



## **People and Communities Select Committee Minutes of the Meeting Held on 17 September 2021 at 10am in the Council Chamber, County Hall, Norwich**

### **Present:**

Cllr Fabian Eagle (Chair)

Cllr Tim Adams  
Cllr Michael Dalby

Cllr Brenda Jones  
Cllr Mark Kiddle-Morris

Cllr Julian Kirk  
Cllr Paul Neale  
Cllr Mike Smith-Clare  
Cllr Alison Thomas

### **Substitute Members Present:**

Cllr David Bills for Cllr Eric Vardy  
Cllr Phillip Duigan for Cllr Ed Connolly

### **Also Present**

Susanne Baldwin	Assistant Director Workforce, Markets and Brokerage; Adult Social Services
Michael Bateman	Assistant Director, SEND Strategic Improvement and Early Effectiveness
James Bullion	Executive Director of Adult Social Services
Cllr Maxine Webb	County Councillor for Wensum
James Wilson	Director of Quality and Transformation

## **1. Apologies for Absence**

- 1.1 Apologies were received from Cllr Claire Bowes, Cllr Ed Connolly (Cllr Phillip Duigan substituting) Cllr Eric Vardy (Cllr David Bills substituting) and Cllr Fran Whymark.
- 1.2 The Chair nominated Cllr Alison Thomas to take the role of Vice-Chair for the meeting, seconded by Cllr Mark Kiddle-Morris. Cllr Thomas was duly elected to serve as Vice-Chair for the meeting.

## **2. Minutes of last meeting**

- 2.1 The minutes of the meeting held on 16 July 2021 were agreed as an accurate record and signed by the Chair.

## **3. Declarations of Interest**

- 3.1 No interests were declared.

## **4. Items received as 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 Two Member questions were received; see appendix A.

- 6.2.1 Cllr Brenda Jones asked a supplementary question:

- Cllr Jones did not feel reassured by the answer to her substantive question. She noted that the Managing Directors of the Jeesal Group were charging £1000 and above per day for care for vulnerable people but were unable to provide staff trained in basic life support or provide basic care. She asked if this company should still be making a profit or caring for vulnerable people and whether Norfolk County Council should continue to be involved with them. She **asked** for this issue to be added to the forward work programme for the Adult Social Services Review Panel.

- 6.2.2 The Executive Director of Adult Social Services acknowledged that this was an important question and item of public concern about provision of social care where issues had been identified regarding quality of healthcare in this provider's hospital services. The Executive Director of Adult Social Services explained that Adult Social Care had a duty to intervene to assure itself that quality of care was adequate and improving; where quality of care was inadequate and not improving, the department would take steps to cease contract arrangements for care with the company. There was a duty of care to the people living in homes owned by the company to ensure that the Council was not making decisions for them, noting that the setting in question was their home. It was important however to be assured that the home was safe, care was dignified and was what each individual wanted. Steps had been taken to ensure that the issues raised about care in the hospital service of the company had not been replicated in the care service and this was not the case. Officers from Adult Social Care were in regular contact with the provider and ensuring that the legal position of the Council was met. The Executive Director of Adult Social Services **agreed** to provide a fuller written description on the work being undertaken by the department with this provider.

- 6.2.3 The Assistant Director of Workforce, Markets and Brokerage, Adult Social Services, reported that a programme of audits and reviews were carried out systematically with providers which were targeted based on priorities and issues received to ensure the department was working proactively with providers. Officers had been working with the Jeesal Group for some time about issues raised in hospital audits and reviews and to understand the care aspect of the company. There were action plans in place with the company which they were working on closely with the Council across a wide range of issues, not related to care.

- 6.2.4 The Chair **requested** a briefing note on this issue to be circulated to the Committee.

- 6.3.1 Cllr Maxine Webb asked a supplementary question:

- It was good to know that the Department for Education had recognised the impact of the figures and that they would be provided in 2023; Cllr Webb queried why the promise made in January 2021 to provide data had not been kept.

- 6.3.2 The Assistant Director, SEND Strategic Improvement and Early Effectiveness,

responded that work on the annual review data tool had taken longer than expected; this tool had been developed during the spring and summer term of 2021 and had now been launched. Headline figures were available, but officers were not yet assured of data quality so had not been able to provide data for this month's "Special Educational Needs (SEND): Performance Framework" Committee report; this data would be available for the November report. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, outlined the headline figures: Of all the reviews in progress, around 68% had the potential to be carried out on time with 32% in backlog; the team were prioritising reviews for families with children at risk of placement breakdown.

## **7. Special Educational Needs (SEND): Performance Framework**

- 7.1.1 The Committee received the regular report providing a range of performance data regarding services and provision for Special Educational Needs & Disability (SEND). Children's Services were reporting to Committee over a 2-year period (which began in November 2020) following recommendations by the Local Government & Social Care Ombudsman (LGSCO) in 2020 following their published investigation report. Subsequently it had been determined that this reporting, on the data set requested by the LGSCO, be expanded to take account of Norfolk's Area SEND Strategy and our Written Statement of Action response to the Area Ofsted/Care Quality Commission (CQC) SEND Inspection
- 7.1.2 The Assistant Director, SEND Strategic Improvement and Early Effectiveness, introduced the key changes to data since the last report to Committee in July 2021:
- The number of children out of education with an education Health and Care Plan (EHCP) had reduced from baseline
  - The average time taken to arrange alternative provision for children continued to reduce.
  - The average time taken to produce final EHCPs compared with statutory timescales had reduced and was closer to the statutory timescale.
  - Number of complaints received had reduced and the number of complaints that were upheld had also reduced.
  - EHCP performance within 20 weeks continued to improve and was currently at 52%, with a target of 60%.
  - This month the first of three new special schools, Bure Park Specialist Academy, had opened, with the remaining two due to open in 2023.
- 7.2 The following points were discussed and noted:
- A Committee Member queried the Committee's role in scrutiny of this data, noting that other groups also reviewed this data, some of whom met in private. Officers clarified that the dataset regularly brought to Committee as set out in appendix 1 of the report was data which had been determined should be reported to the Committee until November 2023 by the Local Government Ombudsman (LGO). The regular report had been broadened to include additional information, for example, around quality measures.
  - The risks which might impact on further performance improvements were queried. Officers reported that capacity could impact on improvement. For example, an increase in educational psychologists was needed to meet demand, and if referral rates continued to increase this would impact on capacity, even with the increased number of EHCP coordinators now in post.
  - A challenge for officers was giving confidence to families and schools that

children's needs could be met earlier with the resources available to them. The Chair **requested** a briefing note for the Committee on alternatives to EHCP. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, **agreed** to provide this and information on the Local Offer website.

- It was noted that the report did not include an update on performance of the Educational Psychology Team, noting the capacity issues they were experiencing. The Assistant Director, SEND Strategic Improvement and Early Effectiveness **agreed** to include this information in future reports..
- At the January Committee meeting, data on “the number of appeals lodged, the outcomes of these and comparison to previous years” for future reports. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, **agreed** to include this in future reports.
- Information was **requested** for future reports on transport and any issues it was causing for young people and learning. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, agreed to include this in future reports.
- It was **agreed** that information on short stay and on-track education could be provided in future reports to the Committee.
- Officers confirmed that the main trend from upheld complaints was around placement availability, which was being addressed through the opening of new special schools in Norfolk.
- The Vice-Chair suggested that a session for Councillors on resources available to parents in addition to alternative provision would be beneficial.
- A new team within learning and inclusion had responsibility for arranging provision for excluded children and working with mainstream schools to give advice and guidance on meeting children's needs. Schools could use delegated funding to arrange provision for children based on this guidance.
- The impact of remote learning for children in the SEND cohort was queried. Officers reported that over the last 18 months there had been concerns on the impact that virtual and distance would have on children, however it had been found that virtual learning worked well for some children in the SEND cohort and for children who were not in education. Members felt **information** on remote learning and the impact on young people would be helpful in future reports.
- 90% EHCPs completed within 20 weeks was the stretch target for 2022, and it was queried whether this would be reached. Officers didn't think this target would be reached due to staff capacity and rising numbers of cases. Performance was currently at 52%, with the 2021 target of 60% and a national average of 58%. The Department for Education and Ofsted would determine in their reinspection whether Norfolk County Council have shown significant progress and if there was capacity to maintain this progress.

### 7.3 The Joint Committee **RESOLVED**:

1. To note the ongoing content of the SEND performance framework and agree ongoing reporting at all subsequent meetings through to Summer 2022; complying with the outcome of the LGSCO report.
2. To agree that the range of performance measures will directly assist with decision making regarding any policy changes needed over time as part of the range of SEND improvement programmes.

## 8. **Care Quality and Market Position Task and Finish Group – record of work undertaken**

- 8.1.1 The Committee received the report summarising the work completed by the Care Quality and Market Position Task and Finish Group, set up to undertake a deep dive into how care quality and market stability could be improved.
- 8.1.2 The Committee heard a presentation by the Assistant Director of Workforce, Markets and Brokerage, Adult Social Services; see appendix B:
- The Assistant Director Workforce, Markets and Brokerage, Adult Social Services, thanked Members who had been involved in the Task and Finish group which was helpful in the challenge and discussion.
  - The spend on social care was the biggest area of spend for the Council and 75% of the Adult Social Care budget spend
  - The Task and Finish Group work had been put on hold during the pandemic but recommenced in January and was completed in April 2021.
  - The Council was challenging itself around meaningful market development and recognising rapid change in what people needed to get a market shift to deal with more complex needs and how people in care wanted to live their lives.
  - It was important to focus on areas for improvement, noting that Norfolk continued to rank at the bottom of Local Authorities in the East of England
  - Some actions had already been taken, looking at quality across social care by having an integrated quality service in place and ensuring providers were held accountable for quality services and working with them on this.
  - It was important moving forward for the Council to be robust about its policy for removal of services that were not improving and what steps it would go through for this.
  - Through a workforce grant received in February 2021, more work was being done to support the wellbeing of the social care workforce.
  - Demand for home support and social care had increased over the last 20 months as well as complexity of need, meaning more people who could provide enhanced care and less standard care was needed
  - There was an action for the Council and Clinical Commissioning Group to increase their ethical commissioning.
  - £27m had been invested into care for older people and £18m invested into supported living for younger adults.

The following points were discussed and noted:

- A Member was concerned about parity of esteem within the care sector and across age ranges, noting that the lowest level of pay in the NHS was £9.51 per hour, whereas 18–20-year-olds in care could receive £6.56. The Executive Director of Adult Social Services responded that NHS healthcare assistants, band 3, received £10.80; this role was equivalent to a healthcare assistant in social care and therefore for care employers to be competitive they should pay at least this rate. Norfolk County Council paid care providers £16.70 to encourage them to pay their employees the living wage, however, were not legally able to enforce that employers paid a certain percentage of this money or a set minimum rate to their employees. The Council could take action if employers paid below the national minimum wage.
- The Chair discussed the benefits of and opportunity for carers to be self-employed, and queried support available to self-employed carers from the Council. Officers reported that the direct payment support service helped personal assistants and individuals as employers undertake employment responsibilities such as receiving payments. The Chair queried whether self-employment was promoted as an option for those wishing to go into care.

- The Executive Director of Adult Social Services **agreed** the wider performance issues from Cawston Park should be considered by the Adult Social Services Performance Review Panel.
- The workforce strategy approach in collaboration with employers would give a joint approach to recruitment and aim to change public image of the sector.
- The national funding announcement from Government the week before the meeting would provide funding towards means tested care for individuals. It would also provide funding to train staff which would impact on quality of care. In October 2023, the Council would become responsible for how much people were paying for care until they reached the cap, which would impact on the social care market.
- The implications for care providers with staff who did not wish to receive the Covid-19 vaccination were queried. Officers confirmed that there were 11,000 staff working in care homes in Norfolk of whom 95% had received their first vaccination, leaving 586 staff who had not. Calls were being made to care homes to work with them to encourage staff to get vaccinated and address vaccine hesitancy. GPs had gone into some homes to support this work.
- Officers had been making calls to care providers to identify the percentage staff shortage. The underlying vacancy rate in the social care workforce was 20% with a turnover of around 30% in home care and 20% in residential care.
- A recruitment campaign to encourage people to take up a career in social care was being developed for autumn 2021, including a mix of media, TV, radio and social media, with individuals across social care having made videos about their journey into social care and through their career for the social media campaign. Officers were looking at what could be done to promote the care sector in the media, noting that media often focussed on issues in the sector rather than the positive work carried out by staff and providers.
- The amount of practical work in the health and social care courses at college was queried and how many students went on to work in the care sector after graduating. The department worked with schools and colleges however this was a limited resource and therefore more work was needed in this area.
- The Chair noted that many social care staff worked long hours, making it difficult for them to take up training courses. Officers responded that as part of the work of “developing skills in health and social care” programme, officers were looking at how level 1 maths and English courses could be provided more flexibly. It was also important to ensure career pathways were in place to encourage people to remain in the sector.
- The Executive Director of Adult Social Care **agreed** to bring information to a future meeting on work undertaken as part of the workforce plan. He would discuss with the Chair after the meeting the idea of having a Care Champion in place.
- The Chair would **discuss** with the Executive Director of Adult Social Services on a further report to be brought back to the Committee at a later date on the issues raised in the discussion.
- The Chair discussed the idea of providers providing perks to encourage younger workers to work in care.

#### The Committee:

- **AGREED** that the Performance Review Panel further considers the findings of the task and finish group as part of its assurance and performance monitoring role.
- **REQUESTED** further information to be brought back to a future meeting of the Committee.

## 9. Forward Work Programme

9.1 The Committee received and considered the forward work programme.

9.2 The Committee **AGREED** the forward plan with the following additions:

- Information was requested in the Workforce Strategy report to the November Committee meeting about young people entering employment in health and social care and collaborative work with colleges to encourage young people to enter this employment pathway.

The Meeting Closed at 12:15

**Cllr Fabian Eagle, Chair,  
People and Communities Select Committee**



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**People and Communities Select Committee  
17 September 2021**

**Item 6; Member Questions**

**Question from Cllr Brenda Jones**

I understand that Norfolk County Council purchases 83 beds from 10 care homes owned and run by the Jeetal Group.

The Jeetal group ran Cawston Park Hospital, in the national news concerning the deaths of three people with learning difficulties in their care.

Whilst this is the social care arm of the group it is the same directors that manage social care.

One of Jeetal's care homes "requires improvement" and another is "inadequate." What evidence do we have that Jeetal are any more concerned about the social care beds they provide and why shouldn't the Council cancel contracts with the Jeetal group given their appalling conduct at Cawston Park

**Response from the Chairman:**

We currently have 32 people being supported in 10 care homes run by the Jeetal Residential Care Services Ltd (JRCS) , a further 32 people are supported but through contracts placed by other local authorities. We have not cancelled these contracts, but as with any provider, we will not hesitate to do so, should we consider this to be in the best interests of the people we support in these particular homes.

Our Integrated Quality Service has been working with JRCS to improve quality since late 2018 – with overall improvements noted (8 of the 10 care homes became fully compliant during this time). Since April 2021 the Service turned attention to issues identified at Cawston Park Hospital; to ensure these were not replicated in the residential provision. Concerns regarding care delivery at the hospital were not evident in the care homes. We have brought together a dedicated team across operational and commissioning directorates who have carried out both planned and unannounced visits and reviewed care for each individual. Each care home has been audited and inspected both by CQC and our Integrated Quality Service and we have sought assurance from these visits. The homes themselves are working with us and cooperating to provide the assurance we and people's families need. During this time one setting has been closed and all individuals have been found appropriate alternative care.

Closing someone's home and moving them somewhere new can be extremely damaging for people, particularly if it has been their home for some years. Individuals will have built up relationships and friendships with staff and other people living in the home and any changes or moves need detailed and careful work – with individuals and their families.

Alongside the intense monitoring we have put in place, our first priority is to weigh up what is in the best interests of each individual – and that is exactly what we are doing.



**Question from Cllr Maxine Webb:**

At January's Committee, after a request by members, it was agreed that "Annual review figures would be included in the next report". At July's Committee, it was reported that this data was not yet complete and would be provided "within subsequent reports" but there are still no details in September's report. An EHCP is a working document which the law requires the LA to review at least annually. When will this data be available to members to reassure us that the changing needs of children and young people with SEND are being reviewed and met?

**Response from the Chairman**

We are confident that the report to Committee in November this year will contain the first data set and commentary regarding EHCP annual reviews.

The Children's Services data team have now produced the initial annual review backlog reporting tool and this has been launched with the EHCP operational teams since the start of the new academic year. They are trialling it to ensure that it provides them with the management information needed to target cases that are a) on time and could be at risk of going outside of timescale and b) those already out of timescale that require prioritisation. With 7500+ annual reviews taking place each year the data model has taken longer than expected, alongside the other EHCP improvement work, ie, initial assessments.

Also, we know now that the annual statistical report to DfE for EHCP, known as 'SEN2', which is run each January will for the first time require all LA's to provide information regarding annual reviews. Therefore, the initial reporting to Committee in November will be further enhanced in January and March 2022 with the output of the report to DfE.

The Assistant Director for SEND Strategic Improvement and Early Effectiveness will be able to provide a verbal update on this progress at Committee this Friday, for example the current backlog rate and initial trends over the summer months whilst the model was being tested.

# Care Quality and Market Position Task and Finish Group – record of work undertaken

People and Communities Select  
Committee

17<sup>th</sup> September 2021



# Background to the Task and Finish Group

- Following a report to this committee in January, Members agreed to set up a Care Quality and Market Position Task and Finish Group to undertake a deep dive into how care quality and market stability could be improved.
- This work was put on hold during the earlier stages of the Covid-19 pandemic and work was completed between January and April 2021.
- The decision to undertake this work was driven by the following issues and challenges:
  - Continued concern about the quality of care across care provision in Norfolk compared to East of England and England averages
  - Increased demand for social care markets to support greater complexity of needs
  - Increased labour costs and workforce shortages, including in key skills
  - Funding pressures
- Adult social care is the Council's biggest area of spend and 75% of the ASC budget is spend directly on care services – c£350m in 2021-22
- The service has required savings of £79.294m in the last four years, with a further target of £17.858m in 2021-22

# Focus for the deep dive

- The March 2020 People and Communities Select Committee agreed the scope of the Care Quality and Market Position Task and Finish Group. The focus of the work was to:
  - Carry out a deep dive, examining best practises and other initiatives and consider how the adult social care market position in Norfolk could be improved
  - Consider how to ensure quality in the market
  - Consider how to ensure financial viability within the market
  - Consider how to make working in the social care sector in Norfolk more attractive
- The task and finish group set up three sessions, focusing on quality, workforce and financial viability. The presentations for each of these sessions are included within the background documents. Each session included member and officer discussion, with the key areas for further focus included in the final presentation.

# The care landscape in Norfolk

- Norfolk has:
  - 366 care settings comprising 9,639 beds across working age and older adults services.
  - 19 Extra Care Housing Schemes offering 741 tenancies.
  - 195 Supported living schemes offering 811 tenancies
  - 76 Home care framework providers of which 8 are block providers delivering care to circa. 3,500 council funded clients.
- The availability of provision is impacted upon by geographical location – securing staff in rural and coastal localities is far harder.
- Like all business, a change in circumstances such as changes in demand, rising costs aligned to business models and pressures such as staffing shortages can lead to the need to transform business or businesses that are no longer viable.
- NCC has a role set out within the Care Act to ensure its market shaping and commissioning activity:
  - Focuses on outcomes and wellbeing
  - Promotes quality services; including through workforce development and remuneration and ensuring appropriately resourced care and support
  - Supporting sustainability
  - Ensuring choice
  - Co-production with partners

# Key Findings - quality

## Context

Legacy of resource limited contract management, with poor quality care market provision and responsive management of concerns

Gaps in meaningful market development, little growth in services fit for the future needs of people meeting the eligibility criteria for funded care

During COVID-19, Infection Control outcomes improved over time, but overall quality standards are understood to have been impacted negatively

As at July 21 Norfolk compliant services (Rated CQC Good/Outstanding): 74%

Continues to rank at the bottom of the local authorities in the East of England

Risk based systematic audit introduced

Providers held accountable for quality deficits AND supported to improve

Collaborative work with regulator and integrated working with health

Proportionate and measured removal of provision where service fail to demonstrate capacity to improve

Recommended proactive Provider Assessment and Market Management Solution (PAMMS) audits at an enhanced rate, is necessary to respond to legacy and COVID-19-rated quality deficits

Actions underway

# Key Findings - workforce

## Context

Attracting sufficient skilled staff, is critical to encouraging care providers to feel confident to develop businesses

Low pay, and poorer terms and conditions compared to other sectors is a national concern

Current lack of parity of esteem

People priced out of large areas of the county and therefore places in Norfolk where it is difficult for key workers to afford to live or work

Recruitment campaigns have had a positive impact during the pandemic, but this is against the rising challenge of significant staff shortages

Mandatory vaccination in care homes by 11<sup>th</sup> November 2021

A need to encourage more younger people into social care

Developing a skilled adult social care workforce has a key role to play in delivering high quality care

Adult Social Care Workforce Strategy implemented in 2021

*Knowing our workforce*

*Support and information on workforce matters*

*Attraction, recruitment and retention*

*Business reliance, workplace practice and employee wellbeing*

*System wide education and training*

Developing Skills in Health and Social Care programme

Spring/Summer recruitment campaign

Wellbeing support for the social care workforce

Actions underway

# Key Findings - sustainability

## Context

The sector was already struggling pre pandemic and this position has been exacerbated as a result of COVID-19. Where future demand is not needed, businesses will need to reshape services

As a Council we are not going to be able to support all at risk providers – some are delivering services that are no longer delivering what is needed

A need to be clear about commissioning intentions through the Market Position Statement, to enable providers to plan

Better understanding of the self-funder market and care intentions for people in Norfolk could help market shaping

In addition to PAMMS audits, some key providers for care in Norfolk may need more direct support to regain resilience and improve quality across their business and workforce

Cost of care exercise to ensure we understand the current costs of delivering care in Norfolk

Continuing to provide financial support via Government grants to support some of the additional costs associated with the pandemic

Development of a provider at risk dashboard

Developing the market position statement

Increasing provider engagement

Supporting the ongoing development of the Norfolk Care Association, which was formed in 2019

Developing a digital strategy for social care provision

Investment to shape the market – i.e. independent living for older people and working age adults

## Actions underway



# The range of actions that NCC can take

## Influence

Market position statement –to help meet future demand and shape service

Promoting the care sector and social care workforce and careers

Supporting a digital strategy including piloting new technologies

## Engage and Communicate

Early involvement of providers with policy changes and communication on new ways of working

Providing advice and guidance and working across the health and social care sector

Developing strategies to help engage, prioritise and coordinate improvement agenda i.e. workforce strategy

## Direct support

Being a good commissioner/ customer

Quality reviews to help address issues

Supporting campaigns, wellbeing support, ensuring advice and guidance and networks

Ethical commissioning with strong contracts that promote quality provision

Annual uplift and fair price for care

Direct action to meet statutory responsibilities and ensure continuity of care

Investment to shape the market – i.e. housing

Training

# Actions and recommendation

The task and finish group supported a range of action areas to help address the issues identified. These have been developed and the following work areas have been set out to enhance quality of care and market development in Norfolk. Some of these actions have already been implemented, others are underway or require further investment

- a) Strengthening the Integrated Quality Team to support permanent placements for temporary staff and increase the number of Quality Monitoring Officer roles to enable some catch up of assessment work following the pandemic
- b) A coordinated contract management approach, working with procurement, to ensure easy access to contract information, oversight of provider performance and a shared evidence base
- c) Review of contracts to strengthen quality and workforce measures and develop an ethical commissioning approach
- d) Implementing a quality improvement and escalation policy
- e) Strengthening roles to enable oversight of compliance

# Actions and recommendation

- f) Embedding a quality culture across all adult social care teams to ensure that quality is a focus in all roles and all staff understand the role that they can play through induction, training, forums and communications
- g) Undertaking the cost of care reviews and adopting tools to support this
- h) Clarifying the financial parameters for providing temporary support
- i) Ensuring adequate wellbeing and reliance support for providers
- j) Implementing the Adult Social Care Workforce Strategy