

Norfolk Older People's Strategic Partnership Board

Minutes of the meeting at Breckland District Council Offices, Dereham, Wednesday 18 June 2014

Present:	
Joyce Hopwood (Chair)	Norwich Older People's Forum
Ann Baker	South Norfolk Older People's Forum
John Keeble	Carer's Council for Norfolk
Emma Boore	Borough Council of King's Lynn and West Norfolk
Janice Dane	Adult Social Care, Norfolk County Council
Jan Holden	Cultural Services, Norfolk County Council
Hazel Fredericks	West Norfolk Older Person's Forum
Amanda Ellis	Norfolk Constabulary
Rebecca Champion	North Norfolk Clinical Commissioning Group
Shirley Mathews	Breckland Older People's Forum
Hilary MacDonald	Age UK Norfolk
Gaye Clarke	Department for Work and Pensions
Marcia Perry	Norfolk Community Health and Care
Tracey Harris	Norwich City Council
Lynn Fabre	South Norfolk Older People's Forum
Carole Williams	Norfolk Council on Ageing
David Button	Norfolk Council on Ageing
Emily Millington-Smith	Norfolk Older People's Forum
Kate Money (Vice Chair)	Norwich Older People's Forum
Pat Wilson	Co-opted Member & Broadland Older People's Partnership
Derek Land	Norfolk Council on Ageing
Niki Park	Travel and Transport , Norfolk County Council
Sue Whitaker	Chair, Adult Social Services Committee Norfolk County Council
Elizabeth Morgan	Vice Chair, Adult Social Services Committee, Norfolk County Council

Speakers

Janice Dane	Assistant Director, Prevention & Transformation, Adult Social Care, Norfolk County Council
Hilary McDonald	Chief Executive, Age UK Norfolk
Maggie Williams	Manager, Norfolk Carers Agency Partnership
Denis Bacon	Chair, Norfolk Independent Care
Willie Cruikshank	Director, Norfolk & Suffolk Dementia Alliance

In Support:

Annie Moseley	Age UK Norfolk & Norfolk Older People's Strategic Partnership
Paul Anthony	Democratic Services, Norfolk County Council

Apologies

Anna Morgan, Jon Clemo, Paul Jackson, Carol Congreve, Harold Bodmer, Catherine Underwood, Laura McCartney-Gray, Emma McKay, Robert Clarke, Chris Hardwell, Linda Rogers, Nigel Andrews, Lesley Bonshor, David Russell, Penny Carpenter, Denise Denis and Jo Ardrey.

1	<p>Welcome by the Chair</p> <p>Joyce welcomed everyone to the meeting.</p>
2	<p>Minutes</p> <p>The minutes of the meeting held on 5 March 2014 were agreed.</p>
<p>The Care Act – The Implications and How it will affect Older People and their Carers</p>	
3	<p>Introduction and Key Issues – Janice Dane, Assistant Director, Prevention & Transformation, Adult Social Care, Norfolk County Council</p> <p>Janice gave a presentation (attached) introducing and setting out the key issues arising from the Care Act which was passed on 15 May 2014:</p> <ol style="list-style-type: none"> 1. The Care Act – Biggest Change in Social Care Legislation since 1946 2. Background to the Act 3. National timelines including details of those elements of the Act being implemented in April 2015 and April 2016 4. Changes to Peoples’ Financial Contributions to their social care services resulting from the Care Act <p>The presentation was followed by a discussion during which the following points were raised:</p> <ol style="list-style-type: none"> a) So far as the increase in the number of assessments was concerned, Janice explained that a complicated national spreadsheet was being used for modelling the numbers, but a significant increase was expected in Norfolk because, for instance, just over half of the residents of care homes in the county were funding their own care (‘self-funders’). b) That Norfolk County Council (NCC) would receive some one-off funding to help at the outset, but would have to meet the on-going costs. c) A key issue was that the daily living part of care costs (‘hotel costs’) do not count towards the financial ‘cap, the limit on the care costs that people have to pay for before they can access financial help. d) NCC was looking at how to make more information/advice available on-line – possibly including a cap calculator and other tools to help people plan their future finances. e) Councils will have a new duty to intervene early (prevention) to help people maintain their independence and wellbeing, and this will be reflected in the way it works with partners/communities/voluntary sector to support people. Also NCC was looking at making a bid for a Transformation Challenge Award to help fund the work with communities. f) Councils’ duty to assess the needs of informal/family carers and provide support has been extended to any carer with a perceived care need – this is part of a journey already started including a personal budget process

	<ul style="list-style-type: none"> g) Good communications was an important element in taking the Act forward. h) That around half the people funding their own residential care were currently paying more than the rate NCC pays; and people will be more likely to question where and why self-funders are being charged higher fees. NCC will need to expand its role in shaping the care services market and encourage the development of diversity and quality services because it will be funding more residential care [Note: Since this meeting, Abbeyfield is claiming victory in what it believes is the first Judgement of its kind where a High Court has been prepared to fix a 'reasonable rate' for care rather than tell a local authority to go away and fix a 'lawful rate': http://www.careinfo.org/high-court-judge-orders-council-to-raise-care-home-fees/ This judgement could have profound implications for local authorities which are commissioning beds in care homes] i) Janice confirmed that the increase in carers' assessments would be included in the workforce development training programme for staff. j) Joyce emphasised that the training and development and raising the status of paid care workers was essential, and would help bring about major improvements in the system. k) Janice explained that the calculation of the cap was not retrospective, and confirmed that it applied to all people receiving care. If someone had a great deal of home care and other services delivered to their home, the cap could be reached before they were admitted to residential care.
<p>4</p>	<p>Implications of the Care Bill for Agencies – Hilary McDonald, Chief Executive, Age UK Norfolk</p> <p>Hilary spoke about the implications of the Care Bill for Agencies from the perspective of Age UK: Age UK Norwich and Age UK Norfolk were arranging a series of round table events to consult on the draft Care Act guidance for councils, the first being next week</p> <ul style="list-style-type: none"> a) There was a link on the Department of Health website to the Care Act consultation document: https://www.gov.uk/government/news/care-act-2014-launch-of-care-and-support-consultation and comments could be channelled through Age UK Norwich or Age UK Norfolk: b) The Carer and Support Alliance, which represented over 70 organisations working in adult care, had raised concerns over assessments and the definition of eligibility c) It was very difficult to define “wellbeing” d) Transparency in the way budgets are worked out was very important e) Assessments should include property maintenance expenses. Also the Act enabled local authorities to delegate functions including assessments – they were concerned about the accountability of third parties who might be undertaking assessments and would raise this with NCC f) Eligibility – will determine how widely services are available and count towards the cap – restrictions on the provision of care impact on a persons wellbeing – Age UK wanted the regulations to be clarified particularly in respect of eligibility when there is a need for help with

	<p>only one care activity. Risks should include neglect and/or abuse.</p> <p>g) Assessments – main benefit is a single system that helps older people understand what they are entitled to. Assessment staff must be properly trained. There is no requirement to take account of the likely progress of a person’s physical/medical condition. Local authorities must give reasons for the termination of eligibility.</p> <p>In conclusion Hilary said that the Act contained a number of positive elements, but a number needed to be challenged or required further clarification.</p>
<p>5</p>	<p>Implications of the Care Bill for Agencies – Maggie Williams, Manager, Carers Agency Partnership (CAP)</p> <p>Maggie spoke about the implications of the Care Bill for Agencies from the perspective of the Carers Agency Partnership (CAP), and her summary is attached):</p> <ul style="list-style-type: none"> a) CAP was a partnership funded through NCC and the Clinical Commissioning Groups (CCGs) to provide help and advice to unpaid/informal carers b) The Care Bill was the most ambitious and significant legislation since the 1946 National Assistance Act providing important new rights for carers in terms of assessments and support from local authorities. The legislation set down an enabling framework but the detailed regulations would profoundly influence the implementation of the Act c) Carer organisations generally were struggling because of local authority cuts, and all organisations need to work together to achieve innovative solutions to use resources in the best way e.g. through one-stop shops d) Workforce development training very important and should be properly funded – should this include a requirement to be compassionate? e) Danger of eligibility criteria for carers being too tight and assessments being rushed. The financial cap of £500 per year on carers’ personal budgets was too low. <p>In conclusion, Maggie said whilst the Care Bill was welcomed, CAP was awaiting the outcome of the consultation on certain aspects of the legislation. Also the on-going problem of social care funding needed to be resolved.</p>
<p>6</p>	<p>Implications of the Care Act for Agencies – Dennis Bacon, Chair, Norfolk Independent Care</p> <p>Dennis spoke about the implications of the Care Bill for Agencies from the perspective of the Independent Care Sector and his two summaries are attached:</p> <ul style="list-style-type: none"> a) There was a good foundation/structure to build on in Norfolk and the Bill would require the system to become more joined up and greater transparency on costs. Local authorities must ensure that health is on board, and work with the CCGs on the provision of social care to achieve the required outcomes.

	<ul style="list-style-type: none"> b) The Act places an enormous duty of care on the local authority and must be accompanied by a realistic transfer of funding to them from health c) The commissioning function would be instrumental in getting the required outcomes, and must use the Market Position Statement which would be a very important tool providing crucial information like the details of services/demographics in localities. d) A key issue for care home providers was the requirement that local authorities provide assessments for everyone, and this could result in NCC directing private funders (self-funders) towards Norse Care which now manages NCC's care homes and housing with care schemes as one of their arms-length trading partners. In addition, the high number of private/self-funders in Norfolk have cross-subsidised the lower fees paid for local authority-funded residents, and this could destabilise the market. e) The true value of carers both paid and unpaid needs to be recognised; and we must move towards paying staff a living wage rather than the minimum wage but current funding does not allow this to happen. The independent sector was keen to engage on this because the care sector was an important part of the wider Norfolk economy. <p>In conclusion, Dennis said that the independent sector was happy to work in collaboration with the local authority. Also he recognised that commissioning included de-commissioning poor service providers.</p>
<p>7</p>	<p>Implications of the Care Bill for Agencies – Janice Dane</p> <p>Janice gave a further presentation (attached) about the implications of the Care Bill for Agencies from the perspective of the County Council in terms of:</p> <ul style="list-style-type: none"> a) The significant increase in the number of social care and financial assessments b) More people eligible for adult social care funding c) Increased expenditure on social care packages d) Increase in the number of deferred payments – more debt for NCC e) Potential impact on fees paid by NCC to care providers f) More administration g) Possible increase in the number of complaints h) Huge potential cost impact i) Tight timetable to deliver implementation j) Information and communications technology (ICT) changes happening within the authority at the same time as the implementation of the Act k) The need to achieve budget savings at the same time as having to find extra resources to implement the Act. <p>Janice also outlined some funding scenarios.</p>
<p>8</p>	<p>General Discussion with the Panel</p> <p>The points raised in the general discussion included:</p> <ul style="list-style-type: none"> a) In reply to a question Janice said that she was not aware of any

	<p>proposals to change the existing arrangements for the payment of attendance allowances.</p> <ul style="list-style-type: none"> b) Sue Whitaker, NCC Chair of the Adult Social Care Committee, emphasised that NCC must meet its statutory responsibilities so far as prevention services were concerned. She noted that whilst the Act required local authorities to invest in prevention services, there was also a lot of emphasis on prevention in the new Better Care Fund. NCC would do as much as possible within the resources available, but they would need help from other agencies. c) Sue agreed that NCC must ensure that training/information sessions on the new Act are carried out with the other organisations involved, so that everyone is giving out the same messages/answers/advice. d) Reference was made to the confusion between NHS Continuing Healthcare which is free for people who have been assessed to need on-going nursing care in a care home or their own home, and social care where there was a financial assessment and some people had to pay. e) Dennis felt that the solution was about having the money in the right place, and funds must be transferred from the health sector for social care purposes. f) The voluntary sector needed to be mobilised to work with the local authority to lobby the government for a better funding settlement, and Sue Whitaker said she is working through the Local Government Association (LGA) Social Care Board to lobby for funding for local authority social care to be increased. g) Dennis felt that the government was allowing an inadequate consultation period for the Care Act, and was not providing sufficient time for people to understand all the implications, and Age UK Norfolk was expressing similar concerns. h) Janice explained that, as yet, there was no communications plan in place but this was a specific work stream in the overall project . <p>At the conclusion of the session the Chair said that implementing the Act would represent a major challenge. She also noted that the Better Care Fund would be the main agenda item for the next meeting on September 24th.</p>
<p>9</p>	<p>Dementia Strategy - Update</p> <p>Joyce reported that, following its work throughout 2013 on dementia, the Norfolk Older People’s Strategic Partnership’s priorities for people with dementia and their carers had been brought together. Joyce had then been asked to draft a dementia strategy and, although the full strategy had to wait until the Joint Strategic Needs Assessment (JSNA) for Dementia was completed, the Board’s priorities had now been adopted by the Health and Wellbeing Board (H&WB) as the ‘bones’ of the Norfolk Dementia Strategy. This joint working with the Health and Wellbeing Board was a good example of real co-production.</p> <p>Furthermore, Joyce said that, at her suggestion, Willie Cruikshank had reviewed and commented on a new and simple model for the delivery of Norfolk’s Dementia Strategy produced by Joyce and Annie, and this had</p>

	<p>been agreed by the Health and Wellbeing Board Strategy Group, and would go before the full Health and Wellbeing Board on July 16th. <u>[Note: This was agreed by the full H&WB on 16th July].</u></p>
<p>10</p>	<p>Norfolk Celebrates Age October 2014 - Willie Cruickshank, Director, Norfolk and Suffolk Dementia Alliance</p> <p>Willie outlined the arrangements for Norfolk Celebrates Age 2014 in October, including the following:</p> <ol style="list-style-type: none"> a) That ‘Norfolk Celebrates Age 2014’ would be launched in October by a partnership of agencies including the Dementia Alliance, Age UK Norfolk, Age UK Norwich and others working with older people as part of International Older People’s Day. b) The whole of the ground space of the Forum in Norwich would be given for one week in October to showcase some of the best intergenerational projects going on across Norfolk. c) The aim was to raise awareness of children in schools by encouraging them to work together with older people on a project, so that different generations could each learn from the other and each contribute. They also wanted to encourage children to think about what care looks like today, and what it was likely to look like in the future when they are older people. d) Archant (EDP) was the partner for communications e) This would lead on to a competition running from October 2014 to Dementia Awareness Week in May 2015 which aimed to encourage and promote further intergenerational projects, for which the East of England Co-Operative Society had generously donated a £5,000 prize fund f) The Norfolk Celebrates Age poster is attached with the minutes. <p>Action: All The Norfolk Celebrates Age poster should be circulated as widely as possible</p>
<p>11</p>	<p>Park and Ride Buses – Regulations Concerning Older People with Concessionary Bus Passes</p> <p>Pat Wilson presented the paper on Park and Ride Buses – Concessionary Fare Increase and Peak Time Restriction, highlighting in particular:</p> <ul style="list-style-type: none"> • The cost of a day return ticket had increased by 50% for Concessionary Bus Pass holders • A new afternoon peak time restriction had been introduced which required pass holders to pay the full rate equivalent of £3.50. • NCC claimed that the changes were introduced to help maintain the Park and Ride sites but no facilities were now provided • There was a facility to apply on line for a smart card that allowed travel at a reduced rate, but many older people did not have access to a computer. <p>In response Niki Park explained that:</p> <ul style="list-style-type: none"> • All fares increased significantly when paying cash on the bus, but the increase was less for those passengers holding a travel card and

	<p>even less if this was held in conjunction with a concessionary pass. Also a ten journey saver ticket could help reduce the cost of fares.</p> <ul style="list-style-type: none"> • Whilst applications for a travel card could only be made on-line, there were computer facilities in the public libraries that can be used by the public. • Park and Ride was heavily subsidised, and a public consultation exercise on reducing the cost showed that people wanted frequent services. • The peak time restrictions had been introduced to help ease capacity issues on the buses between 4pm and 6pm and make sure that working people could get out of the city. However, concessionary pass holders could top-up their tickets and travel between those times if they choose to do so. <p>During discussion the following points were raised:</p> <ul style="list-style-type: none"> • Sue explained that NCC started to look at Park and Ride charges in 2010 when the subsidy to the six sites amounted to £750,000, and a consultation was conducted on a phased programme of reducing facilities on the sites. A separate consultation was carried out in April 2013 by the Traffic Regulation Board on the impact of fares on the use of cars for journeys to and from work and peak travel costs. Sue also pointed out that for many years the railways industry had operated a system of peak and off peak fares • That in some parts of the county off peak park and ride buses were running with very low passenger numbers. It was suggested that the number of vehicles be reduced during the middle of the day and increased at peak times. Niki however pointed out that this would increase costs significantly because of the need to purchase additional vehicles.
12	<p>Any Other Business</p> <p>a) Paul Anthony – Retirement The Chair reported that Paul was due to retire from the County Council on 25 July. On behalf of the Board and was thanked for all he had done and was wished well for the future.</p> <p>b) Trusted Trader Handbook and Carers Handbook Noted that copies of the Trusted Trader Handbook and the Carers Handbook were available in reception</p> <p>c) Improving Care Quality in Home Care recommendations produced by the Partnership which drew on earlier work The Chair suggested that this should be circulated to all Board Members. Action: Annie</p> <p>d) Police Control Room Chief Inspector Amanda Ellis reported on a project to locate mental health nurses in the police control room and the plans to recruit an older persons/dementia specialist.</p>