



Adult Social Care Committee

Minutes of the Meeting Held on Monday, 05 November 2018
at 10:00am in the Edwards Room, County Hall, Norwich

Present:

Mr B Borrett (Chairman)

Mrs P Carpenter

Miss K Clipsham

Mr E Connolly

Mr D Harrison

Mrs S Gurney (Vice-Chair)

Mrs B Jones

Mr G Peck

Mr M Sands

Mr J Fisher

Mr H Thirtle

Mr B Watkins

1. Apologies

1.1 Apologies were received from Mr T Smith (Mr J fisher substituting), and Mrs S Young

2. To confirm the minutes of the meeting held on 08 October 2018

2.1 The minutes were **agreed** as an accurate record and signed by the Chairman subject to an amendment to add Councillor E Connolly to the attendance.

3. Declarations of Interest

3.1 There were no declarations of interest.

4. Urgent Business

4.1 No urgent business was discussed.

5. Public Question Time

5.1 No public questions were received.

6. Local Member Questions / Issues

6.1 A Member question was received from Mrs B Jones and the answer circulated; see appendix A.

6.2 The Chairman gave an update on the Director of Public Health's report presented at Policy and Resources Committee

- Most people in Norfolk died over 80 from frailty or old age rather than a specific acute illness
- The Chairman had asked the Chairman of Policy and Resources Committee for a piece of work to be carried out on palliative care which had been agreed in principle by the Director of Public Health
- This would be led by the Director of Public Health, directed through the Health and Wellbeing Board and NHS

6.3 Mrs B Jones was concerned about strain on provision impacting on social care

services; she had been told there were 62-82 too few end-of-life care beds in Norfolk, no provision in Great Yarmouth & Waveney and the hospice-at-home service here had closed. Mrs Jones felt evidence suggested people were not having as good a death or choice around their death as they could or should in Norfolk.

- 6.4 The work on palliative care was welcomed and noted that it was important for people concerned about this to be able input into the work via the Health and Wellbeing Board or a task and finish group. It was noted that there were few options in Great Yarmouth for end of life care.

7. Executive Director's Update

- 7.1 The Executive Director of Adult Social Services reported that:
- The recruitment picture had improved with social work vacancies at 27 this month compared with 43 previously reported. A new cohort from the Norfolk Institute for Practice Excellence (NIPE), had contributed to this
 - Staff from social care teams had been named as finalists in a national awards scheme
 - Waiting lists at the Social Care Centre of Excellence (SCCE) had reduced to 0; there was a marked reduction in sickness leave among staff which had been affecting the waiting list; the holding list was now down to 1100
 - £4.1m of Government one-off funding for winter had been announced; a further £10m funding for 2019-20 was to be shared between Adults and Children's Social Care; statutory guidance on use of the £10m funding had not yet been received
 - The Executive Director updated about national pressures in the care market, and highlighted the risks of instability of key providers in the market
 - A workshop held with primary care had begun to develop a vision for the next stage in primary care and social care integration
 - Living Well – Homes for Norfolk programme scheme was due to be launched, backed by up to £29m capital funding to expand housing following agreement by Policy and Resources Committee
- 7.2 In response to questions from Members, the Executive Director clarified that
- Results from the peer review for services for older people, held in September 2018, would be reported at the Committee meeting in January 2019
 - There would be opportunity for Repton Property Developments to have a role to play when moving forward with developing care housing
 - The Norse Care Contract would be reviewed in line with the decision taken by Committee in July.
 - The Government Green Paper would be linked to the NHS long term plan and therefore may be published around the same time, in December 2018
 - There was a structured process in place for newly qualified Social Work practitioners to become fully trained and certified to practice

8. Chairman's Update

- 8.1 The Chairman updated Members on discussions held at the Health and Wellbeing Board meeting on 31 October 2018
- The Health and Wellbeing Board Strategy had been well-received and sign-up by all partners was almost completed.
 - The STP (Sustainability and Transformation Partnership) had discussed the ambition of the integrated care strategy and a Joint Strategic Clinical Commissioning Committee had been established

- Policy & Resources Committee had supported the Living Well proposal at its meeting
- 8.2 The link between the Health and Wellbeing Board and ex-forces veterans' gateway was queried; the Chairman noted that the Military Covenant supported by Norfolk County Council was a good source of signposting.
- 8.3 The Chairman confirmed the STP was proceeding well; there was a prevention workstream headed by the Director of Public Health, a primary care workstream headed by the Executive Director of Adult Social Services, and an acute workstream with the hospitals; all STP reports were taken to the Health and Wellbeing Board and were available on the Health and Wellbeing Board website. Members of the public or Councillors could submit a question to the Health and Wellbeing Board.
- 9. Update from Members of the Committee about any internal and external bodies that they sit on**
- 9.1 Mrs B Jones had attended
- a trustee away-day and board meetings of the Norfolk & Norwich Association for the Blind
 - a visit to the SCCE team and customer service team; she thanked the professionalism and work of these teams who needed to deal with sometimes distressed people in a sensitive way. The Committee concurred with her comments.
- 9.2 Mrs P Carpenter had attended
- The Great Yarmouth young people's network
 - A Primary Care Great Yarmouth and Waveney Committee meeting
- 9.3 Mr G Peck, as representative on the Norfolk Safeguarding Adults Board reported that
- Members were invited to attend a relaunch of the Herbert Protocol on Tuesday 13 November at the Willows Centre, 2:30-4pm
 - this was a scheme to encourage organisations to gather information which would help in the event of a vulnerable person going missing.
 - A Norfolk Scams Partnership meeting was due to be held on Thursday 15 November in Edwards Room, 9.30am-1pm to raise awareness of scams; Committee Members were asked to attend if possible.
- 9.4 Mr H Thirtle wished to step down from his role of the Governor of Ipswich University Hospital as the future meeting dates clashed with other meetings. The Chairman **nominated** Mrs P Carpenter, seconded by Cllr Gurney; Mrs Carpenter was duly appointed to the role of Governor of Ipswich Hospital. **After the meeting it was clarified that this appointment was made by Policy and Resources Committee and would be confirmed at their next meeting on 26 November 2018. See the minutes of this meeting for the appointment to this body**
- 9.5 The Vice-Chair gave an update from the Board of Governors meeting at the Norfolk and Norwich University Hospital
- Discussion had been held on their winter plan:
 - Capacity of beds would be increased by 57, some of which would be virtual
 - The hospital would reopen the discharge facility to support over winter, and increase the capacity of ambulance drop off at Accident and Emergency
 - A 24hr helpline would be introduced to support the virtual ward
 - The older persons emergency department would open 7 days a week until 8pm to support over winter
 - The backlog of outstanding consultant letters had been raised; mitigations were

being put in place, such as voice recognition software

10. Norfolk Safeguarding Adults Board Annual Report 2017-18

- 10.1 The Committee received the annual report of the Norfolk Safeguarding Adults Board, summarising its work during 2017-18. The recent transfer of case recording systems meant data collection needed to be redesigned to allow comparative data to be drawn.
- 10.2 During discussion & in response to Member questions the following points were noted
- A definition was given for “Section 42”; terminology would be explained in future reports
 - It was important to work with people to find out what was important for them and how they could be supported
 - If Councillors or the public had concerns about an older person or adult they could call the safeguarding referral number; the Safeguarding Adults Board Manager/Business Lead would circulate details to Members
 - Work was being carried out with groups whose voices were less heard, such as street workers or homeless people and those who worked with them, and harder to reach groups such as the deaf community
 - Safeguarding practice issues identified at Norfolk and Suffolk Foundation Trust and the Queen Elizabeth Hospital were being addressed
 - If referrals did not meet criteria set out in the Care Act 2014 they would be referred to a service who could provide support
 - Door knocking was recognised as a good way to identify safeguarding issues, contact hard to reach groups and raise awareness about safeguarding; staff capacity could limit the department’s ability to do this
 - Safeguarding Friends was a targeted service to recruit people with a history in safeguarding
 - Early stage dementia and its impact on residents was recognised and that it was not always possible to intervene at the early stages
 - Benchmarking of referrals could be difficult as each member of the 11-authority group counted slightly different data
 - The Council had been approached by Prof. Keith Brown of Bournemouth University to develop work on the financial impact of financial scamming
- 10.3 The Committee unanimously:
- a) **AGREED** the content of the report
 - b) **AGREED** to proactively share this report with partner organisations with whom they had contact and actively encourage their involvement with NSAB’s work

11. Point of Order

- 11.1 The Committee agreed to take item 12, Winter Resilience Planning, next and then return to the running order of the agenda

12. Winter Resilience Planning

- 12.1 The Committee considered the report setting out the department’s arrangements for the winter period 2018-19. The Winter Room Director for Norfolk and Waveney NHS system Mark Burgess discussed Home First, promoting independence and the “help us to help you stay well” approach being planned for the winter period.
- 12.2 During discussion & in response to Member questions the following points were noted

- The peer review and Multi Agency Discharge Event had identified the importance of a home first approach which aimed to help people to return home. The Winter Services Director supported and recognised the importance of bringing about a “home first” culture.
- Reablement and home based reablement was a key part of the service plan.
- Seven-day services was a key strand of work; active recruitment was underway with acute trusts
- Workforce could be a challenge during the winter and staff wellbeing was therefore important. Staff capacity would be supported by working with care providers to maximise the number of carers working with them, provide enhancements and increase capacity of existing initiatives
- A national campaign by Government to encourage care as a career was expected
- The Executive Director of Adult Social Services would send information to Members on retention and vacancy rates of staff working in the Norfolk care sector from outside the UK; it was difficult to be certain of any impact Brexit would have on the market
- There was some concern that the plan did not have enough priority on Dementia; it would be helpful to have an update from the Member Dementia Champion
- A meeting was due to be held with CCGs on dementia, where debate could be held on the Admiral Nurse model and other early support and identification models
- Ambulance wait times at hospitals were a top priority of the winter plan and there would be a further 8 ambulance drop off bays
- Process improvements would be put in place to improve flow through the hospitals
- There was a 24hr on-call system within Norfolk Community Health and Care, with 3 people on call at all times. Adult Social Care also had an on-call director
- Changes were being made to the way the homecare list was managed to make sure capacity was not lost through its management

12.3 The Committee unanimously

- a) **AGREED** the Adult Social Services Winter Plan (at Appendix A of the report)
- b) **AGREED** the priorities for allocating additional one-off monies as set out in section 4 of the report and **DELEGATED** final sign-off to the Executive Director in consultation with the Chair of the Committee

(Mr B Watkins left the meeting at 11.24)

13. **Adult Social Care Finance Monitoring Report Period 6 (September) 2018-19**

13.1 The Committee discussed the report containing financial monitoring information based on information to the end of September 2018. The Finance Business Partner, Adult Social Services added that £42m financial funding for winter pressures would now allow a balanced budget position to be presented to Policy & Resources Committee.

13.2 During discussion & in response to Member questions the following points were noted

- The £94m income on p33 was a mix of service user income, £54m from residential care, £23.7m from the NHS and the rest from non-residential care
- Bad debt provision encompassed a range of debts; the level of insecure debt had reduced by £1.5m from 2017-18. Health Service debt had reduced by £1.9m
- Some savings may take longer than the 2018-19 financial year to achieve;

mitigations for this included work with service users to support welfare rights, higher than budgeted for shared care with health, and internal savings such as through vacancy management

- There had been a reduction in people going into care over the past years, but a 1.3% increase was seen in 2017-18. More people staying at home and a slight increase in older people in care had led to a stable position & slight increase in contributions to care

- 13.3 With 7 votes for, 1 against and 3 abstentions, the Committee **RESOLVED** to **AGREE**
- a) The forecast outturn position at Period 6 for the 2018-19 Revenue Budget of a £1.108m overspend
 - b) The planned use of reserves totalling £6.184m, which was below the original level agreed

14. **Market Position Statement 2018/19**

14.1 The Committee discussed the report outlining the Market Position Statement 2018-19

14.2 During discussion & in response to Member questions the following points were noted

- Officers were engaging with representatives from the care community sector and Independence Matters
- The Head of Quality Assurance & Market Development clarified there was a strategy in place to tackle quality of care this which was showing improvements in nursing and home care
- Norfolk had the second largest care market in the East of England; many care homes were not purpose built; newly built homes were coming into the market
- Most newly built homes were near or in centres of population and transport routes
- A value for unpaid carers was quantified; it was discussed that the work of unpaid carers was essential to the health and care system
- The number of unpaid carers in the report was from the census and so related to declared carers; this meant there were more carers who did not declare their caring duties, or did not consider themselves carers

14.3.1 Mr D Harrison, seconded by Mr M Sands, **proposed** that a report was brought back to Committee with urgent responses to the issues outlined in the report with some measure of immediacy. The Chairman commented that this was not necessary as this would be looked at in January

14.3.2 With 4 votes for and 7 against the proposal was **lost**.

14.4 The Committee considered and unanimously **APPROVED** the Market Position Statement 2018/19 for publication

The meeting finished at 12.03

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



MEMBER QUESTION TO ADULT SOCIAL CARE COMMITTEE: 5 NOVEMBER 2018

5.1 Question from Cllr Brenda Jones

Following the HOSC meeting where we looked at end of life care it was disturbing to find out the inequity of provision across Norfolk and Waveney, compounded by the NHS removing services before alternatives are in place. What additional strains is this lack of NHS provision placing on our already overstretched social care services and what is being done to address this?

Response by Chairman of Adult Social Care Committee

The demands of an ageing population are placing significant demands on end of life services, both within NHS services and on social care services. In Norfolk, with its distribution of population across significant rural areas, the provision of adequate end of life care has been a challenge.

The requirements to ensure both NHS and Social Care Services work together in the provision of end of life care, is a vital part of the STP approach to integrated planning of care. NHS commissioners remain responsible for commissioning end of life care, with Adult Social Services as a key partner.

The STP End of Life Care Plan aims to improve the delivery of care services and education and support of care and health practitioners.

There has been additional strain on social care services as a result of a lack of provision, but this is not able to be easily quantified. Following discussion at the recent Policy and Resources Committee of the County Council the Chairman of Adult Social Care and the Health and Well-Being Board indicated that a further report would be requested by the HWBB on the issues.