



People and Communities Select Committee Minutes of the Meeting Held on 19 May 2023 at 10am in the Council Chamber, County Hall, Norwich

Present:

Cllr Fran Whymark
Cllr Ed Connolly
Cllr Tim Adams
Cllr Sharon Blundell
Cllr Claire Bowes
Cllr Paul Neale
Cllr Brenda Jones

Substitute Members Present:

Cllr Michael Chenery of Horsbrugh for Cllr Michael Dalby
Cllr Graham Carpenter for Cllr Julian Kirk
Cllr Tom FitzPatrick for the vacant seat

Also Present

Debbie Bartlett	Director of Strategy & Transformation, Adult Social Services
James Bullion	Executive Director of Adult Social Services
Chris Butwright	Assistant Director, Public Health Prevention & Policy
Tim Eyres	Assistant Director, Commissioning and Partnerships, Children's Services
Chris Jones	Senior Commissioning Manager – Community, Adult Social Services
Julia Phillips	Market Development Manager, Adult Social Services
Chris Scott	Assistant Director, Community Commissioning, Adult Social Services
Cllr Alison Thomas	Cabinet Member for Adult Social Services
Paul Wardle	Strategic HR Business Partner

1. Apologies for Absence

- 1.1 Apologies were received from Cllr Michael Dalby (Cllr Michael Chenery of Horsbrugh substituting), Cllr Julian Kirk (Cllr Graham Carpenter substituting) and Cllr Mike Smith Clare. Cllr Brian Long was also absent. Cllr Tom FitzPatrick was substituting for one of the vacant seats on the Committee.

2. Minutes of last meeting

- 2.1 The minutes of the meeting held on 6 February 2023 were agreed as an accurate record and signed by the Chair.

3. Declarations of Interest

- 3.1 The following interests were declared:
- Cllr Sharon Blundell declared a non-pecuniary interest related to item 8 as her husband was her carer.
 - The Cabinet Member for Adult Social Services declared a non-pecuniary interest as her daughter was a social carer.

- Cllr Michael Chenery of Horsburgh declared a non-pecuniary interest as he was a trustee of the Governor of Norfolk and Suffolk Mental Health Trust.

4. Urgent business.

4.1 No urgent business was discussed.

5. Public Questions

5.1 No public questions were received.

6. Member Questions and Issues

6.1 No Member questions were received.

7. Public Health Strategic Plan

7.1.1 The Committee received the report setting out the Public Health draft Strategic Plan describing how Public Health contributes to achieving Norfolk County Council's vision for Norfolk to be the place where everyone can start life well, live well and age well, and where no one is left behind.

7.1.2 The Assistant Director, Public Health Prevention & Policy, gave a presentation to the Committee; see appendix A of these minutes:

- This version of the strategy built on the previous strategy.
- The vision was set out, and detailed in the presentation
- The key goal of the mission was prevention through data analysis to inform the work of health improvement and supporting wellbeing
- Integration would help the work with and for residents
- There was an ambition to increase the accessibility of services
- There were three core areas of focus as set out in the presentation.
- There would be collaborative work with adult social services looking at healthy aging and living well

7.2 The following points were noted and discussed:

- The importance of healthy living in childhood was discussed. It was suggested that using digital media to teach about good food, cooking and diet could be beneficial. Officers noted that two thirds of the Norfolk adult population (in line and similar to national) were considered obese; there was a weight management service for those who wanted support, commissioned by NCC Public Health. Officers informed as part of the Healthy Child Programme Norfolk children accessed the National Child Measurement Programme in Reception year and Year 6 in schools. Officers were considering a health promotion programme for children and young people in schools and through Norfolk's family hubs approach, and the department worked with Active Norfolk.
- Lessons learned from the pandemic were queried. A new Public Health lead for Health Protection with a qualified Nurse in the role had been introduced post pandemic leading on the health protection response, including work around vaccinations, with the Health Resilience Partnership and Health Protection Board on health protection issues

- Information was requested on the impact of vaping on young people. Officers replied that vaping was useful to help people stop smoking as it was better for people who already smoked tobacco to help quit smoking. Work was underway nationally to understand the impact of vaping on children and young people and once evidence was available, officers would use this to inform health promotion work with schools and colleges about promoting “no smoking” in all forms.
- The work of Norfolk County Council’s public health services during the pandemic was recognised and thanked by Council Member.
- A Member of the Committee felt there was not enough recognition in the report of the impact of poverty on poor health outcomes and noting that poverty was not mentioned in the report. The Member also noted the lack of dentistry services in Norfolk and that some people used drugs and alcohol to relieve mental and physical pain. The Assistant Director, Public Health Prevention & Policy, **agreed** to provide a written answer providing a definition of health as applied in the Public Health Strategic Plan. The Assistant Director responded that the strategy recognised the situations that people found themselves in and how this impacted on health outcomes. The Strategy identified ways to address the issues that impacted on peoples’ health working in partnership at place and community level (air quality/housing for example), as well as providing support services and working with individuals to make changes that will benefit them.
- The Executive Director of Adult Social Services pointed out that public health had a role in commissioning some services and a direct role in others; the Council had a role as an influencer of what others needed to do, such as in anti-poverty work. It was therefore important to recognise how the council advocated for people and called out changes that were needed, both as a local authority and as councillors. The Chair noted that the Health and Wellbeing partnerships could make a significant impact through local councils by looking at local need with partners.
- More information was requested on what chemicals were in vapes and about the tobacco control alliance; the Assistant Director, Public Health Prevention & Policy, **agreed** to provide a written answer providing this information.
- The impact of gambling addiction on mental health was noted and it was **suggested** that this be included in the strategy. A presentation had been given to promote with partners in the NHS, VCSE and Norfolk County Council officers on a new service being set up to support people with gambling addiction, East of England NHS Gambling Service funded by the NHS with bases in Thurrock and Milton Keynes. This service would be available online as an outreach service including triage to inform service response.
- The Assistant Director, Public Health Prevention & Policy, **agreed** to look at the wording regarding vulnerable people and addiction in the report to ensure this did not suggest an association.

7.3 The Select Committee **AGREED** to:

1. Endorse our approach to developing a new Public Health Strategic Plan as a mechanism to engage with and influence partners across the system in Norfolk
2. Advise on priorities for the new strategic plan
3. Endorse our proposal to focus on prevention partnerships & place, children & young people, adults and older people.

8 Market Position Statement

- 8.1.1 The Select Committee received the report detailing the Norfolk County Council Market Position Statement, which set out the social care landscape for the area and the direction of travel required as well as helping the council to demonstrate understanding of the local care market as part of its responsibility to promote the efficient and effective operation of the care and support market within the Care Act (2014).
- 8.1.2 The Executive Director of Adult Social Services, the Market Development Manager, Adult Social Services, and the Assistant Director, Community Commissioning, Adult Social Services, introduced the report to the Select Committee:
- There was an annual requirement to produce a Market Position Statement and for Norfolk County Council to ensure there was a functioning care market in the county.
 - In January 2023 there were 800 people on the interim care list; this was successfully reduced to 64 at the time of reporting.
 - It was important to ensure clear information was provided so that care providers understood how the market was operating and key challenges. The Market Position Statement contained information to allow care providers to do business planning and understand demographics.
 - The quality team worked with providers to increase quality of care in the county, and work was being done to identify challenges through the fair cost of care work.
 - Following feedback from providers, the data had been made as up to date as possible.
 - Work would be carried out with commissioners and information and analytics teams to review the document when it was online to ensure it was current; work would be carried out with the Integrated Care Board to look at opportunities for it to be more system wide, and with providers to allow them to inform and influence the document so it worked for them.
- 8.2 The following points were discussed and noted:
- The 43% unmet care need in North Norfolk was noted and queried whether this District would be left behind. Officers replied that it was more difficult to source care in North Norfolk due to having less affordable housing, being a rural district, and people of working age tending to move away from the area. There was a focus on this area for recruitment into care. Targeted work had been carried out, reducing the number of people waiting for care in North Norfolk by half.
 - The achievability of targets set for staffing and funding pressures were queried. To achieve the targets, work was being carried out in quality improvement and the improvement and escalation policy, which was seeing positive results and improvements. Norfolk Care Association (NorCa) was driving work to bring forward learning from Good and Outstanding providers.
 - The Chair noted that the 2024 target would be difficult to achieve due to the Care Quality Commission (CQC) not reassessing care providers within the set timeframe, and asked officers what the Provider Assessment and Market Management Solution (PAMMS) tool would do to support this. The Executive Director of Adult Social Services clarified that the PAMMS tool was used to identify the risk of poor-quality care at providers, identify areas of improvement made and be supportive to providers.
 - Officers confirmed that there was collaborative work with the Norfolk and Suffolk Foundation Trust (NSFT) on dementia, delirium, and depression for

earlier dementia diagnosis and to provide support to care homes. A housing programme for older people and adults included identification of housing for people on discharge from hospital with mental health problems. An area of focus in this work was self-neglect and hoarding, with a pilot taking place in the Norwich area. The Chair noted that District Direct carried out work around hoarding when working with people being discharged from hospital.

- The Chair thanked The Executive Director of Adult Social Services, The Director of Strategy & Transformation, Adult Social Services, and the Adult Social Care team for their work.
- Care in the community was discussed. This concept had been around for many years and there were positive examples of this in practice. Resources to support putting it into place, however, had reduced. Social workers sourced specialist mental health provision for people with severe or long term needs and there were services specialising in providing services to people with mental health conditions and experiencing homelessness.
- A Committee Member asked what programme of safe accommodation was provided to sufferers of domestic abuse across Norfolk and the predicted future demand. The Executive Director of Adult Social Services **agreed** to provide a written response to the Committee on this.
- The benefits of collaboration were noted, and that digitising social care records would help support this. The Executive Director of Adult Social Services added that Norfolk County Council was one of the most advanced councils for digital working as seen in its Connecting Communities approach.
- The impact of nutrient neutrality, inflation increases, increased labour costs and winter costs on bringing forward new care home developments was noted.

8.3 The Select Committee **reviewed** and **commented** on the draft Market Position Statement 2023

9 Home Care Strategic Commissioning Approach

9.1.1 The Select Committee received the report detailing the strategic review of the current home care market, to inform the future strategic commissioning approach and undertaken to ensure that Norfolk County Council can fulfil its duties under the Care Act, concerning individual choice, market sustainability and quality of care provision.

9.1.2 The Executive Director of Adult Social Services introduced the report to Select Committee:

- Work had been carried out with partners to look at what the future of the care market in Norfolk should look like
- The report presented to the Select Committee gave an assessment of this work, setting out how sustainability, quality, resilience, capacity and value for money spent by Norfolk County Council in the care market could be met
- There was a predicted growth in the care market of 8-10% over the next five years.

9.2 The following points were discussed and noted:

- Concerns were raised about the proposal set out in the report of having a lead home care provider in each Primary Care Network providing up to 70% of care; this gave a risk of losing a large number of care places if the lead care home closed. Officers replied that this proposal was to make a shift

towards fewer but more high-quality care providers in each area. This did carry risk, however, so there would be an evaluation and monitoring process so risks could be mitigated and reacted to as they arose.

- The Chair noted that large providers were more likely to be robust than smaller providers and were easier to manage.
- Officers confirmed that, to ensure a diverse spread of care providers across the county, limits would be put in place in the tender process, to limit each care provider to holding no more than 50% of each Primary Care Network. This limit could be changed by the Council at any time if required; the council could put in place the limits it deemed appropriate, as long as they were set out clearly in the tender documentation.

9.3 The Select Committee commented on:

- a) The strategic commissioning approach to adopt a Prime Provider model in Norfolk. This approach would put in place a lead home care organisation, as a Prime Provider within each Primary Care Network. They will be required to deliver up to 70% of the care within this geographical area
- b) The commitment to quality improvement in Norfolk and that any Prime Provider contract award will only be to provider(s) that are good or outstanding. This would be determined through using the most contemporary rating of either PAMMS or CQC, as evidence of this

10 Listening and engaging – preparatory work to refresh Promoting Independence Strategy

10.1.1 The Select Committee received the report setting out how over the summer, Adult Social Services planned to have a dialogue with Norfolk people and partners, to help shape the future direction for the Promoting Independence strategy

10.1.2 The Director of Strategy & Transformation, Adult Social Services, introduced the report to the Select Committee:

- As the country emerged from the pandemic it was a good time to refresh the Promoting Independence strategy.
- First, the department wanted to listen to the Norfolk population to understand what independence would look like for them. To do this, officers planned to engage with as many people as possible through questionnaires, distributing discussion toolkits for partners, councillors, parish councils and other to use, and engage with anchor groups such as making it real, and with providers.
- The refreshed Promoting Independence strategy would then be written, informed by this engagement.

10.1.3 Cllr Tim Adams left the meeting at 11:57

10.2 The following points were discussed and noted:

- The Vice Chair noted the list on page 196, paragraph 2.6, of the report; he **suggested** that veterans be included to this list, as Norfolk County Council was a signatory of the Armed Forces Covenant.
- The Chair felt that meeting with people who care had been important for the Committee to help them understand the difficulties they faced and the importance of co-production.
- Members of the Committee agreed that discussing such issues directly with people allowed priorities to be identified.
- The Cabinet Member for Adult Social Care added that she would be happy to

engage with people in her role as Cabinet Member, as it was important to hear the lived experience of people.

10.3 The Select Committee:

- a) Gave feedback and suggestions about the proposed approach to engaging with a wide range of people, staff and partners across Norfolk, to gather insight and experiences of Adult Social Services and care and support:
 - it was suggested that veterans be included to the list of people that officers aimed to reach through engagement.
- b) Agreed to receive an update on the outcome of the engagement activity and next steps at the People and Communities Select Committee meeting in September 2023

11 Adult Social Services Workforce Strategy Update

11.1.1 The Select Committee received a report providing a summary on the current state of the strategy and workforce plan, and progress and activity towards achieving a fully established and stable workforce in Adult Social Services.

11.1.2 The Executive Director of Adult Social Services introduced the report to the Select Committee:

- The workforce strategy focussed on “grow your own”, international recruitment, and staff retention.
- Level 2 social work vacancies were still at 20% and were still a challenge, compared to other vacancies in Adult Social Care which were now lower
- International recruitment was proactive in countries with a reciprocal arrangement as Adult Social Care was on the restricted occupation list from the home office. Adult Social Care was a high skilled occupation and so recruiting internationally was beneficial.

11.2 The following points were discussed and noted:

- The recruitment campaign was provided in a range of languages, and language support was provided for international recruits as part of the adult learning service.
- Officers confirmed that social workers would be recruited from any countries where their social work qualifications met the English social work criteria. Social work varied across the world, so it was important to ensure that international recruitment met the English criteria for social work. There were no specific recruitment campaigns targeting countries for international recruitment at that time however officers were considering targeted approaches for the future.
- The Chair asked what work was being carried out to promote social work to young people as a career. The Strategic HR Business Partner explained that officers wanted to improve on this work and had held conversations with District Councils, universities, and colleges to expand on the work already being done, including contacting young people when they left school to provide information on social work as a career.
- The Chair suggested that social workers could visit schools to talk to children about their work. It was also suggested that year 6 career days were a possible target point to promote this. The Cabinet Member for Adult Social Care noted that there could sometimes be negativity towards young people choosing social care as a career, however this could be a very rewarding job, so this was an attitude which needed changing. The Executive Director of Adult

Social Services agreed that the public image of social workers was out of date.

- There had been 156 applications received for the most recent apprenticeship scheme, although there were only 30 spaces. Some of the unsuccessful applicants worked for Norfolk County Council so would have future opportunities to reapply, and others were supported by the department to gain their 2 years of experience working in adult social care.
- The department would consider increasing the number of apprenticeships available in the future but needed to balance this against finances, university places available to provide training and ensuring it did not put pressure on existing staff.
- There was an external facing campaign selling Norfolk as part of the recruitment work for social care; the department also attended conventions to promote the county and targeted online adverts at people who showed an interest.

11.3 The Select Committee

- a) note the content of this briefing paper
- b) put forward comments and suggestions on actions to raise the profile of Adult Social Services in local and national media
- c) comment in particular on the development of initiatives aimed at encouraging young people of Norfolk to consider a career in Adult Social Services

12 Forward Work Programme

12.1 The Select Committee reviewed the Forward Plan.

12.2 The Select Committee:

1. **AGREED** the forward plan
2. **NOTED** the briefing note circulated in March 2023 on the Social Work Workforce in Children's Services, included at Appendix A to the Forward Plan.

12.3 The Chair thanked the Executive Director of Adult Social Services for his work and wished him well in his role at the Care Quality Commission. He hoped to see him back at Norfolk County Council in the Future. The Chair congratulated the Director of Strategy & Transformation for her appointment as Interim Executive Director of Adult Social Services.

The Meeting Closed at 12:36

**Cllr Fran Whymark, Chair,
People and Communities Select Committee**



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Public Health Strategic Plan

People and Communities Committee

19th May 2023

Why have a Strategic Plan for Public Health?

1. Continues and builds on the 2016-20 public health strategy* and 10 years from the transfer to local government
2. To define and articulate the contribution, relevance and value of public health expertise and a 'public health approach' to all partners
3. To provide a mechanism for engagement with the wider system to positively influence the health & wellbeing of Norfolk residents and help reduce health inequalities



Strategic Plan

It sets out:

- Our Vision
- Our Mission
- Our Ambition
- Our **intention** to focus on prevention, particularly in the context of children & young people and adults and older people



We will actively pursue our ambitions through the priority themes in **Better Together for Norfolk*** focusing on...

Providing better opportunities for children and young people

Promote evidence-based interventions to improve health & wellbeing outcomes (physical and mental)

Leading healthy, fulfilling & independent lives

Promote healthy lifestyles, empower people to make healthy choices, and support through providing public health services

Building strong engaged and inclusive communities

Develop Health and Wellbeing Partnerships, focusing on inclusive community health and wellbeing offers

Supporting a vibrant & sustainable economy

Promote workplace health initiatives for a healthier workforce



Our Vision

For Norfolk to be the place where everyone can start life well, live well and age well, and where no one is left behind

Our Vision – Better Together for Norfolk 2022



Our Mission

- To improve the health and wellbeing of the people of Norfolk and reduce health inequalities
- To lead the system in Norfolk to develop and focus a prevention approach to improve and sustain good health and wellbeing
- To identify opportunities to accelerate health and social care integration to help ensure that people are supported to remain healthy and independent for as long as possible
- To promote healthy lifestyles and empower people to make healthy choices
- To provide high quality public health services



Our Ambition

- To ensure that prevention is at the heart of everything we and our partners do
- To ensure that our population understands how to be healthy, and are encouraged and supported to put this into practice
- To increase access and take-up of services that support and improve health and wellbeing
- To provide support through a variety of routes, including digital platforms and through a range of community-based providers



1. Focus on Prevention, Partnership & Place

- Inform and support the Integrated Care System (ICS) by providing expert advice for health improvement, prevention and health inequalities
- Lead the development and implementation of the Norfolk Health & Wellbeing Partnerships' plans
- Lead the development of the mental health Prevention and Wellbeing Partnership to improve individual mental wellbeing and resilience of residents
- Provide leadership and direction on tobacco control through the Norfolk Tobacco Control Alliance



2. Focus on adults & older people

- Lead the cross-system strategy on adult healthy lifestyle and behavioural change
- Deliver a new programme of tobacco control and stop smoking initiatives
- Extend our public health offer to support the wider health and wellbeing workforce
- Develop a collaborative approach to healthy aging with a focus on physical and mental health prevention initiatives to support living well in older years



3. Focus on children & young people

- Contribute to the Norfolk Children and Young People Strategic Alliance and support ambitions of FLOURISH framework focusing on early childhood (First 1000 days) and wider preventative measures to improve children's health
- Work with partners to ensure that there is an effective and joined up response to early years and emerging need, including supporting the implementation of the Family Hub model
- Work with our partner organisations to ensure a whole system approach to restore and adapt our children's health services and interventions as we recover from the pandemic
- Develop a new service model for the delivery of the Healthy Child Programme (Health Visiting and School Nursing)



Next Steps

Develop a system engagement programme to promote the key messages in the strategic plan including...

- Integrated Care Partnership (ICP)
- Health & Wellbeing Board
- Local Health and Wellbeing Partnerships
- ICS District Council Meetings
- ICS Health Improvement Transformation Group
- Work in partnership to implement and deliver

