

Adult Social Care Committee

**Minutes of the Meeting Held on Monday, 06 March 2017
at 10:00am in the Edwards Room, County Hall, Norwich**

Present:

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|---------------------------|---------------------|
| Mrs J Brociek –Coulton | Mr R Parkinson-Hare |
| Mr M Chenery of Horsbrugh | Mr J Perkins |
| Mr D Crawford | Mr M Sands |
| Mr A Dearnley | Mr E Seward |
| Mrs S Gurney | Mr M Storey |
| Mr T Garrod | Mr B Spratt |
| Mrs J Leggett | Mr B Watkins |
| Mr J Mooney | Ms S Whitaker |
| Ms E Morgan | |

1. Apologies

- 1.1 Apologies were received from Mr B Borrett, Mr W Richmond, and Mrs M Stone.
- 1.2.1 The Chairman and Vice-Chair of the Committee had sent their apologies so it was necessary to elect a Member to Chair the meeting.
- 1.2.2 Ms Whitaker was duly elected to Chair the meeting.
- 1.2.3 Ms M Whitaker in the Chair.

2. To confirm the minutes of the meeting held on 23 January 2017

- 2.1 The minutes of the meeting held on 23 January 2017 were agreed as an accurate record and signed by the Chair subject to an amendment to change “Mrs Whitaker” to “Ms Whitaker” and “Mrs Morgan” to “Ms Morgan” throughout the minutes.
- 2.2 The Committee expressed their best wishes for Chairman Mr B Borrett for a speedy recovery.

3. Declarations of Interest

- 3.1 There were no declarations of interest.

4. Urgent Business

- 4.1 There were no items of urgent business.

5. Public Question Time

- 5.1 Two public questions were received and the answers circulated; see Appendix A.
- 5.2.1 Mr Chapman asked a supplementary question: he asked whether the Council could offer reassurance that stroke survivors would be able to access services mentioned in the response to his question, which relied on using a phone or visiting a location and may be difficult for some stroke survivors to access.
- 5.2.2 The Executive Director of Adult Social Services replied that it was the intention for all stroke survivors to be able to access these services; if this was not suitable for them, provision would be made for them to be assessed by Social Services and access services in a different way.
- 5.3.1 Ms Czarnowska asked a supplementary question: she noted that the response to her question made no reference to the fact that the key policy proposed making people use their nearest centre removed all choice for individuals, that residential settings were expected to cover costs for transport and day 'activities', and once accommodation was funded there was often no budget left for additional services. She asked how service users would be able to drive changes in how services were organised.
- 5.3.2 The Executive Director of Adult Social Care responded that he didn't expect there to be a blanket policy to constrain a user to a service; he expected a case by case service, taking service users' preferences, skills and abilities and personal budgets into account, adopting a flexible approach.

6. Local Member Questions / Issues

- 6.1 No Member questions were received.

7. Chairman's Update

- 7.1 There was no update to give to the Committee.

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

- 8.1 Mr Watkins updated members about:
- His attendance at the Health and Wellbeing Board, where the Sustainability and Transformation Plan (STP) was discussed;
 - The Board were in support of the STP but queried whether joint working was embedded;
 - The oversight committee had met with Chairs of providers and Clinical Commissioning Groups (CCGs) and representatives from Norfolk County Council;
 - There were concerns over integration and development of primary care.
 - The NNUH;
 - The NNUH was now removed from financial special measures;
 - There was a £20m deficit for the current financial year, 2016-17;
 - It was hoped the Bodram Institute would open in spring 2018.

- 8.2 Mrs Brociek-Coulton had attended a meeting of the Governor's Council of James Paget University Hospital NHS Foundation Trust.
- 8.3 Ms Morgan had attended a meeting of the "Making it Real" group; they had found it beneficial to have a County Councillor on the group, and hoped another Councillor would join after May 2017.
- 8.4 The Chair had attended meetings as Partner Governor for the Mental Health Trust:
- Nominations Committee meeting where an updated job description for the non-executive member was discussed and agreed;
 - Education and Members group, where a strategy to attract more members to the trust was discussed;
 - A Workshop on mental health, alcohol and drug use; service users and carers attended, and topics such as housing and substance misuse were covered;
 - A new member would be sought for the Partner Governor for the Mental Health Trust in May; the Chair recommended this as a beneficial role.
- 8.5 Mrs Gurney and the Committee thanked Ms Whitaker for her work for Adult Social Care and the County. The Committee also thanked Ms Morgan and other Members who would not be returning to the Council in May 2017.
- 8.6 Mr Watkins confirmed the NNUH deficit related to PFI (Private Funding Initiative) funding. This was an issue faced by all NHS trusts.

9. Executive Director's Update

- 9.1 Norfolk County Council had met with Norfolk's 3 acute hospitals in February 2017 to discuss pressures for NHS hospitals, highlighting the need for integration work.
- 9.2 On 27 February a website was launched to attract more people into care, particularly home care: www.norfolkcarecareers.co.uk
- 9.3 On the 23 February the Norfolk care awards took place. An Outstanding Achievement Award was awarded posthumously to Harold Bodmer.
- 9.4 The Executive Director for Adult Social Services referred to coverage in the press over the number of home-care safeguarding issues nationally in the past three years; Norfolk had complied with the FOI (freedom of information) request. A briefing note would be sent to Committee Members to put this into context.

10. Adult Social Care Finance Monitoring Report Period 10 (January) 2016-17

- 10.1.1 The Committee received the report providing financial monitoring information based on information to the end of January 2017. The report contained analysis of variations from the budget and actions being taken to reduce the overspend.
- 10.1.2 In table 1, page 19 of the report, the Budget "revised net expenditure" should read £247.273m. The forecast outturn for "Management finance and HR" on page 21 should read £1.426m.
- 10.2.1 A section 75 agreement was in place with the CCGs; they were due to repay the Better Care Fund (BCF) corporate reserve in 2017-18, and 2018-19.

- 10.2.2 The Executive Director for Adult Social Services was asked what could be done to tackle the Adult Social Care overspend:
- He noted positive progress related to purchase of care expenditure;
 - He highlighted a need to continue to invest in prevention, reablement and technology and change the approach to social work to prevent and delay need;
 - Strong social work leadership would ensure Social Workers felt supported;
 - Reducing NHS referrals would reduce pressure on social care;
 - 60% of care was provided via by spot purchase contracts; investing in block contracts would allow expenditure to be planned and reduce cost;
 - He spoke about lobbying for further investment in Social Care.
- 10.2.3 It was noted that the £13m allocated to Independence Matters should reduce as services were reshaped.
- 10.2.4 Work was underway with NHS to recover outstanding debts from CCGs.
- 10.2.5 The Business Development Manager for Adult Social Care clarified that the Business Support underspend was due to secondment and vacancies across the service which were being addressed; the structure of Business Support was being reviewed.
- 10.2.6 A report on day opportunities, including information on Independence Matters, would be brought to a future meeting of the Adult Social Care Committee.
- 10.2.7 The Finance Business Partner for Adult Social Services clarified that approximately 15/20 people per month dropped below the threshold for self-funding. In these cases, if care met a person's assessed needs but the rate was above that paid by Norfolk
- the family could top-up the fees;
 - the person could move to a more affordable home;
 - it was most appropriate for the individual, they could remain in their current care home.
- 10.3 The Committee **NOTED**:
- a) The forecast outturn position at Period 10 for the 2016-17 Revenue Budget of an overspend of £9.629m;
 - b) The planned actions being taken by the service to reduce the overspend;
 - c) The planned use of reserves;
 - d) The forecast outturn position at Period 10 for the 2016-17 Capital Programme.

11. Performance Management report

- 11.1 The Committee received the report outlining current performance against the Committee's Vital Signs Indicators.
- 11.2.1 Pressure caused by escalation to Opal 4 drove referrals to Adult Social Care, therefore investment in reablement to increase capacity to action referrals was important.
- 11.2.2 The Norfolk First Support model was in place to prevent admissions with a focus on reablement. Use of planning beds would be reviewed under the older people's planning stream.
- 11.2.3 A query was raised over the effects of the closure of Henderson ward. Flexibility in the use of community units had been seen across the County; discussion was underway over how

these beds would be used.

- 11.2.4 Data which appeared to be “missing” from the dashboard was queried; the Delivery Manager clarified that this related to the cut-off time for data prior to a Committee meeting and differences in administration time for the indicators.
- 11.2.5 It was planned that a full set of targets would be in place for the May 2017 meeting of the Adult Social Care Committee.
- 11.2.6 Promoting community centres to take on more voluntary employees was discussed.
- 11.2.7 Communications and working relationships were in place between Social workers and Suffolk Health Service and West Suffolk Hospital for areas of Norfolk covered by Suffolk Health Service e.g. Thetford.
- 11.2.8 Some members commented that appendix 1 and the benchmarking report were not easy to view on an iPad.
- 11.2.9 The Delivery Manager reported that in 2016/17 Norfolk continued to do better in 18-64 residential care admissions compared to statistical neighbours. However, older people’s care admission figures were likely to be higher than before. The Delivery Manager **agreed** to put copies of the benchmarking report in Group Rooms.
- 11.23 With reference to section 3 of the report, for each Vital Sign that had been reported on an exceptions basis, the Committee:
 - a. **REVIEWED** the performance data, information and analysis presented in the vital sign report cards and in the Benchmarking report presented in Appendix 2 of the report;
 - b. **AGREED** that the recommended actions identified in the Vital Signs report cards were appropriate.

12. Moving Forward Integrated Health and Care

- 12.1.1 The Committee received the report providing information on the integration of health and care services by 2020, and recommendations on how to progress based on existing integrated commissioning and provider arrangements.
- 12.1.2 It was noted recommendation e) should read “...principles proposed at section 1.6...”
- 12.2 The Director for Health and Integration had no concern over any specific area regarding integration; she felt that reflection, rather than hasty decisions, on work with hospitals was needed due to the pressures.
- 12.3 The Committee **ASKED** officers to progress the development of integrated health and care in Norfolk by working with partners to:
 - a) Review and revise integrated arrangements to ensure they meet Care Act and Sustainability and Transformation Plan requirements;
 - b) Review the social models of care and support that are required for good quality sustainable services;
 - c) Review our arrangements for both hospital and community-based Learning Disability social work;
 - d) Agree a Member workshop on integration;
 - e) Agree the principles proposed at section 1.6 of this report;

13. Transport Update

- 13.1 The Committee received the report outlining work being carried out to deliver savings from Adult Social Services transport.
- 13.2.1 Clarity was requested over the wording in paragraph 1.1: “a **legal** duty to provide...”, and paragraph 1.2: “there is **no statutory duty** to provide...” The Assistant Director of Social Work clarified the Council’s duty under the Care Act 2014 to promote independence through personal abilities, friends and family, the local community, public transport etc. before stepping in. “No statutory duty” related to where a person had no eligible Social Care need, in which case there was no separate statutory duty to provide transport. This would be amended to read “no separate statutory duty”.
- 13.2.2 Safeguarding courses for taxi drivers offered by Broadland and Breckland District Councils and Norwich City Council were noted; the Assistant Director of Social Work **agreed** to consider including this in the transport policy.
- 13.2.3 The Executive Director for Adult Social Services **agreed** to find out more information about disabled bus passes not being eligible for use before 9.30 am.
- 13.2.4 It was clarified that an ‘appropriate day service’ would be defined in conversation with service users, their carer and social worker.
- 13.2.5 The Executive Director for Adult Social Services **agreed** to find out about progress towards refurbishment of the Thetford Day Services Centre.
- 13.3 Mr B Spratt left the meeting at 12:08 PM.
- 13.4.1 The wording at paragraph 3.12 was queried over the use of “normally” and “appropriate”. The Executive Director for Adult Social Services **agreed** that this would be amended”.
- 13.4.2 The Finance Business Partner for Adult Social Services clarified that the recognised savings related to Transport went back to 2014; an investment of £3m had been agreed so that savings could be delayed until 2018/19 and 2019/20.
- 13.5 Mr R Parkinson-Hare left the meeting at 12:28 PM
- 13.6.1 Mrs Gurney **proposed**, seconded by Mr Mooney, that a less in-depth report be brought to Committee every meeting, with an extensive report every six months.
- 13.6.2 After discussion, Mrs Gurney withdrew her motion. It was **agreed** that it would be decided by the next Committee how to proceed with this item.
- 13.7 Ms Morgan raised concerns over the impact of the Care Act 2014 and budget cuts on individuals.
- 13.8 With 9 votes in favour, 2 votes against and 4 abstentions, the Committee **AGREED** the approach to Transport and the revised Transport Policy and Guidance attached to the report. The Guidance would help social care staff work with service users to promote their independence and reduce the funding required for transport.

14. Update on progress with recommendations of the SCIE review

- 14.3.1 Recommendations from a review on workload and a staff survey would be taken to senior management to inform staffing levels and capacity. Work with stakeholders and service users was underway to look at ways of working together.
- 14.3.2 The Executive Director for Adult Social Services would seek input from Mrs Brociek-Coulton on the Carers Agenda.
- 14.4 The Committee **NOTED** the progress in implementing the recommendations of the SCIE review.

The meeting finished at 12:55 PM

CHAIR



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PUBLIC QUESTIONS TO ADULT SOCIAL CARE COMMITTEE**MONDAY 6 MARCH 2017****1a. Question Neil Chapman, Area Manager – East of England, the Stroke Association**

What do Norfolk County Council propose to do to support Stroke survivors and carers in Gt Yarmouth now that Gt Yarmouth and Waveney CCG have decided to decommission the Stroke Association's Information Advice and support service which has been supporting up to 350 stroke survivors and carers a year? Part of their reasoning is that the service is providing many social care outcomes which are not the responsibility of the CCG to provide.

1b. Response from Chair

The Stroke Information and support service provided advice and support to patients and their families in the Great Yarmouth and Waveney area and is being decommissioned by Great Yarmouth and Waveney CCG from 1 April 2017.

NCC are working closely with the CCG to understand the implications of the decision and will continue to work with the stroke team at the James Paget Hospital to see what steps can be taken to further improve the support which patients receive after discharge. As part of this the CCG will be contacting the Stroke Association to carry out a short piece of engagement work with patients around what information and support would be required going forward.

NCC fund a number of support and advice networks which are able to provide information on benefits, financial support and access to care. These include the Equal Lives information and advice service for people with disabilities, Age UK information and advice for older people and Citizens Advice. We will continue to work with the Borough Council and the CCG to support people to get the information they need.

If people require advice about their health they should contact their GP or ring NHS111 which is a free to call telephone number for people wanting to access urgent healthcare but not needing to call 999.

2a. Question Roz Czarnowska – NANSA

How does NCC plan to ensure that the policy of expecting residential settings (residential care, supported living schemes) to provide the full range of support needs including transport and day services will:

A) not leave vulnerable adults effectively institutionalised within a single setting (as at Winterbourne View).

B) support the LA's strategy of Promoting Independence, given the limited options residential settings can offer for daytime support

C) not lead to closures of day service provisions (due to service users only being able to access the nearest provision, regardless of choice) and the potential collapse of a market which will affect a large number of adults with physical and learning disabilities?

2b. Response from Chair

The Care Act 2014 requires us to make sure that we meet eligible need using national criteria, and to ensure that support plans are consistent with meeting those needs. We will continue to do that and promote independence in a way that tries to prevent, reduce or delay levels of need. Our social workers work with a method called 'Signs of Wellbeing' which seeks to ensure that service users and carers capabilities, expectations and assets are taken into account in how needs are met, and how care is organised. The Care Act Guidance expects councils to meet a person's outcomes in the most effective and cost effective way. We would expect that service users and carers will therefore drive the changes of how services are organised, and that social workers will review outcomes including reviewing cases and ensuring the safeguarding of people. We would therefore expect people to make a choice within the constraint of their personal budget about which services they want to use, but which gives them a meaningful daytime opportunity. We do not expect to have a 'blanket policy' which limits service users to one provider. This could be in the same setting as a person's residential care or a separate setting.