

Norfolk County Council

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Time: 10 am

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Norwich NR1 2DH

Supplementary Agenda One

11.1 Adult Social Services Promoting Independence Five Year Strategy – Appendix C – Report from the Scrutiny Committee to the Leader of the Council Page A2

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Adult Social Services Promoting Independence Five Year Strategy

Report from the Scrutiny Committee to the Leader of the Council

1 Background

- 1.1 At the meeting held on the 24 April 2024, members of the Scrutiny Committee received the proposed Adult Social Services Promoting Independence Five Year Strategy. The strategy was considered by Cabinet on the 8 April 2024, where it was agreed that it would progress to Full Council via the Scrutiny Committee for inclusion on the County Council's Policy Framework.
- 1.2 The Scrutiny Committee has a clear role in providing challenge to any addition or amendment to items that make up the policy framework. This is set out in section 11b of the NCC constitution, alongside guidelines around communication with members and the process leading to Full Council approval. The item must be considered by the Scrutiny Committee in good time, and the Committee are asked to provide a report to the Leader of the Council outlining a summary of discussions and any recommendations put forward by the Scrutiny Committee. This report will include details of any minority views expressed as part of the debate at the Scrutiny Committee. Having considered any report by the Scrutiny Committee, the Leader or Executive will agree proposals for submission to the Council and report to Council on how any recommendations from the Scrutiny Committee have been taken into account.

2 Summary of discussions

- 2.1 The Cabinet Member for Adult Social Care introduced the report, which provided Committee Members with a copy of the Cabinet paper and associated documents for the Adult Social Services Promoting Independence Five Year Strategy. The policy formed part of the Norfolk County Council Policy Framework, requiring a scrutiny process to take place in accordance with part 11B of the Norfolk County Council constitution.
- 2.2 Adult Social Care had worked on its Promoting Independence ambition for a number of years. The strategy was being updated to ensure it still met and reflected the needs of residents in Norfolk. It was important to engage with those who use Adult Social Care services, to understand what was working and what required improvement. Communication was key to the success of the strategy. It was acknowledged that the Adult Social Care website required improvements, particularly to assist customers who were not particularly confident with IT.
- 2.3 The Cabinet Member acknowledged there was further work to be done to ensure the success of the Promoting Independence strategy. It was therefore important to scrutinise the performance of Adult Social Care, which was where the use of Vital Signs measures and the Performance Review Panels came into play, to assess and challenge the current status of the department's efforts.

- 2.4 An officer commented that it was a priority for the department to understand what exactly independence meant to different people. To this end, there had been a series of drop-in centres and library sessions across Norfolk to meet the public. Special events were organised across the county to engage with different groups in a variety of settings. Adult Social Care also liaised with the Norfolk Community Foundation to develop links with grassroots communities in rural areas.
- 2.5 The following points were discussed and noted:
- A Committee Member requested clarification regarding engagement with stakeholders, particularly in rural areas of Norfolk. An officer stated that while it was not possible to reach every single community in Norfolk, the department attempted to reach out to grassroots organisations as much as possible. At present the Adult Social Care team had reached all bar five postcodes in Norfolk, with arrangements being made to cover the outliers. It was important that the connections with communities were maintained so that future engagement could take place. The team were investigating more extensive engagement with parish and town councils as a possible future way forward. The Committee Member commented this was a positive level of engagement and suggested using targeted newsletters as a way of reaching rural communities, due to the decline of local newspapers. The Cabinet Member noted that she had led online engagement sessions with stakeholders and requested that Local Members also spread the message in their divisions.
 - A Committee Member asked if any trends in public feedback had been identified and what changes people wished to see from the department compared to 2019. An officer stated that while there were no major surprises in the feedback, communication was a noticeable trend. The start of a person's communication with Adult Social Care tended to be at the beginning of a crisis, meaning it was a challenge to ensure the correct information was provided and made available over the lifespan of the case. An information strategy was being considered, as it was important to prepare people for what might happen later in their lives. Respondents also emphasised the role of carers. The Council had made efforts to improve the visibility of carers over the past five years through strategies, with engagement work being conducted with carers groups.
 - A Committee Member queried if investment in technological care solutions would prove beneficial to the department by enabling additional resources to be allocated towards people with more complex needs. An officer stated that Adult Social Care had always traditionally been seen as a person to person service. There was potentially a significant opportunity for technology to take over back office processes and therefore free up human resources for more public-facing services. With the advent of AI technology, there was also the potential to predict life events that might affect people later in their lives. The officer stressed that technology would not replace the fundamental principles of social work but would help provide assistance in the future.

- A Committee Member expressed concern that carers were having difficulty coping with the level of work in the sector at present. A recent study had highlighted that there would be 25% more people living with dementia by 2030, which would place additional strain on resources. The Committee Member asked if Adult Social Care had a strategy in place to cope with an increase in demand. An officer stated that this was an issue facing the public sector nationwide. The focus of the department was to ensure that patients were able to stay in familiar surroundings for as long as possible. Prior to the COVID-19 pandemic there was a focus on dementia-friendly communities, which could be an option to be revisited in the future. It was also important to reduce the burden on carers, which was where technology could play a role. The Cabinet Member commented that caring for the carer in dementia cases was an important aim for Adult Social Care, citing personal experience. Using the lived experience of carers could be utilised to better meet the needs of people.
- A Committee Member mentioned that the strategy was to be measured against national standards, but that there did not appear to be any figures or targets in the report. The Cabinet Member stated that the measures were constantly updated by government and were therefore omitted from the document as they would be immediately out of date, requiring the strategy to be continually refreshed. Adult Social Care worked under a national framework, with the measures being used as an indicator of performance. The Performance Review Panel regularly reviewed and scrutinised the Vital Signs measures, which were also reported to Cabinet on a quarterly basis.
- The Chair noted that the report referenced that Adult Social Care had not been able to keep pace with the increase in people asking for support, with subsequent increases in waiting lists, and requested clarification as to how the strategy would mitigate these issues. An officer stated that the department was now able to keep pace with the levels of requests from the public, with a subsequent reduction in the size of waiting lists by approximately 40%. The People and Communities Select Committee was regularly updated on waiting lists. In addition, the department had seen a strong improvement in dealing with the most urgent cases swiftly along with triaging. The Cabinet Member commented that it was important to understand the exact reasons why people were on the waiting list and for what conditions. A project termed “Waiting Well” was in place with the department’s NHS partners to probe waiting lists for orthopaedic surgery and to understand the status of patients.

- The Chair commented that demographic change was a huge challenge to meet and asked how Adult Social Care would meet increased demand given the current level of vacancies in the social work sector. An officer acknowledged that recruitment was a national issue affecting all local authorities; however this was a challenge the department was actively working toward mitigating. The interim care list previously had over 800 patients waiting for attention. This had now been reduced to just 42 patients through improvements in the availability of care. It was felt that Adult Social Care was now in a stronger position than it was in 2022/23. The department had adapted its recruitment processes to target areas where there were large number of vacancies, while there had been significant investment towards in-house apprenticeships, which would mean the department would benefit from a home-grown work force in the future. Improving the image of social care was a challenge which would be met through constant, vigilant efforts from Adult Social Care.
- The Chair noted that it would be prudent for the strategy to look at workforce recruitment and retention. The Chair asked how ratings from the Care Quality Commission (CQC) slotted into the strategy. An officer stated the strategy was primarily focused on ensuring the best outcomes for people. Achieving this involved a focus on care quality improvements and ensuring that Adult Social Care had the correct mix of skills in its workforce to deliver its services in the future. Work was underway to model demand for services over the next few years, given recruitment rates and demographic change in Norfolk. The team constantly considered these factors.
- A Committee Member expressed concern regarding the accessibility of the Adult Social Care website, as it appeared to redirect people to social services. As this could cause issues during emergency situations, the Committee Member asked if printed sources of information were available at hospitals and surgeries. An officer acknowledged that public engagement had highlighted that navigating the website was not easy, which was now a high-priority item to resolve on the Adult Social Care agenda. The team read and engaged with complaints, which illustrated that information given by medical professionals was often then contradicted by the department. An information strategy was required to tackle this challenge, which would involve liaising with partners in the public and private sector.

- A Committee Member explained that through her role as a governor at the Queen Elizabeth Hospital (QEH) in King's Lynn, she had first-hand experience with the discharge and reablement process for patients. There was often a number of patients at any one time in hospital who were ready to be discharged but due to delays this could not happen. The QEH now had a Service Level Agreement with a local charity in West Norfolk to assist with the discharge process. The Committee Member asked if this arrangement was being replicated at other hospitals across Norfolk. An officer stated the department currently conducted an extensive range of work with its NHS partners to support and augment discharge arrangements. Norfolk First Support also provided assistance where necessary, particularly where houses needed to be adapted before reablement, while voluntary sector groups liaised with the Norfolk Integrated Care Board to improve the situation.
- A Committee Member queried how the Adult Social Care team were working with the University of East Anglia (UEA) and education providers to attract graduates towards filling social work vacancies. An officer confirmed there was ongoing engagement with educational facilities to make social work an attractive proposition for those in further education. The apprenticeship scheme was proving to be a success with a high degree of retention.
- A Committee Member asked how successful the Adult Social Care team had been over the past five years in increasing the range of reablement opportunities, along with their plans for the next five year term. An officer stated that connecting communities work over the past year had seen a huge improvement in the numbers of people that Norfolk First Support were reaching, along with the outcomes achieved. As a result of these improvements, less ongoing care was required due to reablement. In 2019 there were significant vacancies within Norfolk First Support. The team had focussed over the past five years to fill vacancies and drive retention within the sector, to the point that every postcode in Norfolk was now supported. The main challenge facing Adult Social Care was to ensure the right balance of support for people who wanted to remain in their communities as opposed to those who needed more specialised care.
- The Chair queried if review dates were specified, as it appeared the strategy was due to expire in 2029 without any reviews beforehand. An officer stated that review dates had not been stipulated; however there were annual planning processes built into the strategy, which in practice could be used as a review.

3 Actions and Recommendations

- 3.1 No formal recommendations were moved or agreed by the committee regarding the content of the proposed strategy for consideration by the Cabinet Member or the Leader of the Council.