

# Adult Social Services Overview

Debbie Bartlett, Director of Strategy and Transformation



**Norfolk** County Council  
Adult Social Services

# ● Our context

- Emerging from an extremely challenging period
- People are waiting longer than they should for our support – creates ‘holding lists’ which then take time to prioritise and constantly review
- Recruiting and retaining staff
- NHS demand – particularly around hospital discharge
- Norfolk’s care provision – too many providers requiring improvement; recruitment and retention, and inflationary costs
- Pandemic stalled our focus on strengths-based working
- National context – aspects of social care reform delayed; squeeze on public sector finances; re-introduction of external inspection by CQC

# ● Our priorities

- Addressing how long people have to wait
- Investing more in recruiting and retaining our staff; investing in their wellbeing
- Reinvigorating strengths-led working – what matters most to this person, and how can we help them achieve it?
- Changing how we commission home care – the bedrock service of supporting people to live independently
- Working with, not doing do – providers to call out and address quality issues
- Pump-priming new housing options – for over 55s and for younger disabled people
- Building back ways of engaging and listening and co-producing

# Connecting Communities



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# ● The evidence that change is needed

## PREVENTION

49%

of people who present at the front door show the potential to have **their need prevented, reduced or delayed**

39%

of preventable cases could have been more independent through the use of community resources



## INDEPENDENT OUTCOMES

51%

more per year **could be supported to maximise their independence**

1,500

more per year **could be supported to maximise their independence** through short term interventions like Reablement

## FRONT DOOR OPERATIONS

9,400

more people per year contact SCCE than four years ago

36%

of our front door practitioner capacity could be freed up by holistic service re-design

We want to help people stay independent for longer, as well as prevent, reduce and delay formal care

### Initial Engagement

We are refreshing our front door so people can contact us when they most need us. So that our Front Door teams enable more independent outcomes

### Short Term Services

We want to be able to offer more effective short term services, like reablement, to everyone we support. No one should enter homecare without reablement if they could have benefited from it.

### Social Care Practice

Ensuring that adults in Norfolk get appropriate support to lead an actively independent and connected life in their community, in the best setting for them.

# Goals of Connecting Communities

## Initial Engagement

We will make every contact count so that more people have the knowledge and connections to live well for longer

- ✓ Ease pressure at our front door service SCCE. So that the Care & Assessment line is open and no one contacting us today is waiting tomorrow
- ✓ Promote prevention and continuous improvement so that our Front Door teams enable more independent outcomes
- ✓ Improve access to the community so more people have the knowledge and connections to stay independent

## Short Term Services

We want to be able to offer more effective short term services, like reablement, to everyone we support.

- ✓ No one should enter homecare without reablement if they could have benefited from it.
- ✓ Supporting more individuals with reablement



## Environment for Social Care

Ensuring that adults in Norfolk get appropriate support to lead an actively independent and connected life in their community, in the best setting for them.

- ✓ Reducing the need for long term services by linking people with their community
- ✓ More people start a homecare package that is the right size allowing them to live as independently as possible
- ✓ Supporting people to be in their own environment for as long as possible

# ● Engagement with people who use our services

- Our engagement has been fragmented – projects, pockets of work, but no strategic oversight or direction
- We are getting our house in order – bringing together:
  - Practical tools and guidance for our teams
  - A single view of engagement activity
  - An internal gateway to ensure quality and consistency
  - Effective and consistent feedback
  - Training and development – aided by Making it Real



## ● Our 'anchor' engagement partnerships

- Making it Real – co-production advisory board
- Learning Disability Partnership
- Autism Partnership
- Carers Voice
- Charging Reference Group
- Older People's Strategic Partnership
- Norfolk Care Association (NoRCA)
- Adults Voluntary Sector Network - informal

# Key activities for the next six months


1. Putting people at the heart of commissioning: follow up from Cawston Park inquiry
2. Home care engagement
3. Autism prevention service design
4. Seeking feedback from people who live in Housing With Care
5. Supported Living – shared lives scheme
6. Co-production with LD providers for new day services framework

Cont. ...

7. Voice of people through providers – Healthwatch commissioned to undertake some work to support improved quality in care provision

8. DRE Project – improvements to DRE process and information available, including co-production of DRE webpage

9. Charging Reference Group work – engagement with disabled people about our processes and relating to charging for care



# Questions and Answer Session



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