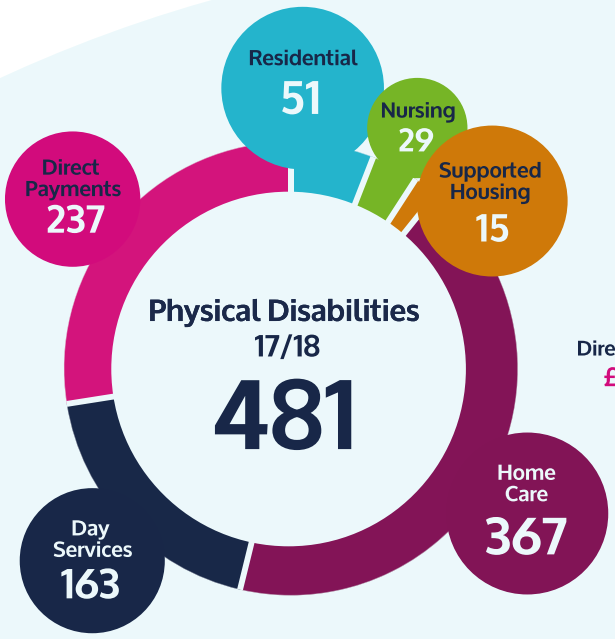


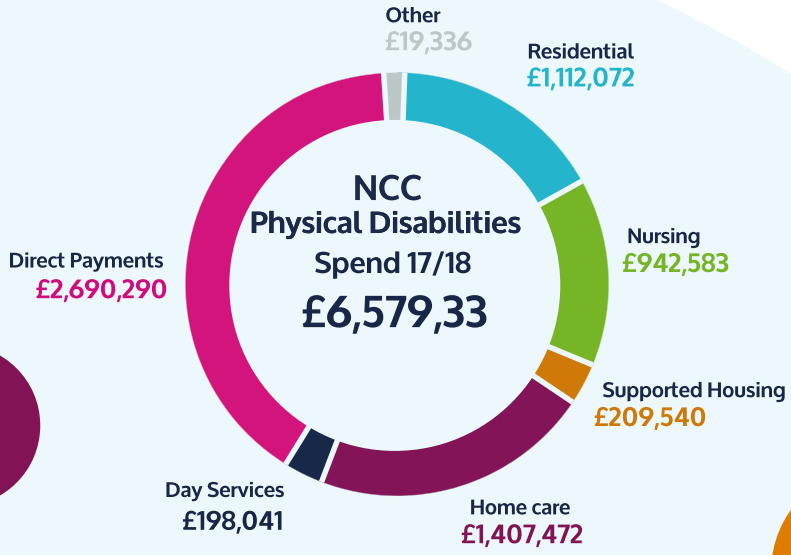

Direct Payments
159
Residential
151
Nursing
7
Learning Disabilities
17/18
505
Supported Housing
177
Day Services
324
Home Care
125


Other
£314,829
Direct Payments
£2,768,872
Residential
£7,157,429
Day Services
£2,267,366
NCC Learning Disabilities Spend 17/18
£20,133,054
Home care
£72,474
Nursing
£241,907
Supported Housing
£7,310,177


Other
£698,172
Residential
£1,480,818
NCC Mental Health Spend 17/18
£2,852,320
Direct Payments
£97,225
Day Services
£137,617
Home care
£106,406
Supported Housing
£145,426
Nursing
£186,656


Direct Payments
25
Residential
53
Mental Health
17/18
172
Nursing
5
Day Services
72
Supported Housing
16
Home Care
51


Residential
51
Nursing
29
Supported Housing
15
Direct Payments
237
Physical Disabilities
17/18
481
Home Care
367
Day Services
163


Other
£19,336
Residential
£1,112,072
Direct Payments
£2,690,290
NCC Physical Disabilities Spend 17/18
£6,579,33
Nursing
£942,583
Supported Housing
£209,540
Day Services
£198,041
Home care
£1,407,472

Providers of Adult Social Care - West Norfolk CCG

Buildings Based Services

Residential Care Homes

Working Age Adults' providers	Working Age Adults' beds	Older People's providers	Older People's beds
13 Locations	113 Beds	36 Locations	1,219 Beds

Nursing Homes

Working Age Adults' providers	Working Age Adults' beds	Older People's providers	Older People's beds
1 Locations	38 Beds	7 Locations	416 Beds

Extra Care Housing

Working Age Adults' providers	Working Age Adults' tenancies	Older People's providers	Older People's tenancies
0 Locations	0 Tenancies	3 Locations	94 Tenancies

Supported Living Schemes

Working Age Adults' providers	Working Age Adults' tenancies	Older People's providers	Older People's tenancies
48 Locations	178 Tenancies	0 Locations	0 Tenancies

Day Services

Working Age Adults' providers	Older People's providers
16 Locations	30 Locations

Non-Buildings Based Services - Located in CCG

Home Care

Providers: 12

Supported Living Floating Support

Providers: 2

We are...

- Commissioning accommodation based reablement beds to assist hospital discharge and prevent admission. The Swaffham provider currently has two beds with the intention to open more
- Operating with a new Trusted Assessment Facilitator, who works at the Queen Elizabeth Hospital, to improve the experience of people and reduce any delays as they return to their home or move into a care home
- Using a new Enhanced Home Support Service to reduce delayed discharges with an assessor who is employed at the Queen Elizabeth Hospital

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