



## Adult Social Care Committee

Minutes of the Meeting Held on Monday, 14 January 2019  
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 T Smith

Mr H Thirtle

Mr B Watkins

Mrs S Young

### 1. Apologies

- 1.1 No Apologies were received. The Clerk apologised that membership on the agenda should read Cllr Carpenter, not Cllr Mooney.
- 1.2 The Chairman welcomed the Director of Community Social Work who was deputising for the Executive Director of Adult Social Services

### 2. Minutes

- 2.1 The minutes of the meeting held on 5 November 2018 were **AGREED** as an accurate record and signed by the Chairman subject to the amendments listed below
  - Paragraph 9.4: "Ipswich University Hospital" should read "James Paget Hospital"
  - Paragraph 9.2: this should read older people's network

### 3. Declarations of Interest

- 3.1 Mrs S Young declared a non-pecuniary interest as her husband was subject of a personal care plan

### 4. Urgent Business

- 4.1 There were no items of urgent business discussed.

### 5. Public Question Time

- 5.1 Six public questions were received, and the answers circulated; see appendix A. Supplementary questions were asked by:
  - Nick Taylor: "You say have taken all you can from tax payers but are prepared to take from the most vulnerable in norfolk when paying for projects that have little or no benefit; how do you live with yourselves?" The Chairman noted this was a rhetorical question
  - Mark Pepperall: Given reversal in policy from years when the framework failed to approve volume or quality of social care, he felt that that Committee should suggest

that there should be recompense to providers who had lost money; he proposed that the budget should now show a surplus

- The Director of Integrated Commissioning replied that rates paid by Norfolk in 2017-28 were among the highest in the Eastern Region; the framework was developing to increase capacity and quality of home care in Norfolk. Providers signing up to different terms and conditions were given a higher rate in recompense. Officers would work with providers to ensure the correct outcomes were achieved.

## **6. Local Member Questions / Issues**

6.1 No Member questions were received

## **7. Executive Director's Update**

7.1 The Director of Community Social Work updated Members on:

- Winter pressures in the acute hospitals which had started on around the 5 January 2019; meetings would continue to be held to see how health partners could be helped further, and contingency plans were being put into operation as per the Winter Plan
- The “transforming care programme” (TCP) had had a successful application giving additional investment to help people leaving long-stay inpatient facilities, and an associated bid was underway for advocacy services for people with learning disabilities
- Recruitment for social workers which was showing a steady improvement
- The National Social Work Award which had been awarded to the “people from abroad team” for close work with libraries and providing innovative social work services with people from abroad
- The Social Care Green paper which was not yet published despite publication of the NHS paper; planned publication date of the Green Paper was not known

## **8. Chairman's Update**

8.1 The Chairman discussed the Social Care Green Paper; it was difficult to plan as a Committee while the Government's main strategic objectives were unknown. He expressed disappointment that it had not been published and proposed to write to the Minister about this on behalf of the Committee. This was agreed.

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

9.1 The following updates were given from Members:

- Mrs S Young updated Members on:
  - Reconfiguration of the Falls Prevention Strategy to embrace the frail and elderly, now called the Healthy Aging Group; workshop documents were available online
  - A visit to the reconfigured Queen Elizabeth Hospital old persons' unit which had been renamed the Windsor ward; she reported there were increased standards of care and good discharge coordination
  - Burman House which was planned to be incorporated with dementia care
  - Her work identifying local people with needs and signposting them to the correct

procedures and services

- The value of the Swifts service in avoiding 999 calls and hospitalisation
- Mr T Smith had attended a Council of Governors meeting of the Norfolk & Suffolk Mental Health Foundation Trust; much improvement was needed and some was starting to be seen; recruiting professionals was a pressure for the service
- Mrs P Carpenter was attending her first meeting as appointed Governor of the James Paget Hospital Board later in the week
- Mr H Thirtle had been invited to the Centre 81 Development Steering Board meeting where they would discuss plans to improve the care they provided to people in Yarmouth and training for carers
- Mrs B Jones had attended meeting of the Norfolk and Norwich Association of the Blind and meetings of the Making it Real Group.
- Mrs S Gurney had attended the Hellesdon Friendship Club Christmas party, and was holding discussions with other local groups in Hellesdon.

## 10. Peer Review

10.1 The Committee received the report setting out the results and outcomes of the Peer Review of Adult Social Services

10.2 The following points were discussed and noted:

- A Member suggested the review should have included a wider range of key partners
- The Chairman said he felt it was a good piece of work showing the good work done by the Council; the NHS had been involved, highlighting areas for improvement around engagement and innovation
- A discussion was held on how communication with residents and services users could be improved; Officers reported that steps were underway to strengthen communication and engagement channels with residents and with voluntary sector partners.
- Members and Officers acknowledged that improvements were needed across the system in the NHS to ensure processes worked better together towards delayed transfers of care; discussions were needed to plan this
- Officers clarified that issues around overprescribing of care arose where professionals had different expectations of acceptable levels of risk around when someone could be sent home; close working with the NHS was therefore important

10.3 The Committee **REVIEWED** the key findings and recommendations from the Peer Review and unanimously **AGREED** the Action Plan to be taken forward in response

## 11. Autism Strategic Update

11.1 The committee considered the report giving an update on progress to support the implementation of the Autism Act (2009) National Autism Statutory Guidance (2016) and Strategy 'Think Autism'.

11.2 The following points were discussed and noted:

- The Chairman noted that the report was intended to show an update of work carried out since the Autism Act was enacted in 2010, in co-production with organisations
- Officers confirmed that the involvement of a National Expert, a dedicated commissioner and the establishment of an All-Age Partnership Board had helped strengthen consistency and continuity

- Officers clarified that parents and carers of autistic people were included in working groups to ensure their views were included in the strategy
- Different views among the Autistic Community about how things should proceed were raised by Members. Officers reported that the 5 “key pillars” had driven development of the strategy
- Mr Harrison fed-back that when he visited a meeting of the Autism Board in Summer 2018 he felt it was not working well
- Officers informed Members that South Norfolk CCG (Clinical Commissioning Group) were the lead CCG on the Autism Strategy and CCG group meetings were used to discuss the strategy
- Officers reported that as there was a national lack of clinical psychologists, work was underway to attract people to Norfolk to do this role
- The Asperger’s service for Norfolk was made up of Norfolk County Council, Norfolk Community Health and Care and Asperger’s East Anglia; Officers reported that Asperger’s East Anglia had turned down their part of the contract to give support after diagnosis. Norfolk Community Health & Care were now willing to do this support. The service would be redesigned to bring down the waiting list and have different pre-diagnosis support from March 2019-2020. From 2020 the service would be re-procured. Extending the existing contract for a year gave time for procurement and to make improvements in the short term
- In response to a query about housing support for people with autism, Officers replied that six-weekly meetings were held with housing providers to highlight relevant housing issues
- The National Autistic Society would deliver a workshop in February
- Discussions were being held with the National Autistic Society to further strengthen engagement between the Board and the autistic community

11.3 Mr B Watkins **PROPOSED** seconded by Mr M Sands, that the Autism Strategy was handed to a national body such as the national autistic society; with 5 votes for and 8 against, the proposal was **lost**.

11.4 With 8 votes for and 5 against the Committee:

- a) **ACKNOWLEDGED** the work undertaken in the continued development of Norfolk All-Age Autism Partnership Board, Norfolk All-Age Autism Group and the working groups in place to undertake priority work identified
- b) **CONSIDERED** the contribution from services across Norfolk County Council (the Council) to the strategy
- c) **AGREED** to receive the local all-age autism strategy that will be informed by the completion of the National Autism Self-Assessment (completed 14 December 2018) with a co-produced all age strategy available March 2019

## 12. Performance Management

12.1 The Committee discussed the report showing the latest available performance position for Adult Social Services, using data from the new LiquidLogic system.

12.2 The following points were discussed and noted:

- In response to a query, Officers reported that the target for “percentage of assessments that go on to formal services” had been set on the basis that the investment in early help, social prescribing and loneliness would reduce people coming to the Council for formal services; the targets would be re-assessed
- Living Well was planned to be rolled out across Norfolk in the upcoming months
- “Assessments to formal services” was reducing; best practice suggested a higher

amount of assessments should increase this. Officers confirmed this would be looked at in Performance and Finance Board Meetings

- Members asked for evidence that the £4m from Government to improve delayed transfers of care was used effectively. Officers replied that this would be evidenced by good flow through the system and reduced discharges and lengths of stay
- Officers clarified to Members that the organisation which was procured to address the large backlog of social care cases had not been able to fulfil requirements. There had been no financial loss to the Council as a result, and a team of experienced assistant practitioners was now taking forward the work
- The number of unallocated cases had reduced. Officers clarified that the most at-risk cases were prioritised first; average waiting times for cases on the list were not known and would be circulated to Members at a later date

12.3 With 8 votes for and 5 votes against, the Committee **DISCUSSED** and **AGREED** the overall performance position for Adult Social Care as described in section 2 of this report

### **13. Adult Social Care Finance monitoring report Period 8 (November) 2018-19**

13.1.1 The Committee received the report showing financial monitoring information based on information to the end of November 2018, variations from the budget, progress against planned savings and a summary of the use of the improved Better Care Fund.

13.1.2 Officers introduced the report to Members:

- Period 8 showed a balanced position; this assumed use of some of the 2018 winter funding meaning there was an underlying pressure of £2.3m representing a 0.9% variance. This was included in budget planning assumptions
- There was no use of business risk reserve for period 8

13.2 The following points were discussed and noted:

- Members queried how Officers assured projects were value for money; Officers confirmed that all projects would be evaluated; some projects had already been evaluated to identify the value for money
- Members noted that the purchase of care budget was off course; Officers replied that this budget was planned on the number of service users which meant there were variations across the year
- Promoting Independence aimed to reduce services, allow people to be cared for at home and provide smaller care packages where appropriate
- Clarification was given by officers that contracts with NorseCare were for fixed term periods which varied in length

13.3 With 8 votes for and 5 against, the Committee **AGREED**:

- a) The forecast outturn position at Period 8 for the 2018-19 Revenue Budget of a balance position
- b) The planned use of reserves totalling £5.800m, which is below the original level agreed

### **14. Fee levels for adult social care providers 2019/20**

14.1.1 The Committee received the report reviewing fee levels for Adult Social Care Providers for 2019-20 based on legal duties under the Care Act 2014 to promote the effective and efficient operation of this market including its sustainability.

- 14.1.2 Officers introduced the report to Members:
- Norfolk had issues related to having enough, good quality home care, retaining carers with home care agencies and finding dementia care
  - The change to fee levels was planned to stabilise the market in Norfolk; the proposals were informed by dialogues with providers
  - The table on p108 of the report showed proposals to support the market by giving them more money at a difficult time
- 14.2 The following points were discussed and noted:
- The Chairman welcomed the report as it recommended above inflation increases across the board for those involved in care; Officers also added that all providers were able to sign up to the framework which included a requirement to pay a premium to their carers
  - Officers shared their aspiration that providers would work together to deliver effective services to support home care, for example sharing back office costs to increase competitiveness
  - In response to Member queries about the consultation process, Officers confirmed that the consultation would be sent to all providers and be available online. A Member queried the method used to arrive at the wage increase proposals; Officers informed Members that the proposals recognised the national living wage and were informed by the national wage dataset
  - Improving the status and professional recognition of staff were important to help reduce staff turnover
- 14.3 The Committee unanimously **CONSIDERED** and **AGREED** the approach to fee uplifts for the 2019/20 financial year as set out below:
- a) In respect of contracts where an inflation index or indices are referenced an uplift is implemented to match any changes in the relevant index or indices
  - b) In respect of contracts where there is a fixed price for the duration of the contract, no additional uplift in contract prices takes place
  - c) In other contracts, where the Council has discretion in relation to inflationary uplifts, that uplifts are considered in line with those set out in this report
  - d) In the case of residential and nursing care any final uplift including other adjustments is subject to formal consultation with implementation being through the use of Chief Officer delegated powers following that process

## **15. Strategic and Financial Planning 2019-20 to 2021-22 and Revenue Budget 2019-20**

- 15.1.1 The Committee considered and discussed the report showing proposals to inform Norfolk County Council's decisions on council tax, contribute to the Council setting a legal budget for 2019-20, allow the Committee to take a careful view of all the relevant issues to agree budget proposals for 2019-20 and the Medium Term Financial Strategy to 2021-22 and make recommendations on these to the Policy and Resources Committee.
- 15.1.2 Officers introduced the report to Members:
- There was no certainty of what the future funding would be from Government as the Green Paper had not been published yet
  - The Government's 4-year funding allocation was ending which meant there was uncertainty for 2020-21
  - The whole council savings gap of £45.980m reported in October 2018 had been revised to reflect the latest planning assumptions and would be presented to Policy and Resources Committee later in the month

- The 2019-20 budget included one off funding; without further funding announcements Officers had to plan for this funding being lost from 2020-21
- The use of the social care grant had not been assumed as the Council would need to consider the significant pressures for Children's social care
- The charging policy now had more detailed projections; in response to the consultation a phased implementation of the changes was proposed to mitigate the impact on those affected the most
- Since writing the report, 34 more consultation responses had been received. They would be included in full in the report to Full Council; they were in line with the findings in the report and did not raise any new points or change the overall outcome

15.2 The following points were discussed and noted

- Members raised that other Councils had similar policies, however other Members felt this should not determine what happened in Norfolk.
- Concerns were raised that the Match service was being changed so would not be able to support people into work. Officers responded that the Match service was being re-modelled as part of other co-ordinated changes which would result in more people being reached and supported. It would also help people access the 70% of jobs which were currently not advertised.
- In response to a comment that the proposal should not go ahead, the Chairman commented that using money from reserves would not address the issues driving demand in the long term; any savings which were not made by the service would mean money would have to be taken from another Council service
- In response to a comment that Adult Social Care was having to make a high proportion of the Council's savings, it was pointed out that Adult Social Care spent the highest proportion of the Council's budget.
- Officers reported that the Learning Disability Strategy had highlighted that for many people with learning disabilities, getting into work was an important aspiration. In Norfolk, employment levels for disabled people and people with learning disabilities were low at around 3% of those who accessed services; the figure was 6% nationally. It was important to improve this and help remove discrimination.
- Officers assured Members that for people for whom employment was not possible, there was support to get voluntary employment or access meaningful activity
- Officers had talked to the Making it Real Group about the consultation process for ideas; the group made a number of suggestions, including asking for the helpline to be available "out-of-hours"; for a video version to be available; for the easy read version to be sent to everyone. The Group also reviewed the covering letter and asked that it did not arrive at a weekend when the helpline was not available.

15.3 Mr Watkins, seconded by Mr Harrison **proposed** that Members remove the budget cut to minimum income guarantee and that Officers bring a proposal to Policy and Resources Committee on how to meet this saving instead. With 5 votes for and 8 votes against, the proposal was **lost**

15.4 The recommendations were taken separately:

- a) With 8 votes for and 5 against, the Committee **CONSIDERED** the content of this report and the continuing progress of change and transformation of Adult Social Services
- b) With 8 votes for and 5 against, the Committee **CONSIDERED** and **AGREED** the service-specific budgeting issues for 2019-20 as set out in section 5 of the report
- c) With 8 votes for and 5 against, the Committee **CONSIDERED** and **COMMENTED** on the Committee's specific budget proposals for 2019-20 to 2021-22, including the

findings of public consultation in respect of the budget proposals set out in Appendix 1 of the report

- d) With 8 votes for and 5 against, the Committee **CONSIDERED** the findings of equality and rural impact assessments, attached at Appendix 2 to this report, and in doing so, **NOTED** the Council's duty under the Equality Act 2010 to have due regard to the need to:
- i. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
  - ii. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
  - iii. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it
- e) With 8 votes for and 5 against, the Committee **CONSIDERED** and **AGREED** the mitigating actions proposed in the equality and rural impact assessments
- f) With 8 votes for and 5 against, the Committee **CONSIDERED** the advice of the Executive Director of Finance and Commercial Services, and **RECOMMENDED** to Policy and Resources Committee that the Council's budget includes an inflationary increase of 2.99% in council tax in 2019-20, within the Council's tax referendum limit of 3.00% for the year
- g) With 8 votes for and 5 against, the Committee **AGREED** and **RECOMMENDED** to Policy and Resources Committee the draft Committee Revenue Budget as set out in Appendix 3 of the report including all of the savings for 2019-20 to 2021-22 as set out
- h) With 8 votes for and 5 abstentions, the Committee **AGREED** and **RECOMMENDED** the Capital Programme and schemes relevant to this Committee as set out in Appendix 4 to Policy and Resources Committee for consideration on 28 January 2019, to enable Policy and Resources Committee to recommend a Capital Programme to Full Council on 11 February 2019

The meeting finished at 12.27

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

 <p><b>IN</b>  <b>TRAN</b> communication for all</p>	<p>If you need this document in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help.</p>
--	---

## **PUBLIC QUESTIONS TO ADULT SOCIAL CARE COMMITTEE**

**MONDAY 14 JANUARY 2019**

### **1a. Question from Nick Taylor**

We understand that NCC sets its departmental budgets, but how can Councillors of any political colour justify with a clear conscience taking money from the benefits of the most vulnerable in the county - those who are already massively disadvantaged and struggling - while spending on projects that, if never undertaken, would have no negative impact on anyone?

### **1b. Response from Chair**

The scale of financial pressures facing the whole council means that every department has to find savings. As the department with the largest budget in the council, Adult Social Services needs to make savings, so that the council as a whole can balance its budget. Up until now, we have been able to protect the level of the minimum income guarantee – which in Norfolk has been set at a higher level than the statutory minimum guidance. However, given the need for savings in the coming years, we have now concluded that this is no longer affordable, and have proposed to move to follow the statutory level.

### **2a. Question from Judith Taylor**

The benefits people with disabilities receive from central government for their care at home is ONLY given following full assessment. The amount awarded is regarded as what is needed without surplus.

How then can NCC take some of that money and think what is left is still adequate? What sort of guarantee is that?

### **2b. Response from Chair**

There are national guidelines set for councils about the amount of minimum income individuals should have to meet their needs.

Previously, Norfolk has used its discretion and has gone above the national guidelines, but the financial position facing the council now, means that we can no longer afford this and so we have proposed to move to adopt the national guidelines. This brings us in line with the majority of other councils in the region.

### **3a. Question from Christine Dring**

When endeavouring to save money at NCC why are you targeting the most vulnerable in our society?

### **3b. Response from Chair**

Adult Social services spends £412m a year on helping and supporting vulnerable people in Norfolk. Year on year, that amount has increased, and it is anticipated will increase again in 2019/20.

However, the growing population with its increasingly complex needs, coupled with the impact of a period of austerity and pressure on public spending, has meant we have to make savings to our budget.

Our approach has been to target the money we have in a way that brings the most benefits to the most people. To this end, we have prioritised spending on prevention and early help for all those we support; we have prioritised good quality social work and quality in private providers.

At the same time, we continue to find ways to be as efficient and business-like as possible to save money.

Up until now, we have been able to protect the level of the minimum income guarantee – which in Norfolk has been set at a higher level than the statutory minimum guidance.

However, given the need for savings in the coming years, we have now concluded that this is no longer affordable, and have proposed to move to follow the statutory level.

### **4a. Question from Victoria Taylor**

If these proposed cuts go ahead the individual wellbeing of people with disabilities in Norfolk, including my brother who has Down's syndrome, will be drastically affected resulting in social exclusion, mental health problems and an extremely poor standard of living. The VAST majority will never be able to gain employment however much they want to or however hard they try.

Therefore, won't these cuts contravene the 2014 Care Act which states that Local Authorities should promote individual wellbeing?

### **4b. Response from Chair**

The process of one to one review and examination of the wide range of community options would allow individual well-being to be considered which is within the criteria of the Care Act.

We worked with people with learning disabilities to produce a strategy for how we support people. Getting a job was a strong desire from the majority of people who helped us develop the approach. Too few people with disabilities are able to get jobs, and many experience discrimination and exclusion. It is right that we promote employment opportunities, whilst recognising that not everyone will be able to gain employment. We support people with physical disabilities, mental health problems and learning disabilities who would benefit from employment. A significant number of people would, and are, benefiting from the employment training options being promoted by our partners such as Independence Matters.

Norfolk has low numbers of disabled people employed compared to other local authorities. Hence further investment will assist an increase in disabled people being employed and continue to develop wider participation in employment and broader training and enablement opportunities.

**5a. Question from Ian Hart**

If these proposed cuts go ahead the individual wellbeing of people with disabilities in Norfolk, including my friend who has Down's Syndrome, who will be drastically affected, resulting in social exclusion, mental health problems and an extremely poor standard of living. The VAST majority will never be able to gain employment however much they want to or however hard they try.

Therefore, won't these cuts contravene the 2014 Care Act which states that Local Authorities should promote individual wellbeing?

I strongly hope that you reconsider this proposal.

**5b. Response from Chair**

See answer to question above

**6a. Question from Mark Pepperell**

Steve Holland, Head of Quality Assurance & Market Development, has said in discussions with independent domiciliary care providers that he no longer feels it fair that there is such a difference in fees between spot provision and Framework providers and he has stated he will try and find a solution.

Given that the NCC state that 82% of independent care providers are rated Good by the CQC, but only 57% of the Framework providers achieve this level, with at least one in Special Measures for over a year; does the Committee feel that the preferential discriminatory fee increases passed to Framework providers last year as a trial are still justifiable?

**6b. Response from Chair**

In 2017 an overarching framework approach was initiated for homecare to improve the delivery and capacity of homecare. Analysis of arrangements was undertaken to determine how far the framework contributed to improving and stimulating local markets, supported sustainability and growth of the market and improved the amount of NCC's investment that actually reached carers.

It is important to note that there are a variety of providers in the market which include: big national providers with a local operation, business led organisations with a focus on return on investment and smaller enterprises with low overheads. NCC recognises the need to support more efficient ways of working if the Norfolk market overall is to remain sustainable. The review has highlighted that the framework approach has some very clear advantages including enabling provision to be established at pace and agreements to be formed based on service types however banded pricing has not driven the growth that is required in the market. Providers are clear that the guarantee of investment drives certainty about capacity. Hence, we are proposing to equalize spot and block rates and focus on increasing capacity through investment in the overarching framework and targeting quality improvement.