

Adult Social Care Committee

**Minutes of the Meeting Held on 9 November 2015
10:00am Edwards Room, County Hall, Norwich**

Present:

Ms S Whitaker (Chair)

Mr B Borrett

Ms J Brociek –Coulton

M Chenery of Horsbrugh

Mr D Crawford

Mr A Grey

Ms E Morgan

Mr J Perkins

Mr G Plant

Mr A Proctor

Mr W Richmond

Mr M Sands

Mr E Seward

Mr B Stone

Mrs M Stone

Mrs A Thomas

Mr B Watkins

Also present: Mr J Joyce, Mr R Bearman

Chair's Announcements: The Chair announced that item 6 would be taken as the first item. It was also announced that item 18; Working Together to support Disabled Parents and Young Carers had been withdrawn from the agenda as the report had not been made available. The Executive Director of Adult Social Services agreed to follow this up.

1. The Care Act and Safeguarding of Prisoners

- 1.1 The Committee received a presentation from Will Styles, Governor of HMP Norwich, and Jo Cook, Operational Head of Integrated Care, Northern Locality.
- 1.2 The Committee heard that there were a high proportion of inmates of had mental health issues, and there had been a lot of good work already carried out with those individuals to help support them.
- 1.3 Mr Styles was not able to confirm the budget for translation and interpreter services. Resources were used when and where they were needed.
- 1.4 The Committee **RESOLVED** to;
 - Note the presentation.

2. Apologies

- 2.1 Apologies were received and accepted from Mr T Garrod (substituted by Mr B Stone).

3. To agree the minutes from the meeting held on 12 October 2015.

- 3.1 The minutes from the meeting held on 12 October 2015 were agreed as an accurate record and signed by the Chair.

4. Members to Declare Any Interests

- 4.1 There were no interests declared.

5. To receive any items of urgent business

- 5.1 No items of urgent business were received.

6. Local Member Issues

- 6.1 No local member issues were received.

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

- 7.1 Cllr Brociek-Coulton reported that she had attended the Annual General Meeting of Age UK Norwich. JPH had achieved the national target of 92% 18 week referral to treatment for the third month running. The 62 day cancer urgent referral for treatment stood at 83.8% in September, against a target of 85 percent. In context against other Trusts it remained high performers on A and E four hour target but current challenges would impact on this.
- 7.2 Cllr Watkins had chaired the recent meeting of the Health and Wellbeing Board which was undergoing a review of the structure and the way it worked. The process was still underway with a facilitated workshop planned for December.
- 7.3 Cllr Whitaker had attended the Health and Wellbeing Board, a meeting of Age UK Norfolk and a Mental Health Trust Council of Governors meeting.

8. Executive Director's Update

- 8.1 The Executive Director reported that the budget and the reduction of the overspend remained a priority within the department and since the last meeting of the Committee, the Policy and Resources Committee had agreed on which proposed savings would go out for public consultation in the light of Re-Imagining Norfolk.

- 8.2 Providers for the home care in West Norfolk had changed and it was reported that the transition was completed and so far new arrangements were working well. Lessons had been learnt which would be used in future transfers.
- 8.3 Work was being carried out on the cost of care consultation and an update would be brought to the Committee in January.
- 8.4 Work was being undertaken on the next stage of the Better Care Fund. Conditions of the next stage of the Better Care Fund had not been released but there were significant risks associated as the Clinical Commissioning Groups (CCGs) were under financial pressure.
- 8.5 The authority had held their first transformation events with NHS leaders which was hosted by Sir John Oldham. It was a well attended event with a lot of useful discussion.
- 8.6 Details of the work around transforming care following the Winterbourne review would be brought to Committee in the future. This was a major piece of work to move people out of treatment-based accommodation if they no longer needed it.

9. Chair's Update

- 9.1 The Chair reported to the Committee that she had attended;
- Annual Social Services Conference in Bournemouth
 - joint meeting (with ASC Vice Chair) with counterparts and officers of Communities Committee
 - Pub Is The Hub event at The Chequers in Feltwell
 - quarterly liaison meeting with Norfolk Independent Care
 - Question Time event on Adult Social Care as part of Living Wage Week
 - annual NCC/NIC Social Care Conference
 - meeting with other Committee Chairs to discuss 2016/17 budget

10. Exercise of Delegated Authority

- 10.1 There was nothing to report.

11. Adult Social Services Learning Disabilities Service

- 11.1 The Committee received the annexed report (11) from the Executive Director of Adult Social Services which outlined the work engaged in by the Interim Lead for Learning Disabilities to date, and any observations and proposals going forward.
- 11.2 The Committee heard that there were plans for coproduction on how services were going to be shaped. One of the biggest challenges was communicating with those who could not communicate in the same way as others.
- 11.3 It was important that decisions were made as close to the service user as possible and therefore the advocates should be those who were the closest to them.

- 11.4 There were some customers who have a lot of resources being spent on them, and one-to-one help may have increased without truly understanding the needs of those individuals. Learning and earning rather than just leisure was key to day activity.
- 11.5 Performance of the Learning Difficulties Service was as expected for a large County, but it was a well-established integrated learning disabilities service. There was good multi-disciplinary working and the carers respite was also noted as a good valued service but there was a need to be more aware of the hidden carer.
- 11.6 Progress to implement change was slow as engagement took time but it was important to get it right from the very beginning.
- 11.7 The service in the west of the County was on par with the rest of the County as all the localities had their strengths as well as their difficulties.
- 11.8 'Shared Lives' was a useful resource used by the Council which aided those with severe disabilities to develop skills independent of their parents but remaining within a family environment. All individuals had something to offer an employer or skills to be employed, even those with more complex needs, and therefore the proposed new model would work for all service users.
- 11.9 The Committee **RESOLVED**;
- To consider and note the content of the report.

12. Adult Social Services Transformation Programme

- 12.1 The Committee received the annexed report (12) by the Executive Director of Adult Social Services which provided an update on the Adult Social Services Transformation Programme as requested by the Committee. The Programme supported the delivery of the departmental and corporate objectives, change in a wide range of services as well as budgeted savings.
- 12.2 The department were working collaboratively with acute hospitals and providers to reshape projects that were already running were part of the programme.
- 12.3 The planning beds strategy was being reviewed and a more reablement-focused model would be considered such as the Henderson Unit based at Norfolk and Norwich University Hospital.
- 12.4 Members requested that the personal budget questionnaire for service users was written in simple English as part of the review. It was important that all service users could understand it in order to respond accurately.
- 12.5 It was felt that the risk rating for the transformation project should be Red. There was considerable support and resources needed for the programme and if there was no money left, the programme could not be continued.
- 12.6 The Council were talking to providers to understand why they were not joining the Trusted Transport Scheme. It is important that a competitive service at cost-effective price for service users was being provided.

- 12.7 There were concerns about the reduction in personal budgets and if this meant that the requirements of the Care Act were still being fulfilled. It was also noted that Social Workers could feel more like resource managers than Social Workers and therefore affect their morale. There was a training programme and a toolkit being developed to help with the discussions that Social Workers hold with service users. The revised assessment form would be circulated for the Committee's information.
- 12.8 It was clear that the savings on other areas of the programme hadn't been achieved such as 25% on well-being project. It was clarified that personal budget savings depended on individual face-to-face discussions to ensure the differences in individual's needs were understood, and therefore it was a slower process than envisaged.
- 12.9 There were concerns that more funds had been used in the current month to fill the deficit than what was left for the entire future. This was urgent situation.
- 12.10 The following additional recommendation was moved by Cllr Eric Seward and duly seconded;
'The Adult Social Care Committee is of the view that sufficient funding is essential for the transformation programme in Adult Social Care in order to successfully achieve budget savings. The Policy and Resources committee is asked to ensure that sufficient resources are available to make this happen.'

The motion was **CARRIED** unanimously.

- 12.11 The Committee **RESOLVED** to;
- Note the update on the Transformation programme
 - Comment on the Transformation programme
 - Request reports on the Transformation Programme at every second meeting with the first report being submitted at the 25 January meeting.

The Committee adjourned the meeting at 12.20pm and returned at 12.50pm.

13. Performance Monitoring Report

- 13.1 The Committee received the annexed report (13) by the Executive Director of Adult Social Services which reported quarter two performance results for the department.
- 13.2 The number of acute re-admissions has improved to Amber from Red. This is a significant improvement.
- 13.3 It was noted that some of the indicators did not have targets. The reasons for this depended on the indicator and an explanation was given on those that didn't. It was felt that there should be close monitoring the sickness target against previous data especially in times of such significant change and potentially low morale. It is currently lower than at the same point last year, and information around what had been carried out to achieve this would be given at future meetings.
- 13.4 The Committee **RESOLVED** to;
- Review and comment on the performance management information,

including the Dashboard presented in Appendix A.

- Review and comment on initial benchmarking data in section 6.
- Note the new corporate performance framework outlined in section 7.
- Consider any areas of performance that require a more in-depth analysis.

14. Adult Social Care Finance Monitoring Report Period 6 (September) 2015-16

- 14.1 The Committee received the annexed report (14) from the Executive Director of Adult Social Services which provided financial monitoring information, based on information to the end of September 2015. It provided an analysis of variations from the revised budget and recovery actions taken in year to reduce overspend.
- 14.2 Members requested a simpler narrative which accompanied the finance report in order to fully understand what was being reported.
- 14.3 It was acknowledged that there were contracts with providers that could give better value for money. A new process with procurement was being established to manage these contracts better.
- 14.4 The Executive Director of Adult Social Services reassured the Committee there had been no more reserves spend than had been agreed in the initial budget. Teams were not being complacent about the budget and active management was being carried out to reduce the overspend. The Executive Director was confident that some of the actions would deliver a reduction in the projected overspend.
- 14.5 It was acknowledged that the social care needs of customers aged 18-64 were the most expensive and added the most to the budget pressures.
- 14.6 There was concern that the targets of savings to be achieved year on year was increasing due to the rollover of the previous year's non-delivery of savings. Although there was a reduction in savings to be achieved this financial year, it would be deployed against the risk of savings in future years.
- 14.7 Weekly meetings were being held with NorseCare around the model in place which would deliver the budget this financial year and going forwards.
- 14.9 The Committee **RESOLVED** to note;
- The forecast outturn position at period 6 for 2015-16 Revenue budget of an overspend of £5.612m.
 - The planned recovery actions being taken in year to reduce the overspend.
 - The planned use of reserves.
 - The forecast outturn position at period 6 for the 2015-16 Capital Programme.
 - The overspend action plan at 2.8.

15. Risk Management

- 15.1 The Committee received the annexed report (15) from the Executive Director of Adult Social Services which included the departmental risk summary together with an update on progress since the last Committee meeting on 12 October.

- 15.2 The Executive Director of Adult Social Services confirmed that staff had been assured that they would be supported. The Executive Director and the Director of Integrated Care had been meeting all team managers to reassure them of this. There had been roadshows with social workers to help them with the new strengths-based assessments which would encourage individuals to be supported in their own community. Initial responses from staff had been generally positive but it was recognised that change was always difficult.
- 15.3 Members questioned the Green risk rating for the impact of DNA which seemed ambitious considering there was no timeframe around the specific portal programme. It was clarified that the portal programme had been temporarily suspended in order to identify if it was the correct product to be used in conjunction with Promoting Independence. More detail would be given to Members at the January meeting.
- 15.4 The Committee **RESOLVED** to;
- Note progress with departmental risks since 12 October.
 - Comment on progress with departmental risks since 12 October.
 - Consider if any further action is required.

16. Re-Imagining Norfolk

- 16.1 The Committee received a presentation from the Director of Integrated Commissioning.
- 16.2 It was clarified that Promoting Independence, which would be part of the bigger Countywide Re-Imagining Norfolk, would not propose a new structure for the department but would mean that staff were working differently. Talking to District Councils, it was evident that some changes could be made quickly and would start to make an impact sooner, but some would take longer as they would require more developmental work.
- 16.3 It was important to see the wider picture in the changes and to use the best of the currently available resources.
- 16.4 The principle of promoting independence would be right for every individual but according to the level of needs, the implementation would differ. It would be about understanding who is best placed to provide what support.
- 16.5 The Committee **RESOLVED** that an update would be received at every meeting.

17. Quality Framework for Adult Social Care – progress report

- 17.1 The Committee received the annexed report (17) by the Executive Director of Adult Social Services which gave an update on the progress since the Council approved the Quality Assurance Framework for Adult Social Care in January 2015. The Framework was one of the key building blocks designed to achieve the Council's strategic aim of supporting vulnerable adults through investing in high quality care and support services.
- 17.2 It was reported that the Trusted Carer scheme would cement the Harwood Care

Charter but it was requested that it should be called the Harwood Care Charter. This request would be taken forward.

- 17.3 Providers look after 16,000 -17,000 individuals, 11,000 are customers of the Council for whom we pay or contribute to their care. The Framework would identify the providers who perform well and those who don't. The focus would be on those in the latter category.
- 17.4 A lot of work had been carried out with those homes that needed assistance and successful interventions were in place. It was recognised that there was failure in the market and the stresses were going to only get worse, but there was an excellent relationship with the market. Benchmarking with comparator Councils had demonstrated that they were having similar problems.
- 17.5 The Committee were reassured that the judicial review that was currently undergoing had no bearing on the poor performances of any care homes.
- 17.6 When a home was failing locally, there were safeguards that could be put into place and robust processes to help it not to happen again. When it had failed through the CQC, they required an action plan within a timescale which depended on the nature of the business, normally around 6 weeks.
- 17.7 This scheme was a leading approach in the County. CCGs were interested in the quality dashboard and there had been excellent new staff recruited. The work was fundamentally preventative and would put Norfolk at the forefront. The results would be delivered within budget.
- 17.8 The Committee **RESOLVED** to;
- Consider the progress made in the implementation of the Quality Framework.

18. Working Together to support Disabled Parents and Young Carers

- 18.1 This item had been withdrawn as explained in Chair's Announcements.

At the end of the meeting, the committee's gratitude to Elizabeth Morgan for her work as Vice Chair was expressed.

Meeting finished at 2.55pm.

CHAIR



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