

Re: Equal Lives complaint to Care Quality Commission re Norfolk County Council Systemic Failure in compliance with the Care Act

I am writing to inform you that Equal Lives has requested the Care Quality Commission (CQC) investigate Norfolk County Council (NCC) for systemic failures and disregarding its statutory duties under article 91 of the Care Act.

"Under section 91 of the act, the regulator can now only inspect councils when 'systemic failures' are identified."

I wrote to your colleague Alistair Burt, Minister of State for Community and Social Care on 14 February but as yet have had no reply. I am now writing to you to formally request you instigate an investigation by the CQC into systemic failings in Norfolk's adult social care department.

We assert that Norfolk County Council has systemic failure to meet its statutory duty under the Care Act because of the decision **to cut too far and too deeply in 2014/2015, the year the Care Act came into being**. Here is an extract from the Overarching Equality Impact Assessment for the policies agreed in 2014:

'At this early stage in the process, it is clear that the budget proposals, if implemented in their current form, would disproportionately impact on disabled residents of Norfolk, their carers and families. Because of the association between disability and the increased chance of developing medical conditions and frailty as people age, older people will also be disproportionately affected. This impact is likely to be felt in several ways. It may limit disabled and older people's independence and resources, and affect their quality of life and mobility across the county. It may restrict their access to the built environment, public transport and leisure activities. It may increase their vulnerability to loneliness and social isolation, and place greater responsibilities of care on their families, friends and colleagues.'

Norfolk County Council, Equality impact assessment, Budget proposals 2014-17, High level assessment, January 2014

The removal of well-being payments from people's personal budgets in 2014 has had a devastating impact on service users lives. But in addition Norfolk

County Council is failing to meet its legal duty in the following areas as outlined and evidenced below:

Evidence of Norfolk County Council's decisions that contravene the Care Act and statutory guidance in the following areas:

- Using reviews to make reductions in, or withdrawal of all, support, in ways which are unrelated to changes in need or circumstances
- The Care Act states the personal budget must be enough to meet assessed needs – but it seems in practice in Norfolk that assessed needs are being trimmed to meet the personal budget and this is simply unlawful.
- Removal of well-being payments from personal budgets with no alternatives on offer
- Exclusion of all transport from personal budgets in certain areas of the County
- Raising of eligibility bar for social care without consultation so that disabled people who previously received services are no longer doing so
- Collapsing support planning by putting decision making about who gets an independent support plan in the hands of social workers and managers and then restricting their budgets so they cannot afford to commission them
- Leaving disabled people without employment advice and support when they employ their own PA's resulting in greater risk and vulnerability. In the last year referrals to Equal Lives showed that 54% of new employers were not getting this support
- Service users are experiencing cuts of over 50% to their personal budgets and in some cases have all funding removed

Here are a number of case study examples with a summary of the articles and statutory guidance where we believe Norfolk is in breach:

1. Case study: Kim

“Kim has had a personal budget since 2010. She suffers from multiple conditions which affect all aspects of her daily living; she needs support with everything. Last year's budget allowed Kim to have 24 hours per week PA support. Unfortunately due to her conditions progressing this no longer met her needs by the time her review came round this year, and this was backed up

by numerous medical professionals working with Kim. Following completion of the Personal Budget Questionnaire, the indicative budget came out at £22,360, which was enough to cover an additional 14 hours per week, which Kim felt would support her increasing needs. However, Norfolk County Council rejected the plan, and have instead allowed Kim to have funding for 20 hours per week. They also removed funding for her alarm pendant citing it was a utility bill, rather than a necessity for her safety, raised beds in the garden to allow her to grow vegetables independently and promote healthy eating, and a wheelchair so that she could get out into the community easier. The plan that Social Service have forced Kim to accept had been cut by 53%. Following this Kim has also been diagnosed with cancer, and her weight has dropped significantly (she was already classed as underweight). Kim has appealed to the Council but they have refused to change their decision.”

This case study suggests that Norfolk County Council is failing to fulfil the following requirements of the Care Act and Statutory Guidance:

- *‘Local Authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person’. (Care Act Guidance 1.2) The guidance goes on to state that ‘Promoting wellbeing involves actively seeking improvements in the aspects of wellbeing as set out above [in the Act]’ (Care Act guidance 1.7)*
- *‘Local authorities must consider how to meet each person’s specific needs rather than simply considering what services they will fit into’. (Care Act Statutory Guidance 1.10)*
- *‘The intention behind the legislation is to encourage this diversity, rather than point to a service or solution that may be neither what is best nor what the person wants’ (Care Act Guidance 10.10)*
- *‘The Local Authority should not set arbitrary limits on the costs it is willing to pay to meet the needs through certain routes’ (Care Act Guidance 10.27)*
- *‘The Local Authority should provide...explanation of responsibilities that come with being an employer; signposting to support organisations available’ (Care Act Guidance 10.46)*
- *‘It is important that people are allowed to be very flexible to choose innovative forms of care and support, from a diverse range of sources, including quality providers but also “non-service” options such as Information and Communication Technologies (ICT) equipment, club membership, and massage.’ (Care Act Guidance 10.48)*

- The Care Act Guidance states that a Personal Budget *'is the mechanism that, in conjunction with the care and support plan, or support plan, enables the person, and their advocate if they have one, to exercise greater choice and take control over how their care and support needs are met'* (Care Act Guidance 11.3)
- *'The periodic review should be proportionate to the needs to be met, and the process should not contain any surprises for the person concerned. Periodic reviews and reviews in general must not be used to arbitrarily reduce a care and support package. Such behaviour would be unlawful under the Act as the personal budget must always be an amount appropriate to meet the person's needs. Any reduction to a personal budget should be the result of a change in need or circumstance.'* (Care Act Statutory Guidance 13.33)

2. Case Study: Tracey

Before this year's review, Tracey had a personal budget in which she had funds for employing a personal assistant to support with personal care and supported activities. Before Christmas she was visited by a Social Worker who undertook a "review assessment" and she was told that she no longer met the criteria for any future funding. She feels let down and was shocked at the approach of the Social Worker who often repeated that it was due to the cuts and nothing could be done. The Social Worker felt it would be appropriate for the personal care support to be delivered by her partner or her elder daughter of 13 years of age. Tracey felt this was wholly unacceptable and because of this would lose her dignity. She feels it essential for her personal care needs to be met outside of the family. She has also lost all funding in regards to wellbeing and social activities. She has not had anything in writing to explain this decision and is still waiting for this.

It seems the SW took the decision to end the funding without considering the legal aspects, ensuring that there were enough funds to end the employment of Tracey's paid staff and as staff had worked for longer than two years redundancy payments would have to be made and consideration should have been taken as to whether the end of employment was handled properly as, if not, this action has left Tracey at risk as an employer.

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- *‘This (the assessment) should not assume that others are willing or able to take up caring roles’ (para 2.48)*
- *‘Children should not undertake inappropriate or excessive caring roles that may impact on their development’ (para 2.49)*
- *‘The intention behind the legislation is to encourage this diversity, rather than point to a service or solution that may be neither what is best nor what the person wants’ (Care Act Guidance 10.10)*
- *‘The Local Authority should provide...explanation of responsibilities that come with being an employer; signposting to support organisations available’ (Care Act Guidance 10.46)*
- *The Care Act Guidance states that a Personal Budget ‘is the mechanism that, in conjunction with the care and support plan, or support plan, enables the person, and their advocate if they have one, to exercise greater choice and take control over how their care and support needs are met’ (Care Act Guidance 11.3)*

3. Case study: Tania

“Tania received a Personal Budget for Personal Assistant (PA) hours to help her with domestic tasks, grocery shopping and meal preparation. Due to health conditions she is physically unable to complete these tasks, but her mental health means she is often unable to complete a task, or in the case of cooking she can forget that the oven or hob is on. She initially had a review completed under that Fair Access to Care criteria. During this, the worker indicated that all was fine, and that she may even get an increase in hours. However, Tania then received the news via letter that she was assessed as not eligible any more. She appealed this, and had a review completed under the Care Act. Despite the fact that Tania is unable to complete two outcomes (managing nutrition and maintaining a habitable home environment), she was again assessed as not eligible. The worker who completed the review made it clear from the moment she entered Tania’s home that she did not feel Tania was eligible. She was also advised that she could manage her nutrition by living on ready meals, which would not be appropriate due to Tania dietary requirements. Tania has taken this case to the Ombudsman, and they have

found the Council to be at fault. The Council have not yet changed their decision.”

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4. Case study: Claire

“Claire lives in a rural and remote part of the county, where there is no regular public transport. She has previously used her Personal Budget to pay Personal Assistants (PAs) to support her at home, and to help her access the community. She was allowed money in her Personal Budget to pay her PAs petrol expenses to do this, as even the closest amenities are a car drive away. She was also allowed to go to the local hairdresser to have her hair washed as she is unable to do this herself. The other element of her Budget that was crucial was her contingency fund. She often needed to use this for ad hoc hours at night as she often has falls trying to get to the

toilet. Her PA lives in the same village so can quickly get to her, attend to any personal care and get her back into bed. Following her review this year, Claire has lost all of her budget except for a proportion of her PA hours. She is not able to pay them for their time or mileage to take her out though even to vital appointments, so is effectively housebound. On some days she does not even get a cooked meal. She is also not able to go to the hairdresser, so is forced to have her hair washed in her wet-room where there is no dignity. She has also lost her contingency fund, so cannot call on her PA when she falls in the night. Instead, she has been offered a County run scheme, Swift. When she enquired as to how quickly they may be able to get to her, she was advised that it would depend on where the responder is coming from and what other calls they had. Based on her remote location it is unlikely to be faster than her PA. Despite the fact her condition has not improved from last year, Claire's budget has been subject to a cut of 47%."

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amount appropriate to meet the person's needs. Any reduction to a personal budget should be the result of a change in need or circumstance.' (Care and Support Act Statutory Guidance 13.33)

5. Case Study: Martin

"I received my first Personal Budget (PB) in 2010. At this time I was having regular blood tests, blood transfusions both in hospital as an outpatient and supported by District Nurses in the community. Gradually since my first PB the amount of medical intervention I receive has become less and less, my appointment have also decreased. These are only twice a year now with Haematology.

Within my PB I also had funding for a PA to take me out and about, help with massage and gym activities. The PB also included money for short breaks to aide my physical Health and Wellbeing. These supported activities massage, gym and shorts breaks have all be ripped out of my last PB Review in a cut of over 50% over the last 2 years. However, my physical needs for support have not changed!!

My Personal Budget has enabled me to be very active in the community, supporting others, keeping in touch with friends or family who live far away. This has culminated in an improvement in my health and wellbeing, improved confidence and personal skills greatly over the last 3 years at least. However, in the future due to cuts to the Service I receive I can only see a regression in my physical and mental health condition so I am more dependent on Services as before from the NHS thereby transferring the financial burden from Social care to Health when these Services are supposed to be "integrated"!

In government policy 2010 – 2015 updated in May 2015 under Social Action it clearly states "Social action is about people coming together to help improve their lives and solve the problems that are important in their communities.... Taking part in social action is also associated with higher levels of wellbeing, and can improve people's confidence and skills" it clear due to the cuts to my PB Norfolk County Council do not believe in this policy of improving health and wellbeing of the citizens of Norfolk!"

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6. Case study: Helen

‘My previous Personal Budget (2014-15) was for approximately £10k, which was agreed for use on the following; College course, remedial massage sessions, short breaks for myself and my partner/carer, P.A., activities, travel allowance, respite, and contingency. The combination of these activities helped my wellbeing no end, and stopped me feeling isolated and made me feel like I had a certain amount of control over my life again. Despite negative experiences in previous reviews, this year the assessment was done on time and seemed very positive - there was much talk of my ‘wellbeing’ being the important factor - and we were given the impression that, although budget cuts were taking place, as nothing had changed within my plan it was pretty

much a formality, and we were given an indicative budget. We waited for what seemed like months before receiving a decision (and only after having been chased up by ourselves and Equal Lives) and despite all the fine words and gesturing, only one thing was okayed - my college course. So we spent the next few weeks and months going back and forth with amendments, arguments and counter-arguments. There has been absolutely no 'personal' aspect to this budget. It has taken far too long to process, communication from the team at the Council has been notable by its absence - the onus being on us to chase them up - and I feel like I've been left to fend for myself. As of the 1/2/16 I've still not had the budget signed off, and in fact, they have now decided to get rid of my college funding too, despite it being initially okayed. I feel this 'service' is an absolute shambles. It's very difficult to speak to anyone making the important decisions, I've never been able/allowed to speak to the team manager, for an explanation and feel that from the word go I have been misled at best, lied to at worst. I was absolutely devastated when Julie from Social Services told me what I eventually could have with my Personal Budget - basically PA and contingency. I told her that my college course was my only opportunity to socialise - she didn't even realise that it had been okayed previously, displaying either gross incompetence or a complete lack of ability to do her job properly. Cutting the remedial massage element (I was directed to my GP to find out possible NHS funding - a complete waste of both of our times) has been the worst thing they could have done. Before, I felt my health was manageable, my mood was better, I felt better able to cope with my chronic pain. But now I have gone downhill pain-wise, which in turn has greatly exacerbated my depression. Working in tandem, my college course, massage, activities and short breaks made me feel more in control of my life and health. Now they have cut short breaks, we don't have the ability to do anything that can get us out of these four walls. Cutting my travel allowance has made me struggle to socialise and relax. This has affected my health and well-being, my partner (who is also my carer) and our relationship. My days are spent in my home because my health has deteriorated. I don't see anyone, I have nothing to look forward to, I feel isolated and like a non-person who has been left to make do. I feel we have been misled and lied to from the very beginning by the very people who are meant to be there to help people like me, and I actually felt like stopping the whole process because of the inordinate stress it has caused. I appreciate that this government is hell-bent on making severe cutbacks to important social services, but why weren't we given the courtesy of honesty from the very beginning? If the money wasn't available, tell us - don't string us along with empty talk of 'wellbeing', it's insulting.'

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7. Case study: Tom

“Tom’s budget is currently under review. The process followed has left Tom feeling that he has no choice or control. Despite the fact he was suffering badly with health issues, a new care assessor, Danielle, contacted him and gave 24 hours’ notice of her intended visit. When his Mother contacted Danielle back advising that Tom was rather ill at the time and not up to the task of reviewing his budget, Danielle became quite insistent that she needed to come out as the review was already overdue (no fault of Tom’s). Tom’s mother again advised that he was unwell, and they would contact Social Services when he was well enough to proceed. They received no further contact from

Danielle. Instead she stopped all of Tom's budget except half of his PA hours, with no notice given. This was not only in breach of Norfolk County Council's terms and conditions which state that four weeks' notice must be given by either party, but also meant that Tom struggled to fulfil his legal obligations to his staff, to pay for the work done, and to follow the proper process in giving any notice period. This has had an adverse effect on Tom's health as it has caused an immense amount of stress, and taken a huge amount of effort to work through. Without the appropriate level of support from his PAs, Tom is not able to make the recovery needed to be able to return to work."

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8. Case study: Joan

"Joan previously received a personal budget of 45 hours per week (including 13 hours ILF). During the Winter months she would return home to Sri Lanka with her husband and one of her PA's (the PAs take it in turns to go) so that she could access care that is not available to her here. This care includes physiotherapy 2-3 times per week in her home, and alternative therapies for her back. These breaks were also medically approved as the warmer climate reduces her symptoms and delays the progress of her illness. As she stays with family, her husband is able to take a break from his caring role. This is the only break he gets all year. These breaks were fully funded by Joan, so the only cost to the Council was the hours that her PA continued to work. Following her review this year, Joan's hours have been reduced to 26; a 42% percent cut to

her budget, and the Council have said she is no longer allowed to take her PA away with her. This means her husband will not be able to have a full rest, and she is at risk of losing her PAs as they will not be paid whilst she is away. The Council have instead provisionally offered a sit in service throughout the year which will actually cost them more money, and would not meet Joan's and her husband's needs. Over the years Joan has saved the Council a lot of money as she has never needed to use her contingency fund, as the plan in place was robust enough."

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personal budget should be the result of a change in need or circumstance.’ (Care and Support Act Statutory Guidance 13.33)

9. Case study: Adele

Initially Adele contacted Equal Lives for support at her first personal budget assessment because she has Cerebral Palsy, short-term memory loss, and a limited attention span, so felt it important to have support to fully understand the process. She was supported by an Equal Lives advocate at that assessment, and she made it clear to the Occupational Therapist carrying out the assessment that she would like Equal Lives advocacy service to support her at all future meetings and with contact for the same reasons. This has not happened. She also made it clear at that initial meeting, and a further one she had with assessor (which they did not advise Equal Lives of), that she wanted Equal Lives to carry out her support planning. They ignored her wishes and passed support planning through to PCT without explaining this clearly to her. PCT visited with her, gathered information, but she did not realise what they were there for. All this happened last summer. Equal Lives have chased social services repeatedly to see what was happening with her PB, and no responses, until about a month ago when her support plan arrived out of the blue at Social Services. Adele to this date has never seen a copy of this support plan, and has repeatedly advised social services this is not what she wanted, that she wanted Equal Lives to carry it out. Equal Lives then requested a month ago, for a manager to review the case, and to re-authorise the referral to us, this has happened on Friday 5th February, the Social Services manager has agreed, and Equal Lives are awaiting the referral.

In the meanwhile, Adele is still without support, has received more than one call from PCT questioning her why she did not require their support, and the whole process has left her very upset, has lost all confidence in Social Services, and scared that they will take her PB away before she even receives any support due to the cuts.

This case study suggests that Norfolk County Council is failing to fulfil the following requirements of the Care Act and Statutory Guidance:

- *An assessment should be carried out over an appropriate and reasonable timescale...Local Authorities should inform the individual of an indicative timescale over which the assessment will be conducted and keep the person informed throughout the assessment process (Care Act Guidance 6.29)*

- *The person must be genuinely involved and influential throughout the planning process, and should be given every opportunity to take joint ownership of the development of the plan if they wish (Care Act Guidance 10.2)*
- *The plan should be person-centred, with an emphasis on the individual having every reasonable opportunity to be involved in the planning to the extent that they choose and are able (Care Act Guidance 10.33)*
- *The person should be supported to understand what is being discussed and what options are available for them. The Local Authority should make sure that a person's lack of confidence to take the lead in the process should not limit the extent to which they can play an active role, if they wish to do so. (Care Act Guidance 10.51)*

10. Case Study: Eddie

I was discharged from Caroline House at the end of September 2011 following a stroke, after an overall stay of 8 months in the N & N U and Caroline House. At the end of October/beginning of November 2011 the Social Worker attached to Jubilee House did an assessment for Personal Budget. At that time I was requesting respite for 2 days four times a year and contingency of £1500 in case my wife (my main carer) was unable to care for me. I was also asking for finance for a Personal Assistant to take me swimming each week, transport me on longer journeys and assist me with paperwork involved, as well as a laptop to help communication and assist in writing a blog about my brainstem stroke and recovery, a fishing licence fee and online art course.

I received a Personal budget of approximately £6000 including £1500 contingency which was retained by NCC. A cheque arrived at the end of March. Having a Personal Budget aiding my recovery and independence made a huge difference to my physical, emotional and psychological well-being and I continued to make good progress.

At the end of the assessment the Adult Services Team Manager responsible fed back that my Support Plan was exceptionally good and asked permission for it to be used as a training tool.

In March 2013 we had heard nothing from Adult Services so my wife rang to find out what was happening. She was told that they were running behind with assessments and would get to me as soon as possible. I was eventually assessed in mid-April 2013.

I requested respite 2 days four times a year, contingency in case my wife could not care for me, finance for a Personal Assistant to take me swimming weekly

and transport me on longer journeys, gym membership to aid my recovery and mobility as post stroke physio supplied by the NHS had ceased in September 2012, fishing licence. I had already made the decision not to apply for certain items from the application in March 2012 as I felt it unfair to make unreasonable request of a local authority where I knew budgets were under stress.

I was granted a budget of approx. £4000 including contingency of £1500 which was retained by NCC.

At the end of May 2014 an appointment was made and a woman arrived to carry out the assessment. She did not fully identify herself but judging from her demeanour, lack of expertise and unprofessional approach, we felt it was possible she was an untrained worker. Her manner was very patronising and condescending and she did not use the assessment tools which we knew were standard for the assessment.

My wife wrote an email to the Team Manager and we received a telephone apology with the assurance that a qualified worker would visit within seven days to carry out the assessment.

At that time I was requesting respite for 2 days four times a year, contingency in case my wife could not take care of me as well as finance for a Personal Assistant to take me swimming and assist with paperwork, gym membership to aid my mobility and yearly fees for my blog.

My wife and I were aware of the cuts in funding from central government and did not want to make unreasonable demands on a much-reduced Departmental budget. However, we did want to ensure that I continued to recover and my wife had regular short periods of respite so that she could rest and recuperate in order to, physically, carry on caring for me.

Adult Services agreed a budget of approximately £4000 including £1500 contingency which was retained by NCC. The cheque arrived at the end of June 2014

In July 2015 I was aware of the cuts to local authority budgets and the pressure that services were experiencing. After discussion with my wife we decided to wait a reasonable time for contact from Adult Services re an assessment for PB. By the end of October 2015 we had heard nothing and my wife contacted Adult Services. She was told that someone would get back to us and a week later contact was made and an assessment took place. As usual, I had completed a Support Plan and assessment questionnaire but was told by the practitioner that there was now new legislation and tools in place. However, the questionnaire which she completed was dated 2011 and was the same questionnaire that I had completed since 2012.

We asked particularly for respite and contingency.

The practitioner managed our expectations and we were told that it would take some time for any budget to be approved.

In mid-December 2015 we received an email from the Assistant Practitioner who carried out the assessment to say that a PB had been approved and she had been assured that funds would be transferred to my bank account that week. The funds did not arrive.

On January 4th 2016 my wife contacted the Direct Payments Team to enquire as to a payment date. She was told that the portion of the payment which should have been deposited in my account had been sent to Equal Lives in mid-December. My wife was asked if she would like to contact Equal Lives and sort this out or leave it to the DP team. She elected to let the DP team deal with it as they were case responsible. Two days later a call from the DP team informed us that a payment would be made into my account on January 20th.

On January 21st, when no deposit was forthcoming, my wife rang again and was told that the money would not be deposited in my account a cheque would be issued on January 22nd. I received this on Monday 22nd January 2016 and the cheque cleared today, 1st February 2016.

My first assessment for PB was November 2011. Had my assessments been carried out with expediency ie on or around the same date each year I would have, by now, received 5 yearly payments. As a result of poor practice, delays, avoidable mistakes, overloaded/overworked staff and constrained budgets we have only received 4 yearly payments. I have never wanted to claim more than I felt was necessary for my recovery and wellbeing. But, as a consequence I have been denied opportunities which would have aided my recovery and rebuilt my self-esteem and worth, as well as allowing me to be more independent and feel less of a burden on family and society in general. My wife has been denied the opportunity to rest and recuperate and as a result is, at the moment, suffering a prolonged viral infection.

In 2014/15, as before, I completed my own support plan and budget plan which was accepted with gratitude by Adult Services. Within the budget plan these are the things I asked for :-

- A short term contingency plan if my wife becomes too ill to care for me.
- To plan for when I take ill, due to frequent pain in leg joints and lower back which makes it impossible for me to walk and my wife has to take time off from work.

- Phoenix Gym membership fees Essential Pay my personal assistant the going rate for her commitment in transporting me and my wheel chair to swimming once a week, or other events mileage, entrance fee, minimum wage 3hrs wkly.
- Contingency plan to pay for transport and support wages to events or activities that my family can't commit to.
- Fishing licence
- Respite support costs.
- Travel to and from respite or other activities
- Allotment fees

In 2014/15 I received all that I requested

In 2015/16 I once again completed my own Support Plan and Budget Plan. However, the Assistant Practitioner refused to look at them and did not accept them. I am unsure how she assessed my need as she did not complete an up to date questionnaire while in my presence. She said that a new system had been introduced and all the paperwork was different, however when we asked for sight of the new questionnaire she gave us a questionnaire dated 2011.

These are the things I anticipated asking for in 2015/16:-

- A short term contingency plan if my wife becomes too ill to care for me.
- To plan for when I take ill, due to frequent pain in leg joints and lower back which makes it impossible for me to walk and my wife has a greater responsibility of care.
- Sportspark membership fees

- Pay my personal assistant the going rate for her commitment in transporting me and my wheel chair to swimming once a week, or other events entrance fee, bookkeeping at minimum wage 3hrs wkly.
- Contingency plan to support wages to events or activities that my family can't commit to
- Yearly administration fees to Equal lives.
- Fishing licence
- Respite support costs.
- Travel to and from respite or other activities
- Allotment fees

I was granted the following

Personal Assistant Insurance	£80.00
PA 3 hours	£1341.00
Respite	£1032.00
Mileage	£824.00
Contingency	£1500.00

On 22nd January I received a cheque from NCC for £2144.98. Equal Lives will administer the payments to my PA. The contingency is held by NCC.

Observations by Jeannie, wife and main carer

In February 2011 Eddie had a brainstem stroke while travelling by air to the UK from Australia via Dubai, and was given 48 hours to live by the Consultant in Dubai.

The whole experience was devastating.

From the moment it happened the family and I have had to advocate, argue and fight for every service, appliance and benefit. Some we won and some we

lost. We have spent a great deal of our own money and I had to carry on working past 65 in order to provide equipment and fund adaptations to our home.

At a time when we all should have been concentrating on supporting Eddie and dealing with our own feelings of shock and grief we have had to constantly deal with a system that seems inadequate and incompetent. Dealing with my feelings has not caused me the distress, frustration and utter fatigue that dealing with agencies such as the Local Authority, DWP, HMRC etc continues to do.

This case study suggests that Norfolk County Council is failing to fulfil the following requirements of the Care Act and Statutory Guidance:

- *'Putting the person at the heart of the assessment process is crucial to understanding the person's needs, outcomes and wellbeing, and delivering better care and support. The local authority must involve the person being assessed in the process as they are best placed to judge their own wellbeing...the local authority should have processes in place, and suitably trained staff, to ensure the involvement of these parties, so that their perspective and experience supports a better understanding of the needs, outcomes and wellbeing'* (Care Act Statutory Guidance 6.31)
- *It is essential that the assessment is carried out to the highest quality...Local authorities must ensure their staff have the required skills, knowledge and competence to undertake assessments and that this is maintained.'* (Care Act Statutory Guidance 6.85)
- *'The Local Authority should not set arbitrary limits on the costs it is willing to pay to meet the needs through certain routes'* (Care Act Guidance 10.27)
- *'It is important that people are allowed to be very flexible to choose innovative forms of care and support, from a diverse range of sources, including quality providers but also "non-service" options such as Information and Communication Technologies (ICT) equipment, club membership, and massage.'* (Care Act Guidance 10.48)
- The Care Act Guidance states that a Personal Budget *'is the mechanism that, in conjunction with the care and support plan, or support plan, enables the person, and their advocate if they have one, to exercise greater choice and take control over how their care and support needs are met'* (Care Act Guidance 11.3)

- *‘The periodic review should be proportionate to the needs to be met, and the process should not contain any surprises for the person concerned. Periodic reviews and reviews in general must not be used to arbitrarily reduce a care and support package. Such behaviour would be unlawful under the Act as the personal budget must always be an amount appropriate to meet the person’s needs. Any reduction to a personal budget should be the result of a change in need or circumstance.’ (Care Act Statutory Guidance 13.33)*

Here are links to some short videos which illustrate the issues:

<https://vimeo.com/150901975>



[Cuts you are making to my personal budget impact my health and quality of life](https://vimeo.com/150901975)

vimeo.com

If you take away wellbeing activities from people’s personal budgets, their health will deteriorate and in some cases the consequences can be life changing.

<https://vimeo.com/150901974>



[Why have Norfolk County Council wiped out personal budget?](https://vimeo.com/150901974)

vimeo.com

Due to the cuts that are being imposed, disabled people are being hit which is leaving people prisoners in their own homes

<https://vimeo.com/150909098>

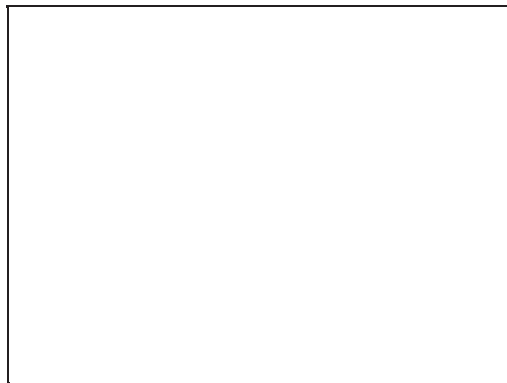


[Why have Norfolk County Council taken away my Personal Budget](https://vimeo.com/150909098)

vimeo.com

Following a personal budget review this person was classified as no longer being eligible and we raise the question why?

<https://vimeo.com/143000447>



SandyFinal_1

This is "SandyFinal_1" by Andrew Day on Vimeo, the home for high quality videos and the people who love them.

[Watch now...](#)

Here are 3 'insider views' from staff who work for NCC adult social care department:

Insider's views from Adult Social Care in Norfolk for the CQC:

1. 'The awful thing now is there is just no money. It really is appalling. We are told to find more cost effective solutions and improve client choice but that is just impossible. I believe that the Reimagining Norfolk Project is all about getting the community to find ways of helping people that we would once have helped, because there is no money. It is almost impossible for social work values to be uppermost in people's minds when, rather than advocating for clients, the main job is to ration services. Social work values can no longer be uppermost in social

worker's minds. This should be shouted from the rooftops but workers are no longer inclined or motivated to do this do this like they would have done in the past. The workload was always large but now it is massive. Unfortunately Norfolk County Council is now a very unhappy and unpleasant place to work for some staff. I am not surprised that Equal Lives have asked CQC to come in. It was inevitable after the government closed the Independent Living Fund that local government would never have the money to properly support disabled people. Central government would argue they passed the money onto local government but that is rubbish. I think what Equal Lives are doing is great. I hope it highlights that central government has starved local authorities of money. We can no longer meet people's needs adequately and that's the bottom line'.

2. "It's tricky because it involves a combination of many different factors affecting council's nationally but I will try to summarise. Firstly and probably best known is that there is NO money - this is what social care workers (in my team anyway) are constantly told. But genuinely the council has lost 100's of millions in funding over the last few years. Additionally there was an attempt to equalise how council's assess people for 'care and support' across England called The Care Act which changed some of the language around care and support - it is not in itself a 'bad' thing (in fact it was an attempt to address inequality), but it is how it has been interpreted by cash strapped NCC. **Essentially we have been advised that we don't talk about 'needs' anymore...instead we are told it is about 'wants' so 'Mrs Jones needs to eat regularly throughout the day' becomes something like ' Mrs Jones would like access to regular food and drink throughout the day'. Couching needs as a wants means we don't necessarily have a duty to meet it.** This is in line with a push to promote 'independence' by providing less long term (council funded) care and support services and instead encouraging independence by either redirecting people 'signposting' to community services, providing small bits of mobility equipment, or providing short term reablement care...to prevent, essentially people becoming dependent on council funded provisions. Also there is a move to encourage communities to fill the gap left by a lack of council funding...and there is work being done to encourage this by the council but it does not fill the gap left by for instance funded, accredited day

care for lonely or frail older people. I can't remember the last time I put day care in. In my team we have been advised to 'meet client's needs by exploring all and any charity/community provision that does not cost the council a penny'. Basically wherever possible we try to redirect people. The concern is that what is essentially a dismantling of the welfare state is dressed up as a high minded attempt to 'promote independence'."

3. 'I'm finding that I'm increasingly being instructed by managers to consider more "cost effective" residential and nursing home placements, including for people who have lived in a particular setting for some time and have settled and where their care is being appropriately met. Whilst, so far, I have not had to force a move onto anyone, I suspect that I will not be able to avoid this before too long, given the current climate. Already, I'm only being given clearance for very time limited extensions whilst further developments and other options are considered. This seems to be a threat to people's well-being and consequently in contradiction of the Care Act as well as being an attack on people's human rights'.

4. "I think there are still a number of very good things about the Norfolk Adult Care Department but equally we do have major and significant difficulties. Sticking strictly to the Care Act, I think Social Workers do their very best to work properly. We are chronically understaffed, and I mean *really* understaffed, so that there are now risks to services users and staff because there is not a safe way to manage allocations and there is not enough time to properly form a relationship of trust and understanding with potential or current service users. Assessments are too often done by Assistant Practitioners, some of whom are really excellent and who have experience, wisdom and a genuine empathy for others. Many though are untrained, inexperienced and are not offered adequate training to support them in properly understanding the core values of the social work profession.

In recruitment interviews we should be exploring a worker's understanding of risk, vulnerability, choice and autonomy but really this doesn't happen in the way it should. We are so desperate for staff that we take whoever does well at interview. There is a tendency towards prescriptive and reductionist working - now meaning service users get a brief intervention, with a focus upon process - in particular recording things in a way that captures Key Performance

Indicators for the system - rather than really listening and exploring what the issues are from the service user's perspective.

If there were sufficient Social Workers and Occupational Therapists to work alongside and support unqualified staff there would be more chance of better supporting service users - as well as feeding the Carefirst computer system which takes so much time. As it is, we have moved more and more towards the cheaper option of unqualified staff, doing what more properly is a role for well trained and qualified staff. Unqualified staff do not have proper line management, because from the Practice Consultants upwards there is constant emphasis upon managing change and strategy, requiring attention focused upwards in the organisation rather than downwards. There is unfortunately a significant and consistent undervaluing of the role and purpose of operational managers.

Managers have no time to properly supervise and lead their staff. The department made it clear in the last Assessment and Care Management Review that there is no money for staff training and there is certainly no cover for anyone lucky enough to find some. Middle managers cannot help staff to develop or to improve their practice because they are drawn away to focus mainly on managing change and strategy in support of senior managers. The result of this is that, however much the staff want to do a good job and to interpret the Care Act properly and to really make Personalisation evident in every aspect of their practice, they cannot. If they carry out an assessment and do all of the relationship building and information gathering in the sensitive, respectful and reflective way required of a decent quality intervention, they are left with an impossibly large caseload and constant pressure from managers to feed the Carefirst computer system. Carefirst has many inbuilt deadlines, which drive our practice.

The level of cuts imposed by central government has created huge difficulties for us in Adult Social Care. The responsibility for shortcomings though does rest at least in part with senior managers who should be strongly resisting such drastic cuts and making it publicly, honestly and transparently clear to, and via, our politicians that we are no longer able to do the job we are asked to do without proper funding/investment. Staff are of course witness day by day to the effects this has on service users and the result in terms of pressure, stress and morale is very tough. Regrettably the effect on many service users is increasingly distressing.”

Norfolk Social Workers, February 2016

I am sure you will agree this evidence demonstrates systemic failings to meet the statutory duties as outlined in the Care Act and I urge you to launch an investigation by the CQC immediately.

Mark Harrison
Chief Executive Officer



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