



Norfolk County Council

Adult Social Care Committee

Minutes of the Meeting Held on Monday, 03 September 2018
at 10:00am in the Edwards Room, County Hall, Norwich

Present:

Mr B Borrett (Chairman)	
Mr E Connolly	Mr G Peck
Mr D Harrison	Mr M Sands
Mrs S Gurney (Vice-Chair)	Mr T Smith
Mrs B Jones	Mr H Thirtle
Mr C Jones	Mr B Watkins

1. Apologies

1.1 Apologies were received from Mrs K Clipsham (Mr C Jones substituting) and Mr M Sands would arrive late to the meeting. Mr J Mooney and Mrs S Young were absent.

2. To confirm the minutes of the meeting held on 02 July 2018

2.1 The minutes were agreed as an accurate record and signed by the Chairman.

3. Declarations of Interest

3.1 Mr T Smith declared a Non- Pecuniary interest as he had 2 grandparents receiving social care from Norfolk County Council.

4. Urgent Business

4.1 There were no items of urgent business discussed.

5. Public Question Time

5.1 No public questions were received.

6. Local Member Questions / Issues

6.1 No local member questions were received.

7. Executive Director's Update

7.1 The Executive Director updated the Committee on:

- work with the Sustainability and Transformation Partnership (STP) for primary & community care; a workshop was organised for October 2018 to develop integrated working proposals between social care & GPs, and extend the work of GPs with people at risk of admission to hospital or worsening health
- the appointment of a Director for Winter on behalf of health and social care, Mark

Burgess, who would organise winter arrangements and plan for winter service provision; a briefing would be given to the Committee at a later date

- publication of the Local Government Association (LGA) paper 'Lives We Want to Lead' and the County Council Network (CCN) paper on Sustainable Social Care looking at future funding of Social Care; the Government green paper was due to be published at the same time as the 10-year NHS plan
- extra care housing being developed for older people and people with disabilities; Norfolk County Council (NCC) was working with District Councils and voluntary groups to produce a statement of need for extra care houses for older people and disabled people. A paper was due for next committee followed by a launch in November 2018
- publication of the intention to extend the blue badge scheme to people with hidden disabilities and at risk of harm due to them

7.2 Mr M Sands arrived at 10:06

7.3 The Vice-Chair shared experience of applying for funding from her district, where funding was applied for and received too late in the year to support winter services. She reminded Officers of the need to apply in good time. The Executive Director of Adult Social Care reported that Adult Social Care would contribute existing resources agreed as part of the Improved Better Care Fund; he agreed to feed these comments into commissioning discussions about winter services funding.

8. Chairman's Update

8.1 The Chairman:

- Discussed the Housing strategy which he felt was an exciting part of future strategy; a paper would be brought to a future meeting with more detail
- Discussed the delay in publication of the Government's green paper; he urged committee members to read the LGA green paper and CCN green paper

8.2 Progress with the sustainability transformation plan (STP) was queried; the meeting arranged for August had been rearranged and would be held later in the week, and so the Chairman could not provide an update to the Committee.

9. Update from Members of the Committee about internal and external bodies that they sit on

9.1 The Vice-Chair had attended a meeting of the Board of Governors of the Norfolk and Norwich University Hospital Trust; a robust plan was in place to address issues raised at inspection.

9.2 Mrs B Jones provided a written and verbal update to the Committee; see appendix A. She had also been involved in Making It Real group discussions.

10. Adult Social Care Finance Monitoring Report Period 4 (July) 2018-19

- 10.1.1 The Committee received the financial monitoring report based on information to the end of July 2018, including variations from the budget, progress against planned savings and a summary of use of the Improved Better Care Fund.
- 10.1.2 Finance Officers were reporting a stable position with continuation of a £1.99m overspend. There had been a small increase in the purchase of care overspend which

had an impact on overall expenditure but was offset by income.

- 10.2.1 Management of provision of debt was queried; the Finance Business Partner, Adult Social Services, replied that debt recovery from service users was well managed with on average 84% recovered within 30 days. This was good performance against the national benchmark. Most debt risks were associated with large organisations. Overall debt provision had reduced by £0.5m following a review.
 - 10.2.2 A Member queried how expenditure would be brought under control. The Executive Director of Adult Social Services reported that local team managers were required to sign off approved spend and review spend above budget each month. Operational teams had been asked to prepare recovery action plans to manage the position in-year. Quarterly, the Executive Director of Adult Social Services met with all teams to review finance and performance. Some expenditure was beyond the control of teams, for example impacted by NHS procedure.
 - 10.2.3 Contradictory statements about admissions for 18-64-year olds were queried; at paragraph 2.62 admissions were said to be reducing but later in the report the trend was said to be increasing. The Finance Business Partner, Adult Social Services, clarified admissions were reducing, however, those being admitted were staying longer. The smaller number of people admitted each month staying in care longer added up to more people in care over the long term.
 - 10.2.4 The 8% allocated to mental health and 9% allocated to physical disability at paragraph 2.6.1 was challenged, when half of the overspend related to mental health and 24% to physical disabilities. The Finance Business Partner, Adult Social Services, replied that forecasts had to be set & judgements made about which savings targets were achievable in each area; she was aware of the increased referral rate in mental health.
 - 10.2.5 Concern was raised about the proposed £27m cuts to Adult Social Care, delayed publication of the Government green paper and uncertainty of future funding; the Executive Director of Adult Social Care noted the complicated situation but that the broad pattern of spend was relatively stable at 0.8% overspend. No reserves had been deployed in an unplanned way against risks. He wanted to set a culture in the service of carrying out the savings programme rather than bring down overspend using reserves.
 - 10.2.6 A Member felt services users were being disproportionately charged for care, noting that the cost to Council had increased by 3% and cost to service users by 8%. The Finance Business Partner, Adult Social Services, assured Members that the department complied with Government legislation on charging, which limited how much the authority could charge to ensure that people were not pushed into poverty. The amount received in total by the department reflected the financial circumstances of service users.
 - 10.2.7 It was taking longer than anticipated to transform learning disabilities services and to work with Independence Matters to change their model.
 - 10.2.8 The cost of transition for young people from Children's Services to Adult Social Care was queried; the Executive Director of Adult Social Care reported there was a workstream, as part of Promoting Independence, for young people's transitions in Adult Social Care & Children's Services; there was a proposal for a joint service between the two services to improve transitions which he did not think would be a large budget risk.
- 10.3 With 6 votes in favour and 5 abstentions, the Committee **RESOLVED** to **AGREE**:
- a) The forecast outturn position at Period 4 for the 2018-19 Revenue Budget of a

- £1.990m overspend
- b) The planned use of reserves of a net £0.271m above the level agreed when setting the budget

11. Strategic and Financial Planning 2019-20 to 2021-22

- 11.1.1 The Committee considered the report on the Council's overall budget planning position, the forecast budget gap for 2019-20 to 2021-22, and details of the strategic & financial planning framework for Service Committees agreed by Policy & Resources.
- 11.1.2 The Finance Business Partner, Adult Social Services, reported on market and system pressures and potential financial pressures in the health system; Officers had not included potential cost pressures but it was likely they would remain and should be managed in addition to other risks and pressures outlined in the paper.
- 11.2.1 Mr B Watkins discussed the Chairman's motion at a County Council meeting that Councillors should work together, and **suggested** a task and finish group was set up following publication of the Government green paper.
- 11.2.2 Mr B Watkins discussed concerns about the pace of savings and asked the Director to report to Committee the effects that cuts and savings would have on vulnerable service users. The Chairman noted that the report covered expected outcomes of changes to services; Mr Watkins **proposed** that this continued to be reported, seconded by the Chairman. The proposal was **agreed**.
- 11.2.3 Risk caused by the growing number of people over 85 and the impact on Adult Social Services was raised. The Executive Director of Adult Social Care reported that Officers considered population and age profile when profiling need & demand, including the needs of over 85s and certain conditions, i.e. dementia. The needs of over 85s had informed proposals and calculation of the funding gap between 2018 & 2022.
- 11.2.4 A Member asked what evidence could be shown in reports that lessons had been learned and proposals were deliverable; the Executive Director of Adult Social Care reported that £22m of proposed savings were forecast to be achieved as set out in the budget. The Chairman noted that some savings had already been met, and discussed the impact of the demand led service on expenditure and variance from budget.
- 11.2.5 The Finance Business Partner, Adult Social Services, reported that areas of opportunity or risk to extend savings had been tested, and cost proposals had been benchmarked. External advice had been sought to ensure proposed savings were realistic, which could be delivered and ensure invest to save opportunities had been put in place.
- 11.2.6 A Member **suggested** that Norfolk Futures be reviewed to include an aspiration for young people with disabilities to have adequate access to social housing; the Executive Director of Adult Social Care noted the corporate desire for housing. He added that every care decision about an individual involved housing.
- 11.2.7 Mrs B Jones **requested** a training session on the medium term financial strategy. The Chairman **suggested** this was arranged as a Labour group session.
- 11.2.8 In response to the suggestion of a task and finish group to look at the Government Green Paper, the Chairman replied that he hoped the Committee could come to a joint decision and response to feed to Government and welcomed Council Members to share comments on the green paper with the Committee. The Chairman **deferred** his decision about setting up a task and finish group until after publication of the green paper.

- 11.3.1 Mr B Watkins **PROPOSED**, seconded by Mrs B Jones, to take the resolutions separately. With 5 votes for and 6 against, the proposal was lost.
- 11.3.2 When the proposals were taken together, with 6 votes for and 5 against, the Committee **RESOLVED** to:
- 1) **NOTE** the Council's budget assumptions and the budget planning principles for 2019- 20 which had been approved by Policy and Resources Committee (paragraph 3.3 and 3.4 of the report)
 - 2) **NOTE** the forecast budget gap of £94.696m (table 3 of the report), which reflects the changes from the 2018-22 Medium Term Financial Strategy, and the resulting indicative savings targets for the Committee over the period 2019-20 to 2020-21 (table 4 of the report)
 - 3) **AGREE** that there were no further areas of risk in relation to 2019-22 budget planning for the Committee's budgets, including any extra/more pressures of existing planned savings as set out in section 5 of the report.
 - 4) **AGREE** the proposed approach and key themes to focus on in developing savings proposals for 2019-20 to 2021-22, including how the principles of the Council's Strategy, Norfolk Futures, would inform and shape budget planning activity set out in section 5 of the report, having regard to the existing savings for 2019-20 and beyond which were agreed as part of the 2018-19 budget round (table 1 of the report)
 - 5) **AGREE** to **COMMISSION** officers to develop detailed savings proposals to be presented to the Committee for consideration at the October meeting to help close the forecast 2019-20 to 2021-22 budget gap
 - 6) **NOTE** the budget planning timetable (section 6 of the report)

12. Transport

- 12.1.1 The Committee received the report providing an update on the work being carried out to deliver savings from Adult Social Services transport, following on from reports presented to the Committee in 4 July 2016, 5 September 2016, November 2016, 23 January 2017, 6 March 2017, 4 September 2017 and January 2018.
- 12.1.1 Mrs B Jones was concerned that some people would be caused anxiety by the changes and availability and reliability of public transport would cause difficulty for people using TITAN Training in rural areas. She **PROPOSED**, seconded by Mr C Jones, that recommendation a) was amended to include the sentence: "*include a robust assessment of the availability and reliability of public transport*".
- 12.2.2 The Vice-Chair asked for information on how information was gathered and recorded about Motability uptake & eligibility. The Assistant Director of Early Help and Prevention (Adult Social Services) confirmed that people were asked at assessment; questions were included on LiquidLogic to take workers through consideration of service users' needs; she was unsure if there was a specific question about Motability.
- 12.2.3 Positive feedback was given on TITAN Training from a Committee Member that it provided people with good coping skills including what to do if things went wrong.
- 12.2.4 Mr B Watkins discussed his concerns about the impact of proposals on vulnerable people. He felt that use of public transport should be encouraged but not enforced through cuts and was concerned about limited public transport in rural areas and bus subsidy cuts. He queried what would happen when people lost confidence in using services or had a change of circumstance. Mr Watkins **PROPOSED**, seconded by Mr D Harrison, to: amend recommendation b), by changing the word "expected" to

“encouraged” and to remove recommendation c).

- 12.2.5 Cuts to bus services in rural areas were discussed; some Members felt people would be “expected” to use TITAN Training which would be detrimental to services and users.
- 12.2.6 Other Members were in support of the recommendations, and assumed assessments with service users would take availability of public transport services into account before suggesting TITAN Training to an individual.
- 12.2.7 Detail of the assessment, appeal and review process was requested. The TITAN Manager updated Committee that service users could be referred to TITAN Training by a carer, social worker or TITAN worker. Home visits were carried out with the service user and family to look at availability of transport routes and the individual’s needs to identify whether to offer training, which would be as bespoke as possible & one to one for as long as needed. It included supported travel on public transport with a TITAN trainer until the user was confident. The Assessment involved discussing with the user whether TITAN was suitable for them. If people were unhappy with their assessment there were the usual processes for raising this, including the Complaints process. People could train again if they wished or if their circumstances changed.
- 12.2.8 The Vice-Chair had spoken with someone who did TITAN Training; they felt it was not for them and were not forced to carry on any further. She had spoken with other people who gained confidence to access things they had not had before such as the theatre.
- 12.2.9 The TITAN Manager confirmed for Members that if there was a change in circumstances, service users, carers or social workers could use the online referral system, created by speech and language and disability services. Support continued after the training, with Safe Havens for people to visit, so support could be accessed quickly. Anonymous feedback in Children’s Services gave a 9.9 out of 10 response rate and workers aimed to work with service users to find a better way of meeting their needs.

12.2.10 Mr Smith was upset with some of Mr Watkins comments made earlier in the meeting.

- 12.3.1 A vote was taken on the proposals raised in the meeting:
 - Mrs B Jones **PROPOSED**, seconded by Mr C Jones, that recommendation a) was amended to include the sentence: *“include a robust assessment of the availability & reliability of public transport”*. With 5 votes for and 6 against the proposal was **lost**.
 - Mr Watkins **PROPOSED**, seconded by Mr D Harrison to amend recommendation b) by changing the word “expected” to “encouraged”, and to remove recommendation c). In votes taken for each amendment, with 5 votes for and 6 against, both proposals were **lost**.
- 12.3.2 a) With 6 votes for and 5 against, the Committee **RESOLVED** to **AGREE** that all transport requirements for adult service users were referred to the TITAN travel training team and part of the assessment of transport needs includes the potential for the person to travel on public services or contract buses following travel independence training
- b) With 6 votes for and 5 against, the Committee **RESOLVED** to **AGREE** that all service users were expected to undertake travel independence training to enable them to progress to using public transport unless they were assessed, by the County Council, as being unlikely to benefit from such training
- c) With 6 votes for and 5 against, The Committee **RESOLVED** to **AGREE** that any person assessed as being suitable for travel training was expected to willingly participate. The County Council would retain the right to withdraw specialist

transport if people or their families choose not to take part in the travel training programme or assessment

13. Performance Management

- 13.1.1 The Committee discussed the report showing the latest available performance position for Adult Social Services using data from the new LiquidLogic system.
- 13.2.1 The Executive Director of Adult Social Care confirmed that social prescribing, delivered in collaboration with Health Colleagues, would be rolled out across District Councils. Funding was received as a one off over 2 years and success would be evaluated with help from academics to decide whether to continue after this time.
- 13.2.2 It had been identified that the stretch target of 15% requiring formal services was difficult to achieve; a Member asked what measures would help to achieve this. The Executive Director of Adult Social Care felt it was important for people to have conversations about alternatives to formal care; a directory was in place and the Living Well Model was being rolled out. Formal care services should be provided where needed and other services where appropriate.
- 13.2.3 A Member asked why it had been difficult to meet Delayed Transfers of Care targets. The Executive Director of Adult Social Care updated members on the Multi Agency Discharge Event with Health Colleagues involved in discharges. The process of working in hospitals had been identified as too linear and the event had identified ways to change processes. A culture had been identified in hospitals that older people should go into care when they could be supported to live at home; the Home First approach would be put in place at reablement centres. The Chairman hoped a change in behaviour would be seen in the NHS on discharges following the event.
- 13.2.4 The work of Social Workers in the Norfolk and Norwich University Hospital was praised.
- 13.2.5 Mrs B Jones raised concerns about the SCCE team who had a high number of staff on long term sick and 200 customers on the waiting list and increasing; there was lack of capacity for social work teams to support. The Director of Community Social Work reported that the waiting list was now at 135 and reducing; there were 7 staff on long term sick and short-term workers would join at the end of September 2018. Mrs B Jones requested SCCE was added to future performance management reports and the Assistant Director of Strategy & Transformation **agreed** to add this.
- 13.2.6 Figures showing that over half of people in temporary care remained permanently were queried. The Assistant Director of Strategy & Transformation **agreed** to provide more detail. The Executive Director of Adult Social Care discussed the importance of reablement in supporting people to stay independent rather than temporary care which could lead to permanent admissions.
- 13.2.7 It was queried what could be learned from the Local Authority leading on Delayed Transfers of Care. The Executive Director of Adult Social Care replied that the leading Authority was Bedford; Norfolk's Adult Social Care department had compared notes with them to see what was going well in their area. The Director had noted that a shift was needed towards prevention to address the problems, and a change in the model.
- 13.2.8 The Executive Director of Adult Social Care confirmed there was an issue around continuing care and its impact on the social care budget as it was applied more stringently; the main issue was cultural as consultants were not used to thinking of the risks in the community environment. Having more community services working with

hospitals would support the model to change.

13.2.9 Variances seen in Delayed Transfers of care were queried; The Assistant Director of Strategy & Transformation clarified there were times where pressures at the front door or in staffing increased delayed transfers of care, causing variations across the year.

13.2.10 Mr T Smith congratulated Officers and staff for the past few months where Delayed Transfers of Care were almost on target.

13.2.11 Mr D Harrison was not present for the vote.

13.2.12 With 10 votes in favour the Committee:

- a) **DISCUSSED** and **AGREED** the overall performance position for Adult Social Care as described in section 2 of the report

14. Assistive Technology

14.1.1 The Committee reviewed the report giving an overview of the work to develop a strategy and approach for assistive technology in Adult Social Services.

14.2.1 It was confirmed that this may involve one off pieces equipment being issued to people.

14.2.2 The Assistive Technology Team ran training for staff, and aimed to increase its uptake. Some teams referred more than others; this would be addressed and the website improved. It was planned to expand the programme to other hospitals in the region.

14.2.3 The Chairman endorsed the programme, highlighting its ability to support peoples' independence.

14.2.4 The Assistant Director of Early Help and Prevention (Adult Social Services) confirmed that the issues of extracting statistical data from Liquid Logic were being worked on.

14.3 The Committee unanimously:

- a) **NOTED** progress to date on the reviewed and work in progress
- b) **AGREED** to receive further updates on the development and implementation of the new strategy and model

The meeting finished at 12.07

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



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Update from Brenda Jones, Member Champion for Physical Disability and Sensory Impairment

Since the last meeting of the Adult Social Care Committee I have:

- Attended a social event and trustee meeting of the Norfolk and Norwich Association for the Blind
- Acted as volunteer welfare coordinator at Norwich Pride, attended a related training event and Norwich Pride event