

Adult Social Care Committee

Minutes of the Meeting Held on 17 November 2014
10:00am Edwards Room, County Hall, Norwich

Present:

Ms S Whitaker (Chair)

Mr B Borrett

Ms J Brociek –Coulton

Mr D Crawford

Mr J Dobson

Ms D Gihawi

Mr T FitzPatrick

Mr C Jordan

Miss A Kemp

Ms E Morgan

Mr W Northam

Mr R Parkinson-Hare

Mr A Proctor

Mrs A Thomas

Mr E Seward

Mr N Shaw

Mr B Watkins

1. Apologies

- 1.1 Apologies for absence were received from Tom Garrod, Shelagh Gurney and Margaret Somerville (substituted by Wyndham Northam, Tom FitzPatrick and Nigel Shaw respectively).

2. Minutes

- 2.1 The minutes of the meeting held on 23 October 2014 were approved by the Committee and signed by the Chair.

3. Declarations of Interest

- 3.1 Ms Kemp declared an “other interest” as a member of her family resided in a care home.
- 3.2 Mr East declared an “other interest” as a member of his family resided in a care home.
- 3.3 Mr Parkinson-Hare declared an “other interest” in that his daughter had learning difficulties.

4. Items of Urgent Business

- 4.1 The Chair took this opportunity to inform the Committee that a previous request from the Norfolk Health Overview and Scrutiny Panel for a joint scrutiny of the transfer of the Mental Health staff from NHS had been revoked. The Adult Social Care Committee would be regularly monitoring the transfer as part of the Forward Plan,

so there was no need for the joint scrutiny.

- 4.2 There had been an article in a recent copy of the local newspaper about budget savings being made to the learning difficulties sector of the department. These savings had been approved in February, and therefore were being implemented. The Committee agreed that the article should not be responded to from the Committee but individual Councillors may choose to respond if they so wished.

5 Local Member Questions

- 5.1 There were no local Member questions.

6 Update from Members of the Committee regarding any internal and external bodies that they sit on

- 6.1 Elizabeth Morgan reported that she had attended a development day on 5th November for the Norfolk Adult Safeguarding Board. This meeting was for the purpose of aligning the work of the safeguarding board with the new requirements of the Care Act.
- 6.2 Julie Brociek-Coulton reported that there had been a meeting of the Carer's Council on 13th November 2014.
- 6.3 The Chair reported that she had attended a meeting with the other Chairmen of the Committees where they had reviewed the agenda of the forthcoming Policy and Resources Committee meeting and the proposed savings. A reminder was given that November would be the start of the review of the Committee system.

7 Director's Update

- 7.1 The Director of Community Services reported that the integrated management arrangements between Norfolk County Council and Norfolk Community Health and Care NHS Trust (NCH&C) were progressing with appointments having been made for the Assistant Directors of Integrated Services. The Director of Integrated Service post, which would report into the NCC Head of Adult Social Care and the Chief Executive of NCH&C, was currently being advertised. Members were assured that the employer would not change as employees would stay employed by their substantive organisation.
- 7.2 It was also reported that the Better Care Fund had been approved 'with conditions' by the Department of Health. One of those conditions was being able to demonstrate that the plans for reducing admissions were viable. Extra details of the plans had been submitted the week prior to the meeting.
- 7.3 There was pressure on the acute trusts and extra resilience funding had been agreed for staff in the reablement service to be able to move patients from acute hospitals back into the community throughout the winter months.
- 7.4 Norfolk Age UK had been nominated for a People's Lottery award for their dementia friendly project, and the Committee were told about the opportunity to vote if they so

wished.

8 Performance Monitoring Report

8.1 The annexed report (8) by the Director of Community Services was received. The report set out performance information and management information which would help the Committee undertake some of their key responsibilities. The paper acknowledged that the overall positive level of performance was reported within the context of significant short and long term pressures.

8.2 During the discussion, the following points were made;

- The Committee noted that it had been reported that the East area of Norfolk were performing well with regards to undertaking carers assessments, and that this good practice could be rolled out to other parts of the County. The Committee heard that Carer's Assessment should always be carried out as mainstream practice, but it would be better practice if an assessment could be carried out by dedicated carer's assessors.
- It was reported that some of the data relating to individuals with permanent admissions into residential or nursing care could have been recorded as permanent when they were in fact temporary. The Council were making use of block purchase beds where possible and only placing outside these contracts where absolutely necessary. The targets which related to adult safeguarding strategy discussions were reported as being achievable.
- The policy of identifying new carers would be brought to a future meeting of the Committee.
- It was agreed that more detail regarding the reduction of business mileage would be circulated to the Committee.
- Officers reported that an internal officer performance board had been set up to have regular dialogue and scrutinise performance. Only operational decisions were made within this Board, and any policy or strategic decision would be put in front of the Committee. The agenda and minutes of the performance board were available for the Committee at any point, and it was suggested that a member could be involved in some way.
- The Committee heard that 114 people received an Independent Living Fund from DWP, most of whom also receive a care package from Adult Social Care.
- There was flexibility within the revised personal care budget to allow those who need to spend more on well being to be able to do so. It was recognised that those with mental health problems would potentially need to spend more of their budget on wellbeing.
- Preparations for the implementation of the Care Act were underway. The project had been running for over a year, and there had been workshops for

staff and members on the practice of the Act. It was reported that Norfolk County Council felt that they were in a good place for the implementation of April 2015. ICT had been waiting for the final versions of the Act in order to know what exactly needed changing.

- Officers were asked if the benchmarking data could be integrated within the performance monitoring dashboard. This would enable Members to be able to see clearly what the target was and if it was being achieved.

8.3 The Committee RESOLVED

- To review and comment on the performance information
- To consider any areas of performance that required a more in-depth analysis.
- To continue to review whether the performance indicators that form the basis of the report enable a robust assessment of performance across the service areas covered by the Committee.

9 Finance Monitoring Report Period Six (September) 2014-15

9.1 The annexed report (9) by the Director of Community Services was received. The report provided the Committee with financial monitoring information based on information to the end of September 2014. It provided a forecast for the full year, analysis of variations from the revised budget, with recovery action to reduce the overspend and the forecast use of Adult Social Care reserves.

9.2 During the discussion, the following points were made;

- Concern was expressed about the predicted overspend of Adult Social Care which was reported to be approximately £6.5 million. A review of the pressures of Adult Social Care had been undertaken and a better reporting structure had been put into place. It was reported that the department were using all block purchase placements in the first instance.
- It was noted that to continually take funds out of the reserves would not be sustainable. It was more important to address the underlying structure of the budget. There was an increased need for existing services, and it was imperative that the way in which the department worked was reviewed. There also had to be realistic savings targets moving forwards because if they are not achievable the reserves cannot be used to support them. It was noted that the Committee should be doing more to support this large issue within Adult Social Care, and that a motion to Council could be made.
- Some innovative work had been carried out in Durham County Council regarding telecare which Norfolk County Council could learn from.
- It was noted by the Committee that there was a significant overspend on hired transport. Although this seemed to be the case from the report, it was

clarified that overall, less had been spent than the last financial year, but it had a savings target which had not been achieved. It was noted that as a Council and the Committee, both had a duty of care to those residents which were eligible for transport, therefore there would be discretion on cutting transport for access to services.

- Dementia friendly pilots had been set up in conjunction with NorseCare, and capital funding had been provided for the set up of these.
- The Strong and Well Project (LILY) in conjunction with Kings Lynn and West Norfolk Borough Council would potentially provide savings. However, it was reported that, as this was in its early days, it was not possible to state how successful it was going to be. The project would be monitored.
- There was already an integrated approach with regards to transport for schools and health in place with EDT. More could potentially be saved and the provision for transport would be considered within the savings proposals for the next two years.
- Officers were asked to include more detail in the narrative for future financial reports.

9.3 The Committee RESOLVED to note:

- The forecast revenue outturn position for 2014-15 as at period six of an overspend of £6.486m.
- The recovery actions being taken to reduce the overspend.
- The current forecast for use of reserves.
- The forecast capital outturn position for the 2014-15 capital programme.

10. Market Position Statement 2015/16

10.1 The annexed report (10) by the Director of Community Services was received. A Market Position Statement forms part of the Council's response to new statutory duties within the Care Act 2014 for development and shaping of the social care market.

10.2 During the discussion, the following points were made;

- In the event of provider failure, it was reported that there would be clear responsibility set out within the Care Act to ensure there was sufficient resources in place. Work would be carried out with external providers as well as in house provision. A paper on quality assurance would be brought on a future meeting of the Committee.
- It was recognised that there was good working practices being achieved in

communities. A lot of natural support already existed within families, and the extended community. There was then the opportunity to link providers within the communities.

- General Practitioners (GPs) were working with partners to help them diagnose dementia. By linking with carers support services and day services which helped families, it was aiding the overall support. GPs' knowledge base would enable a better understanding of the different support that communities offer.

10.3 The Committee RESOLVED to:

- To approve the proposed Market Position Statement for 2015/16 for publication, subject to amendments.
- Support the proposal to develop future Market Position Statement annually on a rolling three year basis for Committee approval.

The Committee had a 30 minute break at this point, and returned at 1.05pm

11. The Norfolk Model of Social Work

11.1 The annexed report (11) by the Director of Community Services was received. The report outlined the way in which a new model of social work will have a significant contribution to ensuring the council delivers an improved, more responsive, personalised and outcome-focused social work service in Norfolk.

11.2 During the discussion, the following points were made;

- The philosophy would be a description of the way in which social workers practice in Norfolk. Its development was timely as it coincided with the return of the 59 mental health social workers who had joined NCC from the Norfolk and Suffolk Foundation Trust. The work was intended to raise the profile of social workers.
- Two workshops had already been held with staff and a third would be held in January with implementation taking place following this.
- It was recognised that social work was a challenging job, and any way in which good practice could be shared and celebrated was welcomed.
- The initiative had been welcomed by existing social work practitioners and managers because it encouraged better joined-up working with other agencies, between social work disciplines and would encourage a more personalised approach for the individuals.
- The work would be delivered within the existing departmental budget. It did not involve any new posts being created.

- Children's Services adoption of the 'Signs of Safety' model involved a shift in practice towards a more collaborative social work approach. The philosophy would support this way of working as well as the changes to a more outcome-focussed safeguarding practice which had been adopted within Children's Services. The changes recommended from the peer review would be taken into account.
- It was confirmed that, whilst the new model of social work applied to all social work specialisms, there was still a role for dedicated children's Social Workers, adults Social Workers and mental health social workers as well as specialist functions such as adult safeguarding social workers. However, the shared model would enhance the way in which social workers work across the specialisms, encouraging a 'whole-family', community-focused approach.
- It was reported that newly qualified Social Workers were given extra support and protected time in their first year of work. This is called the Assessed and Supported Year in Employment (ASYE). This meant that they were expected to carry a smaller caseload than more experienced colleagues and were provided with a mentor. NCC worked in partnership with Higher Education establishments and Colleges. However, it was acknowledged that the University of East Anglia specialises in the field of children's social work.
- Although the model was welcomed by the Committee, members expressed the hope that much of the good practice described was already embedded in the social work taking place in the county. However, it was recognised that it was timely to formally record it now given the improvement journey taking place in Children's Services and the implementation of the Care Act, which was the most significant legislation since 1948.

11.3 The Committee RESOLVED to;

- Endorse the objectives and the approach being taken.

12. Developing Norfolk's Carers Strategy: 2014-17

12.1 The annexed report (12) by the Director of Community Services was received. The report provided information on the strategy that had been agreed by the Carers Council for Norfolk, the Carers Agency Partnership and each of the five Clinical Commissioning Groups.

12.2 During the discussion, the following points were made;

- It was hoped that the strategy would actively encourage employment if so wished by the carer but it was noted that it should also encourage the employer to assist them in employing a carer.
- It was clear that, as a Council, we needed to be mindful of the duty to provide wellbeing to the carer, as well as to the person being cared for.

12.3 The Committee RESOLVED to;

- Review, agree and endorse the commitment that carers have said are important to them outlined in the draft strategy.
- Agree that the final Carers strategy to be launched on 28th November 2014 – ‘Carers Rights Day’.

13. Internal and External Appointment

13.1 The annexed report (13) by the Head of Democratic Services was received. Appointments to outside bodies add value in contributing towards the Council’s priorities and strategic objectives. Under the Committee system, the responsibility for appointing to internal and external bodies lies with the Service Committees.

13.2 The following appointments to internal and external bodies were noted;

- Sue Whitaker was re-appointed to Norfolk Council on Ageing
- John Dobson replaced David Collis on Queen Elizabeth Hospital Trust – Governors’ Council.
- Sue Whitaker was re-appointed to Norfolk and Suffolk NHS Foundation Trust – Partner Governor.
- Elizabeth Morgan replaced Mike Sands on Norfolk Community Health and Care NHS Trust Shadow Council of Governors representing Adults.
- Deborah Gilhawi replaced Daniel Roper on Norfolk and Norwich University Hospital Trust – Council of Governors.
- Julie Brociek-Coulton replaced Jonathan Childs on James Paget University Hospital NHS Foundation Trust – Council of Governors.

13.3 It was agreed that a verbal report would be given to the Committee from any meetings attended.

13.4 The Committee RESOLVED to;

- Review and where appropriate make appointments to those external and internal bodies, as set out in Appendix A of the report.
- Agree a mechanism to member feedback from the external bodies on which they represent the Council.

14. Working Protocol with Healthwatch Norfolk

14.1 The annexed report (14) by the Director of Community Services was received. A

new working protocol with Healthwatch Norfolk was required to reflect the committee system of governance at Norfolk County Council.

14.2 During the discussion, the following points were made;

- A draft agenda of the meeting with Healthwatch would be circulated to the members of the Adult Social Care Committee for their information.
- It was reported that since Healthwatch was established there had been no referrals to the County Council from them.

14.3 The Committee **RESOLVED** to;

- Approve the working protocol between the County Council and Healthwatch Norfolk.

Meeting finished at 2.15pm.

CHAIR

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