

# People and Communities Select Committee

Date: **18 March 2022**

Time: **10am**

Venue: **Council Chamber, County Hall, Norwich**

## **Advice for members of the public:**

This meeting will be held in public and in person.

It will be live streamed on YouTube and, in view of Covid-19 guidelines, we would encourage members of the public to watch remotely by clicking on the following link:

[https://www.youtube.com/channel/UCdyUrFjYNPfq5psa-LFIJA/videos?view=2&live\\_view=502](https://www.youtube.com/channel/UCdyUrFjYNPfq5psa-LFIJA/videos?view=2&live_view=502)

However, if you wish to attend in person it would be most helpful if, on this occasion, you could indicate in advance that it is your intention to do so. This can be done by emailing [committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk) where we will ask you to provide your name, address and details of how we can contact you (in the event of a Covid-19 outbreak). Please note that public seating will be limited.

Councillors and Officers attending the meeting will be taking a lateral flow test in advance. They will also be advised to wear face masks at all times unless they are speaking or are exempt from wearing one. We would like to request that anyone attending the meeting does the same to help make the event safe for all those attending. Information about symptom-free testing is available [here](#).

## **Persons attending the meeting are requested to turn off mobile phones**

### Membership:

Cllr Fabian Eagle (Chair)  
Cllr Fran Whymark (Vice-Chair)

Cllr Claire Bowes	Cllr Julian Kirk
Cllr Tim Adams	Cllr Paul Neale
Cllr Ed Connolly	Cllr Alison Thomas
Cllr Michael Dalby	Cllr Mike Smith-Clare
Cllr Brenda Jones	Cllr Eric Vardy
Cllr Mark Kiddle-Morris	

**For further details and general enquiries about this Agenda  
please contact the Committee Officer:**

Hollie Adams on 01603 223029  
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**Under the Council's protocol on the use of media equipment at meetings held in public, this meeting may be filmed, recorded or photographed. Anyone who wishes to do so must inform the Chairman and ensure that it is done in a manner clearly visible to anyone present. The wishes of any individual not to be recorded or filmed must be appropriately respected.**

## **A g e n d a**

**1 To receive apologies and details of any substitute members attending**

**2 Minutes**

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To agree the minutes of the meeting held on 21 January 2022

**3 Members to Declare any Interests**

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
  - Exercising functions of a public nature.
  - Directed to charitable purposes; or
  - One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);

Of which you are in a position of general control or management.

If that is the case then you must declare such an interest but can speak and vote on the matter.

**4 To receive any items of business which the Chairman decides should be considered as a matter of urgency**

## **5 Public Question Time**

Fifteen minutes for questions from members of the public of which due notice has been given. Please note that all questions must be received by the Committee Team ([committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)) by **5pm Tuesday 15 March 2022**

For guidance on submitting a public question, please visit [www.norfolk.gov.uk/what-we-do-and-how-we-work/councillors-meetingsdecisions-and-elections/committees-agendas-and-recent-decisions/ask-aquestion-to-a-committee](http://www.norfolk.gov.uk/what-we-do-and-how-we-work/councillors-meetingsdecisions-and-elections/committees-agendas-and-recent-decisions/ask-aquestion-to-a-committee)

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

Fifteen minutes for local member to raise issues of concern of which due notice has been given. Please note that all questions must be received by the Committee Team ([committees@norfolk.gov.uk](mailto:committees@norfolk.gov.uk)) by **5pm Tuesday 15 March 2022**

## **7 Special Educational Needs (SEND): Performance Framework** Page 12

Report by the Executive Director of Children's Services

## **8 Health and Adult Social Care Reforms** Page 22

Report by the Executive Director of Adult Social Services

## **9 Forward Work Programme** Page 59

Report by the Executive Director of Adult Social Services

**Tom McCabe**  
**Head of Paid Service**  
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NR1 2DH

Date Agenda Published 10 March 2022



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**People and Communities Select Committee  
Minutes of the Meeting Held on 21 January 2022 at 10am  
in the Council Chamber, County Hall, Norwich**

**Present:**

Cllr Fabian Eagle (Chair)  
Cllr Fran Whymark (Vice Chair)

Cllr Tim Adams	Cllr Paul Neale
Cllr Claire Bowes	Cllr Mike Smith-Clare
Cllr Michael Dalby	Cllr Alison Thomas
Cllr Brenda Jones	Cllr Eric Vardy
Cllr Mark Kiddle-Morris	

**Substitute Members Present:**

Cllr Phillip Duigan for Cllr Julian Kirk  
Cllr Tony White for Cllr Ed Connolly

**Also Present**

Michael Bateman (via video link)	Assistant Director, SEND Strategic Improvement and Early Effectiveness
Craig Chalmers	Director of Community Social Work, Adult Social Services
Gavin Cooke	Strategic HR Business Partner - Children's Services
Suzanne Meredith	Deputy Director of Public Health (Healthcare Services)
Paul Wardle	Strategic HR Business Partner, Strategy and Transformation
Phil Watson	Director of Children's Social Care

**1. Apologies for Absence**

- 1.1 Apologies were received from Cllr Ed Connolly (Cllr Phillip Duigan substituting) and, Cllr Julian Kirk (Cllr Tony White substituting).

**2. Minutes of last meeting**

- 2.1 The minutes of the meeting held on 19 November 2021 were agreed as an accurate record and signed by the Chair.

**3. Declarations of Interest**

- 3.1 Cllr Alison Thomas declared a non-pecuniary interest as her daughter was a newly qualified social worker, not working in Norfolk

**4. Items received as urgent business**

- 4.1 No urgent business was discussed.

## 5. Public Questions

5.1 No public questions were received.

## 6. Member Questions and Issues

6.1 No Member questions were received.

## 7. Special Educational Needs (SEND): Performance Framework

7.1.1 The Committee received the sixth report in a series of reports scheduled for each Committee meeting over a 2-year period, following on from recommendations by the Local Government & Social Care Ombudsman (LGSCO) in their 2020 published investigation report. The report contained the outturn figures for Education Health and Care Plan (EHCP) performance, the latest EHCP data for both initial assessments and annual reviews, and regular reporting of a range of performance data in line with the LGSCO recommendations.

7.1.2 The Assistant Director, SEND Strategic Improvement and Early Effectiveness introduced the report to Committee:

- This report was 60% of the way through the 2-year reporting period, which would end in November 2022.
- Progress was being seen across the indicators. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, confirmed that a pattern was observed at the start of each academic year where some figures appeared higher but reduced through the spring term when staff caught up on reporting and arranging provision.
- The final outturn of EHCPs in Norfolk for 2021 was 54%, as shown in the table on page 21 of the report. Figures would be submitted to the Department for Education (DfE) in January 2022. In May 2022 all local area EHCP data would be published, which would provide the national average for 2021. The current (2020) national average was 58% and indications showed that the 2021 average would be at or slightly lower than this. The Council's outturn of 54% therefore indicated success.
- 46% of cases took longer than 20 weeks for assessment, however improvement in this area had been significant and the department were confident that Ofsted and the Care Quality Commission (CQC) would recognise this.
- In 2022 the publication of the national SEND review and the revisit to Norfolk County Council of Ofsted and CQC were expected.

7.2 The following points were discussed and noted:

- Cllr Claire Bowes asked how many children in the County had come off of the school roll due to Covid lockdowns. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, **agreed** to provide Cllr Bowes with a written answer as this data came under a different director's remit.
- The Chair asked whether any children with SEND had come off the school roll; This had been reported as an issue nationally but the Assistant Director, SEND Strategic Improvement and Early Effectiveness, confirmed it had not been recognised as an issue in Norfolk. It was important to note that children "missing education" included those who were moving, and therefore "off roll", in the period between moving from one school and registering at a new school.
- A Member of the Committee queried the final bullet point on page 19 and

queried whether the wording implied there were other factors which might be affecting this data. The Assistant Director, SEND Strategic Improvement and Early Effectiveness confirmed the figures were attributed to the dynamic described in the report and he would sharpen up language in future reports to indicate where arranging education was outside of the remit of the Council.

- A Committee member asked when the 2021 average of EHCP performance would be available. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, confirmed that Local Authorities would submit their statistical analyses to the DfE in January 2022 which would provide the national average for 2021 which would be published in May 2022.
- The written statement of action set out two critical performance indicators: trying to achieve 60% EHCP performance within 20 weeks by the end of 2021; and a stretch target of 90% EHCP performance within 20 weeks by 2022. The Council was therefore aiming to achieve these performance indicators rather than the national average.
- The Assistant Director, SEND Strategic Improvement and Early Effectiveness **agreed** to ensure that language was clearer in future reports and reassured members that communication was ongoing with parents, carers and professionals through parent voice, SEND networks and other organisations, to talk about changes that were being made.
- Officers were asked whether delays to the SEND national review had impacted on service delivery. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, confirmed that officers had worked hard to ensure that there hadn't been an impact for example by moving forward with investment in building special schools and resource bases.
- The data for "average time for arranging alternative provision for children out of education" was not affected by the summer break in the same way as other data sets. The Assistant Director, SEND Strategic Improvement and Early Effectiveness **agreed** to look at this part of the report to see if further clarity could be provided around this for future reports.
- It was noted that assessments had increased and queried whether capacity for completing these was related to retention or recruitment of staff or funding. It was confirmed that capacity was related to the fact that the staffing team had been modelled on historic stable referral rates of 65 assessments per month, however since this time, assessments had doubled. Additional capacity was required within educational psychology both in Norfolk and nationally. The "grow your own" scheme at the UEA was important to develop staff in this area. It would also be important to ensure that SEND support at schools, colleges and other provision was effective so that referrals for EHCPs would reduce.
- the Assistant Director, SEND Strategic Improvement and Early Effectiveness, confirmed that if staff capacity remained the same and referrals increased that achieving the 90% stretch target would be difficult. The number of assessments being completed within 20 weeks was starting to plateau; issues discussed during the meeting needed to be tackled to increase this further. The department had been working with Mastodon C to provide insight into the data and data from the final report would be fed through to the Select Committee once available.
- It was queried whether the increase in emotional and social difficulties seen in children was related to the pandemic and whether, following lifting of restrictions, a reduction in demand would be seen. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, confirmed that expansion of special educational provision in Norfolk had been focussed on autistic spectrum disorder and social and emotional needs. Working with

health colleagues on the redesign of child and adolescent mental health services would also be important moving forward.

#### The Select Committee

1. **NOTED** the ongoing content of the SEND performance framework and agree ongoing reporting at all subsequent meetings through to Summer 2022; complying with the outcome of the LGSCO report.
2. **AGREED** that the range of performance measures will directly assist with decision making regarding any policy changes needed over time as part of the range of SEND improvement programmes.

## 8 Adults and Children's Services – Key Workforce Challenges

- 8.1.1 The Committee received the report summarising the national and local context of recruitment and retention of social workers and setting out current recruitment and retention programmes of work.
- 8.1.2 The Chairman noted the importance of the job that Social Workers carry out.
- 8.1.3 The Director of Community Social Work, Adult Social Services, and the Director of Children's Social Care gave a presentation to the Committee; see supplementary agenda, page A3:
  - The role of a social worker was informed by several areas of legislation; the Director of Community Social Work, Adult Social Services, outlined the role of the social worker as set out on slide 2 and 3 of the presentation
  - Public perception of the role could often be negative with less focus on the positive aspects of the role. The profession had become less popular, with a reduction in people training and applying for roles. Increasing numbers of social workers were considering leaving the profession.
  - A high number of staff had stated that the complexity of cases had increased over the Covid-19 pandemic.
  - Feedback from a recent careers fair indicated there was an interest in Norfolk as an area for people looking at relocating however the geography of the county was a barrier for people looking to expand their careers and increasing house prices was also a concern.
  - Officers thanked Human Resources who had ensured that recruitment continued throughout the Covid-19 pandemic
  - 2021 saw a fluctuation in staff joining and leaving social work in Norfolk County Council. Turnover increased in children's social work however remained within normal margins for all socials workers, but remain more problematic for FAST safeguarding social workers.
  - Recruitment and retention activities had been undertaken to reduce the reliance on agency staff and this has reduced by 2/3 over time but had now plateaued
  - Both adults and children's social work departments had expanded their social work apprenticeship schemes
  - Refer a friend payments and conversion payments, as well as retention and commitment payments at key points, were now in place for children's FAST social workers.
  - Reasons for social workers leaving the Council were collated through exit interviews and fed into recruitment and retention projects and initiatives
  - The new children's social care deal allowed social workers to work flexibly and reduced bureaucracy to free up time to work with families to make the job more



rewarding and manageable.

- Actions that Members could take to support social work teams were set out in the presentation

## 8.2 The following points were discussed and noted:

- Officers were asked what could be done to encourage more social workers to work in Norfolk. The Director of Children's Social Care replied that the shift to relation-based practice had encouraged some agency staff to join the Council; there had been a drive to reduce reliance on agency staff by also introducing an agency worker conversion payment. There had been high interest in the social work apprenticeships, as well as a healthy pipeline of newly qualified social workers, providing other routes for people to enter social work in Norfolk.
- The apprenticeship scheme had been in place for 3 years and there were 30 places in both adults and children's social work. This year, recruitment to the apprenticeship scheme was external and a high level of interest was seen. The supervision required to support apprentices to be successful was high, so it was important to consider this when looking into whether the scheme could be expanded further. Some balance also had to be considered between experience and inexperience in frontline statutory teams.
- Provision of specialist mental health support and supervision for social workers was advocated as important to managing the job. The Director of Children's Social Care agreed and confirmed that in addition to the value of group supervision now practiced in all teams, clinical supervision was being trialled for FAST social workers and teams.
- The national caseload for children's services social workers was 16 and officers clarified this was 16 children, not families. Overall caseloads in the service were similar, but higher in the FAST teams due to continued turnover of staff and remaining reliance on interims exacerbated by the prolonged pandemic period and impact on working and labour market conditions. Caseload numbers were only a guide and needed to be taken on a staff by staff and case by case basis, and supported through discussion in supervision
- A Committee Member asked whether social workers would be expected to be involved in the work with Newton Europe, and if so, if this would be on top of their normal workload. The Director of Community Social Work, Adult Social Services, **agreed** to find out and provide a written response.
- It was noted that 18% of social workers were male which was a reduction from previous years. Officers reported that this was partly due to negative media attention of the role which showed the importance of challenging the narrative.
- A Committee Member asked whether social work as a career was encouraged in schools. The Director of Community Social Work, Adult Social Services, replied that such visits were made to colleges and universities.
- It was noted that the negative perception of social work would need to be tackled at a local and national level by politicians, industry leaders and representative bodies showing how it could be a rewarding profession.
- Noting the lack of peer support of working from home, the challenging nature and emotional impact of the work, officers confirmed that once restrictions were lifted, social workers were encouraged to come back into the office, following covid guidelines, as often as they could. Social workers had access to offices over and above other council staff.
- The Vice-Chair was pleased to hear that clinical supervision was being put in place to support social workers. He noted the importance of working with the media to change the narrative around social work.
- The budget for recruitment and retention initiatives was £300,000.

- The Chair asked whether recruitment or retention was a bigger issue for social work. Officers confirmed that both were important factors to focus on.
- There was an ageing workforce nationally and in Norfolk meaning that it would be important to understand and work with social workers who may want to take early retirement.
- The Chair asked whether non-financial incentives for staff retention were being considered. The Director of Children's Social Care confirmed that other local authorities used financial incentives to help retain staff, so providing these helped the Council remain competitive, but were only part of the solution. Other, non-financial aspects of the role were also important such as work-life balance, peer support and mental health support. Officers would continue to look at other options which would make a difference in retaining staff.
- More detail was requested on budgets for retention and retainment. The Director of Children's Social Care **agreed** to provide this information to the Committee in writing.
- Officers confirmed that Brexit had a small impact on the social worker workforce as social work was an occupation which people could apply for a visa for, but **agreed** to provide more detailed figures on this.

8.3 The Committee **NOTED** the content of the report and Appendix A of the report.

## 9 Norfolk Health and Wellbeing Profiles 2021 – District and Electoral Division – Joint Strategic Needs Assessment (JSNA)

9.1.1 The Select Committee received the report setting out a new way of accessing information held on the Joint Strategic Needs Assessment (JSNA) using a dashboard which could be updated as data changed and replacing the static profiles published annually as part of the work programme for 2021/22 signed off by the HWB and of a wider project to improve the availability of place-based health and wellbeing information on the JSNA.

9.1.2 The Deputy Director of Public Health (Healthcare Services) gave a presentation; (see appendix B of the report at page 43 of the agenda):

- Members were asked for feedback on the profiles and what they would like to see in future versions.
- The Deputy Director of Public Health (Healthcare Services) talked members through some of the indicators which would be shown on the website
- Different indicators could be selected and shown on a map of electoral division, district or the county
- Each profile showed where the data came from and included definitions
- More data was available on the website than what had been shown on the presentation.
- Additional data and information could also be found by visiting the websites shown in the presentation.

9.2 The following points were discussed and noted:

- A Committee Member queried the figure of 4300 people living in NCC nursing or residential care and asked for more information on this; The Deputy Director of Public Health (Healthcare Services) **agreed** to check this and provide a written answer.
- A Committee member suggested that information on these profiles should be part of the training package for Councillors to ensure all knew how to use it

- The Deputy Director of Public Health (Healthcare Services) clarified that some data was available at a Norfolk or district level, however not at a lower level such as electoral division as it involved small numbers, such as with teenage pregnancy rates.
- The data in the profiles was chosen around Health and Wellbeing Board priorities, however, more could be added if needed.
- Cllr Brenda Jones left the meeting at 12.48
- Some Committee Members **agreed** that data on domestic abuse rates would be useful.
- The Chair encouraged Committee Members to email The Deputy Director of Public Health (Healthcare Services) and her team if they thought of anything to include in the datasets.

9.3 The Select Committee **NOTED** the introduction of district and electoral division profiles and promote their use by council members

## 10. Forward Work Programme

10.1 The Chair confirmed that previously suggested reports on the music service, outdoor provision, access to technology for young people and the response to mental health and bereavement would be added to the forward plan when it was an appropriate time to bring them.

10.2 The Committee considered and **AGREED** the forward work programme with addition of:

- An item to coincide with national social care week
- A report on the Change Grow Live recent inadequate inspection

The Meeting Closed at 12:55

**Cllr Fabian Eagle, Chair,  
People and Communities Select Committee**



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# People and Communities Select Committee

## Item No. 7

<b>Report title:</b>	<b>Special Educational Needs (SEND): Performance Framework</b>
<b>Date of meeting:</b>	<b>18 March 2022</b>
<b>Responsible Cabinet Member:</b>	<b>Cllr John Fisher (Cabinet Member for Children's Services)</b>
<b>Responsible Director:</b>	<b>Sara Tough (Executive Director Children's Services)</b>

### Introduction from Cabinet Member

This is the regular report to the People and Communities Select Committee providing a range of performance data regarding services and provision for Special Educational Needs & Disability (SEND). We are reporting to Committee over a 2 year period (which began in November 2020) following recommendations by the Local Government & Social Care Ombudsman (LGSCO) in 2020 following their published investigation report. In all previous reports to this Committee we have incrementally increased the range of information provided to Committee, expanding the original 'brief' from the LGSCO and ensuring Committee had a broader sense of EHCP performance and context. However, on this occasion, as there are no significant new developments or data sets since the Committee met in January this month's report is a brief update on the core data set only.

Officers set out a wide range of EHCP/SEND information in the January report as a 'baseline' to inform Members ahead of two significant developments this year, the DfE National SEND Review and the revisit by Ofsted/CQC. Therefore, Members of the Committee should anticipate updates on these in the May report following government consultation launch and further clarity regarding likely timescale for Ofsted/CQC revisit.

### Executive Summary

This is the seventh report on a developing SEND performance framework in a series of reports scheduled for each Committee meeting over a 2 year period. The first report, in November 2020, followed on from recommendations by the Local Government & Social Care Ombudsman (LGSCO) in their 2020 published investigation report. Subsequent reports have expanded to take account of Norfolk's Area SEND Strategy and our Written Statement of Action response to the Area Ofsted/Care Quality Commission (CQC) SEND Inspection. However, as there have been no significant changes since the January Committee report this month the focus is on the core data set.

The report to Committee this month updates those data sets (**within Appendix 1**) and illustrates ongoing improvement across the majority of these elements of our SEND services. There is also a reminder of the progress secured in 2021 for our performance in completing initial Education Health & Care Plan (EHCP) assessments within 20 weeks, alongside the first month(s) reporting for 2022.

## **Actions required**

- 1. To note the ongoing content of the SEND performance framework and agree ongoing reporting at all subsequent meetings through to Summer 2022; complying with the outcome of the LGSCO report.**
- 2. To agree that the range of performance measures will directly assist with decision making regarding any policy changes needed over time as part of the range of SEND improvement programmes.**

## **1. Background and Purpose**

- 1.1 Provision and services for children and young people, age 0-25, with Special Educational Needs (SEND) has been the subject of significant reporting to various council committees in recent years as part of the council's overall transformation of special educational needs services and provision.
- 1.2 There are currently three elements to our SEND strategic improvement work, each of which constitutes major programme management, these are:
  - Area SEND Strategy (2019-2022)
  - SEND & Alternative Provision Transformation Programme (2019-2024)
  - Ofsted/CQC Written Statement of Action (2020-2022)
- 1.3 A common theme across all three of these SEND strategic improvement programmes is the focus on improvement in Education Health & Care Plan performance and quality, alongside our focus on building more specialist provision and ensuring that local mainstream inclusive education options are increased for families across early years, schools and colleges.
- 1.4 The report to Committee this March will focus on the core data set, as recommended by the Local Government & Social Care Ombudsman (LGSCO), with the broader strategic updates being included again in the May 2022 report. This is due to the fact that we have not had any significant updates / data sets since the January meeting but also we anticipate being able to update Committee in May regarding DfE SEND Review and preparations for the Ofsted/CQC SEND re-visit.
- 1.5 The Department for Education has now set out a clear commitment to publish the outcome of the long awaited national SEND review this Spring; following on from the previous dates for publication of spring and autumn 2021 which were delayed. We are confident that there will not be a further delay for a number of reasons: the Children and Families Minister, Will Quince, has written an open letter to parents/carers of children and young people with SEND setting out this commitment, publication on the DfE website confirming members of the SEND review group and their terms of reference and also a conference being held at the end of March 2022 with the lead civil servants from the DfE for SEND to promote the outcome of the review.

## 2. Proposals

2.1 The LGSCO recommended that the Committee receive updates that cover the following data sets:

- number of children out of education;
- average time for arranging alternative education provision for children who have been out of education;
- average time taken to produce final EHC plans and EHC plan reviews compared with statutory timescales;
- and number of upheld complaints about EHC plans and education provision from both the Council's own complaints process and us.

2.2 **Appendix 1** provides the full table of data for each category requested by the LGSCO; including context data regarding the overall pupil population for the county and month by month comparison.

2.3 The latest full data set is a mix of data available up to end of December 2021 and January 2022 and below is the latest summary which illustrates improvement across the main data sets (noting that we have a new baseline updated from December 2021):

<i>Measure Description</i>	<i>Baseline March 21</i>	<i>Baseline Dec 21</i>
<i>School Numbers - All (Mainstream &amp; specials)</i>	117,596	117,933
<i>School Numbers - EHCP (Mainstream &amp; specials)</i>	4,019	4,175
<i>School Numbers - % EHCP</i>	3.4%	3.5%
<i>School Numbers - Stat School Age - All (Mainstream &amp; specials)</i>	108,565	109,276
<i>School Numbers - Stat School Age - EHCP (Mainstream &amp; specials)</i>	3,795	3,931
<i>School Numbers - Stat School Age - % EHCP</i>	3.5%	3.6%

- Number of Children 'out of education' with EHCP, has increased slightly from 56 in November 2021 to 60 within the December figures. However, this is much lower than at the start of the autumn term and is also lower than at this point in the previous year.
- Average time in days for arranging alternative education provision for children who have been out of education (All CME cases), has seen a slight reduction from the November figure of 32.5 down to 25.6 within the December figures, albeit still higher than at the start of the autumn term. As stated in the January report to Committee, this may be attributed to the rise in referrals seen following the summer break and the cohort 'working through' placement finding. Figures for January/February will confirm if this is the case, as was the pattern during the 2020/2021 academic year

- Average time taken to produce final EHC plans (and EHC plan reviews) compared with statutory timescales continues to reduce from the original baseline figure of 261 at November 2020 to 208 within the December 2021 figures, albeit in October and December when it was even lower, at 179 and 183 respectively.
- Average time taken to produce (final EHCP and) EHC plan review compared with statutory timescales: increased from 54% in January 2021, within timescale, for all EHCP children and young people (including LAC) to 67% in September 2021. Since then we have noted a reduction throughout the autumn term, with 61% in November and December 2021 and the latest figure of 62% for January 2022, with the overall pattern showing an increase in performance. Further on in this report is more information regarding EHCP initial assessments and annual reviews.
- Number of "Local Outcome" Total Number of complaints about EHC plans and education provision from NCC complaints process showed a further 18 complaints during October and November 2021, as reported to the January Committee, and since then we can confirm a further 15 complaints during December 2021 and January 2022, with the average per month continuing to reduce slightly.

2.4 In addition to the data requirements set out by the LGSCO we are also required to produce a range of data to support our SEND improvement plan in response to the Ofsted/CQC Area SEND inspection earlier this year. The requirement, from that inspection, was the creation of a Written Statement of Action and, within that, we have set out a range of performance measures.

2.5 The Executive Board (WSoA SEND Improvement Board) which includes cross-party Members, met in January as part of it's new bi-monthly frequency of meetings, alongside senior leaders across NCC, the CCG, education and health providers and the Chair of the parent carer forum (Family Voice Norfolk). The Board is also attended by representatives from the Department for Education and NHS England as part of their ongoing scrutiny, support and challenge on behalf of Ofsted/CQC prior to re-visit later this year.

2.6 In the report for January Committee we set out the final position for EHCP initial assessments performance for 2021. It is worth reminding ourselves of that position:

Final EHCP - 2021													
2021	Month by Month				Quarterly				Cumulative				Days
	Number Including Exception	On Time Including Exception	% On Time Including Exception	% On Time Excluding Exception	Number Including Exception	On Time Including Exception	% On Time Including Exception	% On Time Excluding Exception	Number Including Exception	On Time Including Exception	% On Time Including Exception	% On Time Excluding Exception	Average number of days to issue Final
January (All - Old & New)	62	25	40.3	43.1	213	108	50.7	54.8	62	25	40.3	43.1	226
February (All)	63	36	57.1	63.2					125	61	48.8	53.0	224
March (All)	88	47	53.4	57.3					213	108	50.7	54.8	203
April (All)	90	46	51.1	54.1	269	129	48.0	51.2	303	154	50.8	54.6	227
May (All)	80	36	45.0	50.7					383	190	49.6	53.8	233
June (All)	99	47	47.5	49.0					482	237	49.2	52.8	224
July (All)	93	56	60.2	63.6	268	152	56.7	59.1	575	293	51.0	54.6	193
August (All)	71	45	63.4	65.2					646	338	52.3	55.8	188
September (All)	104	51	49.0	51.0					750	389	51.9	55.1	206
October (All)	70	44	62.9	62.5	275	157	57.1	51.1	820	433	52.8	55.7	179
November (All)	98	50	51.0	32.3					918	483	52.6	53.9	206
December (All)	107	63	58.9	56.5					1025	546	53.3	54.2	183
Year 2021									1025	546	53.3	54.2	
Target											90.0		

2.7 This outturn for 2021 should be considered in the context of the position during the Ofsted/CQC Area SEND Inspection for EHCP performance within 20 weeks:

- 2019 Norfolk Performance = 8%
- 2020 Norfolk Performance = 21%
- 2020 National Average = 58%
- **2021 Norfolk Performance (out turn) = 54%**
- 2021 Norfolk Target = 60%
- 2022 Norfolk Target = 90%

2.8 Norfolk's final performance figure will be published nationally in May and this will be the opportunity to assess our performance against the new national average.

2.9 We continue to monitor performance and the latest monthly figures for 2022 are:

- January to February cumulative = 54%
- February stand-alone = 59%

It is the cumulative figure at the end of 2022, that will be reported to DfE next year.

2.10

We continue to experience high referral rates for EHCP and, therefore, sustaining performance in comparison to last year is our current priority whilst we consider how we can move to 60% and higher, whilst also working to reduce annual review backlog and further improve quality of plans.

2.11

We continue to anticipate the outcome of the national SEND review and the DfE have now signalled clearly that this will be published in the spring of 2022 and that a green paper with subsequent legislative changes should be expected. We will study the recommendations when they are published and work with our key partners in health, education providers and parent/carers groups to ensure a co-ordinated response. This response is likely to coincide with the re-inspection of Norfolk as part of the Ofsted/CQC Area SEND inspection framework; Ofsted has recently set out plans for these re-inspections following delays to their programme caused by COVID. EHCP performance and quality are key aspects of our response within the Written Statement of Action and we will be ensuring that the inspection team have evidence of our improvement along with a commentary on the challenges that remain.

2.12

We will provide an update to Committee within the May report when we have the consultation details from the DfE national SEND review. We will also be able to set out our progress on completion of the Written Statement of Action programme of work ahead of Ofsted/CQC revisit.



### **3. Impact of the Proposal**

- 3.1 The data that has been provided, as a direct recommendation from the LGSCO, ensures that we are compliant with those recommendations by providing this information at all Select Committee meetings until Spring/Summer 2022. This data will also provide an additional opportunity for Members to provide support and challenge regarding the cohorts that have been highlighted, namely those within the Children Missing Education and Education Health & Care Plan cohorts. In addition, by providing the data from the EHCP 'dashboard' that is being developed within the Written Statement of Action work for DfE, NHSE and Ofsted/CQC, will enable Members to monitor progress prior to re-inspection in the spring of 2022.
- 3.2 Further, that analysis of these range of performance measures will directly assist with any decision making regarding any policy changes needed over time as part of the overall SEND improvement programme.

### **4. Financial Implications – Supply & Demand**

- 4.1 Prior to the November report to Committee we had stated that there are no direct financial implications relating to the development of a new SEND performance framework. Also stating that if the performance framework highlights areas of service and provision that need to be addressed, these will be considered as part of the overall Children's Services Transformation Programme (for example, additional capacity for the Education High Needs SEND Service, which oversees EHCP's, has already been identified and secured). However, as the scope of this regular report broadened to take account of the range of SEND strategic improvement work we determined that it was now appropriate to include budget context for SEND.
- 4.2 The report to Committee in November set out information relating to the High Needs Block budget and also the Home to School SEND Transport budget, setting out the significant budget pressure within both of these areas. This information is not repeated here, however, in the March Committee report we will provide an update. The update in March will benefit from relaying information planned to be reported to the Schools' Forum regarding the detailed High Needs Block recovery plan and also the outturn forecast for both budget areas. .

### **5. Resource Implications**

**Staff: / Property: / IT**

n/a

## **6. Other Implications**

### **6.1 Equality Impact Assessment (EqIA) (this must be included)**

The SEND performance framework and related Written Statement of Action will be in line with equality requirements as they must be agreed by both DfE and CQC/Ofsted.

## **7. Actions required**

- 7.1 To note the ongoing content of a new SEND performance framework and agree ongoing reporting at all subsequent meetings for a period of two years in total; complying with the outcome of the LGSCO report.**
- 7.2 To agree that the range of performance measures will directly assist with decision making regarding any policy changes needed over time as part of the range of SEND improvement programmes.**

## **8. Background Papers**

### **Appendix 1 – January Data Set for EHCP Performance**

## **Officer Contact**

If you have any questions about matters contained in this paper, please get in touch with:

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Assistant Director, SEND  
Strategic Improvement  
and Early Effectiveness

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People & Communities Select Committee November 21 : SEND Performance Framework Appendix 1

Serial	Measure Description	Jul-20	Nov-20	Dec-20	Jan-21	Mar-21	May-21	Jul-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec 21	Jan 22
-	School Numbers - All (Mainstream & specials)	116617	-	116572	-	117596	-	-					117933	
-	School Numbers - EHCP (Mainstream & specials)	3435	-	3758	-	4019	-	-					4175	
-	School Numbers - % EHCP	2.9%	-	3.2%	-	3.4%	-	-					3.5%	
-	<b>School Numbers - Stat School Age - All (Mainstream &amp; specials)</b>	<b>107793</b>	<b>-</b>	<b>108593</b>	<b>-</b>	<b>108565</b>	<b>-</b>	<b>-</b>					<b>109276</b>	
-	<b>School Numbers - Stat School Age - EHCP (Mainstream &amp; specials)</b>	<b>3222</b>	<b>-</b>	<b>3401</b>	<b>-</b>	<b>3795</b>	<b>-</b>	<b>-</b>					<b>3931</b>	
-	<b>School Numbers - Stat School Age - % EHCP</b>	<b>3.0%</b>	<b>-</b>	<b>3.1%</b>	<b>-</b>	<b>3.5%</b>	<b>-</b>	<b>-</b>					<b>3.6%</b>	
1a	Number of children out of education - ALL CME	521	702	595	542	525	431	387	426	577	597	512	495	
1b	Number of children out of education - EHCP	-	66	65	56	65	51	49	57	76	59	56	60	
1c	Percentage - EHCP in cohort of all CME	-	9.4%	10.9%	10.3%	12.4%	11.8%	12.7%	13.4%	13.2%	9.9%	10.9%	12.1%	
1d	Number of children out of education - LAC	-	-	-	11	11	8	10	14	18	13	16	12	
1e	Percentage - LAC in cohort of all CME	-	-	-	2.0%	2.1%	1.9%	2.6%	3.3%	3.1%	2.2%	3.1%	7.0%	
2a	Average time in days for arranging alternative education provision for children who have been out of education - Specific CME categories  All cases - number of pupils	41.0	132	51	80	128	96	67	8	147	172	65	22	
2a	Average time in days for arranging alternative education provision for children who have been out of education - Specific CME categories  All cases - average number of days	37.1 days	30.1 days	22.8 days	23.3 days	19.8 days	25.9 days	18.5 days	15.1	16.5	28.2 days	32.5 days	25.6 days	
2b	Average time - EHCP-issued cases only. EHCP - number of pupils	4	23	4	7	11	9	6	nil	6	30	13	4	
2b	Average time - EHCP-issued cases only. EHCP - average number of days	98.3 days	76.9 days	44.5 days	38.7 days	46.1 days	84.1 days	24.3 days	-	74.5	66.8 days	84.0 days	43.0 days	

People & Communities Select Committee November 21 : SEND Performance Framework Appendix 1

3	Average time taken to produce <b>final EHC plans</b> (and EHC plan reviews) compared with statutory timescales	263.3 days 37.6 weeks	260.9 days 37.3 weeks	229.6 days 32.8 weeks	215.9 days 30.8 weeks	205.6 days 29.4 weeks	235.2 days 33.6 weeks	193.5 days 27.6 weeks	188.4 days 26.9 weeks	205.7 days 29.4 weeks	179.0 days 25.6 weeks	205.6 days 29.4 weeks	183 days 26.1 weeks	208.4 days 29.8 weeks
4	Average time taken to produce (final EHC plans and) <b>EHC plan reviews</b> compared with statutory timescales	(12/08/2020 - 56% in time)	55% in time	56% in time	54% in time	55% in time	59% in time	63% in time	66% in time	67% in time	64% in time	61% in time	61% in time	62% in time
3a	<i>Average time taken to produce <b>final EHC plans</b> (and EHC plan reviews) compared with statutory timescales. <b>For LAC pupils only</b></i>	-	-	-	NA (Only 2 LAC in calc)	NA (Only 3 LAC in calc)	NA (No LAC in calcs)	NA (No LAC in calc)	173 days (only 2 LAC in calc)	122.3 days (only 2 LAC in calc)	147.6 days (only 9 LAC in calc)	227.0 days (only 6 LAC in calc)	135.2 days (only 6 LAC in calc)	NA (No LAC in calc)
4a	<i>Average time taken to produce (final EHC plans and) EHC plan reviews compared with statutory timescales. For LAC pupils only</i>	-	-	-	54% in time (248 LAC in calc)	53% in time (255 LAC in calc)	57% in time (247 LAC in calc)	68% in time (254 LAC in calc)	73% in time (254 LAC in calc)	67% in time (256 LAC in calc)	67% in time (261 LAC in calc)	61% in time (271 LAC in calc)	71% in time (272 LAC in calc)	75% in time (266 LAC in calc)
5a	Number of "Local Outcome" Total Number of complaints about EHC plans and education provision from NCC complaints process  Cumulative - FY (April-March)	34	63	73	83	111	22	53	62	71	80	89	96	104
5a	Number of "Local Outcome" Upheld complaints about EHC plans and education provision from NCC complaints process  Cumulative - FY (April-March)	24	37	42	47	61	12	26	30	35	40	42	44	46

5b	Number of "LGO Outcome" Total Number of complaints about EHC plans and education provision from NCC  Accumulative - FY (April-March) LGO Outcomes are not published in the public domain until 3 months after the final decision is made.	1	3	4	4	5	1	2	4	4	4	5	5	5
5b	Number of "LGO Outcome" Upheld complaints about EHC plans and education provision from NCC  Cumulative - FY (April-March)	1	3	3	3	4	1	2	2	2	2	2	2	2

**\*Note : Children Missing Education (CME) Definition:**

2. Children missing education are children of compulsory school age who are not registered pupils at a school and are not receiving suitable education otherwise than at a school. Children missing education are at significant risk of underachieving, being victims of harm, exploitation or radicalisation, and becoming NEET (not in education, employment or training) later in life.
4. Local authorities have a duty under section 436A of the Education Act 1996 to make arrangements to establish the identities of children in their area who are not registered pupils at a school and are not receiving suitable education otherwise. This duty only relates to children of compulsory school age<sup>2</sup>.

# **People and Communities Select Committee**

**Item No: 8**

**Report Title: Health and Adult Social Care Reforms**

**Date of Meeting: 18 March 2022**

**Responsible Cabinet Member: Cllr Bill Borrett (Cabinet Member for Adult Social Care, Public Health & Prevention)**

**Responsible Director: James Bullion, Executive Director for Adult Social Services**

## **Executive Summary**

This is a covering report to accompany the presentation at Appendix A on the Bill, Policy and White Papers that contain details of the proposed Health and Social Care reforms and is for information only. The presentation was initially presented as a briefing to members on 15 March 2022, and this is an opportunity to have further reflection and discussion.

## **Recommendation**

**The Select Committee is asked to:**

- a) Discuss and consider the implications of the two White Papers for Norfolk adult social care**

## **1. Background and Purpose**

- 1.1 This is a covering report to accompany the presentation attached at Appendix A on the Bill, Policy and White Papers that contain details of the proposed Health and Social Care reforms.
- 1.2 The Health and Care Bill was published and first introduced in the House of Commons on 6 July 2021, with the reforms set to come in to effect on 1 July 2022. Norfolk County Council (NCC) departments have been working internally and with partners to understand the guidance, identify implications and develop policy positions. Transitioning to a statutory Integrated Care System in Norfolk and Waveney will enable deepened partnership arrangements between NCC and health partners through integrated commissioning, joint and aligned delivery of services in new configurations,

joint leadership roles and strategic leadership of shared programmes. Three key national papers have been published about this:

- a) November 2020 [Next steps to building strong and effective integrated care systems across England - Guiding principles for the future of ICSs in England](#)
- b) February 2021 [White Paper including details on ICSs in England](#)
- c) June 2021 [NHS ICS: Design Framework – Guiding ICS design](#)

- 1.3 The Government's Policy Paper - [Build Back Better: Our Plan for Health and Social Care](#) was published on 7 September 2021 and sets out intentions for healthcare and adult social care, supported by a new health and social care levy to raise the necessary funds.
- 1.4 The Government's white paper, [People at the Heart of Care](#), published on 1 December 2021, sets out the vision for the future of adult social care, proposing a 10-year programme of change. It revolves around three objectives: that people have the choice, control, and support to live independent lives; people have access to quality and tailored care and support; and people find adult social care fair and accessible. These proposals are backed by the health and social care levy announced in September 2021, which pledged £5.4bn for adult social care in the next three years and also confirms that £3.6bn will be allocated to reform the social care charging system, as first announced in November 2021 in the [Adult Social Care charging reform](#).
- 1.5 The [Health and social care integration: joining up care for people, places and populations](#) White paper was published on 9 February 2022 and sets out plans to make integrated health and social care a reality for everyone across England and to level up access, experience and outcomes across the country.
- 1.6 On the 4<sup>th</sup> March the Government launched a consultation on the [Operational Guidance](#) to implement a lifetime cap on Care costs. The main purpose of the consultation is to seek views on the statutory guidance which sets out how a cap on care costs would operate in practice, as well as to inform how government can support local authorities in their preparations for its implementation from October 2023.

## **2. Proposal**

- 2.1 N/A

## **3. Impact of the Proposal**

- 3.1 N/A

## **4. Evidence and Reasons for Decision**

- 4.1 N/A

## **5. Alternative Options**

5.1 N/A

## **6. Financial Implications**

6.1 N/A

## **7. Resource Implications**

7.1 Staff: N/A

7.2 Property: N/A

7.3 IT: N/A

## **8. Other Implications**

8.1 Legal Implications: N/A

8.2 Human Rights Implications: N/A

8.3 Equality Impact Assessment (EqIA) (this must be included): N/A

8.4 Data Protection Impact Assessments (DPIA): N/A

8.5 Any Other Implications: N/A

## **9. Risk Implications / Assessment**

9.1 N/A

## **10. Recommendations**

10.1 The Select Committee is asked to:

- a) Discuss and consider the implications of the two White Papers for Norfolk adult social care.



## 11. Background Papers

### 11.1 [Next steps to building strong and effective integrated care systems across England - Guiding principles for the future of ICSs in England](#)

[White Paper including details on ICSs in England](#)

[NHS ICS: Design Framework – Guiding ICS design](#)

[Health and Care Bill](#)

[Build Back Better: Our Plan for Health and Social Care](#)

[People at the Heart of Care,](#)

[Adult Social Care charging reform.](#)

[Health and social care integration: joining up care for people, places and populations](#)

[Operational Guidance to implement a lifetime cap on care costs](#)

[Supporting Local Preparation: Draft Guidance](#)

[Implementing the cap on Care costs: draft operational guidance](#)

### Officer Contact

If you have any questions about matters contained within this paper, please get in touch with:

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# Member Briefing Session: Adult Social Care Reform

15 March 2022



**Mute your mics**



**Cameras off**



**We will be starting shortly**

# Agenda

	<b>Welcome</b>	<b>James Bullion</b>
	<b>Health and Care Bill</b>	
	<b>Build Back Better: Our Plan for Health and Social Care</b>	
	<b>People at The Heart of Care</b>	
	<b>Integration White Paper: Joining up care for people, places and populations</b>	
	<b>Questions</b>	

# Health and Care Bill - 6<sup>th</sup> July 2021

James Bullion

# The Health and Care Bill

The Health and Care Bill introduces two-part statutory ICSs, comprised of **an integrated care board (ICB)** which will be a statutory legal entity and **an integrated care partnership (ICP)** which will be a statutory committee of the ICB.

The measures in the Bill will empower local health and care leaders to pursue new and innovative ways of delivering for people and communities. Flexibility is built in to allow:

- a) For local areas to implement in the way that works for them.
- b) For the whole system to adapt over time.

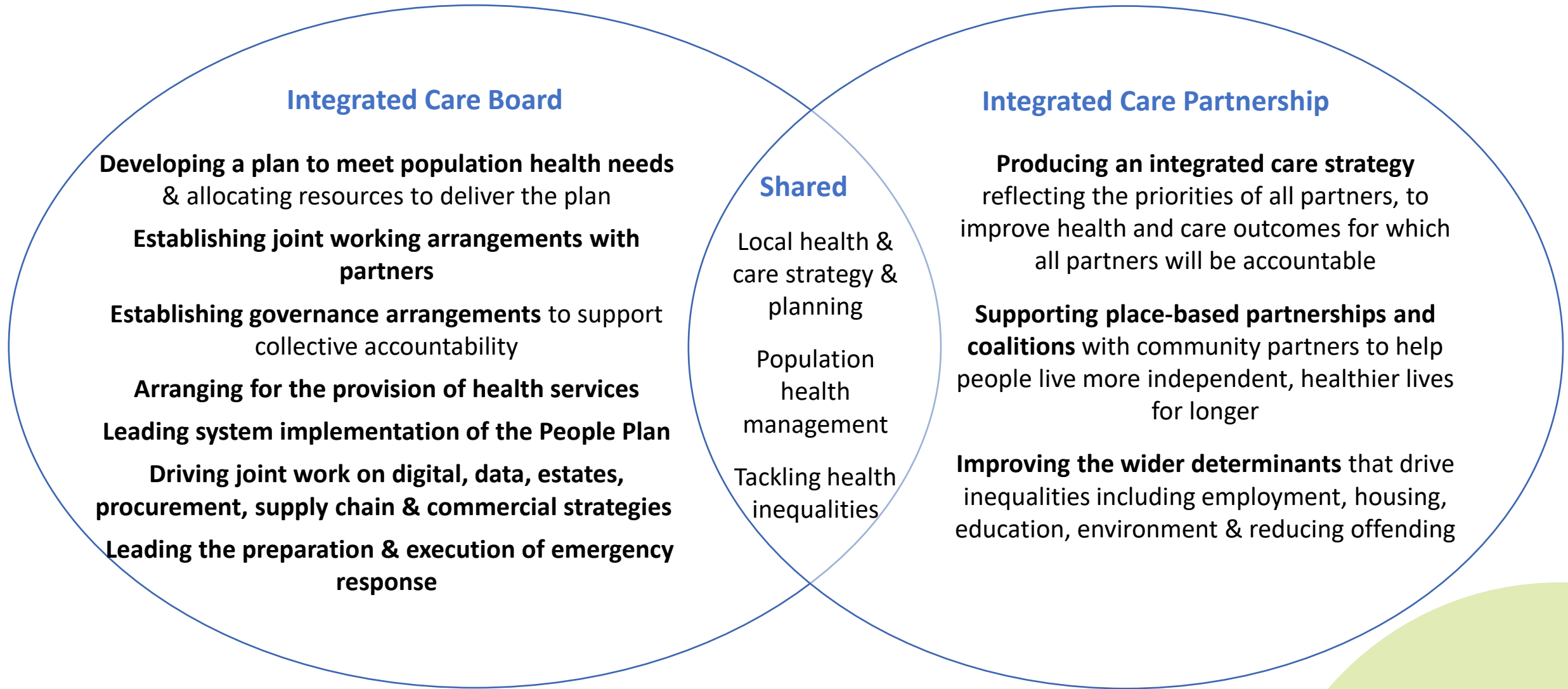
This means that the government has not prescribed every last detail of how they intend the system to work in legislation.

**The timeline for the Health and Care Bill has been revised, with ICSs now due to launch in July 2022.**

Our ambition is to continue to develop our ICS earlier than July and to use the additional time to continue to engage with partners from across the system as we create the various building blocks of the ICS.

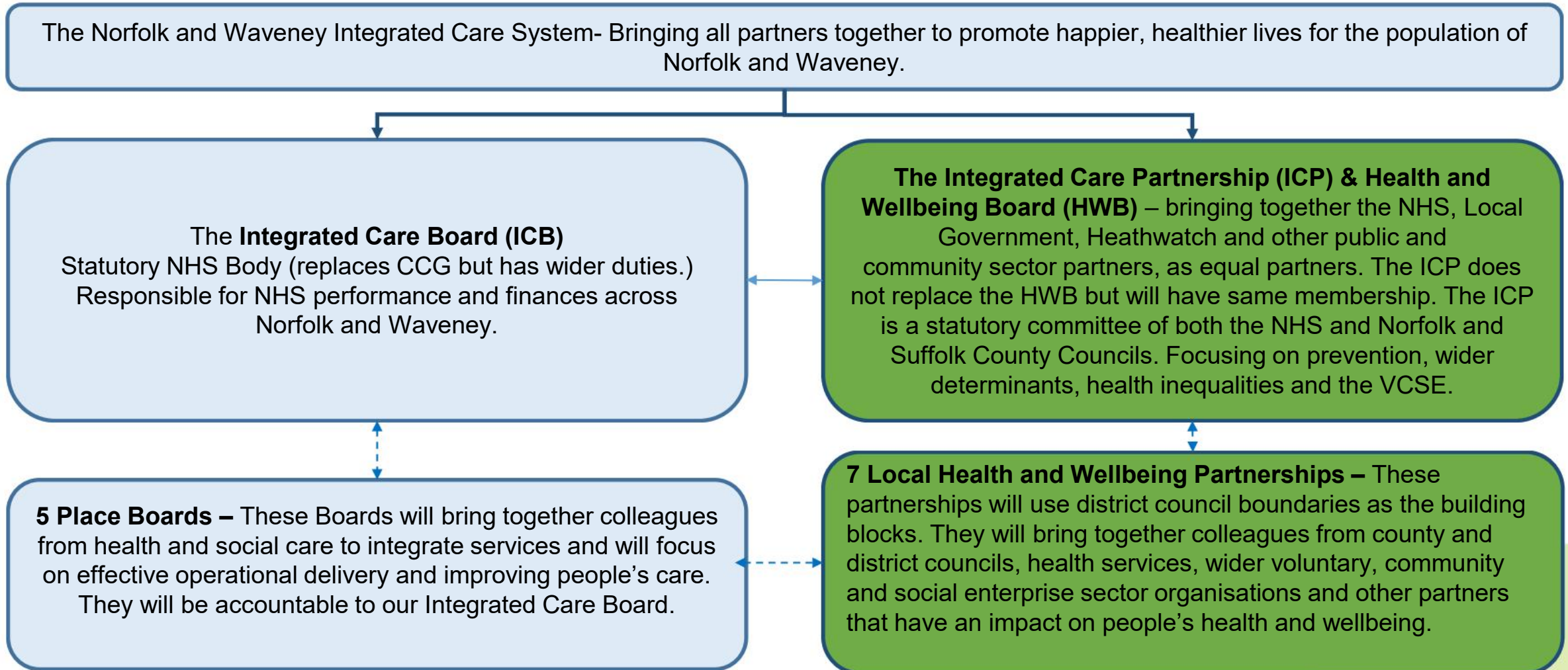
Maintaining our focus on readiness, will support our important partnership work across the system to continue, ensuring we are in the very best position when we launch as an ICS.

# Roles at system: ICP and ICB



\*The ICP and ICB are of equal importance. Unlike the ICB, the ICP is a statutory committee of the ICS, **not a statutory body**, and as such its members can come together to take decisions on an integrated care strategy, but it does not take on functions from other parts of the system.

# Norfolk and Waveney Integrated Care System



# Opportunities for the Integrated Care Partnership

The creation of the ICP presents an opportunity to:

- **Build on existing structures and strategies**, including the Health and Wellbeing Board and JHWBS, and support newly forming structures to ensure governance and decision-making are proportionate, support subsidiarity and avoid duplication.
- **Drive and enhance integrated approaches** and collaborative behaviours at every level of the system, where these can improve planning, outcomes and service delivery.
- Foster, structure and promote **an ethos of partnership and co-production**, working in partnership with communities and organisations within them.
- **Address health challenges that the health and care system cannot address alone**, especially those that require a longer timeframe to deliver, such as tackling health inequalities and the underlying social determinants that drive poor health outcomes.



# **Build Back Better: Our Plan for Health and Social Care**

**Policy Paper – Updated Feb 2022**

James Bullion

# Summary

The Government introduced the Policy Document – Build Back Better, after the unprecedented challenge from COVID-19. Highlights are:-

- Provision of significant new investment – reducing long waits for the tests and treatment that people need. £12bn per year for Health and Social Care over the next 3 years
- Plan for healthcare to i) tackling the electives backlog, ii) putting the NHS back on a sustainable footing and iii) increasing the focus on prevention.
- A commitment to creating a sustainable adult social care system that is fit for the future, alongside the programme of wider healthcare reform. With investment of £5.4 billion in adult social care over the next three years to deliver the funding and system reform
- Brings the health and the social care systems more closely together – so that people are cared for in the most appropriate place for their needs, whether at hospital, in care or at home.
- From October 2023, no eligible person starting adult social care will have to pay more than £86,000 for personal care over their lifetime so people will no longer face unpredictable or unlimited care costs.
- Introduction of a 1.25% Health and Social Care Levy to benefit the whole of the UK, ringfenced for health and social care services and increase the rates of dividend tax by 1.25 per cent from April 2022
- Developing a plan to support professional development and the long-term wellbeing of the Social Care workforce. The Government will also invest at least £500 million in new measures over three years

# **People at the Heart of Care: Adult social care reform white paper**

**December 2021**



# Summary

On 1 December 2021, the Government unveiled “People at the Heart of Care: adult social care reform white paper”.

The White Paper is one of four documents that together are intended to deliver the Prime Minister’s promise of ‘fixing’ adult social care. This includes the [Health and Care Bill](#), the [Build Back Better](#) policy document and the [autumn Spending Review](#).

**The white paper sets out the following key objectives:**

- **people have choice, control and support to live independent lives;**
- **people can access outstanding quality and tailored care and support;**
- **people find adult social care fair and accessible.**

The white paper sets out detailed strategies, policies and initiatives, some of which are to be delivered over three years and some of which receive additional government funding. Others are longer-term plans over ten years.

The Department for Health and Social Care (DHSC) is developing an evaluation framework for the vision and its policies.

A [national website](#) has also been set up to explain the adult social care reforms.

# Summary

The main areas covered in the white paper include:

THEME	OVERVIEW
<b>Providing the right care in the right place at the right time</b>	Developing a wider range of housing support, adaptations and use of technology; establishing innovative care models and prevention.
<b>Empowering those who draw on care, unpaid carers and families</b>	The three main strands are: <ul style="list-style-type: none"><li>• Improving information and advice</li><li>• Empowering unpaid carers</li><li>• Supporting autistic people and people with a learning disability into employment.</li></ul>
<b>A strategy for the social care workforce</b>	The government will invest at least £500m over three years to transform and support the workforce through universal new career structures and training opportunities. This will complement general initiatives such as the National Plan for Jobs and the National Living Wage. A key element of the transformation will be a knowledge and skills framework to provide universally acknowledged career pathways to support career progression.
<b>Supporting local authorities to deliver social care reform and our vision</b>	The three main strands are: <ul style="list-style-type: none"><li>• Improving market-shaping, commissioning and contract management in the context of reform to the social care charging system and paying providers a 'fair rate for care'</li><li>• £3.6bn from the health and care levy will be provided over three years to roll out these changes. A new assurance framework to be delivered by the Care Quality Commission (CQC)</li><li>• Improving data</li></ul>

# Summary (money)

- 1.25% National Insurance Levy and 1.25% dividend tax generates c£12bn a year over next 3 years (£36bn total)
- £5.4bn earmarked for Social Care over 3 year period running 22-23 to 24-25
- This breaks down to:
  - £3.6bn to fund charging reform (cap etc) and the movement towards a fairer cost of care
    - £1.4bn Market Sustainability and Fair Cost of Care Fund
    - £2.2bn towards charging reform
    - Funding profiled to back end of 3 years (22/23 £0.2bn; 23/24 £1.4bn; 24/25 £2.0bn)
  - £1.7bn to improve wider social care system
    - The following does not add to the total so more to be announced (or figs to change as “at least”)
      - £300m to integrate housing into local health and care strategies
      - £150m to drive greater adoption of technology and achieve widespread digitisation
      - £500m for the Social Care Workforce
      - £25m for supporting unpaid carers
      - £30m to help local areas innovate around the support and care they provide in new and different ways
      - £5m to pilot new ways to help people understand and access the care and support available.
      - £70m to increase the support offer across adult social care to improve the delivery of care and support services
      - £210m Care and Supported Specialised Housing (CASSH)
      - £410m unallocated thus far
- For individual local authorities, no specific allocations have been given with the exception of 22/23 Market Sustainability and Fair Cost of Care Fund which of £162m nationally we will receive £2.8m

# Providing the right care in the right place at the right time (1/2)

## Headlines

### Integration of health, care and housing

Integrated care partnerships will have a critical role in driving integration between health care and housing. The Government will invest at least £300m from 2022 over three years to:

- Enable all local areas to agree a plan embedding housing in broader health and care strategies, including investment in jointly commissioned services.
- Boost the supply of supported housing coupled with driving innovation in how services are delivered alongside housing where possible.
- Increase local expenditure on service for those in supported housing (proportionately less of this is provided in the UK than in comparable countries).

### Specialist housing market for older people

The Government will continue to invest in the Care and Support Specialised Housing (CASSH) fund with £71m per year over three years to incentivise the supply of specialised housing for all age and care groups.

This is in addition to the Department for Levelling Up, Housing and Communities (DLUHC) Affordable Homes programme.

### Disabled Facilities Grant

The Government is committing to providing **a further £570m per year for local areas to deliver the Disabled Facilities Grant (DFG)**. Following the DFG review in 2018, it will produce **new DFG guidance** based on a public consultation in 2022, examining:

- Increasing the amount the grant can pay for an individual adaptation.
- How the DFG is allocated to local authorities to make sure it is better aligned with demand.
- How to align the complex DFG means test with charging reforms.

The Government will also fund a new service to make minor repairs and changes in people's homes.

DLUHC has consulted on options to raise accessibility in new homes and is considering its response.

# Providing the right care in the right place at the right time (2/2)

## Headlines

### A digitally enabled social care system

The Government will **invest at least £150m of new funding to deliver a programme of digital transformation**. Measures include:

- A new scheme to test ideas at scale and build cases for change – for instance, helping people in care homes vulnerable to falls with technology such as acoustic monitoring.
- Working with partners to produce a shared roadmap of priorities and digital innovation programmes.
- Fulfilling the commitment in the draft strategy – ‘Data saves lives: reshaping health and social care with data’ – to ensure at least 80% of social care providers have a digitised care record that can connect to a shared care record by March 2024.
- Developing infrastructure and cyber security, such as broadband upgrades in care homes and working with telecoms to support home care providers to work digitally – security is particularly important as working with the NHS deepens.
- Developing digital skills in the sector, including a comprehensive digital learning offer.

### Adopting innovation at scale - Innovative Models of Care programmes

The Government will **invest up to £30m in the Innovative Models of Care programmes**, to deliver new ways of working, such as Buurtzorg, at scale.

This will be a key vehicle for local areas to trial and evaluate different models in topics such as prevention, reablement, better support for unpaid carers and enablers such as local community capacity building or outcomes-based commissioning. The programme is being designed with the sector. The Government will provide some “risk-sharing” funding to mitigate additional costs of system change to local authorities and to support care providers to build capacity.

### Focusing on prevention and health promotion

The government will **invest £3m over three years in a deconditioning inequality innovation fund for older people at risk of losing strength and mobility**, to be administered by the Office for Health Improvement and Disparities. More information about prevention will be in the forthcoming integration white paper.



# Empowering those who draw on care, unpaid carers & families

## Headlines

### Improving information and advice

The government will **invest at least £5m to review existing initiatives and test and evaluate new ways of people getting personalised local advice** on the care and support available.

The Government will consider changing CQC regulations to require registered providers to be more transparent about their fees.

### Unpaid carers

The Government will invest **up to £25m for evaluated projects to ‘kick start a change in services’** and explore new models relating to respite and breaks and peer-group and wellbeing support.

The Health and Care Bill places a new obligation on integrated care boards and NHS England to involve carers when commissioning care for individuals.

The Department for Education will amend the school census to identify young carers.

The Department for Business, Energy and Industrial Strategy will **introduce a carers’ leave entitlement of five days unpaid leave a year** for eligible employees.

Appendix B to the white paper sets out the progress so far on the 2018-20 Carers’ Action Plan.

### Supporting autistic people and people with a disability into employment

The Department for Work and Pensions (DWP) will launch **a local supported employment project** to identify effective ways local authorities can support people into employment. This will start with approximately 1,200 participants and is expected to begin in 2022.

DWP will also work on a new proof of concept, **Access to Work Plus programme**, to test out enhanced support with employers to try and open up the job market.

# A strategy for the social care workforce

## Headlines

### A social care workforce strategy

The white paper acknowledges ‘pressing recruitment and retention challenges’ and sets out three overarching aims for the workforce strategy:

- A well trained and developed workforce.
- A healthy and supported workforce.
- A sustainable and recognised workforce.

### Universal new career structures and training opportunities

The Government will invest **at least £500m over three years to transform and support the workforce** with universal new career structures and training opportunities. This will complement general initiatives, such as the National Plan for Jobs and the National Living Wage, which will increase by 6.6% in 2022.

A key element of the transformation will be **a knowledge and skills framework** to provide universally acknowledged career pathways that support career progression for care workers and registered managers. A funded learning and development offer will include:

- Investment in more training places, working alongside colleges and training providers with joined-up strategies from the Department for Employment, such as local skills development plans.
- Measures to improve the portability of skills, such as care certificates and skills passports with recognised standards.
- A new digital workforce hub will allow the workforce to access information and advice and will embed people’s records of learning and development.
- There will be a continuous professional investment for registered nurses and related healthcare staff and investment in social worker training routes.
- Local best practices in recruitment will be supported.

# Supporting local authorities to deliver social care reform and our vision (1/2)

## Headlines

### Improving market-shaping, commissioning and contract management

£3.6bn will be provided over three years to reform the social care charging system. It is intended as a way to enable local authorities to pay a fair rate for care and prepare local care markets for reform.

The white paper indicates that there is a problem with underpayment in some parts of the country and DHSC will shortly announce details of how it will work with the sector on this, including building on good practice in market shaping and commissioning that promotes new models of care.

### New assurance framework

The Health and Care Bill includes a duty for the CQC to review and assess local authority performance on Part 1 of the Care Act 2014. The white paper sets out initial thoughts about the activity that may be included in the new framework: oversight of workforce recruitment, retention and professional development; managing transitions between services; prevention and reablement; safeguarding; outcomes and leadership; shaping the care market and managing commissioning and contracting; meeting the needs of unpaid carers; and needs assessments, including for self-funders.

The **framework will be part of a new single assessment framework** that also covers integrated care systems. It will build on current assessment systems and on the I-statements in the Think Local Act Personal Making it Real framework. It will be launched no sooner than April 2023.

There will be **new legal powers for the Secretary of State** to intervene in cases of serious failings.

### Improvement support

To deliver reform ambitions, the Government will increase improvement funding to **over £70 million over the next 3 years to step up improvement activity across the sector**, designing an offer that supports delivery of our reform ambitions in a way that has the greatest impact and meets local authorities' needs.

# Supporting local authorities to deliver social care reform and our vision (2/2)

## Headlines

### **Plans for improved data to understand performance and spread best practice**

The pandemic has shown the value of good, well-used data. The Government will review current data collections and publications and **establish an adult social care data framework by Spring 2022.**

The **adult social care outcomes framework will be updated by autumn 2022.** There will be a shift from aggregated data to anonymised client-level data using the NHS number. Work will take place to improve data sharing between local authorities and providers to allow real-time decision making. The survey of adult carers and the adult social care survey will be revised.

### **Dementia strategy**

The DHSC is also committed to delivering a standalone dementia strategy in 2022. The strategy will focus on the specific health and care needs of people living with dementia and their carers, including looking at: dementia diagnosis; risk reduction; prevention; and, research.

# Headlines relating to Social Care Charging Reform (1 of 2)

**Individuals with less than £100,000 in savings and assets are likely to be eligible for help from their local council with their care costs.** Currently only those with less than £23,250 are eligible for state support.

From October 2023 if you have savings and assets of:

## **Under £20,000**

You won't have to pay anything towards your care from your assets. However, you may still need to contribute from your income.

## **Between £20,000 and £100,000**

Your local authority will assess what you can afford to pay from your savings and assets and may pay for some of your care. If you cannot afford to pay your full costs from your income, you will be expected to contribute up to £1 in every £250 from your chargeable assets above £20,000.

## **Over £100,000**

You will be expected to meet the full cost of your care until you reach the cap.

# Headlines relating to Social Care Charging Reform (2 of 2)

**No one will have to pay more than £86,000 for their personal care costs.** Currently there is no limit on how much you might pay.

- **Only Personal Care costs count towards Cap**
  - **Personal care costs** – the amount you pay for your carers to help with tasks such as dressing, bathing, going to the toilet.
  - **Daily living costs** – if you live in a care home for things such as food, rent, accommodation costs, and energy bills. For simplicity, these costs will be set at a national, notional amount of £200 per week
- **The LA must provide a Personal Budget or Independent Personal Budget (IPB)**
  - **Personal Budget**, where the local authority is going to meet the person's needs and is based on cost of care we have arranged.
  - **Independent Personal Budget (IPB)** where the individual arranges their own care and the IPB sets out what it would cost the LA to meet the person's needs.
- **For those who receive LA support towards the cost of care, only the amount the individual contributes will count towards the cap – although top-ups do not**
- **Everyone will need a Care Account (maintained by LAs) to track progress towards the cap**
- **A consultation relating to this aspect of reform was only launched on 4<sup>th</sup> March and runs until 1<sup>st</sup> April 2022**

# Initial Response to the White Paper

- The White Paper is a beginning of reform. It is welcome to have a 10 year vision for Adult Social Care to put alongside the NHS Plan, Integration and Innovation: working together to improve Health and Social Care for All, and our own strategy Better Together for Norfolk.
- The vision reaffirms the Care Act as the cornerstone of how we operate, but also calls for reform and innovations with a strong emphasis on developing change with people with lived experience.
- The focus on choice, control, independence, quality and fairness are important foundations for how we support people in need.
- The initiatives to support the workforce, develop housing, improve advice and increase the use of technology are all in line with our Promoting Independence Strategy for Adult Social Care, and the commitment of £1.7bn over three years to support that is welcome – though we await great detail on its allocation and what it means for our people.
- In relation to the introduction of Assurance for Adult Social Care in 2023, we have begun steps already to review performance and support the conditions so that we can be in the best position to provide good services for people in Norfolk, and demonstrate this to the Care Quality Commission (CQC).

# **White Paper: Integration and Innovation: working together to improve Health and Social Care for All – 11 February 2022**

James Bullion



# Purpose and aim

- Broad aim for this white paper is to bring together NHS and local government to jointly deliver for local communities in ways that will put citizens and outcomes at its heart.
- Vision for Integrated Health and Care Services - *“the planning, commissioning and delivery of co-ordinated, joined up and seamless services to support people to live healthy, independent and dignified lives and which improves outcomes for the population as a whole”*

# Governance model

- By Spring 2023, all places within an ICS should adopt either a governance model (next slide), or an equivalent model which achieves the same aims.
- In this arrangement, a 'place board' brings together partner organisations to pool resources, make decisions and plan jointly – with a single person accountable for the delivery of shared outcomes and plans, working with local partners.
- In this system the council and ICB would delegate their functions and budgets to the board.
- Integration of decision-making would be achieved through formal governance arrangements (likely to include definition of membership; responsibility for outcome-setting; responsibility for delivery of functions or programmes delegated; financial arrangements including pooling; and dispute resolution and decision-making).
- The place board lead would be agreed by the ICB and the local authority (or authorities) for the place.

National and local  
accountability

Department of Health & Social Care

NHS England & Improvement

Department for  
Levelling Up, Housing  
& Communities

Local  
democratic  
accountability

"System" level

Integrated Care System (ICS)

bringing together NHS, local government and other  
partners to help meet health and care needs of an area –  
across healthcare, social care and public health

Integrated Care  
Board (ICB)

Integrated Care  
Partnership (ICP)

Local government

~3-5 local authorities within an  
Integrated Care System area

"Place" level

Jointly agrees &  
delegates functions to

Integrated health and social  
care board at "place", with a  
single point of accountability

Pooled or aligned budgets

Jointly agrees  
& delegates  
functions to

Local  
authority  
for a  
"place"

Primary and community care services  
and Primary Care Networks

Mental health services

Adult social care  
providers

Hospitals and other  
healthcare services

Key:

Commissioning

Funding

Place-based integration

Formal accountability

Other relationships

# Leadership and accountability

- The Health and Social Care Leadership Review report will be published in early 2022 and will be followed by a delivery plan with timetables to implement recommendations.
- Local leaders, amongst other things, should:
  - Bring partners together around a common agenda
  - Be responsible for delivering outcomes
  - Listen to the voices of people who draw on services when designing those services
  - Support and enable leadership in the development and delivery of services
- The Government expects all local areas to put in place-based arrangements to bring together NHS and local authority leadership.

# Integrated services

- Local leaders will be held accountable for the delivery of shared outcomes.
- The focus of integration within this white paper takes place at the “place level” (geographic area that is defined locally, but often covers around 250-500,000 people, for example at borough or county level).
- Children’s social care does not fall within the scope of the paper, but places are encouraged with this service “wherever possible”.

# Shared outcomes

- A new shared outcomes framework will help support the achievement of greater integration & will enable a “decisive shift to a model focused on population health”.
  - Shared outcomes will be decided at the place level
  - Shared outcomes will need to be designed by partners across the system and with citizens
- At a national level, the Government will set out a small and focused set of national priorities, which all places will be expected to deliver alongside their own local priorities.
  - The Government will ensure that national priorities allow sufficient space for local prioritisation

# Finance

- The White Paper refers to both “pooling” and “aligning” of resources. Pooling agreements will be subject to both NHS and local authority leadership, but the Government expects the overall level of pooling to increase in the years ahead.
- Later this year, the Government will set out the policy framework for the Better Care Fund from 2023, including how the programme will support implementation of the new approach to integration at a place level.
- The Government will also review the legislation covering pooled budgets (section 75a of the 2006 Act) and publish revised guidance.



# Digital and data

- Records of health and care delivery will undergo digitisation.
- Standards for ASC, co-designed with the sector, will be established to enable providers to share information, beginning by December 2022.
- Government will develop a roadmap for standards development (April 2022), which will be underpinned by a new end to end process for development.
- Every ICS will need to ensure that all constituent organisations have a base level of digital capabilities and are connected to a shared care record by 2024.
- Digital investment plans should be finalised by June 2022 which include the steps being taken locally to support digital inclusion.



# Carers and Workforce

- The Government plans to review regulatory and statutory requirements that prevent the flexible deployment of health and social care staff across sectors.
- Working closely with NHSE and system leaders across the comprehensive health and care system to support the development of ICSs' "people operating model" and to support places develop a 'one workforce' approach.
- Local leaders will need to think about what workforce integration looks like in their area, the conditions that are needed, the practical steps required, and who needs to be involved in shaping this.

# Summary

- Outlines steps to make permanent the innovations that Covid-19 has accelerated and that encouraged partners to improvise and find new and better ways of working.
- The proposals will help the NHS and local government in the immediate work of recovery from the pandemic by making joint planning and delivery of services easier, and over the long term by helping to address the needs of everyone, from children to older people, at different stages of their lives.
- At the heart of the changes being taken forward is the goal of joined up care

Date	Report	Issues for consideration	Cabinet Member	Exec Director
27 May 2022	Smoking Cessation Support		Cllr Bill Borrett	Louise Smith
	Covid Recovery Planning		Cllr Bill Borrett	James Bullion
15 July 2022	Adder Project Update		Cllr Bill Borrett	Louise Smith
16 September 2022				
18 November 2022				
20 January 2023				
17 March 2023				

## Items also to be scheduled:

- SEND transformation programme and new SEND units - **month TBC**
- Integration between health and social care - reform, integration and the ICS– **month TBC**
- Education green and white papers – **month TBC**
- Report on response to mental health and bereavement provision across council services. - **Month TBC**
- Virtual school update – **Month TBC**