

Adult Social Care Committee

**Minutes of the Meeting Held on Monday, 10 July 2017
at 10:00am in the Edwards Room, County Hall, Norwich**

Present:

Mr B Borrett (Chairman)

Mr Tim Adams

Miss K Clipsham

Mrs S Gurney (Vice-Chair)

Mrs B Jones

Mr J Mooney

Mr G Nobbs

Mr G Peck

Mr W Richmond

Mrs S Squire

Mr H Thirtle

Mr B Watkins

1. Apologies

- 1.1 Apologies were received from Mr M Sands, (Mr G Nobbs substituting) and Mr M Storey.

2. To confirm the minutes of the meeting held on

- 2.1 The minutes of the meeting held on 19 June 2017 were agreed as an accurate record and signed by the Chairman.

3. Declarations of Interest

- 3.1 There were no declarations of interest.

4. Urgent Business

- 4.1 There was no urgent business discussed.

5. Public Question Time

- 5.1 Three public questions were received and the answers circulated; saw appendix A.

6. Local Member Questions

- 6.1 There were no Local Member Questions received.

7. Chairman's Update

- 7.1 The Chairman had nothing to add that was not already on the agenda.

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

8.1 There were no updates received from Members.

9. Executive Director's Update

9.1 The Executive Director updated the Committee on:

- Continued progress on the replacement of the existing social care I.T. system with Liquid Logic. It was now moving into the implementation phase which was on schedule for November;
- The CQC (Care Quality Commission) State of the Nation report on the quality of social care which had been published; the local state of care in Norfolk was covered in the Market Position Statement and at the Committee meeting on the 19 June in the report "Adult Social Care Annual Quality Report 2016/17".

10. Adult Social Care Finance Monitoring Report Period 2 (May) 2017- 18

10.1.1 The Committee received and discussed the first monitoring report providing financial monitoring information, based on information to the end of May 2017.

10.1.2 Confidence of Officers in the long term sustainability of the reported budget position was queried. The Executive Director of Adult Social Services reported that the budget shown did not provide a detailed position; as it was early in the year, variations caused by risks such as those related to changes to the Social Care market, winter pressures and seasonal budget variations were not yet known. He was confident that the strategy for managing the budget outlined in the report was the right strategy to take moving forward.

10.1.3 The Finance Business Partner (Adult Social Services) clarified that significant investment by County Council in February 2017 helped support pressures to the budget, and in order to provide similar support in the long term additional savings for 2018-19 were needed. This funding would not be available in subsequent years; some risks were mitigated through commissioning savings and demand led savings. A small overspend was forecast in the report which was an area for focus.

10.1.4 In order to keep costs down, commissioning teams worked with the market to ensure the correct types of placements were in place across the County and fair prices were paid to providers; charges were due to be increased to the independent sector this year, 2017, to ensure a good quality care market. The Acting Director of Integrated Commissioning reported that the cost of care exercise carried out in 2016 would be repeated in 2017 to evaluate the suitability of prices paid for care across the County.

10.1.5 The smaller budget allocated to Mental Health Services was queried. The Executive Director of Adult Social Services clarified that budgets were based on a needs analysis which evaluated the number of people being supported and associated cost. At the time of the meeting there were 1139 service users engaged with Mental Health Services compared to over 14,000 Adult Social Care service users. Benchmarking indicated Norfolk was in line with national averages.

10.1.6 Changes to managed contracts was queried; the Acting Director of Integrated

Commissioning clarified that in order to inform decisions, detailed analysis had been carried out in the home care market of how services were provided to people. Through reorganising commissioning, costs could be lowered.

- 10.1.7 Work to address the cost of transition cases moving up from Children's Services was queried; an agreement between the Executive Director of Adult Social Services and the Executive Director for Children's Services was in place to work to ensure a focus on improving independence for families and young people.
- 10.2 With 12 votes for and 0 against, the Committee **RESOLVED** to **AGREE**:
- a) The forecast outturn position at Period 2 for the 2017-18 Revenue Budget of £261.453m;
 - b) The planned use of reserves;
 - c) The forecast outturn position at Period 2 for the 2017-18 Capital Programme.

11. Additional Social Care Funding

- 11.1.1 The Committee received the report outlining how Adult Social Services proposed to use additional one-off funding announced as part of the budget in March 2017.
- 11.1.2 The long awaited formal guidance on the use of Better Care Fund had now been published subsequent to the submission of papers to the Committee. It included additional requirements related to delayed transfers of care, setting targets which were not anticipated. The proposals therefore had not been signed off by the Clinical Commissioning Groups (CCGs) (Clinical Commissioning Groups), who may be likely to request further assurances to meet those conditions. Formal agreement from them would be sought in advance of proposals being considered by the Policy and Resources Committee for agreement.
- 11.1.3 The Executive Director of Adult Social Services hoped that following meetings with the CCGs, an agreement would be reached by the end of July 2017.
- 11.2.1 Despite the announced additional requirements, the Chairman proposed continuing with the item, as the funding also related to investment in extra social workers. Final decision on the funding would be taken by Policy and Resources Committee.
- 11.2.2 The Executive Director of Adult Social Services confirmed the investment in 50 social workers would be in addition to existing vacancies; this would provide additional capacity for social workers to carry out assessments and support hospitals. This would support the savings programme through an invest to save approach.
- 11.2.3 The Chairman clarified that the funding outlined in the report was a result of the administration lobbying Government and that he would continue to do so; he had met with the Leader of the Council recently who had made the case for more Social Care funding at a Local Government Association conference.
- 11.2.4 In relation to a query related to building resilient lives funding, it was clarified that the funding would not be used to reverse agreed savings by Council but to mitigate risks and meet targets moving forward with a particular focus on delayed transfers of care.
- 11.2.5 In order to address the vacancy rate the advertising campaign was national and newly qualified social workers could be recruited. In response to a query, the

Chairman confirmed that integration would be a challenge as the STP (Sustainability and Transformation Plan) was an autonomous process and discussed the challenges raised by different parts of the NHS having different targets. The challenge of recruiting 50 social workers was recognised however increasing capacity was important and the new money provided an opportunity to address recruitment.

- 11.3 With 12 votes for and 0 against, the Committee:
- **RESOLVED** to **AGREE** to support the proposals for use of the additional monies as set out in Appendix 1 of the report;
 - **AGREED** to **RECOMMEND** to Policy and Resources Committee for agreement.

12. Promoting Independence progress and actions for 2017/18

- 12.1 The Committee received the report summarising the overall purpose and case for change for Promoting Independence, highlighting the impact of the programme to date and key activities to be delivered during 2017/18.
- 12.2.1 An indicative budget had been given to Social Work teams for the year and changes to the model of social care would enable Social Workers to work in a different way to make savings. Commissioning services differently, effective and efficient working would also contribute to savings in the Social Work team budgets.
- 12.2.2 The Executive Director of Adult Social Services discussed the importance of working to support people to remain independent in their home and community while also providing effective and consistent support to people when they were in crisis.
- 12.2.3 The 80% of cases which the report showed could have had different outcomes was queried. The Director of Norfolk Adult Operations and Integration clarified that this related to a small sample of cases and referred to faster outcomes being achieved.
- 12.2.4 Following a query over how capacity and a consistent approach would be built, it was clarified that community capacity officers were working in locality areas to identify need and support increased capacity.
- 12.2.5 Implications to day-care centres of the changes to day-care services was queried; it was clarified that it was planned that centres be more outcome focussed.
- 12.3 With 12 votes for and 0 against the Committee:
- 1) **AGREED** the priority activities for 2017/18 in section 6 of the report & the milestones in Appendix 1 of the report;
 - 2) **AGREED** the process for developing a full robust performance framework in section 7 of the report.

13. Learning Disabilities and Autistic Spectrum Disorder

- 13.1 The Committee received the report setting out the ambition and implementation plans for transforming the support for people with Learning Disabilities and Autistic Spectrum Disorder, which was one of the key priorities for Adult Social Care within the Promoting Independence Programme.

- 13.2.1 A concern was raised over paragraph 1.8 of the report, that current practice was not fully addressing need with the right pace of change, and it was queried whether the legislative requirements in paragraph 4 of the report were being met. the Director of Norfolk Adult Operations and Integration confirmed that current practice did meet the care needs of individuals however was not as ambitious or modern as it could be; individuals could be supported further to make steps to help them reach goals and be as independent as possible.
- 13.2.2 Cllr Squire noted that support for people with autism had historically focussed on what they could not do, whereas the focus was now on what people could do and helping them to be independent.
- 13.3 With 12 votes for and 0 against, the Committee:
- a) **AGREED** the overall approach set out in the paper to transform services for people with Learning Disabilities and Autistic Spectrum Disorder;
 - b) **AGREED** to strengthen transitions arrangements across Adults and Children's services as pivotal in securing good opportunities for further education, work and independence for young people as they reach adulthood;
 - c) **AGREED** a strengthened approach to commissioning that increased alternative forms of care and support that would deliver personalisation and promote independence;
 - d) **AGREED** to monitor and ensure that the new developments bring the budget in line with previously agreed savings requirements;
 - e) **AGREED** Adult Social Services' approach to co-production of a strategy for people with learning disabilities and autistic spectrum disorder referred to at point 2.2.1 in the report.

14. Market Position Statement 2017/18

- 14.1 The Committee considered the report setting out the Market Position Statement (MPS), the Council's overall approach to shaping the adult social care market in Norfolk, which set out the challenges in the market and the Council's commissioning strategies to promote its effective and efficient operation.
- 14.2 The Director for Health and Integration was reviewing integrated structures and there was a report on integration scheduled for the September 2017 meeting.
- 14.3 With 12 votes for and 0 against, the Committee **APPROVED** the draft Norfolk Adult Social Care Market Position Statement 2017/18.

The meeting finished at 11:01am

**Mr B Borrett, Chairman,
Adult Social Care Committee**



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PUBLIC QUESTIONS TO ADULT SOCIAL CARE COMMITTEE**MONDAY 10 July 2017****1a. Question from Anjum Hussain, Director, Norfolk Care Homes Limited**

Does the Chairman accept that the 'blank-cheque' approach to funding NorseCare is a failure of his department to properly manage its resources and must end? With c£3.5m overspend in 16/17 and c£3.5m projected just 2 months into 17/18, this must be immediately addressed. A two-tier system, favouring NorseCare without real accountability, is unsustainable and impacts the quality of provision across the sector.

The Chair should address his answer to those staff working in independent care homes, who the council directs to be paid significantly less than new recruits to NorseCare for equivalent work, due to unequal, unreasonable and unfair funding disparities. Workers, residents and their families suffer the consequences.

1b. Response from Chair

The Council is committed to reducing the costs of the NorseCare contract over the medium term, which are higher due to legacy costs and is working to bring the cost of care more in line with the wider market. As part of this work NorseCare implemented new terms and conditions for new employees in February 2017.

As well as reducing costs within NorseCare the Council previously undertook a cost of care exercise for residential and nursing care for older people, which resulted in an increase in the price paid for care in Norfolk within the independent care homes. For example, this supported the decision to increase the price paid for standard residential care by an additional 8.5% in 2015/16, 4.6% in 2016/17 and 5.3% in 2017/18.

The 2017/18 budget included an £18.439m investment to manage the recurrent costs to care providers from inflation, national living wage increases and the impact of the cost of care review for older people residential and nursing care.

The NorseCare contract was increased by 1.5% in 2017/18.

2a. Question from Tim Armitage, Woodspring House, Fakenham

Following last year's overspend of £3.5m, NorseCare has already been bailed out to the tune of £2m this year and is already forecast to be over-budget by £1.4m. Given that the care it does provide is also extremely expensive, in the face of £31m of cuts is it not time for the committee to grasp the nettle and look at altering the NorseCare contract so that it provides genuine value for money and a level playing field for all providers. Any reduction in residential placements should obviously start with the most expensive.

2b. Response from Chair

The Council is committed to reducing the costs of the NorseCare contract over the medium term, which are higher due to legacy costs and is working to bring the cost of care more in line with the wider market. As part of this work NorseCare implemented new terms and conditions for new employees in February 2017.

The temporary increase in budget aligned to NorseCare for 2017/18 relates to the decision taken by County Council in February and following recommendations from the Adult Social Care Committee, to provide additional funding in 2017/18 to manage the ongoing impact of the 2016/17 overspend.

This investment was allocated to those budgets where there was spending in excess of budget, which would not be resolved immediately – this was primarily within the purchase of care budgets, but also in relation to NorseCare – which we show separately for transparency purposes. Due to the fact that it had not been possible to reduce the NorseCare contract in line with budget targets, in 2016/17 the NorseCare budget was overspent by £3.257m. There is still a gap between budget and expected outturn in 2017-18, however, the implementation of the new Tier 3 terms and conditions and ongoing work to make changes within the contract will help to reduce this.

The allocation is purely a budget change to ensure the budget is more in line with the actual contract costs for NorseCare and this is not an increase in spending with NorseCare. Our budget plans only include the budget increase for one year.

3a. Substantive Question from Bharat Rhagu, Managing Director East Anglia Care Homes Ltd

The Council is under a legal duty to get value for money when it is spending taxpayers' money. How does the Council discharge this legal when it is paying significantly over the market rate for services from Norsecare and is using public money to prop up Norsecare because of its overspend?

3b. Response from Chair

The NorseCare contract was entered into in 2011 and included a TUPE transfer of staff and transfer of property assets from the County Council. The primary benefits at that time were to help managed the transformation of the care estate and help create an increase in specialist care places. 168 specialist dementia care places have been delivered and 92 housing with care flats.

The variances between the budget and contract occurred due to it taking longer to make changes to the NorseCare contract and reshape services. The Council is committed to reducing the costs of the NorseCare contract over the medium term, which are higher due to legacy costs and is working to bring the cost of care more in line with the wider market. NorseCare has continued to deliver services within the contract price.

3c. Supplementary Question from Bharat Rhagu, Managing Director East Anglia Care Homes Ltd

The Council is asked to clarify the source of the £2m which has been used to cover Norsecare overspend and the terms for this support?

3d. Response from Chair

The temporary increase in budget aligned to NorseCare for 2017/18 relates to the decision taken by the County Council in February and following recommendations from the Adult Social Care Committee, to provide additional funding in 2017/18 to manage the ongoing impact of the 2016/17 overspend. This was funded in part from the £4.197m one-off Adult Social Care Support Grant announced by the Government in the Autumn.

The allocation is purely a budget change to ensure the budget is more in line with the actual contract costs for NorseCare and this is not supporting an increase in spending with NorseCare. Our budget plans only include the budget increase for one year.