



Great Care • Great Quality • Great Value

 **Norfolk** County Council

Care and Support Market Position Statement

2017/18



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You can also visit our web page:



www.norfolk.gov.uk/careproviders

Introduction

In last year's Market Position Statement Norfolk County Council (the Council) set out its recognition that shaping the care market, as required by the Care Act (the Act), is something that the Council needs to do with providers. We recognised the need to improve our engagement with the market both on the demand and supply side. The ongoing pressure on public finances means that we need to continue to approach the challenge of rising demand together.

Whilst still facing challenging budget reduction targets the Council does have one off additional funding of £18m to invest in adult social care in 2017/18. The money has to be used to help meet social care needs, reduce pressures on the NHS by supporting people to be discharged from hospital when they are ready and stabilise the care market. In Norfolk we will do so through protecting social care by ensuring that it is properly funded. We will sustain social care by investing smartly in the market to secure supply and the workforce we need. We will invest in and improve social care so that it better supports the health system through effective community based support. We will continue to work with providers through our market dialogue processes and engage locally through our locality provider forums, as well as addressing the improvements identified through our market engagement process begun last year. We will co-produce new costing models to support new, more flexible contracts and introduce new frameworks to replace outdated accredited list systems. We will also implement a new care and finance system to improve our performance in managing the market and paying providers.

Markets are driven by customers, and so far as publicly funded customers are concerned it is our social care professionals working with people, families and their connections who create demand through the assessment and care and support planning processes set out in the Act. We want our social workers to approach these tasks using our strengths based approach, Signs of Wellbeing. This is intended to ensure that the very best ways of supporting the outcomes people want are identified, leveraging both the formal care market and community based support as required.

The Council intends to strengthen the hand of its adult care social workers, firstly through increasing numbers to tackle backlogs. Secondly by enabling them to be more responsive to changing customer needs by providing them with the tools and support they need. In market shaping terms the work carried out by our social workers is key to shaping and managing demand.

We will review our commissioning arrangements so that we translate customer requirements into new models and kinds of care that are based on rehabilitation, reablement, enablement and the restoration of independence wherever possible.

We will support this work through the development of new, more flexible procurement and sourcing arrangements, as well as contracts which empower providers to develop person-centred services in direct dialogue with customers.

We will improve the offer for self-funding customers so that they can act as informed and powerful care consumers making choices based on good evidence about quality and cost.

We will continue to develop our support for the informal care market so that more people can continue to be supported at home without the need for care purchased in the formal market; and we will strengthen communities and places so that wellbeing can be promoted in a practical way in the communities where people live throughout Norfolk.



James Bullion
Executive Director, Adult Social Care

Strategic context

The future of health and social care in Norfolk and Waveney

The NHS and social care system is one of this country's greatest achievements and one on which we all rely at some point in our lives. However, our health and social care services face some big challenges. People are living longer, our population is getting older and the type of care that people need is changing. Our health and social care services therefore need to change too.

Working together to tackle these challenges

In response, we are working together as local health and social care organisations to find a better way forward. We are developing a programme to transform health and social care over the next five years under the Norfolk and Waveney Sustainability and Transformation Partnership (STP). Our plan is called 'In Good Health' which reflects our commitment to ensuring people in Norfolk can stay active and well, alongside being able to access good health and care services when they need them.

We have a total budget of

£1.6 billion

a year for health and social care services in Norfolk and Waveney.

However, we are currently spending more than that each year.

If we do nothing, in five years' time we would overspend by £415 million in just one year. This is not sustainable. Together we need to develop better ways that we can both improve health and sustain quality services, using the money and other resources that are available.

Our vision for health and social care in Norfolk and Waveney

Given the scale of the challenges facing us, we are thinking again about the way we care for people and how we organise health and social care services. We have developed a vision for health and social care in Norfolk and Waveney, which is based on what people have told us about how they want to be cared for.

Our vision is to provide high quality services that support more people to live independently at home, especially older people and those with long-term conditions, like heart disease, breathing problems, diabetes or dementia.

What does this mean?



Local health and social care organisations are committed to working together to improve services and support people to have more control of their own health and wellbeing.



Visit Healthwatch Norfolk to find out more:



www.healthwatchnorfolk.co.uk/ingoodhealth

Supporting people to be independent, resilient and well

Promoting Independence - our vision for social care

Promoting Independence is our approach to adult social care in Norfolk. It sees social care needs 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.

Norfolk County Council wants to ensure as many residents as possible are supported to stay healthy and active in their communities for as long as possible.

Enabling people to make their own decisions safely

A critical element of our work will be to ensure we respect a person's right to make their own decisions about their health and wellbeing as long as they have capacity to do so - and regardless of whether we agree with them.

We will never take responsibility away from someone unless we have a clear and formal indication that the person does not have capacity to manage their own affairs. We will ensure that people have a suitable level of service, preferably through a direct payment, that will meet their assessed needs and support their goals towards independence.

We will do this by providing information, advice and access to services that improve health and wellbeing.

We believe in making every effort to support people to reach their full potential for independent living throughout their lives. This is our commitment to promoting independence for better lives and a better Norfolk.

Working in partnership with health professionals and providers

We will work with our care and support providers to build a philosophy of care that focuses on outcomes. We will continue to monitor services that are provided or commissioned by Norfolk County Council to ensure performance is centred on meeting the desired outcomes and interests of our service users, whilst providing value for money.

Valuing carers

Many people with social care needs will have these met mainly through the carers with whom they live or are supported by. We will ensure that carers are informed of their right to have a carers assessment which they can have either together with the person they care for or separately.

Support for those who need a little bit more

Our interventions will offer the right level of support to a person's assessed needs. We recognise that sometimes the support many require can be found within their own families, communities and within themselves.

We will work with each person and their network to find creative ways of meeting the personal goals that they wish to achieve. Where people have lost their support networks we will work in partnership to rebuild those networks. Doing this means people get back on their feet more quickly, regain independence and no longer need unnecessary support.

A knowledgeable and informed workforce

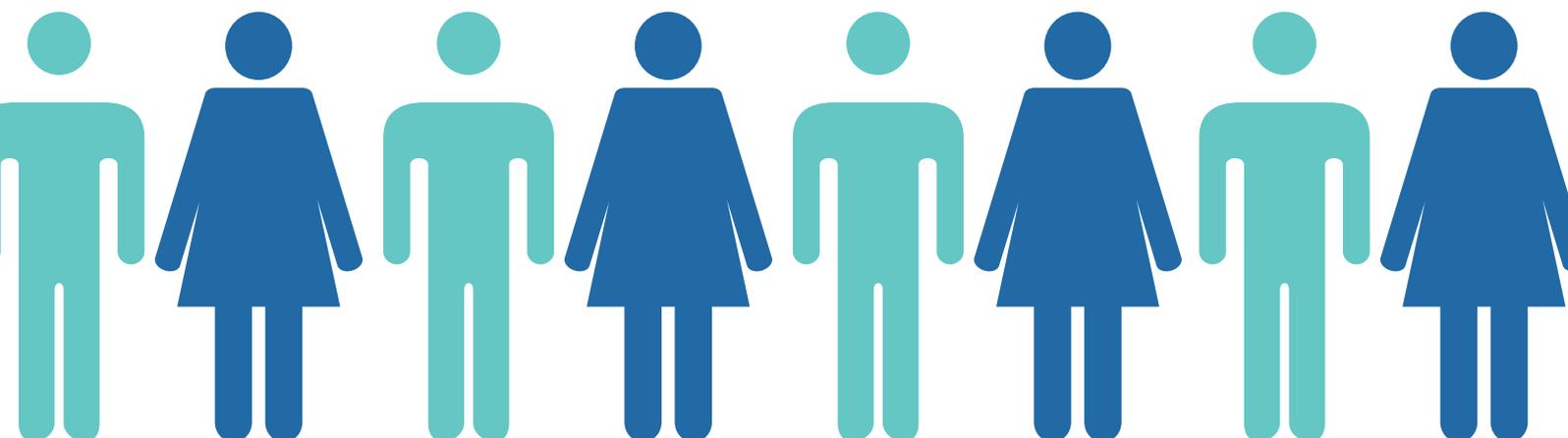
We will ensure staff understand how to work with service users in ways that promote their independence and support their recovery.

We will support staff to work within multi-disciplinary teams. We will help staff develop their professional practice in ways which will assist them to empower our service users to make the best use of budgets. This will ensure a relentless focus on promoting independence rather than creating dependency.

Spending public money wisely

With the combination of growing social care demand and reduced resources available from central government, it is vital money is spent fairly. We will focus on achieving value for money for all care purchased.

We will focus on finding the most affordable price that can deliver us the degree of quality our service users require.



Signs of Wellbeing

This is a framework to enable people to join in a strengths based approach to assessing and planning their care and support.

It sets out an approach to conversations which helps people think about their strengths and develop strategies for promoting their own wellbeing and independence. By working with the person to reflect on their own situation more deeply, they can begin to develop their own options rather than just take solutions presented to them.

- **What's going on in the person's life?** Includes who is already helping them, and the strategies they use to support themselves.
- **What's getting in the way?** Includes identifying root causes which are specific to the person, not general or generic needs, and being clear about what will be different if their outcome is realised.
- **How do they rate their wellbeing?** Supporting the person to explore their thoughts on their wellbeing can give them a better sense of their situation. This enables them to establish a benchmark about their wellbeing to judge how interventions make a difference. This reflection also means the person is better placed to effect a positive change in their life and make the most of any care and support they receive.

For providers, this means people should be better equipped to take an active role in determining how their care is delivered, and take part in discussions about how best their care should be delivered in a way that maximises their independence.

This is consistent with the principles of the Harwood Care and Support Charter. The approach involves sharing responsibility with the individual for their own independence, with the professional seen as a facilitator and advisor, where necessary working with the person to enable them to make well-reasoned judgements about their lives and the support they need. See page 18 for more information on the Charter.

Our commitment to co-production

We recognise that people using services and their carers and communities are experts in their own lives and are therefore essential partners in the design and development of services. We will continue to create meaningful opportunities for leadership and engagement of people, including carers and the wider community, in decisions that impact on the use of resources and the shape of services locally.

Norfolk County Council have signed up to the **Count me in Pledge**, a promise from the directors of Adult Social Services of the 11 authorities across the East of England. The promise is for the authorities to empower people and families to work with them as partners in making sure people with care and support needs get the best services possible.



We expect all our providers to co-produce. At an individual level, for example, through planning person-centred care and innovating to get it right for individual needs. Plus co-producing at service level, for example, by providers designing how their service works with the individuals who use it. Going forward we will expect to see evidence of co-production impacting on outcomes.

To support our commitment to co-production, Norfolk County Council works with a range of social care service user led organisations. Three local groups that we have regular engagement with are Making it Real, Older People's Strategic Partnership, and Carers Council, all of which aim to give people who use services and carers a voice in the shaping of support services.

For more information follow the links below:



www.facebook.com/MakingitRealNorfolk



www.norfolkolderpeoplespartnership.co.uk



www.carerscouncilfornorfolk.org



www.thinklocalactpersonal.org.uk

People in communities

We want to ensure people are supported to stay healthy and active in their communities for as long as possible. We will do this by providing information, advice and access to services that improve health and wellbeing. We believe in making every effort to support people to reach their full potential for independent living throughout their lives, and we will do this by working with people in their communities with informal and formal care services to develop local solutions.

In our 2016/17 MPS we said

We will...

Work with local partners to ensure people are put in touch with local support where this is appropriate to their needs, and commission services that support the Community Links model.

We have...

Funded the Swaffham Pathway Partnership.

We selected the West Norfolk market town of Swaffham to be the location to trial a new provider-led, partnership approach that will bring together all parts of the local care and support market, from nursing homes to voluntary organisations. Supporting Swaffham's care and support providers to work together to share ideas and develop local innovative solutions that will help shape the local care market to meet the future demands of its ageing population.

Supporting unpaid carers

In Norfolk there are around 94,000 unpaid carers, looking after a family member or friend. Without this level of care and support, Norfolk County Council and the CGGs in Norfolk would need to find an additional £500m per year.

We are committed to supporting unpaid carers in Norfolk, to care confidently for family members or friends, and remain independent, resilient and well.

In our 2016/17 MPS we said

We will...

Work with providers and the public to develop future services.

We have...

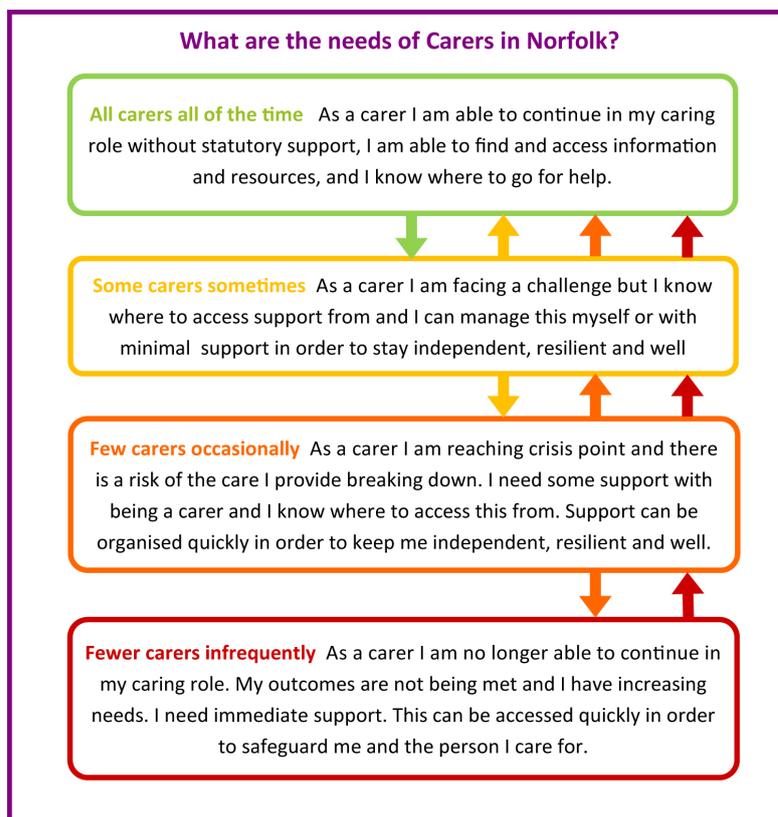
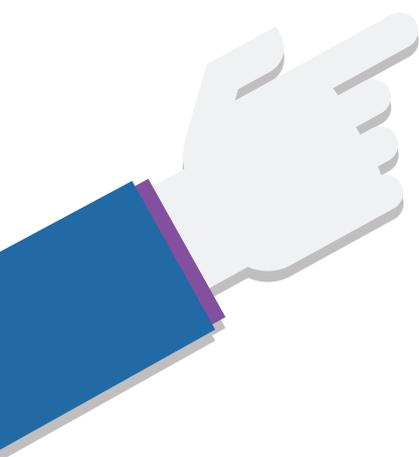
Worked to ensure that unpaid carers are able to remain independent, resilient and well, and continue in their caring role. Norfolk County Council is working with the 5 Norfolk Clinical Commissioning Groups to deliver this.

<p>Universal services for all carers - Information and advice about being a carer, building resilience and developing confidence. Delivered through a Norfolk & Carer UK resource including tools to consider a life outside of caring.</p>	<p>Promote and maintain independence, increase resilience, avoid crisis and recognise impact of caring</p>	<p>Carers influence</p>
<p>Commissioned services - Norfolk based information and advice supported by localised networks and community based resources. Tools to plan in an emergency and avoid crisis, preventative assessments and resources to address what matters to carers.</p>	<p>Promote independence, increase resilience, avoid crisis, achieve what matters to them and delay need for care</p>	
<p>Health and social care - Clear and accessible routes in to social care and health with improved assessments and support through integrated care.</p>	<p>Avoid crisis, regain independence, plan in an emergency and delay ongoing care</p>	

Through co-production, a model has been developed that will focus on what matters to carers to enable those people who are unpaid carers to:



The model



Co-production

How did we develop these plans?

We have listened to carers, people and providers working with carers and organisations that advocate on behalf of carers to put together these plans. This has included;

1. We met with the **Carer Council for Norfolk** Board of Trustees and listened to carers at the 5 locality network meetings.
2. We considered the CCN and **Healthwatch** survey looking at how outcomes from the **Carer Strategy for Norfolk** were being met.
3. We co-produced a survey and asked members of **Your Voice** and carers to respond - 250 people did.
4. We met with **Norfolk Carers Support** to listen to their experiences of work with carers.
5. We met with the **Making It Real Board** for Norfolk and listened to their views and experiences of being a carer.



The Making it Real Group said ...

'This work shows how co-production should be done. It should be written up as a best practice model.'



To find out more please access the following links:

Commissioning Intentions



www.northnorfolkccg.nhs.uk/sites/default/files/4.%20Commissioning%20Intentions%20for%20Carers.pdf

Commissioning Intentions Plan on a Page



www.northnorfolkccg.nhs.uk/sites/default/files/2.%20Commissioning%20Intentions%20Plan%20on%20a%20Page.pdf

Supporting Unpaid Carers in Norfolk Newsletter (this is updated regularly)



www.northnorfolkccg.nhs.uk/sites/default/files/Supporting%20Unpaid%20Carers%20Newsletter%20April%202017.pdf

Supporting people in the community

As well as the provision of formal care and support Norfolk County Council provides a number of services that enable people to remain in their own homes.

Norfolk Swift Response

This is a 24-hour service that provides help, support and reassurance for people that have an urgent, sudden need at home but don't need the emergency service. This service is provided for people who need urgent assistance and who may be unable to remain at home without immediate help.

Assistive technology

Devices and systems that help vulnerable people to live in their own homes with greater safety and independence. There are different types of assistive technology depending on needs ranging from: simple battery operated items for use within the home; complex telecare equipment; GPS location devices that use a mobile network to raise an alert to a carer or monitoring centre. The equipment is provided to support the safety and wellbeing of a vulnerable person and to support any carers.

Norfolk First Support

Norfolk County Council's Norfolk First Support Service provides intensive person-centred home support for a period of up to six weeks to help people regain as much independence as possible and/or learn new skills. The service is for people over 18 who live at home. Support is provided for older people, people with learning disabilities and people with mental health issues.

Occupational therapy equipment

The provision of equipment and adaptations for people who are finding some areas of daily living difficult, identifying the most appropriate equipment to support people to remain independent for as long as possible.

Development workers

Their role includes developing community capacity by supporting new community groups, focused on shared interests. Alongside this is work on sharing information on local resources. Development workers also support people to explore opportunities for getting involved in their local community.

Community based initiatives

For example, supporting local community venues to become dementia friendly, thereby increasing social and leisure opportunities for people with dementia and their carers.

Work with district councils

Working with district councils and their partners to build community capacity and develop a shared approach to Early Help and Prevention.

Supporting Access to Information and Advice

The Norfolk Directory is an online directory that can be used to find a range of clubs, organisations, groups and services in Norfolk. The search results can be narrowed to just those organisations within 1, 5 or 10 miles of a postcode. To find out more about the Norfolk Directory, please go to:



<http://search3.openobjects.com/kb5/ncc/directory/home.page>

Norfolk Directory



Information, advice and advocacy

We currently spend over
£1.7million

on information, advice and advocacy services.

Information and advice services are crucial in helping people to remain independent.

Receiving information at the right time helps prevent people needing formal social care services at a later date.

We currently invest in:

Specialist information and advice for people with disabilities, long term conditions and support needs. These services work together in partnership across Norfolk to offer specialist advice, to share resources and to make sure that people can receive information and advice from the organisation best placed to meet their needs.

All of the organisations in the partnership provide information and advice in the following areas:

- **Debt**
- **Welfare rights including advice and support to challenge decisions**
- **Social care including payment for care and support**
- **Support to access a wide range of help**
- **Health issues**
- **Legal issues including protection from abuse**

Information, advice and support service for people with personal budgets. This service enables people to manage personal budgets and direct payments.

Generalist advice. The main priorities for these services are the provision of information and advice to enable people to:

- **Manage household finances, reduce and manage personal debt**
- **Increase household income by securing employment or claiming benefit entitlement**
- **Prevent homelessness and/or address other housing problems**
- **Understand and enforce their employment rights**
- **Understand their immigration rights**
- **Understand their rights and the support available in respect of personal and family issues (such as relationship break down, domestic abuse or the local arrangements around social care assessment)**
- **Understand consumer rights**
- **Improve knowledge and skills prevent problems occurring or reoccurring and to be aware of the high quality, up to date web-based information available to them for self-help**

We are reviewing these services so that we can target them more effectively at preventing people from needing further care. We know there are opportunities to improve on our current offer and link in with other services, we don't want to look at services or individual contracts in isolation but consider them as a whole.

This will enable us to be more creative and flexible about the services we offer people.

We will be looking at the money we have to spend on information and advice services, and see how we can best work with partners and organisations that provide services to make information and advice easier to access.

Statutory Advocacy. Norfolk County Council has a number of statutory duties to ensure the provision of advocacy. These services are mainly for adults although there are elements of this provision which apply to children and young people. The services are:

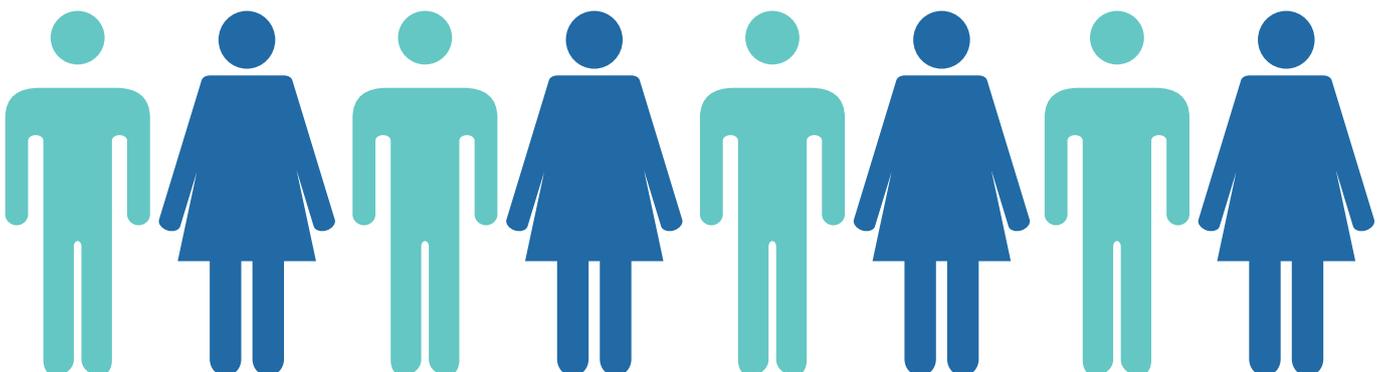
- Independent Health Complaints Advocacy
- Independent Social Care Advocacy
- Independent Mental Health Advocacy
- Independent Mental Capacity Advocates

We are reframing our transport offer in line with the Care Act and our Promoting Independence strategy.

We know that in rural Norfolk transport is an important means of accessing services or support. As a Council we have a key role in supporting accessible service, our role in relation to this is to:

- Help our customers to access services by the most suitable transport available
- Help people live as independently as possible
- Help people to develop new skills and take risks that are positively managed, thereby building confidence
- Promote the development and use of local services which result in a reduction in distances travelled and time spent travelling
- Improve health and well-being through community and social inclusion
- Ensure the efficient use of resources
- Reduce the numbers of people using Council funded transport to services where they are capable of travelling more independently
- Provide guidance and support to individuals to look at their transport needs as part of their support plan.

There is an expectation that service users will meet their own needs for transport to access and take advantage of services, and we are developing our transport offer accordingly.



Shaping the care market

The Care Act introduced new duties for local authorities to facilitate and shape a diverse, sustainable and quality market, emphasising that local authorities have a responsibility for promoting the wellbeing of the whole local population, not just those whose care and support they currently fund. This is known as market shaping.

This Market Position Statement supports our market shaping responsibilities. It is aimed at a wide range of care providers, summarising supply and demand in Norfolk and signalling business opportunities within the care market.

It is the basis for strategic commissioning and is intended to be used by providers to plan for the future, informing business choices such as investment in capital or personnel. This section begins to provide the information on supply and demand and is supported by the development of an interactive Care Market Intelligence Tool, which can be **accessed below**.

Web Link



<https://maps.norfolk.gov.uk/marketpositionstatement/>

Market engagement

As part of our Care Act responsibilities we need to move from being an influencer of the care market solely through our own purchasing to one where, with providers, 'we seek to shape, facilitate and support the care market'.

We recognise that this requires a very different approach to engaging with and managing the market.

In our 2016/17 MPS we said

We will...

Develop new opportunities for engagement at both the strategic and operational level throughout Norfolk. We will discuss with providers what these new arrangements should look like in a series of workshops and support this through our market development fund.

We have...

Undertaken a market engagement review asking providers what they thought. This has been a facilitated review and the findings have been published.

The review provides us with a basis to drive forward some of the transformational change required.

To keep up to date with how this is developing please visit the market engagement pages of our website.

Web Link



www.norfolk.gov.uk/business/supplying-norfolk-county-council/care-providers/keeping-up-to-date/events/market-engagement



We will...

Work with the market to develop and finalise the structures for engagement at both the strategic and operational level throughout Norfolk.

In our 2016/17 MPS we said

We will...

Develop a new approach to consulting with providers about fee levels.

We have...

Held provider dialogue meetings with representatives from all sectors of the market.

We will...

Continue to develop the provider dialogue approach to fee consultation and incorporate this into our revised engagement model.

The MPS should be produced by local authorities, following a co-productive process with providers, people who use services and other partners. Our current MPS has been produced using a consultative approach. As we continue to build and develop our market engagement model:

We will...

Produce future Market Position Statements using co-production.



Care quality

The Care Act requires the Council to promote a care market in which there is a choice of providers that deliver high quality care and support services to care for consumers.

The starting point for most providers lies in the fundamental standards of care set out in legislation and assessed by the Care Quality Commission (CQC). The Council considers these standards to be the minimum that it and care consumers are entitled to expect from the formal care market.

The Council publishes its annual quality report in June. This report sets out a detailed analysis of how providers of regulated services have performed to date and can be accessed through the Council's website. At the time of writing over 80% of all regulated providers had been assessed by the CQC and although there has been a marked improvement compared to 2016, Norfolk lags behind the other 10 social care authorities in the East of England.

In the nursing care sector Norfolk is positioned 8th out of 11 social care authorities in the East of England.

We fair better than the all England average but are below the East of England average.

In residential care Norfolk is last out of the 11 East of England authorities.

In home care Norfolk is 5th out of the 11 East of England authorities, and is better than both the all England average and the East of England average.

The Council has set out its approach to assuring care quality in its Quality Framework which can be accessed through the Council's website and its quality improvement strategy which it set out in its June report to the Adult Social Care committee also accessible through the Council's website.



<https://www.norfolk.gov.uk/business/supplying-norfolk-county-council/care-providers/quality>

The Council will put a particular focus on supporting improved quality in the care homes market in the year ahead, building on its current improvement programmes in that sector.

The Harwood Care and Support Charter

Putting care consumers at the centre of their care is fundamental to promoting wellbeing and helping to prevent, reduce or delay the need for further care. The Council will continue to promote the Harwood Care and Support Charter as it already sets out sound person centred care principles.

Being part of the Charter demonstrates to people using services that an organisation or individual is committed to ensuring people who receive care and support services in Norfolk have the high quality services that they want. The Council expects all our providers to be signed up to the Charter.

Those signing up to the Charter are committed to:

- **Listening to people and responding to their needs**
- **Treating people with respect, dignity and courtesy**
- **Making sure people are not left unsupported**
- **Telling people how much services cost and how to access financial assistance**
- **Making sure staff are properly trained and Police checked**
- **Reporting back to commissioners where things work well or could be developed to better meet needs**



Achieving outcomes

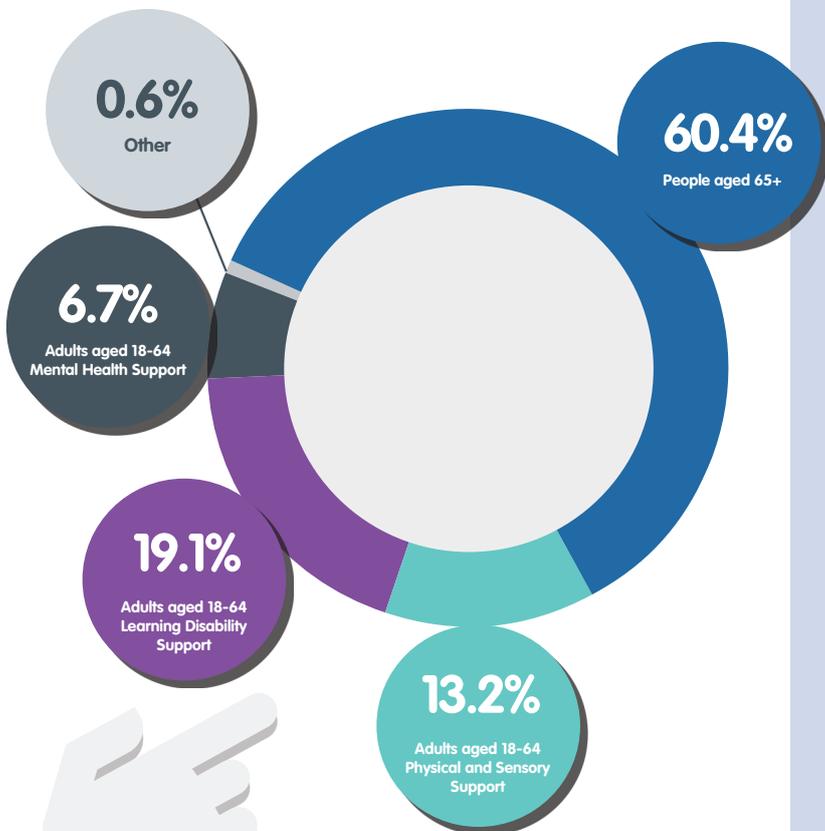
The Council will continue to develop its assessment of the extent to which the outcomes people want from their care is achieved through systematic assessment building on its pioneering work in the home care sector in the year ahead.

Demand for care and support

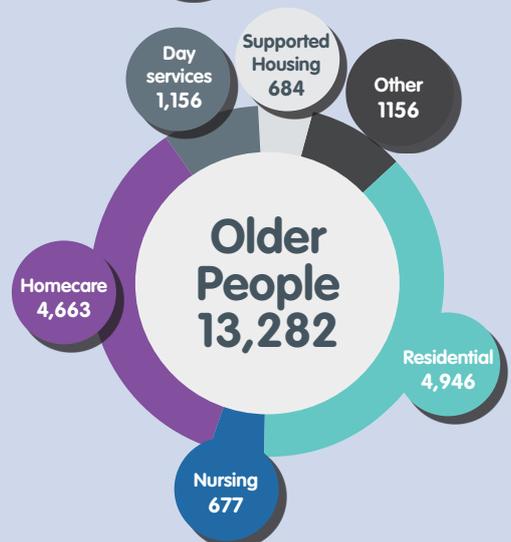
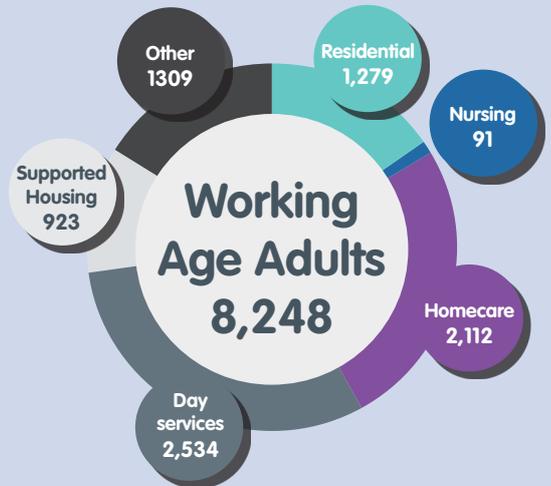
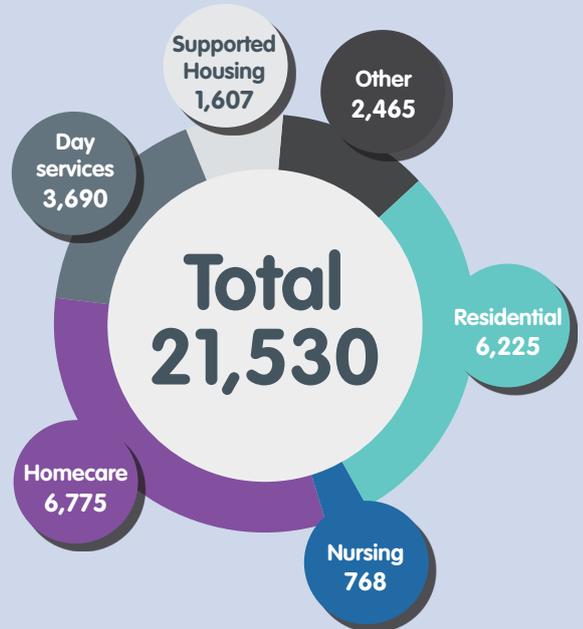
The Council funds the care and support required by a significant number of adults, we refer to this group as service users. A proportion take the funds allocated to them as a direct payment and administer the finances themselves. In Norfolk we have:



The diagram below illustrates just over 60% of adults supported are over the age of 65.



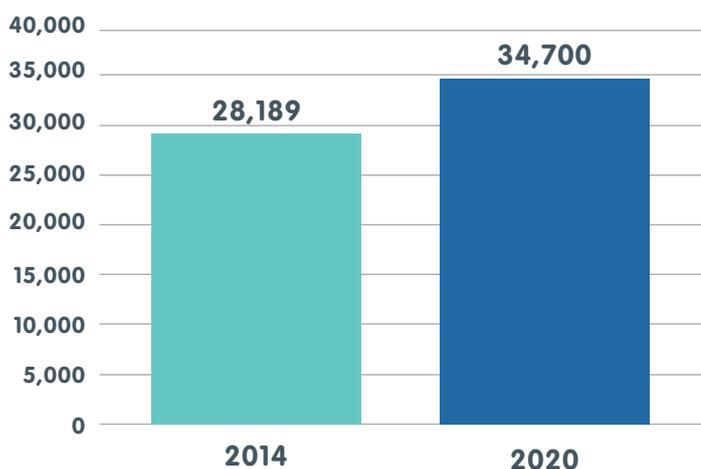
The diagrams below shows the types of services currently funded by Norfolk County Council for all people and then split to show the difference between the older people and working age adults markets. The numbers here indicate the total number of services funded rather the number of service users as some individuals receive multiple service types.



We know that there is a link between the overall health of people and their wellbeing, although we recognise that there are many people who are enjoying a good sense of wellbeing. Whilst managing long term health conditions it is important to understand the overall health of the adult population. Morbidity data indicates that about **7 in 10** adults in Norfolk are **mostly healthy**, however the figure drops to about **2 in 10 when over 70**. The figure becomes markedly lower still from the age of 85 and over.

The diagram shows the projected increase in the numbers of people in the 85+ age group in Norfolk.

Norfolk 85+ Population Projections 2014-2020



With this changing demographic in Norfolk we have an increase in the prevalence of dementia as detailed in **Living in Norfolk with Dementia: A Health and Wellbeing Needs Assessment** Published by Norfolk Public Health July 2014.



www.norfolkinsight.org.uk/resource/view?resourceId=946

North Norfolk CCG has the highest proportion of people with dementia.

Key facts include:

An estimated **16,400** people in Norfolk have dementia (either diagnosed or undiagnosed). Equivalent to **1 in every 53 people** in Norfolk or the populations of Cromer, Hunstanton and Holt combined.

Great Yarmouth and Waveney Clinical Commissioning Group (CCG) has the highest number of people with dementia reflecting its larger population.

There are about **26 new cases of dementia** per year per 1,000 population of over 65s in Norfolk (diagnosed or undiagnosed). That is equivalent to about **78 new people** getting dementia in Wymondham per year.

Over the next 20 years there will be an estimated additional **9,000** people with dementia. That is equivalent to the whole population of Downham Market. The greatest growth will be in people over 90 years old.



About two thirds of people with dementia live in the community compared to long term care.

The incidence of dementia **increases as age increases**, but is not a natural part of ageing.

Social Care and Clinical Commissioning Groups 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, healthy and able to live an independent life in their local community.

We know we have 'Examples of Good Practice in Dementia Care in Norfolk Care Homes.' This is based on a local service research project by Healthwatch Norfolk. The report outlines a list of which are applicable as a set of good principles for quality dementia support across all services and settings:

- **Training in dementia – staff, carers and friends, general public (including dementia friendly towns and dementia awareness)**
- **Supporting relatives and friends**
- **Awareness around food nutrition, environment including colours**
- **Assistive technology**
- **Recreational activities and objects (games, tactile stimulation, books, music)**
- **Non segregation and supporting friendships groups**
- **Supporting friends and families**
- **Community linking**
- **Close work with GP surgery**
- **Good medication including medication reviews**
- **Champion roles in care settings**
- **Good standards in end of life care including advance care planning**

We will...

Continue to work with providers and health to address the diagnosis, care and support needs of people with dementia.

Provision of care and support services

The supply side of the market works through, the care estate and the care workforce. Without the appropriate combination of these components it is not possible to secure high quality care or the efficient and effective operation of the market.

Care estate

The vast majority of care and support is provided to people in their own homes, our aim is to provide care and support where people live whenever possible. There are times of course when more specialised settings are needed to support people including hospitals, intermediate care settings often in residential care homes and nursing homes. Much of the care estate in Norfolk is comparatively old and there are areas where there is concentrated provision and other areas where there is no specialised provision available locally.

We want in particular to increase the proportion of people who can be supported in their own home, including housing with care for older people and supported living and housing for younger adults. We want to see a corresponding reduction in the use of long stay residential care by making it possible to stay at home longer.

We also want to see the provision of more specialist intermediate care beds in settings that specialise in intermediate care where the culture and focus is on rehabilitation, convalescence and enablement to support people returning home as soon as possible particularly after a stay in hospital.

We will work with providers to support appropriate investment in new builds and the remodelling of existing care homes to support this shift from traditional residential care to housing and intermediate care settings.

There will of course continue to be demand for high quality residential and nursing care, both for service users and customers, and we will work with the market to ensure that supply and demand are balanced.



Residential nursing providers accounting for **2,876** registered beds.



Care homes accounting for **7,084** registered beds.



Daycare providers, accredited to provide services for Norfolk County Council, this includes personal assistant services.



Homecare providers, accredited to provide services for Norfolk County Council.



Supported housing schemes (including housing with care and supported living)

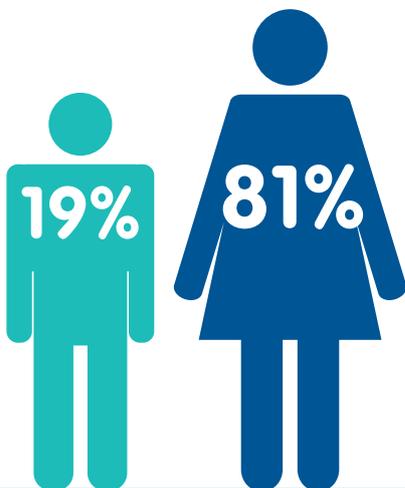
Workforce

The scale of the care workforce as detailed below demonstrates its significance to the local economy. The promotion and fostering of this workforce is not only a legal duty placed on the Council, it is critical to the success of the local economy.

In Norfolk there are an estimated

27,400 jobs in adult social care.

These are split between:



The majority of the workforce are Female

The National Minimum Data Set for Social Care shows that Norfolk has a staff turnover rate of 26.3%, as of October 2016. This is lower than the turnover rate for the Eastern region which is 25.8%. Norfolk has a vacancy rate of 6.8%, which is lower than a vacancy rate of 8.3% for the Eastern region. Around 82% of the workforce in Norfolk were British, 10% were from within the EU and 9% outside the EU.

The National Minimum Data set (NMDS) can be accessed here:



www.skillsforcare.org.uk/Home.aspx

The estimated number of adult social care jobs in Norfolk is **27,400**, this includes **1,950** managerial roles.

Adult social care is a growing sector that has increased by **18%**, in terms of jobs, since 2009 in England. If the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population then the number of adult social care jobs in England will increase by a further **18% to 1.83 million jobs by 2025**.

Celebrating the achievements of staff in the sector and promoting the workforce and opportunities is therefore critical. We know we have challenges:

- **6.8% vacancy rate across Norfolk. This is actually lower than the regional or national figures**
- **Staff turnover 26.3% - approximately 7,200 leavers per year**

Interestingly of the number of people who start a new job approximately two thirds (59%) were recruited from within the adult social care sector, therefore the sector retains their skills and experience. We know there is a real commitment to continuing to work in the sector.

Adult social care has an experienced 'core' of workers. Workers in Norfolk have on average 7.8 years of experience in the sector and around 69% of the workforce have been working in the sector for at least three years.

The majority (81%) of the workforce is female. Those aged 24 and under represent 12% of the workforce and those aged over 55 represent 24%, therefore approximately 6,600 people may retire in the next 10 years.

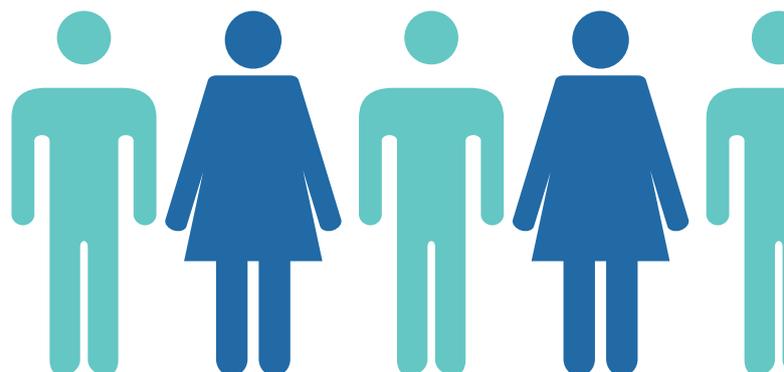
We also know there is:

- **a lack of understanding around career progression in social care**
- **negative perception of adult social care jobs among job seekers**
- **a lack of available workforce in non-urban areas (particularly in North Norfolk)**

Working with Suffolk County Council we have developed a health and social care sector skills action plan which is supported by the Local Enterprise Partnership (LEP). The aim is to maximise funding and support to continue to promote recruitment, retention and skills within the health and social care sector.

We have identified three priority areas that Norfolk and Suffolk health, social care, private and voluntary sector partners are going to focus on to actively improve the current situation:

- 1** Entrance and retention to the health and social care sector with a particular focus on adult social care.
- 2** Recruitment and retention of registered nurses in nursing homes.
- 3** Leadership and succession planning for registered managers and owners of Adult Social Care businesses.



We will...

Continue to drive forward the development and delivery of the health and social care sector skills action plan, addressing sector workforce priorities.

We have...

Worked with providers of social care and agreed that the Council would fund a recruitment and retention campaign to:

- Raise the profile of being a 'care worker' across social care in Norfolk
- Educate the audience on career options available in the sector
- Focus on the positive aspects of working in the sector
- Focus on the motivators for care workers in Norfolk
- Increase applications in the sector
- Reduce turnover by recruiting the right people

We have...

Created the campaign by working with the sector which includes

- Creation of a digital platform to host engaging content
- A multi-channel targeted media campaign starting 1st March 2017
- Promotion of Care Career Month of March
- We are displaying campaign posters in Children's Centre and Libraries across Norfolk
- Working with Job Centre Plus to promote the campaign and working in social care

The campaign provides a positive picture of working in care and Care Award finalists have helped with this. We look forward to seeing the campaign help with the recruitment challenges especially by:

- **Increasing the pool of people interested in working in the sector**
- **Raising the awareness of the opportunities available in social care**
- **Reducing recruitment costs for the sector**

To find out more visit the Norfolk Care Careers website:



www.norfolkcarecareers.co.uk/

Norfolk County Council currently supports workforce development activity for providers in consultation with the Norfolk Strategic Workforce Development Partnership.

This group identifies workforce development needs and provides grant support for services such as the Norfolk Care Brokerage. This delivers a workforce development information and advice service, learning portal and regular newsletters. Other work supported includes developing strengths based skills, advanced care planning and collaborative care in North Norfolk.

We will...

Continue to work with the sector to develop the workforce with a continued focus on:

- Recruitment and retention
- Leadership and management
- Maximising funding and support by building on the Local Enterprise Partnership Health & Social Care Sector Skills Plan

Through partnership working in Norfolk we aim to have a skilled workforce to meet the future demands for care and support.

We recognise the impact of the introduction of the national living wage in 2016-17 and the additional costs from the 2017-18 increase in national living wage.

The national living wage increased from £7.20 to £7.50 from April 2017, this represents a 4.2% increase.

We have worked with providers and used data from the National Minimum Dataset, to ensure that regard is given to the wage cost pressures that the market will need to respond to in 2017/18.

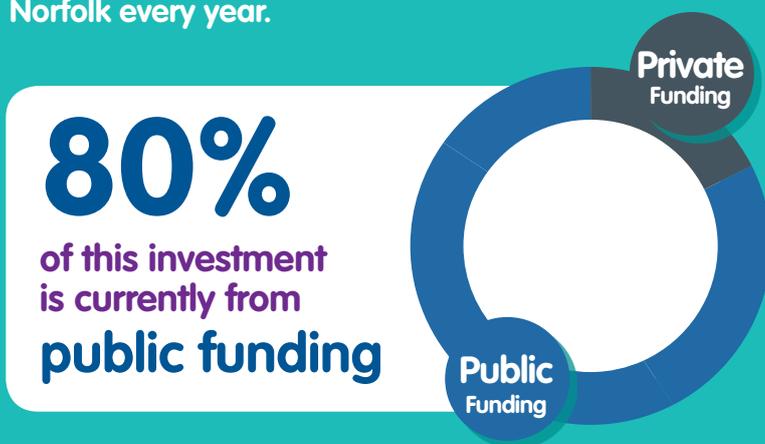


<https://www.norfolk.gov.uk/business/supplying-norfolk-county-council/care-providers/the-care-workforce>

The social care economy

Investment in the care market in Norfolk

The social care economy is a significant part of the Norfolk economy, providing employment for over 27,000 people. We have estimated from national data that about £870 million is directly invested in paying for social care and support services in Norfolk every year.



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

We estimate people funding their own care buy over £147m worth of care every year and this figure is rising.



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



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

The Council's investment in the market

Investment by market

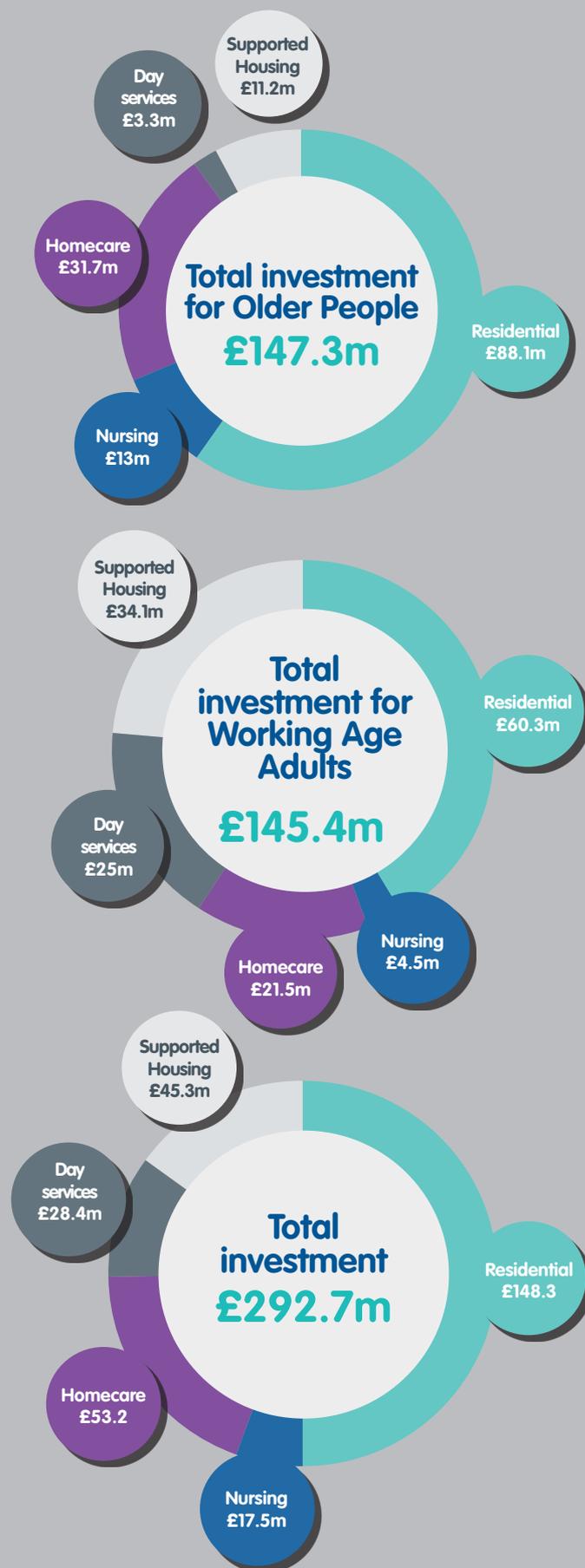
We invest over £290 million in the care market, the main focus of this investment is in the following market sectors.



These figures do not include our £12 million investment in the supporting people programme, they do include all direct payments.

Where 2016/17 information has been used this was based on period 10 forecast.

Investment by service user



Direct payments

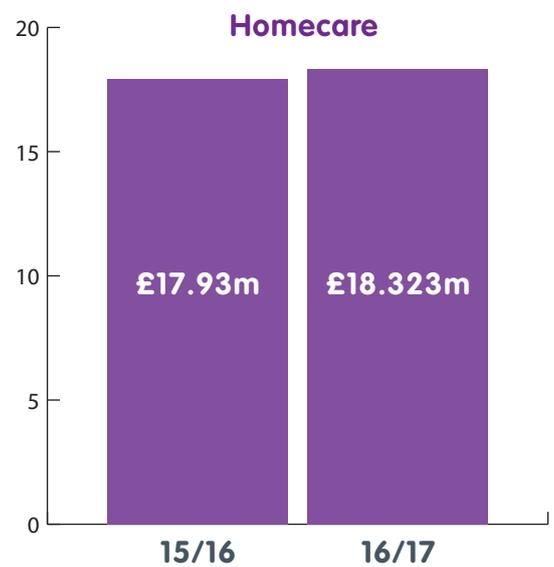
We want to support even more use of direct payments wherever appropriate, not only because this in itself supports independence, but also because it enables service users to shape the market they want by empowering them as care consumers.

We will support this process through the provision of high quality advice and information about what the market can offer to enable providers to respond to demand for more flexible person centred services.

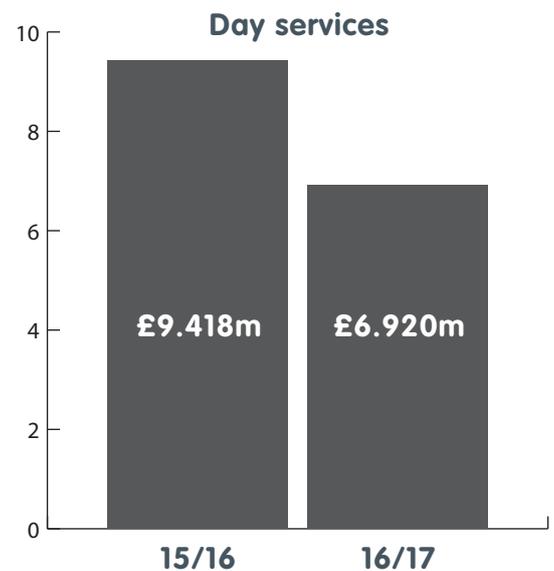


We will...
Work with people who use services to ensure the support and information available enables them to take advantage of direct payments.

The use of direct payments to secure homecare services continues to rise, whilst investment in day services has decreased.



Direct payments account for about 34% of the 16/17 homecare investment



Direct payments account for about 24% of the 16/17 day services investment

Future investment

We have provided detailed information about our future investment in the sections that cover the different sectors of the market.

The Chancellor's Budget in March 2017 announced £2bn additional non recurrent funding for social care, of which Norfolk will receive:



This additional funding is required to be pooled through the Better Care Fund (BCF) and has to be spent on unmet social care need.

This will be paid directly to local authorities from the Department for Communities and Local Government (DCLG) and will be included in the BCF, however can only be used for the purposes of:

- Meeting social care needs
- Reducing pressures on the NHS supporting people to be discharged from hospital when they are ready
- Ensuring that the local social care provider market is supported and stabilised

The additional funding supports the shared agendas of health, acute hospitals and social care. Funding is short term and operates as a 'bridge' to the Improved Better Care Fund in 2020. Evaluation and monitoring of all interventions will be undertaken to identify where in the system efficiencies are made, with the aim of ensuring sustainability for health and social care in the long term.

Norfolk County Council are proposing to focus on the three priority areas:

- 1 Protection of social care – maintaining social care services.
- 2 Sustain social care – focus on the market and securing supply and workforce.
- 3 Invest and improve social care – support health functions in discharging their duties.

The residential market

Our investment

Of the **£60 million** we invest in services for working age adults **£45 million** of that is invested in services for people under 65 with a learning disability.



Number of providers



In Norfolk we have **306** care home providers accounting for **7,084** beds. Our investment accounts for **47%** of available residential beds in Norfolk.

Self-funding customers are a significant part of the older people's residential care market in Norfolk.

The number of older people in Norfolk who are permanently admitted to residential or nursing care is high, but Norfolk's figure has decreased by 15% compared to 2014/15. The continued reduction of this figure is a key priority.

The number of working age adults permanently admitted to residential or nursing care in Norfolk has **decreased by 43%** compared to 2014/15. Norfolk's rate of existing service users in residential care is higher than our comparator group of similar Councils. However when we look at the proportion of new admissions, this figure is relatively consistent with everyone else.

The ongoing change in the percentage of permanent admissions to residential care, provided the back drop for our review of the cost of care.

We have completed a cost of care exercise for providers of residential care to older people, based on this work we have increased the usual price we pay to this segment of the market, this has been in addition to the annual inflationary increase applied to our published prices.

For providers of residential and nursing care for working age adults the Council have not been in a position to complete a cost of care exercise, propose and consult on its usual prices. This has been due to the diversity of this market place serving multiple and, in some cases, very complex needs, which has created difficulties in obtaining the information required. We will be focussing on completing this work with providers during the current financial year.

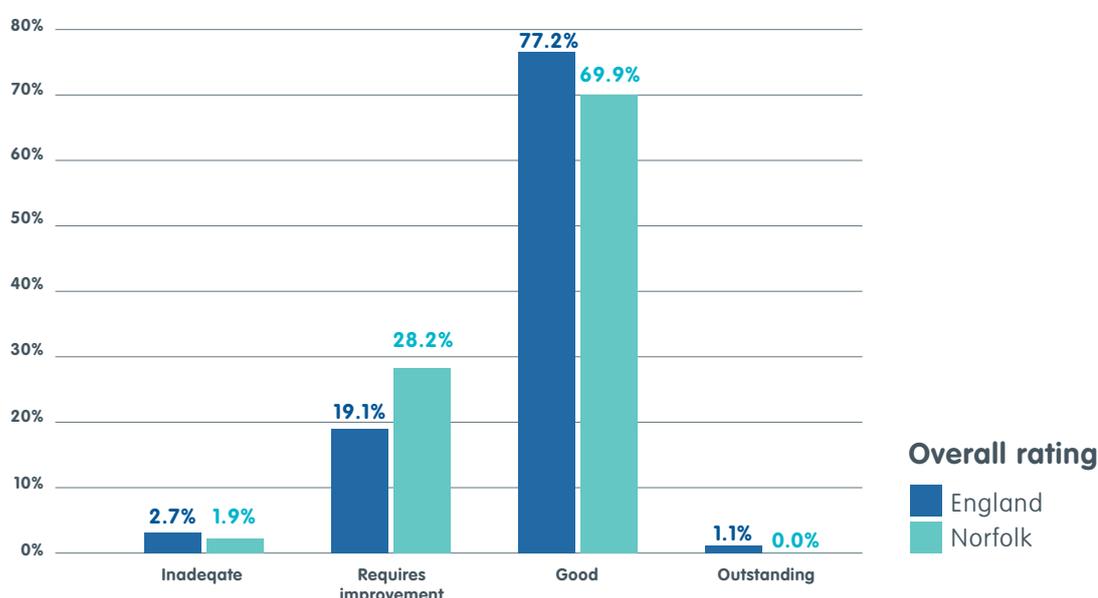
Workforce

Taken from the National Minimum Data Set for Social Care as of 7 April 2017, we know that staff turnover is high in the Residential market currently at 25.1% an increase from 24% reported in our previous Market Position Statement. Vacancy rates have also risen from 3% to 4.9%. Zero hours contracts, whilst not as prevalent in this sector as in Home Support, have risen by 1.8% to 7.8%.

Quality

We have seen an improvement in the quality of provision in Norfolk with 69.9% of registered providers achieving 'good'. This is an improvement on the 59.6% reported in our 16/17 Market Position Statement, however compared with the England average Norfolk is not performing as well with 9.1% more in the 'requires improvement' category and 7.3% fewer rated as 'good'.

CQC inspections - Residential Care



We have...

Used market development funding to support our quality improvement work, funding a programme of targeted interventions where providers require improvement to enable them to achieve a 'Good' rating. This work compliments Norfolk County Council's Quality Assurance work. This has been delivered by Carerite Ltd, through the 'Be the Best Quality' programme. The programme is designed to be shaped around the care providers unique circumstances, offering knowledge, experiential learning and embedding good practice.

Engaged with the Enhanced Health Care in Care Homes (EHCH) framework as a basis for reducing admissions from care homes to hospital and collaborating to support improvement in the quality of care offered. CCG and Adult Social Care quality leads are engaged in this work sharing learning and good practice as well as looking for system wide solutions to address quality issues.

We will...

Work with providers in partnership with health to continue our focus on quality improvement within the residential sector.

In our 2016/17 MPS we said

We will...

Fundamentally review our commissioning strategies and work with providers to create an effective, efficient and sustainable market.

We have...

Successfully embedded the new cost of care model and the new fee uplift dialogue process resulting in the largest ever increase in fees in this sector.

Strengthened relationships with the market enabling us to lay the foundations for a new framework and contracts in this sector.

Our co-production expectations are...

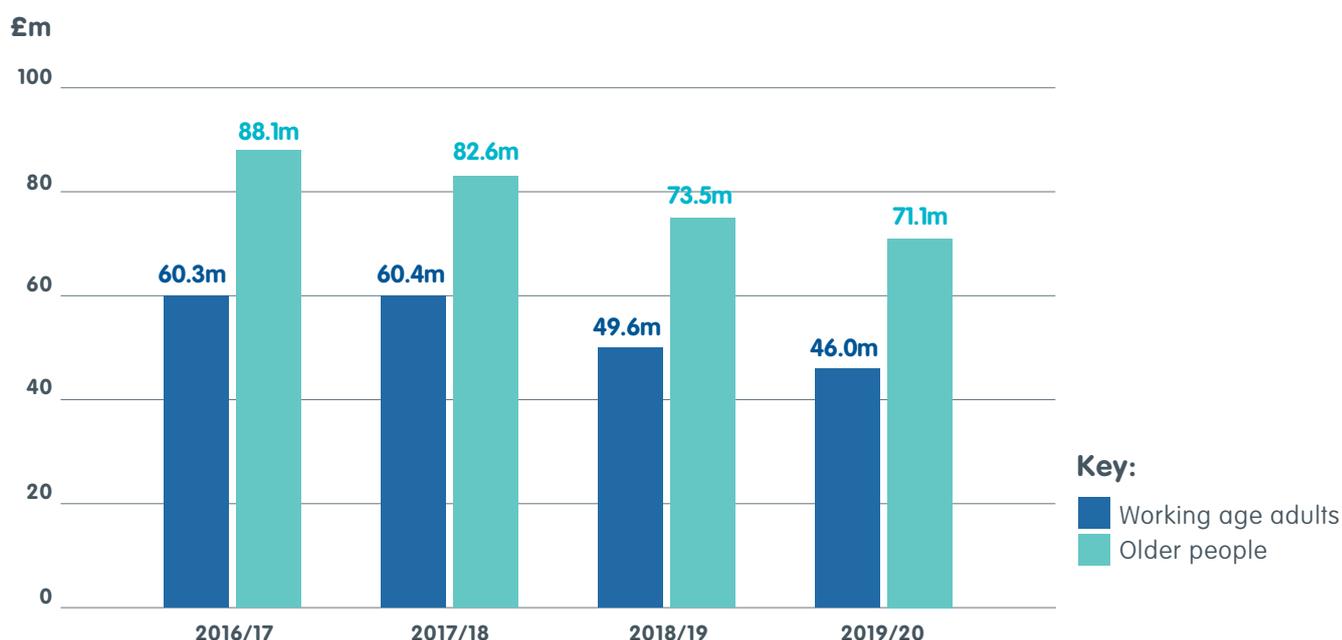
We will be working with providers of residential services to working age adults to develop recommendations for pricing in relation to this market.

As part of the development of the new Learning Disability Strategy we will be asking people with Learning Disabilities and their families what is important to them so that they can be involved in the shaping and the planning of their services.

Commissioning intentions

In recognition of the changing demands in this sector, we will replace our current accredited provider list arrangements with a new framework arrangement. This will enable us to enter into a wider range of more flexible contracts, for the provision of residential care to older people and working age adults. We will fully explore how best to price the new contracts that we let to the framework providers.

In line with our strategy of reducing permanent admissions into residential services our predicted investment per year in the residential sector to 2020 is expected to reduce.



NorseCare

The Council and NorseCare have agreed to significantly reduce the cost of the Council's purchased places in the NorseCare homes over the coming years. As part of the transformation programme the Council and NorseCare are reviewing the arrangements for all of the NorseCare homes.

The home support market

Our investment

Our investment in this market has stabilised in the last financial year, having experienced a **15%** increase over the two previous years.

£21.5m
working age adults

Total
£53.2m

£31.7m
older people

Number of providers



Our investment is through **89** accredited providers. This is however not the totality of the homecare market. There are also those who provide services directly to individuals using their personal budgets as a direct payment.

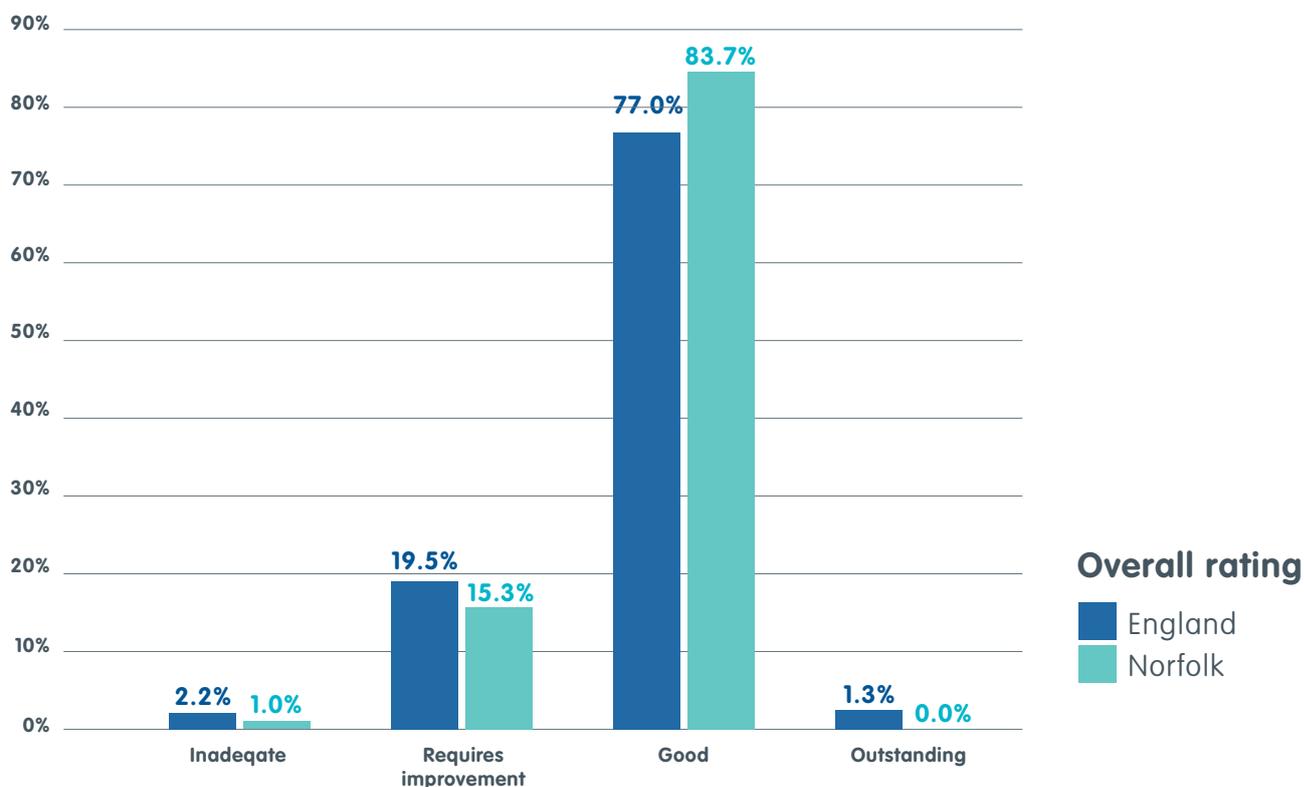
Workforce

Taken from the National Minimum Data Set for Social Care as of 7 April 2017, we know that staff turnover continues to be high in the Home Support market currently at 34% a reduction from 41% reported in our previous Market Position Statement. Vacancy rates have risen from 7% to 9%, and zero hours contracts, which are prevalent in this sector, remain at 53%. We continue to work with the sector to address the workforce challenges.

Quality

We have seen an improvement in the quality of homecare provision in Norfolk with 83.7% of registered providers achieving 'good'. This is better than the England average and a significant improvement on the 57.1% reported in our 16/17 Market Position Statement.

CQC inspections - Homecare



Shaping the home support market

In our ongoing drive to support people to be independent, resilient and well we need to:

- To implement the Framework of Strategic Home Support Providers and continue to reshape the market so capacity available meets the required needs through high-quality services and efficient use of resources.
- Focus on solutions that deliver outcomes, enabling us to move away from time and task and focus on what matters to someone.
- Foster resilient communities where local people, organisations, home care and community / voluntary sector work closer together.
- To explore how health and social care commissioning for home support could be done jointly.
- Understand how self-funders influence the response within the market.
- Provide intelligence to aid business development around integrated care structures.
- Continue to explore how the other preventative solutions, such as assistive technology, could further promote independence.

In our 2016/17 MPS we said

We will...

Support and develop a thriving homecare market with diverse and resilient providers who complement and reflect the objectives of enabling choice and independence for citizens.

We have...

Increased and improved our communication channels with providers, helping them to better understand our direction of travel and plan their future development.

We will...

Continue to strengthen our routes of engagement.

Engagement and Information routes

Supplemented by:

- Home Support Narrative – giving our priorities for 2017/19.
- Market Intelligence Mapping.

Norfolk Keeping People Well at Home Blog



www.norfolkpwah.com

- First point of reference for all Home Support news.
- Data and maps readily available.
- Updates from NCC on our progress against the two year priorities.
- Will replace the monthly Home Support newsletter.

Norfolk Care Careers website



<https://www.norfolkcarecareers.co.uk/>

NIC – Welcome to the Week.



<http://norfolkandsuffolkaresupport.co.uk/>

Norfolk and Suffolk Care Support Newsletter and website.



https://www.norfolk.gov.uk/-/media/norfolk/downloads/business/supplying_ncc/care-providers/locality-provider-forum-dates-pdf

Locality Provider Forums and local communications

Our co-production expectations are...

We are working closer with providers to develop joint strategies to overcoming shared challenges.

Assessors continue to discuss the choices on how support needs and outcomes sought can be achieved at an individual level. This work continues to be developed.

The Home Support contract enables providers to work with citizens to co-produce their care plans, allowing citizens as much control over their day to day care as possible.

Commissioning intentions

We are currently tendering for and implementing a Light Touch Regime Framework commissioning model across North Norfolk, Norwich and South Norfolk CCG areas. This will replace the block and spot models currently in place in these areas. The chosen framework providers will become our strategic partners both for placing new packages of care but also in developing innovative and new ways of working together.

Strategic providers are secured and form a framework using the Light Touch Regime. They will be secured on the proven basis of:

- **Local operation**
- **High quality performance**
- **Capacity**
- **Willingness to develop (in particular, managing independence and promoting re-ablement) and to collaborate with other providers in that area**

This approach enables the Council to form strategic relationships to achieve its priorities of:

- **Efficient market structure and delivery**
- **The management of contractual arrangements ending in 2017 and 2018**
- **The achievement of what matters to people**
- **The continued management of financial pressures with in the market**

Alongside our Promoting Independence strategy, this segment of the market is going to be a growth area, which is likely to be reflected in our investments per year to 2020.

The housing based care and support market

Our investment



We currently also invest £12 million through the supporting people programme.

Number of providers



There are **253** schemes that Norfolk County Council is working with in this market they include: **housing support; housing with care; and supported living.**

Norfolk County Council have undertaken research to better understand the accommodation needs of vulnerable people in Norfolk.

It covers the needs of people who can live independently in the community. This is being used to develop the Council's market shaping priorities, in conjunction with district councils.

We are working with providers of housing support to find savings and this includes the development of some new models for prevention support.

Workforce

Taken from the National Minimum Data Set for Social Care as of 7 April 2017, we can see that the workforce in this sector reflects the wider social care market with vacancy rates at 6.4% and turnover at 23.4%. Zero hours contract are a more significant feature for this workforce at 19.6%.

We are considering how the workforce from services being decommissioned may be of benefit to other social care/health services. Service providers are being made aware that support is available.

Quality

This sector does not have a CQC regulatory framework and therefore there are no CQC inspections or quality reports specific to housing based care and support. Under the Council's own quality framework the quality assurance team regularly tests the quality of the providers in this market.

In our 2016/17 MPS we said

We will...

Develop and publish our commissioning intentions for housing with care.
Develop a new joint commissioning strategy for people with Learning Disabilities.

We have...

Started to co-produce our Learning Disabilities Strategy, which will involve people from all levels of need in the Learning Disabilities cohort as well as their families and carers.

Market Pressures

The budget for housing related support (Building Resilient Lives) will reduce from £10.5m in 2016/17 to £7.925m in 2017/18 and £4.7m in 2018/19. Services will be redesigned by:

- a) Investment of £3.2m (a reduction of 20%) in crisis accommodation (homeless hostels) for young people and single adults who are homeless.
- b) Reinvestment of £1.3 - £1.5m in interventions which will positively impact on needs for people on the edge of more formal care.
- c) Decommissioning of:
 - i. Support in sheltered housing and outreach for older people
 - ii. Floating support
 - iii. Support to move on accommodation for homelessness and young people's services (including supported lodgings)

What we know...

Following public consultation and consideration of feedback, on balance the conclusion was that Norfolk County Council should strategically target the support available at those who can most benefit from it; providing more 'edge of care' intervention and less generic universal prevention.

We are in dialogue with service providers to deliver these changes and will be working with them to co-produce the new community outreach/edge of care service. We are working closely with District Councils to manage these changes.

Our co-production expectations are...

We are working with service providers, user groups, District Councils and other stakeholders to manage the changes and work together on the design of the new community outreach/edge of care service.

Building Resilient Lives commissioning intentions

- Cease funding sheltered housing provision from the end of February 2018.
- All floating support services will have ended by 31 December 2017.
- We will have recommissioned homeless hostel support services with 20% efficiency savings from 1 December 2017.
- We will have co-produced a new community outreach/ edge of care service which is anticipated to commence 1 March 2018 (start date will be influenced by the design of the new service).

In a new approach for the re-procurement of homeless hostel provision, Children's Services and Adult Social Care are working together to undertake a review of all un-regulated, spot purchased and Service Level Agreements that we currently have in place for all 16-24 year old provision, with the view of creating a joint commissioning framework. The joint framework will be used for the procurement of all homeless hostel support provision and can be used for the commissioning of other housing support services in future for example, for people who have experienced domestic violence.

Although we are decommissioning services under our Building Resilient Lives programme, our predicted investment per year in the housing based care and support sector to 2020 is **£46 million** investing **£35 million** on working age adults and **£11 million** on services for older people.

The community based care and support market

Our investment

£7 million
of the investment is
through direct payments



Number of providers



Our investment is through **210** accredited providers including day services and personal assistants, this is however not the totality of the community based care and support market.

This is a diverse sector of the market incorporating personal assistants and day services. Day services provision can vary from a few hours a week to a daily service. Day services are often small, locally run organisations with high numbers of volunteers.

As the demographics and expectations of individuals change, and funding structures shift, community based care and support is a sector of the market where we expect to see a changing offer for individuals, with emerging innovative and collaborative approaches to service delivery.

88% of our investment in this sector is for working age adults with a significant proportion of those being adults with a Learning Disability. A good Learning Disability service reflects the Care Act and the choice and control which is driven by the needs of the service users. The service should allow the service user the opportunity to live in the community with the right support and promote their independence. This will include the development of a model that reduces reliance on residential, nursing and day care.

Workforce

Taken from the National Minimum Data Set for Social Care as of 7 April 2017. We know the vacancy rate has risen from 1% as reported in our previous Market Position Statement to 5.9%, and that staff turnover has increased slightly from 12.1% to 15.1%. This may be an indicator of the increased sustainability challenges this sector of the market is experiencing.

Quality

Community based care and support services are not regulated services and therefore there are no CQC inspections or quality reports. Under the Council's own quality framework the quality assurance team regularly tests the quality of the day services market.

In our 2016/17 MPS we said

We will...
Support opportunities for the market to develop a provider network and create partnership solutions promoting a sustainable day services market.

We have...
Used market development funding to support a day services network. The Guild have been funded to develop the day service network to offer opportunities for even the smallest day centres to participate in the development of their services. By participating in a network of support, day centres will be more resilient and more able to determine and thereby respond, to their community's needs.

We will...
Review the network approach to understand how we can continue to work with providers of community based care and support to ensure there are sustainable solutions that meet the needs of local communities.

Our co-production expectations are...

As part of the development of the new Learning Disability Strategy we will be asking people with Learning Disabilities and their families what is important to them so that they can be involved in the shaping and the planning of their services.

Commissioning intentions

A significant amount of our investment is in day services for individuals with a learning disability. We are in the process of reviewing these services.

Learning Disability commissioners are tasked with modelling Learning Disability services within the current financial challenges and will be increasing the opportunity for more face to face discussions, events and workshops with providers. We are currently looking at what other councils offer and will benefit from sharing of good practice. We are also looking at the need to focus on building community capacity by providing support and guidance for new service design.

Our predicted investment per year in this sector to 2020 is £28 million investing £24.7 million on working age adults and £3.3 million on services for older people.

The residential nursing care market

Our investment

Our investment only accounts for approximately **25%** of available nursing beds in Norfolk.



Number of providers



65 residential nursing providers accounting for 2,876 beds

In the last 12 months we have seen a reduction in the number of registered nursing providers from 72 to 65 resulting in 257 fewer nursing beds. This is predominately due to the shortage of qualified nurses available to work in the sector, some providers have closed, and others have shifted to providing residential services without nursing.

Workforce

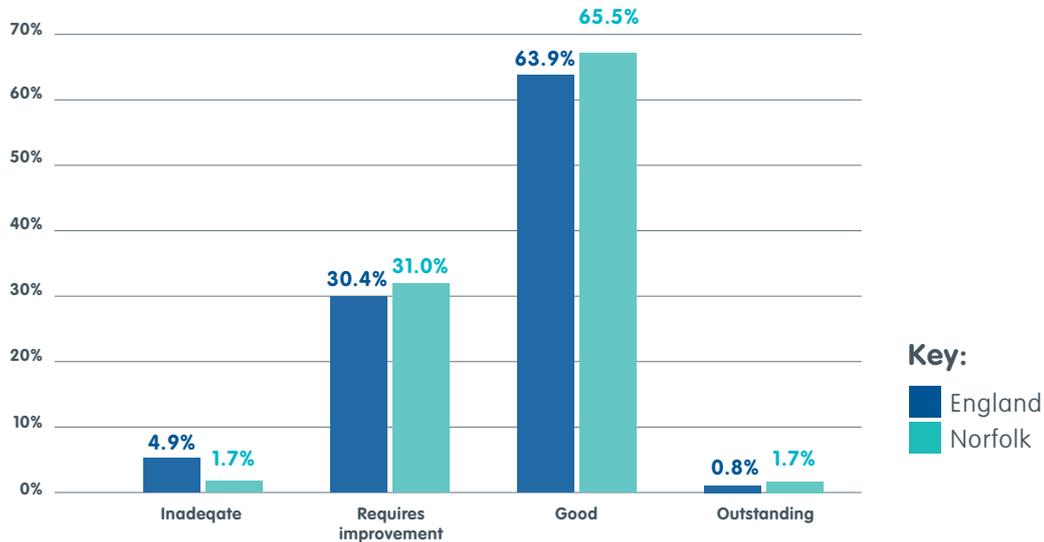
Taken from the National Minimum Data Set for Social Care as of 7 April 2017, we can see that there has been some improvements in turnover in this sector. It is still high but has reduced from 35% reported in our previous Market Position Statement to 29.5%. The vacancy rate is 4.5% which is comparatively low for the social care market, however zero hours contracts represent 10.9% all staff contracts

We are working with health to develop and implement schemes that enable nursing homes to 'grow their own' nurses and develop opportunities for student nurses to experience this part of the sector.

Quality

The quality of nursing care in Norfolk as currently assessed by the CQC is a mixed picture, with some outstanding provision but fewer than the England average rated as 'good' and more than the England average that 'require improvement'. The Council's quality assurance team will continue to work with the market to raise standards.

CQC inspections - Nursing Care



As part of the development of the Sustainability and Transformation Plan (STP) we expect to be working more closely with health to shape the residential nursing market in a way that provides sustainable provision for those with the most complex care and support needs.

In our 2016/17 MPS we said

We will...

Review with health partners our commissioning model in this market.

We have...

Not yet completed this work.

We will...

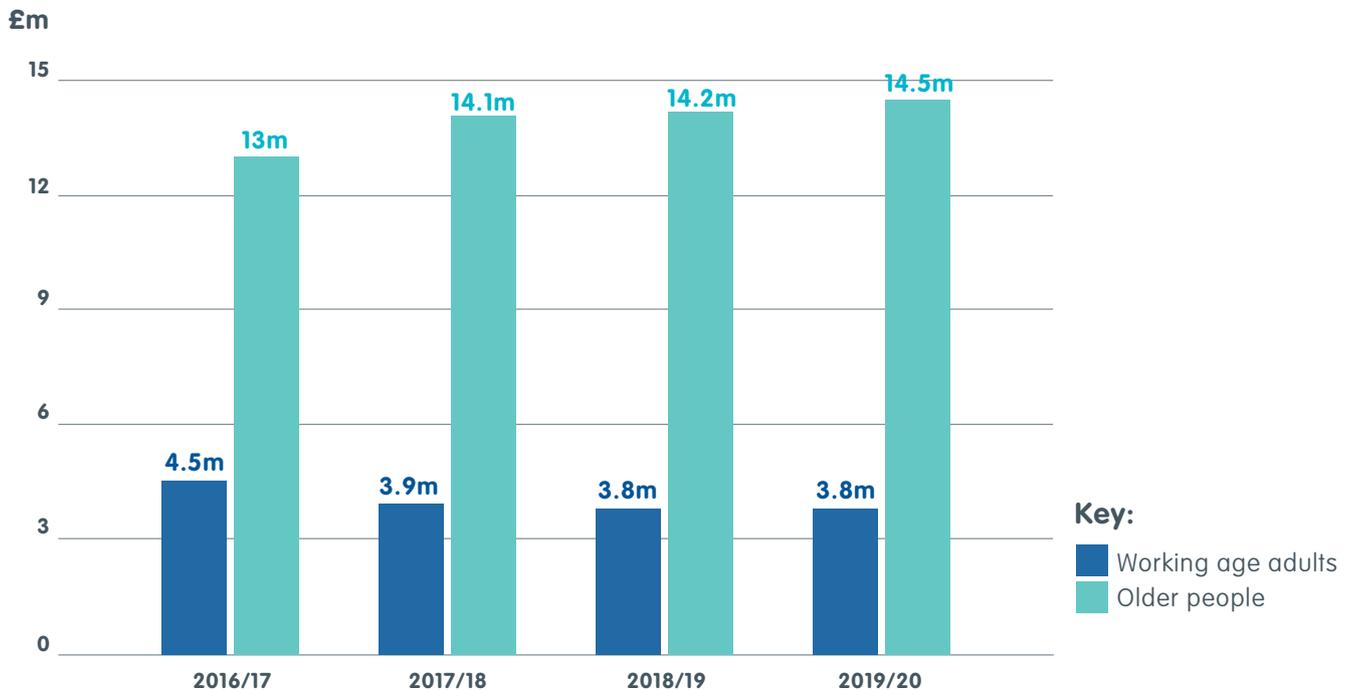
Continue with our commitment to review with health partners our commissioning model in this market.

Our co-production expectations are...

We will work with health and providers to understand the future priorities for this sector, and develop our approach to improve our understanding of what service users and their families expect from this sector.

Commissioning intentions

In recognition of the changing demands in this sector, we will replace our current accredited provider list arrangements with a new framework arrangement. This will enable us to enter into a wider range of more flexible contracts, for the provision of residential care to older people and working age adults. We will fully explore how best to price the new contracts that we let to the framework providers.



Our predicted investment per year in the residential and nursing sector to 2020 is expected to reduce for working age adults and increase for older people.

Learning disability services

Our investment

A good Learning Disabilities service reflects the Care Act and the choice and control which is driven by the needs of the service users. The service should allow the service user the opportunity to live in the community with the right support and promote their independence.

The Learning Disability partnership board plays an important role in making decisions about local services and support for people with learning disabilities and their families.

As part of the development of the new Learning Disability Strategy we will be asking people with Learning Disabilities and their families what is important to them so that they can be involved in the shaping and the planning of their services.

Of the **£298 million** we invest in the market **£119 million** is invested in services for people with a learning disability.

Our priorities

Publication of a Learning Disability Strategy.

Review of day opportunities.

Developing a variety of accommodation services and settings.

Developing a workforce that is skilled in promoting independence.

Improving the transition from children's to adult's services through partnership working in order to identify needs at an early age and planning services accordingly.

Promoting greater use of mainstream and community services in order to decrease dependency on traditional health and social care services.

Improving the cost-effectiveness of services through increased efficiency, maximisation of income and better use of resources.

Developing flexible, personalised step down services and accommodation for the reablement of people moving on from hospital settings.

Redesigning services for people with learning disabilities and autism and the most complex behaviour with our NHS partners under our Transforming Care plan.

Shaping the market for learning disability services

Commissioners are tasked with modelling learning disability services within the current financial challenges and will be increasing the opportunity for more face to face discussions, events and workshops with providers. We are currently looking at what other councils offer and will benefit from sharing of good practice. We are also looking at the need to focus on building community capacity by providing support and guidance for new service design.

In our 2016/17 MPS we said

We will...

For people with a learning disability currently in specialist hospitals, who can be supported to a less restrictive level of care, we will work with them to ensure movement to suitable local provision.

We have...

Started the commissioning of specialist community schemes over the next three years.

Our co-production expectations are...

We will be co-producing the Learning Disability Strategy, which will involve people with learning disabilities, families, carers, key stakeholders and providers of services.

Commissioning intentions

We are thinking carefully about how we procure contracts in the future by developing innovative and flexible contractual arrangements because it is important that we gain value for money and that service users benefit from a quality Learning Disability service which meets their needs.

The strategy will provide the direction for the service. It will be used to develop a strategic action plan which will support effective positioning of the market and the agencies operating within it. Key to the models of care and the different ways of working is ensuring that the key priorities set out by people with Learning Disabilities are intrinsically linked to the offer.

Mental health services

Our investment

We invest **£16 million** in mental health services.

Shaping the market for mental health services

Norfolk County Council Adult Social Services and the local NHS aim to create better services that focus more on rehabilitation and reablement, enabling people to live well at home and regain their independence.

Our co-production expectations are...

Through co-production, we are engaging with people who use our services, carers, providers and partner organisations to help work out how best to develop our community support services to help with people's rehabilitation and reablement. Over the next few years we will continue to work with this group of partners to change services to make them more effective in meeting people's needs.

Commissioning intentions

We also want to link together community support services in the same area. This would bring together supported housing schemes, housing related support to people in their own homes and personal assistant services. Currently these services are purchased from different organisations and more could be done to join them up to make best use of mainstream community services or to create networks of support amongst people with mental health needs.

This will mean that supported living schemes will act as a hub for the wider community of people with mental health problems in their local area.

During 2017/18 we are working to link together community support services in the same area. This will give more support to staff working with service users to enable them to move on to independent living, from supported living or residential care.

We think we can do more to prepare people who are in care homes and supported living schemes to move on and become more independent.

We also propose, in the longer term, to develop local services to respond more quickly and flexibly to episodes of crisis, which people can access directly.

We are proposing to maintain, and over time increase, the number of supported living places. By joining up what we are purchasing in the community we hope to improve efficiency, reduce duplication and so make savings without reducing support to people who use our services.

We want to improve the impact services have on people with mental health needs by focussing them more strongly on promoting independence.

Our proposals would mean:

People moving on from supported living will be supported by staff whom they already know.

People would get different levels of support depending on their level of need.

People can benefit from the expertise of different organisations providing services in their area.

Flexible support would mean that support can change more easily as people's needs change.

A bigger staff team will give more consistent support to people in a local community.

Locality commissioning

The Better Care Fund is being used across the localities to develop integration between health and social care. To achieve the greatest impact and benefit Norfolk has identified five overarching areas of work. These are supported by a number of local schemes and initiatives designed to deliver outcomes for individuals. Locality commissioners are focussing on managing service provision in their areas, through the use of the Better Care Fund, to meet the increasing demand and change in demographics.

Locality integrated care

The continued delivery and development of local initiatives and schemes that see health and social care working in a more integrated way to benefit individuals. This may include input from: GPs; community nurses; community matrons; specialist community nurses; social workers; occupational therapists; mental health practitioners; an integrated care co-ordinator; and the district council.

Care homes

Working with care homes to develop and enhance the key relationships with primary care (and urgent hospital care) to improve the experience of admission and discharge for patients and care homes. As well as supporting a coordinated approach to the delivery of high quality care in care homes to improve the quality of care people receive and reduce avoidable hospital admissions, by a variety of means, including closer links to primary care.

The home environment

Taking a local joined up approach to the use of housing adaptations to support the maintenance of individual's independence, and contribute to wider health and social care benefits, including reduction of admissions to, and facilitate discharges from, hospital.

Keeping people out of hospital

Through the delivery of admission avoidance schemes, Norfolk County Council and Norfolk CCGs continue to invest in a range of support to prevent avoidable admissions to hospitals and address the system's sustainability and demand management. This enables individuals to access appropriate preventative measures at an earlier stage.

Intermediate care in Norfolk will focus on reablement and independence, preventing unnecessary hospital admission and promoting timely discharge. This reduces NHS pressures and the need for long term residential care.

Crisis response

Local schemes delivering preventative interventions such as flexible dementia provision, home wards and services to carers supporting vulnerable people to stay in their own homes in the event of a crisis. As well as non-emergency services for vulnerable people in the community.

Through integrated working at a locality level we expect to see:

Reduced unplanned admissions to acute hospital

Reduced delayed transfers of care from hospital

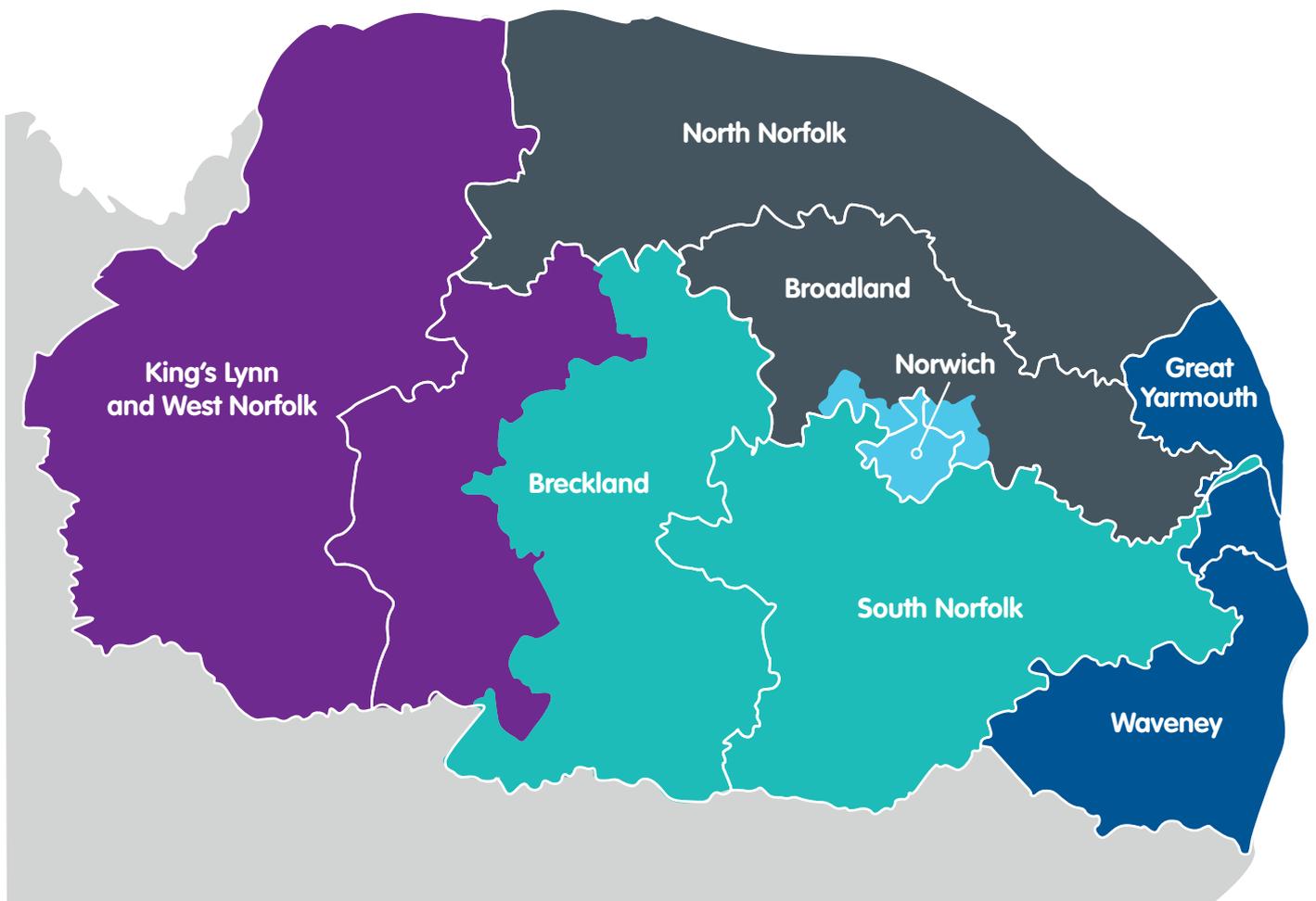
Increased diagnosis of dementia

Reduced permanent admissions of older people to residential and nursing care

Increased proportion of older people still at home after discharge into reablement and rehabilitation services

Clinical Commissioning Groups boundaries map

- NHS West Norfolk
- NHS North Norfolk
- NHS South Norfolk
- NHS Norwich
- NHS Great Yarmouth & Waveney
- LA Bounday



West Norfolk Locality Commissioning

Contact - Integrated Commissioning Managers West - 01553 666923 / 666907

West Norfolk is a member of the Integration Care Pioneer network, which promotes innovative working across health and social care. A local example of this is a 'Discharge to Assess' project at the Queen Elizabeth Hospital (QEH) which involves Norfolk County Council, QEH, WNCCG and local care providers working together to support patients with complex care needs to be discharged more quickly from hospital to a community setting. This scheme has significantly reduced 'delayed transfers of care' from hospital and led to a similar development at the Norfolk and Norwich Hospital.

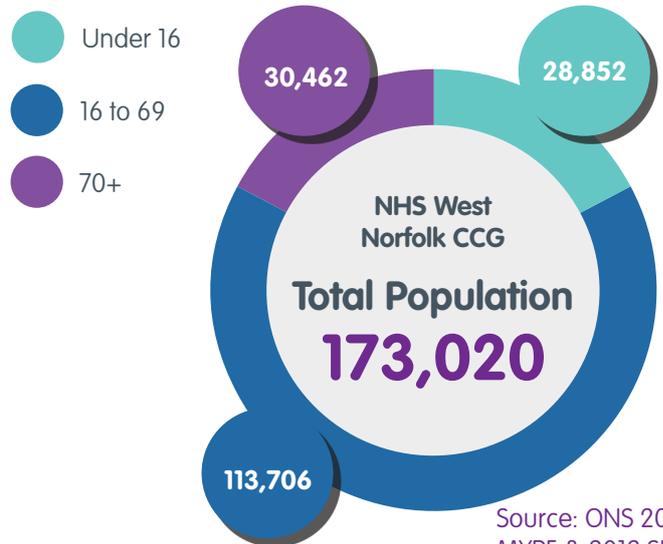
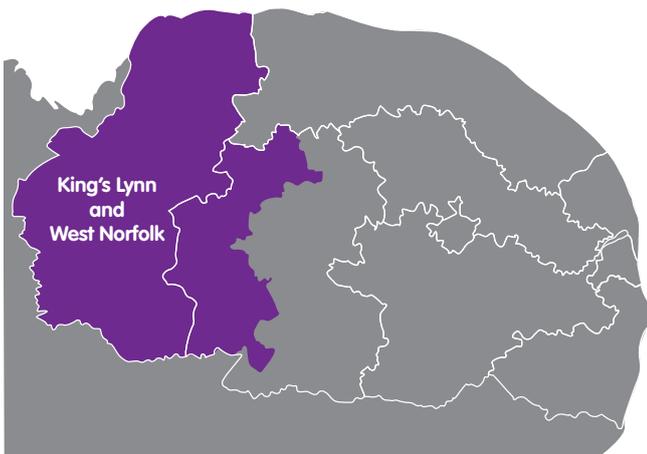
Another example of a positive local initiative has been the development of the Integrated Housing Adaptations Team which is a joint team comprising staff from Norfolk County Council and the Borough Council of King's Lynn and West Norfolk to provide

major housing adaptations and minor handyman services. The number of adaptations provided over the last year has doubled (to approximately 300 beneficiaries) and arrangements have been put in place to speed up support for individuals leaving hospital or with community health needs.

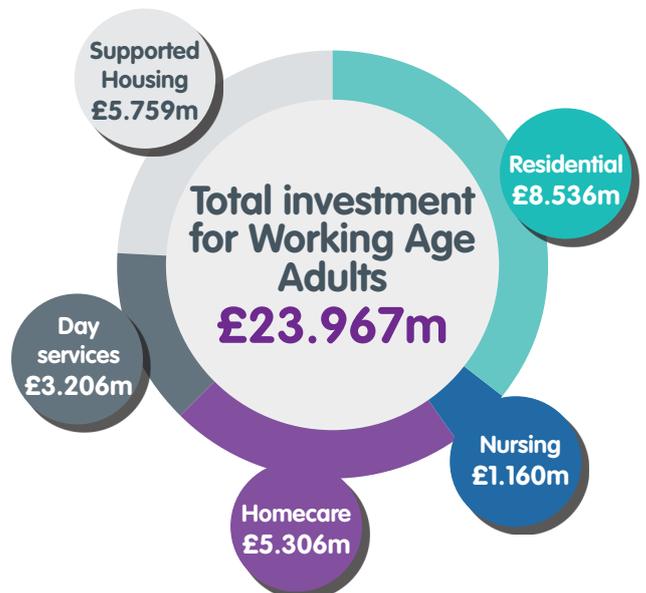
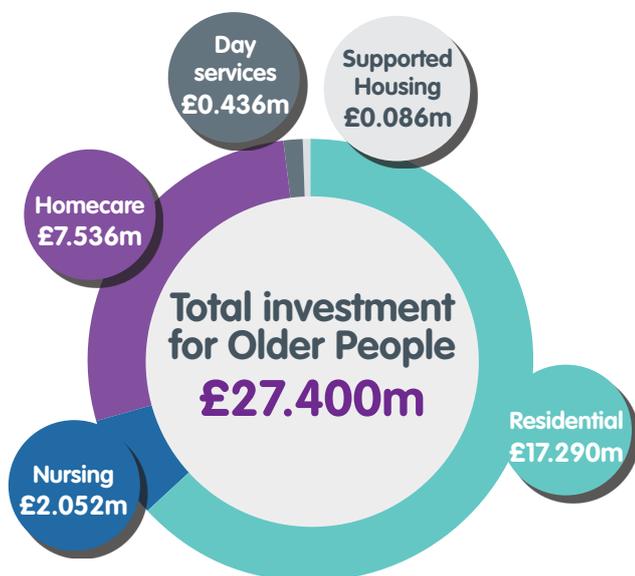
During 2017 we expect further development to these schemes as well as support for carers and information provision through 'social prescribing' and development of the successful LILY (Living Independently in Later Years) initiative, which supports older people to access community services. We will also be particularly focussing on enhancing hospital discharge support and working with independent sector providers of community care.

Clinical Commissioning Groups

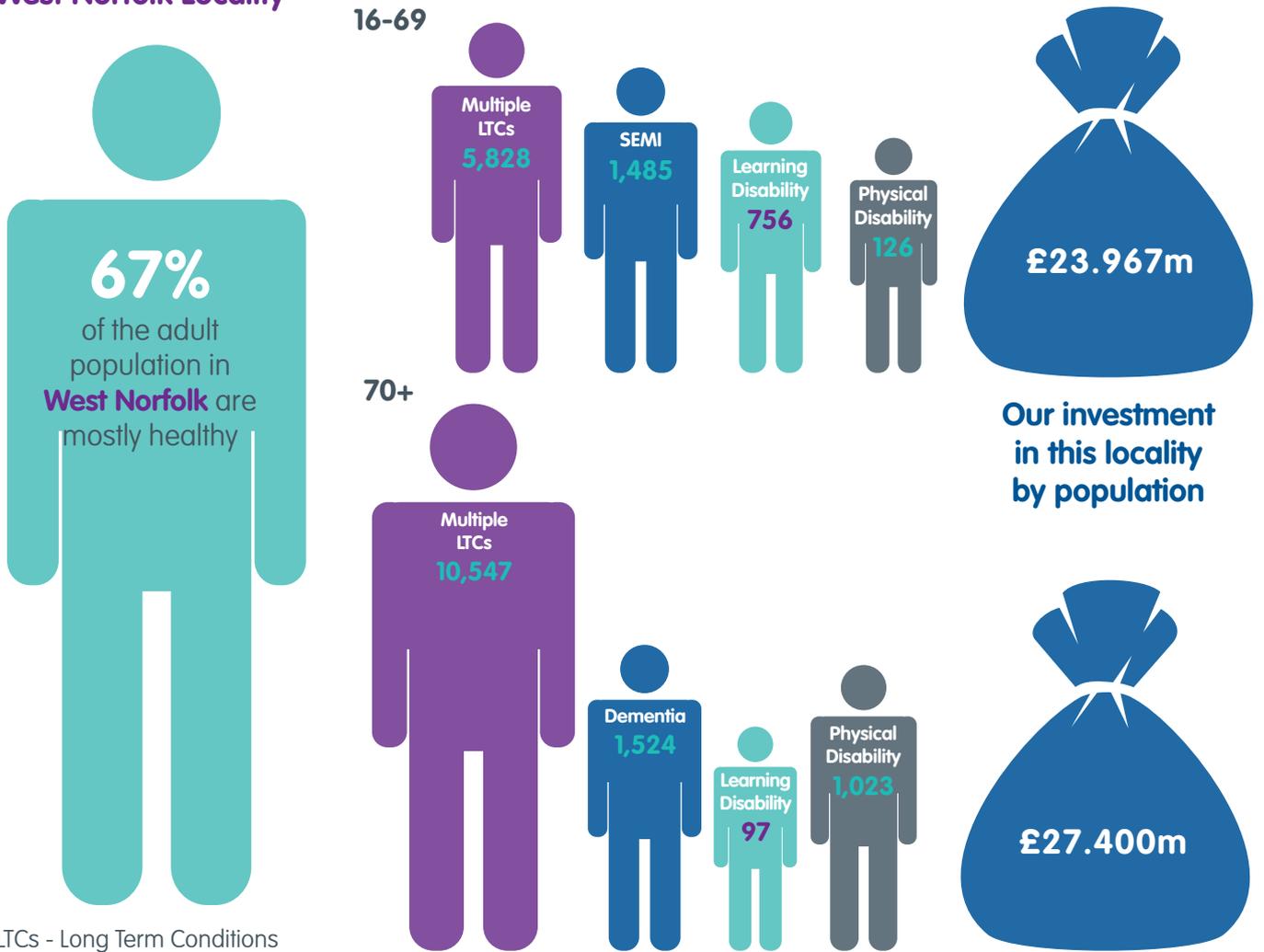
● NHS West Norfolk



Norfolk County Council Investment in West Norfolk



West Norfolk Locality



LTCs - Long Term Conditions
SEMI - Severe and Enduring Mental Illness

Plans in each locality are not yet finalised but are developing to ensure effective Better Care Fund investment in integrated service development.

West priorities for 2017/18

Locality integrated care	The continued delivery and development of local initiatives and schemes that see health and social care working in a more integrated way to benefit individuals/improve patient experience.
Care homes - targeted training to support care homes	Working with care homes to develop and enhance the key relationships with primary care (and urgent hospital care) to improve the experience of admission and discharge for patients and care homes. As well as supporting a coordinated approach to the delivery of high quality care in care homes, to improve the quality of care people receive and reduce avoidable hospital admissions.
Crisis response - supporting older people in crisis	Local schemes delivering preventative interventions such as flexible dementia provision, home wards and services to carers supporting vulnerable people to stay in their own homes in the event of a crisis. As well as non-emergency services for vulnerable people in the community. Delivery models which include: <ul style="list-style-type: none"> • Urgent care system • Rapid assessment in hospital

Norwich Locality Commissioning

Contact - Head of Integrated Commissioning Norwich - 01603 751649

The Integrated Team has been working with Norwich CCG on the evaluation of Bowthorpe Care Village. This is a new development which includes a Housing with Care Facility and a Specialist Dementia Support Unit. We are promoting the use of Personal Health Budgets and increased choice within the community.

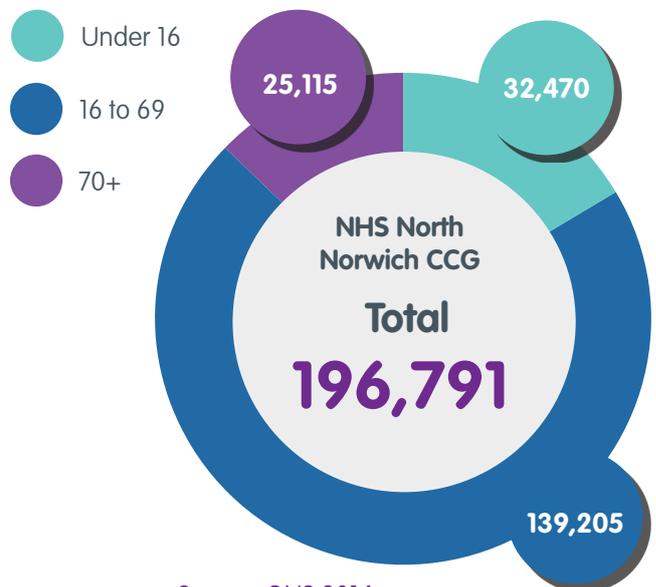
We are also working with South Norfolk CCG on empowering care home staff with a holistic training package, to support admissions avoidance into secondary care.

We are supporting the NEAT (Norwich Escalation Avoidance Team) which aligns to Norwich Home Ward and focuses on co-locating staff to deliver an integrated, multi-agency, local response that manages people safely in the community and facilitates early supported discharge from all inpatient settings.

We continue to support the Carers Council and in helping to make Norwich a dementia friendly city, working with many key organisations in Norwich.

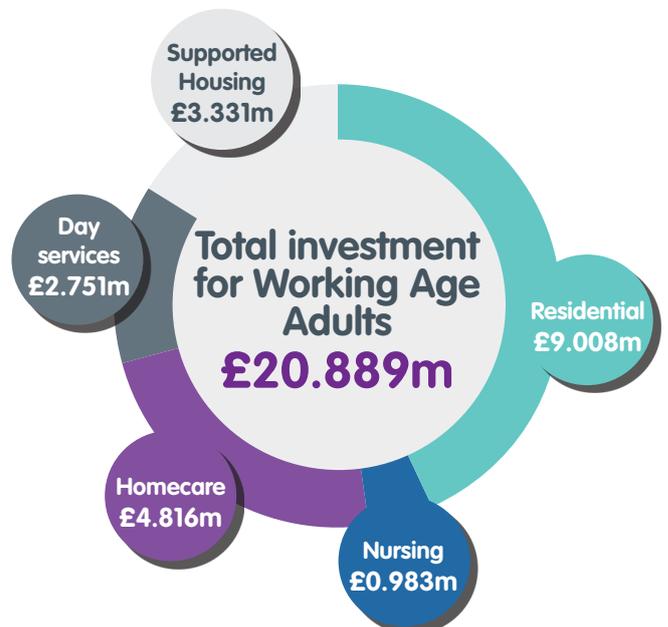
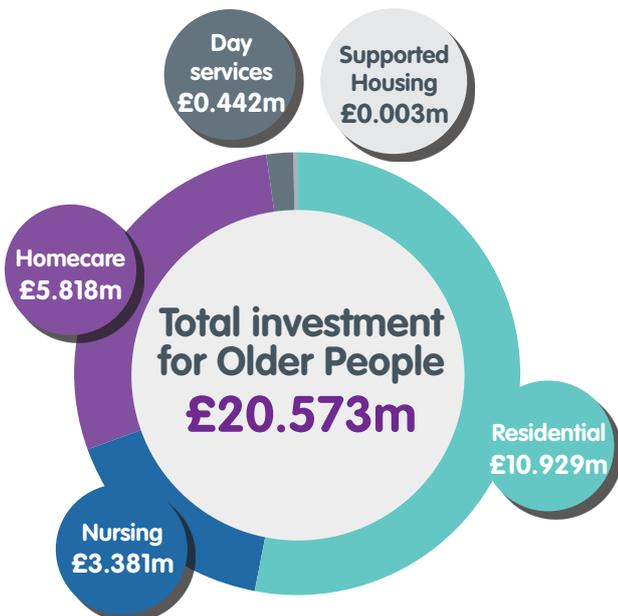
Clinical Commissioning Groups

NHS Norwich



Source: ONS 2014 MYPE & 2012 SNPP

Norfolk County Council Investment in Norwich



Norwich Locality Commissioning



LTCs - Long Term Conditions
SEMI - Severe and Enduring Mental Illness

Plans in each locality are not yet finalised but are developing to ensure effective Better Care Fund investment in integrated service development.

Norwich priorities for 2017/18

Locality integrated care

- Redesign primary care enhanced services to create a new hub and spoke model with emphasis on integrated health and social care through multi-disciplinary teams.
- The continued delivery and development of local initiatives and schemes that see health and social care working in a more integrated way to benefit individuals/improve patient experience, with a particular focus on dementia care and falls prevention.
- Development of a Multispecialty Community Provider model.

Keeping people out of hospital

- A range of support to prevent avoidable admissions to hospitals, addressing the system's sustainability and demand management, enabling individuals to access appropriate preventative measures at an earlier stage.
- Implement an integrated model of multi-disciplinary health and social care professionals providing care in the patient's usual place of residence.

North Norfolk Locality Commissioning

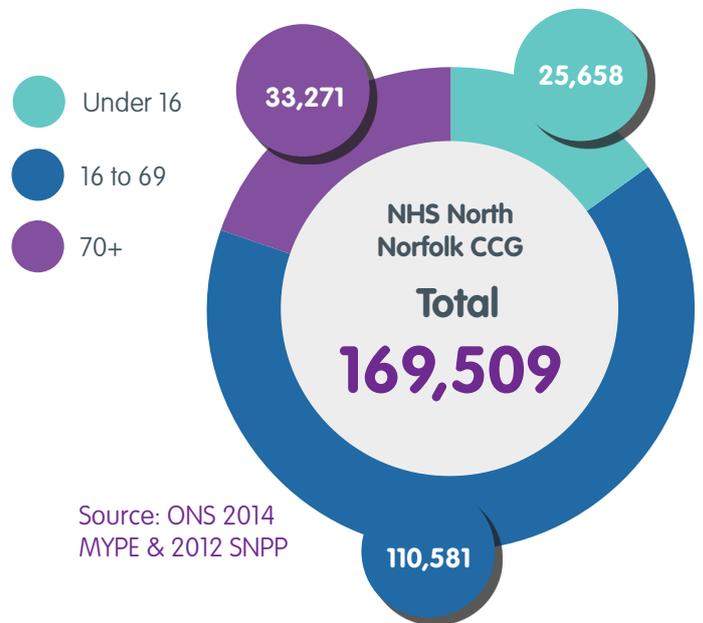
Contact - Head of Integrated Commissioning North - 01263 738126

The integrated team model continues to build on a GP practice, community nursing and social care structure. Surrounded by a network of community support, frail people are collectively managed and care co-ordinated across community, district council and acute care settings. All 19 GP practices have a multi-disciplinary team (MDT) working with patients requiring interagency support. Risk profiling tools help identify people at risk of a hospital admission or who might need supported community care and access to other resources via Integrated Care Coordinators. Organisations within the community can identify people with changing needs, who are at risk of hospital admission.

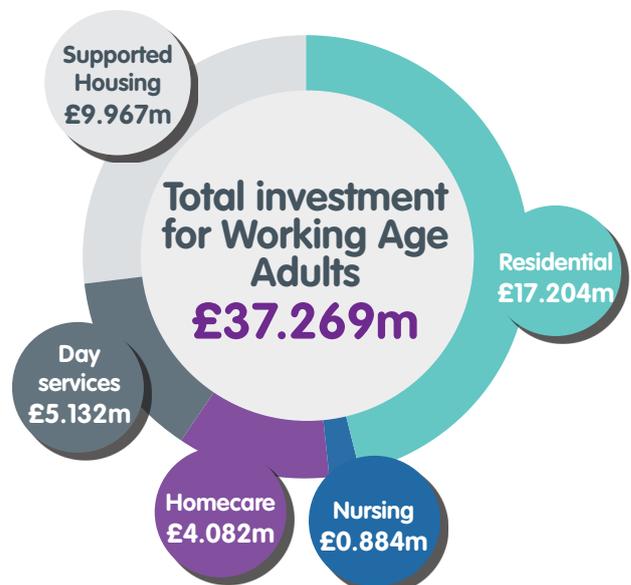
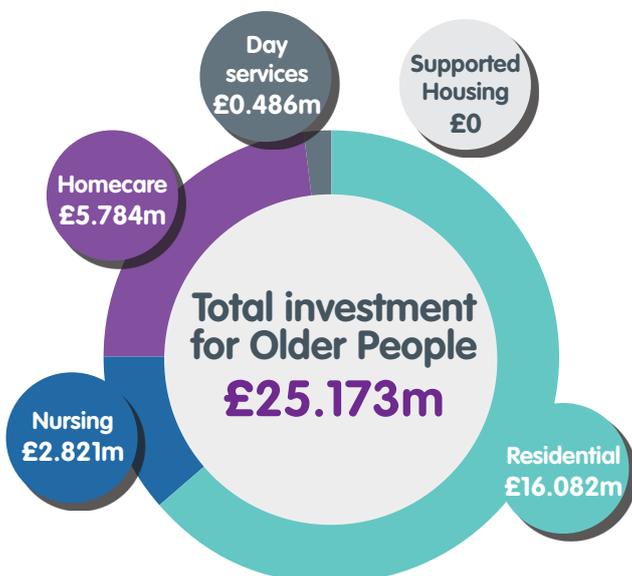
Long term we aim to improve connections with such organisations to equip them to recognise changes or risks, and enable them to raise an alert within the Integrated Care structure. Focus for 2017-18: embed risk stratification analysis so that GPs with NNCCG CCG can electronically track and manage the care of frail patients; improve links with co-ordinators at NNUH to support early discharge of patients back to primary care; work with district councils to improve access to home improvement services; manage crisis through improved ICC links to alarm providers; and develop links with community organisations.

Clinical Commissioning Groups

● NHS North Norfolk



Norfolk County Council Investment in North Norfolk



North Norfolk Locality



LTCs - Long Term Conditions

SEMI - Severe and Enduring Mental Illness

Plans in each locality are not yet finalised but are developing to ensure effective Better Care Fund investment in integrated service development.

North priorities for 2017/18

Crisis response service	<ul style="list-style-type: none"> • Provide a consistent integrated crisis response to all adult patients in North Norfolk, with a focus on those frail and elderly people with multiple long term conditions.
Care homes - reductions in the occurrence of acute admissions from residential care	<ul style="list-style-type: none"> • Seek to identify the main causes for acute admission from residential care. • Work with care homes to deliver targeted education programmes.
Keeping people out of hospital - reablement	<ul style="list-style-type: none"> • To increase effectiveness of reablement and improve patient experience. • To promote independence.

South Norfolk Locality Commissioning

Contact - Head of Integrated Commissioning South - 01603 257042

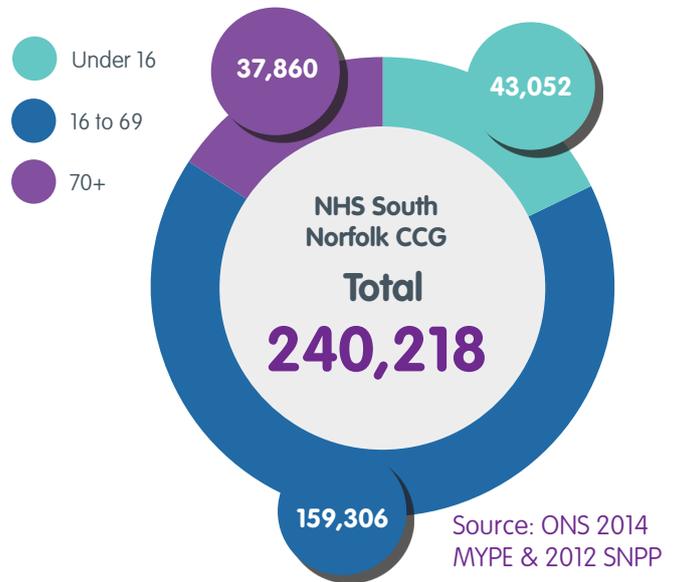
Clinical Commissioning Groups in Norfolk are moving toward closer collaboration, with North and South Norfolk CCGs joining their staffing together and increasingly working on shared projects. One of the key developments will be 'Supported Care', which aims to provide a comprehensive model of care closer to patients' homes. 'Supported Care' is planned for frail patients such as those who have unstable long term conditions or are at risk of acute infections which may result in a fall. The model will be based upon the current Integrated Care Teams, linked to GP practices and will entail better links between primary care providers, hospital discharge teams, in-patient units and the ambulance service. There will be more provision of

reablement support to help people regain their independence and confidence after a health related crisis. Voluntary and community providers will also support patients and their family carers.

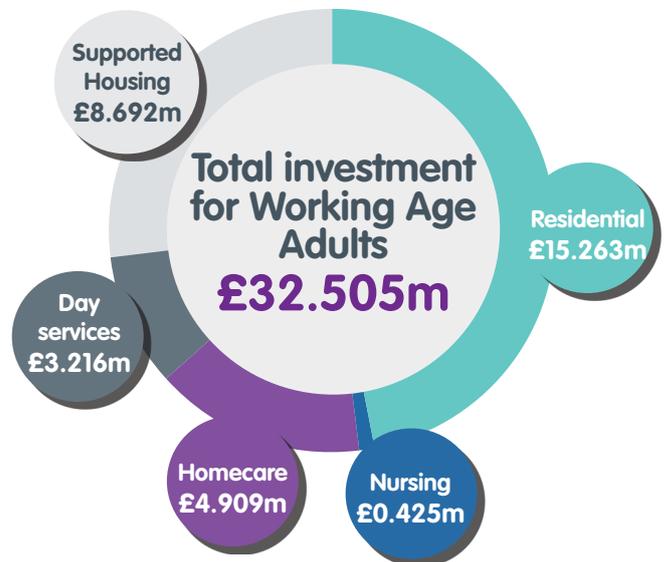
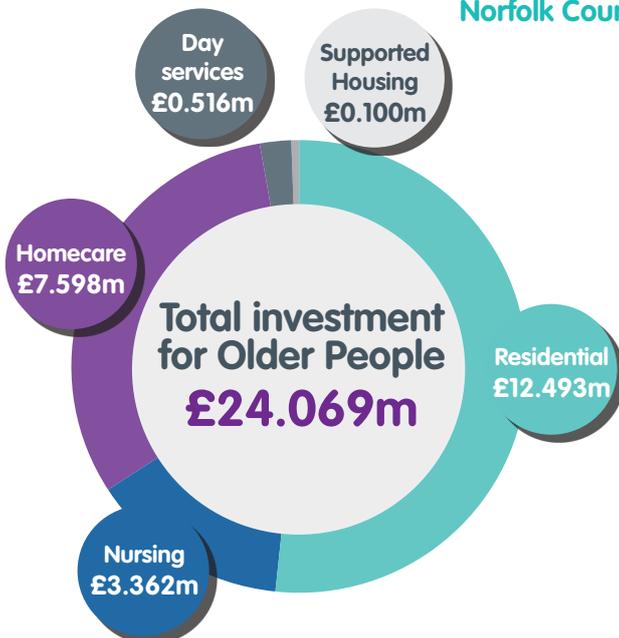
Some of the other key areas in which South Norfolk CCG is working locally with other partners in addition to the other CCGs and social care organisations include: supporting care homes to enhance the care that they provide for vulnerable people; improving the care of people with dementia; and working with Breckland and South Norfolk District Councils to ensure that their homes are accessible for people with long term conditions so that this does not prevent people from living

Clinical Commissioning Groups

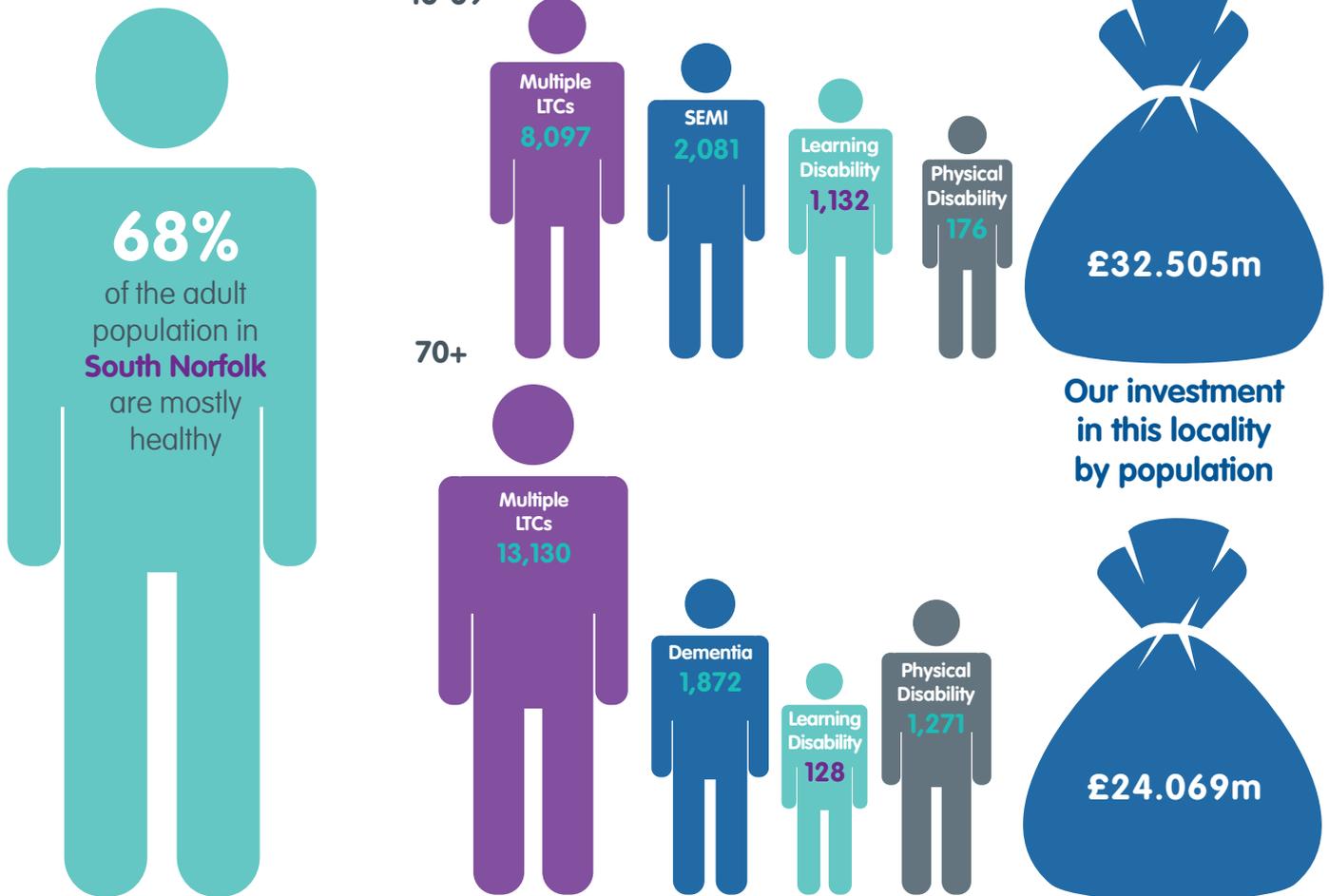
 NHS South Norfolk



Norfolk County Council Investment in South Norfolk



South Norfolk Locality



LTCs - Long Term Conditions
SEMI - Severe and Enduring Mental Illness

Plans in each locality are not yet finalised but are developing to ensure effective Better Care Fund investment in integrated service development.

South priorities for 2017/18

Locality integrated care	<ul style="list-style-type: none"> • Redesigning community based care for older people and for other people with long term conditions. • Support more people at home through locality based effective community help which has the GP practice at the centre of planning care. • Work with the local voluntary and community centres to ensure that people really benefit through accessing community assets.
Locality integrated care - end of life	<ul style="list-style-type: none"> • Work with other CCGs to improve end of life care through dedicated co-ordination for families and the offer of an integrated response for people who are at end of life. • Development of an effective end of life pathway.
Care homes - reducing admissions from care homes	<ul style="list-style-type: none"> • Build on the work to implement a model which delivers training and support to care homes to reduce preventable hospital admissions. • Working with care homes to develop and enhance the key relationships with primary care.
Interim care strategy	<ul style="list-style-type: none"> • Focus on reablement, and independence preventing unnecessary hospital admission, promoting timely discharge, therefore reducing NHS pressures, and reducing the need for long term residential care.

East Norfolk Locality Commissioning

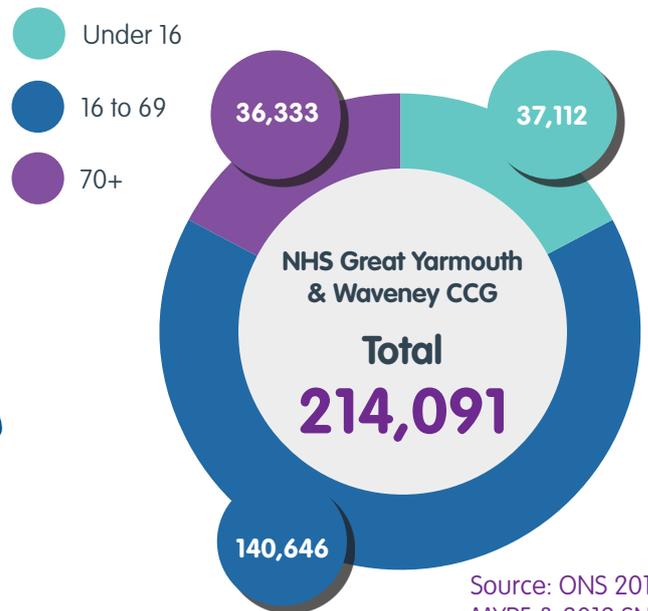
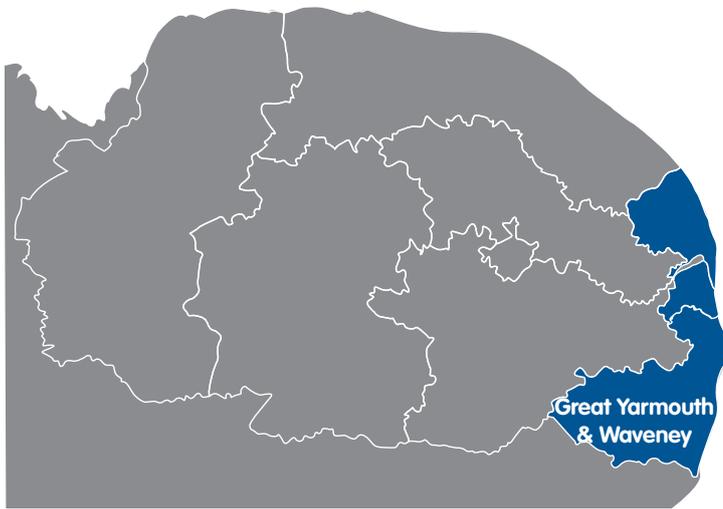
Contact - Head of Integrated Commissioning East - 01502 719533

Work continues to build on the strong partnerships that exist across health, social care, voluntary and community sector and housing to develop and support initiatives that prevent or reduce people's needs for formal care. Good examples of this include the work to develop Social Prescribing within Primary Care through to the Healthy Homes and 'I'm Going Home' schemes, which are aimed at supporting people to live at home.

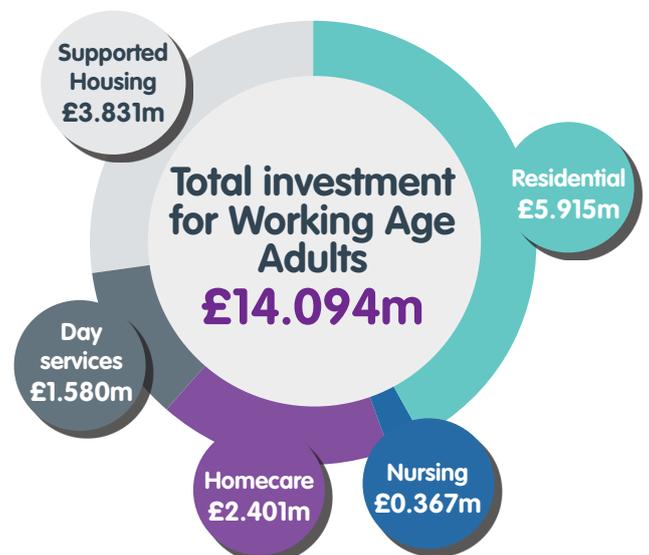
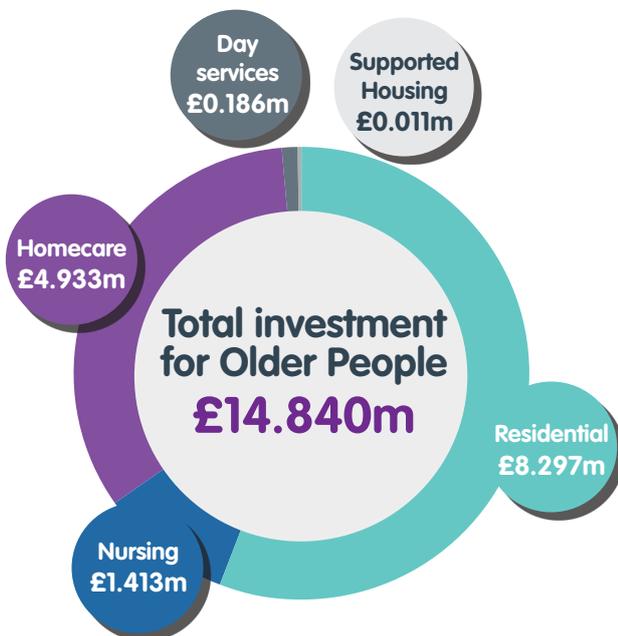
Building on these successes, we will be focusing on developing care and support models with Primary Care, to ensure that people get the right support at the right time. We also want to continue working with the Voluntary and Community Sector and Care Providers to support people through integrated packages of care and support. Should you wish to know more about any of the initiatives or services mentioned, or have ideas to provide care and support to people, please do get in touch.

Clinical Commissioning Groups

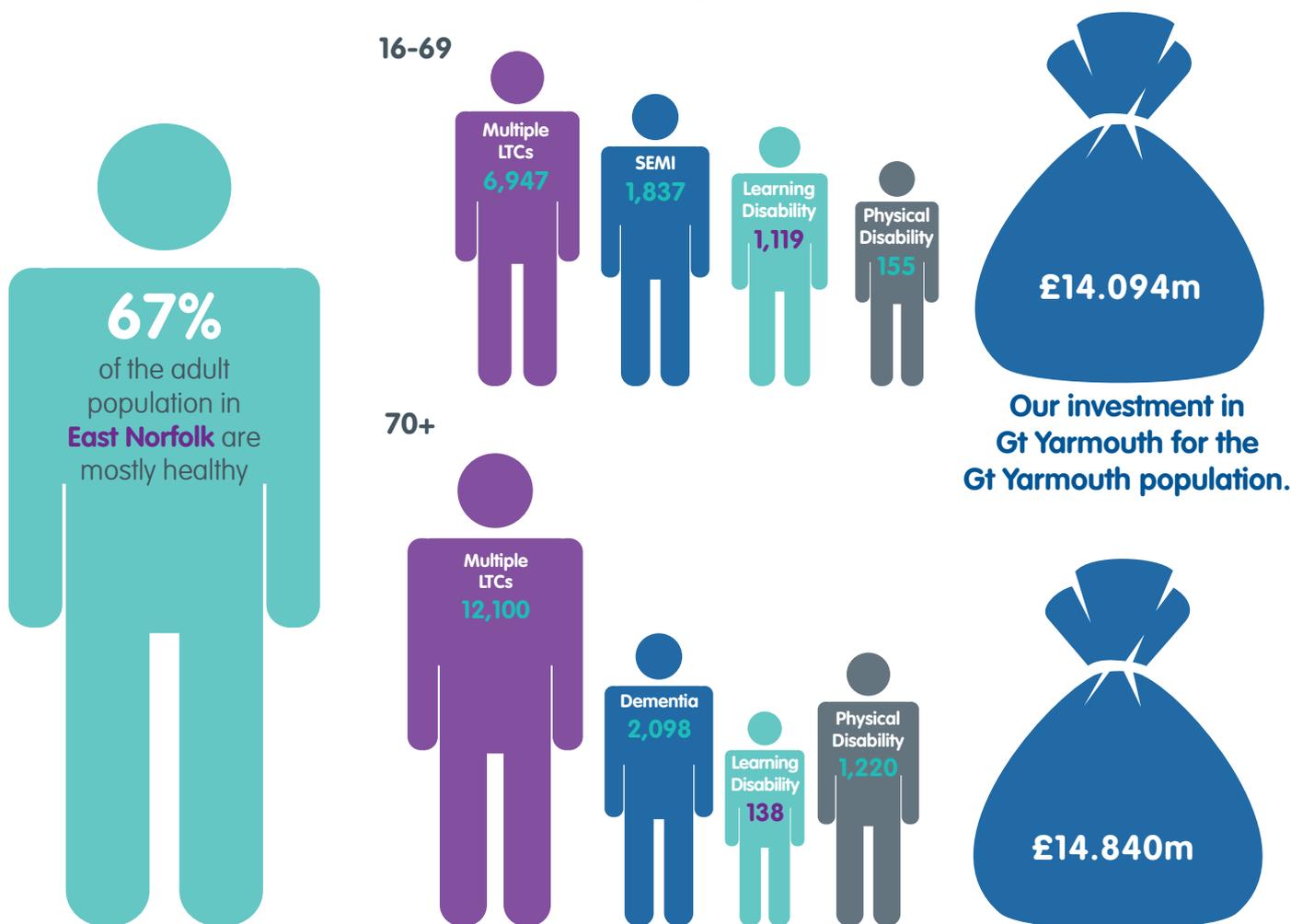
NHS Great Yarmouth & Waveney



Norfolk County Council Investment in East Norfolk



Great Yarmouth & Waveney Locality population figures



LTCs - Long Term Conditions
SEMI - Severe and Enduring Mental Illness

East priorities for 2017/18	Activity that will support delivery
Locality Integrated Care	<ul style="list-style-type: none"> Work closely with all services and organisations that have a role in supporting people with their care. We will be focusing on working with Primary Care and how people receive the support they need within their community.
Care Homes	<ul style="list-style-type: none"> Support the delivery of the enhanced health in care homes framework, working with our providers to ensure residents have access to high quality personalised health services and care.
Out of Hospital	<ul style="list-style-type: none"> Continue to build on the strong home care market we have within the Great Yarmouth area, and working with providers to engage with the voluntary and community sector as part of an integrated package of care and support.
Crisis response	<ul style="list-style-type: none"> Ensure that in a crisis we have the appropriate services available for people to remain in, or return to, their own homes.

