

People and Communities Select Committee

Date: **19 May 2023**

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, members of the public may watch remotely by clicking on the following link: https://www.youtube.com/channel/UCdyUrFjYNPfPq5psa-LFIJA/videos?view=2&live_view=502

We also welcome attendance in person, but public seating is limited, so if you wish to attend please indicate in advance by emailing committees@norfolk.gov.uk

We have amended the previous guidance relating to respiratory infections to reflect current practice but we still ask everyone attending to maintain good hand and respiratory hygiene and, at times of high prevalence and in busy areas, please consider wearing a face covering.

Please stay at home if you are unwell, have tested positive for COVID 19, have symptoms of a respiratory infection or if you are a close contact of a positive COVID 19 case. This will help make the event safe for attendees and limit the transmission of respiratory infections including COVID-19.

Persons attending the meeting are requested to turn off mobile phones

Membership:

Cllr Fran Whymark (Chair)
Cllr Ed Connolly (Vice-Chair)

Cllr Tim Adams	Cllr Julian Kirk
Cllr Claire Bowes	Cllr Paul Neale
Cllr Sharon Blundell	Cllr Mike Smith-Clare
Cllr Michael Dalby	Vacancy
Cllr Brenda Jones	Vacancy
Cllr Brian Long	

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

Hollie Adams on 01603 223029
or email committees@norfolk.gov.uk

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

Page **5**

To agree the minutes of the meeting held on 6 February 2023

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) by **5pm Monday 15 May 2023**.

For guidance on submitting a public question, please visit <https://www.norfolk.gov.uk/what-we-do-and-how-we-work/councillors-meetings-decisions-and-elections/committees-agendas-and-recent-decisions/ask-a-question-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) by **5pm Monday 15 May 2023**.

7 Public Health Strategic Plan

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Report by the Executive Director of Community and Environmental Services

8 Market Position Statement

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Report by the Executive Director of Adult Social Services

9 Home Care Strategic Commissioning Approach

Page **185**

Report by the Executive Director of Adult Social Services

10 Listening and engaging – preparatory work to refresh Promoting Independence Strategy

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Report by the Executive Director of Adult Social Services

11 Adult Social Services Workforce Strategy Update

Page **204**

Report by the Executive Director of Adult Social Services

12 Forward Work Programme

Page **262**

Report by the Executive Director of Adult Social Services

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Date Agenda Published 11 May 2023



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People and Communities Select Committee Minutes of the Meeting Held on 06 February 2023 at 10am in the Council Chamber, County Hall, Norwich

Present:

Cllr Fran Whymark (Chair)	Cllr Paul Neale
Cllr Ed Connolly(Vice-Chair)	Cllr Mike Smith-Clare
Cllr Sharon Blundell	Cllr Alison Thomas
Cllr Julian Kirk	

Substitute Members Present:

Cllr Michael Chenery of Horsburgh for Cllr Claire Bowes
Cllr Maxine Webb for Cllr Brenda Jones
Cllr Saul Penfold for Cllr Tim Adams

Also Present

Michael Bateman	Assistant Director, SEND Strategic Improvement and Early Effectiveness, Children's Services
James Bullion	Executive Director of Adult Social Services
Sharon Brooks	Chief Officer, Carers Voice Norfolk and Waveney
Marie Smith	Operational Business Lead for Carers, Adult Social Services
Bethany Small	Commissioning Manager, Adult Social Services

1a Chair's introduction

- 1a.1 The Chairman spoke about Childrens Services' Ofsted report which had been published that day. Ofsted judged that significant improvements had been made by Children's Services and that the service was now good in all areas. The Chair noted that the Committee had received a series of reports looking at data about Education Health and Care Plans including the one on today's agenda. There was still further improvement needed by the department, however they had long term plans in place to address difficulties and the Chair was pleased to see the judgement received, and thanked everyone in Children's Services for this outcome.
- 1a.2 The Chair thanked Dr Louise Smith on behalf of the Committee for her work over the years as this was her last meeting with the select Committee before leaving Norfolk County Council.

1. Apologies for Absence

- 1.1 Apologies were received from Cllr Tim Adams (Cllr Saul Penfold substituting), Cllr Claire Bowes (Cllr Michael Chenery substituting), Cllr Jones (Cllr Maxine Webb substituting and from Cllr Brian Long. Cllr Lana Hemsall and Cllr Dalby were also absent.
- 1.2 Chairman noted changes to the committee membership

2. Minutes of last meeting

- 2.1 The minutes of the meeting held on 18 November 2022 were agreed as an accurate record and signed by the Chair.

3. Declarations of Interest

- 3.1 The following interests were declared:
- Cllr Sharon Blundell declared a non-pecuniary interest in relation to item 8 as her husband was her carer.
 - Cllr Maxine Webb declared a non-pecuniary interest as she had a child with an Education, Health and Care Plan.
 - Cllr Alison Thomas declared a non-pecuniary interest during the discussion of item 7 as her daughter was a social worker outside of Norfolk

4. Update from chair and committee

None

5. Public Questions

- 5.1 One public question was received; the question and response to the question were published online and circulated. Please see appendix A of these minutes.

6. Member Questions and Issues

- 6.1 No Member questions were received.

7. Verbal update by the Executive Director of Adult Social Services

- 7.1 The Executive Director of Adult Social Services gave a verbal update to the Select Committee;
- A set of powerpoint slides are appended to these minutes at appendix B to accompany this information and includes data referred to in the discussion.
 - **Recruitment:**
 - The Adult Social Care department included assistant practitioners, social workers, practice consultants, social work practitioners supporting other practitioners, team managers and occupational therapists.
 - At the time of reporting there were 97.34 full time equivalent vacant roles in adult social care, broken down into 34 assistant practitioners, 39 social workers, 12 practice consultants and 8 occupational therapists. Vacancies were split approximately 35/39 between assistant and qualified roles. More detailed data on vacancies is shown in appendix B of the minutes.
 - The vacancy rate had been consistent for the past year, with a slight reduction seen recently. The Adult Social Care budget was funded for a 100% staff occupancy, and this was the aim.
 - North Norfolk was an area which was harder to recruit to and retaining

social workers in Norfolk after completion of their degree at the University of East Anglia was also an area of difficulty.

- Data on vacancies in Adult Social Care could be circulated to the Select Committee on a regular basis if this was helpful.
- **Ability to fill care hours and the interim care list:**
 - Unfilled care hours related to people who were waiting for all their care needs to be met. For example, this could relate to situations where carers could not visit at the time preferred by an individual and instead attended at a time which did not best meet their needs.
 - In April 2022 there were 780 people on the interim care list; at the time of reporting there were just over 221 people on this list. This included people in hospital waiting to be discharged while care was being arranged.
 - Of the 221 people on the list, 107 were located in North Norfolk. This was a challenging area to recruit into for social care.
 - On average, people were on the interim care list for 60 days and the hours affected were 10 per week. This mostly affected older people.
 - The total number of hours on the interim care list shortfall were 2300.

7.2 The following points were discussed and noted:

- The Executive Director of Adult Social Services was asked what would be on his “wishlist” to help the council improve recruitment and retention; he replied that the main factor impacting on attracting and keeping workers was housing; people needed to have the wages to allow them to afford accommodation. A Committee Member asked whether the Council could work with District Councils to look at social housing for key workers. The Chair **agreed** that this could be looked at, also noting that most District Councils had a priority for key workers in social housing.
- The proposal at the James Paget hospital for adult fostering was raised; the Executive Director of Adult Social Services commented that innovative approaches were always welcome and this would be good to explore in the future with caution.
- The level of liaison with district councils, particularly North Norfolk district council, to support with recruitment was queried. The Executive Director of Adult Social Services confirmed that joint programmes were run with district councils to target local recruitment which included discussion with housing directorates to promote housing. Adult Social Services linked with the Local Enterprise Partnership and local businesses to promote social care as a viable business area for investment. It would be key to consider whether offering incentives in rural areas to advantage areas in higher need of recruitment would be useful, for example differing pricing structures.
- Norfolk and Suffolk had the highest levels of social work vacancies due to the location and poorer transport links within the counties, and because Norfolk trained less of their own social workers than other areas.
- Ways of incentivising adult social services staff to stay in Norfolk were discussed. For example, it was noted that transport costs were high due to the geography of the county and suggested that subsidising this could help.
- Around 70% of students moved out of area after completing the social work degree at the University of East Anglia. The retention rate of students completing the apprenticeship programme was 90% however so this was an area for future investment.
- A discussion was held over how the council could provide enhancements to its social workers to encourage them to work for and remain working for the

council, which were better than those provided by private employers. The Executive Director of Adult Social Services acknowledged that the council needed to pay a fairer cost of care; health care assistants working in hospitals were on around £2 per hour more than carers. The council currently paid care providers a rate which allowed them to give their workers the national living wage however the rate paid to providers would not allow the cost of travel and uniforms or other enhancements to be covered.

- In relation to a query about paying for housing subsidisation costs for staff, the Executive Director of Adult Social Services discussed that the council were looking at how relationships with housing providers could be built to link social work staff with rented housing to help them identify homes which met their needs and were affordable for them.
- It was noted that the retention rate of students from other subjects at the University of East Anglia were higher than the social work degree and queried if there was any work that could be done to improve this. The Executive Director of Adult Social Services replied that adult social care had strong links with the University of East Anglia and with City College; the social work degree at the University of East Anglia had a high reputation therefore students planning to work elsewhere could be attending to complete this degree. Incentives were in place for social workers who chose to work in Norfolk and placements were offered for students around the county and a range of services. The Executive Director of Adult Social Services **agreed** to look into what further could be done to improve retention of the UEA social work students.

7.3 The Select Committee **noted** the update.

8 Next Steps: Carers in Norfolk

- 8.1.1 The Select Committee received the report providing information on the All Age Carers Strategy and an update on the Norfolk County Council Carers' Charter.
- 8.1.2 The Executive Director of Adult Social Services noted the importance of hearing the voice of carers; this would be an area of assurance this year as the department looked at how family carers were supported. Commitments were in place to look at how the council were meeting its obligations and how the impact of care on people's lives was measured. There was an aim for the committee to have oversight on this piece of work once a year in a policy and development role.
- 8.1.3 The Operational Business Lead for Carers, Adult Social Services, Chief Officer of Carers Voice Norfolk and Waveney, and Commissioning Manager, Adult Social Services, introduced the report to the Select Committee and gave a presentation (see appendix C of these minutes):
- In Norfolk there were approximately 100,000 carers and more who were unknown to services. Around one in 9 people were carers and of these, 25% were providing more than 50 hours a week in unpaid care.
 - The All Age Carers Strategy had been developed with Carers Voice over the past 2 years. The Chair was pleased to see how much co-production had taken place on this strategy with carers.
 - Carers were supported through many areas of the council but the Operational Business Lead for Carers, Adult Social Services, hoped to

increase the support of health partners. Carers Matters and Norfolk Carers Voice had campaigns to try to reach carers who were unknown to services.

- The report underlined the next steps for the All Age Carers Strategy which had been co-produced with carers voice. As this was an all age strategy it also included young carers and young adult carers.
- The strategy introduced new provision requiring involvement with carers for prevention and diagnosis for people they cared for and in hospital discharges.
- When developing the strategy, input from young carers, young adult carers, parent carers, carer groups, specialist services and others were sought. This means that carers were able to have ownership of the strategy.
- A survey was carried out to seek feedback, and a large number of free-text responses gave a rich evidence base for further work.
- The importance of peer support was recognised, and long term planning was critical. Lack of support for the cared for could lead to mental anxiety for carers.
- A task and finish group that due to be set up which would work with various organisations. The task and finish group had been convened to coproduce the all age carers passport which was recognised in all three health care areas. There would be a drive to work with GPs to improve identification of carers. The Chief Officer of Carers Voice Norfolk and Waveney asked Councillors to promote the passport with communities
- Alongside the development of the strategy the NCC Carers Charter was now in place. This provided understanding of carers needs and was shared with partners on the council's website and carer support provider website.
- The charter was supported by the carers charter working group. There was also an internal Norfolk County Council advisory group formed of carers working at the council. Data had been shared with schools to understand the needs of young carers.
- As the carers charter developed, other avenues for discussion had been developed, such as the young carers and parents multi agency steering groups, and carers steering group for adult carers. It was proposed to move away from the carers charter steering group to ensure there was not a duplication of work and to have groups which were more relevant to the people attending them. Progress of these groups would be overseen through the annual report to the Select Committee.
- The annual report to the Select Committee would be coproduced with carers and officers.

8.2 The following points were discussed and noted:

- The Chair noted that the impact of cost of living on carers was an area which was due to be looked into further by the Health and Wellbeing Board and an important area of further research.
- Respite for carers was queried; the Operational Business Lead for Carers, Adult Social Services, confirmed that this was an area under consideration. Short breaks and respite offers were available, and work was being carried out to look at what people wanted from this offer and booking could be more flexible.
- The work of the Norfolk County Council Carer's champion in supporting this piece of work was queried. It was confirmed that it had been difficult to engage with the Carers Champion and it was hoped that this could be improved in the future. Cllr Smith-Clare **asked** that a written update was received from the Carers Champion on their role.

- Officers were asked how many “hidden” carers were in Norfolk. They replied that the number of carers set out in the report were taken from the census. Hidden carers could relate to people who did not recognise that the support they provided constituted care. GPs and hospitals were key locations where hidden carers could be recognised as they would often support the people they cared for to appointments on a regular basis. In some cultures, caring was not a terminology which was known.
- It was reported that one in 8 people identified as carers. This provided a saving of £132bn for the care service in the country; around 1.5% of this £132bn was Norfolk carers’ proportion of the saving. New census data was being awaited to provide more up to date data on the number of carers in Norfolk.
- The process of carrying out a carers assessment was queried. Officers confirmed that this involved speaking to carers about their role, what they wanted to get out of their lives, how they felt about their caring role and if they wanted to continue with it. The quality of carers assessments was regularly reviewed.
- Officers were asked if the Norfolk and Suffolk Foundation Trust gave enough support to carers; officers replied that the support provided to carers was the same as for all members of the population. They would like to see mental health services providing support for carers.
- Officers confirmed that social workers were aware of issues related to cases of people providing care for their own gain for example financial gain; the care provided to people was reviewed regularly to ensure it was meeting the required goals, and to identify if any safeguarding issues were arising.
- There was a transition action plan for carers aged from 14-25; this would look at educational opportunities and needs of young carers and ensure support was in place into adulthood. The Chair noted that support in schools was better than it had been in the past, with schools aware of young carers and providing support.
- It was pointed out that 70% of carers had not received a carers’ assessment. Officers confirmed that this consisted of 70% of the carers who responded to the survey. Not all carers needed an assessment, and some only required signposting. The number of recurring assessments had improved since launching of the carers matters impact bond.
- The parent carer steering group was set up to understand the different needs of parents caring for adult children; they would have different long term planning needs than other carers. The preparing for adult life service was in place to support these families in the transition from child to adult services and more work and discussion was due to be carried out. It was pointed out that supporting parent carers once their children were adults was late involvement and the Chair **suggested** that children’s services colleagues were involved in future discussion on this topic.
- Officers confirmed in response to a query that the All Age Carers Strategy was cross organisational to provide a strategy for how the system supports carers. Within this, each organisation would have their own strategy to show how they, individually, were supporting carers.
- It was acknowledged that it was difficult to put in place carers groups that could meet the needs of all types of carers; to address this, officers reached out to partners in communities to make everyday activities more inclusive to carers such as providing activity classes with reduced rates.

- Cllr Mike Smith-Clare **requested** a report be brought back to the Committee looking at the carers social impact bond.
- The Chief Officer of Carers Voice Norfolk and Waveney gave a summary from the points discussed in the meeting
 - Ambassadors attended events in Norfolk to help identify carers
 - There was an advice line to provide training on how to speak to and get the best evidence from carers when completing the carers assessment; the script for this was co-written with carers.
 - Feedback could be gained from carers via Carers Voice Norfolk and Waveney and through the quarterly locality meetings.
 - The Norfolk and Suffolk Foundation Trust service for carers was difficult to access and this impacted on carers
 - Key areas arising from the parent carers steering group had been long term care planning and concerns over housing.
 - Work with hospitals on the carers' passport showed there were many areas which needed streamlining to make it easier for people to get support
 - Carers groups were sometimes difficult to keep going as carers could find it difficult to have time to facilitate them and officers tried to help with this; locality meetings were an opportunity for carers to talk about the things which affected them.

8.3 The Select Committee **AGREED** to:

- a) Receive the report on the Carers Strategy and offer guidance and comment on the Council's future involvement
- b) Retain oversight of the Carers Charter, in the form of an annual report to the Committee

9 **Special Educational Needs (SEND): Performance Framework & DfE SEND Review Green Paper**

9.1.1 The Select Committee received the final in a set of reports providing a range of performance data regarding services and provision for Special Educational Needs & Disability over a 2-year period (which began in November 2020) following recommendations by the Local Government & Social Care Ombudsman in 2020 following their published investigation report.

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

- Three of the 5 standard data sets had improved over the reporting period with two fluctuating and not showing improvement in the final figures
- The final figure on complaints was missing from the report and was reported verbally: in 2021-22 there were 123 complaints and in 2022-23 there were 100, as at Christmas 2022.
- The recently published Ofsted report showed progress following the 2020 inspection in the three areas identified for improvement. Ofsted had confirmed that sufficient progress had been made in these three areas and they were also aware of the revised target for 2023.
- Next steps for the Government green paper were not able to be set out as the next steps plan was not due to be published by Government until spring 2023.

9.2 The following points were discussed and noted:

- A Committee member pointed out that in a recent Special Educational Needs and Disabilities (SEND) survey, less than 18% of respondents said that it was easier to contact the Education Health and Care Plan team using the new phone number, and that only 53% of Education Health and Care Plans were good quality according to a recent report taken to Scrutiny Committee. The Chair noted that an engagement plan was in place to improve the experience of families. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, replied that Ofsted had been aware of the data provided in the report to Scrutiny when they made their judgement and the department was aware that there was further improvement needed.
- Further investment was planned in SEND schools and support and an outcome on the Department for Education's Safety Valve programme was being awaited. School leaders had been engaged with about the Safety Valve programme however it had not been possible to engage with parents as the main information on this had been embargoed. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, felt that it built on what parents had been communicating with children's services about and that it would be positive.

9.3 The Select Committee **AGREED:**

1. To note the content of the SEND performance framework and agree that this final report concludes our reporting requirement as set out by the Local Government & Social Care Ombudsman report in 2020.
2. To determine, via the Forward Plan, any future SEND reporting for Committee and to do so within the context of the likely outcome of government SEND Green Paper next steps in late spring 2022/23.

10 Forward Work Plan

10.1 The Select Committee received and reviewed the forward plan.

10.2 The Chair reported that when he took the role as Chair of the Select Committee he had reviewed the forward plan and retained reports which were useful for the Committee.

10.3 The following points were discussed and noted

- it was agreed that a report on Carers Social Impact Bond would be circulated to the Committee as a briefing note
- It was agreed that a report would be brought to a future meeting on the processes in place around new foster carers and re-registration of returning foster carers
- It was confirmed that the Safety Valve Programme would be included in the SEND policy and inspection framework report. The Chair replied that it would also include information on Local First Inclusion.
- A discussion had been held at Scrutiny Committee about appeals and actions for the Select Committee to take forward. The Assistant Director, SEND Strategic Improvement and Early Effectiveness, agreed to liaise with Niki Ryder to ensure that this was taken forward.
- Three briefing notes were circulated to the Committee since the last meeting; see appendices D, E and F of these minutes.

10.4 The Select Committee:

1. **AGREED** the forward plan with the addition of:

- A briefing note on the Carers Social Impact Bond
- A report on the processes in place around new foster carers and re-registration of returning foster carers

2. **NOTED**

- That The Assistant Director, SEND Strategic Improvement and Early Effectiveness, would liaise with Niki Ryder to ensure the points about appeals raised at Scrutiny Committee for action by the Select Committee would be taken forward.
- That the SEND Policy and Inspection Framework due to be brought in May 2023 would include information on the Safety Valve Programme and Local First Inclusion
- The three briefing notes circulated to the Committee since the last meeting (appended to these minutes at appendices D, E and F).

The Meeting Closed at 12:12

**Cllr Fran Whymark, Chair,
People and Communities Select Committee**



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People and Communities Select Committee

6 February 2023

Item 5; public questions

Question from Mark Knight:

Can the Committee give any assurances that the proposed budget cuts for Children's Services will not impact the required improvement work regarding SEND provision in general (as required by the recently poor Ofsted inspection in 2020), particularly surrounding retention of trained staff and the Home to School Transport Service

Response from the Chairman:

The Children's Services budget is determined through a number of corporate processes and through Member support and challenge via Cabinet and Full Council. However, the People & Communities Select Committee is certainly aware that the improvements to SEND services over the past 2 years have, in part, been achieved as a result of the investment in additional staffing capacity, for example in relation to Education Health and Care Plans.

We anticipate the Children's Services Leadership Team continuing to prioritise SEND services and we look forward to the forthcoming publication of the Ofsted judgement following the recent inspection 'revisit'; acknowledging the increased investment in staffing and the direct impact on service improvement. We expect that the Ofsted outcome will be published on their website within the public domain in time for the Committee meeting, enabling confirmation of the outcome and for Members to consider the report on EHCP and this response within that context. Demand continues to be high for EHCP assessments and reviews and, therefore, previous investment for the EHCP co-ordinators and Educational Psychologists will be maintained in this context.

Although there are savings to be considered across most areas of Council spend, SEN is an area of our work where ongoing investment is being planned, for example in addition to the capital investment for more specialist provision we are also actively planning for additional specialist staffing capacity to enable more early help and mainstream inclusion support via the new 'Local 1st Inclusion' programme of work. The drive to ensure there is a greater range of specialist provision alongside enhanced local mainstream inclusion means that savings that can be achieved within the SEN transport budget will be as a result of reduced travel time and/or independence training.

People & Communities Committee

Recruitment, unfilled care hours
and interim care list

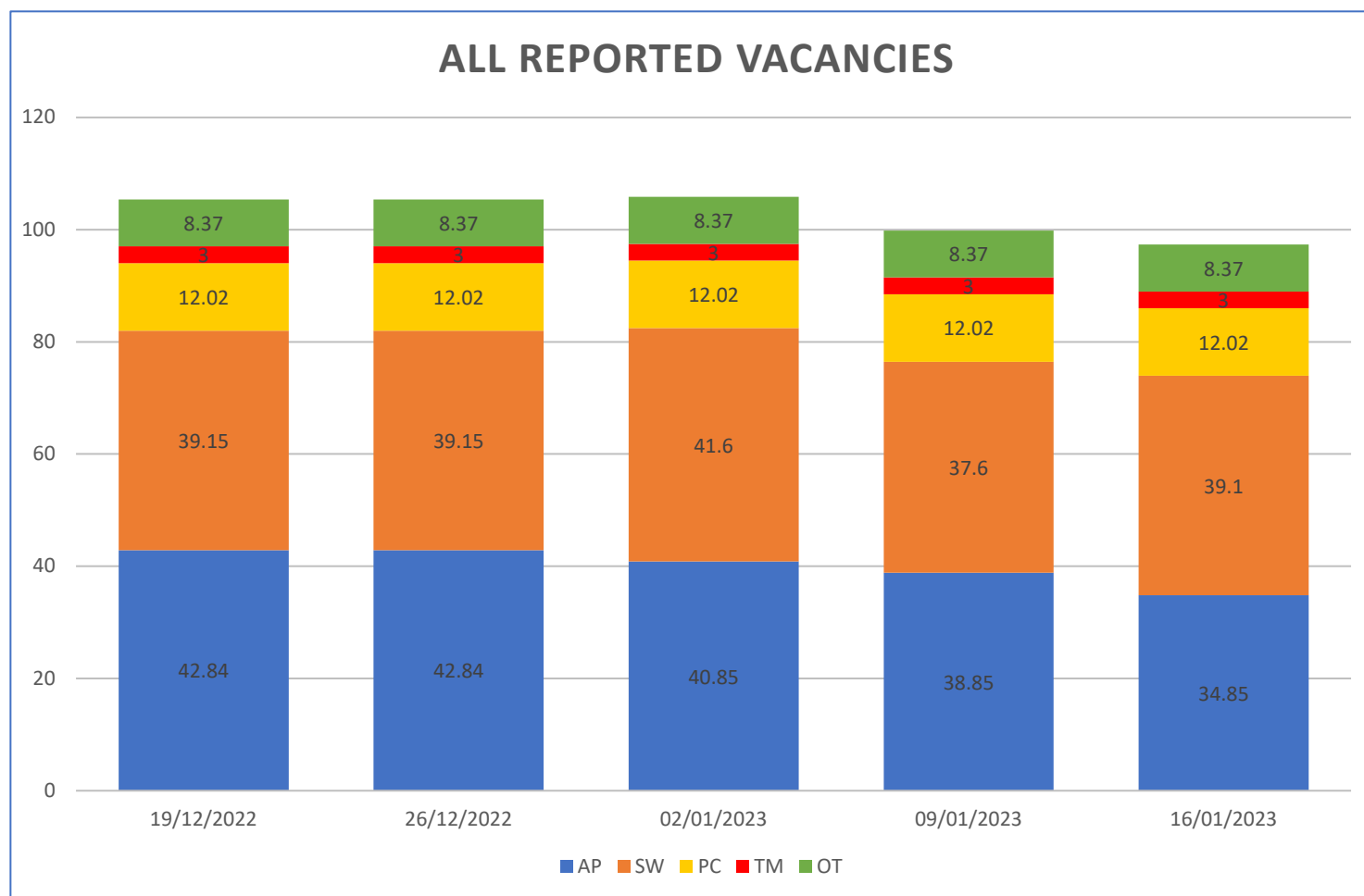
Feb 2023

*“Supporting people
to be independent,
resilient and well”*

**Promoting
Independence:
Living well and
changing lives**

Recruitment

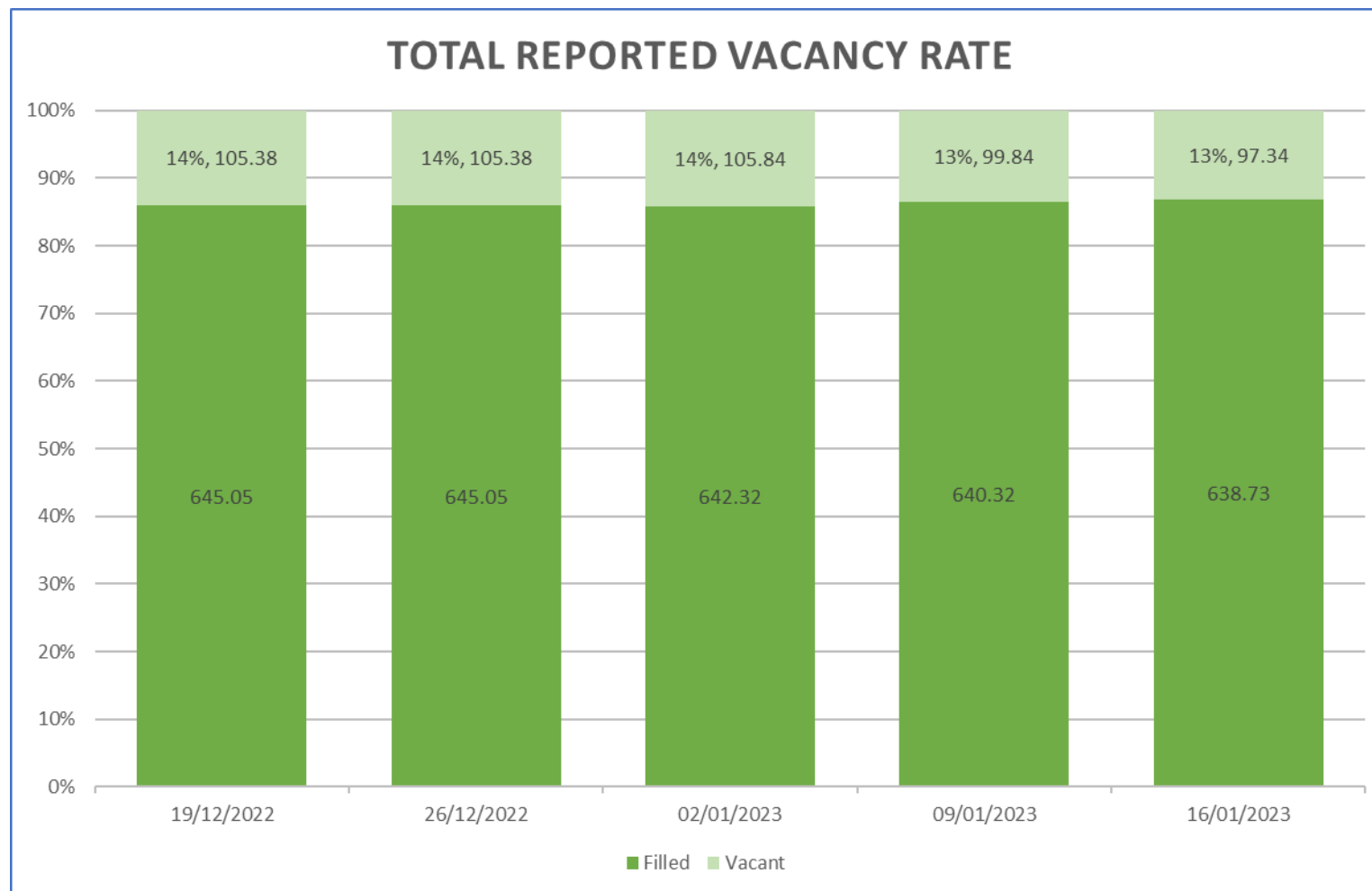
Summary of all reported vacancies



Teams included: Localities, SCCE, LD, MH, CCRT, Short-Term Beds, Safeguarding, PFAT

***does not include NFR figures**

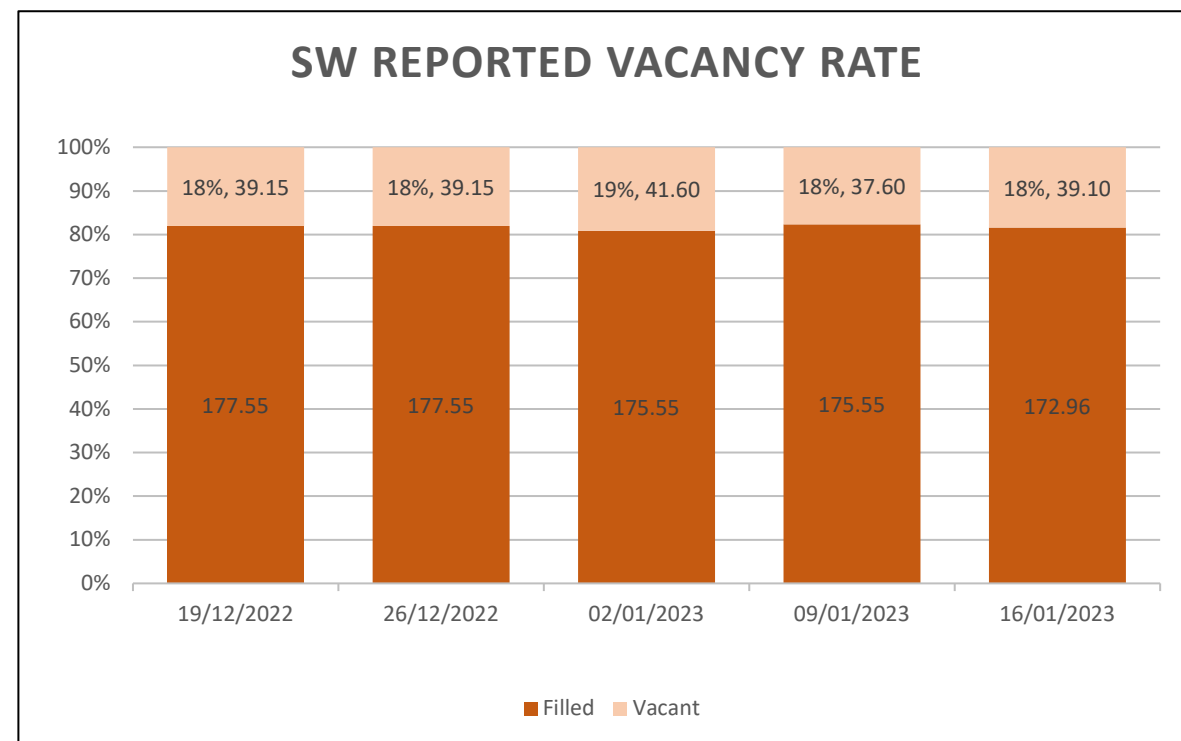
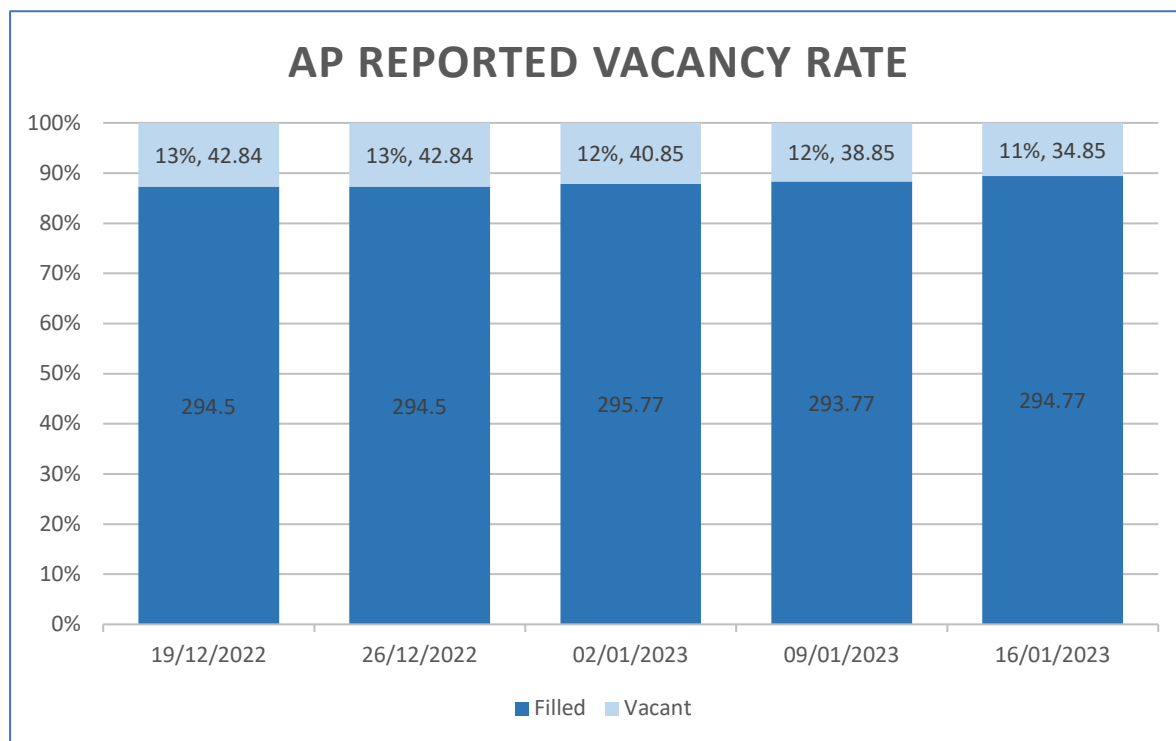
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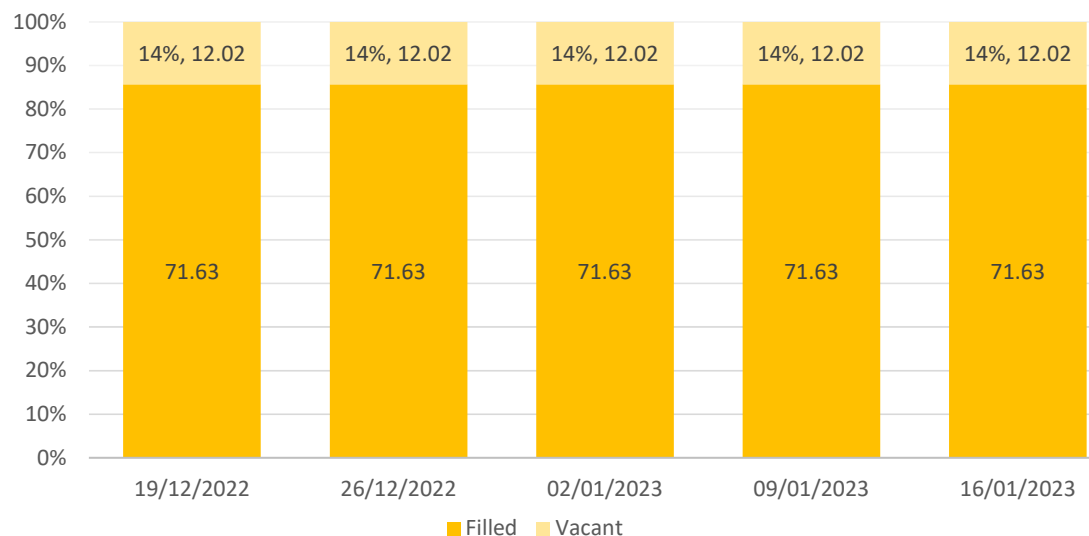
Reported vacancies by role



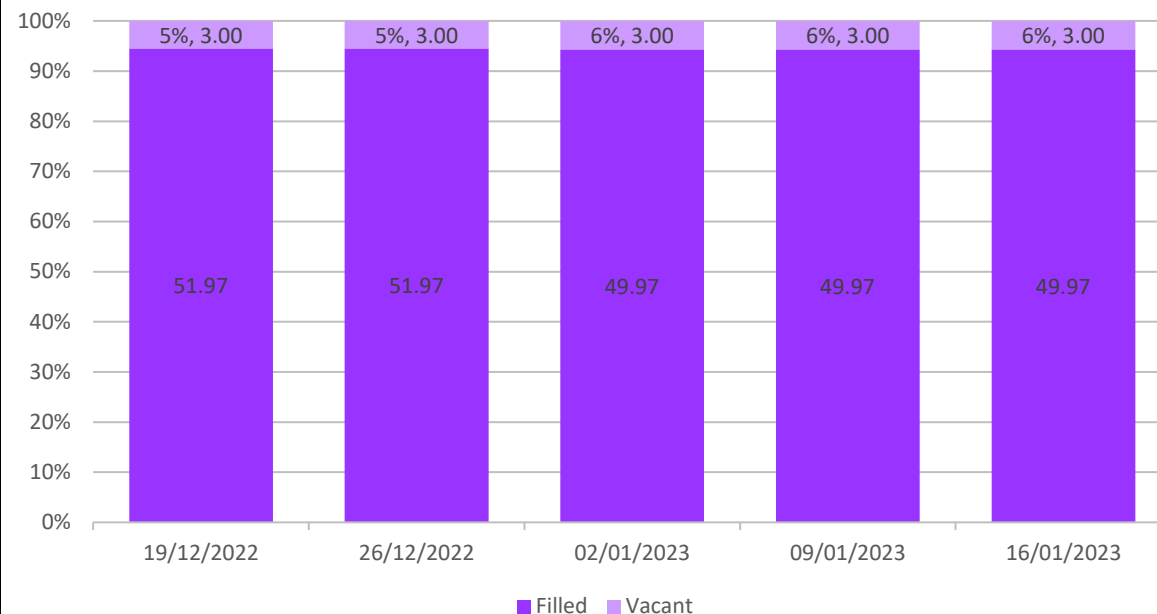
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Reported vacancies by role

PC REPORTED VACANCY RATE

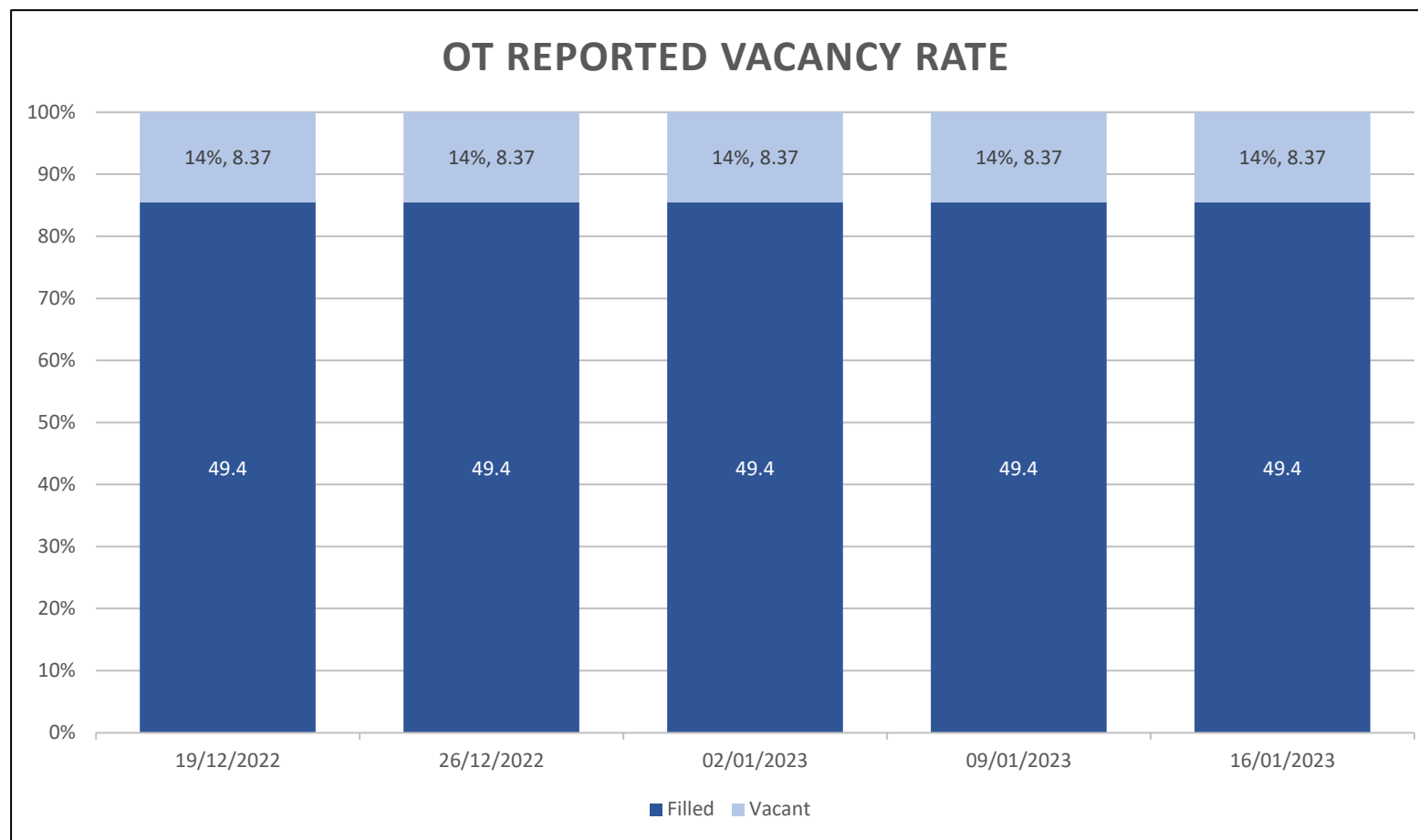


TM REPORTED VACANCY RATE



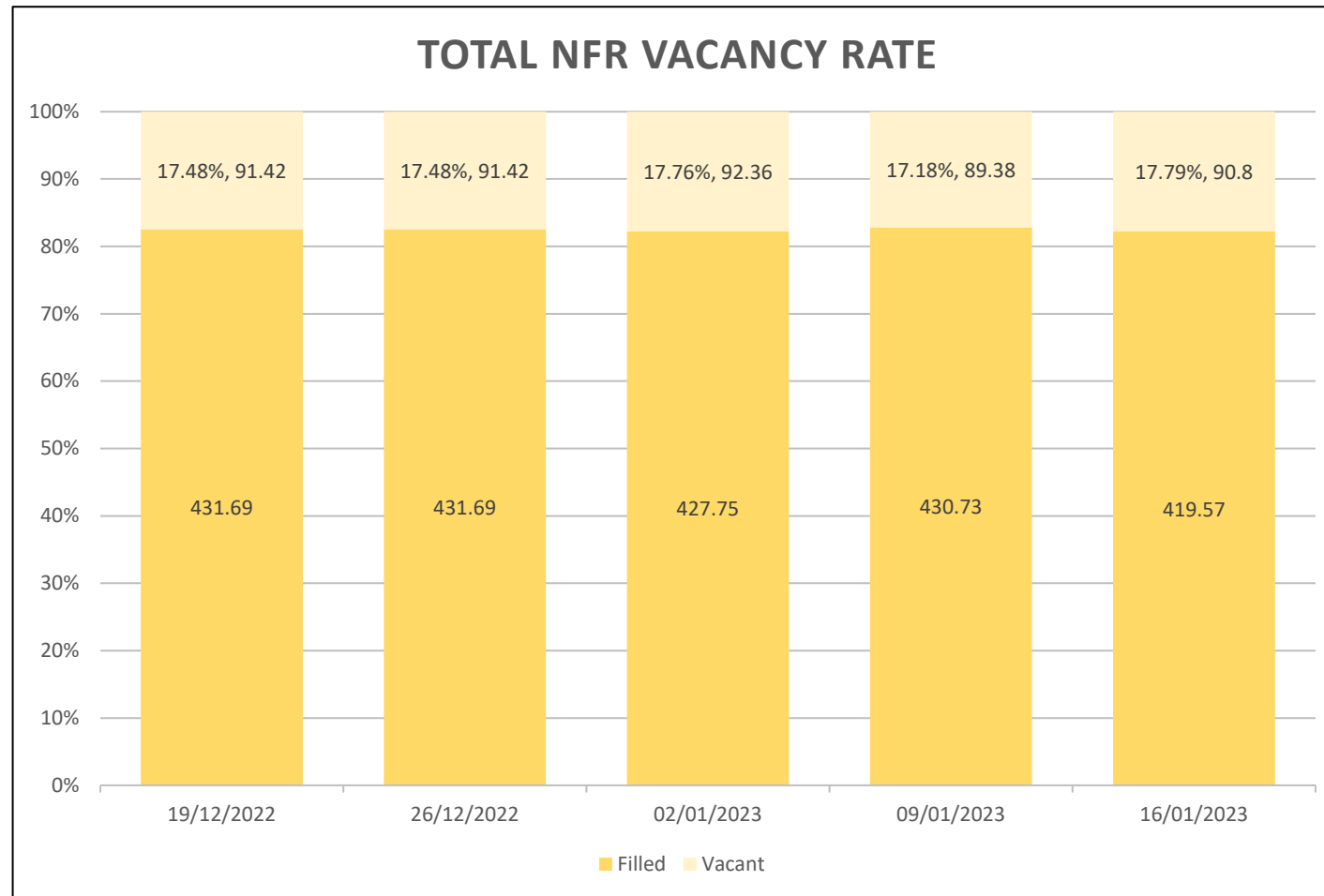
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Reported vacancies by role



Teams included: Localities, SCCE, LD, MH, CCRT, Short-Term Beds, Safeguarding, PFAT

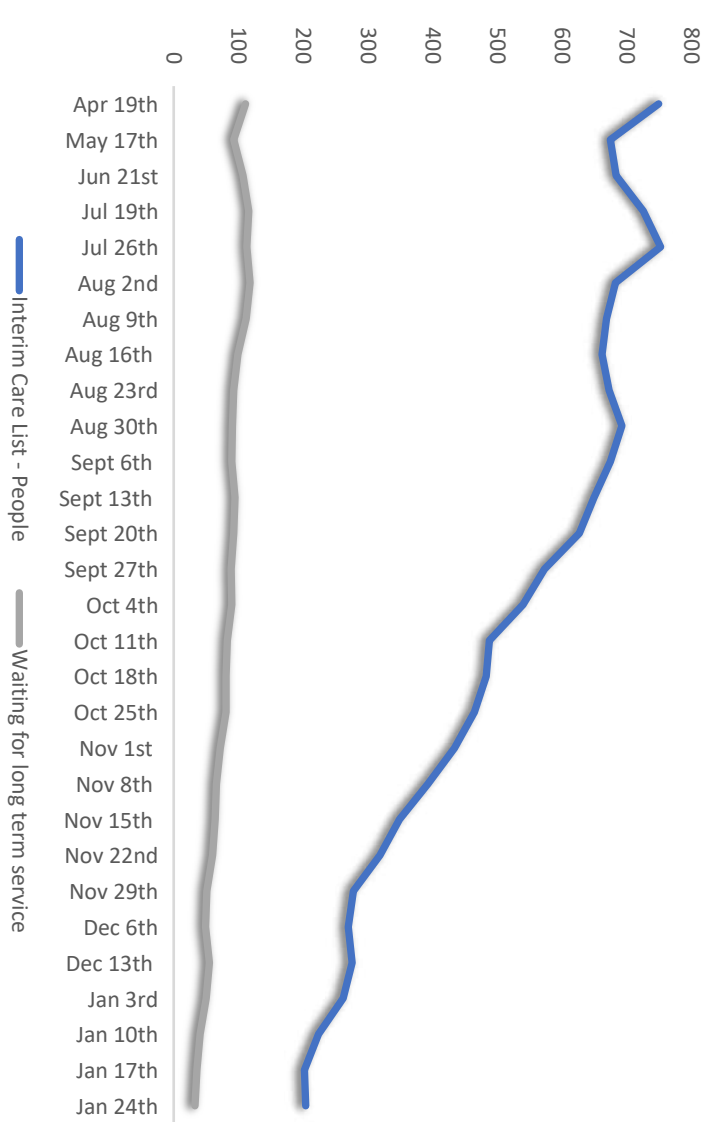
Reported vacancies by role



Teams included: Localities, SCCE, LD, MH, CCRT, Short-Term Beds, Safeguarding, PFAT

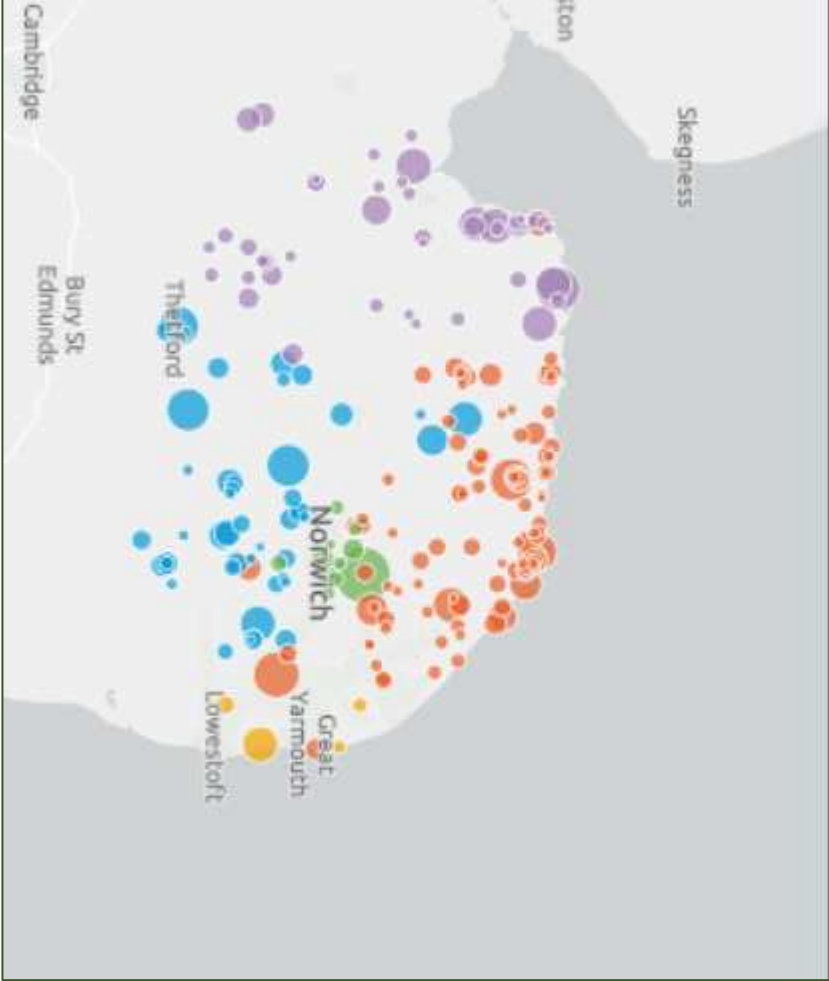
Interim Care List

Interim Care List - over time

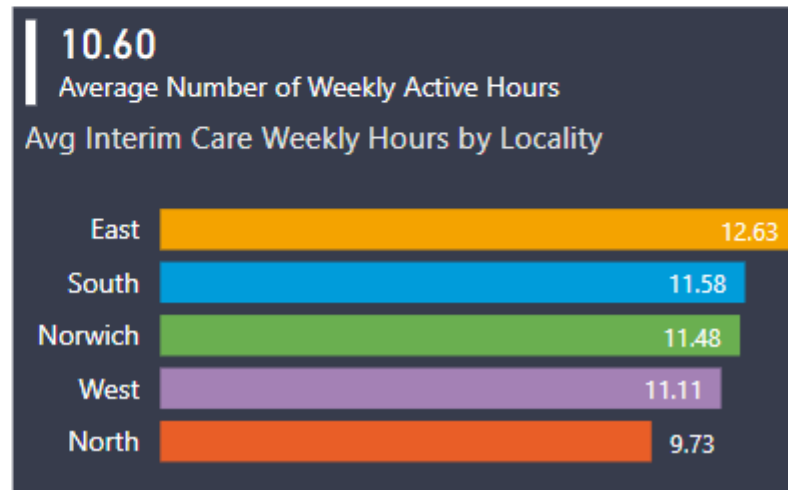
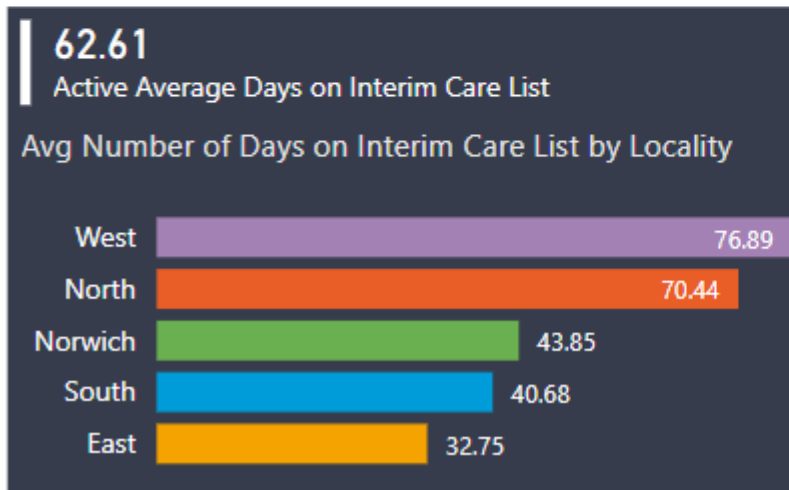
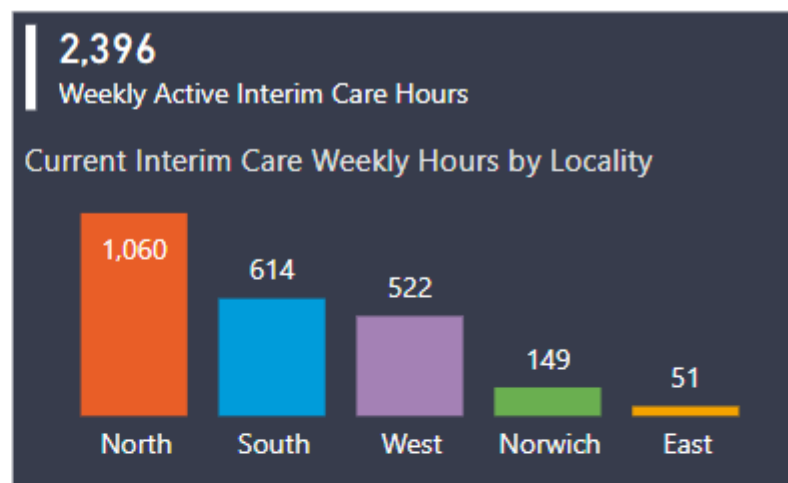
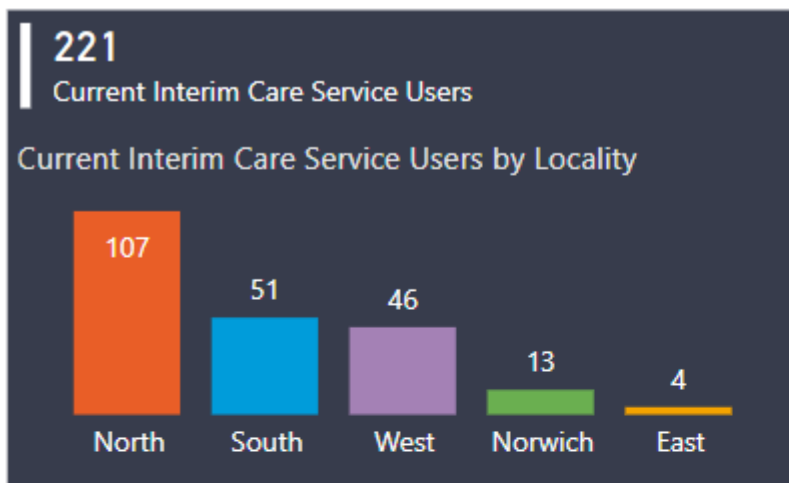


People waiting for care April 2022 to Jan 2023

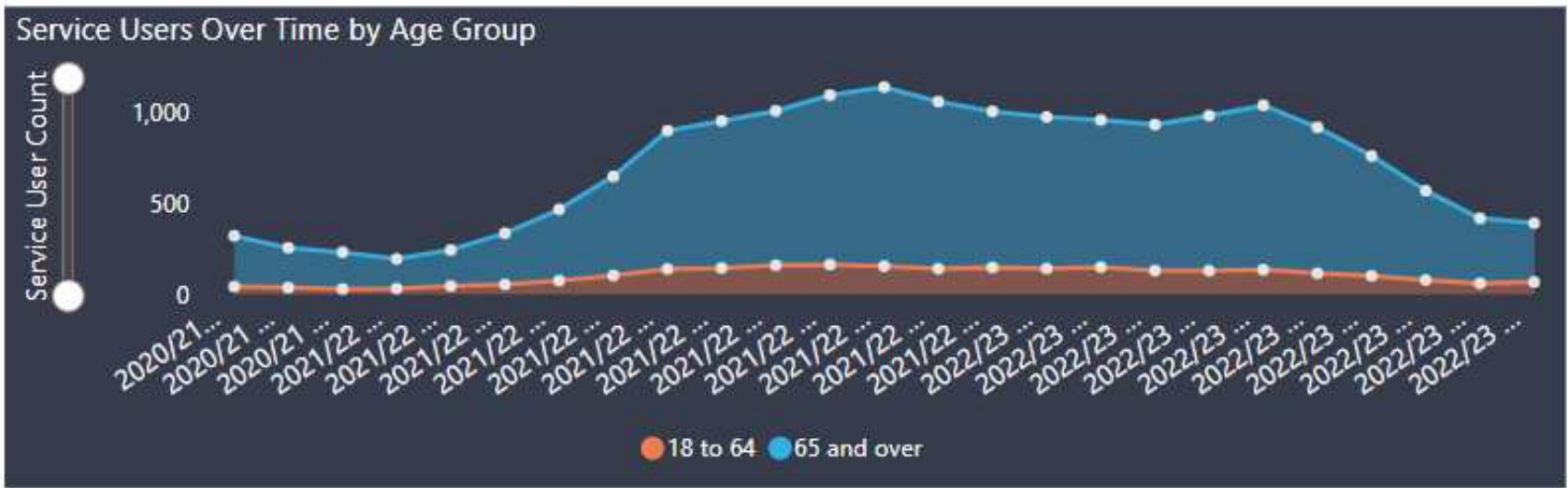
Includes people waiting for long term service following reablement



Interim Care List – by area



Interim Care List by age group



Interim Care List – headlines

221 current service users on interim care list

2396 hours of unfilled care per week

190 new people added to interim care list since 1st Jan 2023

209 people removed from interim care list since 1st Jan 2023

All Age Carers Strategy Engagement

**People and Communities
Select Committee**
6th February 2023



Background & Context

- **1 in 8** people are Carers, **6.5 million** in the UK
- **108,000** in Norfolk and Waveney, **one fifth** being Young Carers and Young Adult Carers
- Carers save the state **£132bn** (average saving of **£19,336** per Carer) a year
- Health and Care Act of 2022 placed duty on the Integrated Care Board for Norfolk and Waveney

Background

2018

Norfolk County Council (NCC) re-confirm commitment to All Age Carers Strategy for Norfolk and Waveney.

2018/20

NCC and partners discuss implementation strategies and options for work to be underpinned by a comprehensive Carer-led engagement plan.

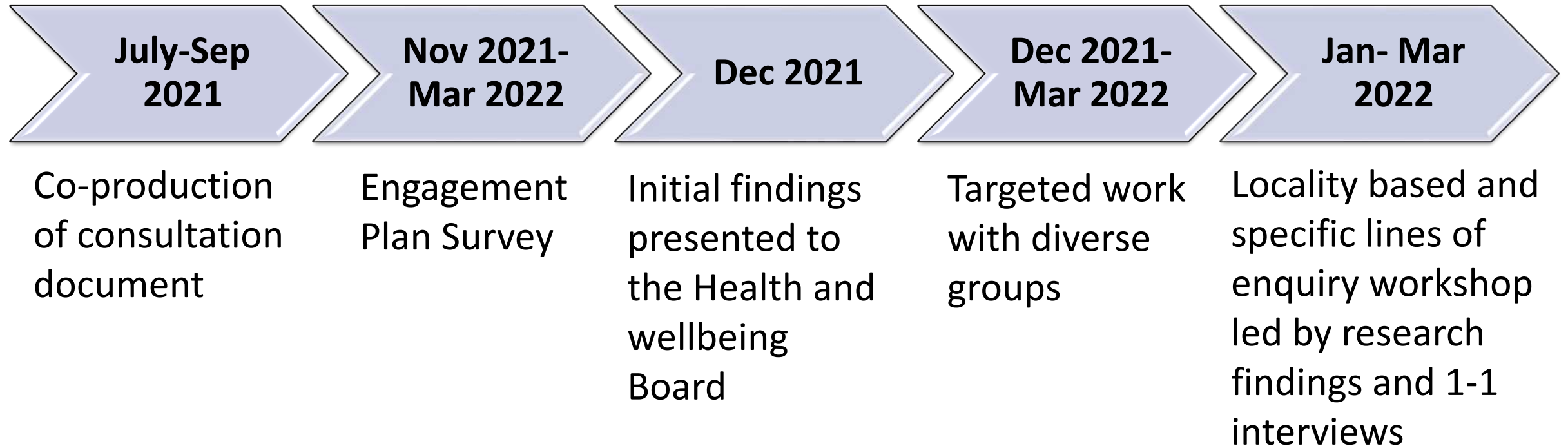
2021

NCC confirm support for a robust programme of outreach and consultation with Carers and partner organisations

2022

All Age Carers Strategy Engagement Report following co-produced consultation survey, generalist and specific focus groups and one to one interviews.

Co-production Timeline



Activity Summary

445 Engagement survey responses have been received from Carers from **47** postal areas

2055 free text responses

10 Carer Focus Groups have been delivered including **4** thematic sessions, co-facilitated with Healthwatch Norfolk

1-1 in depth interviews with Carers unable to take part in other forms of engagement or who wish to participate more

The key themes in the Carers Engagement Report focus on the importance of:

- Accessing the right care for the cared for person.
- Accessing support and knowing what's available.
- Continuity of support and recognition of the existing fragmentation of services.
- Communication between services and departments.
- Carers groups and other community networks.
- Identification and raising awareness of Carers and capturing their value.
- Involving Carers in long-term care planning.
- Mental health support for Carers and the person cared for (crosscutting theme).

Recommendations in the report

- To establish a task and finish group to develop an All Age Carers Strategy underpinned by an action plan
- To develop a set of indicators to facilitate join up across services including those that show the additional impact of the rising cost of living and the longer-term impact of the pandemic.
- To identify workstreams for extra research and analysis
- Identifying the support offered by family and community and how this balances with support services
- To embed co-production by supporting Carers to monitor the strategy.

Contact Details

You can view the full Engagement Report by visiting:
www.carersvoice.org/carers-strategy/

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People and Communities Select Committee

Briefing Note: Looked After People in the Norwich Area

Responsible Director: James Bullion, Executive Director of Adult Social Care

Briefing Note Author: Simon Shreeve, Service Manager, People from Abroad Team

Background:

- In response to an increase in the numbers of people seeking asylum in the United Kingdom, the Home Office has used use hotels as contingency accommodation for individuals to meet its statutory requirements.
- Hotels are distributed around the country, the Home Office is liable to fund the accommodation and subsistence for those seeking asylum and who are awaiting a decision, but there are cost implications for local authorities in terms of wraparound support and support should a person's application be rejected.

The situation in Greater Norwich:

- There are currently three hotels in the Norwich area commissioned by the Home Office to accommodate asylum seekers, one hotel is designated for family groups, couples, and those with dependent children, the other two are designated for single adult males, who represent the majority of those seeking asylum.
- The Home Office does not provide advance warning to local authorities of its intention to stand up new hotels, however Robert Jenrick MP has recently written to MPs and local authorities committing the Home Office to provide 24 hours' notice of the commencement of any new hotels in a particular local authority's area.
- Of the three hotels in the Norwich area, one has capacity for approximately 80 individuals; the second has a capacity of 148 and the third has a capacity of 172. It is not appropriate to share the location of these hotels widely.
- The Home Office, through the Asylum Accommodation and Support Contract (AASC), has commissioned major providers to deliver the accommodation to those



seeking asylum who are destitute and unable to support themselves. In the East of England the contract was awarded to Serco.

- Those residing at each of the contingency hotels are given full-board provision – that is three meals per day provided by professional catering services in the hotel. Cleaning and housekeeping are the responsibility of the hotel. Serco are also responsible for providing officers to supervise the contingency accommodation provision.
- People who require permission to be in the UK, but who do not have it (including most asylum seekers) will not have permission to work and are ineligible for welfare benefits and homelessness services. They are, in most cases unable to financially support themselves. They are, however entitled to make a request under the Geneva Convention on Refugees 1951, and until that application is concluded, the government is legally obliged to provide accommodation and basic subsistence.
- Earlier in 2022 the Home Office set out its plans for Full Asylum Dispersal which would expand the accommodation estate used to house asylum seekers in regular domestic accommodation – it aspires to implement this by December 2023 and hopes to be able to discontinue the use of hotels as contingency accommodation.
- Local authorities are impacted upon when contingency hotels open in their area – the asylum system in the UK has negative social and wellbeing impacts on the individuals; the local authorities have collaborated to support those placed in contingency accommodation sites through:
 - Initial healthcare assessments and support to register every resident with a local GP.
 - Ensuring that every school-age child is found a place in a local school as soon as possible.
 - Encouraging access to local public libraries and using local amenities.
 - Signposting and referring to appropriate immigration advice services who are able to make representations to the Home Office in connection with the person's claim for asylum.
 - Working with local charities to ensure appropriate clothing donations are provided in a way which promotes choice and dignity.
 - Focused specialist support for those with identified health and social care needs.
 - Provision of recreational and educational activities to help with motivation and wellbeing – including football, cricket, martial arts sessions, art clubs, English lessons, board games and running.
 - Connecting residents to volunteering opportunities to help them learn new skills, develop their knowledge and to contribute to society.
 - In the hotel used for families, establishing a homework/after-school club.



- Norfolk is in a good position to react to the support needs of the hotels, as we have also done for the Syrian, Afghan and Ukrainian schemes through the dedicated and specialist services of the People from Abroad Team, combined with well-oiled partnership working between authorities and the Integrated Care Board. The Home Office consider Norfolk's model to be an example of Best Practice.
- Local authorities are also impacted upon after the Home Office decision is made – for those who receive a positive decision many will apply as homeless and need to secure permanent accommodation; refugees are entitled to apply under the Family Reunion rules for their dependent family members to join them in the UK. For those who receive a negative decision and exhaust their appeal rights, some may find themselves homeless and destitute with little other options available to them.
- Local authorities in collaboration with the police will also be working hard to tackle the risks of exploitation, abuse, and modern slavery, as well as hate crimes, local community tensions and helping those seeking asylum to culturally adjust to life in the UK, including our laws and customs.

Officer Contact

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

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People and Communities Select Committee

Briefing Note: Update on Support for People who are Refugees, Migrants and Seeking Asylum

Responsible Director: James Bullion, Executive Director of Adult Social Care

Briefing Note Author: Simon Shreeve, Service Manager, People from Abroad Team

Purpose of note

To provide an update on the work the council is undertaking to support people who are refugees, seeking asylum and other migrants across Norfolk.

Refugee Resettlement Schemes

1. The County Council's Syrian resettlement scheme successfully received 162 people between 2017 and the end of March 2021, when the government's commitment of 20,000 was achieved.
2. In April 2021, the scheme was replaced with the UK Resettlement Scheme offering sanctuary to a wider scope of refugees. To date, the County Council has received 59 people, with 13 more individuals whose arrival is imminent.
3. Following the military withdrawal from Afghanistan and the fall of the Afghan government to the Taliban regime, the UK accelerated its Afghan Relocation and Assistance Programme (ARAP) to Afghans who had served alongside the British operations in Afghanistan, and their dependent family members.
4. Alongside the ARAP scheme, the UK government also established the Afghan Civilian Resettlement Scheme (ACRS) to offer sanctuary to those who were at heightened risk of persecution as a result of the Taliban government, as well as British nationals living in Afghanistan and their dependent family members.
5. The County Council positively responded to the government's call to resettle Afghans under the two schemes, to date 109 people from Afghanistan have been welcomed to live in Norfolk



6. The resettlement schemes are led by the People from Abroad Team within the Adult Social Services Department. The aim of the scheme is to foster independence and integrate people in their local community.
7. The team currently has a volunteer resource of over 100 from the local community and provides a range of training to underpin and support their input, including PREVENT training as mandatory. Volunteers help to prepare and furnish properties prior to arrival, whilst post-arrival they provide befriending support in the community, support with English language, childcare provision and community cohesion and integration.
8. Housing for the refugees is prepared over several weeks and much of the furniture was obtained via public appeals for donations of furniture and other household goods resulting in an overwhelming response. Furniture donations are managed in partnership with The Benjamin Foundation.
9. An intensive programme of English lessons (ESOL) for adult refugees is delivered through the council's Adult Learning department and is designed to give maximum opportunity to learn English quickly, to gain greater independence. The programme delivers 16 hours of ESOL per week.
10. Closely linked to the ESOL provision is our crèche facility which provides care for small children whilst their parents concentrate on learning English. This helps to increase access to ESOL for women, who would otherwise culturally be expected to care for their children. A qualified EYFS teacher is supported by three creche assistants and some volunteers; they deliver a learning environment for pre-school children adjacent to their parents' class that promotes the child's learning of English.
11. The resettlement programmes are funded through government grants – of three-year duration for the Afghan schemes and five-year duration for the UK Resettlement Scheme, on a tapering basis as those resettled under the schemes establish themselves in their local community and develop their own independence skills and confidence.

Hong Kong BN(O) Scheme

12. In January 2021 the British government opened a new immigration pathway to Hong Kong nationals who hold British National (Overseas) Status to apply to enter and live in the UK due to the escalating controls being imposed on the Hong Kong people by the Chinese government. An applicant may be granted up to 5 years' leave to enter and live in the UK, but with a No Recourse to Public Funds condition imposed on their visa. This means they have the right to rent and work in the UK but must be able to independently support themselves for the



duration of their visa.

13. Local authorities are able to reclaim the costs of providing English language classes (ESOL) to people who hold a BN(O) visa because they are not eligible for Adult Education funding. The People from Abroad Team has worked in partnership with local voluntary sector ESOL providers to offer ESOL classes for up to 12 months under the grant scheme. To date, over 70 adults have access ESOL classes under the BN(O) ESOL scheme in Norfolk.
14. Local authorities are also able to reclaim the costs of providing destitution support to people who hold a BN(O) visa if they become unable to work or other unforeseen circumstances arise. This support is capped by the government and is intended to bridge the period until a change of visa conditions can be applied for and granted. To date, Norfolk has not had to provide such assistance, but has a suitable mechanism in place to do so when the need arises.

EU Settlement Scheme support for vulnerable people

15. Following the decision to withdraw from the European Union, any citizen of the 26 member states of the European Economic Area (except Irish citizens) and their non-British/Irish family members resident in the UK by 31 December 2020 were required to apply under the EU Settlement Scheme for leave to remain in the UK. Whilst most people were able to apply themselves or seek advice from the voluntary sector, some more vulnerable individuals require specialist help and support to ensure their rights in the UK remain protected. The council's People from Abroad Team was awarded some funding from the Home Office to provide direct support to such people. Although the end of the "Grace Period" has passed (30 June 2021), vulnerable individuals continue to be identified who have not applied under the scheme and are supported to make a "Late Application". Over 200 people have received support from the council under this programme, and although the numbers of new cases are relatively low, there will be an ongoing need to support people to apply, including to apply for "Settled Status" once they have lived in the UK for 5 years.

Ukraine Visa Schemes

16. Over 1300 Ukrainians have been received into Norfolk under the Homes for Ukraine Scheme, and a further (approximately) 200 have arrived under the Ukraine Family Visa Scheme.
17. In partnership with district councils, 550 hosts and their Ukrainian Guests have been supported to arrive and establish themselves across the county. This has been achieved by direct outreach to households, as well as training sessions for hosts, drop-in sessions in local community settings, and ongoing support as



required. Each person arriving in the country and coming to a host in Norfolk under the Homes for Ukraine Scheme receives an initial arrival grant of £200. Their host may claim a monthly “Thank You” payment, which has recently been extended to cover the second year.

18. Ukrainians arriving under the visa schemes are able to claim welfare benefits and have the right to work in the UK immediately on arrival. The Home Office gives limited leave to enter the UK for 3 years under the scheme.
19. A grant is available to parents for school uniform and grants to schools for the first three terms in addition to the English as an Additional Language (EAL) grant and Pupil Premium funding.
20. Further recruitment of new hosts is being sought to help meet the increasing need to find further accommodation solutions for Ukrainians. For those whose hosting arrangements fail, four designated premises have been established as temporary accommodation provision for Ukrainians whilst their homelessness applications are being considered by their responsible lower tier authority.

People Seeking Asylum

21. The Home Office, through the Asylum Accommodation and Support Contract (AASC), commissions Serco to deliver its duties in the Midlands and East of England to provide accommodation and subsistence support to adults and their dependent children whilst their claims for asylum are being processed.
22. In the greater Norwich area, there are around 140 people placed in “dispersal accommodation” by the Home Office, where they are housed in residential properties, utility bills included. Each person receives a weekly cash allowance from the Home Office to enable them to purchase their own food, clothing, and toiletries. There are a further 10-15 people who are seeking asylum but who live instead with friends or family, many of whom receive the cash allowance only.
23. Norfolk and Waveney Integrated Care Board has commissioned the People from Abroad Team and Norwich Practices Limited to provide an integrated health and social care service to those in dispersal accommodation – this service receives notifications from Serco of new arrivals in Norwich, completes a health and social care screening assessment, supports the person to register with a local GP, and connects them with local voluntary sector services for support. Where someone has a more complex need for support, the team will continue to work with that individual in partnership with their GP practice. The aim of the service is to promote and enable access to mainstream health and support services.
24. During the Covid pandemic and subsequently, the numbers of people seeking asylum in the UK, including those crossing the English Channel by small vessel,



has increased significantly, whilst the processing of claimants by the Home Office was much reduced. Consequently, dispersal accommodation resources became over-saturated, and “Contingency Accommodation” was opened.

25. Serco currently operates 4 contingency sites across Norfolk, all in hotels, housing just under 500 people. These sites offer “full board” provision to the residents. The opening of these sites presents significant challenges and pressures for local services. In response, the People from Abroad Team and the ICB have deployed staff to complete initial health and care screening assessments, support with GP registration, and address locally the recent issues of communicable diseases, such as diphtheria and scabies.
26. The People from Abroad Team has developed, and will continue to develop, recreational and learning activities for residents of all the contingency sites to help relieve boredom and frustration, support well-being and to try to divert people away from criminal activities and the risks of exploitation by others. This has been achieved in partnership with staff from lower tier authorities and the voluntary sector.
27. A separate briefing has been recently prepared addressing the needs of people seeking asylum in contingency accommodation, providing further details.
28. In March 2022 the government announced the expansion of asylum dispersal provision to all council areas, with the target to increase Norfolk’s quota to over 700 bed spaces. The intention of this programme is to cease to use contingency accommodation in favour of the dispersal model. Serco are currently procuring rental properties across the county to expand their capacity. The government aspires to achieve their target by December 2023.

Other people from abroad in need of support

29. The council’s People from Abroad Team also provides specialist support to people in Norfolk who are:
 - i. Families with children who have No Recourse to Public Funds and who find themselves in need of accommodation and financial assistance.
 - ii. Potential victims of human trafficking and modern slavery, working closely in partnership with colleagues in the police, health, and the National Referral Mechanism.
 - iii. At risk of Forced Marriage or Honour-Based Abuse.
 - iv. British citizens who are vulnerable and who return to the UK after a period of settled residence abroad.
 - v. Stranded foreign nationals who require assistance to voluntarily return to their country of origin (voluntary repatriation).
 - vi. Non-Europeans who have the right to work in the UK and require support to secure employment; or,



- vii. Granted permission to remain in the UK and need support to move on from their contingency or dispersal accommodation.

Officer Contact

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

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People and Communities Select Committee

Briefing Note: Norfolk and Waveney Shared Care Record

Responsible Director: James Bullion, Executive Director of Adult Social Care

Briefing Note Author: Amy Lees, Social Care Systems Manager

Purpose of note

To provide an update on the Norfolk & Waveney Shared Care Record project that will enable the electronic sharing of health and social care data between health and care professionals.

1. The Norfolk & Waveney Shared Care Record is a countywide project that will enable the electronic sharing of health and social care data between health and care professionals in ten partner organisations for the purposes of direct care. The key primary benefit of bringing health and social care data about an individual into one view is that the Norfolk & Waveney citizen (whether adult or child) shouldn't have to tell their story more than once to health and care workers. Health and care professionals will have instant access to key information about the adult/child they are working with, before and during their contact with the adult/child. This should speed up the adult/child's journey through the health and care system, and result in the delivery of well-informed care from health and care professionals. At a health and care system level, well-informed care will mean improved use of resources e.g., reduction in inappropriate referrals, reduction in unnecessary ambulance calls. Records are only shared if a citizen has given permission, and their information can be protected and not disclosed if an adult does not wish to share it for personal reasons.
2. The first phase of the Norfolk & Waveney Shared Care Record went live at Norfolk County Council on 19 December 2022. This proof-of-concept phase has enabled Adult Social Services frontline and business support staff using the LAS (Liquidlogic) case management system to view GP information from within the citizen's LAS record. Matching technology compares the citizen's date of birth and NHS number against the NHS spine and if they make a positive match, will return a live feed of GP data. To date, over 500 Adult



Social Services staff have used this information to support the triage of referrals and the assessment of vulnerable adults.

3. The next phase of the project – scheduled for March 2023 - is to make mental health information from Norfolk & Suffolk Foundation Trust (NSFT) and 111 information from IC24, visible to LAS users in the same screen. Adult social care data recorded by Norfolk County Council staff will be made visible back to the same partner organisations. Our acute hospitals and community health providers (NCHC and ECCH) will also be sharing their data by summer 2023. Once the project has been delivered for the benefit of Norfolk & Waveney adult citizens, it will be rolled out for the benefit of the county's children too later in 2023.

Officer Contact

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

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People and Communities Select Committee

Item No: 7

Report Title: Public Health Strategic Plan

Date of Meeting: 17th May 2023

Responsible Cabinet Member: Cllr Bill Borrett (Cabinet Member for Public Health and Wellbeing)

Responsible Director: Tom McCabe (Executive Director, Community & Environmental Services)

Executive Summary

The draft Strategic Plan describes how Public Health contributes to achieving Norfolk County Council's vision for Norfolk to be the place where everyone can start life well, live well and age well, and where no one is left behind

Our mission is to improve the health and wellbeing of the people of Norfolk. Informed by best practice and evidence, we will lead the system in Norfolk to focus on prevention to improve and sustain good health and wellbeing.

We will identify opportunities to accelerate health and social care integration to ensure that people remain healthy and independent for as long as possible. We will work to improve and protect our population's health by promoting healthy lifestyles, supporting people to make healthy choices, working in partnership, and providing good quality public health services.

We want to ensure that prevention is at the heart of everything we and our partners do, ensuring that our population understands how to be healthy, and are encouraged and supported to put this into practice. We want to increase access and take up of Public Health prevention services and support through a range of routes including digital platforms and range of community-based providers.

We have designed our approach with the strategic ambitions of our partners and colleagues in mind. An outward facing strategy will provide a mechanism to engage with and influence system partners with a strategic approach that clearly sets out our ambition as a council.

It is our ambition that all Norfolk organisations, whoever they may be, will have an opportunity to play a role and over the coming months we will undertake a programme of engagement activities with key partners including the NHS, district and borough councils, a wide range of voluntary, community and faith groups, social enterprises, and private sector services. Our work supports the statutory strategy

created by the Norfolk & Waveney Health and Wellbeing Board where public health works with partners to set the overarching health and care aims for the county

Recommendations/actions required:

The Select Committee is asked to:

1. Endorse our approach to developing a new Public Health Strategic Plan as a mechanism to engage with and influence partners across the system in Norfolk
2. Advise on priorities for the new strategic plan
3. Endorse our proposal to focus on prevention partnerships & place, children & young people, adults and older people.

1. Background and Purpose

- 1.1 While health in Norfolk is generally better than the national average there are areas where it could be improved. People with pre-existing health conditions, older people, those from some ethnic backgrounds, people with caring responsibilities, those who are disabled or have a learning disability, can be at greater risk of ill health, isolation, and poor wellbeing, a situation highlighted by the pandemic.
- 1.2 As we move forward, we are shifting our focus to some of the wider, indirect health impacts highlighted by Covid-19, for example on mental health, healthy weight, children's health, and engagement with public health services. These areas are not new to Public Health teams, but their nature may have changed as a result of the events of the past two years.
- 1.3 In addition, we are exploring new ways of working with communities and our partners, to protect and promote good health and inclusion, taking a place-based approach to tackling the causes of poor health outcomes, such as quality of housing, air quality and limited access to green spaces.
- 1.4 We will continue to develop and sustain existing and emerging partnerships at local, county, regional and national levels to support our leadership role in improving health outcomes, access to preventative health care support services and addressing some of the causes of ill health.
- 1.5 Our leadership is supported by health intelligence functions providing quality data and analytics. We have direct responsibility for spending the Public Health grant and invest over £33m a year on commissioned services including health visiting, drug, and alcohol services, stop smoking and sexual & reproductive health services.

1.6 Prevention, partnership, and place

- 1.6.1 Encouraging and supporting people to adopt healthy behaviours is important for health and wellbeing – both physically and mentally. This is essential for an affordable NHS and social care system in Norfolk.
- 1.6.2 Public Health is well placed to present clear offers of health and wellbeing to Norfolk residents and enable them to get the support they need. We will continue to develop and deliver a range of preventative services which promote health and wellbeing for all residents, particularly those at highest risk of ill health and premature mortality. This will be done by working with under-served groups and wider communities to understand the impact of a range of factors on their health and how best to address them. We will ensure that when we commission public health services, we target people who are most in need.
- 1.6.3 We have designed our approach with the strategic ambitions of our partners and colleagues in mind. It is our ambition that all Norfolk organisations, whoever they may be, will have an opportunity to play a role.
- 1.6.4 Creating healthy places can positively influence over 50% of the factors that affect a person's health. How we behave is also important and positive results become possible when people change their behaviour. For example, health benefits can be obtained from walking and cycling more, on better designed, safer routes and taking fewer car journeys.

1.7 Adults and Older People

- 1.7.1 As people increasingly live longer, it is important that older people have the best quality of life and health possible and are able to thrive into older age. By focusing on the prevention and early help element of the Councils' Promoting Independence Strategy we aim to empower and enable people to live independently for as long as possible through giving people good quality information and advice which supports their wellbeing and stops people becoming isolated and lonely. We will work with our partners to develop and deliver a healthy ageing programme.
- 1.7.2 We will lead the cross-system strategy on adult healthy lifestyle and behavioural change (primary prevention) to improve both physical and mental health and wellbeing for the local population.

1.8 Children & Young People

- 1.8.1 Norfolk County Council's Public Health shares the ambition that Norfolk is a place where all children and young people can FLOURISH. Using public health expertise in population health assessment and intelligence, we will support the work of the Children & Young People's Strategic Alliance by

promoting evidence base interventions to improve health & well-being outcomes and reduce health inequalities for children and young people in Norfolk.

- 1.8.2 We work with families and partner agencies to ensure that children and young people are as healthy as possible by ensuring that we have a whole system approach, including Family Hubs, to restore and adapt our children's health services and interventions as we recover from the pandemic.

2. Proposal

- 2.1 To use this strategy as a mechanism to engage with and influence system partners with a strategic approach that clearly sets out our ambition as a council.

3. Impact of the Proposal

- 3.1 To support the system in Norfolk to focus on prevention as a way of improving and sustaining good health and wellbeing by proactively identifying population health needs and prevention opportunities to accelerate health and social care integration.

4. Evidence and Reasons for Decision

- 4.1 Preventative interventions are shown to be effective as well as cheaper to provide than later interventions. There is strong evidence that interventions focussed on prevention are both effective and more affordable than just focussing on providing reactive emergency treatment and care. To build a financially sustainable system means we must promote healthy living, seek to minimise the impact of illness through early intervention, and support recovery, enablement, and independence.

5. Alternative Options

- 5.1 Without an outward facing strategic plan we will not have a published framework to deliver and develop our public health interventions & services and influence our partners across the system

6. Financial Implications

- 6.1 All the activities commissioned or delivered by Public Health in support of this strategy will be planned within our 2023/24 budget and our medium-term financial plan.

7. Resource Implications

- 7.1 **Staff:** Staffing to support the commissioning or delivery will be funded from within existing budgets

7.2 **Property:** Not applicable

7.3 **IT:** Not applicable

8. Other Implications

8.1 **Legal Implications:** None

8.2 **Human Rights Implications:** None

8.3 **Equality Impact Assessment (EqIA) (this must be included):** None at this stage. EqIA are completed for all service delivery proposals

8.4 **Data Protection Impact Assessments (DPIA):** Not applicable

8.5 **Health and Safety implications (where appropriate):** Not applicable

8.6 **Sustainability implications (where appropriate):** Not applicable

8.7 **Any Other Implications:** None

9. Risk Implications / Assessment

9.1 Risk:	Mitigations
National and local strategies and priorities change the landscape in which we work	We will measure our progress using public health outcomes indicators and feedback from residents, partners and other stakeholders. We will continuously use the national public health framework for quality improvement and Sector Led Improvement methodologies to assure our services and continuously improve them We plan to review it and publish updates annually.
The public health grant is different from the assumptions detailed in our medium- term financial strategy	We will continue to review our financial strategy to ensure that we meet the statutory duty to achieve best value for money and seek to continuously improve how we commission and deliver our services.

10. Recommendations

The Select Committee is asked to:

1. Endorse our approach to developing a new Public Health Strategic Plan as a mechanism to engage with and influence partners across the system in Norfolk

2. Advise on priorities for the new strategic action plan
3. Endorse our proposal to focus on prevention partnerships & place, children & young people, adults and older people.

11. Background Papers

11.1 Public Health Strategic Plan

Officer Contact

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

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Ready to Change... Ready to Act

Public Health Strategic Plan

Foreword



Welcome to the Public Health Strategic Plan. It describes how Public Health specialist staff within the council contribute to achieving Norfolk County Council's vision for Norfolk to be the place where everyone can start life well, live well and age well, and where no one is left behind.

We will lead the system in Norfolk to focus on prevention to improve and sustain good health and wellbeing.

We will identify population health needs, proactively identify prevention opportunities to accelerate health and social care integration.



Councillor Bill Borrett

Cabinet member for Adult Social Care, Public Health and Prevention.

Stuart Lines

Director of Public Health, Norfolk





Introduction

This strategic plan describes our vision, mission, and priorities. It outlines how we will deliver a wide range of positive health outcomes for Norfolk residents throughout their lives.

The population of Norfolk is growing. Since 2011, Norfolk's population has increased by an estimated 59,000 people to 918,300 people. The population is forecast to increase by a further 195,500 over the next 20 years. Most of the population increase will be in the older age groups, with those aged 65+ increasing by 77,000.

While health in Norfolk is generally better than the national average there are areas where it could be improved. People with pre-existing health conditions, older people, those from some ethnic backgrounds, people with caring responsibilities, those who are disabled or have a learning disability, can be at greater risk of ill health, isolation, and poor wellbeing, a situation highlighted by the pandemic.

As we move forward, we are shifting our focus to some of the wider, indirect health impacts highlighted by the pandemic, for example on mental health, healthy weight, children's health, and engagement with public health services. These areas are not new to Public Health teams, but their nature may have changed as a result of the events of the past few years.

In addition, we are exploring new ways of working with communities and our partners, to protect and promote good health and inclusion, taking a place-based approach to tackling the causes of poor health outcomes, such as quality of housing, air quality and limited access to green spaces.

We will continue to develop and sustain existing and emerging partnerships at local, county, regional and national levels to support our leadership role in improving health outcomes, access to preventative health care support services and addressing some of the causes of ill health.

Our leadership is supported by health intelligence functions providing quality data and analytics. We have direct responsibility for spending the Public Health grant and invest over £33m a year on commissioned services including health visiting, drug, and alcohol services, stop smoking and sexual & reproductive health services.



Our Vision

Norfolk to be the place where everyone can start life well, live well and age well, and where no one is left behind. *Better Together for Norfolk 2022*

Our Mission

To improve the health and wellbeing of the people of Norfolk and reduce health inequalities. Informed by best practice and evidence, we will lead the system in Norfolk to develop and focus a prevention approach to improve and sustain good health and wellbeing.


We will identify opportunities to accelerate health and social care integration to ensure that people remain healthy and independent for as long as possible.

We will work to improve and protect our population's health by promoting healthy lifestyles, supporting people to make healthy choices, working in partnership, and providing high quality public health service.

Our Ambition

Ensure that prevention is at the heart of everything we and our partners do, ensuring that our population understand how to be healthy, and are encouraged and supported to put this into practice.

We want to increase access and take up of Public Health prevention services and support healthier living. We will do this by providing support through a variety of routes including digital platforms and through a range of community-based providers.



Better Together for Norfolk Strategic Priorities:

We will actively pursue our ambitions through the priority themes in the County Council's corporate plan. This page shows the County Councils' ambitions and priority themes, and the key Public Health contributions to them.

Better opportunities for children and young people

Provide Public Health insight into population health needs, supporting the work of the Children & Young People's Strategic Alliance by promoting evidence base interventions to improve health & well-being outcomes.

A vibrant and sustainable economy

Promote workplace health initiatives for a healthier workforce. Refresh our Public Health offer to support the wider health and wellbeing system upskilling staff on the role of prevention and behaviour change helping them to encourage people to talk about and take action to improve their health.

Council ambitions and priority themes

Public Health contribution

Healthy, fulfilling, and independent lives

Improve our population's health by promoting healthy lifestyles, supporting people to make healthy choices, and providing Public Health services.

A greener, more resilient future

Work with partners and communities to encourage and enable the development of joined-up resilient communities enabling local action to deliver clean air for all, physically active travel, and other outcomes to protect human health.

Strong, engaged, and inclusive communities

Promote preventative services which promote health and well-being for all residents, particularly those at highest risk of ill health and premature mortality. Develop Health and Wellbeing Partnerships, focusing on inclusive community health and wellbeing offers.



Our Approach



Public Health is guided by a number of principles which inform our ideas and guide the planning, delivery and evaluation of our work. We will:

- Provide system leadership as the expert voice on population health, inequalities and prevention.
- Take a proactive approach to prevention identifying and tackling the issues that have a detrimental impact on poor health outcomes.
- Provide expert advice on the promotion of healthy lifestyles informed by behaviour change approaches, driven by data and evidence and guided by a holistic view of health and wellbeing.
- Develop and sustain strong partnerships to improve access to better quality services such as working with districts to improve Public Health in their communities.
- Provide targeted support focused on places, communities, and individuals most affected by ill health and premature death.
- Embrace diversity and inclusion with a focus on reducing health inequalities.
- Manage our resource and capacity, achieving best value for money and focusing on carefully prioritised projects and programmes, all based on good practice, sound evidence, and achievable outcomes.

Our Focus

Supporting the Norfolk County Council's Better Together for Norfolk plan we have identified the following priorities for Public Health.





1. Focus on Prevention, Partnerships & Place

Prevention

Public Health is well placed to present clear offers of health and wellbeing to Norfolk residents and enable them to get the support they need.

We will continue to develop and deliver a range of preventative services which promote health and wellbeing for all residents, particularly those at highest risk of ill health and premature mortality. This will be done by working with under-served groups and wider communities to understand the impact of a range of factors on their health and how best to address them. We will ensure that when we commission Public Health services we target people who are most in need.

A holistic approach to health and wellbeing

Many factors influence and affect people's health and having access to a range of locally based support can play an important part in helping people to be healthy. We want to offer more opportunities for self-care by improving access to health and wellbeing information and services so that an individual's care is streamlined, co-ordinated and person-centred.

We will take action to improve integration across health and non-health organisations, through the development of referral processes (supported by holistic assessment tools) that make access to services easier and support people with complex or multiple behaviour lifestyle issues.



Places and Partnerships

People's health and wellbeing often varies from one place to another and isn't only affected by what people do like eating healthy food and quitting smoking. It can also be affected by the places around us, like living in an area with low levels of crime, safe places to enjoy the outdoors, good jobs and quality housing. That's why it's important to look at what's needed in specific places to help people live longer and healthier lives.

The unequal distribution of the social determinants of health, such as education, housing, and employment, drives inequalities in physical and mental health, and reduces an individual's ability to prevent sickness, or to access treatment when ill health occurs.

While Norfolk's health statistics are mostly favorable when compared with the national picture, we know that there are persistent health inequalities especially in areas of deprivation. The leading causes of death among both men and women in Norfolk are also responsible for the largest gap in life expectancy and impact on the number of years people live in good health. They include cardiovascular disease, respiratory disease, cancer, and diabetes.

The COVID-19 pandemic has highlighted the impact that these inequalities can have on peoples' health and has led to many more people experiencing those inequalities through changed economic, employment or health circumstances. Throughout the pandemic, we saw communities rise to the challenges we faced. Services and individuals worked together to support each other and the most vulnerable in our communities. We want to keep this going and that is why we will continue to support places and partnerships including the Health and Well Being Partnerships in each local area.

We have designed our approach with the strategic ambitions of our partners and colleagues in mind. It is our ambition that all Norfolk organisations, whoever they may be, will have an opportunity to play a role. They include the NHS, district and borough councils, a wide range of voluntary, community and faith groups, social enterprises, and private sector services.

Public Health is a leading partner within the Norfolk & Waveney Integrated Care System (ICS). We are working closely with the Integrated Care Partnership on long term action to improve health outcomes.

Our work supports the Health and Wellbeing Strategy created by the Norfolk & Waveney Health and Wellbeing Board where public health work with partners to set and achieve the overarching health and care aims for the county.



We will:

- Inform and support the ICS by providing expert advice for health improvement, prevention and health inequalities. Lead the Health Improvement Transformation Group subgroup of the ICS with focus on prevention.
- Establish the Norfolk Drug and Alcohol Partnership as the strategic substance misuse partnership.
- Lead the development of the Norfolk Health & Wellbeing Partnerships.
- Lead the development of the Prevention, Wellbeing and IAPT Partnership to improve individual mental wellbeing and resilience of residents.
- Provide leadership and direction on tobacco control through the Norfolk Tobacco Control Alliance.
- Continue to work with partners on the environmental factors and action towards the Council's net zero and sustainability plans.
- Work with partners and communities to encourage and enable the development of local action to deliver clean air for all and other outcomes to protect human health with particular attention to understanding the impact on health and mitigating actions for affected communities.
- Influence planning by advocating and supporting health impact assessments and using our health protocols to design sustainable neighbourhoods which support health and wellbeing.
- Work with lead agencies and provide data insight and evidence to promote integrated approaches to road & water safety and domestic violence.
- Improve accessibility to our services for people with learning disabilities, mental health conditions, and people from ethnic minority groups.
- Support partners with their plans for addressing health inequalities by mapping existing health inequalities work across Norfolk, advise on gaps and duplication and develop a cohesive action plan for ourselves and partners.
- Promote clear and consistent messaging about health inequalities and how to include health in all policies, both internally and externally with partners.
- Jointly lead the ICS health inequalities workstream, providing coordination for health inequalities initiatives and work with other health inequalities groups.
- Consult and engage with residents, service users & providers to identify and engage with vulnerable and under-served groups in our communities.

2. A Focus on Adults and Older People

Encouraging and supporting people to adopt healthy behaviours is important for health and wellbeing – both physically and mentally. This is essential for an affordable NHS and social care system in Norfolk. Public Health is well placed to inform and promote improved health and wellbeing support to Norfolk residents and enable them to get the support they need to live longer and more independently

Physical activity and a healthy diet can prevent people from becoming overweight and to avoid or manage health conditions such as cardiovascular disease, cancer, diabetes, arthritis, and depression.

Smoking remains the primary cause of preventable death in Norfolk and some areas of Norfolk have a high rate of smoking in pregnancy.

Mental health and wellbeing are affected by individual, family, social, and environmental factors. Interventions at key periods of change in peoples' lives can prevent mental illness from developing and support recovery.

We will:

- Lead the cross-system strategy on adult healthy lifestyle and behavioural change (primary prevention) to improve both physical and mental health and wellbeing for the local population.
- Promote the use of the new behaviour change digital platform (Ready to Change) to improve self-care information and access to information on health and wellbeing offers.
- Extend our Public Health offer to support the wider health and wellbeing workforce in the role of prevention and behaviour change helping them to encourage people to talk about and take action to improve their health.
- Deliver a new programme of tobacco control and stop smoking initiatives to help people to stop smoking and create smoke free environments.
- Work with key organisations to develop a countywide approach to mental health which promotes mental wellbeing and resilience, prevents ill health, and supports recovery.
- Invest in the delivery of health checks and explore new delivery methods.
- Enhance our prevention approaches to health improvement, healthy weight and nutrition, and sexual & reproduction health.



Older People – Promoting Independence

As people increasingly live longer, it is important that older people have the best quality of life and health possible and are able to thrive into older age.

Supporting older people to stay healthy as long as possible not only improves their own quality of life but adds value to the lives of those around them by the contributions they make to their families and communities.

Residents living into older age, but with complex health and care needs such as frailty and or dementia, need additional support from a range of services and community resources. Proactively identifying people living with frailty and or dementia is the first step to helping them followed by introducing them to local community services to help them enjoy the best possible quality of life and remain safe and well at home.

By focusing on the prevention and early help element of the Councils' Promoting Independence Strategy we aim to empower and enable people to live independently for as long as possible through giving people good quality information and advice which supports their wellbeing and stops people becoming isolated and lonely. We will help people stay connected with others in their communities, tapping into help and support already around them – from friends, families, local voluntary and community groups.

Similarly, we need to ensure that carers receive the support they need to manage their own health. With an increasingly aging population, more people in Norfolk are carers for the elderly.

We want to promote and empower older residents to be healthy, active and socially connected. This will help their health and wellbeing (better mental health, more years free of disease, better mobility, fewer falls and increased companionship) and keep older people safe and well at home for longer. This reduces hospital admission and additional care, which has financial benefits to the NHS and adult care services.

We will work with our partners to develop and deliver a healthy ageing programme.



We will:

- Ensure older people and carers are supported to have a healthy lifestyle, that they are aware of and have access to appropriate health and wellbeing offers and support.
- Develop a collaborative approach to physical activity and mobility/strength-based exercise offers as part of maintaining strength and mobility and preventing falls.
- Ensure services are tailored to older people as appropriate and includes identifying and addressing frailty, dementia and social isolation.
- Support the development of a broad offer of community-based support and activities, which addresses social isolation and loneliness.
- Encourage older residents to understand the importance of keeping warm in winter and cool in summer, making sure they eat properly and are physically active. This is particularly important for extreme weather events such as freezing conditions and heat waves which are becoming more frequent.

Vulnerable People and addiction

The percentage of people successfully completing drug treatment in Norfolk is below England average levels and there is a disproportionate number of drug related deaths in the Greater Norwich area.

We will:

- Lead the Norfolk Drug and Alcohol Partnership to increase our ability to respond to drug and alcohol issues by combining prevention, treatment and enforcement.
- Develop an improvement programme for adult drug & alcohol treatment services drawing on learning from Project Adder, focusing on improving access and the coordination of support across Norfolk.
- Implement effective local targeted and population level interventions and systems, which are coherently planned by local government, the NHS and criminal justice partners.



3. A Focus on Children & Young People

We work with families and partner agencies to ensure that children and young people are as healthy as possible.

Norfolk County Council's Public Health, shares the ambition that Norfolk is a place where all children and young people can FLOURISH. Using Public Health expertise in population health assessment and intelligence, we will support the work of the Children & Young People's Strategic Alliance by promoting evidence base interventions to improve health & well-being outcomes and reduce health inequalities for children and young people in Norfolk.

Our focus is on children and young people from 0-18 years and up to 25 years for young people who are care leavers or who have special educational needs.

The first years of life and particularly from conception to age 2 significantly impact health and wellbeing. During this period the foundations are laid for each child's social, emotional, and physical health affecting their whole life. Where there are concerns about the health of a child or young person, evidence shows that intervening early and/or prevention makes a significant difference to health outcomes.

We are one of the main funders of preventative health interventions for children and we will continue with our programme of work with partners to identify and respond to emerging need, targeting advice, supporting and delivering services to individuals and groups at higher risk of poor health outcomes.



We will:

- Work with partners to ensure that there is effective and joined up response to early years and emerging need including supporting the implementation of the Family Hub model.
- Work with our partner organisations to ensure a whole system approach to restore and adapt our children's health services and interventions as we recover from the pandemic.
- Develop a new service model for the delivery of the Healthy Child programme
- Ensure that addressing health inequalities is central to our work including tackling digital exclusion.
- Address the emerging mental health needs of children, young people and families by, working with partners to improve community based mental health and wellbeing support services, and work with those who work in schools to improve access to services for anxiety and low-level depression.
- Ensure that safeguarding of children and young people is paramount in all that we do.
- Work closely with Children's Services to ensure that the health needs of vulnerable children and young people are addressed, including Looked After Children and young people in the criminal justice system.
- Ensure that there is a joined-up pathway for tackling excess weight in children and young people.
- Continue to invest in and support our Healthy Child Programme helping them to manage workforce risks to the service
- Support the Local Maternity System (LMS) to embed prevention to improve maternal and neonatal outcomes.



Health Protection

Health protection seeks to prevent and control infectious diseases and other threats to the health of the population.

The Director of Public Health has a statutory responsibility to provide assurance that adequate arrangements are in place to protect the health of residents.

We will work closely with the Local Resilience Forum and other agencies to prepare for future health protection emergencies with an aim to ensuring that every person, irrespective of their circumstances, is protected from infectious and non-infectious health hazards and, where such hazards occur, to minimise their continued impact on the public's health.

We will:

- Manage COVID-19 like other respiratory illnesses and have a flexible health protection function that could be activated quickly to respond to any local outbreaks.
- Strengthen our preparedness for future health protection threats and support health sector preparedness and planning for emergencies.
- Work with health agencies to improve access and take up of vaccinations and immunisations.
- Work with resilience partners to identify and prevent exposure to hazards such as flooding, taking timely actions to respond to threats and acting collectively to ensure the best use of human and financial resources and scan for emerging threats and hazards to future bio-security, health and safety.



Strong Public Health Enablers

Health analytics and intelligence

Our aim is to continue delivering a joined-up evidence and intelligence function which facilitates evidence-based working across decision-makers, commissioners and providers.

The COVID-19 pandemic has highlighted the importance of a strong Public Health intelligence function for effective system wide strategy-setting and delivery.

We will:

- Provide the best quality of information that is possible through epidemiology and needs assessments to enable decision makers to focus on prevention.
- Drive change and improvement by embedding the use of population health analytics throughout Norfolk.
- Work with partners and a wide range of stakeholders to support public sector and wider partnership transformation through establishing improved data collection and availability, facilitating access to systems and technology to support collaboration, and working to develop analytical skills across the sector.
- Develop a new Joint Strategic Needs Assessment programme and refresh the website including the addition of a healthcare evaluation section.
- Develop a new Public Health Outcomes Framework
- Commission an independent assessment of the impact of COVID on health service activity and health outcomes and analysis to inform ICS priorities.
- Continue to undertake Public Health analysis of system data to identify prevention priorities and opportunities for system improvement.
- Commission work to understand the impact of COVID on health service activity and health outcomes.



Commissioning high quality services

We have direct responsibility for spending the Public Health grant and invest over £33m a year on commissioned services including health visiting, drug, and alcohol services, stop smoking and sexual & reproductive health services. Between March 2023 and September 2024, the majority of Norfolk Public Health's medium to large contracts are due for re-commissioning.

We will:

- Work with our partner organisations to restore and adapt our Public Health services and interventions as we recover from the pandemic.
- Review and update our commissioning of services to reflect the new Provider Selection Regime which enables new ways of procurement and contracting giving more choice and flexibility on provider selection.
- Ensure that addressing health inequalities is central to our work in particular improving accessibility to our services.
- Prepare for, and begin where necessary, the process of securing best placed providers to deliver our services in the future, working to local needs and priorities whilst observing national guidance and policy directives.
- Actively seek the views of residents, service users, providers and other stakeholders about our current services and using their ideas to develop new services and delivery models
- Publish our commissioning intentions.

Achieving best value for money

We will meet the statutory duty to achieve best value for money and seek to continuously improve how we commission and deliver our services.

We will ensure that all the activities commissioned or delivered by Public Health will be underpinned by a commitment to achieving best value for money, working with both private and voluntary and community sector providers.

We will:

- Ensure that we combine financial information and health economics when looking at new opportunities and interventions.
- Actively seek the views of potential providers and other stakeholders about our ideas for developing new services and delivery models.
- Use digital and on-line services to support and achieve our priorities.
- Continually learn from previous experiences and local and national projects and services including cost comparisons.
- Develop arrangements for recovering our costs where appropriate.
- Develop new approaches for distributing funding to local community organisations.
- Ensure that contracted service providers and suppliers demonstrate how they will contribute to the wider health and care system, and support our sustainability and diversity ambitions and groups.
- Ensure that we use the national Quality Improvement frameworks for Public Health Services as part of continuing improvement.



Decision-making and review

This strategy will be delivered through a wide range of public health activities, and we will show that we deliver the best possible public health service for the people of Norfolk.

We will:

- Measure our progress using Public Health outcomes indicators and feedback from residents, partners and other stakeholders.
- Review our strategy annually.
- Use the national Public Health outcomes framework to ensure that we are continuously improving.
- Promote and utilise approaches such as self-evaluation, encouraging peer to peer learning.
- Use the Association Directors Public Health (ADPH) 'What Good Looks Like' frameworks to assure our working arrangements and continuously improve them.
- Lead and manage Public Health Sector Led Improvement for the Eastern Region.



Norfolk County Council
Public Health

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People and Communities Select Committee

Item No: 8

Report Title: Market Position Statement

Date of Meeting: 19 May 2023

Responsible Cabinet Member: Cllr Alison Thomas (Cabinet Member for Adult Social Care)

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

Executive Summary

Norfolk County Council's (the Council) Market Position Statement sets out the social care landscape for the area and the direction of travel required. It helps Councils to demonstrate understanding of the local care market as part of its responsibilities to promote the efficient and effective operation of the care and support market within the Care Act (2014). It is an important document for care providers and commissioners alike through describing the support and care services that people in Norfolk need and how this is changing; setting out the current availability of care and forecasting what care will be needed in future; but, also how we wish to shape these opportunities to meet both best practice and the type of care that people tell us they want.

Throughout each year engagement with people in receipt of services, care providers, national developments and commissioning data helps shape the emerging priorities and the revisions needed to the Market Position Statement (MPS), included as Appendix A. The views of the People and Communities Select Committee are part of that process ahead of review and agreement of the MPS by Cabinet in June 2023.

This year, the Council has also been required to develop and publish a Market Sustainability Plan, which was agreed by Cabinet in March 2023. That plan specifically focused on the older people residential and nursing market and home support services, linked to preparedness for Social Care Reform, which has now been delayed for two years. The Market Sustainability Plan aligns to the MPS; however, the market position statement covers all social care delivery, including recognition of the important role of unpaid carers and the voluntary, community and social enterprise sector.

The key commissioning intentions for the Council largely remain, but with strengthened priorities for improving quality and choice of services for people with a learning disability and autism, and maximising the benefits of equipment in care delivery. There is also a recognition of the impact of the wider health and social care system on the Norfolk care market and the need to acknowledge impact of health commissioning as part of the MPS.

In response to feedback the MPS this year has provided some more detailed information at a place level.

Action Required

The Select Committee is asked to:

- a) Review and comment on the draft Market Position Statement 2023**

1. Background and Purpose

- 1.1 The Care Act (2014) requires local authorities to promote the efficient and effective operation of the care and support market. This means that people needing to access care and support will have:
 - a) a variety of providers to choose from offering a good range of services
 - b) good quality services to choose from
 - c) information to make informed decisions about the right services to meet their needs
- 1.2 To achieve these requirements, local authorities must:
 - a) Understand the importance of ensuring the sustainability of the market. A sustainable market means that providers are paid a “fair” fee rate so that they can deliver the services and support that people need at the right level of quality
 - b) Support the continuous improvement in the quality of services and encouraging innovative practice to improve the efficiency and effectiveness of services supplied
 - c) Understand the importance of having staff within social care who have the skills and ability needed to deliver high quality services
- 1.3 Local authorities must have appropriate systems in place to fulfil their duties in relation to market shaping and commissioning. The money that Councils are given comes from the taxes that people pay to the Government. To spend the money in the best way means that we must let providers know what services are needed and what we believe is a fair price to pay for them. Providers who are not delivering what is needed can either change what they do or decide to stop supplying the services that are no longer needed. This process is defined as ‘shaping the market’.
- 1.4 The Council’s Market Position Statement sets out the social care landscape for the area and the direction of travel required. It is an important document for care providers and commissioners alike through describing the support and care services that people in Norfolk need and how this is changing; setting out the current availability of care and forecasting what care will be needed in future; but, also how we wish to shape these opportunities to meet both best practice and the type of care that people tell us they want.

2. Market Position Statement 2023

- 2.1 The MPS sets out the Council’s key messages to the market. It also provides an overview of the Norfolk social care landscape including population, workforce, quality and locality based information. The market shaping and market analysis is included for each part of the social care sector including carers and voluntary community and social enterprises. This provides an overview, the key challenges and information about supply and demand for that sector, and the key messages for the market about what is needed, where and the actions that the Council will take.

2.2 Key Messages

Quality:

We want at least 85% of services commissioned to be rated good or outstanding – we are seeking a sustained improvement towards this by 2024 and delivery by 2026.

Quality – Learning Disability and Autism

We want all services that provide specialist services to people with a learning disability and autism to align with the CQC regulatory requirements of Right Support, Right Care, Right Culture.

Domestic Abuse – support in safe accommodation:

By using New Burdens Funding we will continue to increase the amount of Domestic Abuse support by increasing the amount and choice of flexible safe accommodation; this will be achieved by working with our key partners who are members of the Norfolk Domestic Abuse Partnership Board.

Complex Care:

As people live longer, we want to work with providers, the ICB and health trusts to develop affordable, high quality, residential and nursing provision that can care for people with complex needs and comorbidities, including advanced dementia.

For working age adults, and those with primary needs around Learning Disability, Autism and Mental Health, we need to develop more individualised responses to people's needs to enable them to live in their own home, within their own community.

Let's get digital!

We will continue to work with partner organisations to access funding and help drive forward the digital transformation of the care sector. This also includes how people in receipt of care and support can benefit from technology in their home. For example, we have introduced the Alcove Video Carephones to provide welfare checks and medication prompts, as part of a blended package of care alongside face-to-face visits by a carer.

Care at home:

Home First is a key priority, and we need to ensure that the home support market has the staff needed with the capability to support people to be independent, resilient and well. Informed by the engagement and market research undertaken, the Council proposes to adopt a Prime Provider model in Norfolk.

Care for working age adults and those specifically delivering care to people with Learning Disability and, or autism, will have to align to the new regulatory framework from CQC, particularly in regard to the training element.

Voluntary, community and social enterprise sector:

Through our Connecting Communities programme, we want to unlock the potential and opportunity of the VCSE in supporting the care market and supporting people's needs at the right time. As a Council we recognise the impact that social isolation and loneliness has on people's health and wellbeing and as a Council we will continue to fund services that seek to address this.

Housing:

- For people over the age of 55 years of age, we are investing in independent living housing and existing housing with care schemes to develop greater choices

for older people to live independently in addition to residential care home provision

- We have an ambitious programme to develop 181 units of supported living for working age adults by 2024 and want to work with providers interested in moving into this space

Services for adults with mental ill-health conditions:

We want to support more provision of recovery focussed residential care and for tenancy and community based mental health support for adults of working age with mental ill-health.

Day services for adults with disabilities:

We will transform our current day services offer with a more targeted approach working with providers to build on people's strengths and assets, enabling people, where appropriate, to move into employment and training opportunities. We want providers to be actively working with service users to promote their independence and interaction with their local community and providing more bespoke care to people with learning disabilities who have complex care and support needs. We want to ensure that people who want to work are given every opportunity to do so. We want day services that can support people to become work ready.

Maximising the benefits of equipment in care delivery

The Council, along with Suffolk County Council and the Integrated Care Board have awarded a new contract to Medequip to provide the Integrated Community Equipment Service. This new partnership will continue to ensure the effectiveness of equipment in keeping people independent, resilient and well, seeking to innovate to adapt to changing needs.

2.3 Key challenges

- 2.3.1 Recruitment and retention of social care staff continues to be a significant challenge, particularly in the more rural coastal areas of North, South and West Norfolk. As a result, in addition to all of the local recruitment support offered by the Council, there has been a greater focus this year on the recruitment of international workers to address the current gaps. It is important that we have the support infrastructure in place for staff coming from overseas to make this the best experience for them, the providers they are employed by and the clients who they will be supporting.
- 2.3.2 Although we are seeing improvements in the quality ratings of social care services in Norfolk, we are still lagging behind comparator local authorities and the East of England local authorities. The Market Position Statement details the work that is being done to improve and sustain quality of services delivered in Norfolk.
- 2.4 Following feedback from providers, we have included more detail at a locality level as it is recognised that there are specific challenges in delivering services in areas of Norfolk. For example, North Norfolk has the highest proportion of over 65 year olds and the largest decrease in the population of adults of working age. Coupled with the most expensive housing it is not surprising that it is the most difficult area to secure social care. This is evidenced in home care services where in excess of 43% of the unmet need is in North Norfolk.
- 2.5 The Market Position Statement has been structured in a format for it to be an on-line document. Work is underway with the web-design team to enable this to be delivered. This will make it easier for the Council to have links within the MPS to current data to

ensure that providers have the most up-to-date information to inform their business planning.

- 2.6 The Market Analysis sections provide detail at a service level. These sections detail the key aims, current supply and demand analysis, commissioning intentions and the market development opportunities for providers.
- 2.2 In last year's MPS, we introduced a section entitled 'Working Together – Doing Business in Norfolk'. This section is being expanded this year to include a greater focus on system wide work, the areas of service re-design that we are developing jointly with the Integrated Commissioning Board (ICB). In this section we want to agree with the ICB and health providers what the adult social care sector can expect to be commissioned by health such as delegated health tasks within residential settings and in-reach support to enable providers to manage higher levels of complexity of need. Work is underway with the ICB and in co-production with providers, to develop new residential and nursing service models and to agree how these will be resourced.

3. Impact of the MPS

- 3.1 During the last year, there has been the following key changes to the care market landscape:
 - a) **Independent Living** – Two new schemes opened offering 124 new homes. Another scheme ready to start on site in 2024 and 4 schemes in planning process
 - b) **Supported living**: 14 Transforming Care Partnership (TCP) homes purchased and adapted. Seven TCP properties in active search and a community housing scheme in planning. A learning disability enablement scheme opened and a mental health scheme in pre-planning
 - c) **Home care**: During 2022/23:
 - i. extensive work was undertaken to address the interim care list resulting in a decrease from an initial c900 people where the Council was struggling to source care to 142 as at 12/04/2023. The main areas of difficulties in sourcing packages are North, South and West Norfolk
 - ii. Co-production with providers to develop a new model for home care which will be implemented in a phased way starting July 2023
 - d) **Learning Disability care home provision** – during 2022/23 there has been a focus on de-commissioning poor quality provision where the provider has not been able to sustain the improvements needed to deliver safe care
 - e) **A Collaborative Care Market project** was initiated during the year which is working with the ICB and providers to develop more sustainable models of care home provision

4. Resource Implications

- 4.1 Corporate communications support to deliver a more professional looking on-line document.
- 4.2 Insight & Analytics team (I&A) support to link key dashboard information to the market position statement.

- 4.3 Six monthly review and updating of the information included within the market position statement to ensure that it remains current.

5. Other Implications

- 5.1 **Legal Implications:** None identified

- 5.2 **Human Rights Implications:** None identified

- 5.3 **Equality Impact Assessment (EqIA) (this must be included):**

- 5.3.1 The MPS is a document which outlines what support and care services people need and how these should be provided. A key aim is that people living in Norfolk are able to access the right service, in the right place at the right time. All services commissioned should provide equity of access for people regardless of gender, faith, sexuality ethnicity and disability. In any Local Authority area there will be people who require more specialist provision to ensure that their needs are met. We do not expect that people will be judged by their diagnosis; through strength based assessments, people will be supported to identify the right service that is most appropriate to delivering the outcomes that they aspire to achieve.

- 5.4 **Data Protection Impact Assessments (DPIA):** None identified

- 5.5 **Health and Safety implications (where appropriate):** None identified

- 5.6 **Sustainability implications (where appropriate):** None identified

- 5.7 **Any Other Implications:** None identified

6. Risk Implications / Assessment

- 6.1 There are delivery risks for market shaping across Norfolk, which is not all with the influence of the Council. There are significant external factors including government policy, economic factors affecting care providers as well as risks within our integrated care system. The agenda set out with the MPS will require adequate resources and support from within commissioning teams, procurement, the ICB, NHS Trusts and Adult Social Care Operational Teams. We are trying to reduce this risk through engaging with all key partners to confirm what they are able and willing to provide that will help support providers and the wider market shaping that is needed to achieve a sustainable, good quality adult social care market within Norfolk.

7. Recommendations

- 7.1 **The Select Committee is asked to:**

- a) **Review and comment on the draft Market Position Statement 2023**

8. Background Papers

- 8.1 None

Officer Contact

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

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Market Position Statement for Norfolk



Introduction to the Market

Foreword/Exec Summary

This year the market position statement will be presented in a new web-based format. This is to make it easier for people to find the information that they need and to have links to live dashboards and other relevant information that will support a better understanding of local need for example, the Joint Strategic Needs Assessment.

In Adult Social Services, we have a vision “to support people to be independent, resilient and well”. At the heart of this is an aim to help people in Norfolk access the right service for them at the right time. The MPS describes how demand for care and support has, and continues, to change and what this means for the services that we need to commission. Our Connecting Communities Transformation Programme has identified opportunities that have a greater focus on prevention and early help, and we will work in partnership with the Voluntary, Community and Social Enterprise Sector (VCSE) and other key stakeholders to achieve this.

More people are wanting to remain living at home, or in independent living schemes so understanding the impact that this will have on care services is important. The Council has supplied significant capital investment totalling £48m, to support the development of new independent living and supported living services. This is particularly important for younger adults as we seek to support more people with learning disabilities and mental health needs to have the right, good quality care.

It is recognised that more staff are needed in domiciliary care services to meet current and future predicted demand. The Council has prioritised investment in this sector to achieve this. People going into residential care have higher level needs and we need more services able to support people with complex needs. During the year we will work with residential and nursing care providers, including NorseCare, to enable more services to support people with complex needs. Aligned to this, during the next year we will work with residential and nursing care providers, and the Integrated Care Board (ICB), to review our current care definitions and to consider what is needed to ensure that the market is sustainable.

The key aims detailed within the MPS are:

- Access to the right high-quality support, in the right place at the right time. Supporting people to live independently for longer.
- A sustainable, high-quality workforce that is well trained and supported, with opportunities for a great career in social care.
- At least 85% of commissioned services will be good or outstanding – we are seeking sustained improvement towards this by 2024 and delivery by 2026.

- Working together to shape a sustainable market that provides choice of high-quality provision.
- Working together to design a better, more efficient sector.
- Working together to design a lower carbon sector.

This MPS sets out what we are doing to achieve these aims, identifying the changes that are needed and the actions we will take to address this. The MPS details our commissioning intentions, the key challenges that we need to work with the sector to address and how we intend to support the sector to be sustainable.

About this Market Position Statement

What is a Market Position Statement?

A Market Position Statement (MPS) is an important part of what a council must do to help to make sure that there is a choice of different types of service and support available.

The MPS outlines:

- What support and care services people need and how they should be provided.
- The support and services available at present, and what is not available but needs to be.
- What support and care services the council thinks will be needed in the future.
- What the future of care and support will be like locally, how it will be funded and purchased.
- How commissioners want to shape the opportunities that will be available.

The main aim of a MPS is to encourage commissioners, people who use services, carers and provider organisations to work together to explain what care services and support is needed in the area and why?

The test of a good MPS is how well it is used by providers and the Council once produced. If it does not contain information that is useful then it will not be used. Discussions with providers highlighted the need to have more up to date information about referral patterns, commissioning intentions, service tender timelines and the expected impact of demographic changes on services needed to meet expected demand. Providers also wanted more information at a local level to inform their own development plans, including investment into the services they currently deliver. Some of this we have been able to deliver within this MPS, the things we have not yet been able to do, we are working on ways to address and ensure this is shared with key stakeholders.

Key Messages

Quality:

At least 85% of services commissioned will be good or outstanding – we are seeking a sustained improvement towards this by 2024 and delivery by 2026.

Quality – Learning Disability and Autism

We want all services that provide specialist services to people with a learning disability and autism to align with the CQC regulatory requirements of Right Support, Right Care, Right Culture. [Right support right care right culture \(cqc.org.uk\)](https://www.cqc.org.uk)

Domestic Abuse – support in safe accommodation:

By using New Burdens funding we will continue to increase the amount of Domestic Abuse support by increasing the amount and choice of flexible safe accommodation; this will be achieved by working with our key partners who are members of the Norfolk Domestic Abuse Partnership Board.

Complex Care:

As people live longer, we want to work with providers, the ICB and health trusts to develop affordable, high quality, residential and nursing provision that can care for people with complex needs and comorbidities, including advanced dementia.

For working age adults, and those with primary needs around Learning Disability, Autism and Mental Health, we need to develop more individualised responses to people's needs to enable them to live in their own home, within their own community.

Let's get digital!

We will continue to work with partner organisations to access funding and help drive forward the digital transformation of the care sector. This also includes how people in receipt of care and support can benefit from technology in their home. For example, we have introduced the Alcove Video Carephones to provide welfare checks and medication prompts, as part of a blended package of care alongside face-to-face visits by a carer.

Care at home:

Home First is a key priority, and we need to ensure that the home support market has the staff needed with the capability to support people to be independent, resilient and well. Informed by the engagement and market research undertaken, the Council will be implementing a Prime Provider model in Norfolk. The procurement process will commence in July 2023 and details will be published via the Intend Portal. [Norfolk County Council Electronic Tendering Site - Home \(in-tendhost.co.uk\)](https://in-tendhost.co.uk).

Care for working age adults and those specifically delivering care to people with Learning Disability and, or autism, will have to align to the new regulatory framework from CQC, particularly in regard to the training element.

Voluntary, community and social enterprise sector:

Through our Connecting Communities programme, we want to unlock the potential and opportunity of the VCSE in supporting the care market and supporting people's needs at the right time. As a Council we recognise the impact that social isolation and loneliness has on people's health and wellbeing and as a Council we will continue to fund services that seek to address this.

Housing:

- For people over the age of 55 years of age, we are investing in independent living housing and existing housing with care schemes to develop greater choices for older people to live independently in addition to residential care home provision.
- We have an ambitious programme to develop 181 units of supported living for working age adults by 2024 and want to work with providers interested in moving into this space.

Services for adults with mental ill-health conditions:

We want to support more provision of recovery focussed residential care and for tenancy and community based mental health support for adults of working age with mental ill-health.

Day services for adults with disabilities:

We will transform our current day services offer with a more targeted approach working with providers to build on people's strengths and assets, enabling people, where appropriate, to move into employment and training opportunities. We want providers to be actively working with service users to promote their independence and interaction with their local community and providing more bespoke care to people with learning disabilities who have complex care and support needs. We want to ensure that people who want to work are given every opportunity to do so. We want day services that can support people to become work ready.

Maximising the benefits of equipment in care delivery:

The Council, along with Suffolk County Council and the Integrated Care Board have awarded a new contract to Medequip to provide the Integrated Community Equipment Service. This new partnership will continue to ensure the effectiveness of equipment in keeping people independent, resilient and well, seeking to innovate to adapt to changing needs.

Guiding our approach

The Care Act (2014)

The Care Act (2014) requires local authorities to promote the efficient and effective operation of the care and support market. This means that people needing to access care and support will have:

- a variety of providers to choose from offering a good range of services.
- good quality services to choose from.
- information to make informed decisions about the right services to meet their needs.

To achieve these requirements, local authorities must:

- Understand the importance of ensuring the sustainability of the market. A sustainable market means that providers are paid a “fair” fee rate so that they can deliver the services and support that people need at the right level of quality.
- Support the continuous improvement in the quality of services and encouraging innovative practice to improve the efficiency and effectiveness of services supplied.
- Understand the importance of having staff within social care who have the skills and ability needed to deliver high quality services.

Local authorities must have appropriate systems in place to fulfil their duties in relation to market shaping and commissioning. The money that Councils are given comes from the taxes that people pay to the Government. To spend the money in the best way means that we must let providers know what services are needed and what we believe is a fair price to pay for them. Providers who are not delivering what is needed can either change what they do or decide to stop supplying the services that are no longer needed. This process is defined as ‘shaping the market’

National Legislation People at the Heart of Care: adult social care reform

- A 10-year vision that sets out long term aspirations for how people will experience care and support.
- The strategy has a focus on three key aims:
 - Supporting people to have choice, control and independence
 - Provision of outstanding quality of care
 - Provision of care in a way that is fair and accessible to everyone who needs it.
- The strategy sets out the responsibility of local authorities to ensure that their local care market is healthy and diverse. Support for sustainable care markets, including moving towards paying providers a fair rate for care, are key aspects in the delivery of the vision for social care reform.
- As part of the levelling up agenda, the Government is committed to addressing the current geographical inequalities so that everyone, everywhere receives

outstanding quality and tailored care.

Health and Social Care Integration: joining up care for people, places and populations (updated February 2022)

This policy paper [Health and social care integration: joining up care for people, places and populations - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/policies/health-and-social-care-integration) sets out the Government's 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. Key objectives:

- [Joined up care: better for people and better for staff](#) – as people who use health and care services require ever more joined up care to meet their needs, achieving this will make all the difference both to the quality of care and to the sense of satisfaction for staff. For example, closer working between mental health and social care services can reduce admissions and improve the quality of life for those living with a mental illness.
- [Shared outcomes which prioritise people and populations](#) – The Government has worked with stakeholders in the development of a Framework with a focussed set of national priorities and an approach for prioritising shared outcomes at a local level, focussed on individual and population health and wellbeing.
- [Ensuring strong leadership and accountability](#) – criteria for place-level governance and accountability for the delivery of shared outcomes. The key characteristics needed in any model will be for it to develop a clear, shared plan and, crucially, to be able to demonstrate a track record of delivery against agreed shared outcomes over time, underpinned by pooled and aligned resources.
- [Finance and integration](#) – Local leaders should have the flexibility to deploy resources to meet the health and care needs of their population, as necessary. NHS and local government organisations will be supported and encouraged to do more to align and pool budgets, both to ensure better use of resources to address immediate needs, but also to support long-term investment in population health and wellbeing.
- [Digital and data](#): maximising transparency and personal choice – a core level of digital capability everywhere will be critical to delivering integrated health and care and enabling transformed models of care. When several organisations are involved in meeting the needs of one person, the data and information required to support them should be available in one place, enabling safe and proactive decision making and a seamless experience for people.
- [Delivering integration through our workforce and carers](#) – the health and care workforce are our biggest asset and they are at the heart of wrapping care and support around individuals. We want to ensure that staff feel confident, motivated and valued in their roles and that they can work together in a person's interests regardless of who they are employed by. Staff should be able to progress their careers across the health and social care family, supporting the skills agenda in their local economy.

To achieve this, Integrated Care Systems will support joint health and care workforce planning at place level, working with both national and local organisations. There is a commitment to improve initial training and on-going learning and development opportunities for staff, create opportunities for joint continuous development and joint roles across health and social care and increase the number of clinical practice placements in adult social care for health undergraduates.

Local Government Finance Act (1992) and Local Audit and Accountability Act (2014)

The Local Government Finance Act requires a council to set a balanced budget annually. The Local Audit and Accountability Act requires that a council's auditors be satisfied that the Council has made proper arrangements for securing economy, efficiency and effectiveness in its use of the money it has available. The Council therefore must manage the delivery of its care market duties within the wider context of financial constraints.

Market Sustainability and Fair Cost of Care Fund 2022/23 (2021)

The Market Sustainability and Fair Cost of Care Fund guidance is aimed at calculating the actual costs of delivering care and developing a plan to narrow the gap between local authority and self-funder fee rates to secure a sustainable care sector. This paper was one of the key elements of charging reform underpinning the national social care reform programme.

A delay of two years in the implementation of the Social Care Reform was announced in the Chancellor of the Exchequer's Autumn Statement in October 2022. Local Authorities were required to publish their fair cost of care reports and a Market Sustainability Plan. The link to these reports is: [fair cost of care reports and market sustainability plan](#)

The **fair cost of care** reports detail the process undertaken to calculate the median cost of care for care homes primarily supporting people aged 65 and above and domiciliary care services for people aged 18 and above.

The Market Sustainability Plan focuses on three elements:

- An assessment of the current stability of the care market
- An assessment of the impact of future market changes between now and October 2025 – when social care reform is not due to be implemented.
- A recognition of the gap between the current market median rates (from the cost of care exercise) and the current average fee rates paid by the Council. This section also includes our plans to help address the sustainability issues identified.
- In Norfolk we have recognised the pressures of the working age adult sector, who work with adults under the age of 65. This sector is facing acute financial sustainability concerns and it is acknowledged that a major piece of work is

needed to better understand the costs of delivering care within this sector.

The Market Sustainability Plan is aligned with the Market Position Statement.

Norfolk and Waveney Adult Social Care Workforce Strategy - Living a Good Life, Excellence in Care 2021-2026

The Adult Social Care Workforce Strategy provides an overview of the social care workforce in Norfolk and Waveney and the challenges faced. It provides a statement of our strategic workforce priorities in the immediate, medium and longer term and the action we will take to delivery those priorities.

Our two key ambitions are to grow and transform the social care workforce and ensure that the workforce is valued. We seek to enable staff, volunteers and carers to continue responding to the increasingly complex demands of 21st century care and provide support to ensure we have the right people with the right skills and values in the right places at the right time and enable a good and steady pipeline of new entrants. We aim to attract the right people into the social care sector and develop and retain those already working here. It also means being clear what is expected from a future adult social care workforce. For registered managers and owners, it means having the business skills and processes in place to expand and develop their services and to invest in their workforce.

Engagement and Co-production

During 2022/23 there have been a number of projects and events that have helped gather the views of people accessing services and those providing them. These have included:

The work that we have been doing to develop an **ethical framework** has provided rich information from people accessing care and support, their carers and families, providers delivering services and their staff. People have told us that ...

- care and support services need to be person centred. “No decision about me without me”
- we need to listen and be guided by people with lived experience, and for them to be equal partners in how services and support should be commissioned and delivered.
- they want more choice and diversity of services, particularly in services for working age adults.
- we need to ensure that individuals are supported to access the setting that is best suited for them.
- we need to question accepted practice and conventional wisdom and keep checking that we are achieving best value for people accessing services and for the Council who commissions them.

- we need to fully understand the needs of the community and the role that the community can play in supporting people.
- we need to help people to branch out and do things that matter to them individually.
- there needs to be better pay, progression and opportunities for the adult social care workforce.
- people want to be supported to make informed choices.
- there should be reduced reliance on paid services – the best support delivering the best outcomes might not be formal care.
- people don't know what they don't know – it is difficult to make decisions if you are not clear about the options available.
- mistakes will be made so how do we learn from them to prevent similar issues arising again. A learning culture not a blame culture.

The work that we undertook last year with providers on the **Fair Cost of Care and Market Sustainability Plan** provided a wealth of information about the current state of the market for domiciliary care and older adult care home services. Providers told us that:

- the financial difficulties and current instability in the market that they are facing means that they might not be able to continue to deliver services in Norfolk.
- recruitment and retention issues continued to be the most significant challenge facing providers.
- the acuity of need is increasing, people in their services are far more complex and that this requires staff with higher skill levels and expertise to support. These skills are not matched by the pay rates that providers are able to afford to pay their staff. The Council has committed to continue to engage in national discussions for parity of pay with equivalent roles within the NHS and will continue to increase pay rates included within the usual price breakdown by the National Living Wage (NLW) percentage increase to ensure that providers are funded to pay above the NLW rate.
- our current care definitions do not adequately reflect the current needs being supported in the older adult home care sector. In partnership with providers, we will be reviewing care definitions during 2023 and will ensure that new criteria are accurate reflections of needs to be met in a care home environment, as opposed to e.g., Independent Living or Home Care. Providers who are interested in working with us on this can contact us at ASSD Integrated Commissioning Team: integratedcommissioners@norfolk.gov.uk
- occupancy levels are low for some providers and they report that they are not getting the level of placements needed to keep their businesses sustainable. They want to better understand what we need as a Council and where we need it. In response to this feedback, Norfolk County Council and the Norfolk and Waveney Integrated Commissioning Board are working together with providers as part of the Collaborative Care Management Review project, to co-produce care home service models that will support a more sustainable sector.

- nursing referrals are particularly low, and many providers are not covering the cost of their nurse staff establishment with the Funded Nursing Care (FNC) income that they are receiving. They want to work with the Council and the ICB to better understand this position and to work together to find solutions. As above, the Collaborative Care Management Review project will support this understanding and identify next steps.
- the uncertainty of current and future inflationary pressures was making business planning difficult. Many providers reported that they had had to increase staff pay rates several times during the year to retain staff.

Stakeholder engagement supporting the **Regional Market Development Priorities for the East of England local authorities** reported that we should...

- **listen more** – hearing about people’s experiences will help identify where services are, or are not, delivering the intended outcomes.
- **be more human** – “putting the person into personalisation”.
- **build trust and relationships** – creating safe spaces where people can be open and voice ideas and concerns.
- **start with a blank page** – often the priorities identified by local authorities are the right ones but people want to contribute to how they can be best achieved. To consider how people with lived experiences and their families can co-produce commissioning mechanisms that would impact on service quality such as inclusions in provider contracts and in the monitoring of performance.

Our Aims

Access to the right high-quality support, in the right place, at the right time. Supporting people to live independently for longer.

How will we achieve this?

Through market shaping ...

- And via our Connecting Communities transformation programme, we will develop front line services with the voluntary, Community and Social Enterprise Sector (VCSE) that deliver advice and support.
- We will work with providers through our home care strategy to increase the service capacity to enable more people to be supported to remain at home.
- For home care providers who want to develop a specialism in working with Learning Disability and/or autism clients, Norfolk County Council will work to develop a training programme to assist providers with meeting the regulatory requirements for this specialism.
- We will ensure that our commissioning approach enables the development of services, such as the Community Equipment service to ensure that they are supporting people to remain at home now and can meet future needs.

- We will continue to support the development of independent living and supported living schemes backed by capital funds provided by Norfolk County Council.
- We will support residential providers to meet higher acuity of needs through staff training and development, and with the support of the NHS as key partners in ensuring care delivery.
- We will, in partnership with providers, review the current care definitions for residential and nursing care for older people.
- We will continue working with the ICB to improve the way that we work together to commission and contract Continuing Health Care and Funded Nursing Care for older people.
- For working age adults, we will review the current approach to commissioning and the way that we pay for care. We will do this alongside providers and operational colleagues.
- We want a residential market that can support working age adults with learning disability, autism, and mental health conditions to live their most independent life within their local community.
- Norfolk County Council in partnership with Norfolk and Waveney Integrated Care Board (ICB) is engaging in the national programme 'small supports' to develop more locally grown organisations that can provide care and support to people with a learning disability and/or autism who are of working age and may have spent a long period of time in hospital.
- We have started the transformation of learning disability day opportunities provision and expect to see more people being supported through these services to become work ready and to be more independent in their activities of daily living. For clients with the most complex needs we want day opportunities providers to deliver personalised care and support.

What did we achieve last year?

Connecting Communities:

- Through the Connecting Communities transformation programme new ways of working have been designed which has enable the Social Care Community Engagement (SCCE) team to manage demand better. This has meant that our Care & Assessment phonenumber has remained open for all needs since September, where previously this was sometimes open for emergencies only.
- The new Information, Advice and Advocacy (IAA) service was implemented during 2022 supporting more people to get the information and advice that they need.
- In the Community Referrals trial of the Connecting Communities Transformation Programme, we tripled SCCE referrals to the Development Worker team as part of our goal to increase community connections for people contacting the Front Door. We're now focused on achieving these results team-wide week-on-week in addition to making the most of other preventative routes like Carers Matter, NFS and AT.
- Because of the work of Initial Engagement, people contacting SCCE for support are now less likely to be referred for a care package and more likely to be supported to stay independent with preventative tools and community

connections.

Home Care Commissioning:

- The Home Care Commissioning team has worked with providers to co-produce new home care service models.
- The lack of available capacity within home care services resulted in c900 people unable to secure the care and support needed. A Home Care Improvement plan was developed which focused on the delivery of actions that could improve this position. This included the Commissioning of additional block contracts, use of technology and exploring the use of alternative provision such as personal assistants or via the community and voluntary sector support. This work has significantly reduced the number of people on the interim care list which by the end of April 2023 was below 110.

Integrated Equipment Services:

- During 2022, NCC and N&W ICB retendered the integrated community equipment service. This has a focus on improved efficiency and also in supporting the Council's and ICB aims for carbon reduction.

How will we measure that we have achieved this aim?

- More people being supported to access community and voluntary sector advice and support at an earlier stage, delaying the need for formal care.
- Reduction in the number of individuals waiting for home care provision.
- We will see an increase in home support agencies who feel skilled in delivering the specialism of learning disability and/or autism as part of a domiciliary care service for people.
- More individuals in receipt of a re-abling style of care enabling them to live more independently for longer.
- More people accessing independent living schemes.
- We will deliver another 10 supported living schemes across Norfolk by April 2025.
- New care definitions for older adult residential and nursing provision developed
- For working age adults, we will work to re-develop the residential care market, driving quality, maintaining sufficiency for the needs presenting and working with the sector to make any model aspirational for people of working age who need residential care.
- We will see our first small support organisation start the registration process with CQC.
- Through improved contract and performance management, commissioned services will have key performance indicators requiring providers and commissioners to work together on customer engagement, delivering both effective contract management and the continuous improvement of services.

Impact

People will tell us...

- I can get information and advice that helps me to think about and plan my life.
- I can live the life I want and do the things that are important to me as independently as possible.
- I am supported to manage my health and care needs in ways that make sense to me.
- I live in a home, which is accessible and designed so that I can be as independent as possible.
- I have a place I can call home, not just a “bed” somewhere that provides me with care.

A sustainable, high-quality workforce that is well trained and supported, with opportunities for a great career in social care.

How will we achieve this?

The Council will continue to support by...

- Development and delivery of plans in alignment with the Norfolk and Waveney Adult Social Care Workforce Strategy.
- Ensuring training offers are aligned to the Skills for Care Code of Conduct which sets the standard expected of all adult social care workers and healthcare support workers in England. Outlining the behaviours and attitudes that people who need care and support should rightly expect.
- Sharing and developing best practice guidance from the quality strategy programme.
- Enabling further join up opportunities between health and social care.
- Supporting access to training and mentoring opportunities, including training specifically for providers who want to deliver services to people with a learning disability and/or autism.
- Supporting access to specific leadership training programmes.
- Commissioning local recruitment campaigns and initiatives to attract new staff to the sector.
- Focusing on best practice and retention of staff.
- Working with Norfolk Care Association to implement a social care pay framework for the sector.
- Co-producing an Ethical Framework for Norfolk.
- Working with eastern region councils to develop a centre of excellence for international recruitment and the support offer.

What did we achieve last year?

- Developed and delivered a multi-channel local recruitment campaign – including maintaining support via Norfolk Care Careers brand.

- Supported providers with best practice recruitment workshops, including one to one consultancy and the purchase of Care Friends licences.
- Encouragement and financing of the Blue Light Card rewards programme for staff working in the social care sector.
- Commissioned a talent pipeline – Earn As You Learn, linking local students to flexible work opportunities.
- Established a Community of Practice for International Recruitment in recognition of the growing interest of providers in this talent pipeline.
- Continued progress with the Developing Skills in Health and Social Care Programme, including increasing the range of accredited and non-accredited training and mentoring opportunities offered.
- Created opportunities for link up with health via the ICB – events and links to international recruitment support.
- Secured government funding to deliver an eastern region centre of excellence during 2023 to support safe and effective international recruitment.

How will we measure that we have achieved this aim?

- We need to maintain sufficiency of provision, providing the regulatory activity for learning disability and/or autism, across residential, supported living and domiciliary care.
- There will be an improvement in the CQC ratings of services through staff being supported to achieve the skills and competencies required to deliver good quality care and support.
- Monitoring engagement with training and mentoring and by asking participants what the impact has been on their skills development and the quality of care they deliver.
- Training and qualification expectations more explicit within service specifications.
- Link to the N&CSC questionnaire
- Engagement with the workforce directly
- Monitor take-up of the evaluation framework amongst providers.
- Recruitment campaign indicators
- Skills for Care reported vacancy rates
- Reporting of interim care levels, which indicates the extent that people are waiting for the right longer-term care needs to be met.

Impact

People receiving support will tell us...

- I am supported by people who listen carefully, so that they know what matters to me and how to support me to live the life I want.
- I have considerate support delivered by competent, well-trained people.

People working in the sector will say...

- I am proud to care in Norfolk.

- I am a care professional.
- I have the skills and confidence to deliver high quality care.
- I feel able to add value to the service that I work in.

Working towards 85% of commissioned services will be good or outstanding

How will we achieve this?

- Involving people who use services in improving service quality.
- Working with CQC to fast-track providers for an inspection who are identified through the PAMMS process as making significant quality improvements.
- Implement a robust commissioning and procurement process, aligned to the IQS Escalation Policy, that will seek to take action that could include the termination of contracts with providers who continue to be non-compliant.
- Through our Integrated Care System Quality Improvement Programme which will ensure a focus on quality across all health and care workstreams and activities.
- Through paying a fair price for care that will support delivery of the quality standards required.
- Ensure that any block contracts being tendered have a minimum threshold requirement for any provider to be at least Good or Outstanding, otherwise they will not be able to bid.

What did we achieve last year?

- Development of a Quality Plan supported by a robust quality assurance process.
- Developed and published an Integrated Quality Escalation Policy.
- Continued access to free, accredited training for staff.
- A cohort of managers graduated from the My Home Life leadership programme.
- Continued NHS in-reach support and training to adult social care services to support providers to safely manage the higher acuity of presenting needs.

Challenges in achieving this aim

- Insufficient CQC capacity to undertake timely reviews of providers who are demonstrating significant quality improvements. CQC focus is on providers who are poorly performing so we will need to use PAMMS inspections as the measure of improvement.

How will we measure that we have achieved this aim?

- Improved PAMMS ratings.
- Improved CQC ratings
- Fewer safeguarding concerns
- Reduction in complaints received and Local Government Office enquiries.
- Increased uptake in staff training and development.

Impact

People will tell us...

- I am confident that the people supporting me have the skills needed to meet my care and support needs in the best way.
- I feel safe.
- At all times I am treated with dignity and respect.
- I have control over the support that I receive so that it is delivered in ways that best meet my needs.

Providers will tell us...

- I feel supported to deliver high quality of care.
- I will encourage and support my staff to progress their career in the social care sector.
- I will employ suitably qualified managers who have a collective vision of what “good” care looks like.
- My staff feel part of the solution and are inspired to make continuous improvements in the services that we deliver.
- I am confident to develop person-centred, creative and flexible care and support.

Working together to shape a sustainable market that provides choice of high-quality provision

How will we achieve this?

- Paying providers a fair rate that will deliver the quality of service specified within the contract and service specification.
- Clarity of commissioning intent shared with providers to enable them to plan.
- Information about current and future demand modelling made available to providers.
- Robust information about current and future needs and the services required to meet them.
- Developing more ways of delivering personalised support options such as direct payments and individual service funds, giving people more choice and control

over how their care is delivered. As part of this we will engage with a national programme called Small Supports to find more innovative ways to deliver services to those people with a learning disability and/or autism. This will involve identifying local based champions who could be supported and enabled to deliver services within their local communities.

What did we achieve last year?

- During 2022/23 we implemented the previous year's cost of care review that was undertaken for providers of older adult care homes which significantly increased the fee rates paid by the Council.
- In partnership with older adult care home and 18+ domiciliary care providers, we undertook the national fair cost of care exercise during 2022/23, to gain a better understanding of the actual costs of delivering care in Norfolk for these sectors.
- We updated the pre-covid demand modelling for older adult care home provision and have looked at this at a locality level to inform our commissioning intentions and support provider business planning. The detail of this modelling can be seen in the Older Adult accommodation-based services section of this document.
- We undertook some open book accounting reviews for providers who had highlighted concerns around their financial viability.

Challenges in achieving this aim

- Insufficient CQC capacity to undertake timely reviews of providers who are demonstrating significant quality improvements. CQC focus is on providers who are poorly performing so we will need to use PAMMS inspections as the measure of improvement.

How will we measure that we have achieved this aim?

- New co-produced service models that deliver better, person centred outcomes for local people.
- Evidence of integrated commissioning underpinned by joint commissioning strategies and joint service specifications.
- We expect to see an increase in people choosing to access different ways to organise their care and support needs.
- We will have better data sets indicating our population needs to inform commissioning intentions around housing, types of care and more personalised support options.
- More people are supported to live in independent settings.
- Ensuring that our revised usual rates are regularly reviewed and that they reflect the actual costs of delivery in different areas of Norfolk.
- Providers report that the fee rates paid are fair and reasonable, whilst representing best value for health and social care commissioners.

- Providers report that they have sufficient information to enable them to plan.

Impact

People will tell us...

- I have a choice of good quality support options available to me that will meet my needs.

Providers will tell us...

- I am paid a fair rate to deliver good quality care and my business is financially secure.
- I am clear about what the Council wants to commission – meaning that I can plan.

Working together to design a better, more efficient sector

How will we achieve this?

- Norfolk County Council has been piloting an innovative new Virtual Care Agency approach with 7 domiciliary care agencies in Norfolk and the technology company Alcove. We are evaluating this pilot see if this has delivered the outcomes expected. If deemed successful, Norfolk County Council will then be looking to expand the blended care package offer across the whole county.
- We will encourage and champion innovation and technology enabled services where they benefit people and where the innovation results in more efficient and effective services.
- We will encourage services to play an active part in research to improve care for all, foster innovation and enhance people's experience of care.
- We will be open for discussions about the use of assistive technology in supporting less labour-intensive approaches.
- Development of a more collaborative geographical home care service model that delivers greater service efficiencies.

What did we achieve last year?

- The Council worked with the Digital Health and Social Care Team at the NHS Norfolk and Waveney ICB to secure grant funding to support the implementation of digital social care records systems with CQC registered providers in Norfolk.
- Through this process we have secured c£1.5m of grant funding which enables CQC registered care providers to be able to apply for 50% of the first year cost of implementing a new digital social care records system, up to a total of £10,000.

- The fund was launched in October 2022 and we have already had applications to bring the total number of care providers in Norfolk with a digital social care records system to over 60%.
- Norfolk County Council implemented a pilot for an innovative new Virtual Care Agency approach with seven domiciliary care agencies in Norfolk and the technology company Alcove. This pilot offers blended digital and physical domiciliary care packages whereby low level check in calls are done via a Video Care Phone, freeing up 'in-person' resources to support more people who need physical support as part of their care visit.

How will we measure that we have achieved this aim?

- 80 % of CQC Registered Care Providers, in Norfolk, will have a Digital Social Care Records system in place by the end of March 2024
- An increase in the number of care packages that take a blended approach to service delivery where technological solutions and physical support work together to drive better outcomes

Impact

People will tell us...

- I have more face-to-face time with staff supporting me, which improves my experience of care.
- My home has the right equipment and technology to enable me to live as independently as possible, for as long as possible.

Providers will tell us...

- I am encouraged to be innovative.
- My ideas for a more efficient sector are welcomed and given full consideration.

Working together to design a lower carbon sector

How will we achieve this?

- During 2023/24 we will undertake a carbon footprint assessment of social care services delivered by the Council. The Council is funding two energy assessors this year to support providers to improve the energy performance of their buildings.
- Particular attention will be put towards actions that can both reduce carbon, utility and fuel costs to relieve some of the inflationary financial pressures facing the sector.
- For contracts and services which support the provision of care, such as community equipment, we will require a commitment to carbon reduction aligned to the Council's Carbon Reduction Plan.
- Development of a more collaborative geographical home care service model that enables improved service efficiencies regarding the delivery of care rounds

What did we achieve last year?

- The retendered integrated Community Equipment Service included carbon reduction as part of the evaluation criteria, for the first time. Medequip who were awarded the contract, which started in April 2023, have put in place a range of initiatives such as the use of electric vans, supporting the development of the EV charging points, in addition to the reuse and recycle of equipment.

How will we measure that we have achieved this?

- We will work with providers to design KPIs that help the Council to understand how providers are looking to reduce their carbon footprint.

Impact

People will tell us...

- I live in a home that stays warm and comfortable all year round.

Providers will tell us...

- I feel supported in our efforts to reduce our carbon footprint whilst not compromising on service quality.
- I am proud to do my bit to help protect the environment and know what is expected of me.

Contact Us

This Market Position Statement is a live document and will be regularly updated.

If you would like to contact us to provide feedback on our market position statement, please contact us on

Last updated 01/04/2023

Useful links:

<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>

[Norfolk's Joint Strategic Needs Assessment \(JSNA\) - Norfolk Insight](#)

[Projecting Adult Needs and Service Information System \(pansi.org.uk\)](#)

[Projecting Older People Population Information System \(poppi.org.uk\)](#)

[Market sustainability and fair cost of care - Norfolk County Council](#)

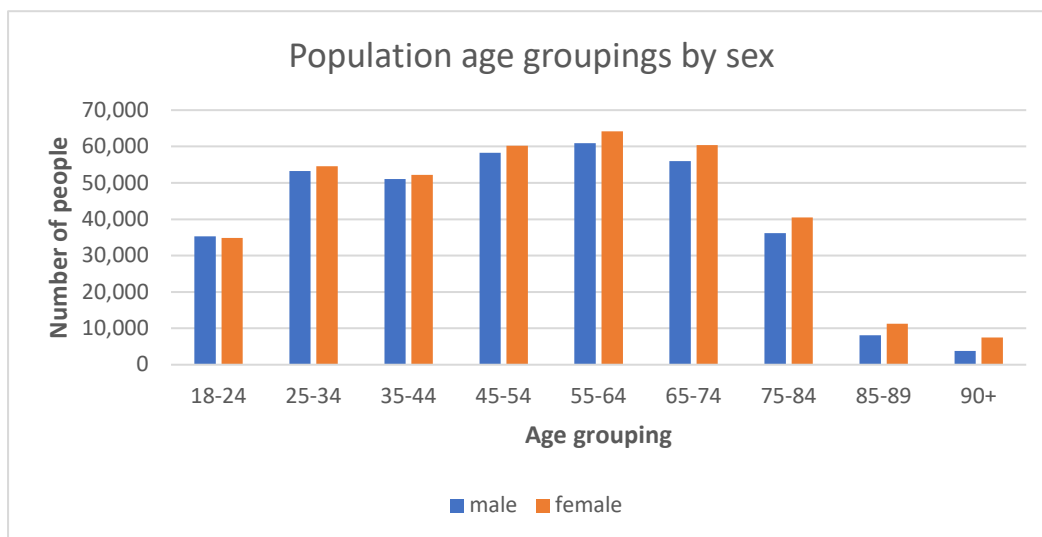
The Norfolk Picture

The Norfolk Population

The population of Norfolk and Waveney is growing. Since 2011, Norfolk and Waveney's population has increased by an estimated 57,900 people to 1,032,700 (Office for National Statistics 2021). The population is forecast to increase by a further 111,700 over the next 20 years (Office for National Statistics 2020).

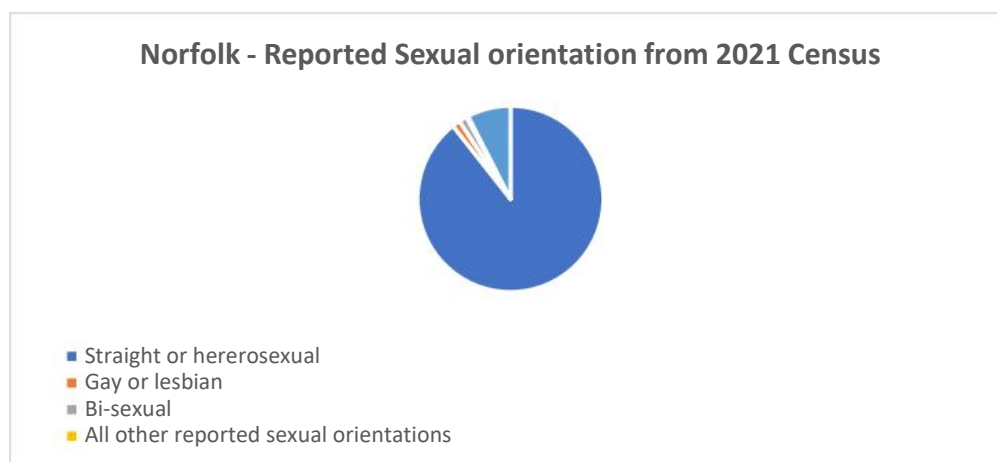
Most of the population increase will be in the older age groups, with those aged 65 and above increasing by 93,900. Norfolk has the 15th most elderly population in England but is projected to drop to the 17th largest by 2040.

The chart below details the adult population split by age grouping and sex. 52% of the adult population is identified as female and 48% male based upon the 2021 Census.



The above table details the population grouping by male and female, however, not all of the population define themselves as male or female.

The following chart details the sexual orientation reported by people in Norfolk for the 2021 Census.



From 2020 to 2040 there will be an estimated:

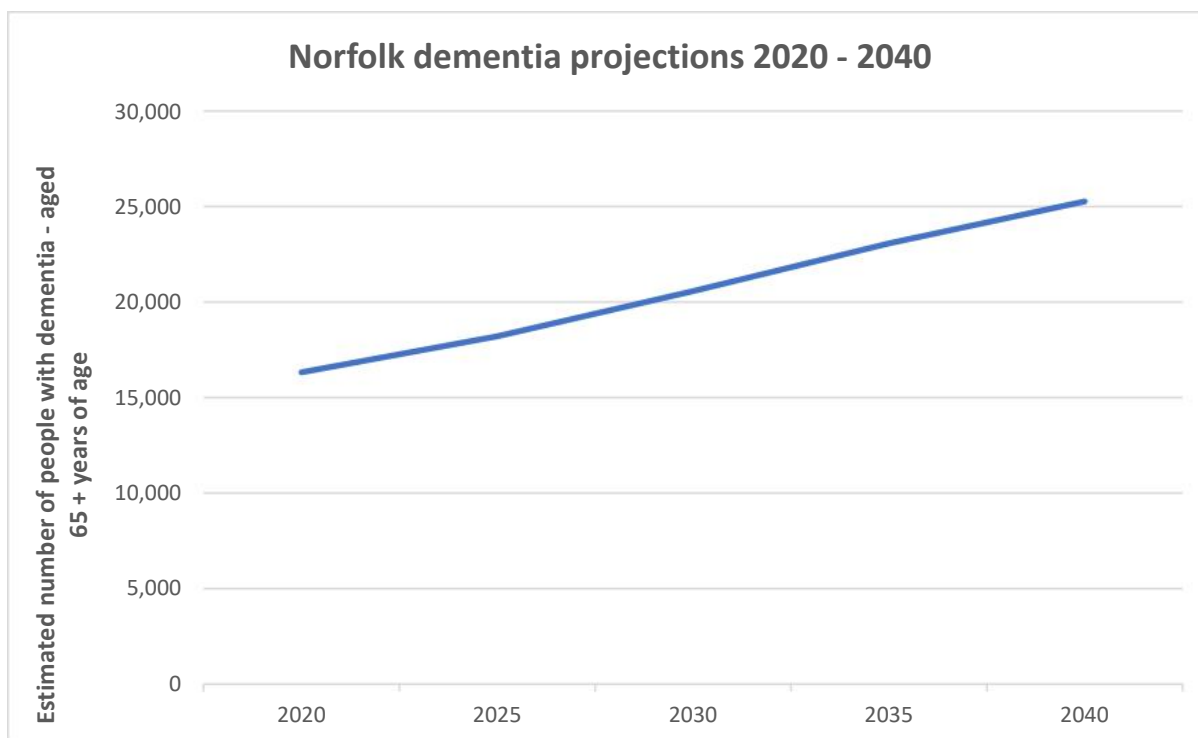
- 36% increase in people aged over 65, mostly in those aged over 75 years of age.
- 3% increase in people of working age
- 1% decrease in children and young people

This increase in older people means that by 2040 the non-working age population (those aged under 16 or over 65 years of age) will have increased by almost 91,500 whereas the working age population will have increased by just over 20,200. This means that there will be fewer people of working age for every person under 16 or over 65 years of age. Planned increases in the state pension age will only partially offset this relative increase of pensioners.

Dementia

Applying the Prince 2014 estimates of population prevalence of late on set dementia and applying these to the 2021 population derived from the Census, the number of people aged 60 years and above living in Norfolk with a dementia was estimated to be 16,691 during 2021.

In January 2022 NHS Digital recorded 9,509 people in Norfolk diagnosed with dementia against an estimated prevalence of 17,104 people which is a diagnosis rate of 55.6%. Based upon the expected increases in the population of people aged over 60 by 2030 the prevalence of people with dementia will have risen to 20,579 and by 2040 this will have risen again to 25,269.



Research by the Alzheimer's Society (2020) and by Wittenberg (2019) estimate that the proportion of people with mild, moderate and severe dementia is 14%, 28% and 58% respectively. This would mean that for Norfolk of the 17,104 people estimated to have dementia in 2022, 9,920 will have severe dementia, 4,789 moderate dementia and 2,395 mild dementia. This would suggest that the people diagnosed with dementia in Norfolk are those with severe symptoms. It is estimated that 1:20 people nationally with dementia are aged under 65 years of age.

This will be a key driver of social care demand, primarily in the older people's care market, but also impacts learning disabilities, autism and mental health services catering for older care users.

Adults with a Learning Disability and/or Autism

It is estimated, using PANSI (Projecting Adult Needs and Service Information) that in 2020 there were 17,322 adults living in Norfolk who have a learning disability (LD) which is c2% of the Norfolk population. Of the 17,322 it is estimated that 12,594 are aged between 18 and 64 years of age and 4,728 people (1.8% of the Norfolk population) are aged 65 years and above¹. Of these it is predicted that 3,491 adults have a moderate to severe learning disability; 629 are aged 65 years and above. The locality section of this document provides more detail in support of people with a learning disability.

People with a learning disability are living longer and are more likely to develop health conditions associated with older age. People with a learning disability are at

greater risk of developing dementia as they get older compared with the general population (Cooper, 1997). Kerr (2007) reports that three studies found the following prevalence rates of dementia among people with a learning disability: 13% of people over 50 years of age and 22% of people aged over 65 years of age. For people with Down's syndrome, the risk of developing dementia is significant with a higher estimated prevalence rate of 36.1% of people aged 50-59 and 75% for people over 60 years. (Prasher 1995). We need to grow the number of providers that have the settings and skills to support people with these needs.

PANSI data provides predictions for the number of people with autism living in Norfolk in 2020 as 5,145 people increasing by 3.7% to 5,335 people by 2040. It is therefore important that services supporting people with a learning disability and/or mental ill-health have staff trained to have a good understanding of autism and the approaches required to support people well. The Government has introduced a requirement for Care Quality Commission (CQC) registered service providers to ensure their employees receive learning disability and autism training, such as the Oliver McGowan training, appropriate to their role. This is to ensure the health and social care workforce has the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability. This requirement is set out in the [Health and Care Act 2022](#).

Adults with mental ill-health conditions

Using the 2021 Census population data and applying the estimated prevalence of mental health conditions in people aged over 18 indicates that there are c99,500 people living in Norfolk with common mental health disorders (anxiety and depression). Previous estimates predict that by 2040 the number of people with common mental health problems will have increased to 101,450.

The prevalence of people with anti-social and borderline personality disorders are the next largest cohort with an estimated prevalence of 17,474 people with anti-social and 12,635 people with borderline personality disorders.

The prevalence of people with psychotic disorders is estimated to be 3,675 people.

It is estimated that there are 23,216 people living in Norfolk who are at higher risk of alcohol related health problems and 17,740 people who are dependent on drugs.

Life Expectancy

Nationally, life expectancy has continued to improve throughout the past few decades. This has been attributed to improvements in public health (such as childhood immunisation), medical advances in treating diseases (such as heart disease and cancer), as well as lifestyle changes (such as a decline in smoking). This improvement has also been observed locally in Norfolk and Waveney. Life

expectancy in Norfolk and Waveney has consistently been higher than the national average for both males and females over time.

However, over the last ten years this improvement had levelled off and, most recently, life expectancy has declined nationally and locally for both males and females (2018-20). For Norfolk and Waveney, life expectancy fell slightly for males to 79.9 years and for females to 83.8 years

Although life expectancy is increasing for people with a **learning disability**, evidence shows that adults with a learning disability will still have a shorter life expectancy than the general public. On average, a female with a learning disability will have a 18 year shorter life expectancy than the general population and 14 years for males.ⁱⁱ

Healthy Life Expectancy

Living a healthy life is as important as living a long life. 'Healthy life expectancy' is the average number of years that a person can expect to live in "full health". Latest data (2018- 2020) shows, on average, that a female in Norfolk would expect to live to approximately 84 years old but have a healthy life expectancy of 63.9 years (Office for Health Improvement and Disparities 2022). This means that a woman spends approximately 24% of her life or 20 years in poor health. Males, in contrast, are expected to live to approximately 80 years, with a healthy life expectancy of 62.9 years, meaning that they spend 21% of their total life or 17 years and 1 month in poor health.

Although females live longer than males, they spend a longer amount of their life in poor health. This is in line with what we see nationally.

Cause of Death

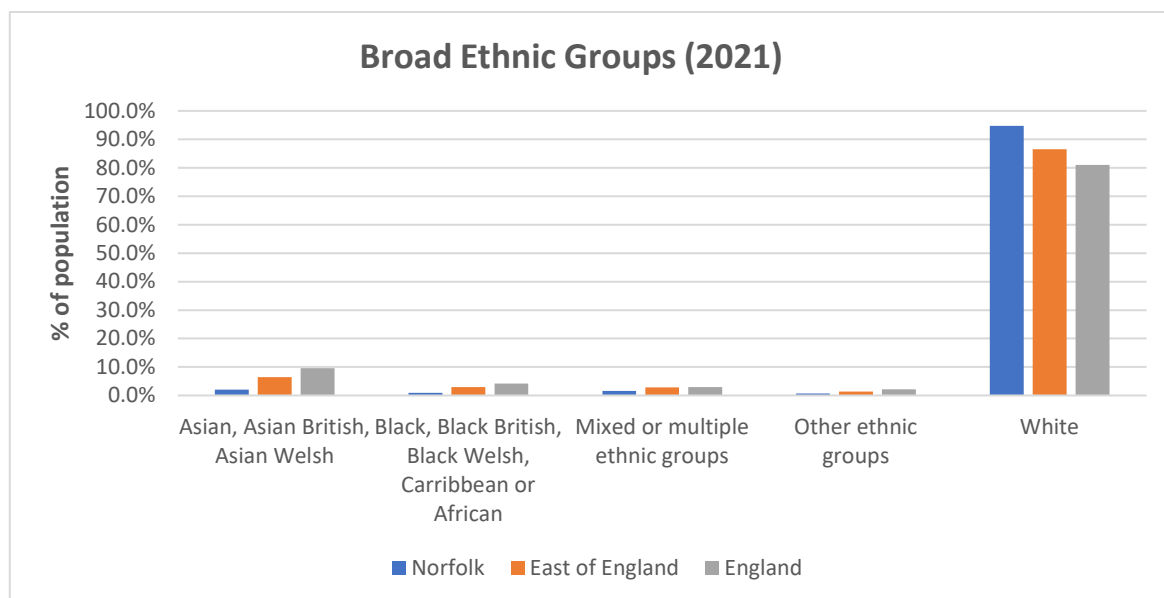
As we are living longer, the leading causes of death are changing. The death rates from heart disease and stroke, once clearly the most common causes of death, have reduced substantially in the last decade. At the same time there has been a doubling of the death rate from conditions associated with extreme old age and frailty such as dementia, which is now the leading cause of death in women.

It is increasingly common for people with a long-term condition to have at least one other condition. The number of co-morbidities increases with age, with older people more likely to have several long-term conditions.

For people with a **learning disability** the main causes of death for adults in England are circulatory diseases, respiratory diseases, and cancer.

Ethnicity

This section displays census data about the number and percentage of people from each ethnic group. The way people describe their ethnic group is based on their culture, family background, identity, or physical appearance.

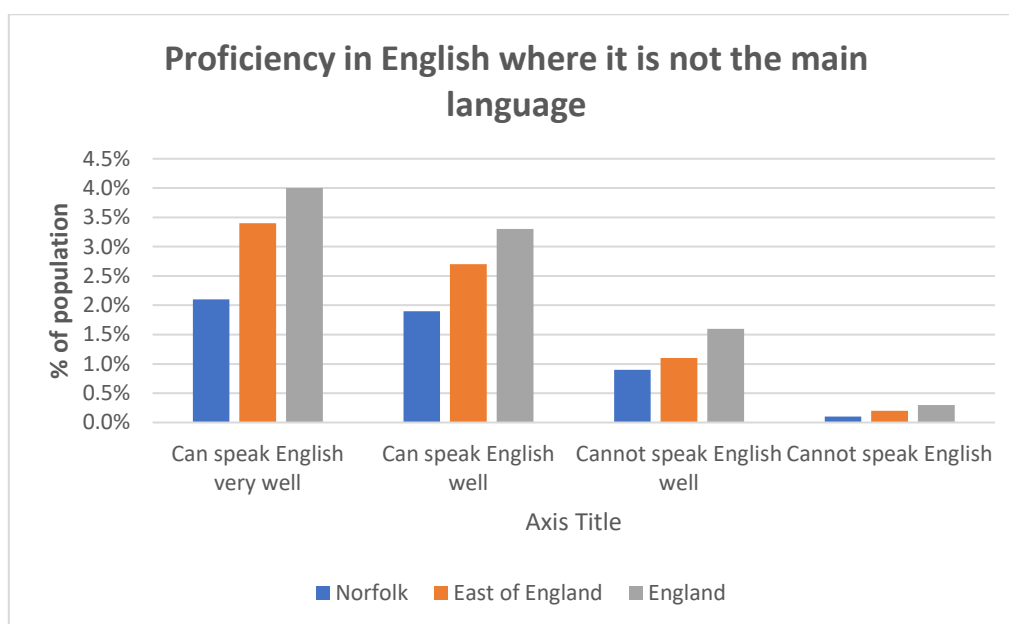


The difficulties that the adult social care sector is facing in the recruitment and retention of staff has resulted in more staff being recruited internationally. The main countries from which staff are currently being recruited from are from Nepal, India, Sri Lanka, Kenya, Malaysia and the Philippines. It is essential that there is the right support infrastructure in place to ensure that the experiences of people coming to Norfolk from other countries is good. The recent funding allocated to the East of England to support international recruitment will support the following key initiatives:

- Advice/guidance/training/webinars to care providers
- Equality diversity & inclusion (EDI) training
- 'Good practice' guidance/protocol for pastoral care
- Agreement regarding minimum standards/competency framework—creating a model with an enhanced Care Certificate
- Specialist advice on immigration, sponsorship, housing etc. issues
- Support to drive safely in the UK/access public transport
- Accommodation support
- Training/coaching for the existing workforce/managers to create welcoming and supportive work environments which embed anti-discriminatory/anti-racist/anti-oppressive practice
- Access to English for Speakers of Other Languages (ESOL)

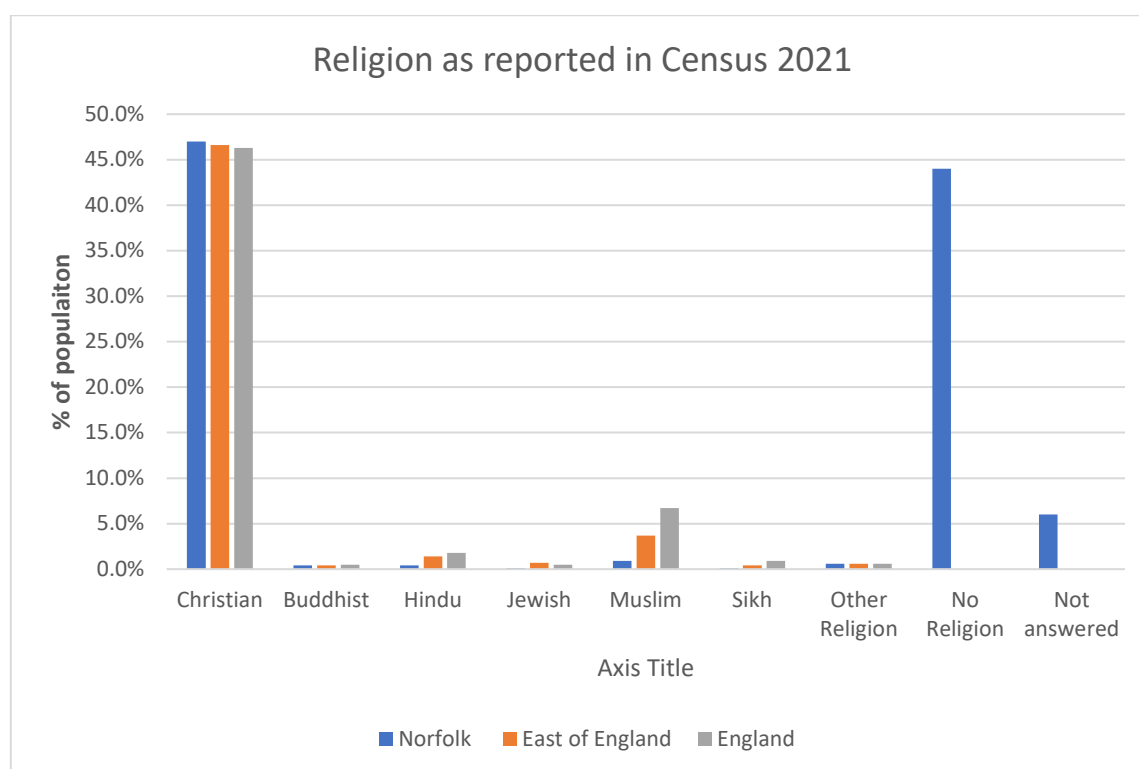
Language is a key defining characteristic of people's identity. Data on the main languages spoken in an area facilitates the provision of public services, for example, to help identify the need for translation and the interpretation for providing English language lessons. The Census reports 95% of the Norfolk population confirming that

English was their main spoken language. The proficiency in English for those whom English is not their main language highlighted:



Religion

The data below gives an insight into religious affiliation. However, it is important to highlight that this question relates more to identity than to an actual measure of practise or belief.



The religion question within the Census is voluntary; nationally, 94% of usual residents answered the question in 2021, an increase from 92.9% in 2011. For the first time in a census of England and Wales, less than half of the population described themselves as “Christian”, a 13.1%-point decrease from the 2011 Census. Despite this decrease, “Christian” remained the most common response to the religion question with “no religion” being the second most common response, increasing by 12 percentage points to 37.2% from the position reported in the 2011 Census.

The Challenges we face

Workforce Challenge

A job in the care market needs to be appealing and held in high regard by society. Key to a properly functioning, high quality and sustainable adult social care market is a workforce that is well trained, professional, caring, appropriately paid with progression opportunities and with satisfaction with both their jobs and employers. The latter point is telling, as many carers who leave caring roles move to different care jobs, indicating greater satisfaction with the caring role than their employer; 64% of staff were recruited from within the adult social care sector during 2021/22 within Norfolk. Where these positive factors do not fully exist, this is manifested in high turnover of staff. Information from the 2021/22 Skills for Care Workforce Minimum Data Set highlights social care staff turnover rates of 41.2% for direct care staff and 50.2% for registered nurses. Vacancy rates for all job roles increased from 6.3% in 2020/21 to 8.5% in 2021/22.

The composition of care workers can provide sustainability issues in the care market, especially if a high percentage of workers are reaching retirement age and the profession is not appealing enough to new workers. The age profile of the adult social care workforce highlights that the average age of workers in this sector is 45 years. The average age varies by type of role with the average age for registered nurses being 50 years, direct care staff 43 years and managers 48 years. The number of workers aged 55 years and above has increased with 26% of direct care staff and 42% of registered nurses aged 55 and over and therefore likely to leave the workforce within the next 5-10 years.

The workforce in Norfolk has been reliant on workers from the European Union although this has reduced since Brexit. In 2020/21, 11% of direct care staff and 28% of registered nurses were recorded as having EU nationality. By 2021/22 this had reduced to 9% for direct care workers but the percentage of EU nurses had remained the same at 28%. The need for international recruitment to plug the current recruitment and retention gaps is seeing an increase in workers from Nepal, India, Sri Lanka, Kenya, Malaysia and the Philippines.

Most concerning is the percentage of the direct care workforce in Norfolk who hold a relevant social care qualification. Information submitted by providers to Skills for Care shows that in 2021/22, 31% of direct care staff had completed the Care Certificate, 22% were in progress/partially completed and 47% had not started. This is better than the England average where only 40% of the workforce had achieved or were working towards the Care Certificate. It is essential that we work together to showcase social care as a career and to encourage all staff within the sector to take advantage of the training, development and apprenticeship opportunities available to them to advance their career in care.

Well-led continues to be the key domain that providers are failing against with 38% of all services inspected being rated requires improvement or inadequate. This highlights the need to develop strong registered managers within the Norfolk social

care sector. The Council has invested in training programmes that help support registered managers to develop their skills which include the ESF Aspiring Managers Training programme and also the “My Home Life” programme delivered by City of London University.

Our Ambition to address the challenges identified

In last year’s Market Position Statement we said that to achieve our aim of securing passionate, well trained, supported staff with opportunities for a great career in social care we would:

- Fund a two-year advertising campaign to support recruitment into the sector through TV, radio, social media and poster advertising. All campaigns signpost people to the Norfolk Care Careers Website.
- Advertise the opportunities for careers in social care and signposting people to [How to Become a Care Worker - Jobs & Careers at Norfolk Care \(norfolkcarecareers.co.uk\)](https://norfolkcarecareers.co.uk) which also provides a free platform for providers to advertise jobs.
- Continue to develop the Norfolk Care Academy, offering candidates an opportunity to join the social care sector, with free training and a guaranteed job interview.
- Offer access to courses such as My Home Life and other accredited leadership qualifications support the development of strong management across the sector.
- Provide access to free training for staff in social care supported by training mentors.
- Grow and further develop the nurse associate programme.

What did we achieve?

Between 3rd October 2021 and 31st January 2023, we have:

- Achieved a 20% increase in visitors to Norfolk Care Careers website based on the same period in the previous year.
- Published 1,323 adverts on behalf of adult social care providers
- Enabled 56,174 applications through the website
- Had 42 spaces taken up on recruitment best practice workshops, with 85% of respondents surveyed indication that they would change their approach as a result.
- Developed 8 new care career case studies; increasing awareness of the different settings, roles and value of social care.
- Produced new materials including booklets summarising career pathways
- 20 individuals completed the Care Academy pilot
- Norfolk Care Careers represented at over 40 events to promote careers in social care
- Had had 582 members of the health and social care workforce in Norfolk engaged in a training or mentoring intervention with Developing Skills in Health and Social Care (DSHSC) between April 2022 and March 2023.

- A team of 7 mentors based in Norfolk are employed by DSHSC, which is co-funded by the European Social Fund and Norfolk and Suffolk County Councils.
- Mentors have also supported recruitment activities across Norfolk by being present at face-to-face events to promote the training and skills development opportunities available to the workforce.

Quality Challenge

Service quality continues to be a significant concern within Norfolk. Norfolk has the lowest care quality in the Eastern Region and is one of the lowest nationally. Our aim is for at least 85% of all services to be rated “good” or “outstanding” by 2024.

The position reported on 31/03/2023 highlights the following:

All user groups

Service category	% of services rated “good” or “outstanding”			
	Norfolk	East of England	Similar local authorities (family group)	England
All services	69.8%	82.2%	83.6%	83.2%
Home Support	77.4%	86.0%	88.6%	85.8%
Residential	66.4%	79.5%	81.8%	82.7%
Nursing	67.8%	78.0%	78.2%	78.1%

The above table shows how Norfolk services are performing against all comparator groups. The most relevant comparison being those local authorities that are identified as “family group” as these are the most similar in geography, demographics etc.

However, when the above ratings are analysed into services registered for older people and services registered for people with a learning disability, mental health and physical disabilities without older people it can be seen that there are fewer services rated good and outstanding in working age adult provision than for older adults.

Services registered for older people

Service category	% of services rated “good” or “outstanding”			
	Norfolk	East of England	Similar local authorities (family group)	England
All services	71.9%	81.5%	82.5%	82.1%
Home Support	76.4%	85.4%	88.0%	85.3%
Residential	71.0%	78.1%	79.7%	80.5%
Nursing	64.8%	77.1%	77.7%	77.8%

Services registered for Learning Disabilities and/or mental health, or physical/sensory disabilities without older people

Service category	% of services rated “good” or “outstanding”			
	Norfolk	East of England	Similar local authorities (family group)	England
All services	68.7%	83.5%	85.5%	84.4%
Home Support	73.4%	85.9%	88.9%	85.9%
Residential	66.2%	80.8%	83.1%	84.4%
Nursing	63.2%	80.5%	81.0%	76.0%

The quality of nursing care appears to be an issue for most local authorities with the percentage of good and outstanding being lower in all comparator groups than other registered provision. This could be due to the difficulties of recruiting and retaining nurses. Skills for Care reports that during 2021/22, there was a turnover rate of 50.2% for registered nurses in Norfolk. The vacancy rate for nurses reported in 2021/22 was 11.5% which was 50 posts. Most recruitment for nurses is from within the adult social care sector 63%. A transient workforce means that staff will not be gaining the training and qualifications to deliver the qualitative service required. This is also applicable to direct care staff.

Well-led and safe continue to be the key domains that providers are failing against with 38% of all services inspected being rated requires improvement or inadequate in “well-led” and 33% in “safe”.

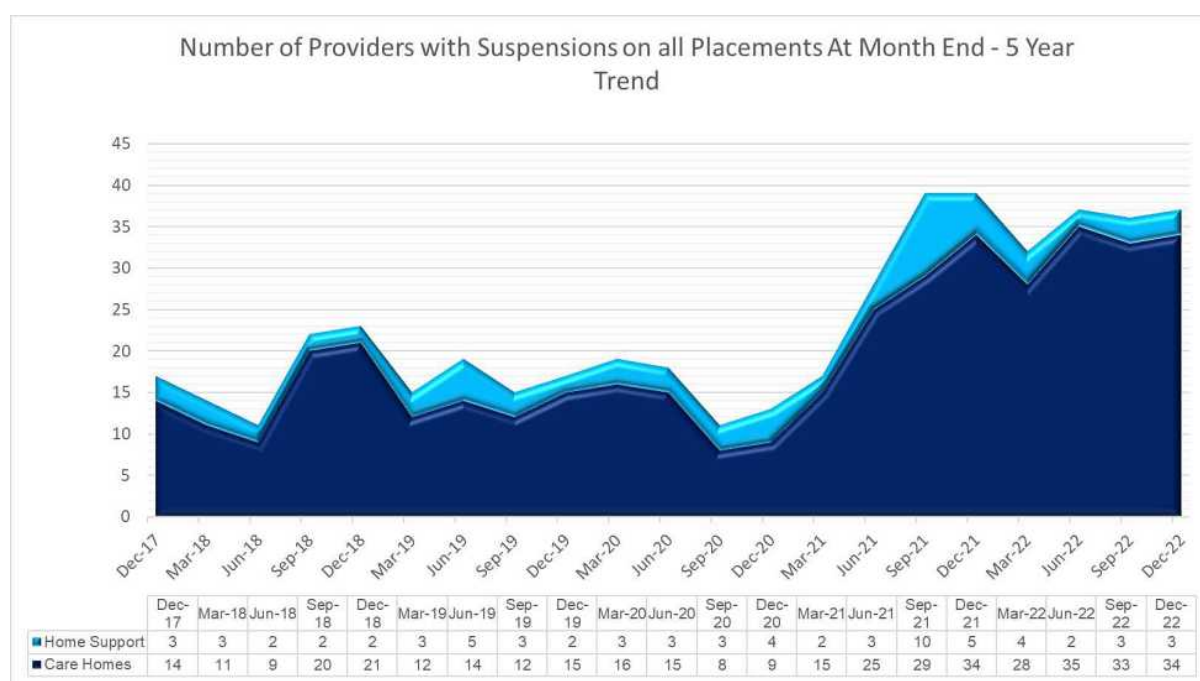
Services with restrictions on admission/new referrals

A review of services with restrictions as at 4 April 2023 highlights that there are currently 70 services that are subject to restrictions accounting for 9.4% of all registered services. Restrictions can range from a need to consult before placement to no new placements allowed. The impact of restrictions by service type varies massively with c31% of WAA care home services, c8% of older adult care homes, c1% of supported living services, c8% home care services and c1% of day services have some form of restriction. Details of the types of restrictions by service type are detailed below:

- **Working age adult residential care services:**
 - 10** homes have a ‘contact Quality Assurance team prior to placing new people’ restriction – affecting **90** registered beds.
 - 3** homes have a ‘restriction on the number of placements’ that can be made each month – affecting **57** registered beds.
 - 27** homes have a ‘no new placements’ restriction – affecting **159** registered beds.
- **Working age adult nursing home services:**
 - 1** home has a ‘restriction on the number of placements’ that can be made each month – affecting **32** beds.
 - 2** homes have a ‘no new placements’ restriction – affecting **71** registered beds.

- **Older adult residential care**
3 homes have a 'restriction on the number of placements' that can be made each month – affecting **141** registered beds.
7 homes have a 'no new placements' restriction – affecting **196** registered beds.
- **Older adult nursing care**
1 home has a 'restriction on the number of placements' that can be made each month – affecting **29** registered beds.
5 homes have a 'no new placements' restriction – affecting **287** registered beds.
- **Supported Living**
1 service has a 'contact IQS before placing' restriction – affecting **6** registered tenancies.
1 service has a 'no new placements' restriction – affecting **3** registered tenancies.
- **Shared Lives**
1 service has a 'contact IQS before placing' restriction
- **Home Care**
2 services have a 'restriction on the number of placements' that can be made each month.
5 services have a 'no new placements' restriction.
- **Day services**
1 service has a 'contact IQS before placing' restriction.

The graph below shows the five year trend on restrictions (suspensions). The light blue section depicts home support services and the dark blue depicts care homes. As can be seen there has been an increase in the number of providers with some type of restriction from June 2021, which will correlate to the creation of the Integrated Quality Service.



Our ambition to address the quality challenges identified

In last year's Market Position Statement we said that to achieve our aim of at least 85% of regulated services in Norfolk being rated good or outstanding we would:

- Engage people who use services (Experts by Experience) in our reviews of service quality.
- Develop and implement a system wide strategic framework for care quality improvement across Norfolk - with a focus on system wide drivers including individual, family and carer feedback; provider led change; workforce; commissioning and contract management; quality monitoring and improvement; health services to support care provision and operational measures.
- Identify further key themes relating to poor quality, share these with providers and support them to achieve the improvements required. Market Position Statement 2022-23
- To review and amend processes and procedures that directly impact upon provider quality.
- Implement our Improvement & Escalation Policy
- Achieve ambitious KPIs for published PAMMS and QMV audits

What did we achieve?

We have:

- Worked with our partners within the ICS to develop a wide ranging programme to drive care quality improvement in Norfolk. New tools; support model, approaches and engagement are being rolled out as part of the programme to deliver change, oversee progress and improve data.
- NorCA is leading work to increase shared learning from outstanding and good providers and to support the focus on best practice.
- Initial research has been completed on delegated health tasks with next steps to deliver new protocols for Norfolk.
- Healthwatch Norfolk has launched engagement to get people views on how they provide feedback about the care they receive and how this could be improved in the future. The next steps will be to increase the level of feedback about social care we receive and ensure this is reviewed and used to steer actions.
- The Quality Improvement and Escalation Policy has been implemented and is being used to ensure a consistent approach to the work of IQS, support to achieve quality improvement and where needed contractual measures.
- The development work has been completed to enable experts by experience to support the reviews of service quality. The pilot is being launched this spring.
- The work of IQS is continuing to develop, with data starting to be available show the progress following PAMMS re-inspections for some care provision. This demonstrates how the work of IQS is supporting more providers with improving their ratings.

In addition to the above the following was also delivered or is in train:

- The Integrated Quality Service has worked with providers supporting people experiencing domestic abuse and has developed and rolled out a review process to audit care quality in these settings.
- The team continues to work with partners across health and with Norfolk and Suffolk Care Support and NorCA to ensure new legislation, best practice and policy is communicated to care providers across Norfolk.

Market Sustainability

The current adult social care market in Norfolk is unstable with higher than usual providers identified as being at risk of failure or no longer wanting to supply services in Norfolk. We are particularly concerned about learning disability residential and older people nursing home services as these are seen as the two most at risk sectors. In addition, older people day services have struggled to recover from Covid –19 with low levels of new referrals.

Norfolk has a lot of care homes that are old, converted properties or purpose built that were built pre 1980 and not all of these are considered suitable to meet the higher acuity of needs now presenting. For example, some of the purpose-built homes that were built before 1980 have small room sizes which are not large enough to house hoists etc required to manage higher acuity of needs. Despite this Norfolk does still appear to be a place where providers, particularly providers of older adult care home services, want to invest. Analysis of the net change in CQC registered services during the 12 months March 2022 to end February 2023 highlights the following:

- A net increase of three care homes delivering care to older people with a net increase of 237 registered beds.
- A net reduction of five care homes delivering care to working age adults (people with mental ill-health, learning disability and physical disabilities) resulting in a net reduction of 138 registered beds.
- A net increase of five home care services registered to deliver care to older people
- A net decrease of one service registered to deliver care to working age adults.

Covid-19 has had a massive impact on the sustainability of the market particularly in relation to the older adult care home and day service sectors both of which are experiencing lower levels of demand, with the resultant negative impact on individual providers and the market overall.

The shift to people choosing to be supported at home, means that in the future, care providers will need to predominantly be for people with more complex needs and for residential providers, the physical limitations, such as small rooms unable to accommodate equipment and premises with limited access to upper floors will be

challenges to meeting complex needs. There are similar challenges for providers of day services.

We know we need to work with providers to shape the market accordingly, being clear in what we want to commission to enable providers to undertake their business planning.

Residential services for working age adults appears to be very unstable. As can be seen above, there was a net decrease of five working age adult care homes between March 2022 and February 2023 which accounted for 138 beds closing. Although there are new residential and supported living services in the pipeline, the new capacity is insufficient to meet the current identified demand. The life expectancy of people with a learning disability is increasing and people are experiencing more of the health conditions associated with old age. As a Council we would like to explore opportunities to work with older adult residential providers to build their skills and expertise to support older people with a learning disability in older adult care homes.

Financial Forecasting

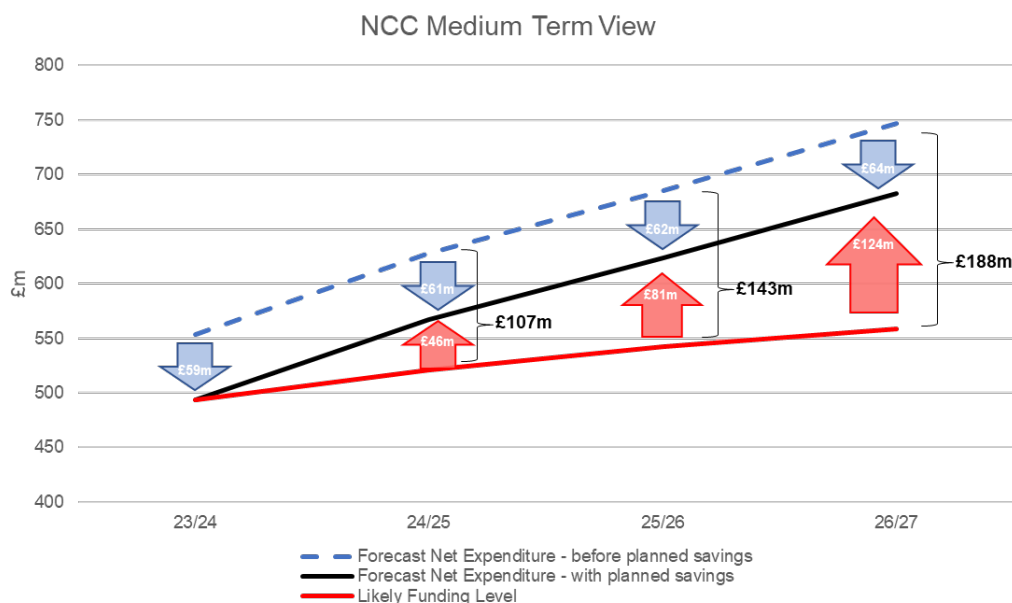
Current Spend

Norfolk County Council invested more than £395m (gross) during 2022/23 in commissioning Adult Social Care services from hundreds of independent and council owned businesses that make up Norfolk's Care Market. In addition to our investment, both our health partners and private self-funding individuals purchase services from these businesses as part of a local care economy.

The Council's 2023/24 budget includes a general council tax increase of 2.99% and a 2% increase in the Adult Social Care Precept. For 2023/24, the Council made £30m available to Adult Social Care to support the annual uplift. This is the highest uplift that has been offered by the Council, recognising the current inflationary pressures being faced by the sector, but it is recognised that this is in the face of unprecedented financial challenges for providers.

Financial Outlook

Like many Local Authorities, our Council continues to face financial challenges driven by increases in the demand for our services and rising costs associated with delivering these services, set against a backdrop of static funding levels. The financial challenges being faced by the Council requires substantial savings of £59.7m to be delivered by Norfolk County Council during 2023/24, of which £29m is to be delivered from within adult social care. Over the medium term this potential funding gap increases to nearly £188m and therefore we face a certainty of future Adult Social Care savings, on top of sustaining the £80m+ delivered over the last seven years.



Impact of the Social Care Reform

Implementation of the Adult Social Care Charging Reform has been delayed until October 2025. The work undertaken with providers during 2022/23 has, however, provided a wealth of information that helps to inform the current gaps between Council average fee rates paid and the median rates calculated as part of the fair cost of care and the wider challenges that are impacting on market sustainability.

In last year's market position statement the Council said that it would:

- Move towards paying a fair cost of care for services commissioned.
- Develop the Market Sustainability Plan detailing how, and over what time frame, we will move to paying the fair cost of care as calculated via the review process.
- Secure the capacity needed to support the expected increase in assessments needed relating to the take up of section 18(3) of the Care Act 2014.

What did we achieve?

In collaboration with providers we have

- Produced and have published the fair cost of care reports for older adult care homes and 18+ domiciliary care services.
- Produced and published the Market Sustainability Plan for Norfolk.
- Work has been done to understand the level of self funders and the assessment capacity needed once the Charging Reform is implemented.

What have we not been able to achieve?

- The delay in implementation of Social Care Reform resulted in resources previously earmarked to support the Charging Reform being allocated as part of the Social Care Grant. This meant that as a Council, other market sector priorities needed to be considered not just those relating to older adult care home and 18+ domiciliary care provision. This means that we have not been able to move further towards the median rates calculated through the most recent national fair cost of care for 2023/24 for older adult care homes.

Next steps

- The Council is committed to moving towards paying the median cost of care within Government's timescales and within the funding afforded to the Council for this specific purpose.

Locality Based Information

District populations

The 2021 Census highlighted the following population changes that will impact on the availability of workforce. The table below details the percentage of the population that is of working age and those ages 65 years and above. It also shows how the population has changed since the 2011 census.

Area	% of population aged		Increase/(decrease) in population since 2011 census	
	65+	85+	65+	15-64 year olds
England			20.1%	3.6%
Breckland	25.6%	3.6%	25.8%	3.6%
Broadland	26.5%	3.8%	22.6%	0.6%
Great Yarmouth	25.3%	3.4%	17.8%	(1.7%)
Kings Lynn & West Norfolk	26.8%	3.5%	17.9%	(0.1%)
North Norfolk	34.0%	5.0%	17.8%	(5.6%)
Norwich	15.2%	2.3%	10.6%	8.6%
South Norfolk	24.4%	3.5%	30.1%	9.7%

Population projection 65+ years of age using 2021 census population and estimated growth from POPPI (Projecting Older People Population Information System)

locality	2021	2025	% change from 2021	2030	% change from 2021	2040	% change from 2021
Breckland	35,301	38,831	10%	43,773	24.00%	50,833	44%
Broadland	34,070	36,796	8%	40,543	19.00%	45,654	34%
Great Yarmouth	23,937	25,852	8%	28,485	19.00%	32,076	34%
Kings Lynn and West Norfolk	39,936	42,732	7%	46,326	16.00%	51,917	30%
North Norfolk	34,500	37,605	9%	41,055	19.00%	46,230	34%
Norwich	21,509	22,800	6%	24,305	13.00%	27,747	29%
South Norfolk	34,511	38,307	11%	42,794	24.00%	49,696	44%

The 2021 census data highlighted that North Norfolk had the highest percentage of people aged over 65 years of age (34%). However, the above tables show that Breckland and South Norfolk have the largest percentage increases in the 65+ population with this group of the Norfolk population expected to increase by 44% from the 2021 position by 2040.

Learning Disability population projections by locality

It was estimated that in 2020 there were 17,322 people aged 18 years and above with a learning disability and that 27% of this population is aged 65 years and above. By 2040 it is estimated that 33% of the learning disability population will be aged 65 years and above highlighting that people with a learning disability are living longer, with 4% of the 2020 population estimated to be 85+ increasing to 6% of the population by 2040. Not all people with a learning disability will be in receipt of services. The following table details the numbers of people living in Norfolk who are predicted to have moderate or severe learning disability.

People aged 18 years and above predicted to have a moderate or severe learning disability meaning that they are more likely to be in receipt of services

Locality	2020	2025	2030	2035	2040
Breckland	534	550	570	588	599
Broadland	496	511	530	542	552
Great Yarmouth & Waveney	374	378	385	391	394
Kings Lynn and West Norfolk	566	567	575	580	583
North Norfolk	392	399	410	417	424
Norwich	597	608	629	642	644
South Norfolk	532	566	600	626	644
Total Norfolk	3,491	3,579	3,699	3,786	3,840

18% of the population estimated to have moderate or severe learning disability is aged 65 years and above; this increases to 21% of the population by 2040. The number of people with moderate or severe learning disability aged 85 years and above was predicted to be 2% in 2020 and estimated to be 3% in 2040.

Adults aged 18-64 years predicted to have Downs Syndrome

Locality	2020	2025	2030	2035	2040
Breckland	49	50	51	51	52
Broadland	46	47	47	47	48
Great Yarmouth & Waveney	35	35	34	34	34
Kings Lynn and West Norfolk	52	51	50	50	50
North Norfolk	34	34	34	33	34
Norwich	59	60	61	62	62
South Norfolk	49	52	54	56	57
Total Norfolk	324	329	331	333	337

People with a learning disability and those with Downs Syndrome have a much higher likelihood of developing dementia than the general public. It is therefore important that with people living longer, services adapt to be able to meet the needs of people with dementia who also have a learning disability or Downs Syndrome.

Dementia population projections by locality

Locality	2020	2025	2030	2035	2040
Breckland	2,580	2,906	3,320	3,752	4,177
Broadland	2,493	2,841	3,212	3,556	3,908
Great Yarmouth	1,721	1,935	2,195	2,483	2,666
Kings Lynn and West Norfolk	2,808	3,068	3,426	3,813	4,082
North Norfolk	2,585	2,845	3,236	3,594	3,948
Norwich	1,638	1,731	1,893	2,131	2,335
South Norfolk	2,496	2,874	3,297	3,744	4,153
Total Norfolk	16,321	18,200	20,579	23,073	25,269

Data source: POPPI (Projecting Older People Population Information System)

The above highlights that the number of people with dementia in Norfolk is predicted to increase by c55% between 2020 and 2040.

Research by the Alzheimer's Society (2020) and by Wittenberg (2019) estimate that the proportion of people with mild, moderate and severe dementia is 14%, 28% and 58% respectively

Predicted number of people by locality with severe dementia

Locality	2020	2025	2030	2035	2040
Breckland	1,496	1,685	1,926	2,176	2,423
Broadland	1,446	1,648	1,863	2,062	2,267
Great Yarmouth	998	1,122	1,273	1,440	1,546
Kings Lynn and West Norfolk	1,629	1,779	1,987	2,212	2,368
North Norfolk	1,499	1,650	1,877	2,085	2,290
Norwich	950	1,004	1,098	1,236	1,354
South Norfolk	1,448	1,667	1,912	2,172	2,409
Total Norfolk	9,466	10,556	11,936	13,382	14,656

Predicted number of people by locality with moderate dementia

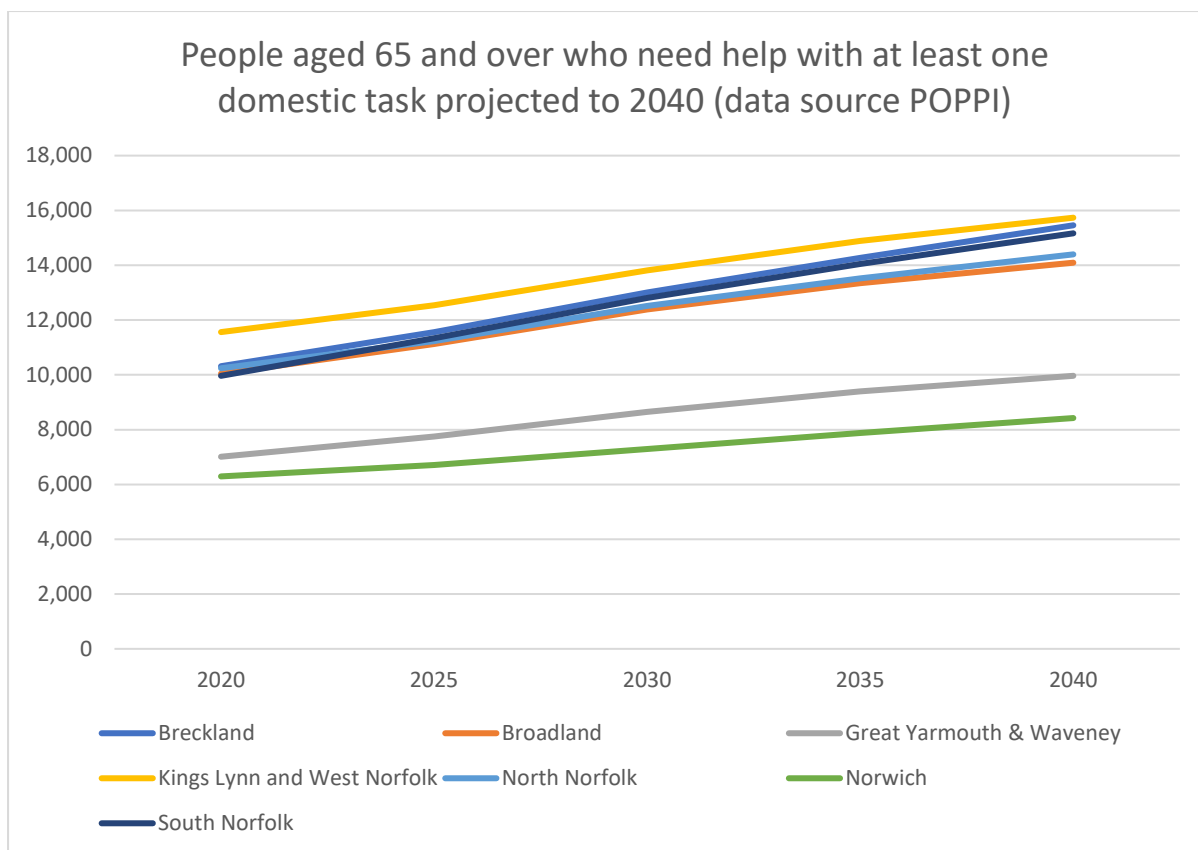
Locality	2020	2025	2030	2035	2040
Breckland	722	814	930	1,051	1,170
Broadland	698	795	899	996	1,094
Great Yarmouth	482	542	615	695	746
Kings Lynn and West Norfolk	786	859	959	1,068	1,143
North Norfolk	724	797	906	1,006	1,105
Norwich	459	485	530	597	654
South Norfolk	699	805	923	1,048	1,163
Total Norfolk	4,570	5,096	5,762	6,460	7,075

People aged 65 and over who need help with at least one domestic task

The Health Survey for England 2016: Social care for older adults asked people aged 65 years and above if they needed help with at least one domestic task:

- Doing routine housework or laundry
- Shopping for food
- Getting out of the house
- Doing paperwork or paying bills

The prevalence rates from the survey have been applied to Office for National Statistics population projections of the 65 and over population to give estimated numbers predicted to need help with at least one task.



The majority of this support will be provided by unpaid carers (family/friends) and as the table shows our reliance on unpaid carers will continue to increase. It is estimated that c11% of the people estimated as requiring support with at least one domestic task will have support needs that require support from home care services commissioned by the council or by people as private funders.

District workforce challenges

Residential and nursing home services

The vacancy levels for social care workers within residential and nursing homes varies across the county. The highest levels are North Norfolk (8.5%) and Norwich (6.8%). There are also difficulties with the recruitment of managers in the East and North Norfolk and for registered nurse roles in Norwich (14.3%). Staff turnover rates also vary by locality with some areas facing significant challenges, in particular, Dereham, Thetford and Watton. Turnover rates significantly impact of quality with loss of continuity of care and experience and higher and on costs associated with higher recruitment, on-boarding and induction.

Home support services

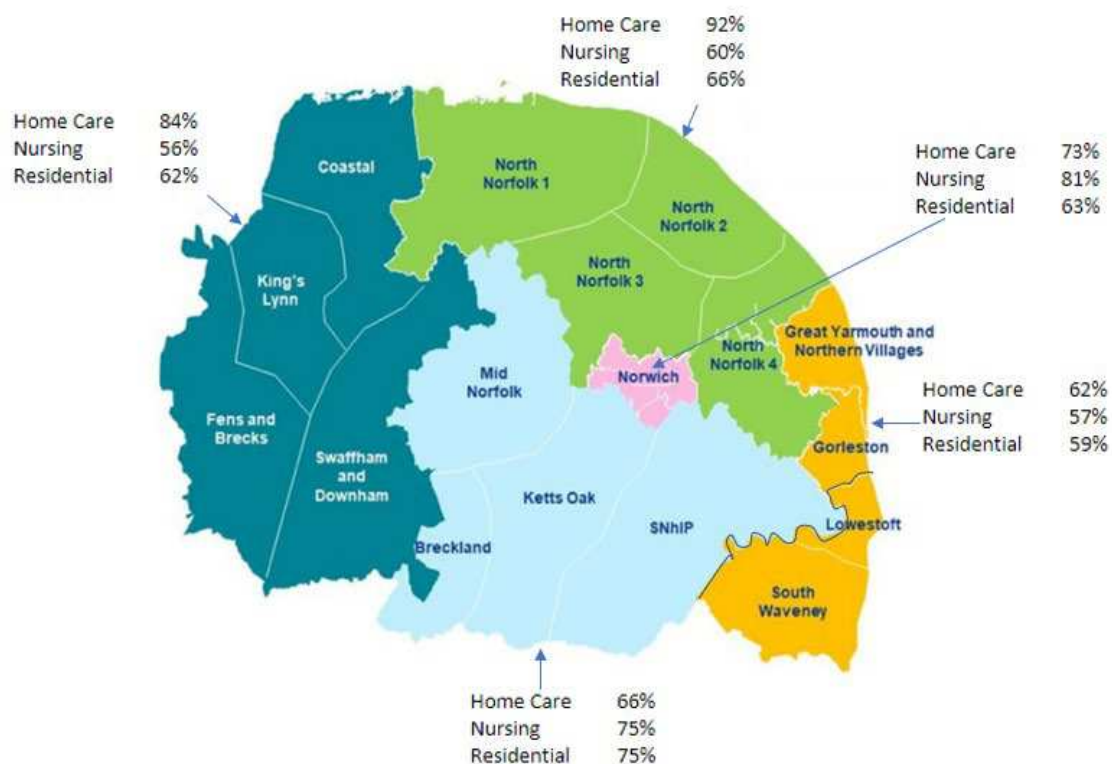
Workforce shortages within the care at home sector (domiciliary care) are the most

significant factor affecting the sustainability of services within this sector. The latest estimate of home care vacancies in Norfolk is at least 12% (2022) which is an increase from the 2021 position of 8.6%. Vacancies across all roles are acute in certain geographic locations within domiciliary care; those being Gorleston and Great Yarmouth (7.7%); Attleborough, Diss, Loddon and Wymondham (8.2%); Dereham, Thetford and Watton (14.9%); and Downham Market and Swaffham (15.6%). Norwich also reported high levels of vacancies in managerial roles at 18.2%. This is coupled with above average sector turnover rates presented in geographic areas – those being Acle, Aylsham and Wroxham (36.4%), Dereham, Thetford and Watton (52.4%) and Downham Market and Swaffham (42.1%) impacting continuity and quality of care and financial costs of induction. (Data source – Skills for Care CQC non-residential, all job roles)

District level service quality ratings

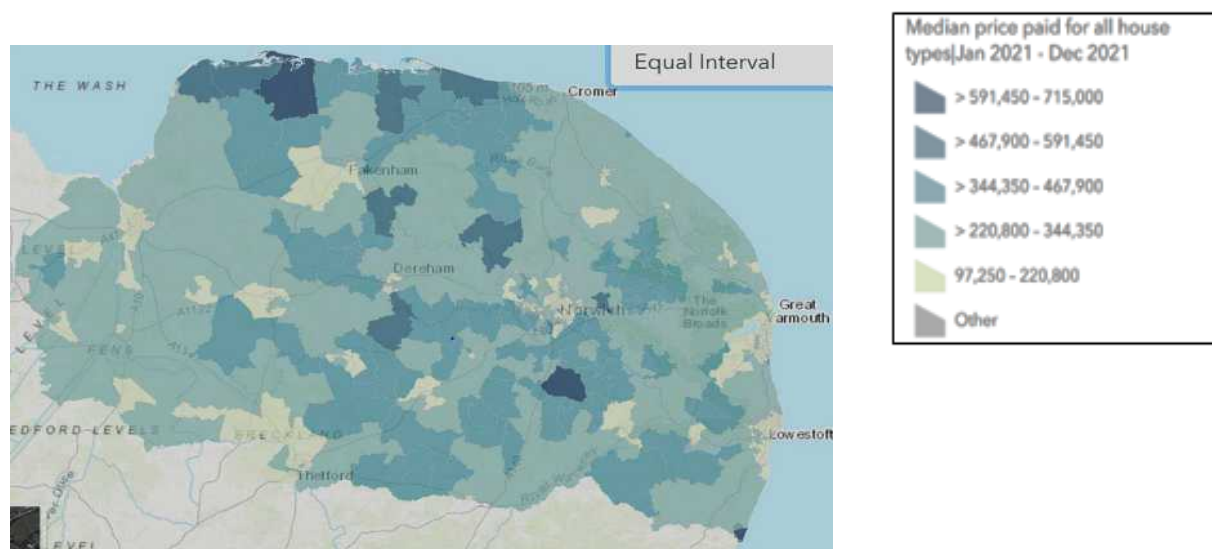
The map below details the variation in quality-of-care provision across Norfolk. There is no area that has good quality in all service types. North Norfolk, South Norfolk and Norwich have the highest service ratings overall with North Norfolk particularly strong in-home support services (92% rated good or outstanding). North Norfolk does, however, have the highest level of unmet needs with insufficient capacity available to meet demand. East Norfolk is the poorest performing area in relation to the quality of all regulatory services with only 62% of home care, 59% of residential care and 57% of nursing care rated good or outstanding.

Comparing the quality ratings for each district against similar local authority averages, highlights that North Norfolk has more home support services rated good or outstanding 92% compared to 88.8% for other similar authorities. The average ratings for nursing homes which are good or outstanding in Norwich is 81% compared to 77.4% in other similar local authorities. The average rating of good and outstanding in like authorities for residential homes is 81.6%; South Norfolk has the highest rating in Norfolk but this is only 75% of residential homes rated good or outstanding.



Land and property prices

Disproportionately high-cost housing and land values in some areas of the county also have an impact and make it difficult to recruit and retain staff as they cannot afford to buy or rent in these areas. The map below details average property prices across Norfolk. Median price for all house types is detailed in the legend to the right of the map. This affects staffing availability for all types of care and operational costs for residential based care.



source: [Housing and households - Map explorer - Norfolk Insight](#)

Area	Affordability Ratio
England	9.05
Norfolk	8.85
Breckland	9.40
Broadland	9.08
Great Yarmouth	6.74
Kings Lynn and West Norfolk	8.90
North Norfolk	11.40
Norwich	7.12
South Norfolk	9.05

The higher the ratio the less affordable land and property within the area is.

Source ONS Housing Affordability Statistical Bulletin, March 2022.

Around 30% of households in Norfolk rent their homes. Of these households, 53% rent from a private landlord and 47% from social housing providers or the local authority.

The Norfolk Office of Data and Analytics (NODA) briefing note on Housing Market Projections published June 2022 highlighted the following key findings:

- Average house price in Norfolk (all property types) £280,000
- Since April 2021 house prices are reported to have increased by 11.9% in the East of England
- Future house prices are expected to increase by between 3.2% and 4% per year over the next 5 years.
- Rents are anticipated to rise over 5% a year over the next 5 years.

Therefore, it is difficult to deliver social care in some areas of Norfolk to meet needs. The location of services in more rural areas are difficult for staff to get to especially if they rely on public transport. This has resulted in some providers buying properties in the most rural areas to rent to staff or to make specific arrangements for transport of staff.

Benchmarking and Insight

Financial Forecasting

The financial challenge section details the current gap between the expected funding streams for the Council and the estimated expenditure were we to continue to commission services in the same way.

To address these gaps several strategic transformation projects are in train which will help to identify opportunities to re-shape the market to ensure that we deliver services in the best way to secure best value for the system. The realignment of resources to achieve the key aims set out in this document will continue to be the main focus for commissioners. The main transformation projects continuing, or being progressed, during 2023/24 are:

- **Connecting Communities** to unlock the potential and opportunity of the VCSE in supporting the care market and supporting people's needs at the right time.
- **The strategic review of home care services** – a review of the current models for commissioning and delivery of home care services within Norfolk.
- **The Collaborative Care Market Review project** – which is reviewing the current arrangements for commissioning and contracting Funded Nursing Care and Continuing Health Care with a view to delivering closer alignment across nursing provision.
- **Day services strategic review** – reviewing service demand and looking at the most effective service models and approaches for people to access the care and support that they need to remain living at home for longer.
- **The transformation and integration of learning disability and autism commissioning**, with the ambition of delivering a pooled budget to better meet some of the needs of the learning disabled and autistic population.
- **Redeveloping the working age adult residential sector**, to provide greater sustainability, a reduction in bureaucracy and improvements in quality.
- **Working with the National Development Team for Inclusion NDTi to deliver small supports** in partnership with the Local Government Association (LGA) and the National Health Service Executive (NHSE), to create more locally based provision to support people with complex needs arising from their learning disability and/or autism.
- **Continued transformation of day services for learning disability, to drive enabling opportunities such as, work, training and employment.** To promote the independence and achievement in activities of daily living and provide high quality care and support to those with the most complex needs.

Further details of these transformation projects are included in the market analysis sections. All of these projects are being delivered in co-production with providers, people accessing services and other key stakeholders.

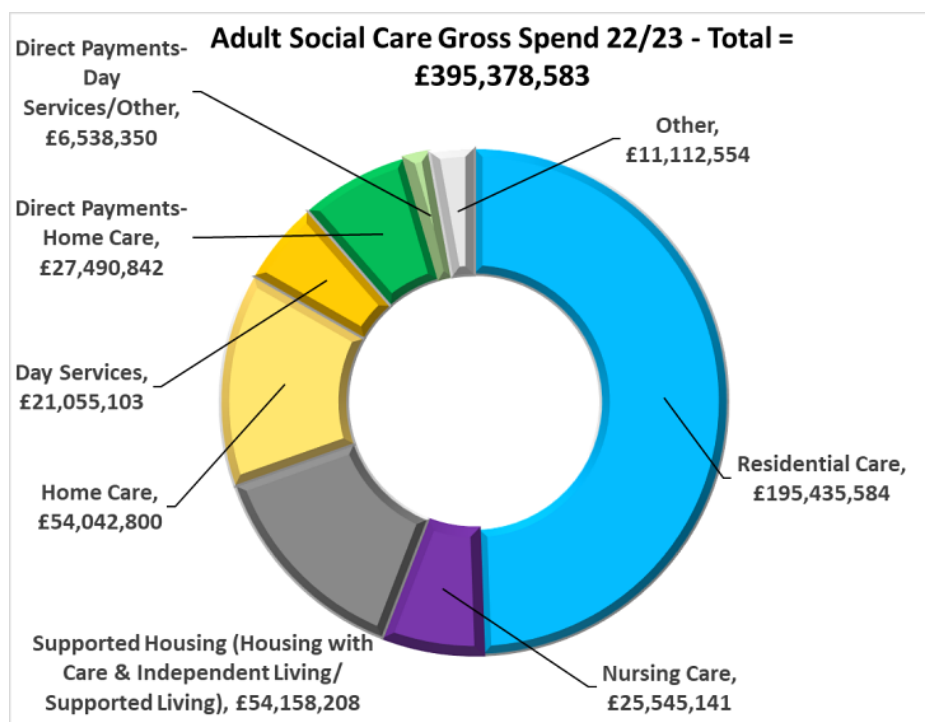
Future risks

- Provider failure and market stability – financial viability of providers, the challenges that providers are facing relating to the recruitment and retention of the workforce and higher than predicted, and funded, inflation over the short to medium term.
- Social Care Reform – the current uncertainty on the level of funding that will be available to support implementation of the Charging Reform element of the Social Care Reform.

How does the Council spend the money allocated for adult social care?

The pie chart below details the gross spend (before income is netted off) for adult social care and how this is split across the different service areas. This shows that gross spend at the end of 2022/23 is £395m.

The majority of spend is on residential care £195m, home care £54m and supported housing £54m.



Benchmarking

New requests:

During 2021/22 there was a slight increase in the number of new requests compared with the previous year. The number of new requests in 2021/22 was 41,665 compared with 41,410 in 2020/21. This comprised a small increase in the number of new requests from the 18-64 cohort from 12,005 in 2020/21 to 12,835 in 2021/22. For older adults there was a small decrease in the number of requests from 29,405 in 2020/21 down to 28,820 in 2021/22.

Adult Social Care Outcomes Framework (ASCOF)

ASCOF is used both locally, regionally and nationally to measure progress against key priorities and strengthen transparency and accountability. Importantly, it measures how well care and support services achieve the outcomes that matter most to people and to identify the priorities for making improvements. Local Authorities can use ASCOF to inform commissioning models and to inform strategic planning and the leadership role for local authorities.

Measure	Norfolk	Latest update	Norfolk 21/22	Norfolk 20/21	Eng. 20/21	East of Eng. 21/22	How well are we doing?
Proportion of people accessing long-term support at the year end who were receiving a direct payment	24.9%	Jan. 2023	25.3%	24.4%	25.5%	25.5%	We are seeing a downwards trajectory relating to this target.
Proportion of carers receiving carer-specific services in year who received a direct payment	48.7%	Jan. 2023	53.8%	94.9%	71.2%	77.6%	This measure has continued to reduce significantly since 2020/21. We outsource work with carers to a 3 rd party and are successfully reaching significantly more carers in a more preventative way. The commissioned provider currently submits data via spreadsheet which impacts the %

Measure	Norfolk	Latest update	Norfolk 21/22	Norfolk 20/21	Eng. 20/21	East of Eng. 21/22	How well are we doing?
Proportion of adults with a learning disability in paid employment	2.52%	March 2023	3.7%	4.6%	5.2%	4.8%	The March 2023 position is significantly lower than the previous years, and lower than both the regional and national average.
Proportion of people with a learning disability who live in their own home or with their family	76%	Jan. 2023	75.6%	74.5%	73.3%	78.8%	Higher than the previous year and the current regional average. Slightly lower than the national average.
Proportion of adults of working age with secondary mental health needs living independently	42%		42%	71%	39%	26%	Significantly lower than the previous year, but higher than both the regional and national average.
Long term support needs of working age adults (18-64) met by admission to residential and nursing care homes, per 100,000 population	17	March 2023	24.2	16.1	11.9	13.9	Lower than the previous year, but still significantly above both the regional and national scores. Aiming for a lower score
Long term support needs of older adults (65+) met by admission to residential and nursing care homes, per 100,000 population	505.01	March 2023	574.2	553.8	467.9	538.5	The March 2023 position has improved and although this is above the East of Eng. average it is below the England average and is a considerable improvement on the 2021/22 position.
Proportion of older adults (65+) who were still at home 91 days after discharge from hospital into reablement or rehabilitation services	86%	Jan. 2023	85.9%	84.4%	82.9%	81.8%	Higher than the previous year, and both the regional and national average.
Measure	Norfolk	Latest update	Norfolk 21/22	Norfolk 20/21	Eng. 20/21	East of Eng. 20/21	How well are we doing?

Proportion of those receiving a short term service who were discharged successfully (no further care, or to a lower level of care)	77%	Jan. 2023	76.3%	71.5%	73.6%	77.6%	Higher than the previous year, and the regional average. Comparable with the national average.
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Market Shaping and Market Analysis

Market Shaping

The extent of the financial and workforce challenges means that we can't continue to do what we have always done. We need to work with providers, people who access services and health and social care to re-shape the market and ensure that people are clear about what they can expect by way of services and support. There are a number of projects in train that will support the market shaping transformation needed so that we are able to meet our aim of providing people with the right support, at the right time in the right place. These projects include:

- **Connecting Communities Transformation Programme.**
Vision: To support people to be independent, resilient and well
Aims: To help people in Norfolk access the right service for them at the right time.
- **Home Care Strategic Review**
Vision: To create a strong and responsive home care market.
Aims: To create a home care market that is sustainable, that has the capacity needed to meet current and future demand and which is delivering good or outstanding quality of care.
- **Accommodation Commissioning Strategy**
Vision: Develop an innovative and sustainable care market that is responsive to the needs of local people, delivers high quality care and provides value for money.
Aims: Care market sustainability and moving towards a fair cost of care.
Joint strategic direction for care home commissioning and contract management.
Development of new, integrated service models which focus on quality and outcomes for local people.
Strategic transformation of Housing with Care
Improved health support to providers.

The following service specific sections provide more detail on the current supply and demand, commissioning intentions, and key messages to the market.

Market Analysis

The following service specific sections provide a high level summary of the social care sector in Norfolk.

Quality ratings are based on CQC ratings of the overall market and our view of sustainability in comparison to other East of England and comparator Local Authorities.

Community Based Services

Market Analysis – Unpaid Carers

Think carer, think family - make every contact count

Unpaid carers (sometimes called informal carers) play a vital role in the health and wellbeing of our county. They are key partners in maintaining the independence of people with care needs but providing care can have a major impact on carers' lives and we all have a duty to support them.

There are almost 100,000 people in Norfolk providing essential support to a family member or friend. They may not think of their role as a 'carer' or know that support is available to them.

Evidence shows that carers are more likely to experience poor quality of life, increased social isolation and ill-health than the average member of the public. It is our responsibility to 'Think Carer' and ensure that we support carers to maintain their caring role.

Carers Matter Norfolk

Carers Matter Norfolk delivers a highly personalised service that enables carers to improve their health and wellbeing and support them in their caring role.

On behalf of Norfolk County Council, Carers Matter Norfolk provide Carers' assessments, information, support and advice for unpaid carers in Norfolk. They offer a seven day a week, advice line service, together with one-on-one community support. Find out more about Carers Matter and their services on their website visiting their website for information [Carers Matter Norfolk](#).

Carers Charter

Norfolk County Council has also developed a Carers Charter, produced by carers and councillors working together. This sets out our principles and pledges for carers in work, young carers in education and carers in the community. We want everyone to think about how they can implement the principles in the Carers Charter and support carers through their work. The Norfolk Carers Charter and a progress report can be found on the Norfolk County Council Website [Carers Charter](#).



What can providers do to support unpaid carers?

Think carer, think family - make every contact count by getting paid staff to:

- Check in with the carer, ask how they are and if there is anything that they need support with? Make sure staff know who to contact when they are concerned about the health and wellbeing of the carer.
- Treat the carer as an equal partner in the delivery of care. Take their views and concerns about the person they are caring for seriously.
- Make sure that staff know what support is available for carers and how support can be accessed
- Support the carer to access the support that they need if they are struggling.
- Have a Carer's Policy for their own organisation detailing how they will support their own staff who have informal caring responsibilities.

Market Development Opportunities:

- The Life Opportunities Strategy for adults with a learning disability and/or autism will detail the model for day opportunities that the Council wants to commission. Links to this strategy will be included within the MPS when published.

We want unpaid carers to be able to say:

- "I have the right information and advice to be able to make informed decisions"
- "I have access to appropriate support that suits my needs, including respite care and carers' breaks."
- "I am identified, recognised and valued for the care that I provide."
- "I am respected for the skills, experience and knowledge that I have and am treated as an equal partner in care." • "That care and support identifies me as a carer and is tailored around my needs as well."

Market Analysis – Voluntary, Community and Social Enterprise Sector (VCSE)

Our Vision

To ensure access to good quality information and advice is freely and easily accessible to all, helping people to plan effectively for the future, solve emerging problems and make well informed life choices to maximise their health, wellbeing and happiness.

(Taken from The NCC Smarter and Information Advice Strategy 2019)

Strategic Priorities

- Getting people to the right place as quickly as possible –
- Development of a triage approach and single point of referral which will assess people needs and get the right support as quickly as possible.
- Designing in Social Justice- Running Social justice through the heart of delivery focusing on the four pillars of Social Justice, equity, access, participation and rights.
- Working alongside Connecting Communities to develop a formalised VCSE pathway
- Building in the Living Well model – By developing and building the links to the living well approach and advice services to maximize opportunity for people to utilise their own assets and resilience and promote their Independence
- Improved access – Making the service easier to access using a range of technologies, including the ability to self-help.
- Connecting people to their community – The focus will be to connect people to their community which supporting them build their assets and promote their independence

Care Act Responsibilities

The care act sets out an information and advice duty for local authorities to inform residents and people with care needs in the following way:

- how the social care system works and how people can access it
- what's available in a choice of how people receive services (to include health, housing and employment)
- financial advice to understand care charges, ways to pay, money management and where to get independent financial advice
- how to raise concerns about safety and well-being

Promoting Independence – giving good information and advice that is easy to access enables people to make informed choices and promotes their independence.

It can also support them to develop links within their community offering greater stability and improved health outcomes.

Prevent, reduce and delay – Through providing early help to support people and reduce the demand on formal care services. There is also the opportunity to support people to build their own assets and to make better links with their community.

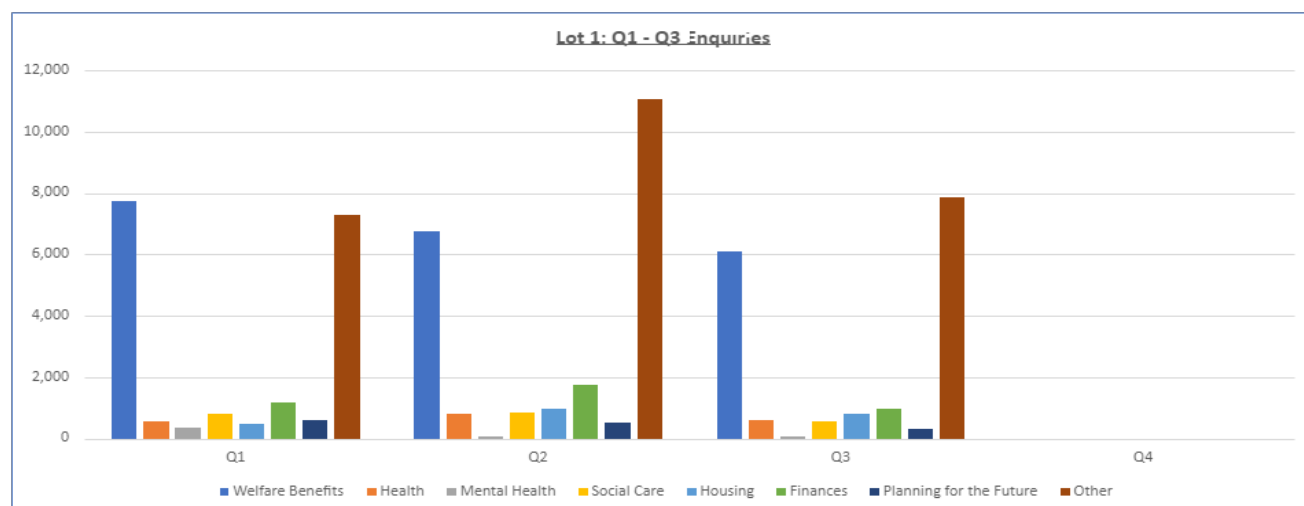
Norfolk CC commissions VCSE organisations to deliver Advice, Advocacy and Representation under a partnership agreement:

Social Welfare, Information Advice and Representation

Outline of Social Welfare Advice:

- Money and Debt
- Welfare Benefits/UC (UC is a welfare benefit and isn't usually singled out in advice context)
- Pensions
- Housing
- Family & relationships (e.g. Child protection child contact).
- Employment (in the context of advice this is relating to Employment law and rights, not support finding a job, CV writing etc)
- Discrimination
- Education
- Immigration
- Taxes
- Legal
- Health and Wellbeing – (mental health / social care support entitlements)
- Consumer Rights
- Carers rights
- Domestic Abuse (legal remedies e.g. Non-molestation orders, support with court applications)

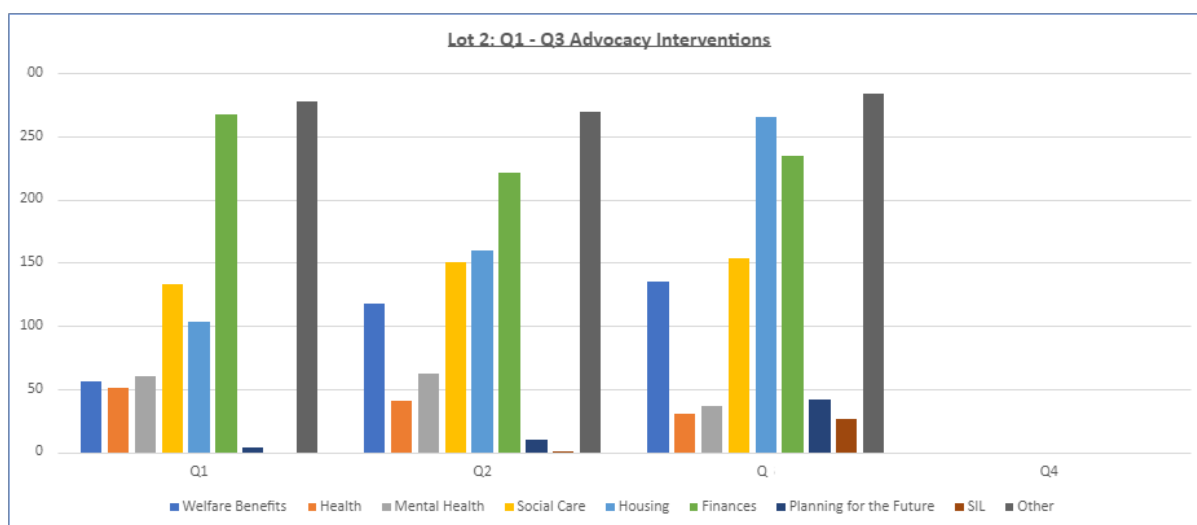
Across 22/23 up the end to December the service has managed 59,118 enquires in the following areas:



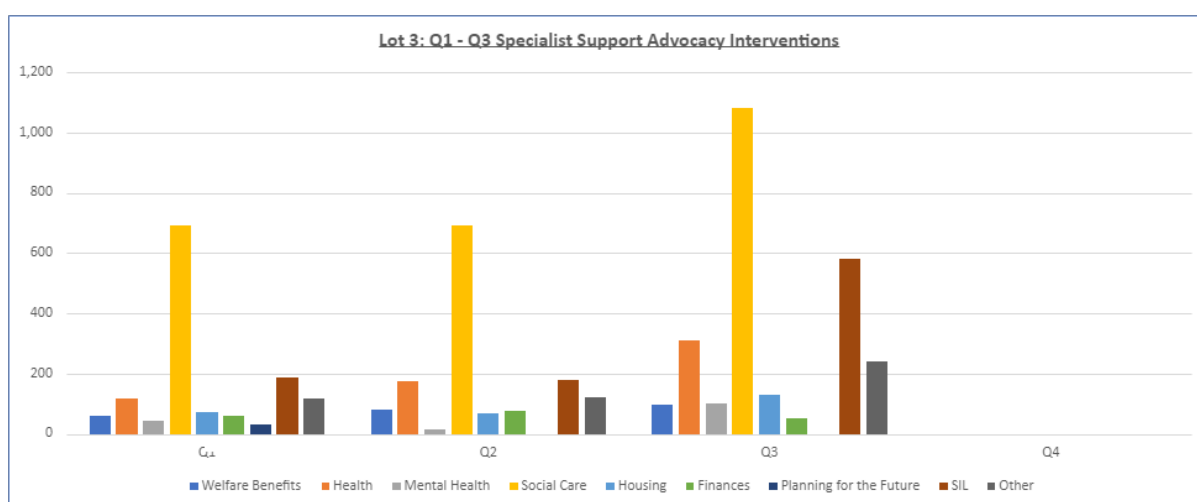
Community Advocacy and Specialist Support

- Facilitate access to a process or a service
- Advocating on behalf of people, ensuring their voices are heard
- Support people to understand their decisions (and to seek advice on their issue)
- Promote self-advocacy and empower people to do this
- Supporting people to be independent
- Enabling people to have choice and control

Across 22/23 up the end to December the Community Advocacy service has managed 3,195 interventions in the following areas:



In addition the Specialist Support Service across 22/23 up until the end of December has delivered 5,395 interventions to support people to access, information, advice, advocacy and representation in the following areas:




Social Isolation and Loneliness

Better Together, CAN Connect and LILY, are part of a package of services funded by Norfolk County Council to help tackle loneliness and social isolation.

Clients are helped to access social & community activities, volunteering opportunities and local support networks, Identify and overcome barriers that prevent them from becoming connected, reconnect with family & friends and make new connections in their community.

In addition, NCC provided grant funding to Citizens Advice Bureaus as part of a community advice and support offer.

		Norfolk Citizens Advice Activity and Impact (01/04/2022 – 31/03/2023)	
Number of clients:	13,642	A client will usually come to the service with multiple issues. If they have not used the service previously, a new case will be opened. Activities refer to the number of individual actions undertaken for the clients being supported	
Number issues supported:	42,200		
Number of cases:	13,074		
Number of activities:	39,393		
£1,401,830		£1,108,893	
Income gain for clients supported		Debt written off	

NCC offer targeted support via hardship and debt services funded through the Household support fund.

Integrated VCSE Delivery

In 2021, the Norfolk & Waveney (N & W) VCSE Assembly was formally established, with the following overarching functions:

- To provide a VCSE engagement forum across N&W, with a focus on health inequalities and prevention, with connection at neighbourhood, place and system levels.
- To provide a mechanism to support collaborative design of services and the capability to respond to emerging needs.
- To increase influence and participation of VCSE organisations and groups in the design and delivery of health and care services within the Integrated Care System.

The model for the Assembly continues to develop in line with the developments being made in our Integrated Care System (ICS) and recognises engagement mechanisms at a system-level (such as the links to our existing thematic VCSE forums, such as Children and Young people, Older people and Mental Health) and is supporting the progress around place and neighbourhood connections.

Challenges

- Lack of a co-ordinated vision for the role of the VCSE in supporting health and care activities.
- Lack of formal processes to make referral to the VCSE simple and timely.
- The need to make best use of the VCSE resources available – formally linking VCSE provision into service/care pathways.
- The need to secure funding to progress the VCSE partnering agenda.
- The difficulties of engaging communities of interest/underserved communities and embedding the community voice into ICS (in full) decision making.
- The failure to address known health inequalities through missed opportunities to target health interventions to those most vulnerable/least engaged with services and support. Increasing the number of people accessing services with avoidable needs.

Supply and Demand

- There are approximately 12,000 formal and informal charitable organisations in Norfolk and Waveney.
- Registered charities report an annual income of £709m. Market Position Statement 2022-23 22

Key actions

- To better understand what services are currently being delivered and the service pathways that these VCSE services can best support.
- To scope opportunities for the development of micro enterprises to support areas that are sparsely populated.
- To deliver the Connecting Communities programme, ensuring that people can access the right service, in the right place, at the right time.
- To embed the newly commissioned Information, Advice and Advocacy model.
- To continue to fund the Citizens Advice Bureau to deliver information and advice support.

We want people living in Norfolk to say:

- As well as family and friends, I have people who care about me.
- I can get information and advice that is accurate, up to date and provided in a way that I can understand.
- I can get information and advice that helps me think about and plan my life.
- I can live the life I want and do the things that are important to me as independently as possible.
- I am valued for the contribution that I make to my community

Market Analysis - Housing



A home should provide a safe foundation for a good life. Specialist housing enables many people who have a need for care and support to stay independent in their local community.

In Norfolk we have two types of specialist housing. Independent Living generally for over 55s (also known as extra care or housing with care) and Supported Living for adults with a care and supported need. By working with Registered Social Landlords and care providers, we can actively shape the specialist housing market for Norfolk, giving people choice when it comes to deciding where to live. [Please also refer to our Specialist Housing Position Statement for developers and landlords.](#)

We want people to say:

- “I live in a home that is accessible and designed so that I can be as independent as possible.”
- “I have a place I can call home, not just a ‘bed’ or somewhere that provides me with care.”

What have people told us about moving into independent living or supported living schemes?

- A woman made new friends at the Independent Living on-site hair salon and is now considering moving in after chatting to other residents over a weekly coffee in the lounge.
- A man has moved into his new independent living home after losing independence and is so pleased he could bring his dog.
- A man moving into his own home through the Transforming Care Programme was supported by staff to walk into town for a coffee, something he had not done before.
- People with Learning Disabilities are excited to be starting their employment journey near to their new enablement home.

Norfolk needs modern specialist housing for adults of all ages with care and support needs and launched two specialist housing capital programmes to facilitate new developments:

- £29m Independent Living which began in January 2019, and
- £18m Supported Living which began in April 2021.

The two programmes are working with a range of Registered Social Landlords to facilitate the development of further specialist housing in Norfolk over the next 5 years.

Our commitment as a Council:

- To deliver 1,135 units of affordable rent Independent Living and 181 units of affordable rent Supported Living
- To prioritise people's independence and wellbeing, focussing on the right home, at the right time, within the right community
- To ensure people feel safe and comfortable in their own home, which is accessible and equipped with appropriate aids, adaptations, and technology

Challenges






- Identifying RSL landlords who are keen to develop specialist housing in the areas of greatest need and for particular cohorts, such as Supported Living for Mental Health
- Balancing the pace of new housing developments against urgent need (particularly for supported living)
Ensuring there is a clear care commissioning framework for each specialism, which sets out specifications that are attractive to the market

- We currently have two models of care for older person's housing that we commission, in addition to other housing options for people in Norfolk, such as Sheltered Housing. Our focus on new schemes is to invest into the Independent Living model and more information can be found here. In addition we also have 17 existing Housing with Care (HwC) schemes, delivered through Norse, GP Radis and NFS. We will be working with our care providers and landlords for HwC to review the current model and ensure it is fit for purpose as part of the housing options in Norfolk.

One of the challenges is the complex customer journey for people who may want to explore whether IL or HwC is right for them. The Council working with landlords and care providers, is investing in promotional material and new Support Officers, to help people from their initial interest to moving into a scheme.

Key data

The following table details the 2022-23 spend and the number of individual people that have accessed independent living, supported living and shared lives services during 2022/23.

					
Service Type	NCC Spend on independent living Services 2022-23	Number of people accessing NCC Commissioned independent living services 2022-23	Number of NCC Accredited Locations Where Location is Registered Mar 2023	Number of NCC Accredited Places Where Location is Registered Mar 2023	Locations (CQC Registered & Inspected) Rated Good or Outstanding by CQC/PAMMS at 01/03/2023
Housing with Care & Independent Living* - older people	£14.7m	452	20	856	88.9%
Supported Living* - older people			30	117	66.7%
Shared Lives (Adult Fostering) - 65+			1		100.0%
Housing with Care & Independent Living* - learning disability and Autism	£40.4m	807	4	150	100.0%
Supported Living* - learning disability and autism			183	614	68.2%
Shared Lives (Adult Fostering) - learning disability and autism			1		100.0%
Housing with Care & Independent Living* - physical disability	£1.0m	73	13	506	83.3%
Supported Living* - physical disability			30	82	70.0%
Shared Lives (Adult Fostering) - physical disability			1		100.0%
Housing with Care & Independent Living* - mental health	£2.8m	201	10	404	77.8%
Supported Living* - mental health			38	241	59.1%
Shared Lives (Adult Fostering) - mental health			1		100.0%

Independent Living

Supply and demand

By 2041 the number of people living in Norfolk aged over 75 will have increased by 42%. Norfolk's supply of Independent Living is well below England's average and is far behind other comparable counties. In fact, Norfolk is 40th out of 45th in provision of Independent Living in all local authorities

The programme is committed to help develop a further 1,135 units of Independent Living. Since the programme launched:

- Two new schemes are now open (Fakenham and Acle) providing 124 new homes
- A 91-apartment scheme in Harleston has been approved and will start on site in 2024
- Four further schemes are in the planning process
- A healthy pipeline of schemes being progressed
- We tendered for new care provision for the Old Maltings and Saxon House and have awarded the contracts.
- We worked with NHS partners, Registered Social Landlords, Norse Care and other stakeholders to implement a Community Step Down model to support with system pressures over winter. This initiative involved the use of up to 25 Housing with Care flats as a short-term option to enable people to return into the community following a hospital episode, whilst their long-term care and support was arranged.

Messages to the market

- We will continue to work with landlords and care providers of our existing Housing with Care schemes to continue to develop and evolve the service offer.
- We have developed an Independent Living and Housing with Care Provider Framework to give care providers a consistent and clearly communicated offer, which provides opportunities to become providers of care at new Independent Living schemes (subject to development constraints).
- We welcome discussions with Registered Social Landlords around new Independent Living opportunities in all market towns in Norfolk and we have a priority need in Thetford.

Supported Living

Supply and demand

Far too many people with physical disabilities, learning disabilities, or people with autism, or poor mental health in Norfolk are being housed unnecessarily in residential care as the only safe housing option

Since the programme launched, we have refined the demand for Supported Living in Norfolk to reflect exactly what specialist care commissioners and operational teams know is needed. The analysis shows we need around 300 units of different types Supported Living in Norfolk across LD, Autism and MH. So far, we have seen:

- 14 high specification (TCP) homes purchased and adapted
- A further seven high specification properties in active search
- A new learning disability enablement scheme opened
- An 18-home community housing scheme in planning
- A nine -home mental health scheme in pre-planning.

- A mental health provider has recently added 7 step-down flats to its provision in Norwich.
- A healthy pipeline of opportunities being progressed

Messages to the market

- There is a priority need for landlords and land opportunities for 12 units of housing for people with Mental Health needs in both Norwich and Kings Lynn.
- There is a need for a cluster 6-8 units of specialist bungalows designed for people with autism in the Norwich area.
- There is a need for more general needs housing in clusters to house individuals who can move on from enablement services but still have a need for floating care and support These would be in locations which support our enablement schemes in North Walsham, Norwich, Kings Lynn, Attleborough and Great Yarmouth.
- There are specific care frameworks under the Supported Living care framework for Autism, Learning Disabilities, Mental Health and Transforming Care Partnership.

Specialist Retirement Housing:

Three Dragons and Opinion Research Services report into specialist retirement housing highlighted the following need across Norfolk:

- In 2020 it was estimated that there was unmet need for 2,809 units of extra care housing and 3,203 units of sheltered housing. By 2041 it is estimated that these figures will have risen to 5,130 and 9,644 respectively.
- By 2041 each of the rural districts need more than 750 extra care units and more than 1,000 sheltered units. Norwich will require 285 extra care units and potentially up to 415 sheltered units if current tenure preference is taken into account.

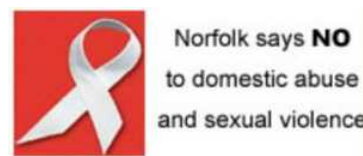
For homelessness we have/will:

- Actively engage with the Norfolk Strategic Housing Partnership advocating a partnership approach to prevention and homelessness solutions
- Work strategically with partners to deliver appropriate housing and support for those experiencing or at risk of homelessness.
- Work with the Norfolk Office of Data and Analytics to develop a data dashboard that will enable quarterly reporting ensuring predictive analysis leading to service improvements.
- Review services that prevent homelessness and rough sleeping including the Social Impact Bond
- Strengthen the partnership approach to commissioning services for those who are socially excluded including those who are experiencing challenges with their mental health

For Disabled Facilities Grants (DFGs) we will:

- Review the operational and strategic approach to DFGs so they better meet demand and support people to stay in their own homes
- Revise performance reporting for DFGs so that it is meaningfully represented within the Better Care Fund
- Performance manage contracts for these services, undertaking regular reviews to ensure positive outcomes, value for money and support strategic planning.
- Work with districts to understand how currently they promote DFGs and look for improvements.
- Work together to better align Disabled Facilities Grant and community equipment.

Market Analysis – Victims/Survivors of Domestic Abuse



Providing support in safe accommodation for victims-survivors (children and adults) of Domestic Abuse is a key priority for Norfolk CC.

We want people to tell us:

"I feel safe and know that I am safe."

What have people told us about the support they have received?

One victim-survivor said "The activities and support they are providing has helped to increase my children's confidence and they are now able to talk about their feelings to me."

Market Analysis:

During 2022-23 £1,312,445 was spent on support provided in safe accommodation which includes 7 refuges and dispersed accommodation across Norfolk.

Key achievements in 2022/23 which met some of the outlined challenges in the previous market position statement include:

- Increasing the number of units of safe accommodation and ensuring this could be used by any person
- Increased the commissioning of support to children so that every refuge could meet the needs of children as victim-survivors of domestic abuse.
- Developed a Quality Assessment Framework to help improve the quality of support and safe accommodation across Norfolk
- Opened a Domestic Abuse Framework and increased the number of accredited providers by 50%.
- Developed an Engagement Framework with Nesta which is in the process of being piloted
- Provided a district wide Sanctuary Scheme to ensure those who wish to remain in their own home, can do so safely
- Implemented a new Accommodation Protocol that has been endorsed across Norfolk; the Protocol ensures those who require accommodation and may be moving out of safe accommodation are considered as high priority for affordable housing
- To improve the whole housing approach to Domestic Abuse have funded key stakeholders to acquire Domestic Abuse Housing Alliance Accreditation
- To improve data intelligence, improvements have been made in our data monitoring of commissioned services and we have worked with key partners to improve our understanding of the needs of male victim-survivors and/or those who have protected characteristics.

A refreshed Accommodation Needs Assessment based on 2022/23 data is currently taking place and this will inform the Support in Safe Accommodation Strategy refresh, and this will help us to understand how well we are meeting our Part 4 duties. However, the following shows our progress:

Ability to meet support in safe accommodation

Ambition (2023/24):

We are looking to provide a further 10 units of dispersed accommodation as this better meets the needs of all victim-survivors of Domestic Abuse. In addition, we have a vision to provide 6 units of safe accommodation for those facing multiple disadvantage – this is being planned and if successful will be developed in 2024/25.

Quality of support in safe accommodation

Ambition (2023/24):

The new Quality Assessment Framework has been piloted and will be formally rolled out over the year. The audits will give us the opportunity to see what the current status is of the quality of support and safe accommodation and will provide us with the opportunity to show areas of improvement.

Ability to meet support needs by all demographics

Ambition (2023/24): OBJ

Our vision to increase the amount of safe accommodation that is dispersed and also enable those that wish to remain safely in their own home has increased our ability to meet the needs of a wider demographic and this will strengthen as we go forwards.

Data Intelligence

Ambition (2023/24):

The lack of data being provided by the districts continues to be an area we wish to improve. Our understanding is that more needs to be done in relation to their systems so that data can be extrapolated and there is a reduced risk of duplication. However, our ability to monitor commissioned services has improved and it is hoped this will help our needs assessment refresh and be used to update the Support in Safe Accommodation Strategy.

Victim-survivor engagement

Ambition (2023/24):

Having designed the Engagement Framework we are now drawing together an engagement toolkit. We aim to be better able to understand the best ways of engaging with different demographics and be able to further develop this as a pilot with victim-survivors of Domestic Abuse.

Challenges

- Demand for support in safe accommodation outstrips supply and competition for accommodation for affordable housing for victims of domestic abuse along with other key groups i.e. people who are homeless, is high.
- Some of the refuges are not self-contained and some require updating.
- Historically support providers have supported women but increasingly they will need to ensure their websites clearly identify they can support male victim-survivors and LGBTQ+ communities for example.
- The new contract specifications for the delivery for 4 of the recent refuges are higher and that this will also apply to the other 3 refuges due to be tendered. We will need to consider what happens post March 2025 as New Burdens Funding is not guaranteed post March 2025.
- Robust data is not available on the needs of male victim-survivors and/or those who have protected characteristics.

Messages to the market: What did we say we would do and what did we achieve last year?

We said that we would:

- Norfolk County Council is improving its response to domestic abuse by funding stakeholders to achieve Domestic Abuse Housing Alliance accreditation.
This was achieved.
- The district councils have been funded to provide a Sanctuary Scheme which will enable people Norfolk wide, who want to stay in their own home to do so safely.
This was achieved.
- A Quality Monitoring Officer has been funded to help design and develop a new Quality Assurance Framework (pilot starting December 2023).
This was achieved.
- Funded Nesta to design an engagement framework. We will be including engagement and where possible co-production on the future development of services.
The development of the engagement framework was achieved.
This year we will be progressing to an engagement toolkit assisted by victim-survivors of Domestic Abuse.
- We will work with partners to increase the amount and flexibility of safe accommodation and by doing so, aim to support all those who need it.
This was achieved.
A further 10 units of dispersed accommodation have been brought forward for development and we are working with Homes England and a Registered Provider to purchase an additional 4 units (2023/24). We are also working with Norwich City council to scope opportunities for 6 units of safe accommodation for those facing multiple disadvantages.
- We will commission additional support for children in all refuges and in satellite accommodation.

This has been achieved and this element is now included in our much-improved specification.

- We will improve data intelligence in partnership with the Norfolk Office of Data and Analytics.

Partly achieved – we have worked hard to understand why Tier 2 authorities are unable to provide the data we need.

Market Analysis – Direct Payments.

What we want people to say:

“I employ my own Personal Assistants who support me to live an independent and meaningful life the way I can control and I want it to be”

“I am supported by the Direct Payment Support Service to have the confidence and knowledge to be a good employer to my Personal Assistants and know who to turn to for additional support”.

Challenges

- People are sceptical of having a Direct Payments rather than a commissioned service, mostly due to a lack of understanding of what a Direct Payment means and the support that is available to those that choose to meet their needs via a Direct Payment.
- People are worried about the complexities and responsibilities of being and Individual Employer.
- Difficulties in recruiting a Personal Assistant:
 - Increased demand for PA services in rural locations
 - Competitive national recruitment market
 - Competitive rates of pay
- Encouraging Personal Assistants to undertake Free Training to improve the knowledge and skills to support those that they work for.
- Supporting people who begin to struggle to be an individual employer due to conditions such as dementia which impacts on capacity to manage a Direct Payment and who have no family/connections to manage their Direct Payment for them.

Supply and demand



- There are currently 1350 Direct Payments Individual Employers who are supported by the Direct Payment Support Service. These employers employ 2,119 PA's (some on a flexible, casual basis).
- There is a high demand for PA's often in rural localities requiring for multiple visits for complex needs.
- The Direct Payment Support Service uses a proactive recruitment tool called a PA register through UKCIL which enables employers to be matched to appropriate

Personal Assistants available and looking for work. (2432 Personal Assistants have signed up to the PA register since May 2021)

- Self Employed Personal Assistants looking for work are able to advertise their services and availability for free on the Norfolk Community Directory.

Key data

The following table details the 2022-23 spend and the number of individual people at the year-end that have accessed a direct payment.

		
Service Type	1.NCC Spend on Direct payments Services 2022-23	2.Number of NCC funded people with a direct payment 2022-23
Direct Payments- older people	£7.3m	443
Direct payments - learning disability and autism	£6.7m	404
Direct payments - mental health	£1.0m	99
Direct payments - physical disabilities 18 + years	£7.8m	664

Key messages to PA's and Individual Employers

- The Direct Payment Support Services has the Employment Services Team as a dedicated team providing end to end recruitment and employment support and the Payroll Team to provide support when managing the complexities of being an individual employer.
- Free training is available to Employers for their Personal Assistants to support Personal Assistants to maximise their skills to strengthen knowledge and to increase the skilled workforce across Norfolk.
- The Direct Payment Support Service is working collaboratively with Adult Social Services to ensure increased promotion and understanding of appropriate direct payments to ensure needs are met in a person-centred way.
- The Direct Payment Support Service is promoting market stimulation, promoting role of Personal Assistants to continue to increase and retain the workforce.

- The Direct Payment Support Services continue to investigate and develop new market models to support Direct Payments users such as self-employed “hive working” models and increasing community micro providers.
- We are dedicated to ensuring PA carers are supported and have access to training to improve skills and service help retain service and improve confidence in Direct Payments.
- Personal Assistants supporting Direct Payments Individual Employers have the stability of knowing who and where they are working and that their employer is supported to employ them.
- The Direct Payment Support Service is constant evolving to provide a platinum service for those it supports, moving forward in thinking, technology and customer service.

Norfolk County Council Ambition

- For the Direct Payment Support Service to provide a platinum service that Direct Payments users need and deserve.
- Ensuing a person-centred way of delivering a Direct Payment Service
- Striving to have a passionate, skilled Personal Assistant workforce supporting Norfolk People remain independent
- To continue to work to promote and increase the supply of Personal Assistants across Norfolk and rural areas to support Norfolk people with care needs to remain in their own home and be independent.

Market Analysis – Home Care

Our vision

Our vision is built around four key pillars:

- **Sustainability** – supporting a diverse homecare market to deliver manageable hours in right sized geographical areas.
- **Quality** – enabling the homecare market to meet ‘Good’ and ‘Outstanding’ CQC ratings.
- **Resilience** – creating a strong, responsive home care market.
- **Capacity** – increasing capacity through re-defining home support provision.

We want people to say:

- I am supported to manage my health and care needs in ways that make sense to me.
- I am supported by people who listen carefully, so that they know what matters to me and how to support me to live the life I want.
- I have considerate support delivered by competent, well-trained people.

- I am confident that the people supporting me have the skills needed to meet my care and support needs in the best way.
- At all times I am treated with dignity and respect.
- I am supported how I want to be

Current shape of the home care market

Home First is a key Council and Integrated Care System priority but currently there is insufficient capacity within the sector to deliver fully against this strategy. This impacts on communities with challenges for both council and self-funders to access care in some parts of county and in support of timely acute and community hospital discharges.





Norfolk has 106 domiciliary care providers registered with CQC, delivering support out of 135 Norfolk offices, of which 86 are part of the Council's home support framework. These providers support an estimated 5,575 people across Norfolk funded by the Council and people who pay for their own care.

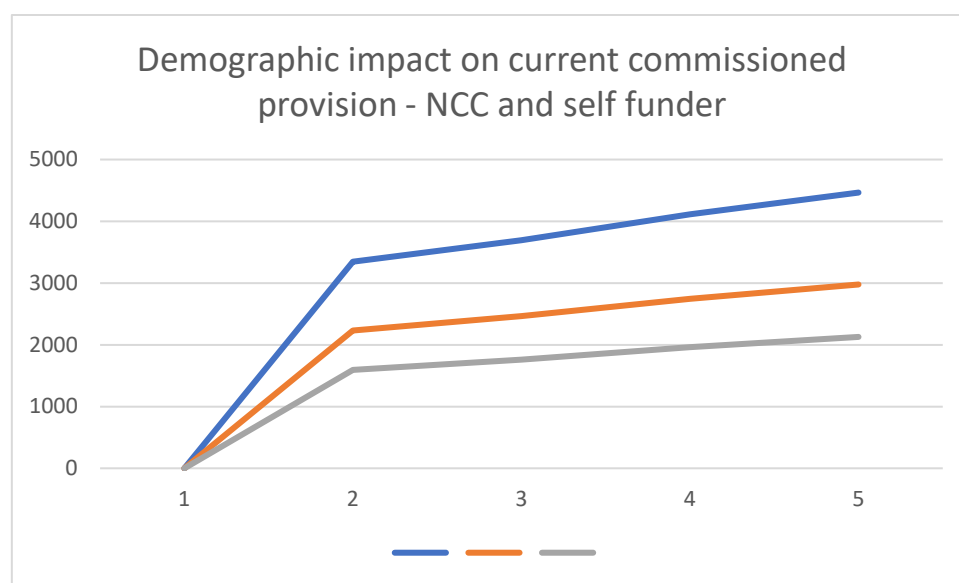
Challenges

- As at 1st March 2023, 70.3% of home care services for older people, people with mental health, learning disability and physical disability needs were rated good or outstanding.
- Workforce remains the most significant factor affecting the sustainability of this sector. Staff shortages have increased during the last year and have been worse in the domiciliary care sector. The latest estimate of home care vacancies in Norfolk is at least 12% (2022) which is an increase from the 2021 position of 8.6%. Vacancies across all roles are acute in certain geographic locations within domiciliary care; those being Gorleston and Great Yarmouth (7.7%); Attleborough, Diss, Loddon and Wymondham (8.2%); Dereham, Thetford and Watton (14.9%); and Downham Market and Swaffham (15.6%). Norwich also reported high levels of vacancies in managerial roles at 18.2%. This is coupled with above average sector turnover rates presented in particular geographic areas – those being Acle, Aylsham and Wroxham (36.4%), Dereham, Thetford and Watton (52.4%) and Downham Market and Swaffham (42.1%) impacting continuity and quality of care and financial costs of induction. (Data source – Skills for Care CQC non-residential, all job roles).
- Uncertainty over fuel and energy costs continues to be of concern to providers operating within this sector.
- In the more densely populated areas of Norfolk there is a high density of framework providers impacting upon the efficiency of rounds.
- The quality of home care provision in Norfolk is poor in compared with other like local authorities, and against the East of England and England averages. There are increasing numbers of providers who are receiving successive requires improvement and inadequate ratings which suggests that they are not able to deliver sustainable improvements.

Key data

The following table details the 2022-23 spend and the number of people accessing home care services by client group.

				
Service Type	NCC Spend on home support Commissioned Services 2022-23	Number of people accessing home support funded by NCC 2022-23	Number of NCC Accredited Locations Registered Mar 2023	Home support services (CQC Registered & Inspected) Rated Good or Outstanding by CQC/PAMMS at 01/03/2023
Home Care - older people	£37.3m	3,048	84	69.1%
Home Care - learning disability and autism	£2.3m	161	48	72.9%
Home Care - mental health	£1.4m	158	56	70.9%
Home Care - physical disabilities 18 + years	£6.5m	490	79	68.4%



The above details demographic growth without any impact of current transformation projects built in. The Connecting Communities transformation project has ambitious targets to support people earlier to prevent/delay the need for commissioned support. This graph will be amended when there is clarity of the expected impact on home care demand from this project.

Supply and demand

- Currently, home care services are supporting an estimated 5,575 people in Norfolk, of which 3,345 are via council commissioned services. At the end April the number of people on the interim care list (list of people where the Council is struggling to source the care needed) had fallen below 110 people.

- There is insufficient supply to meet demand in North, South and West Norfolk with over 96% of people on the interim care list requiring support in these areas.
- The majority of home care in Norfolk is provided by the independent sector, with one Council part-owned company operating in this market.
- In addition, the Council operates an in-house reablement service, Norfolk First Support (NFS), which provides intermediate reablement services and is funded by the Council and ICB through the Better Care Fund. Over the last year in particular, the service has delivered home support as provider of last resort to help manage gaps in the market and the hand back of home care packages, which has reduced reablement capacity.
- Financial incentives have been offered to independent home care providers to encourage investment in the additional capacity required to meet demand. This includes the £2,000 incentive to enable providers to provide care to people being discharged from hospital.

Commissioning Intentions

The model for commissioning home care across Norfolk has been shaped through co-production and will be moving into the procurement and implementation phases, once the final provider and service user engagement has been completed, with procurement commencing July 2023. This includes the proposed introduction of a Prime Provider model which will provide up to 70% of the commissioned care required, supported by a Framework for the remaining 30%.

This programme of activity will be delivered over the course of three years between 2023 and 2026. This is a significant commissioning programme of transformation, for one of our largest care markets.

Key messages to providers

- We want to have our key strategic relationships with providers who are CQC/PAMMS rated good or above. This will be part of the Prime Provider model we intend to implement.
- We want to enhance collaboration between providers and the health and social care system
- We have a priority need for home care in the North, South and West of the county
- We want to ensure a consistent coverage across all of the county
- We will work with providers across the system to develop a home care service model that delivers best value. The role of the VCSE in supporting non-regulated provision should be explored as part of this review along with the potential development of micro enterprises in the more sparsely populated areas of Norfolk

Market Analysis – Day Opportunities Older People

Brief introductory statement

The Older people and physical disabilities market is made up of a mixture of voluntary sector and volunteer led provision against more formalised services delivering more complex provision to people with Dementia, frailty, acquired brain injuries and physical disabilities.

We want people to say:




- I am supported to manage my health and care needs in ways that make sense to me.
- I am supported by people who listen carefully, so that they know what matters to me and how to support me to live the life I want.
- I have considerate support delivered by competent, well-trained people.
- I am confident that the people supporting me have the skills needed to meet my care and support needs in the best way.
- At all times I am treated with dignity and respect.
- I am supported how I want to be

Current shape of the day opportunities market:

The Older People and Physical Disabilities day opportunities market has been disproportionately impacted by the Covid-19 pandemic. This impacts on communities with challenges for both council and self-funders to access care in some parts of the County. This market is still in a period of recovery from Covid with a number of sustainability challenges. Work is ongoing to support recovery and will continue through the development of a strategic plan for day opportunity services.

The following table details the 2022-23 spend and the snapshot at the end March 2023 of the number of people accessing day services for older people.

Day services for older people

			
Service Type	NCC Spend on OP day Services 2022-23	Number of people funded by NCC accessing OP day Services 2022-23	Number of NCC Accredited Locations Where Location is Registered Mar 2023
Day Services	£1.2m	228	45

Challenges

- Current referral processes pose a risk to the sustainability of the older people day opportunities market, with a lack of referrals being seen in several areas of Norfolk.
- The current mix of provision and the lack of consistency in the contract terms and conditions across the market presents a challenge to the development of a sustainable day opportunity offer.

Supply and demand

- There are 81 day opportunities services that support people with dementia, frailty, acquired brain injuries and physical disabilities.
- Covid 19 has had a significant impact on referrals into day services leading to some centres reporting that they are not financially sustainable.

Commissioning intentions

- A single framework for all day services is in development with a plan for the new service model(s) to be implemented during 2024.
- To develop a brokerage sourcing process to make it easier to refer people for day opportunities. We have started a pilot from April where Brokerage are now sourcing placements, to support social workers in accessing day services.
- Developing innovative outreach and preventative service models, supporting people to access community and voluntary sector services, as an alternative to formal day opportunity services, where this is appropriate.
- Development of improved performance data collection systems to monitor outcomes being achieved and using this information to improve service provision.

Key messages to providers

- We want providers to support the strategic re-design of older peoples' day opportunity services to develop a model that delivers best value and supports people to access the right services at the right time in the right place.
- We want to enhance collaborative working between providers and the health and social care system.
- We want to ensure the delivery of a consistent day service model across the county.

Residential and Nursing Care Home Market

Market Analysis – Adults with physical disabilities

Our vision

There are few alternatives in Norfolk to residential care for people with complex physical disabilities and long term conditions. The independent living programme will provide supported living to enable more choice and control for some people






Challenges:

- Small sector, not much diversification.
- No strategy developed for this sector so no clear vision and commissioning intentions for this sector.
- Few options for people with more complex needs resulting in use of provision at rates above what is affordable.

Key data

The following table details the 2022-23 spend by service type, the number of people accessing services for people with a physical disability, the number of accredited locations, number of accredited places and the percentage of services with a good or outstanding CQC rating.

Physical disabilities 18+ services – Main Norfolk County Council Accredited Services

					
Service Type	NCC Spend on PD Care Home Services * 2022-23	Number of people funded by NCC accessing PD care home services* 2022-23	Number of NCC Accredited Locations Where Location is PD Registered Mar 2023	Number of NCC Accredited Places Where Location is PD Registered Mar 2023	PD Locations (CQC Registered & Inspected) Rated Good or Outstanding by CQC/PAMMS at 01/03/2023
Residential Care Home	£7.1m	109	69	1,568	58.5%
Nursing Home	£4.1m	67	41	1,731	58.5%

* Number of people are those accessing long term placements at year end. Spend is total spend as per the General Ledger.

Notes in support of the above table:

- The above spend data includes people accessing both long- and short-term services.
- An accredited service is a service that Norfolk County Council can make placements to so does not cover the entirety of the market (especially in home care).

- In the 'Quality' column, services that have not yet been inspected have been excluded.
- Mental health and learning disability services can register to deliver services to people aged 65 years and above. Older people's services may also register for working age adult groups. This can therefore cause some over-counting of locations and places in columns 3 and 4 and slightly distorts the ratings detailed in column 5. Services registering with CQC for multiples of Learning disability, mental health and physical disability can have a similar effect on the figures.

Supply and demand

- Although there is adequate supply of residential provision for people with physical disabilities, we are lacking provision for people with more complex needs at affordable fee rates.
- The ambition is to increase the availability of independent living options for people with physical disabilities as an alternative to residential care.
- The current supply and demand for nursing home care is seen as stable and therefore the ambition is to continue as is.

Key messages to providers

- We want to work with providers who are keen to develop capacity to meet the needs of people with more complex needs at more affordable fee rates.
- The Council will work with providers during 2023 to review our approach to commissioning these services and the way that we pay for care.
- As part of our Supported Housing Programme, we want to develop specialist housing for people with complex physical disabilities to live in a home of their own with support to stay independent for longer.

Market Analysis – Adults with a learning disability and/or autism

Our Vision

To work alongside the learning disability and autistic population to deliver services to meet their needs, at the right time, in the right place.






Challenges:

- It is becoming harder to source quality placements able to meet more complex needs.
- High level of provider failures and contract terminations/handbacks in the residential sector – we need to work with providers to co-produce the residential model and review our commissioning approaches.
- There are a range of factors impacting on home closures/contract hand backs such as on-going quality issues, homes not financially viable and the inability to recruit or retain sufficient staff.
- More people with learning disabilities are getting conditions associated with ageing such as dementia. There is a lack of provision for working age adults with these needs.
- Access to Independent Living (including HWC and ECH) services for people with learning disabilities and/or autism who are over 55 years of age.
- The unintended consequences of the Right Support, Right Care and Right Culture regulations need to be considered. This will require us to use data more smartly to create specific services where someone's primary need is a learning disability and/or autism, an area that requires some immediate analysis is the cohort of the learning disabled population who also have dementia.

Key data

The following table details the 2022-23 spend by service type, the number of people at the year-end accessing services for people with learning disability and/or autism, the number of accredited locations, number of accredited places and the percentage of services with a good or outstanding CQC rating.

Learning disability and Autism 18+ services – Main Norfolk County Council Accredited services

					
Service Type	1.NCC Spend on LD&A care home services 2022-23	Number of people funded by NCC accessing LD&A care home services 2022-23	Number of NCC Accredited Locations Where Location is LD&A Registered Mar 2023	Number of NCC Accredited Places Where Location is LD&A Registered Mar 2023	LD&A Locations (CQC Registered & Inspected) Rated Good or Outstanding by CQC/PAMMS at 01/03/2023
Residential Care Home	£55.1m	636	104	966	51.5%
Nursing Home	£0.9m	14	14	364	64.3%

* Number of people are those accessing long term placements at year end. Spend is total spend as per the General Ledger.

Notes in support of the above table:

- The above spend data includes people accessing both long- and short-term services.
- An accredited service is a service that Norfolk County Council can make placements to so does not cover the entirety of the market (especially in home care).
- Mental health and learning disability services can register to deliver services to people aged 65 years and above. Older people's services may also register for working age adult groups. This can therefore cause some over-counting of locations and places in columns 3 and 4 and slightly distorts the ratings detailed in column 5. Services registering with CQC for multiples of Learning disability, mental health and physical disability can have a similar effect on the figures.

Supply and demand – residential and nursing care

- As can be seen in the table above, during the year end March 2023 there were 636 clients accessing long term residential provision from 104 accredited locations and 14 nursing clients from 14 accredited locations.
- 78% of the LD residential market is rated by CQC as 'Good' or 'Outstanding' (70% if use PAMMS inspection ratings)
- During the previous two years, nine homes have closed with a loss of 94 beds.
- Currently there is a high demand for residential and nursing placements for people with complex needs, but our ambition is to increase the supply of supported living as an alternative to residential care for those who are more able.
- There are approximately 58 residential vacancies, however, 34 of these (59%) are in homes that are subject to quality assurance "full restriction" meaning no new placements can be made.
- There are four new providers in the pipeline to develop five new services which will provide an additional 28 residential beds.
- There are c83 people currently identified as requiring residential care. If the services with restrictions could improve their quality to have the restrictions lifted, and with the new beds identified as part of the pipeline developments, we would, on paper, have sufficient capacity to meet need. However, we need some of the

services to be able to meet the needs of more complex and more specialist needs, people who are currently having to have their needs met outside of Norfolk.

- The ambition of Norfolk County Council is to decrease the supply of residential services to be on a par with other like local authorities.

Supply and demand – supported living services (learning disability, autism, mental health and physical disability)

- There are currently 183 registered supported living schemes in Norfolk.
- 68.2% of supported living services are rated 'Good' or 'Outstanding'.
- There are currently eight voids and 100 people on the waiting list for a supported living service.
- During 2022/23 14 Transforming Care Partnership properties were purchased and adapted and a learning disability enablement scheme has opened.
- During 2023/24 a further four supported living schemes are being commissioned which will provide an additional 15/16 tenancies.
- Over the past two years, five supported living schemes have closed and there are a further four services at risk of closure due to staffing issues.
- five new supported living schemes came on stream during 2022/23 providing 26 additional supported living tenancies. This still leave a gap in supply of c66 tenancies.
- The ambition of Norfolk County Council is to significantly increase the supply of supported living services for people with a learning disability and/or autism.

Key messages to providers

- NCC has an ambitious target for the development of supported living services for people with LD and Autism.
- The current supply of supported living is low, and it is mainly delivered in communal settings with people not having self-contained units. We want to decrease the supply of the communal supported living schemes and work with Registered Social Landlord's (RSL's) and providers to develop more individual apartments.
- To work with providers to co-produce the service models for good quality residential and supported living services and to review the fee rates required to deliver the quality of provision required.
- Although our strategy will promote more supported living, for those individuals who do require residential services, these need to be aligned with 'Right Care, Right Place Right Culture', providing more choice for individuals to access high quality care.
- We want to work with providers who support people within their care to maximise their skills for independence and to move to less intensive provision where this is

appropriate to their needs and is safe.

Market opportunities

Norfolk County Council is going to commence a piece of work with providers of residential care for Working age adults so we can work together to think about how the financial model for securing residential care for people of working age adult age can be sustainable, and also procure good quality services for the people who live in these services.

Market Analysis – People with mental ill-health conditions.

Our vision

To develop a range of high-quality mental health social care provision which is joined up with other services, based on good practice (psychologically and trauma informed), supports mental health recovery and best enables people to live independent and fulfilling lives.

How will we achieve this?

The Integrated Commissioning Board is leading the development of the Norfolk & Waveney Integrated Care System. Provider Collaboratives are being established which will focus respectively on Adults and on Children and Young People. In addition to the development of the provider collaboratives, mental health priority proposals for the following year in the Joint Forward Plan to support mental health will be focussed on:

- Developing more effective early intervention including the prevention of suicide
- Establishing an integrated front door for children and young people
- Meeting the mental health needs of older people around dementia, delirium and depression
- Promoting recovery for people with multiple and complex needs including dual diagnosis and complex emotional needs (personality disorders)

Norfolk Adult Social Care will continue to work with the local Integrated Care System to support these priorities whilst also developing a clear strategic position about the priorities and offer for mental health social care within the partnership approach.






Challenges:

- High level of contract terminations/handbacks in the residential sector – we need to work with providers to co-produce the residential model and review the current banded fee rates.
- Overall market quality of mental health residential provision is low.
- Availability of provision able to meet the complexity of presenting needs particularly in relation to working age dementia. There are a number of key areas in which we need to work with other commissioners (Health; Children's Services) to develop more provision including for people with early onset dementia; young people at significant risk of self-harm who are coming into adult services and people with multiple and complex needs.

- The supply of supported living is low and the programme to develop the additional capacity required will take several years to conclude.

Key data:

The following table details the 2022-23 spend by service type, the number of people accessing services for people with mental ill-health needs snapshot at March 2023, the number of accredited locations, number of accredited places and the percentage of services with a good or outstanding CQC rating.

					
Service Type	1.NCC Spend on MH care home Services 2022-23	Number of people funded by NCC accessing MH care home Services 2022-23	Number of NCC Accredited Locations Where Location is MH Registered Mar 2023	4.Number of NCC Accredited Places Where Location is MH Registered Mar 2023	MH Locations (CQC Registered & Inspected) Rated Good or Outstanding by CQC/PAMMS at 01/03/2023
Residential Care Home	£14.5m	283	70	1,401	60.6%
Nursing Home	£1.9m	39	14	392	64.3%

* Number of people are those accessing long term placements at year end. Spend is total spend as per the General Ledger.

Notes in support of the above table:

- The above data includes people accessing long term services.
- An accredited service is a service that Norfolk County Council can make placements to so does not cover the entirety of the market (especially in home care).
- In the 'Quality' column, services that have not yet been inspected have been excluded.
- Mental health and learning disability services can register to deliver services to people aged 65 years and above. Older people's services may also register for working age adult groups. This can therefore cause some over-counting of locations and places in columns 3 and 4 and slightly distorts the ratings detailed in column 5. Services registering with CQC for multiples of Learning disability, mental health and physical disability can have a similar effect on the figures.

Supply and demand

- Since December 2021 access has been lost to c70 mental health residential care beds.
- Norfolk County Council demand across residential and supported living services is stable, however, the loss of residential provision and the increasing difficulties in accessing social and other affordable housing means that it is getting harder to support people to find care placements, particularly if their needs are complex.
- The ambition is to decrease the reliance on residential beds and increase the supply of supported living tenancies. Currently availability of supported living/independent living services is patchy.

- There is a gap in the provision of specialist mental health home care provision in West Norfolk, Great Yarmouth and rural and coastal North Norfolk, which we want to work with providers to address.
- Demand for mental health provision remains stable but there is continual pressure on delayed transfers of care following in-patient admissions, particularly where those needs are very complex.
- Supported living scheme gaps in West and South Norfolk, Norwich and Great Yarmouth.

Key messages to providers

- We need around 24 units of supported living including: - long term accommodation and support for people with severe and enduring needs, - step-up/step-down schemes following crisis - dedicated provision for young people with enablement support.
- We need around 20 units of supported housing or other move on accommodation in which visiting support (i.e. key ring schemes) could be provided to enable effective pathways to independence.
- There are a number of people in existing supported living schemes whose support needs are settled and who could move on if there was access to housing to be able to do so. We would like to talk to landlords about provision for people who could move on from supported living provision.
- We have collaborated successfully with Norfolk Public Health; the ICB and providers to bring new income into Norfolk to trial housing, treatment and support models for people who have poor mental health, substance dependence and homelessness. With partners we will establish the pilot services we have proposed and use the learning to consider further interventions to support people with multiple disadvantages.
- We would like to work with providers and the CCG to address gaps in meeting complex needs and step down provision from in-patient beds.

Market Analysis – Older People Accommodation Based Support

Our Vision

Our vision for the next five years is to:

- Develop an innovative and sustainable care market that is responsive to the needs of local people, delivers high quality care and provides value for money.
- Improves outcomes for local people by supporting care providers to enable choice, deliver person centred care, manage risk and promote independence and well-being.

Over the next 12 months we will be working with NHS partners, care providers and other stakeholders to develop a full strategic programme to deliver our vision.

Challenges






- The complexity of the local health and care system making it difficult for providers to get a clear picture of what we need and the confidence that this will be properly resourced.
- The fees that local health and social care commissioners can afford are regarded by many care homes and insufficient to meet costs, particularly in the current economic environment.
- Covid has resulted in high vacancy rates across older adult care homes and providers are reporting that they are not getting the level of private or council referrals to address. Some providers have closed capacity due to the inability to recruit and retain the staff needed to deliver safe care.
- The fair cost of care review highlighted a particular issue with nursing homes with the majority not securing sufficient referrals to attract the level of funded nursing care to meet the costs of the nurse staff establishment required. Some providers are therefore de-registering as nursing homes or are reducing the proportion of nursing beds and increasing the number of beds available for residential care.
- Although the DHSC has given an indication of the funds that will be available to support Market Sustainability, the lack of certainty about the level of inflationary pressures makes it difficult to confirm how far Norfolk will be able to move towards the median rates calculated as part of the fair cost of care review over the next few years.
- Recruitment and retention of care staff across all sectors continues to be a significant challenge particularly for Registered Nurses. Although recruitment and retention is a challenge across the whole of Norfolk, there are areas within Norfolk where the problems are more acute. This means that it is easier for providers to set up services in the more urban areas thereby limiting choice for people living in the more rural areas.

- The level of acuity of need continues to rise which will need an agreed approach with health.
- The quality of provision for care homes and care at home remains low – Norfolk ranks lowest of comparator and other East of England LA's for older adult care home provision.

Key data

The following table details the 2022-23 spend by service type, the number of people accessing services for people with mental ill-health needs, the number of accredited locations, number of accredited places and the percentage of services with a good or outstanding CQC rating.

Older People 65+, Nursing and Residential Care Home Services

					
Service Type	NCC Spend on OP Care Home services * 2022-23	Number of people funded by NCC accessing OP care home services * 2022-23	Number of NCC Accredited Locations Where Location is OP Registered Mar 2023	Number of NCC Accredited Places Where Location is OP Registered Mar 2023	OP Locations (CQC Registered & Inspected) Rated Good or Outstanding by CQC/PAMMS at 01/03/2023
Residential Care Home	£128m	2,508	184	5,997	70.6%
Nursing Home	£19.2m	331	54	2,587	61.1%

* Number of people are those accessing long term placements at year end. Spend is total spend as per the General Ledger.

Notes in support of the above table:

- The above data includes people accessing both long- and short-term services.
- An accredited service is a service that Norfolk County Council can make placements to so does not cover the entirety of the market (especially in home care).
- In the 'Quality' column, services that have not yet been inspected have been excluded.

Supply and demand

- There are currently 238 care homes delivering care and support to older adults.
- Investment in new Independent Living continues, which will further increase the average acuity of need within residential care.

The Older People's dashboard, developed before Covid, identified an oversupply of standard residential accommodation. but an undersupply of enhanced residential and nursing provision. Since Covid there are high vacancy rates across all care home provision. However, we are still struggling to source affordable, enhanced residential care for complex needs and good quality nursing provision. During 2022/23 work was undertaken to refresh the original pre-covid demand modelling for

older adult residential and nursing care, the outputs from this work is as follows:

Future need in the OP care home market

Two five-year scenarios for Norfolk OP care home need have been modelled:

- **Scenario one** gives a higher prediction of future need as it has a strong link to the projected increase in the over 75 Norfolk population and anticipates higher demand for enhanced/complex residential alongside reduced demand for standard residential care.
- **Scenario two** gives a flatter prediction of future need that is more in line with the patterns of the last 4 years with a more moderate increase in enhanced/complex residential alongside reduced demand for standard residential care.
- Both scenarios contain an increase of beds required by 2024 to rectify current shortage areas, plus allowances for various factors applying downward pressure on demand, including increasing independent living availability from 2025/26.
- Scenario one anticipates an increase in overall bed usage in the next five years (283), while scenario two anticipates a small reduction (154) in overall bed usage. This creates an upper and lower “line” with the reality expected to be somewhere in between.

The table below summarises the anticipated increase and decrease in the number of care places required for each type of care:

Norfolk Older People's Care Homes - Number of Occupied Beds Required - 2023 to 2028

Bed Type - Simplified	2023	2024	2025	2026	2027	2028	5 YR Change
1a.Scenario 1.Residential-NCC OP Enhanced/Complex Long-Term	1,433	1,537	1,571	1,611	1,645	1,675	242
1b.Scenario 1.Residential-NCC OP Standard&Non NCC Rate Long-Term	1,057	982	919	846	783	727	-330
1c.Scenario 1.Nursing-NCC OP All Long-Term	328	407	417	425	432	439	111
1d.Scenario 1.Residential and Nursing-Self/Other Funded-Long-Term&All Short-Term	3,308	3,332	3,410	3,454	3,513	3,568	260
2a.Scenario 2.Residential-NCC OP Enhanced/Complex Long-Term	1,433	1,524	1,547	1,573	1,596	1,616	183
2b.Scenario 2.Residential-NCC OP Standard&Non NCC Rate Long-Term	1,057	980	910	832	763	703	-354

2c.Scenario 2.Nursing-NCC OP All Long-Term	328	404	404	404	404	404	76
2d.Scenario 2.Residential and Nursing-Self/Other Funded-Long-Term&All Short-Term	3,308	3,308	3,308	3,288	3,268	3,249	-59
Scenario 1 Total OP Care Home Occupancy	6,126	6,258	6,317	6,335	6,372	6,409	283
Scenario 2 Total OP Care Home Occupancy	6,126	6,215	6,169	6,097	6,032	5,972	-154

The geographical areas with identified shortages of OP care home beds are shown below as red or orange:

Primary Care Network with Geographical Description	Rating - Difficulty Making NCC Placements	
	OP Enhanced or OP Complex Needs Residential	OP Nursing
Gorleston	Medium sufficiency	Low sufficiency
Great Yarmouth and Northern Villages	Sufficient provision	Low sufficiency
NN1-Fakenham, Holt and Sheringham	Medium sufficiency	Low sufficiency
NN2-Cromer and North Walsham	Medium sufficiency	Low sufficiency
NN3-Aylsham	Low sufficiency	Low sufficiency
NN4-Acle and Wroxham	Medium sufficiency	Low sufficiency
Norwich	Sufficient provision	Sufficient provision
Breckland-Thetford and Watton	Sufficient provision	Medium sufficiency
Ketts Oak-Wymondham	Low sufficiency	Low sufficiency
Mid Norfolk-Dereham	Sufficient provision	Medium sufficiency
SNHIP-Attleborough, Diss and Loddon	Sufficient provision	Low sufficiency
West Norfolk Coastal-North West Norfolk Rural Area	Medium sufficiency	Medium sufficiency
Fens & Brecks-Villages around Downham	Medium sufficiency	Low sufficiency
King's Lynn-King's Lynn with Dersingham and Hunstanton	Sufficient provision	Sufficient provision
Swaffham and Downham	Sufficient provision	Medium sufficiency

Residential Care Homes, especially those in geographical areas with shortages:

- Demand plus council placement practices mean that there will continue to be reducing numbers of new placements for people with standard needs and an increase in those with enhanced or more complex needs. These people will require larger rooms, more equipment (or space to accommodate), and a higher level of skilled staffing to support.

- For care homes in the shortage areas shown above, if they have vacancies that they cannot fill or that arise, and where they are able, changing these beds to support an OP resident with more complex needs would result in a much better chance of the council making a placement there. This may require adaptations and staffing changes to enable this.
- Care homes are encouraged to register with CQC for dementia and make the necessary staffing decisions to facilitate accepting more residents with dementia, especially those with enhanced level needs.

Nursing Homes, especially those in geographical areas with shortages:

- Generally, larger rooms, more equipment (or space to accommodate), and a higher level of skilled staffing to support people with more complex needs would result in a much better chance of the council making a placement.
- The complex situation for nursing homes around decreasing occupancies yet difficulties finding appropriate placements has not yet been fully explained. It is, however, likely that the Council requires more and then a steadily increasing number of OP nursing places. As the council works through overdue reviews this should identify individuals currently in receipt of residential care who should be receiving nursing care and increase the number of council nursing placements accordingly. This will not be immediate

The simplified council commissioning intentions are:

Residential and Nursing:

- More enhanced/dementia/complex physical needs beds increasing in line with projected demand.
- Reduction in the low care need offer (“true” standard residential). Need for alternative/prevention provision especially independent living or home care.
- Accessible provision accepting NCC fees or charging a “reasonable fee” in all areas of Norfolk, within a “reasonable” distance of where people live.
- High (and increasing) % of temporary stays result in people being “discharged” to “their own home”.
- Good value and high quality, not cheaper and lower quality.
- Modern buildings or improved older buildings offering sufficient room size and home layout. This could ultimately mean fewer but more modern and larger homes.
- Care homes rated at least good by the most recent of CQC or PAMMS inspection or on a “Provider Quality Journey” with the Council’s Integrated Quality Service (IQS).
- Care homes can cater for increased levels and complexity of need, both physical and mental.
- Skilled workforce paid a competitive wage, on a secure contract, supported to live in area where they work with less reliance on agency staff.
- Residents supported (on average) for a relatively short period of time.

Nursing:

- Increase in beds in line with projected demand.

- Fewer “specialist” homes with nurses and skilled staff concentrated in fewer homes could be an option.
- Greater % of beds used or available for nursing rather than residential, ensuring that FNC covers costs associated with operating a nursing home (i.e. a greater % of the residents will receive this payment).

What was achieved during 2022/23

- We have drafted a five year strategy for Accommodation Commissioning for people aged 65 years and above.
- We worked with providers to deliver the Fair Cost of Care element of the Social Care Reform. The reports on the approach and outputs from the Fair Cost of Care work can be accessed via the following link: [Market sustainability and fair cost of care - Norfolk County Council](#)
- We worked with providers to inform the development of the Market Sustainability Plan, another key element of the Social Care Reform. The final plan can be accessed via the link above.
- We supported the ICB to introduce a new health led Intermediate Care bed offer (Pathway 2) from 1st July 2022. This replaced the short-term beds previously commissioned by the Council during the Covid pandemic.
- We are working with the ICB to undertake a joint review of commissioning and contracting of Continuing Health Care and Funded Nursing Care, to identify opportunities for improvements. This will be a key priority for the next 12 months.
- We have continued to develop our approach to identifying and supporting care providers who are at risk of failure.

Key messages to providers

- We want to work with Registered Social Landlords and Care Providers to develop 1,135 units of Independent Living by 2028, increasing provision for people with lower care needs, helping them to remain independent for longer. The expected impact of this has been included within the residential demand modelling in the ‘supply and demand’ section above.
- We want to develop/enhance specialist provision for people with dementia, including working age dementia.
- Although we have adequate supply of residential capacity, we have significant gaps in affordable provision for people with complex needs. We want to work with providers to develop the model and the affordable fee rates that would encourage providers into this sector.
- Working with the Council to identify ways to deliver a lower carbon sector

Working Together – Doing Business in Norfolk

Open for business

We need...

To ensure that people are able to access the right services, in the right place at the right time.

We will...

- be available for providers to have the conversations to gain a shared understanding of how best to commission and deliver the type and quality of provision that is required.
- provide access to information that helps providers to understand how demand is changing and what is needed to meet current and expected future needs.
- work in partnership with providers and health partners to review current service models and resourcing to ensure that providers are able to deliver what is required and to be appropriately supported to deliver safe, high-quality care.

Providers/Developers will ...

- work with us to re-design service models and pathways that optimise the use of our scarce system resources
- ensure that they use technology in ways that will provide an alternative to direct care where this is assessed as appropriate and safe for the individual i.e. sensors, video calls etc.

We need...

To have conversations with providers interested in doing business in Norfolk.

We will...

- keep our market position statement current so that providers can identify what services are required and where.
- through our market position statement, provide advanced notice of upcoming tenders which will be advertised via contract finder.

- be available for providers to have discussions about plans for service developments.
- Look at ways where we can support smaller/micro enterprise initiatives with business planning to ensure that they are able to compete for business and able to be viable.

Providers/Developers will ...

- develop plans for new services in Norfolk in discussion with commissioners.

We need...

More providers with accommodation that is fit for the future.

We will...

- provide more clarity to the market of what we need and where we need it to help providers plan.
- through our digital information hub, we will provide information about current and emerging digital technology, identify funding opportunities and support skills development.

Providers/Developers will ...

- deliver services out of accommodation that is designed to best meet the needs of clients being supported.
- ensure that they are technology ready and fit for the future.

We need...

We need more providers delivering affordable, high-quality services that meet the higher-level acuity of needs presenting.

Particular areas of priority:

- Complex dementia presentations, particularly working age specialist provision.
- Working age complex physical disability provision.
- Learning disability, autism and mental health supported living services.

- More specialist home care enabling people with complex needs to remain living in their family home.
- A greater focus on assistive technologies and equipment to enable people to be supported safely with the least intensive provision appropriate to meeting their assessed needs.

We will...

- ensure that the person requiring support and their family/carers is central to all of our planning.
- We will ensure that people with lived experience are key partners in developing our strategies and new models for delivery.
- offer health and social care in-reach support and training to ensure that staff have the required competencies and confidence to support people with the most complex needs, in the best way and deliver improved outcomes for the people receiving support.
- ensure that providers receive timely support when placements are at risk of breaking down.
- offer a fair fee rate for meeting the complexity of need presenting.
- work with providers to review evidence-based models.

Providers/Developers will ...

- Work with the Council, CCG and NHS Trusts to develop service models that deliver safe, high- quality provision.
- Help us to think differently about how services can be delivered and what are the best technological solutions to deliver efficient and effective care and support.
- Maintain a minimum of a “good” CQC rating.
- Ensure that their staff access specialist training to give them the skills, confidence, and competencies to support individuals with complex needs.
- Work in partnership with health and adult social care to best meet the needs of those individuals with the most complex needs.

We need...

Passionate, well trained, supported staff keen to progress their career in social care.

We will...

- Work with providers to review the training and support currently available to ensure that this will deliver a workforce with the right skills and competencies to best meet the needs of people requiring support.
- Ensure that our fee rates include sufficient resources to enable staff to access the training and development that they need.
- Review the outcome of the NorCA Local Care Worker Pay Framework if adopted by the sector.

Providers/Developers will ...

- Be committed to develop their workforce to deliver the right quality of care.
- Invest in their workforce to support staff to continue to work in the sector, helping them to progress their career in social care.
- Review the opportunities for nurse associates to support a higher acuity of need and to work with the NHS to secure the clinical supervision required.
- Ensure staff reach a minimum level of digital skills required to use their time most efficiently, maximising client facing activities.

Quality Improvement Support

The Integrated Quality Service's **Improvement & Escalation Policy** was published in 2022. This sets out the role of audits and interventions deployed by IQS to promote quality improvement in the care market.

Provider Assurance Market Management Solution (PAMMS) audits broadly replicate a CQC inspection, provide a detailed draft report to providers outlining areas for improvement and awarding an overall rating when published. Areas of non-compliance are addressed by provider Action Plans, which IQS monitor via desktop and follow up threshold crossing visits. Quality Monitoring Visits (QMV) threshold crossing visits used either to follow up compliance with areas identified for improvement at PAMMS/CQC inspections, or to make focussed enquiries into urgently arising matters, Safeguarding concerns or complaints.

Integrated Working - Quality Improvement Nurses (CCG staff) complement our Quality Monitoring Officers (NCC staff) in forming a single, joined-up IQS, drawing on the health and social care skillsets and specialisms of each. In addition to their support to our audit activity, Quality Improvement Nurses are engaged in development and commissioning of responsive training and project activity dedicated to care providers. Examples of this are the roll out of ISTUMBLE (falls prevention and management system), ReSPECT (End of Life DNACPR successor scheme) and Hydration and Dementia Champion initiatives. Clinical aspects of Enhanced Health and Wellbeing in Care Homes are also actively promoted and/or delivered by IQS team members.

Subject Matter Leads – all IQS team members adopt an area/s of specialism to act as subject matter leads ensuring the team has contemporary knowledge of best practice, enhancing the quality of support to the care market. Our Subject Matter Leads have specialism in areas such as: Dementia, Health & Safety, Medicines, Learning Disability & Autism, MCA, Infection Control (not an exhaustive list).

Bespoke training and guidance – in response to trends in compliance shortfalls, IQS works with partners to produce training and guidance to support the care market. Recent examples include Fire Safety for Home Care providers (in collaboration with Norfolk Fire and Rescue Service), Medication Safeguarding Guidance (in collaboration with Norfolk Safeguarding Adults Board), MCA training for providers (with Safeguarding)

Support to Procurement and Commissioning – IQS has an integral gatekeeping role in assessing and advising on the quality of tenders, escalating serious or serial non-compliance and/or breaches of contract and taking action in line with the Improvement & Escalation Policy.

Working with external partners – key links with external partners include Norfolk Care Association (NoRCA), Norfolk & Suffolk Care Association, Healthwatch Norfolk

and the Care Quality Commission. Routine engagement and activity of mutual interest to care providers commissions and delivers training, identifies projects

User Voice – work to engage, develop and draw upon Experts-by-Experience as a feature of IQS audit activity will be piloted during 2023/24.

Expansion of remit – in 2022/23 Day Opportunities and Domestic Abuse settings were introduced into the portfolio of IQS remit. Quality Monitoring and Improvement interventions promote adherence to contractual duties from a quality perspective.

Training and Development

Challenges

- Across all staff groups only 44% of workers within the social care sector hold a relevant qualification. The average for the East of England is 45%.
- The recruitment and retention difficulties currently being experienced within the sector has made it difficult for employees to be released for training
- The high turnover rate of staff impacts on staff accessing the training that is required. Norfolk has a higher-than-average percentage of staff moving within the sector.
- The government in April 2022 announced £500m nationally to train and retain talent in the health and social care workforce and to attract new staff as part of the Health and Social Care Levy. This has since been reduced to £250m nationally.

Support for providers and staff working in the sector

Developing Skills in Health and Care offers fully funded training and mentoring to people in the health and social care workforce living in Norfolk and Suffolk. This training is funded by Norfolk and Suffolk County Councils and delivery partners and is match-funded by the European Social Fund.

Developing Skills:

- Offers fully funded courses from Functional Skills, to Level 2 courses in Dementia, Autism, Learning disabilities and Mental Health through to a Level 4 Aspiring Manager programme.
- Works with Norfolk and Suffolk Care Support and Care Development East to ensure that training and courses on offer are relevant and useful for the sector
- Has a team of career progression mentors to support learners through their learning and development journey

- Provides flexible delivery models, bite-size learning and expert tutors to best suit learner needs.

We want learners who complete courses and mentoring with DSHSC to be able to say:

- I found the training and mentoring relevant to me and my role
- I developed skills and knowledge for my role
- I am more confident in my role
- I am interested in taking up further training
- I have progressed in my role and/or I am interested in exploring progression opportunities

We want employers referring employees to DSHSC to be able to say:

- The training and mentoring offered is relevant and useful to my workforce and the people we support
- The quality of care and support we provide has improved
- Retention within my workforce has improved
- The confidence and skills of my workforce has improved
- We actively promote learning opportunities for our workforce

What do we need from health services?

The EHCH (Enhanced Health in Care Homes) framework has been in place for over 3 years and is a national model. It enables joined up social, primary, community, and secondary care and provides an opportunity to implement a shared strategic and operational approach. In Norfolk and Waveney this has been renamed the Enhanced Health and Well Being in Care framework so that it may support the wider care provider market.

The seven core areas in the framework will help to ensure that people receiving care have access to enhanced primary care and to specialist services to maintain their independence as far as possible by reducing, delaying or preventing the need for additional health and social care services.

Enhanced Primary and Community Care Support

This aligns homes to Primary Care Networks so that every home is aligned with a GP Practice who performs home rounds (either virtually or face to face). Personal

health care and support plans are developed with the individual and their circle of support. This includes the undertaking of structured medication reviews, hydration and nutrition support and access to out of hours and urgent care.

Oral health access is proving problematic due to the national shortage of dentists but some providers are reporting access to dentists. A small project in the west of the county has seen a mobile dentistry service in operation.

Multi-disciplinary Team (MDT) Support

This brings together a number of resources and training for care workers including continence promotion and management (including UTI and continence training and bowel care pathways). Training in wound care, leg and foot ulcers including diabetic foot care are also available. The Cambridge Diabetic Education Programme is available to providers and consists of a modular system to be used as a training course but also to be dipped into as a resource. It is made up of a number of levels from basic to specialist.

Carer's support and breaks for carers are also important elements of this core area.

Falls prevention, reablement and rehabilitation

A lot of work is ongoing in this core area, both in falls prevention, safe falling and lifting and post falls management. 268 Mangar lifting cushions have been distributed along with training in the IStumble algorithm to determine whether to lift an individual. IStumble refresher training has also been available and there are several community falls initiatives for early identification of individuals to build resilience and independence.

Palliative and End of Life Care, Mental Health and Dementia Care

There are video resources covering 13 topics and rolling level 3 ReSPECT courses.

Commissioning and Collaboration between health and social care

There is joint working on a number of initiatives especially in the area of falls, single handed training and nursing care.

Workforce Development

There are a number of initiatives either as direct courses (including bitesize sessions), videos or e-learning on a range of subjects including diabetes, medicines

management and signs of deterioration. There are also a number of champions networks in operation and there are plans to expand these.

Data, IT and Technology

This is a constantly evolving area and includes NHS.Net for care homes offering secure communications, assistive technology which may prompt the taking of medicines, pressure mats etc. Technology whilst often something social care or health specific such as shared care records or Alcove, also includes using mainstream tech such as Alexa or Google Assistant in a new or bespoke way. There are also a range of Apps offering a variety of services dependent on support needed. There are a number of pilots in this core area exploring a number of ways to use technology effectively with care providers, carers and individuals.

Virtual centre of excellence supporting International Recruitment

The international recruitment programme is delivering an ethical and sustainable recruitment model that supports social care organisations to increase and develop their international recruitment plans.

The safe arrival, induction and embedding of new people into the social care workforce is our number one priority for international recruitment. The international recruitment grant supports local authorities to put in place a package of financial support to increase the number of international recruits they have, and as a priority to provide safe onboarding, induction and pastoral support for these recruits.

Based on initial engagement around key needs for the sector it has been agreed that that during the project the following products will need to be developed, implemented and accessed:

- Policy/procedures/minimum standards/codes of ethics, signposting, communications, monitoring and evaluation
- Benchmark baseline activity
- Modern Slavery and Human Trafficking guidance/standards/procedures aligned to Skills for Care
- Framework including advice/guidance/training/webinars to care providers
- Equality diversity & inclusion (EDI) training
- 'Good practice' guidance/protocol re: pastoral care
- Agreement re: minimum standards/competency framework—creating a model with an enhanced Care Certificate
- Specialist advice on immigration, sponsorship, housing etc. issues
- Support to drive safely in the UK/access public transport
- Accommodation support

- Training/coaching for the existing workforce/managers to create welcoming and supportive work environments which embed anti-discriminatory/anti-racist/anti-oppressive practice
- Access to English for Speakers of Other Languages (ESOL)

Delivery will focus on providing practical, tailored solutions to the identified barriers which are responsive and accessible to all providers to meet local needs e.g., through:

- Overseas recruitment services
- Skills training and needs audits
- Enhanced Care Certificate training
- Facilitation of IR community networks
- Landlord liaison/agreement development/training
- Practical support with sponsorship and visa applications
- Development of strong pastoral support packages

ⁱ data source – Projecting Adult Needs and Service Information (PANSI) and Projecting Older People Population Information System (POPPI)

ⁱⁱ NHS Digital, Health and Care of people with Learning Disabilities: Experimental Statistics: 2015-16
<http://digital.nhs.uk/catalogue/PUB23781>

People and Communities Select Committee

Item No: 9

Report Title: Home Care Strategic Commissioning Approach

Date of Meeting: 19 May 2023

Responsible Cabinet Member: Cllr Alison Thomas (Cabinet Member for Adult Social Care)

Responsible Director: James Bullion (Executive Director for Adult Social Services)

Executive Summary

Within Adult Social Services, Commissioning have undertaken a strategic review of the current home care market, to inform the future strategic commissioning approach. This review was undertaken to ensure that Norfolk County Council (NCC) can fulfil its duties under the Care Act, concerning individual choice, market sustainability and quality of care provision.

This strategic review originally started in July 2021 but was paused in September, in response to feedback provided by NorCA (Norfolk Care Association) from providers about current pressures in the market. The review was restarted in March 2022 and has included significant engagement, which is still ongoing, with providers within the care market and with service users in receipt of home care.

The strategic commissioning approach is focused on meeting the following identified aims.

- Sustainability - Supporting a diverse homecare market to deliver manageable hours in right sized geographical areas
- Quality – Enabling the homecare market to meet Good and Outstanding Care Quality Commission (CQC) ratings
- Resilience – Creating a strong and responsive homecare market that also provides choice for individuals
- Capacity – Increasing capacity through redesigning home support provision
- Value for money – Ensure that NCC commissions services that are cost effective and provide value for money

Informed by the engagement and market research undertaken, we propose to adopt a Prime Provider model in Norfolk. In summary, this approach would put in place a lead home care organisation, as a Prime Provider within each Primary Care Network, who will be required to directly deliver up to 70% of the home care demand. In this lead role, they will also be expected to meet certain expectations, as described in section 2 of this paper.

Recommendations

The Select Committee is asked to comment on:

- a) **The strategic commissioning approach to adopt a Prime Provider model in Norfolk. This approach would put in place a lead home care organisation, as a Prime Provider within each Primary Care Network. They will be required to deliver up to 70% of the care within this geographical area**

- b) The commitment to quality improvement in Norfolk and that any Prime Provider contract award will only be to provider(s) that are good or outstanding. This would be determined through using the most contemporary rating of either PAMMS or CQC, as evidence of this

1. Background and Purpose

- 1.1 Norfolk has 106 domiciliary care providers registered with the CQC, delivering support out of 135 Norfolk offices. Of those, 86 are signed up to the Council's Home Support Framework, which enables Adult Social Services to directly commission block contracts and individual packages of care with them. It is important to note that whilst having this many providers on the framework is positive, it is difficult to develop and sustain robust joint working relationships with them all.
- 1.2 Currently, providers are supporting approx. 5,300 people in Norfolk, with approx. 44,500 hours of care being delivered each week either through a Local Authority commissioned care package or a Direct Payment. In 2022/23 this equated to a gross spend of approx. £54m for Adult Social Services. The current number of people being supported is broken as per the table below. In addition to this, it is estimated that 40% of people with home care in Norfolk are also self-funders, who have set up their own package of care and support, with no input from Adult Social Services.

22/23, period 12

Cohort	Number of People
Older People and People with Physical Disabilities	3029
Mental Health	156
Learning Disabilities	160
Self-Funders (who have asked NCC to commission the care for them)	390
Direct Payments	1594
Net total	5329

- 1.5 There are also people on the Interim Care List, which is held within Adult Social Services. This is a list of people who have an outstanding request for a care package (or change to an existing package) that we are actively sourcing through the Adult Social Services Brokerage team. We have seen significant improvements in this metric, where in May 2022, there were 713 people on this list, equating to approx. 7,800 hours of care. Through the Home Support Improvement Plan, a range of initiatives were implemented, which has supported a reduction in this figure to pre-Covid levels of 68 people (approx. 700 hours of care), at the time of this report.
- 1.6 Adult Social Services has a duty under section 5 of the Care Act 2014, to promote the efficient and effective operation of a market in meeting care and support needs, with a view to ensuring services are diverse, sustainable and of high quality. This has underpinned the approach to this strategic review of the home care market, as per the aims detailed in the Executive Summary.
- 1.7 This duty is further supported by Social Care Reform and the expectation, as detailed in the guidance for the Market Sustainability and Fair Cost of Care Fund 2022 to 2023. The output of the work undertaken in Norfolk, as detailed in the Market Sustainability Plan, has been reflected in the development of the strategic commissioning approach for this care market.

- 1.8 Norfolk is predominantly known as a rural county, where rural areas, together with our market towns, are home to over half of Norfolk's total population. On this basis 70.2% of Norfolk's population, or over 637,000 people, can be described as living in rural Norfolk. This compares to 62% of the workforce working in rural Norfolk. We know the rural nature of Norfolk can create challenges within Adult Social Services and the wider care market, to respond to the needs of an ageing population. This is best evidenced by North Norfolk where we continue to have challenges in sourcing care, due to issues of rurality and access to an available workforce.
- 1.9 To inform the amount of home care needed over the next five years, we are modelling demand that considers the following factors. This has projected an increase in home care demand of approx. 10% by 2028, although further analysis is being done to include the impact of the Connected Communities programme:
- a) Demographic growth – Norfolk's population is projected to increase by approximately 13% over the next ten years. This is a projected population increase of over 56,000, spread over the next 10 years, with 78.6% of this increase in the population aged over 65
 - b) Dementia prevalence – Dementia is predicted to increase by 55% in England between 2020 and 2040, meaning that by 2040 there will be 1.15 million people in England living with dementia. By 2030 it is estimated that about 21,400 people in Norfolk and Waveney will have dementia. Research by the Alzheimer's Society (2020) and by Wittenberg (2019) estimate that the proportion of people with mild, moderate and severe dementia is 14%, 28% and 58% respectively. This would mean that for Norfolk, of the 17,104 people estimated to have dementia in 2022, 9,920 will have severe dementia, 4,789 moderate dementia and 2,395 mild dementia
 - c) Connecting Communities – This is the strategic demand management programme within Adult Social Services. We are modelling the intended impact of this programme to inform future demand requirements for home care. Once this has been finalised it will be shared with key stakeholders, including home care providers to inform their own growth plans

2. Proposal

- 2.1 Following extensive research and provider engagement by Commissioners, which has been supported by NorCA, we propose to adopt a Prime Provider model in Norfolk. The model we have developed for Norfolk would put in place a lead home care agency for each Primary Care Network (as the identified geography). As a Prime Provider, they would be required to directly deliver up to 70% of the care within that geographical area. The remaining 30% of care would be delivered by providers via the Home Support framework. The Prime Provider would be expected to work in partnership with those other providers, to ensure that the remaining 30% is delivered effectively, with support from NCC.
- 2.2 The Prime Provider would be the identified strategic partner for home care delivery within a Primary Care Network (PCN) area. There are some clear expectations that would be placed on a Prime Provider which are detailed below (not an exhaustive list).
- a) They would be expected to lead on collaboration with other home care providers, within their PCN. This would include working with providers to identify efficiencies in care delivery and sharing of best practice
 - b) Support implementation of the Adult Social Services Quality Improvement Programme

- c) To be an active member of any placed based working arrangements, engaging and working with other agencies outside of the home care sector, for example with the Voluntary, Community and Social Enterprise sector (VCSE)
- d) To work with NCC in response to any provider failure, which may require several packages of care to transfer to another provider. We will expect that the Prime Provider is part of the response to ensure market sustainability. Our priority in this situation is to ensure that people's care and support needs continue to be met

- 2.5 The minimum term of contract that will be issued, is for five years, with the provision to extend up to 10 years, based on performance. This is important as it demonstrates a commitment from Adult Social Services to develop this model and create strategic and strong partnerships.
- 2.6 We will adopt an approach, that implements this model by locality (East, North, West, South and Norwich). The procurement exercise will begin in July 2023, starting in East Norfolk and take approx. three years to complete across all localities. We will be applying a test and learn approach to ensure that any lessons are learned before we move onto the next locality. There is also the potential for care packages to transfer from one provider to another, which may also carry TUPE (Transfer of Undertakings (Protection of Employment)) implications, particularly where existing block contracts exist. The timeline developed has factored this into consideration and will constantly be reviewed, to ensure we have adopted the most efficient and balanced implementation timescale.
- 2.7 To support the drive to improving quality of care in Norfolk, only a provider who holds a good or outstanding CQC or PAMMs rating, will be able to bid for any Prime Provider tenders.
- 2.8 In addition to this, we also intend to introduce an improved approach to managing performance as part of the work on Contract and Performance management. This will also link to the Integrated Quality Service Improvement and Escalation Policy, which has recently been implemented. We will deliver greater scrutiny on provider performance and hold them to account, if they do not meet the agreed standards, as per the specification and contract. It is important to note that we also want to celebrate and share where providers are delivering good performance, against agreed metrics.

3. Impact of the Proposal

- 3.1 Through the Prime Provider model, we expect this to provide clearer leadership and accountability to meet the care and support needs of people living within a PCN area. This model will enable a Prime Provider to lead and work with other home care organisations in the delivery of care, meeting our Care Act duties. This model will allow Commissioners from Adult Social Services to develop stronger relationships with providers, to leverage the opportunities of closer joint working. We know from experience that the relationship held with providers is of fundamental importance and will enable us to work with the care market, in response to the various challenges. This is best evidenced by the care market response during Covid, where many providers went above and beyond to work with NCC, in response to the pandemic.
- 3.2 By introducing longer contracts we would expect that Prime Providers can invest and grow their workforce to meet the projected demand over the next five years and

beyond. This would include investment in training, career progression, improved employment terms and conditions and providing job security. This should support with improved recruitment and retention of this valued workforce.

- 3.3 We expect that this model will support greater collaboration between the Prime Provider and other providers that will be on the Home Support Framework. We want to see efficiencies in care delivery, through reducing the number of providers operating in the same geographical location and the creation of more efficient rounds of care. We would need to ensure that we strike the right balance between efficiency of care delivery and resilience, should any provider be unable to provide care.
- 3.4 Meeting the requirements for a Prime Provider contract, could only be done by organisations, who are able to provide between 1500 hours and 3000 hours of care per week. It is likely that they will be medium to large sized home care agencies. To ensure providers of all sizes are supported, the Home Support Framework that would deliver the remaining 30% of care required, can be met by smaller providers, ensuring our ongoing commitment to those organisations. This would also enable providers to grow their business within a supportive framework, including any that are new to the Norfolk care market.
- 3.5 We will set a clear expectation that a Prime Provider will ensure there are strong ties and a working relationship with the VCSE sector. We know not all tasks that a home care provider delivers, are related to personal care and could be met by other organisations that are not CQC registered. For example, this could include supporting people in developing and maintaining family and social relationships or support with access to services in the community. Where personal care is not being delivered, we would expect a greater role for the VCSE working with home care providers, to enable a person to meet their identified outcomes, to improve their health and wellbeing, which includes reducing loneliness.
- 3.6 This model will support with continuity of care for an individual. We know that care workers can move between providers, which impacts on the care package a person receives. This approach will support greater stability, as we know people value the personal relationship they have with their individual care worker.
- 3.7 Prime Providers having a lead responsibility within a PCN, will be the foundation for strong placed based working, ensuring join up between organisations at a local level. This will also support the development of other services and specialisms, where this is required. It is important to note that we expect the Prime Provider will support and enable other home care organisations to be part of this approach.
- 3.8 The approach to quality will send a strong message to the care market, that we expect CQC registered home care providers to achieve good or outstanding ratings (CQC or PAMMs). Should a Prime Provider fall below this expectation, then a robust Contract and Performance Management approach will either ensure improvements are made or further action will be taken. This could include issuing of Performance Notices and ultimately termination of contract. This approach will be supported through joint working with the Integrated Quality Service and our providers.

4. Evidence and Reasons for Decision

- 4.1 As part of developing this strategic approach, we undertook market research on models that other Local Authorities have implemented and use within their home care market. This ensures we have adopted best practice and learnt lessons from the experience of other Local Authorities.
- 4.2 There is a need for strong leadership for home care delivery in Norfolk. Having identified Prime Providers, will enable Commissioners to jointly work with identified strategic partners in response to increasing demand and the challenges that this care market faces.
- 4.3 As per section 5 of the Care Act 2014, we need to promote the efficient and effective operation of a market. This approach will enable more efficient care delivery, through how care rounds are developed. The Prime Provider will work with other providers on the Home Support framework, to achieve this expectation. One of the benefits of this approach, will reduce duplication of care delivery in a specific location by several care providers, which in turn should help to manage and possibly reduce the cost of care delivery for providers.
- 4.4 To develop this model, we have undertaken significant provider engagement, through the use of workshops and one to one provider discussions. This engagement has focused on reviewing all of the various commissioning models and to ensure that providers have an opportunity to share their thoughts and views on the strengths, weaknesses, opportunities and threats. This was done in consultation and with the support of NorCA as a key partner for Adult Social Services, when working with the wider care market.
- 4.5 Service user engagement is also being undertaken, using an external agency with expertise in this area. Curators of Change are currently gathering people's stories and experience of home care, so that we fully understand what good home care looks and feels like. The final report is due in May 2023 and will inform the final specification, that forms the tender documents. It is important to note that Curators of Change are also working with Adult Social Services on the development of an Ethical Commissioning Charter.
- 4.6 Our proposed plan is to implement this change through a staged and managed process. Adopting a locality-by-locality approach, will enable us to do this, in order not to destabilise the care market with any changes. This is one of the key lessons learned from speaking to other Local Authorities and is also based on our experience of delivering change.
- 4.7 We must support implementation of the Quality Improvement Programme, to improve quality of care in Norfolk. It is important that our Commissioning actions support this approach and we will not award block contracts to providers who are below the good or outstanding quality threshold. As a Prime Provider, they would also be expected to work with other care organisations, to share best practice and provide peer mentor support, building on the work NorCA are leading to develop this approach. To do this effectively, they need to be achieving the highest standards in care quality.

5. Alternative Options

- 5.1 As part of the market research and work with key stakeholders (including home care providers), we have reviewed many other commissioning models. These were all reviewed using an identified methodology that assessed the strengths, weakness, opportunities, and threats of each model. The Prime Provider model was identified

as the preferred approach, to ensure we support development of this valued care market.

- 5.2 Consideration was given to maintaining the status quo but we know this has its own challenges and limitations. We needed to develop a strategic commissioning approach, that would enable providers to grow their business and ensure we have sufficient good quality care to meet the identified demand.
- 5.3 There are also several block contracts that Adult Social Services have currently commissioned that are coming to the end of their maximum contract term. We propose to undertake a procurement exercise to implement a new model but also to test the market, to ensure we have achieved value for money.

6. Financial Implications

- 6.1 Financial modelling of the Prime Provider approach is currently being done, to understand any cost implications. This is due to be reported by end of May and appropriate decisions taken by the Home Support Programme Board and/ or Adult Social Services Director Leadership Team. The cost of this model and the care delivered will be funded through the Purchase of Care budget.
- 6.2 It is important to note that the Procurement exercise will also test the market, to ensure we achieve value for money. We would expect that this value is reflected in sustainable care delivery, through investment into the care workforce, increased quality of care, delivery of social value and carbon reduction initiatives.

7. Resource Implications

- 7.1 **Staff:** Impact on staffing from this approach includes the resource to lead and deliver this change and the actual care staff impacted by any potential changes in care provider. TUPE is a consideration and this will clearly be identified through the procurement process.
- 7.2 **Property:** There are no significant implications for NCC. All home care providers are expected to be able to demonstrate they have sufficient control and oversight of care delivery, through their registered office.
- 7.3 **IT:** There are no specific considerations relating to specialist IT matters. There will be IT considerations relating to the sharing of data as part of the procurement exercise. We will also have an expectation within the specification that all home care providers have appropriate IT systems, for example the use of Electronic Call Monitoring.

8. Other Implications

- 8.1 **Legal Implications:** The Care Act places duties on Local Authorities to facilitate and shape their market for adult care, and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual or in other ways.

- 8.1.1 The statutory guidance to the Care Act requires Local Authorities to commission services having regard to cost effectiveness and value for money. The guidance also states that local authorities must not undertake any actions that might threaten the sustainability of the market as a whole
- 8.2 **Human Rights Implications:** None identified
- 8.3 **Equality Impact Assessment (EqIA) (this must be included):** The service currently supports people with protected characteristics. Any changes will ensure the needs of protected groups will continue to be met. An Equality Impact Assessment is being completed and is currently in draft as we work with key stakeholders concerning the content. This will be finalised and approved by the Adult Social Services Commissioning Leadership Team, prior to the Procurement process starting in July 2023.
- 8.4 **Data Protection Impact Assessments (DPIA):** All providers will be required to adhere to General Data Protection Regulations (GDPR) when dealing with personal data. Any sharing of data that contains personal data will be processed in line with the data protection principles. Advice and guidance will be sought via information.management@norfolk.gov.uk, as required.
- 8.5 **Health and Safety implications (where appropriate):** Health and Safety criteria are standard considerations for this process.
- 8.6 **Sustainability implications (where appropriate):** We are seeking specialist advice through Procurement about carbon zero considerations, that need to be included in the tender documents.
- 8.7 **Any Other Implications:** None identified.

9. Risk Implications / Assessment

- 9.1 There is a risk that we do not receive any appropriate bids to fulfil the Prime Provider expectation. If no appropriate bids are received, we will pause the Procurement exercise and consider the options available. There will be no gap in care delivery for people in receipt of care.
- 9.2 With any Procurement exercise, there is always a risk associated with the transition of any services (including staff as part of any TUPE considerations). Adult Social Services has worked with providers to successfully manage several transitions and the best practice approach will be used here.

10. Recommendations

- 10.1 **The Select Committee is asked to comment on:**
- a) **The strategic commissioning approach to adopt a Prime Provider model in Norfolk. This approach would put in place a lead home care organisation, as a Prime Provider within each Primary Care Network. They will be required to deliver up to 70% of the care within this geographical area**
 - b) **The commitment to quality improvement in Norfolk and that any Prime Provider contract award will only be to provider(s) that are good or**

outstanding. This would be determined through using the most contemporary rating of either PAMMS or CQC, as evidence of this

11. Background Papers

11.1

- [Norfolk Market Sustainability Plan - page 329](#)
- [Cabinet Report: Fee levels for adult social care providers 2023/24 – page 170](#)
- [Fair Cost of Care report – domiciliary care](#)

Officer Contact

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

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People and Communities Select Committee

Item No: 10

Report Title: Listening and engaging – preparatory work to refresh Promoting Independence Strategy

Date of Meeting: 19 May 2023

Responsible Cabinet Member: Cllr Alison Thomas (Cabinet Member for Adult Social Care)

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

Executive Summary

Adult Social Services remains ambitious for the future. Our Promoting Independence vision and strategy has been effective in driving our overarching goals for the last five years and has informed where we need to transform and change.

Having experienced the profound changes of the pandemic, and anticipating significant adult social care reform, we want to refresh and update Promoting Independence so that it gives a clear set of goals and expectations for the coming five years.

As a first step, we want to start by listening to people's experiences of adult social care, and particularly to hear and better understand their expectations about what independence really means for them, and how our services going forward can help them.

This paper sets out how over the summer we plan to have a dialogue with Norfolk people and partners to help shape the future direction for our strategy.

Recommendations

The Select Committee is recommended to:

- a) Provide feedback and suggestions about the proposed approach to engaging with a wide range of people, staff and partners across Norfolk, to gather insight and experiences of Adult Social Services and care and support**
- b) Agree to receive an update on the outcome of the engagement activity and next steps at the People and Communities Select Committee meeting in September 2023**

Background and Purpose

- 1.1 Adult Social Care has the power to transform lives. It enables people to live life to the full, giving back or maintaining independence and control – things we all want in life. It provides care and support, safeguards for those who most need it, and increasingly supports carers who look after families and friends.

- 1.2 Since 2016, Adult Social Services has had in place its vision: 'To support people to be independent, resilient and well.'
- 1.3 This has been supported by its Promoting Independence Strategy, with three themes: Prevention and early help; Staying independent for longer; and Living with complex needs. This high-level strategy has shaped Adult Social Services priorities, and its transformation programme (see Appendix 1).
- 1.4 In Norfolk, our populations are living for longer but are needing more help to live independently and well. We have seen increasing demand for care and support services for adults of all ages, alongside big changes to national policy (including delayed plans for adult social care reform, the launch of Integrated Care Systems across England, and new quality frameworks).
- 1.5 Having experienced the profound changes of the pandemic, and anticipating significant adult social care reform, we want to refresh and update Promoting Independence so that it gives a clear set of goals and expectations for the coming five years.

2. Proposal

- 2.1 As a first step, we want to start by listening to people's experiences of adult social care, and particularly to hear and better understand their expectations about what independence really means for them, and how our services going forward can help them.
- 2.2 Over 2023, we want to hear the many voices of people who live in Norfolk, whether they currently use our services, their family members do, or they have not yet needed support from us.
- 2.3 Whilst we increasingly engage with people to help re-design or improve specific services, we have not embarked on a large-scale listening activity to gather more general views and experiences.
- 2.4 We are particularly keen to have a dialogue about what being independent means in practice for different people and how services in the short, medium and long term can support.
- 2.5 This engagement will start over the summer and conversations will continue into next year and will be ongoing. We will use the following methods and formats to try to reach the widest range of views possible:
 - a) A public questionnaire which will sit on an online landing page. The questionnaire will be in easy-read and accessible formats. We will provide printed copies to GP surgeries, libraries, clinics etc. for people to complete independently or with assistance. A British Sign Language video will also be created
 - b) A range of focus groups/1-2-1 conversations with internal and external stakeholders will be facilitated by Norfolk County Council staff using a toolkit which has been developed. The toolkit provides an overview of the engagement asks and suggests open-ended questions/discussion points to help prompt conversations. This will be sent to external stakeholders (i.e. care providers, VCSE organisations, user and community groups etc.) so they can facilitate their own focus groups/1-2-1 conversations with their communities

- c) There are plans to attend events and/or festivals happening during the summer to complete polling or informal chats with people who may not engage with formal questionnaires or focus groups (such as, Norwich Pride and the Norfolk Show)
- d) We are meeting with Healthwatch Norfolk to discuss how they can be involved

2.6 We want to be as inclusive as possible, and aim to reach:

- a) People we support (aged 16 and over)
- b) Members of the public who may not have used our services before
- c) Carers and family and friends who provide care and support
- d) Our staff in Adult Social Services
- e) County Councillors
- f) Partner organisations, voluntary, community and social enterprise (VCSE) organisations, and faith-based and user groups
- g) Providers in the care sector

3. Impact of the Proposal

- 3.1 This is the first time we have undertaken this type and scale of engagement to understand the views and opinions of people across Norfolk regarding Adult Social Services.
- 3.2 We want to understand the current and projected needs of the wider community, and actively listen to what is important to people who use our services, or who may use them in the future.
- 3.3 Feedback loops and updates will be used to ensure people are informed on how their engagement has been/is being used. This is an important aspect of our engagement plan so people know we have listened to and taken on-board their engagement.
- 3.4 This insight will help us shape our refreshed Promoting Independence strategy and the wider transformation programme.
- 3.5 The strategy is part of the Council's Policy Framework so will ultimately be agreed by Full Council. An outline structure for the strategy is included in Appendix 2.

4. Evidence and Reasons for Decision

- 4.1 Adult Social Services would like to set out a clear vision for the future that will help us deliver a sustainable service that supports people's independence, and we want people in Norfolk to help us shape the future of Adult Social Care.
- 4.2 As we know, there are significant challenges – Norfolk's geography, an aging population and recruitment difficulties, exacerbated by the pandemic. However, by inviting people to talk to us and tell us if our priorities are right will help us plan our services and deliver better outcomes.
- 4.3 Our aim is to create a service that is fit for the future, one that is focused on prevention and early help, rather than one that responds to demand and crisis. Our goal is to offer a service that the residents of Norfolk deserve and by working together we will achieve it.

5. Alternative Options

- 5.1 None proposed.

6. Financial Implications

- 6.1 There are some financial implications involved in facilitating this engagement activity, but the benefits of collecting this type of feedback will be invaluable to help shape our strategy and transformation of Adult Social Services in Norfolk.
- 6.2 Any costs associated with undertaking this engagement will be met within the existing Adult Social Care Budget.

7. Resource Implications

7.1 Staff:

- 7.1.1 Staff from across Adult Social Services will be asked to join a working group to shape engagement plans, provide expertise in their area and support analysis of the feedback.
- 7.1.2 Colleagues from other departments are being asked to support in their areas of expertise (i.e. data protection and governance, equality and inclusion, engagement and co-production, design, and comms).

7.2 Property: None identified

7.3 IT: None identified

8. Other Implications

8.1 Legal Implications: None identified

8.2 Human Rights Implications: None identified

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

- 8.3.1 We are actively working with the Equality, Diversity and Inclusion Team to ensure engagement is available in appropriate formats/methodology and is accessible to everyone, including seldom heard and often excluded groups.
- 8.3.2 A full Equality Impact Assessment will be conducted and acted upon appropriately.

8.4 Data Protection Impact Assessments (DPIA):

- 8.4.1 We are working with colleagues to ensure data protection and governance standards are upheld and everyone's information is protected.
- 8.4.2 A full Data Protection Impact Assessment will be conducted and acted upon appropriately.

8.5 **Health and Safety implications (where appropriate):**

- 8.5.1 The appropriate health and safety assessments and precautions will be undertaken when focus groups and face-to-face discussions are held to ensure the safety of those involved.

8.6 **Sustainability implications (where appropriate):** None identified

8.7 **Any Other Implications:** None identified

9. **Risk Implications / Assessment**

- 9.1 Public authorities are required by the Equality Act 2010 to give due regard to equality when exercising public functions. This is called the 'Public Sector Equality Duty'. There is a risk that we may not receive input from harder to reach groups. We will mitigate this by working with the Equalities team to ensure hard to reach and minority groups are well planned for, and that a full Equalities Impact Assessment will be completed and reviewed throughout our engagement activities.

10. **Recommendations**

10.1 **The Select Committee is recommended to:**

- a) **Provide feedback and suggestions about the proposed approach to engaging with a wide range of people, staff and partners across Norfolk, to gather insight and experiences of Adult Social Services and care and support**
- b) **Agree to receive an update on the outcome of the engagement activity and next steps at the People and Communities Select Committee meeting in September 2023**

11. **Background Papers**

11.1 None

Officer Contact

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

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Norfolk Adults Social Services Strategic Context

Norfolk's population continues to grow, and in common with other areas, people's lives and expectations are changing significantly. People live longer and have access to many more medical specialists than in the past. At the same time, patterns of employment have changed with people moving around more for jobs than in previous generations, so families cannot always be near to relatives to help and support. Families are under increasing pressure, and society's concern for children's and adult's safety has placed additional responsibilities on local authorities for ensuring their protection.

The impact for our social care services – like many other areas – has been to see an increase in our spending on the more intensive type of services. As well as being costly, it is – more importantly – increasingly at odds with what people want. The Care Act, the biggest legislative change for 60 years, is a response to these changes and gives local authorities a clear and new responsibility across the whole of our population to prevent, reduce and delay the demand for social care.

Vision – to support people to be independent, resilient and well

To achieve our vision, we have a **strategy – Promoting Independence** – which is shaped by the Care Act with its call to action across public services to prevent, reduce and delay the demand for social care. It is also a positive response towards managing what is a difficult financial climate for public services. It does not see a retreat to a statutory minimum but ensures that we manage demand and have a sustainable model for the future, at the core of which is quality social work which builds on the strengths of individuals.

Promoting Independence is at the core of Norfolk County Council's strategic plan "Together for Norfolk". This ambitious plan aims for the County to be a place where we put people first, where everyone works together to create a better place to live.

Promoting Independence has these main elements:

Prevention and early help – empowering and enabling people to live independently for as long as possible through giving people good quality information and advice which supports their wellbeing and stops people becoming isolated and lonely. We will help people stay connected with others in their communities, tapping into help and support already around them – from friends, families, local voluntary and community groups. For our younger adults with disabilities, we want them to have access to work, housing and social activities which contribute to a good quality of life and wellbeing.

Staying independent for longer – for people who are most likely to develop particular needs, we will try and intervene earlier. Certain events, such as bereavement or the early stages of an illness like dementia can be a trigger for a rapid decline in someone's wellbeing, but with some early support we can stop things getting worse and avoid people losing their independence and becoming reliant on formal services. Our social care teams will look at what extra input could help people's quality of life and independence – this might be some smart technology, some adaptations to their homes to prevent falls, or



APPENDIX 1

access via telephone or on-line to specialist tailored advice. When people do need a service from us, we want those services to help people gain or re-gain skills so they can live their lives as independently as possible. This could mean a spell of intensive reablement after a stay in hospital to restore their confidence and their ability to do as many day to day tasks as possible.

Living with complex needs – for some people, there will be a need for longer term support. This might mean the security of knowing help is on tap for people with conditions like dementia, and that carers can have support. We will look at how we can minimise the effect of disability so people can retain independence and control after say a stroke or period of mental illness. For some people, moving into residential care or to housing where there are staff close by will be the right choice at the right time, but such decisions should be made with good information and not in a crisis.

What you will see

Prevention and early help

- Teams across Norfolk – some working for the council, some working for voluntary groups – whose job is to connect people with networks in their communities
- GPs, nurses and other health care workers referring people to community activities, instead of a medical intervention
- A comprehensive Norfolk Directory of services which is up to date, practical and easy to use. This will be **the** place where people look for everything from gardening help to residential care
- Clear, relevant, information on our website which helps people find the help and advice they need, and help to plan ahead in case they need support in the future

Staying independent for longer

- Easy, quick access to home adaptations so people can still live at home even if their condition gets worse
- Digital innovations so the new generation of smart phone owners can use apps and on-line support to help cope with changes in their lives – for example – on-line support groups, wearable technology such as GPS trackers
- Reablement which focuses on building skills and confidence to do the right things that matter to stay independent
- For younger adults, enabling them to be ready for work or volunteering
- Good advice and practical support with employing personal assistants
- More people using direct payments to find their own bespoke care solutions
- A shift away from buildings-based day services and instead helping people to do mainstream activities that interest them and stretch their independence

Living with complex needs

- A range of housing options for people which keeps their independence; this could include supported housing, housing with care and extra housing with care
- Practical help for carers to prevent crisis and breakdown, including a wider range of breaks and support at home
- Help for people living at home with dementia – including intensive support in a crisis



APPENDIX 1

- Round the clock help available for people at home who have a sudden need but don't need the emergency services
- For people who do need to go into hospital, smooth systems to make sure their length of stay is minimised
- For people who need residential or nursing care, a sustainable care market which gives people affordable choice

Delivering change

The scale of change we need to make is challenging. On any one day we handle 200 new contacts, help and support around 12,000 people, spending about £1m a day.

We have analysed the flow of people that we help and support, and pinpointed where we can change our practice so that people can stay independent for longer. Overall, we will still be spending more each year on adult social services, but we will need to change where we spend that money and what we commission – more on earlier support which we can be sure makes a difference and less on residential care.

The changes we have to make for Promoting Independence are not ones we can achieve on our own. Critical to success will be integration with NHS, and joint working with other public services and third sector to develop vibrant, supportive networks in communities.

These are our top areas of change:

Strengths-based working - Living Well: 3 Conversations approach; invest to save in social work to address backlogs and move away from assessment and care management

Targeting prevention – maximising the network of community connectors; smarter information, including the Norfolk Directory

Reablement – for every £1 invested in reablement, there are savings of between £3 and £4. 80% of people who have received reablement services from Norfolk First Support need no ongoing local authority funded long term services.

Integrated short-term support – critical to helping people to stay independent for longer, or to recover after a stay in hospital are services which aim to recover as much confidence and independence as possible and avoid long-term decisions in a crisis.

Technology Enabled Services - refreshing and scaling up the use of assistive technology, making it quicker and easier for people to make the most of new developments – self-funders and adults service users. Exploiting the potential of digital opportunities to complement more traditional face to face care.

Learning Disabilities – building on our co-produced Learning Disability Strategy, changes in our support model to build skills and independence

Housing – investment by the Council to 'pump-prime' a 10 year programme of extra care housing across the county.

APPENDIX 1



For more information contact Debbie Bartlett, Assistant Director Strategy and Transformation on 01603 222034

June 2019

Promoting Independence

Supporting people to be independent, resilient, and well

Our county profile

Adult Social Services

Better Together, for Norfolk

What you have told us

Our vision for Norfolk

Our Strategy for Norfolk

- Prevention and early help
- Staying independent for longer
- Living with complex needs

What will enable this to happen?

- Connecting Communities
- Care market quality and support
- Working within the Integrated Care System

How we will know we are succeeding

- How we will measure success

Our vision for Norfolk
Supporting people to be
independent, resilient and
well

Principle 1
Prevention and
early help

Principle 2
Staying independent
for longer

Principle 3
Living with complex
needs

People and Communities Select Committee

Item No: 11

Report Title: Adult Social Services Workforce Strategy update

Date of Meeting: 19 May 2023

Responsible Cabinet Member: Cllr Alison Thomas (Cabinet Member for Adult Social Care)

Responsible Director: James Bullion (Executive Director of Adult Social Services)

Executive Summary

The Select Committee has requested an update of the work of the Adult Social Services Department (ASSD) Workforce Strategy and Workforce Plan.

This report briefly summaries the current state of the strategy and workforce plan, and progress and activity towards achieving a fully established and stable workforce in Adult Social Services.

Recommendations / Action Required

Select Committee is recommended to:

- a) note the content of this briefing paper
- b) put forward comments and suggestions on actions to raise the profile of Adult Social Services in local and national media
- c) comment in particular on the development of initiatives aimed at encouraging young people of Norfolk to consider a career in Adult Social Services

1. Background and Purpose

- 1.1 Our aim is to be the best place to work in Adult Social Services in the Country. We want to create a place where Adult Social Services staff are proud to work, feel supported and valued by management, colleagues and by the public, and have the right skills, knowledge, and resources to do the work efficiently.
- 1.2 These ambitions are set against a challenging local and national context. We are experiencing an unprecedented period for social care; recovering from the pandemic, grappling with the economic impact of the war in the Ukraine and the rising cost of living, adjusting to increasing expectations, preparing for the implementation of social care reform, and working with our partners in Norfolk and Waveney Integrated Care System (ICS) to influence and deliver on system wide health programmes. This is against a backdrop of a continuing need to transform services, improve outcomes and find recurrent financial savings.

1.3 **Vacancy pressures**

- 1.3.1 The current state of the national job market for Social Workers is extremely challenging, with nearly all Local Authorities experiencing issues with recruitment and retention of these staff. The Social Work England State of the Nation report 2023 stated that “...*the high number of vacancies in both children and families’ services and adults’ services... are exacerbating high pressure working environments.*”
- 1.3.2 There are also vacancy pressures for other professions in Adult Social Services, including Occupational Therapists, Support Worker roles in the Norfolk First Response service and in a variety of managerial and specialist roles.

1.4 **Our approach to our workforce pressures**

- 1.4.1 As the Adult Social Services came out of the pandemic, we developed a three-pronged approach to driving the department forward. This focused on:
- a) Transformation of Adult Social Care
 - i. Our new Connecting Communities programme
 - ii. Short term offer, in particular driving home first principles to support people home from hospital
 - iii. Commissioning the Care Market (market shaping and accommodation development)
 - b) The national reform of Adult Social Care
 - i. Delivering the governments “Putting People at the Heart of Care” white paper
 - ii. Delivering the Integration white paper
 - c) The recovery of Adult Social Care
 - i. Clearing the backlogs of care that have built during the pandemic
 - ii. Recruitment and Retention of our Social Care workforce
 - iii. The wellbeing of our staff
 - iv. Stabilising the external care market
 - v. Decreasing our interim care lists
- 1.5 The Adult Social Services Workforce Strategy aims to address these challenges by setting out our approach to recruitment, retention, development, and career progression for all Adult Social Services staff.
- 1.6 The Adult Social Services Workforce Strategy is informed by and underpins the following documents:
- a) Norfolk County Council’s strategic plan “*Better Together, for Norfolk*” Norfolk County Council Corporate Workforce Strategy “*Working Together, for Norfolk.*”
 - b) Norfolk and Waveney Health and Care partnership workforce strategy “*We Care Together*”
 - c) Norfolk and Waveney Adult Social Care Workforce Strategy “*Living a Good Life.*”

2. Proposal

- 2.1 The Adult Social Services Department workforce strategy was drafted during the summer of 2022. (Attached as Appendix A) The draft strategy was shared with staff during October and November 2022 for comment, and a final draft was signed off by the Adult Social Services Directorate Leadership Team (DLT) in December 2022.
- 2.2 To turn the Adult Social Services workforce strategy into action, an Adult Social Services Workforce Plan has been developed which consists of seven separate workstreams.
- 2.3 These workstreams started to become operational from November 2022. The progress of these workstreams is monitored by the People Plan Steering Group, which reports to the Adult Social Services Directorate Leadership Team.
- 2.4 The seven workstreams each focuses on a specific area of the strategy. The seven workforce workstream areas are:
1. Recruitment
 2. Retention and Reward
 3. Learning and Development
 4. Wellbeing
 5. Leadership and Management
 6. Future Social Care Workforce
 7. Equality, Diversity and Inclusion
- 2.5 A scoping document was put together for each workstream and a specific action plan was developed for each workstream. Where appropriate, and subject to capacity, a working group has been created to lead on each workstream and to develop and deliver the action plan for each workstream.
- 2.6 The following activities have been implemented or continued for each of these workstreams:
- 2.6.1 **Recruitment Workstream**
- a) There is a weekly recruitment meeting to ensure visibility of data, processes, and timelines
 - b) There is also a weekly review of the recruitment position by the Director Leadership Team
 - c) There is a specific weekly recruitment and retention meeting for Norfolk First Support
 - d) We have introduced a welcome payment of £2000 for all experienced social workers and occupational therapists across Adult Social services
 - e) We have begun work to streamline the recruitment process, alleviating hiring manager and ensuring all requirements for a prompt start of the role are completed, including visa and pre-employment checks and a personalized candidate experience. These improvements to the process have reduced our time to hire timescales
 - f) We have onboarded a new International Recruitment Officer role to support the international recruitment journey, ensuring support from application to start date. This has relieved pressure on the recruitment managers

- g) We have strengthened support for international recruits by providing them, on arrival with a pre-loaded cash card to allow employees to shop for food and other essentials while they set up a UK bank account for their wages.
- h) We are exploring a targeted approach to large scale, cohorted approach to recruitment within green list countries, in partnership with Norfolk and Waveney Integrated Care System International Recruitment hub
- i) We have created two Practice Consultant roles to developing and delivering the International Social Worker Supported Employment programme aimed at supporting international recruits
- j) We have started to benefit from our investment in our Social Worker apprenticeships programme, with our first cohort of graduates (8 for Adult Social Services) in Jan 2023.
- k) We have significantly invested in national recruitment campaigns including Online advertising and editorials; virtual events; attendance and presentation at Community Care live; TV advertising; increased use of digital media and contact
- l) We have started to explore opportunities to proactively engage with schools and colleges to raise awareness of social care as a career opportunity
- m) We will link in with the project work that is being undertaken corporately to develop the employee value proposition and to promote Norfolk as a place to visit, live and work <https://www.visiteastofengland.com/head-east>

2.6.2 Retention and Reward Workstream

- a) We have undertaken a data gathering and analysis of workforce data and exit interviews to understand trends
- b) We are holding biweekly retention meeting to implement the retention action plan
- c) We held our first retention workshop for staff in February 2023. The follow up meeting will take place in April 2023. This is planned to be a regular staff engagement forum.
- d) A review of the exit interview process is taking place. Additional resource has been put in place to capture more exit interviews in SCCE (Social Care Community Engagement team) and Norfolk First Support
- e) We have introduced a "Legacy" Occupational Therapist and Social Worker role. This is aimed at practitioners who are thinking of retiring but would value the opportunity to share their learning and experience away from the front line
- f) We have designed and implemented a new F grade Associate Practitioner development role alongside a 9-month development programme to support new entrants into the social care environment to deliver improved quality of assessment and support retention
- g) We have introduced a new level 4 apprenticeship for Assistant Practitioners to support achievement of the necessary UCAS points to apply for the Social Worker apprenticeship
- h) We are undertaking a further review of development opportunities for Assistant Practitioners' development outside of the social worker apprenticeship
- i) We are reviewing our coaching and mentoring offer to staff

2.6.3 Learning and Development Workstream

- a) We have implemented a monthly meeting with the Learning and Development team and key stakeholders to drive improved performance and compliance

- b) The Social Services Learning and Development function has been transferred from HR and will now be situated within Adult Social Services, enabling better partnership working
- c) Work is ongoing to rationalise the training matrix and develop training plan for all roles
- d) We are planning a series of learning and Development workshops with managers later in 2023 to identify gaps and potential for efficiencies in the training offer
- e) In partnership with Integrated Care System partners, we have undertaken a “Scope for Growth” pilot for Occupational Therapists

2.6.4 Wellbeing

- a) We have worked with the Integrated Care System to offer monthly wellbeing workshops to our staff
- b) We hold a Human Resources forum for managers monthly which provides an opportunity for learning and thought leadership
- c) We have a specific wellbeing session at all staff inductions
- d) We have increased the number of departmental wellbeing champions who help develop Wellness Recovery Action Plans and assist with Team Wellbeing
- e) We have introduced an initiative called “Plants for Wellbeing.” Recognising that plants have a positive impact on mental health and wellbeing, we have introduced a small number of house plants to the basement floor at County Hall to help improve staff wellbeing and productivity

2.6.5 Leadership and Management

- a) We have reviewed and overhauled the existing Team Manager and Practice Consultant forum to refocused on improvement practice
- b) Alongside this, we are introducing a new leadership programme for the development of our team managers and practice consultants
- c) We have introduced joint Senior Management team and Directorate Leadership Team Away days to help shape a consistent leadership vision and approach
- d) As part of our Connecting Communities’ transformation programme, we have introduced a DLT sponsor for each of our operational localities to increase leadership visibility

2.6.6 Future Social Care Workforce workstream

- a) We have undertaken an initial data analysis of demand, workforce, and organisational capacity to anticipate future demand and capacity requirements
- b) As part of our second phase of our strategic review programme, we will begin to design the Target Operational Model which we will need to implement. Our aim is to ensure we have the appropriate skill mix and capacity to meet future demands, including the requirements to successfully implement the proposed Social Care Reform changes in 2025

2.6.7 Equality Diversity and Inclusion

- a) We are in the process of commissioning a new training programme on tackling racism in the workplace in response to feedback from staff and staff advisory groups and managers, which will contribute to outcomes in the Workforce Race Equality Standard Action Plan

- b) We have set up a departmental Equality Diversity and Inclusion working group for staff which will meet monthly, to drive local staff engagement in this area
- c) We have developed a Workforce Race Equality Scheme action plan to improve the employment experience of staff from ethnically diverse backgrounds
- d) We have developed an Equality Diversity and Inclusion action plan to improve our feedback from the peer assurance inspection which took place in September 2022

3. Impact of the Proposal

3.1 We will expect to deliver and monitor improvement in our workforce metrics because of these activities including in the following areas:

- a) Employee feedback in our yearly staff survey and social worker health check survey
- b) General improvement in key workforce metrics, including vacancies and turnover
- c) Improvement in recruitment timescales
- d) Number of international social workers recruited on a yearly basis
- e) Number of social workers still employed after two years in post
- f) Number of apprenticeships completed per year
- g) Creation and development of a robust senior leadership development programme for adult social services staff

4. Evidence and Reasons for Decision

4.1 N/A

5. Alternative Options

5.1 None identified

6. Financial Implications

6.1 None identified.

7. Resource Implications

7.1 **Staff:** None identified other than as mentioned in 2.6 above.

7.2 **Property:** None identified

7.3 **IT:** None identified.

8. Other Implications

8.1 **Legal Implications:** None identified

- 8.2 **Human Rights Implications:** None identified
- 8.3 **Equality Impact Assessment (EqIA):** Not applicable to this report
- 8.4 **Data Protection Impact Assessments (DPIA):** Not applicable to this report
- 8.5 **Health and Safety implications (where appropriate):** None identified
- 8.6 **Sustainability implications (where appropriate):** None identified
- 8.7 **Any Other Implications:** None identified

9. Risk Implications / Assessment

- 9.1 No risks identified.

10. Recommendations

- 10.1 **Select Committee is recommended to:**
- a) note the content of this briefing paper
 - b) put forward comments and suggestions on actions to raise the profile of Adult Social Services in local and national media
 - c) comment in particular on the development of initiatives aimed at encouraging young people of Norfolk to consider a career in Adult Social Services

11. Background Papers

- 11.1 None

Officer Contact

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

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If you need this report in large print, audio, braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Adult Social Services Workforce Strategy

2022-2025

Foreword

It is my absolute privilege to have been the Executive Director of Norfolk for Adult Social Services throughout the Covid pandemic. I am immensely proud of the way that our staff responded to the pandemic - all our teams have shown remarkable resourcefulness and ingenuity in adapting to fast changing, often uncertain circumstances.

The Covid crisis has opened many people's eyes to social care, and they like what they see – the compassion, the commitment, the concern for those often on the fringes of society, the protection for freedom and independence. It is these values that have sustained us through this period.

It is a period that has shown the social care family at its very best, rising to the challenge with utter dedication, flexibility, and ingenuity, and with sheer, downright bravery. Not everyone can work in care – you need to have empathy, passion and be highly skilled. There is no doubt that our staff are our greatest asset, which is why it is so important that we acknowledge their strengths, provide them with the right support and give them the opportunities for continuous learning that will help them to provide the very best support to Norfolk's vulnerable people.

This strategy sets out how we will bring in new staff, support and develop our existing staff and provide the strategic leadership and planning to help us meet the challenges ahead.

Our aim is to be an employer of choice where people come to start a career, progress, and move roles, and take pride in the work that they do.

Our overall vision is to keep people independent, resilient and well. This vision is embedded in the department, along with the department strategy of Promoting Independence. To help us meet this vision, we need to focus on recruiting the right people, with the right skills in the right place.

We must rightly celebrate our achievements during this most challenging period and take that forward into our collective efforts to reform adult social care. We undertake to recognise and support our workforce commensurate with their skills and dedication. This document takes the first step in describing what we will need to do for the future to continue providing better outcomes for people.

Together I hope we take the next step.



James Bullion

Executive Director, Adult Social Services



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Introduction

Purpose of the ASSD Workforce Strategy

Our strategy sets out Norfolk's approach to recruitment, retention, development, and career progression of all Adult Social Services staff in support of our vision. It sets out current and anticipated workforce and service challenges, and the key areas to work, which will build a professional, competent, and skilled workforce to meet these challenges, whilst providing an exciting and fulfilling work life balance.

It includes a specific focus on recruitment and retention of social workers to respond to national and local challenges for these roles. There will also be an emphasis on the recruitment of support worker roles in the Norfolk First Support service. These are roles which are vital to safe and effective delivery of services. Where additional focus is needed on other roles, we will develop tailored approaches to these challenges.

The workforce strategy is informed through information sources such as the staff survey and social health check and staff and through direct staff engagement in arenas such as the all-staff forum and team managers forum. The strategy is monitored by the Adult Social Services People Plan Steering Group and is underpinned by a detailed recruitment and workforce development plan.

Our aim is to be the best place to work in Adult Social Services in the Country. We want to create a place where people are proud to work, feel supported and valued by management, colleagues and by the public, and have the rights skills, knowledge, and resources to do the work effectively.

Context

As we move through 2022, we are experiencing an unprecedented period for social care; recovering from the pandemic, grappling with the economic impact of the war in the Ukraine and the rising cost of living, adjusting to increasing expectations, preparing for the implementation of social care reform in October 2023 and working with our partners in Norfolk and Waveney Integrated Care System (ICS) to influence and deliver on system wide health programmes. This is against a backdrop of a continuing need to transform services, improve outcomes and find recurrent financial savings.

The focus of all our work is to promote independence by building and delivering joined-up services across our county, which will help residents lead healthy lives and be far less likely to become dependent on local health and care services. Much of this means we need to deliver services that support people much earlier in their lives so that dependency does not develop. We need to continue to respond to the challenges posed by the Covid-19 pandemic and the impact it has had on the people we support.

Redesigning Adult Social Services means transforming not just how we work, but how our health and care partners work with us and how we work with the public. It involves a fundamental change of culture, but we work towards a future, which will see a much improved, more efficient, and focused service, well placed to deliver the social care reform that our Norfolk Citizens require and deserve.

The key challenges that we will need to meet as a workforce over the next three years are:

- Managing our backlog of assessments and holding lists
- Implementation of Social Care Reform
- Ensuring that we have a robust D2A (Discharge to assess) system and sustainable workforce profile
- Preparing for the assurance and CQC (Care quality Commission) inspection regime from 2023
- Transforming our front door - Connecting Communities' work
- Liberty Protection Safeguards implementation

- Transformation of the Norfolk First Response service
- Financial challenges and delivery of sustainable funding model for Adult Social Care
- Partnership working with the new ICS (Integrated Care System) and Place Boards and the opportunity to influence leadership within the system
- Recruitment, turnover rates, and retention
- Difficulties attracting younger people into social care
- Increasing agency usage and costs
- A difficult post pandemic recruitment market, with historically low rates of unemployment across the country
- A Council wide Strategic Review taking place in 2022-23
- Parity of esteem with the National Health Service

We have defined our priorities for Adult Social Care for 2022 onwards as:

Adult Social Care– Priorities for 2022 onwards

TRANSFORMATION

Prevention and early help:

Empowering and enabling people to live independently for as long as possible

Staying independent for longer:

For people who are most likely to develop particular needs, we will try and intervene earlier

Living with complex needs:

For some people, there will be a need for longer term support

Connecting Communities

- Initial Contact
- Resilient Communities
- Social care model and environment
- Shortterm support

Short-term offer – balancing the ‘pull’ of the acute hospitals and expectations with Homefirst principles.

- Reduction in s/t beds
- Increase in wrap around
- Step down units
- Discharge to Assess
- NFS review
- Home support

Accommodation

Independent living homes for older people and for people with disabilities

Market shaping

Norsecare transformation
Care market recovery

REFORM

Putting People At The Heart of Care

- Introduction of care cap
- Market parity – fair cost of care
- Expansion of assessments
- Care Account
- Implementation for October 2023

Integration White Paper

- Place Boards
- Further section 75s?
- Fuller operational integration
- Joint commissioning opportunities

RECOVERY

Backlogs

Recruitment

Well being

Stabilising Care Market

Interim Care List

Demand

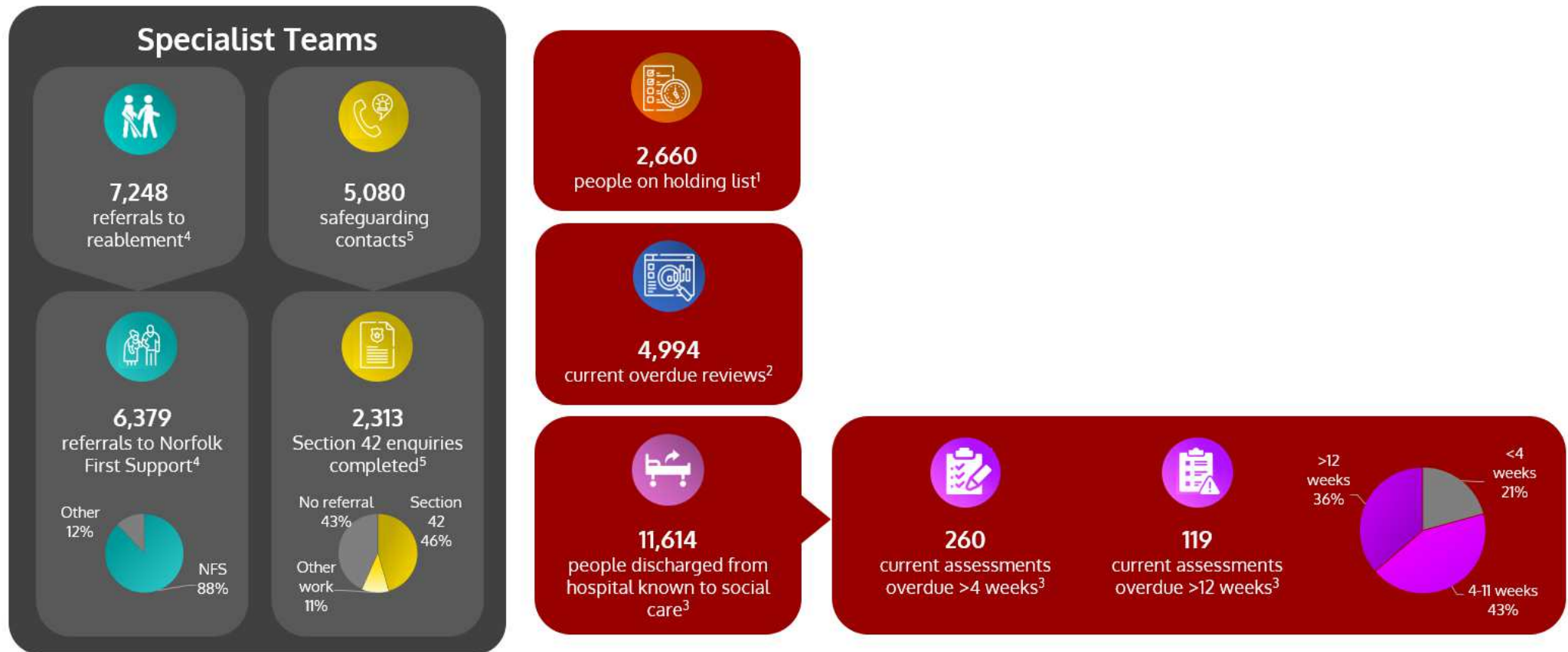
There are significant challenges facing Adult Social Care. We already deal with challenging levels of demand for our services. In addition, we know that Norfolk has an older population with the proportion of residents 65 years or older rising from 25% to 28% over the next 10 years. This will create future demand on Adult Social Services which we need to prepare for.

Activity for financial year 2021/22, showing how many people we supported across the department:



1. Activity Monitor as at 29/06/2022. Activity between 01/04/2021 and 31/03/2022.
2. Activity Monitor as at 30/06/2022. Service users active in last 12 months.
3. Activity Monitor as at 30/06/2022. Services users between 01/04/2021 and 30/06/2022.

Activity for financial year 2021/22, showing the unmet demand across the department:



1. Activity Monitor as at 30/06/2022. Current number of individuals on the Holding List.

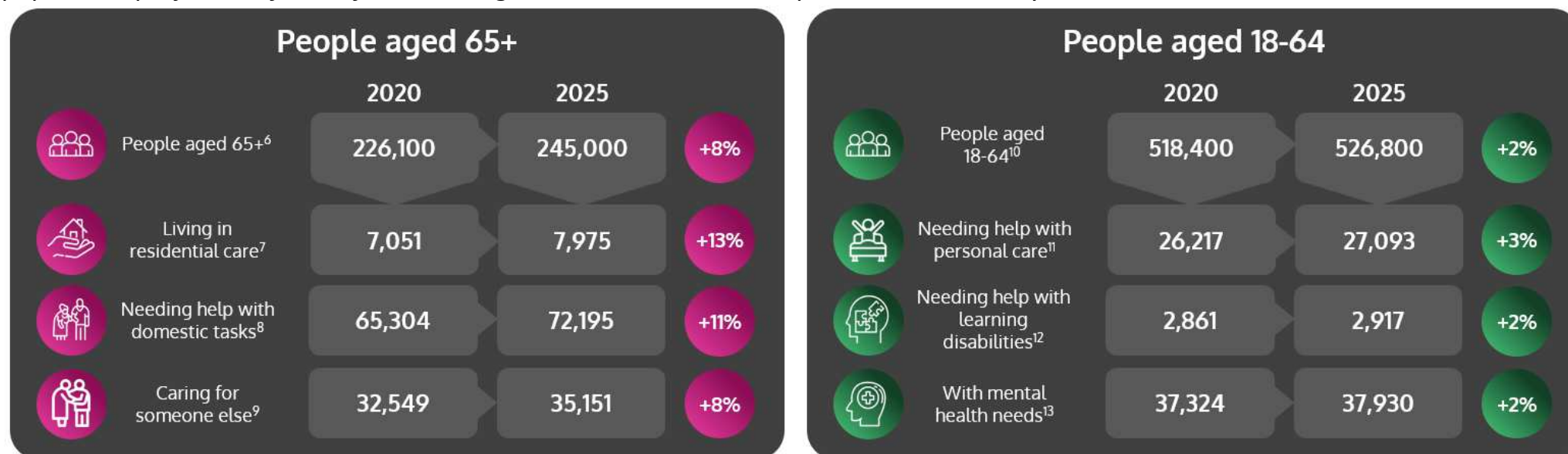
2. Overdue Reviews report as at 30/06/2022. Current overdue reviews.

3. Hospital Activity as at 30/06/2022. Discharges between 01/04/2021 and 31/03/2022, and current total episodes overdue or awaiting an assessment.

4. Reablement Dashboard as at 30/06/2022. Referrals between 01/04/2021 and 31/03/2022.

5. Safeguarding Dashboard as at 30/06/2022. Contacts, referrals and Section 42 enquiries (safeguarding enquiries) completed between 01/04/2021 and 31/03/2022.

POPPI (Projecting Older People Population Information System) and PANSI (Projecting Adult Needs and Service Information System) population projections for Norfolk, showing how much demand is expected to increase by 2025:



6. POPPI population figures, population by age. Population aged 65 and over in Norfolk.

7. POPPI living status, living in a care home. People aged 65 and over in Norfolk living in a care home with or without nursing in Norfolk.

8. POPPI support arrangements, domestic tasks. People aged 65 and over in Norfolk who need help with at least one domestic task.

9. POPPI support arrangements, provision of unpaid care. People aged 65 and over in Norfolk providing unpaid care to a partner, family member or other person.

10. PANSI population figures, population by age. Population aged 18-16 in Norfolk.

11. PANSI physical disability, personal care. People aged 18-64 in Norfolk predicted to have a moderate or serious personal care disability.

12. PANSI learning disability, LD – moderate or severe. People aged 18-64 in Norfolk predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services.

13. PANSI mental health, mental health problem. People aged 18-64 in Norfolk predicted to have two or more psychiatric disorders.

Although we welcome the Government's commitment to reforming social care, it is important that we recognise that these reforms will increase demands on our services.

Our Workforce

Adult Social Care at Norfolk County Council consists of a wide and varied demographic of people with a variety of skillsets, genders, ages and professional backgrounds. We aim to create an environment in which all of our staff feel supported and encouraged to develop further.

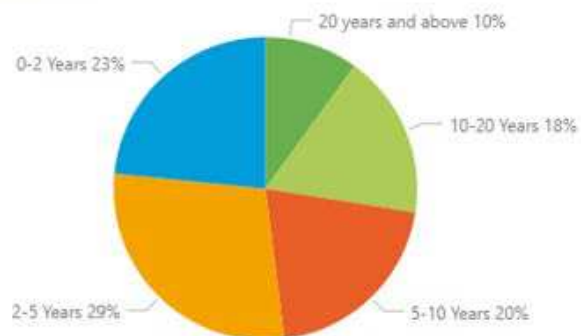
A summary of our corporate workforce profile:



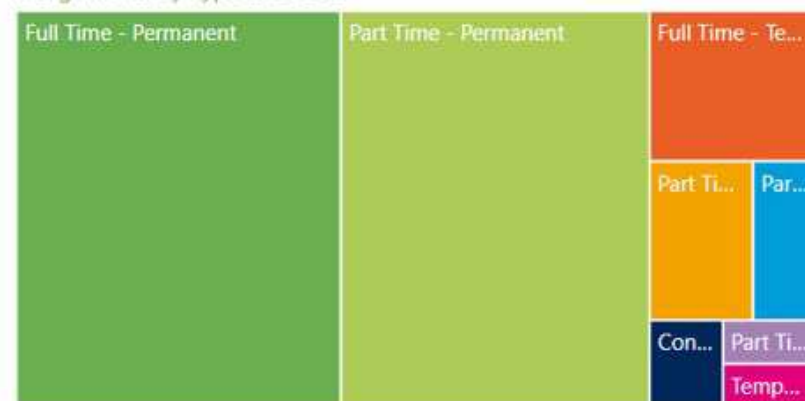
Employee Status

All 

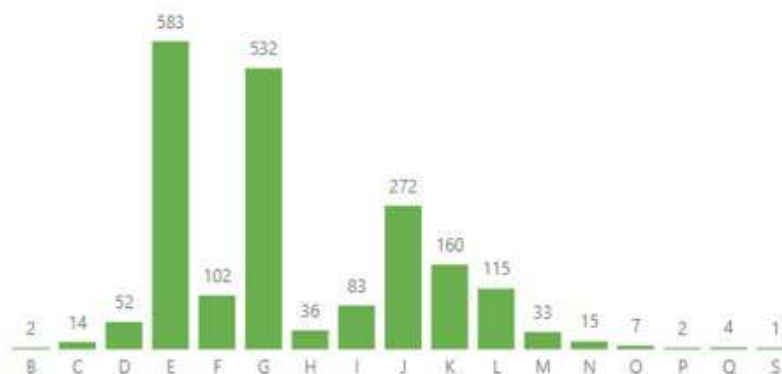
Length of Service



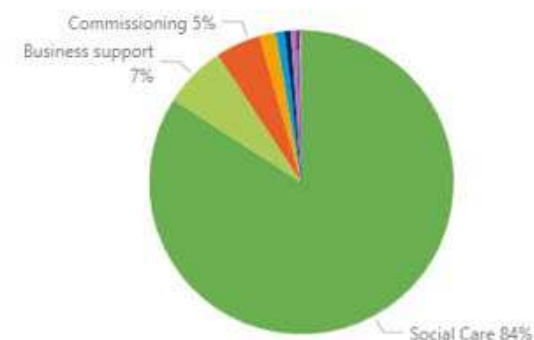
Assignments by Type and Basis



Grade Profile



Career Families

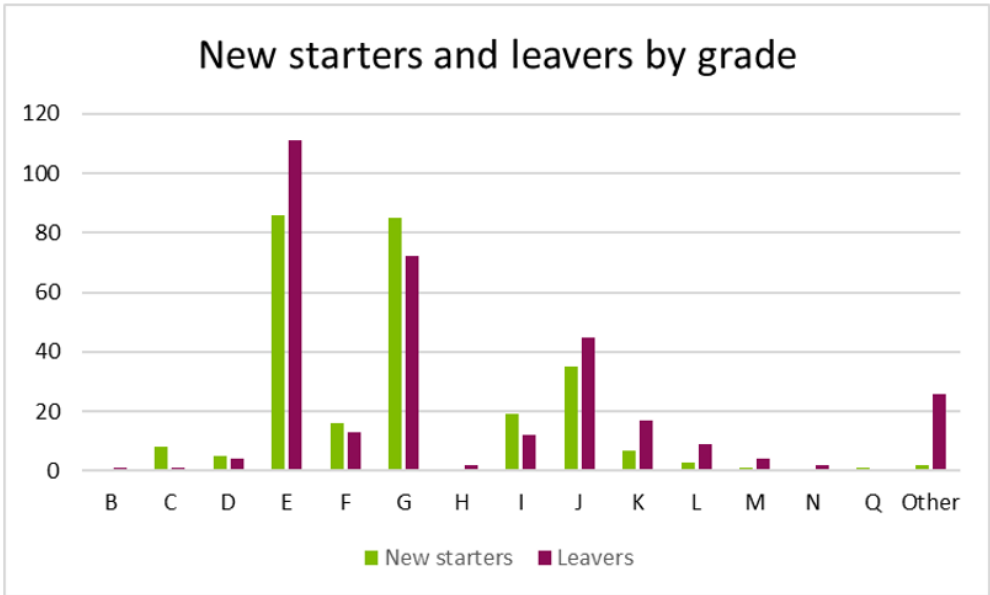


We know that we have significant challenges in specific professional roles with respect to vacancy levels, turnover rates and retention rates. Whilst we have an ethnic diversity in our workforce that broadly reflects the Norfolk population, we also have a workforce that is underrepresented by workers in the 18-40 age group. While this brings a valuable depth of experience to our workforce, we need to ensure that we are attracting talent from a wide and diverse catchment group to ensure that we have an organisation,0 which is appropriately skilled and ready to face our future challenges.

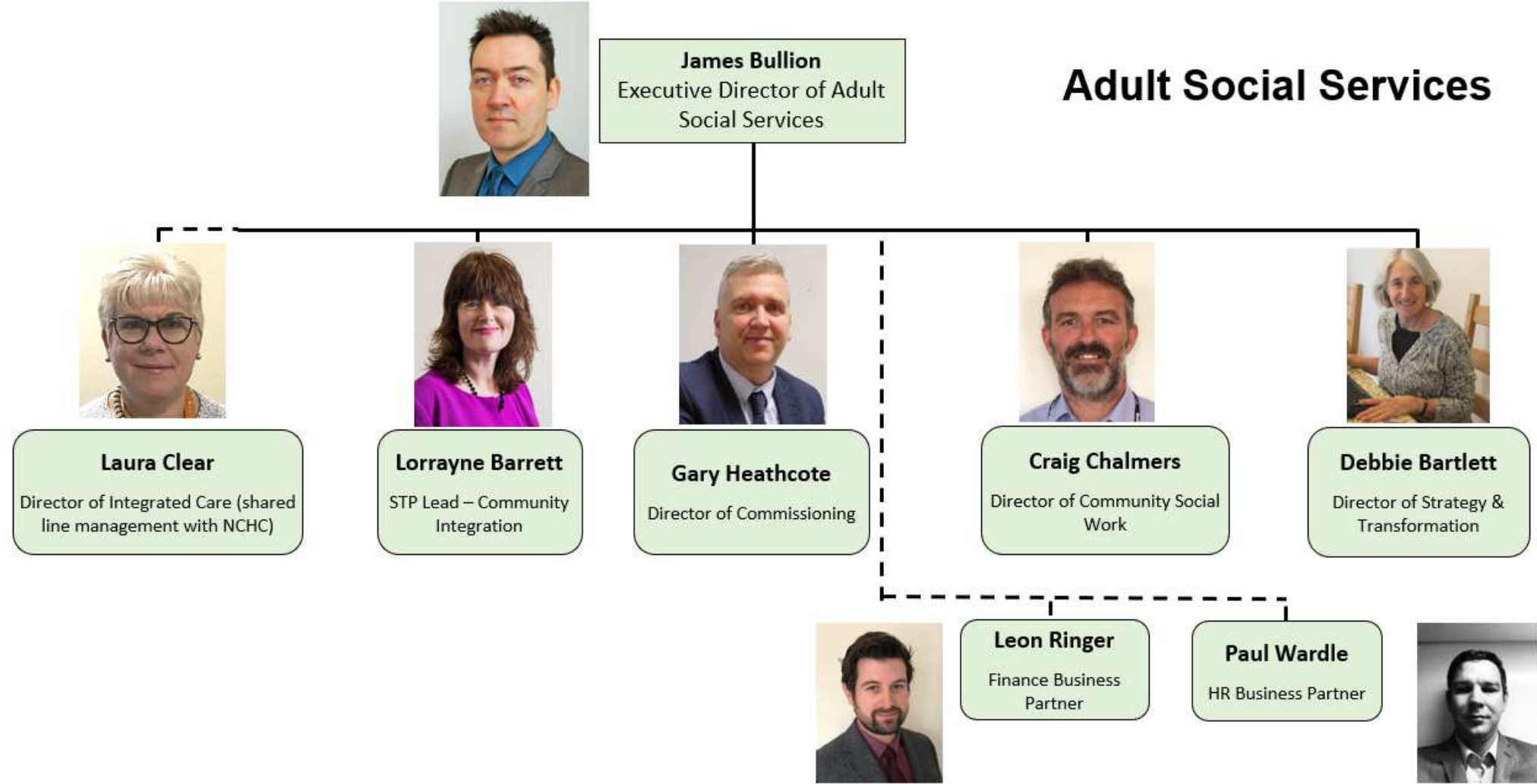
Leavers and new starters data across the department for the last 12 months:

New starters	
Total new starters	268
Permanent starters	171
Temporary starters	69
Other starters	22

Leavers	
Annual turnover	15.4%
Total leavers	313
Leavers before a year	72
Leavers after two or more years	178
Average service (years)	5.4



Our leadership team:



External Workforce

Although this workforce strategy is focused on the attraction, retention and development of the Adult Social Care workforce directly employed by Norfolk County Council, we also have a statutory responsibility to support the external care market in Norfolk. Therefore, we have taken into account the workforce strategy for the external market when producing this workforce strategy.

As at 2020/21 there were an estimated 27,000 jobs in adult social care in Norfolk, split between local authorities (12%), independent sector providers (78%) and jobs working for direct payment recipients (11%). Difficulties with recruitment and retention in the wider adult social care sector have long been recognised but it is acknowledged that workforce shortages have reached unprecedented, critical levels in Norfolk; with impacts felt by families, the National Health Service and other parts of our communities, thus reinforcing the importance of social care.

There is no one single factor that has brought about this position, including local challenges of rurality and infrastructure, accelerated by limited movement of staff presented by Brexit and COVID. With over half of the UK's industry sectors recording job vacancy highs, adult social care operates in a highly competitive labour market, where candidates have the potential to earn more, with less responsibility in other service-based roles. (Office for National Statistics, 2022) Labour Market Overview: UK March, 2022)

There is no quick fix to overcoming workforce capacity issues. Norfolk County Council is working together with providers, representatives and the wider system including, Norfolk and Suffolk Care Association, Department of Work and Pensions, The Local Enterprise Partnership and Skills for Care to effectively harness evidence, skills and experience to address this in the short and long term. As part of this work, Norfolk County Council, in collaboration with key stakeholders, has [developed the Norfolk and Waveney Adult Social Care Workforce Strategy: Living a Good Life Excellence in Care 2021-2026](#).

The Norfolk and Waveney Adult Social Care Workforce Strategy sets out the context and challenges facing the external Adult Social Care workforce across Norfolk and Waveney and identifies strategic priorities to overcome these challenges and ensure continued high quality and person-centred care and support to local people and families.

Key themes include pay and image of the sector to both recruit and retain high quality, skilled staff. The strategy recognises that pay is an enabler and seeks to address pay comparisons at a local level through working on Fair Cost of Care review, commissioning approaches and supporting Norfolk and Suffolk Care Association with their project to develop a Care Worker Framework linked to pay. There is also focus on promoting the importance and value of care roles in society and challenge misconceptions through engagement with schools, colleges, job seekers and the public.

The Norfolk and Waveney Adult Social Care Workforce Strategy aims to build upon the necessary skills needed to meet the demands of an increasing acuity of need and drive-up quality standards so that individuals can identify clear pathways for a long-term career in the sector. It is delivered in the context of anticipated the funding and innovations to implement improvement across social care in England with system reform that includes an investment of at least £500 million in the workforce.

Adult Social Care –Norfolk Vision & Strategy

Vision Statement

“Supporting people to be independent, resilient and well”

Prevention and early help:

Empowering and enabling people to live independently for as long as possible

Staying independent for longer:

For people who are most likely to develop particular needs, we will try and intervene earlier

Living with complex needs:

For some people, there will be a need for longer term support

What our services should look like to deliver our vision

A strong local prevention ethos that seeks to prevent, reduce and delay long term need

High quality social care that builds on the strengths of the person, whether supported by family and carers, our staff or services we commission

A responsive service that provides immediate support in a crisis and prioritises safeguarding but also supports you to manage in the long term

A service that enables effective hospital flow but focusses on maximising long term outcomes for its people

A skilled, qualified and engaged workforce that are provided with the tools to do their jobs effectively

A service which has strong partnerships with the NHS, district councils, and voluntary sector to deliver the best it can for people

A service that fully engages with people, listening to and acting on feedback and making changes through co-production

A service that makes the most of technology and digital innovation, and uses data to make informed, effective decisions

A service that operates efficiently, delivers within its financial envelope and offers value for money for tax payers

At the heart of our Promoting Independence strategy is Living Well – Norfolk’s social work practice approach. Living Well was introduced with a clear requirement to improve outcomes for the people we support with social care needs and those who care for people with social care needs.

By supporting individuals in the context of their own families, communities and circle of support, it empowers them to remain independent for longer; preventing, reducing and delaying the need for formal services.

Living Well puts conversation between equals at the heart of social work, enabling our Practitioners to learn:

- What is important to the person
- Their strengths and talents
- What is working well and what they want to change
- What they would like to achieve
- How they would like to be supported

Living Well is Norfolk's implementation of 3 Conversations, a tried and tested model. Living Well requires us to strengthen our front door and for social care professionals to have real conversations with individuals to create better outcomes. It does away with process driven 'hand-offs' and encourages all professionals to connect with the networks and support available in local neighbourhoods and communities.

We acknowledge that our Covid response meant that out of necessity and to prioritise urgent delivery of care, our front-line practitioners moved away from a living well approach. It is our desire to return to this ethos and refresh our approach whilst learning from the lessons and managing the demand imposed our services by the pandemic.

***'Working Together, for Norfolk'* NCC Strategy 2022-2025**

This strategy links to the corporate strategy which sets out five strategic priorities for Norfolk for the next few years:

- A vibrant and sustainable economy
- Better opportunities for children and young people
- Healthy, fulfilling and independent lives
- Strong, engaged and inclusive communities
- A greener, more resilient future

These priorities are supported by ways of working: to be **innovative, empowering, collaborative, evidence-driven, prudent, and developmental**. These will help us create the conditions for sustained organisational health and success

Our Values

We have a commitment and passion to make improvements in the real lives of the people of Norfolk. Our values set out what is important about how we work.

Our Norfolk County Council values are:

- **Take accountability** – do what we say we will
- **Make strategy happen** – take action which makes Norfolk a better place
- **Be evidence based** – target our work to make the biggest difference
- **Be business-like** – think smarter to ensure value for money
- **Be collaborative** – better working together

Staff Engagement

We have developed a strong staff engagement model over the past few years to navigate the changes and challenges facing our Adult Social Services workforce. We have a dedicated Change and Engagement team who work across the department to carry out staff engagement and help communicate and embed change. The team also provide support to individual change projects within Adult Social Services, providing oversight of all engagement activity happening across the department.

The core aim of our staff engagement is to deliver cohesive staff engagement across the department to help embed and manage change. This aim is underpinned by a number of key principles:

- Staff should be kept informed of change, including the rationale for change and impact it will have
- There should be opportunities and a mechanism for staff to communicate ideas, questions and concerns
- Messaging from our different change programmes should be streamlined to ensure that our communications activity is proportionate and easy to digest
- We should follow up with key staff groups to gain knowledge of how our engagement and communications have been received and understood

We have a number of established staff engagement channels available to us, including both written communications, such as James Bullion's weekly Recovery and Reform email, the Team Brief and fortnightly Adult Social Services Department All Staff Newsletter, and staff forums, such as the All Staff Forum, Managers' Forum, HR Workshops and Team Manager & Practice Consultant Meeting.

This strategy has been developed using staff input. A draft version of the strategy was shared with all Adult Social Services staff and feedback was gathered via an online survey and staff engagement session. That feedback was used to inform a revised of the strategy and the development of the accompanying 12-18-month Workforce Plan. We will review this strategy on a yearly basis and will identify further mechanisms for staff feedback. We will also look to incorporate staff feedback on particular workstreams through working groups and engagement sessions.

Key areas for workforce

The ASSD Workforce Strategy covers seven key areas that we think are essential to a fulfilling employee experience in Adult Social Services, and will enable us, through the transformation of our services, meet the challenges ahead.

Recruitment

We will recruit sufficient, permanent, high-quality people to deliver the right services at the right time. In support of this we offer a fair and transparent recruitment process, a thorough induction to ensure a great start and the right environment and resources to do the job effectively.

Retention and Reward

We will attract and retain existing employees by having a competitive pay, benefits and reward package, supporting them to carry out their roles effectively and achieving a sustainable work life balance. To do this we will provide well-designed roles, clear goals, modern workplaces and work practices, flexible working, and recognition of challenges and achievements. We will engage and coproduce our work with our staff and services users where appropriate.

Wellbeing

In Adult Social Services we place a strong emphasis on the importance of the wellbeing of our staff. We recognise that Adult Social Services is a challenging environment, and this has been exacerbated by the pandemic. We are supporting staff to have a good work/life balance but also to provide support when they become unwell.

Development

We will invest in and develop our workforce through excellent learning and development opportunities and exciting career progression. To support this, we will offer a great range of professional and leadership development opportunities, skills training, a range of career pathways, opportunities for partnership working, and coaching and mentoring. We will have a strong research programme and a data driven approach to transformation.

Leadership

We know that our leaders and managers are the face of the organisation to their teams, and that they have the greatest influence on performance, engagement, and wellbeing. They have had a challenging time through COVID-19, experiencing the sudden switch to remote working in March 2020 and needing to keep team members focussed, healthy and connected over a sustained period. We aim to support our employees through effective leadership and management, providing strong supervision and oversight, development coaching and support around wellbeing. To deliver this we will give clear strategic direction and goals, have open conversations to air and resolve issues and challenges, and offer coaching and mentoring to support with personal development and challenges. The implementation of the new MyOracle system, the 'Our Voice, Our Council' staff survey and our new 'Engaging Leadership' model will be crucial tools to support this work.

Workforce Planning

In pursuit of achieving a sustainable funding model for adult social services in the face of unprecedented pressures and financial challenges and considering the need to reshape services to enable us to meet the challenges of delivering social care reform, we need to find more collaborative and innovative ways of working. We will deliver effective services for citizens that do not over-burden them financially. We will meet this challenge in part by a 'digital first' approach to service delivery, but also through service and workforce transformation that will deliver a more cost-effective but more agile organisation supported by a sustainable stream of finance.

An Equitable, Inclusive and Diverse Workforce

We are committed to promoting equality of opportunities for both our residents and our staff. We recognise the need for greater representation of people from different ethnic backgrounds in social care leadership positions and greater development opportunities at all levels. We also recognise the importance of understanding what is required to truly be an inclusive organisation. We will deliver this ambition through the Social Care Workforce Race Equality Standard (SCWRES or WRES) pilot in which Adult Social Services has been engaged in, and our wider inclusion work as part of the council Equality, Diversity and Inclusion (EDI) People Plan 2021-23.

This strategy sets out the proposed approach in 2021-2024 under each of these areas.

Recruitment

Recruitment

We are ambitious in ensuring that we attract the right people with the right skills and knowledge. We collectively promote Norfolk as a great place to live and work, and Adult Social Services as a desired employer of choice providing a fulfilling and rewarding career.

To ensure that recruitment and retention activity remains a priority, the recruitment and retention plan(s) will be monitored through the ASSD People Plan Steering Group (PPSG). The People Plan Steering Group is chaired by the Director of Strategy and Transformation for Adults and consists of key leaders from across the department. Its aim is to provide a focused response to recruitment and retention challenges by commissioning and overseeing work, finding solutions, and unblocking issues.

There are specific actions plans in support of areas where there are high levels of vacancy

Social Worker Recruitment

To recruit and support permanent high-quality, newly qualified Social Workers, we:

- Have developed a comprehensive offer for Newly Qualified Social Workers through the Norfolk Institute of Practice Excellence (NIPE). Practitioners receive a comprehensive development programme in line with the Assessed and Supported Year in Employment (ASYE) programme that includes a protected caseload and bespoke support from their NIPE Practice Consultant. NIPE PCs are experienced social workers who lead on the ASYE process, facilitate locality reflective peer group learning and provide one-to-one supervision.
- Grow our own social workers through the Social Work Apprenticeship scheme, Open University route and the Graduate Trainee Scheme. These [routes into social work are highlighted on our website](#).
- Norfolk Adults and Children's Services are part of a Teaching Partnership with Suffolk County Council, University of East Anglia and University of Suffolk. This partnership is dedicated to improving social work education and aims to expand the range of high-

quality placements and support for social work students and raise the profile of social work with a focus on attracting people from a more diverse range of backgrounds.

- Work with the University of East Anglia to support local careers events in sixth-forms, to grow interest in social work amongst young people, including a focus on care experienced young people.
- Support returning social workers with placements to allow re-registration.

To recruit permanent high-quality experienced Social Workers, we:

- Have a targeted recruitment and marketing campaign aimed at Social Workers
- Welcome and provide positive development opportunities for social workers from overseas and are building our NIPE programme to specifically support this group of workers.
- Regularly review our reward package to ensure that it is attractive and competitive in the external job market, including considering the use of targeted incentives, a welcome payment and commitment payments
- Upgrade and improve our recruitment webpages and online content, to ensure it is relevant, up to date and meaningful to potential applicants

Norfolk First Response

To support the recruitment and retention of staff, especially reablement practitioners and reablement support workers, we will:

- Undertake a review of the Norfolk First Response (NFR) service to consider demand management, job design and rota management to ensure we have the right capacity in the right place with the right skills to meet demand and to ensure better job satisfaction
- Refresh targeted recruitment campaign aimed at the local Norfolk population using innovative marketing tactics
- Refresh our recruitment approach, taking a values-based approach to recruitment and supporting people as they move through the process, reducing drop off
- Refresh and refine our induction and onboarding process for new staff

- Further explore partnership working with the NHS, to determine where there are synergies in recruitment to the benefit of both parties
- Explore the introduction of apprenticeship roles

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Retention and reward

Retention

Norfolk is a wonderful place to live and work. By valuing and supporting our staff and providing positive development and progression opportunities, we will aim to benefit from low-staff turnover across the department. Surveys tell us that most staff are enabled to carry out their roles effectively while achieving a sustainable work life balance, feel well rewarded and benefit from a competitive offer in the marketplace.

Staff supervision, personal development plans, clarity of role and good visibility of senior leaders, all help create a positive culture from the moment a staff member joins us. This includes:

- A welcome meeting with the Executive Director for Adult Social Services for all new staff
- Enrolment onto our revised Adult Services induction programme
- Access to appropriate smarter working equipment to support working at home, in the community or in the office
- A vision for practice and approach to social care in our “living well” programme that is well liked and understood
- Role specific development programmes and apprenticeship opportunities
- Highly supportive managers as evidenced through employee surveys
- Regular opportunities to meet with senior leaders and hear about new endeavours at ‘All Staff Forums,’ Manager and Practice Consultant’ Forums and ‘Manager forums’
- Bi -Weekly emails from the Executive Directorate Leadership team which provide a human insight into the leadership team
- Yearly performance development plans which help staff understand their role in the organisation's strategic direction, as well as setting out their own personal development.
- Research opportunities in conjunction with University of East Anglia and other universities/ higher Educational Institute's in the local area

- Access to National Health Service training and organisational development opportunities support through the section 75 arrangement with our partner Norfolk Community Health Care Trust
- Recognition of long service and retirement occasions from the Executive Director for Adult Social Services

Social Work Retention

There are some areas of social work where it is harder to retain staff. Our frontline teams have been at the heart of the pandemic response for over two years, and there are significant workload, process, and system challenges for our teams to engage with. We know that the high pace and emotional demands of social care work create additional challenges in retaining staff.

To support staff in these teams, we:

- Provide regular one-to-one supervision that covers wellbeing, learning, development, and case management
- Provided streamlined processes so workers can automatically be promoted to Level 2 at the end of their ASYE
- Ensured access to appropriate office space, team support and car parking for frontline social workers
- Implemented a legacy social worker role which aims to support staff who are leaving or thinking of retiring by offering an opportunity to move into a role without casework for a year so they can share their skills, knowledge, and experience with other staff, which includes mentoring new staff and students.
- Provide access to funded CPD modules and research opportunities.

We are reviewing our offer to staff and will explore further opportunities to enhance our joining and retention incentives, protect staff from administrative blockages, protected time to develop and study, and enhanced career progression.

NFR Retention

Social Care remains a very challenging place to work. Our retention offer includes

- Roll out of mobile working technology to NFR staff
- Introduction of night working supplement for care staff

- Revamped communication approach
- Bespoke leadership development programme
- Revised Exit interview process with a manager from Norfolk First Response or Human Resources to better capture reasons for leaving
- Introduction of 'Support to Stay' process – ensuring that all staff have the opportunity to raise concerns. The management teams will work to find resolutions/improvements.
- Review of roles to deliver better career progression and job satisfaction, as well as increasing productivity

Wellbeing

We recognise the importance of prioritising staff wellbeing and have a number of initiatives and workstream in progress to support this. Going forwards we will need to ensure that the wellbeing activity we are carrying out is aligned to the Norfolk County Council Wellbeing Strategy, which is currently in development.

Wellbeing Facilitator

To complement NCC's Wellbeing team, we implemented a Wellbeing Facilitator role to enable us to provide designated and dynamic support to our staff that empowers them to be responsible for their own wellbeing. The Wellbeing Facilitator role will be coming to an end in March 2023, at which point the challenge will be maintaining the momentum that the Wellbeing Facilitator role has delivered and how we manage the additional pressure this will place on the Norfolk County Council Wellbeing team and ASSD managers.

During their time in post, the Wellbeing Facilitator supported a series of wellbeing events to enable staff to engage with other staff members and appreciate the benefits of taking time out for themselves.

In addition to this, the Wellbeing Facilitator:

- Delivered workshops to support all new staff in being proactive around their wellbeing, with ongoing support also offered via the ASYE (Assessed and Supported Year in Employment) and Preceptorship programmes. By offering this support at an early stage, we hope to retain newly qualified staff and encourage more to apply. During the winter period, an offer of 1:1 support and tailored one-off workshops was also made available to meet the changing needs of the department. There are plans in post for these to be delivered by the Norfolk County Council Wellbeing team going forwards.
- Raised awareness of the valuable support that is available through Norfolk County Council and other organisations and acted an ear to the ground to feed current issues back to the Directorate Leadership Team.

- Revamped the volunteer Wellbeing Champion role and worked to increase the number of champions – now at almost sixty. More work is required to ensure that managers allow champions to undertake the activities required as part of the role.
- Supported our volunteer Wellbeing Champions to be confident and engaged. They know their teams better than anyone and are best placed to deliver wellbeing messages and raise concerns, helping us provide targeted support. Starting from January 2023, all Wellbeing Champions will be offered Mental Health First Aid training. In additions, ongoing support for champions has been arranged with the Norfolk County Council Wellbeing team.
- Worked alongside colleagues designing and implementing a development programme for new managers to ensure wellbeing is included in the induction programme.

Wider Wellbeing Activity

Flexible, hybrid working is allowing staff that can work in this way to have a better work/life balance whilst balancing the needs of the service. As we move out of the pandemic and into a different working environment, we will continue to review the effectiveness of the hybrid working approach to ensure we grow together as a department, not grow apart.

Health and Safety risk assessments are carried out on a regular basis and relevant e-learning is provided. We have an aspiration that all 1:1 supervision and PDPS are person centred, take place on a regular basis, and include wellbeing conversations. Team well Wellness Recovery Action Plans (WRAPS) and Stress Recovery Actions Plans (SAPS) are being carried out with the support of the Wellbeing Team and Wellbeing Champions.

To support staff morale and celebrate staff achievement, we shared success via “Stories of difference” event. We continue to celebrate staff’s “Stories of Difference” via our internal newsletters.

Over the next six months, we are looking to focus on proactive wellbeing and building resilience. In particular, we believe setting of boundaries will help with our staff’s work/life balance. We delivered a workshop on this topic at a practitioner engagement session and further sessions on time management. We are working towards effective wellbeing conversations where staff feel safe to speak up, which boosts psychological health and wellbeing.

Support for international recruits

We are reviewing the support we provide for international recruits as we are conscious of the significant cultural shock that relocating abroad can cause and the particular support this requires. Progress to date includes:

- Our Developing Skills in Social Care team have identified a designated person to lead on support for international recruits
- We have two new international Practice Consultants starting in our Norfolk Institute of Practice Excellence (NIPE) team. As part of their role, they will look at how we provide support to international recruits
- We have a new International Recruitment Officer in post who will provide pastoral support to international recruits
- We are working to develop an accommodation offer for international recruits

Key Considerations for Wellbeing

Taking account of our diverse workforce, recognising the impact that leadership and line management has to play, and focusing on prevention will enable us to embed a culture of health and wellbeing across our department. Some of the things to consider are:

- Placing emphasis on a positive health and wellbeing culture
- Place greater emphasis on the preventative health and wellbeing interventions
- Embedding equality, diversity and inclusion
- Providing a clear rationale and case for change
- “Personal wellbeing is more than a sickness absence metric”
- “More emphasis needs to be placed on preventative interventions rather than discrete reactive support”
- “Mental and physical wellbeing needs to be viewed more broadly, such as the inclusion of financial wellbeing and menopause support”
- “The impact of the team on personal wellbeing cannot be underestimated”

- “Transparency and accountability when driving cultural change is essential”
- “Health and wellbeing is a two-way relationship between our people and organisational leaders”
- “Equality, diversity and inclusion themes need to be heavily embedded in our approach to health and wellbeing”
- “Job redesign is essential but it needs to be enabled by effective and compassionate people policy”
- “Supporting our people to develop will lead to a more effective and engaged workforce”
- “Health and wellbeing must be at the top of the leadership agenda”
- “Managers at all levels are at the centre of an individual’s work experience and wellbeing”
- “Managers need training and given the right tools to effectively support their teams”

Development

Learning and Development of our Staff

Adult Social Services is a large and complex department and there are a large variety of different roles. Our induction for all staff sets out the vision for Adult Social Services and the people who work within it. Additionally, we offer ongoing development opportunities, which are accessible via myOracle Learn (our online learning platform) and our Staff Development pages with the expectation that staff are released to take up this offer.

Access to apprenticeship opportunities is encouraged, with these underpinning career progression within the service. We are developing a bespoke programme for the Level 4 Early intervention practitioner apprenticeship to support frontline practitioners who want to improve their skills and may in the future look to apply for the social work or occupational therapy apprenticeships.

We subscribe to Care Knowledge and Research in Practice, which provides a wealth of research and resources accessible to our staff. Employees and managers are supported to access formal learning, as well as informal coaching and peer learning opportunities. There are also opportunities to participate in shared learning with our NHS partners and take advantage of the training offer supported by NHS England and Health Education England. We have closely worked with University of East Anglia to offer significant research opportunities to our staff.

We aim to stay at the forefront of Learning and Development in social care. We:

- Have taken part in the pilot of the Oliver McGowan Mandatory Training materials and are reviewing our offer in this area
- Lead nationally on the development of the social work apprenticeship
- Are training practitioners in our Learning Disabilities service to embed Positive Behavioural Support training, as part of a wider roll out across the system to service providers

Learning and Development Review

We are undertaking a review of learning and development across the department to ensure it aligns to our priorities, is clearly presented, and creates opportunities for workers across the service.

Our Vision for Learning and Development

- All teams have a culture of learning where opportunities for development are promoted within everyday work
- All staff are confident they have the right skills and knowledge for their work, and know how to access resources, coaching or formal training where gaps are identified
- Individual strengths and weaknesses are regularly reviewed through performance development conversations and within individual supervision/1-to-1s, which ensures staff are in the best position to provide an excellent service
- Recommendations from audit and practice reviews inform individual, team and service learning and development activity and opportunities
- The learning offer for employees provides the 'golden thread' throughout the organisation

Social Care Institute of Practice Excellence

The Social Care Institute of Practice Excellence (SCIPE) provides a home for all social care learning and development across Norfolk County Council. By working with colleagues in Children's Services, it ensures that we work together to build a stronger workforce. It supports a shared strategy around student social workers, Student Occupational Therapists and apprentices to ensure the work is joined up across Children's and Adult Services and those on placement receive an equitable experience that supports their development. SCIPE also supports opportunities for more experienced staff to progress into managers and leaders as well as considers the training needs of the staff within Adult and Children's Services. The SCIPE Board includes the Directors from Adult Social Services and Children's Services (CS) as well as Heads of Department from University of East Anglia and City College. This joined up approach supports the work of the Suffolk and Norfolk Teaching Partnership, maintains oversight of Adult Social Services and Children's Services Social Care Health Checks, and ensures engagement with Social Work England as the regulator.

Leadership

Leadership and Management

The Norfolk Development Academy approves and delivers the corporate offer for aspiring, new and experienced leaders and managers and provides a range of development opportunities for all, irrespective of their department. These are delivered through programmes, courses, workshops, toolkits, and support, covering a wide range of key leadership responsibilities and skills, including:

- New manager induction
- Communicating and managing change
- Managing conflict, virtual teams, budgets, sickness and long-term absence
- Situational leadership
- Creative thinking
- Coaching and mentoring

Personal coaching from a qualified executive coach is available for managers, as is the option to work with a mentor. The Level 5 Operations/department manager and Level 6 Chartered manager apprenticeship can also be accessed.

The academy also provides a range of development opportunities for core skills, for all employees.

Social Care Leadership and Management

Team managers undertake a critical role within Adult Social care, ensuring the quality of social care practice, supporting employees with prioritisation of work, providing effective supervision and management oversight for casework while maintaining concern for the well-being of their staff.

As such, it is crucial that managers have the right training, knowledge, skills and support to undertake their role. We encourage managers to learn through on-the-job experience, informal and formal learning. This is supported by their Heads of Service who:

- Support shadowing arrangements
- Observe group and personal supervision and provide feedback
- Undertake collaborative case audit
- Regularly review team performance data
- Jointly reflect on case work and support case discussions
- Request and review feedback from service users, families, carers and multiagency partners

We provide social care managers to access:

- Resources from the Practice Supervisor development programme, which help professional leadership develop as practice supervisors in the key areas of Relationship-based practice: emotionally intelligent, reflective, curious supervision practice; developing and supporting excellent practitioners; systemic thinking and parallel processes; applying theory to practice; influencing the practice system.
- A social work MA module on Models of Leadership and Management and Supervision and Staff Development in Operational Management delivered by the University of East Anglia.
- The NHS East of England leadership academy resources

We are reviewing our practice offer to Team Managers and Practice Consultants to take account of the challenges of hybrid working and the difficulties of ensuring good quality practice whilst managing heavy workloads, significant transformation, staffing challenges and remote led teams. We will implement buddy systems, a revised training programme and greater time for face-to-face peer networking.

Workforce Planning

Post Pandemic Recovery

The last two years have seen extraordinary pressures placed upon the local health and social care system. From the outbreak of the pandemic, we have acted swiftly, significantly increasing temporary capacity across a range of short-term services and staffing structures. These services and resources have enabled us to support an unprecedented number of people to leave hospital through the commissioning of short-term care and support on behalf of the system.

We will now need to work through a transition, away from this temporary hospital facing capacity and reallocating our workforce back towards our core activities and reduce our backlog, whilst considering how we can best continue to support our Integrated Care Sysytem and our support around the hospital discharge processes, with a continued commitment to deliver an integrated solution for intermediate care.

Strategic review

In March 2022 the Norfolk County Council cabinet committed itself to a review of how the council operates, as part of its work to bridge a predicted £60m budget gap in 2023/24. The council has procured a specialist partner to undertake internal and external benchmarking/data analysis to identify potential for change; to bring a method of design and implementation of change and to support the council in applying it and to contribute to the overarching governance and implementation of the change.

The cabinet also sees this as a way of making sure we are structured in a way that help us make the most of changes in technology, duties and expectations over the last 10 years and ensure Norfolk County Council is fit for the future.

This is an opportunity not only to make the council more cost-effective and efficient, but to look at how we empower staff, recruit and retain talented colleagues and create a clearer sense of progression. These are all things staff have flagged in staff surveys and feedback to managers.

Transformation

Connecting Communities

In Adult Social Services, we have a vision “to support people to be independent, resilient and well”. For the past five years, we have delivered this vision using our Promoting Independence Strategy. In 2002 we are moving to the next phase of this strategy with an 18-month Connecting Communities Transformation Programme. We will review our process and how we support people early in the social care pathway and help their care needs before they escalate.

Over the next 18 months (2022-2023) we will work in partnership with front line teams, the voluntary sector, providers, and districts to empower communities to develop the support they require, specific to their unique strengths and needs.

Liberty Protection Safeguards

The Mental Capacity (Amendment) Act 2019 introduces the Liberty Protection Safeguards (LPS) which will replace the Deprivation of Liberty Safeguards (DoLS). Currently Norfolk County Council is a Supervisory Body with responsibilities under Deprivation of Liberty Safeguards to carry out assessments and authorise arrangements for people who are deprived of their liberty in care homes and hospitals.

To transition from the Deprivation of Liberty Safeguards system to the Liberty Protection Safeguards there will be a requirement to both develop, evaluate and recruit to some new roles, in line with the requirements of the new scheme, and also to provide development and training opportunities for some existing roles, so that they can confidently take on new tasks

Revising the short term out of hospital offer

We want to review what our short term out of hospital offer is as part of a health and social care intermediate care offer. This will allow us to focus more resources on home first services, including greater therapy input, and moving away from a reliance on short-term beds.

Norfolk First Services (NFS) Review

We are undertaking a review of the way that our Norfolk First Response service operates to refresh our operating model in order to alleviate pressure from high level of accumulated responsibilities in practice, to ensure the service is structured to deliver at Place in support of the Integrated Care System, to support the culture and values with in Norfolk First Response to reflect Promoting Independence, Living Well and Ageing Well and to support the development of a progression-rich environment, providing opportunities for staff development.

Social Care reform

In 2021, the government set out its strategy for reform of social care – [People at the Heart of Care: adult social care reform](#). This is a 10-year vision for how social care will be transformed in England. The white paper describes priorities for investment in social care and describes how investment in adult social care funded from the new Health and Social Care will be managed. There are significant workforce implications that we will need to be understand, map and implemented, to make these reforms a sustainable reality.

Succession Planning

Succession planning is an important part of the talent management process. It provides a way to identify key roles, people with the right skills and positions that may need filling in a short space of time. It also provides a way to cut the costs of recruitment, ensuring that we build a workforce that will be empowered and equipped to deliver the social care that our Norfolk citizens deserve and that our staff can be proud of.

An Equitable, Inclusive and Diverse Workforce

Equality, Diversity, and Inclusion

We want to build on the work that has already started in the wider organisation around Equality, Diversity, and Inclusion (EDI), demonstrating our commitment that everyone in our organisation is valued, and help us work towards being an inclusive employer. Our aim is to be a service where all our employees are respected and valued, where there is equality for development and progression, and we have an inclusive and diverse workforce.

Our objectives and priorities for equality, diversity and inclusion, and the operational challenges we face, are set out in the Cabinet report of 6 March 2023.

Objectives relevant to this workforce plan are summarised below:

Objective 1: Promoting race equality and eliminating racism across our workforce

- Our social care workforce is increasingly ethnically diverse (it is more diverse than the population of Norfolk) and this will continue as we welcome more international workers to help fill vacancies in social care. This makes tackling racism even more important – it is not just about keeping people physically and psychologically safe, but also about recruitment and retention so that we can continue to provide social care services to the people of Norfolk.
- Our ethnic minority employees continue to report racism at work by service users and in their personal lives. Norfolk County Council agreed a Motion on 20 July 2020 to reaffirm the Council's commitment to race equality, to prioritise actions to eliminate racism and to use our influence to actively promote race equality.
- We have listened to feedback from our ethnic minority employees, and it is evident there is more we can do to tackle racism. This includes reviewing our policies and procedures to ensure they are clear and easy to apply and that managers are equipped to

support employees experiencing racism. It also means always challenging unacceptable behaviour and working and communicating in ways that actively promote race equality.

Our [EDI Plan for 2023 to 2026](#) sets out in detail the work we are doing to tackle racism and promote race equality – to keep our ethnic minority employees safe.

We are also using the SCWRES tool to measure current experiences. Looking at data across the nine indicators of the SCWRES, we have been able to identify where there are inequalities and through discussions with colleagues, networks, and wider organisational services we have been able to come up with an action plan that is solution focused.

The WRES Action Plan will be monitored, reviewed, and evaluated following engagement and consultation with the WRES Project Group, the Advisory and Employee Networks and other colleagues. The plan will be reported on every three months and there will continue to be regular communication with all colleagues, including sharing key findings from the analysis and action plan. [For more information about the WRES Action Plan, visit the NCC website.](#)

Objective 2: Providing services, information and environments that can be accessed, understood, and used to the greatest extent possible by all disabled people

Everything that we provide - whether computer software, websites, physical buildings, equipment, or correspondence must be accessible for disabled employees.

Disabled people experience many barriers to independence. The nature of these barriers varies – depending on whether someone is blind, D/deaf, neurodivergent, or if they have learning disabilities or a physical or mental health disability. What works well for one employee – such as bright light to enable someone with sight loss to see more easily – may create an obstruction for someone else – e.g., an autistic person may find bright light distressing.

Some reasonable adjustments are straightforward, but many require technical skill – such as making sure that websites are accessible for blind people who use screen readers. Working with disabled employees to identify which barriers should be prioritised is important, so that we address the greatest barriers first.

We are committed to continuing to review and update our communications, both for the public and our workforce, to ensure that they can be accessed, understood, and used to the greatest extent possible by all, regardless of their ability or disability.

We are aware of the limitations of our buildings and working environments which can act as a barrier to people with disabilities being fully involved with our service. As we consider our working environment and the needs of others, we will continue to consider any additional resources required to ensure that it is fully inclusive for all, regardless of any protected characteristics.

Objective 3: Promote equality for our LGBTQ+ colleagues

Norfolk is home to a growing number of lesbian, gay, bisexual, transgender, non-binary and gender-fluid people. According to the Office of National Statistics, 3.89% of Norwich residents are bisexual – the highest of any local authority in England. As we continue on our journey to be more inclusive, we need to be open to change and look for opportunities for further development and redesign.

Areas that have already been highlighted and will be looked at include:

- Supervision
- Reflective Practice Sessions
- Team Meetings
- International Recruitment
- Business systems can accurately record someone's sex and gender identity

Objective 4: Deliver our EDI transformation plans in response to external inspections, peer, and safeguarding reviews

External inspections and safeguarding reviews have recommended actions we should take to strengthen work on equality and inclusion. We know our areas for development from the feedback from recent peer review and Safeguarding Adults Review which we

need to address by considering targeted actions to bridge the gaps in knowledge and skills. We will support with reviewing the corporate EDI learning and development offer and look for further opportunities within our service to support learning and address gaps.

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Delivering on our Priorities

Delivering this strategy is a vast, complex undertaking which will require an ongoing, evolving process. To ensure we achieve the vision we have set out in the strategy, we are implementing a 12–18-month Workforce Plan, consisting of seven workstreams:

- Recruitment
- Retention and Reward
- Learning and Development
- Leadership and Management
- Wellbeing
- Equality, Diversity and Inclusion
- Future Social Care Workforce Plan Implementation

We have identified priorities for each workstream and have held workshops with colleagues from ASSD and HR to determine objectives. Over the coming months, we will have regular meetings to turn strategy into action and deliver these priorities.

We will review the strategy on a yearly basis to evaluate the progress of each workstream and reassess the priorities we have identified.

Dependencies and opportunities for joint working

This strategy is being developed and delivered during a period of great transformation in Adult Social Services and Norfolk County Council. We need to be aware of these dependencies to ensure that the priorities we have outlined are aligned to those across the department and council, avoid duplication of effort, and ensure we make the most of opportunities for joint working.

There are several key strategic documents and plans which we must ensure we are aligned to. These include the Norfolk County Council HR Strategy, the Norfolk County Council Wellbeing Strategy, the Integrated Care System Workforce Plans, and the Norfolk and Waveney Adult Social Care Workforce Strategy.

There are also a number of transformation programmes, which will have a workforce impact and which we will need to bring together under this strategy, for example, the Connecting Communities transformation programme and Social Care Review.

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Measuring Success

For each workstream under the 12–18-month Workforce Plan, we will develop a set of key metrics, which will allow us to identify what success looks like and monitor our progress towards that success.

Workforce Data

We will use monthly workforce reports which are reviewed by our People Plan Steering Group to understand the impact of our measures and performances. These reports will cover establishment, vacancy rates, turnover, agency worker usage, starters and leavers and sickness rates and are reviewed regularly to track performance.

We also utilise workforce dashboards for Social Worker capacity and trend data. We will have enhanced capability and establishment control through the introduction of a cutting-edge HR and Finance system called myOracle, which will enable managers far greater self-service and data analytics capability.

Staff Voices

Our annual Employee Engagement survey ensures that we listen to what our staff tell us about their working life and make plans to improve their experience. Statistical analysis by our external survey partner identifies the key drivers of employee engagement for Adult Services employees. We continue to see positive scores post pandemic, which indicates despite the challenges that we face.

The Social Care Health Check provides further detail about the social work workforce data alongside the experience of all social care staff. It ensures there is a specific focus on improvements year on year.

Through this strategy and related actions plans, we expect results to continue to show improvement in both data sets, as well as through key vacancy and turnover metrics.

Extract of 'Key Drivers' results for Adult Social Services - Employee Survey 2022:

<div>Key Drivers</div> <div>↑</div> <div>Impact</div>	Key drivers of Employee Contribution	2022	2021	2020
	There is a clear link between my Performance Development Discussion and my team's goals	71	69	67
	My manager recognises that speaking openly about work related issues provides an opportunity to improve things	78	77	75
	My employer demonstrates a genuine concern for my health, safety and well-being	70	68	62
	NCC's Directors and Heads of Service inspire me to use my own initiative	57	58	49
	I often experience excessive pressure in my role*	70	71	70

*Reverse log-i.e. a lower score is a better outcome



Good score/outcome



Moderate score /outcome.
Capable of improvement.



Poor score / outcome
Take steps to improve.

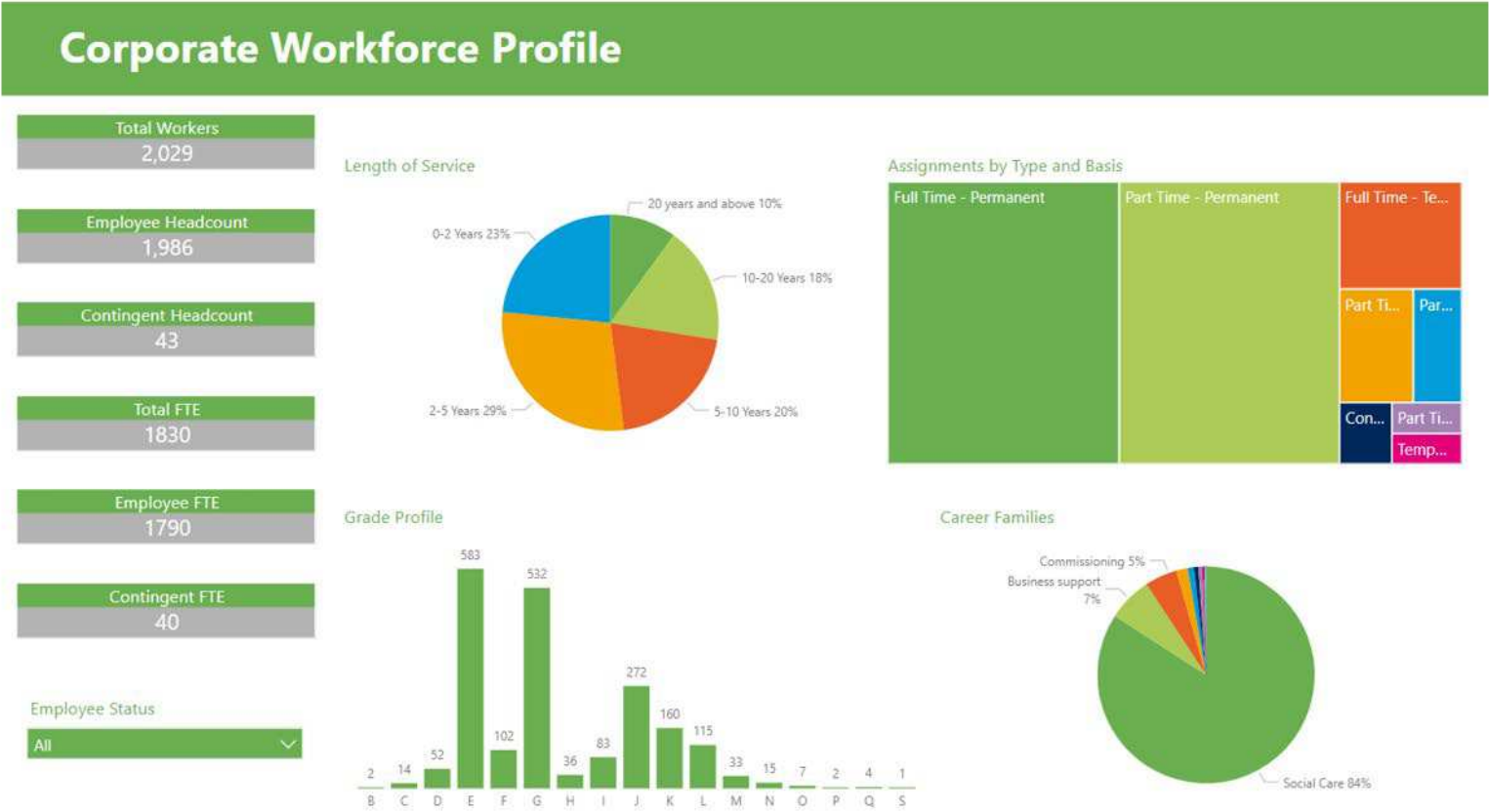


Appendices

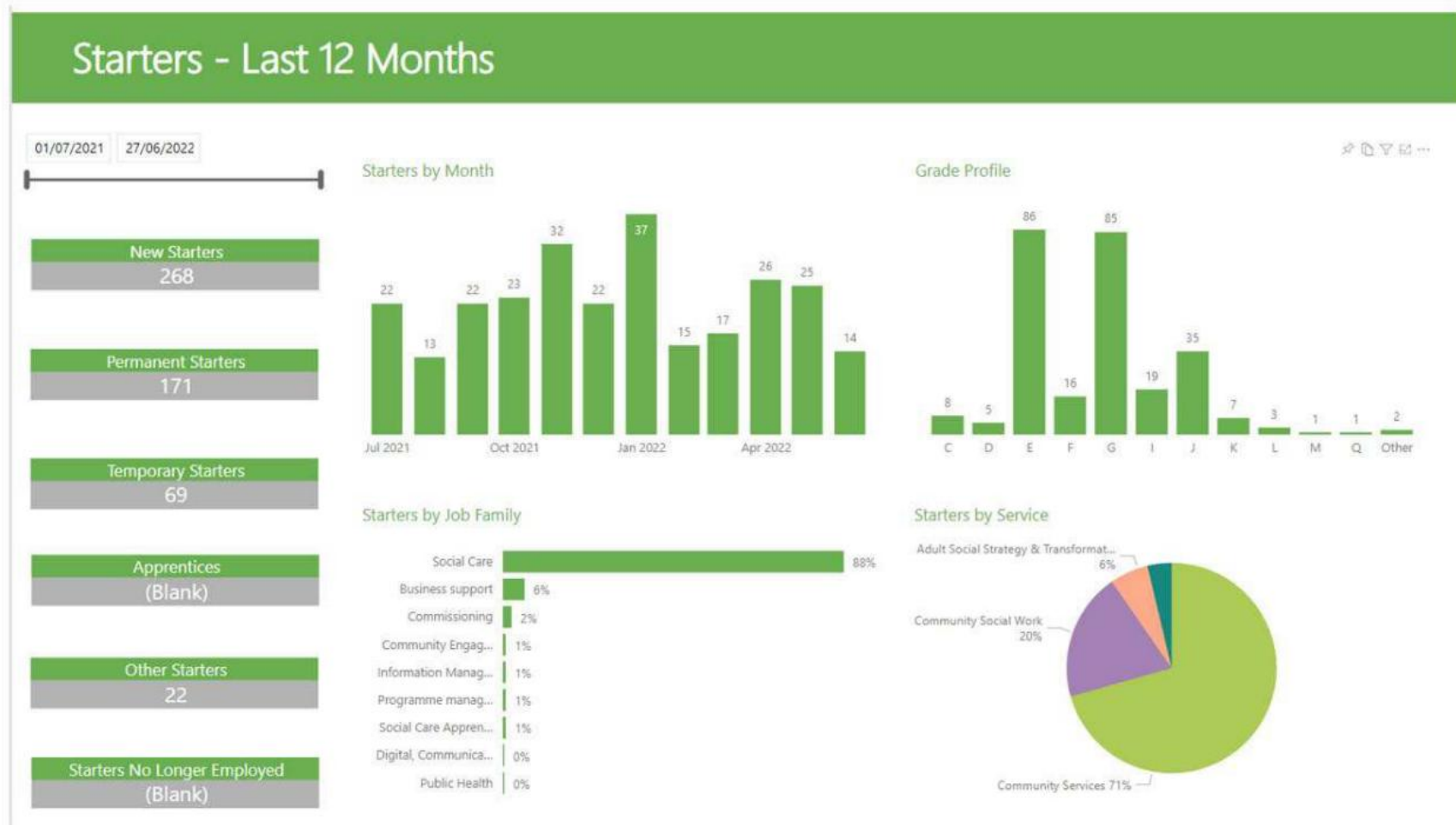
Appendix 1: ASSD Dashboard Summaries – June 2022



Adults Workforce Data – Workforce Profile



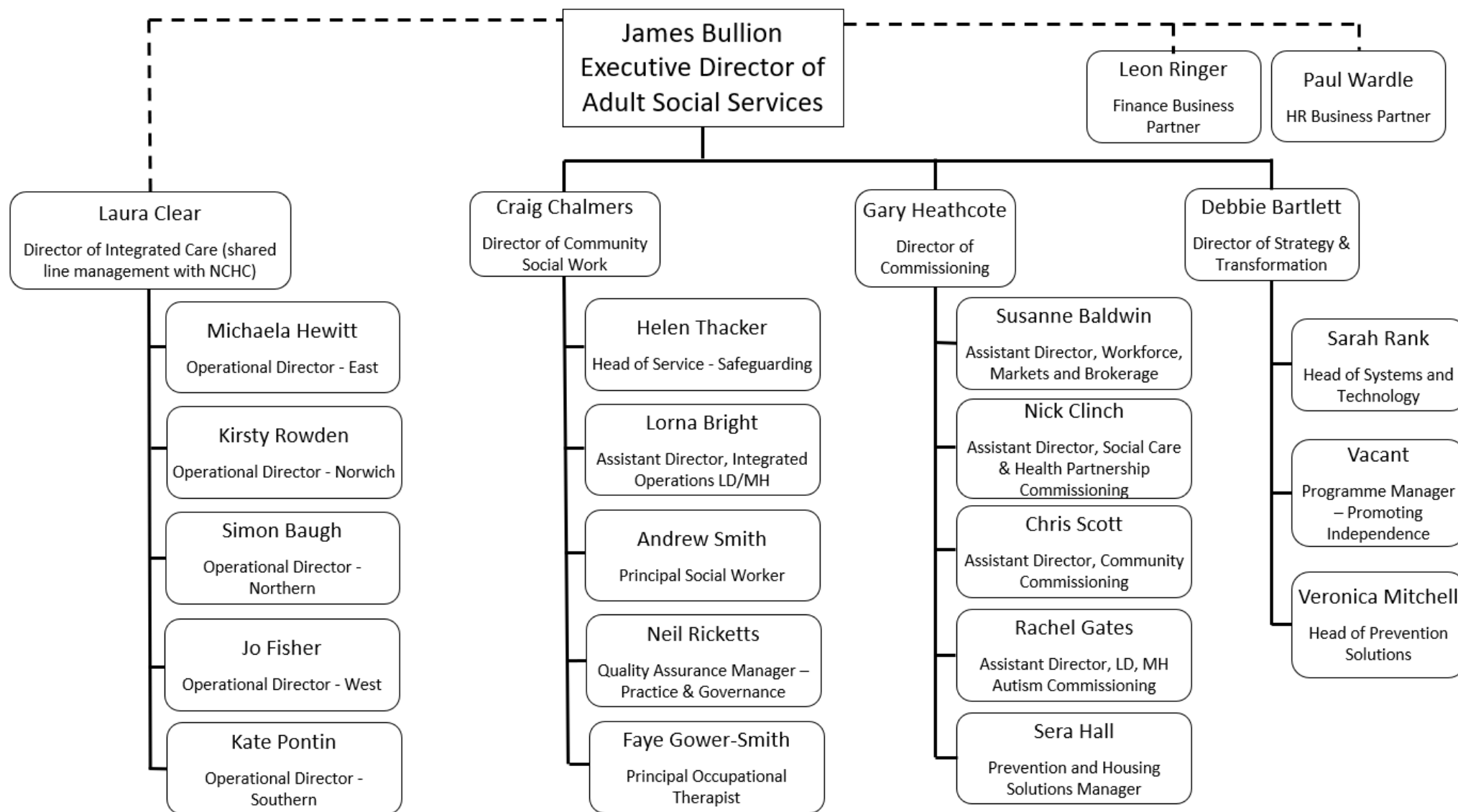
Adults Workforce Data – Starters



Adults Workforce Data – Leavers



Appendix 2: DLT and SMT Structure – January 2023



Actions

1. To agree the forward plan and suggest reports for future meetings or information for circulation in Member briefings.
2. To note the member briefings circulated to the Committee since the last meeting, attached to the forward plan as appendices.

Date	Report	Issues for consideration	Cabinet Member	Exec Director
14 July 2023	Social Care Reform Update		Cllr Alison Thomas	James Bullion
	ASC Workforce Strategy refresh		Cllr Alison Thomas	James Bullion
	Safety Valve and Local First Inclusion		Cllr Penny Carpenter	Sara Tough
	SEN policy and inspection framework		Cllr Penny Carpenter	Sara Tough
	Capital Programme		Cllr Penny Carpenter	Sara Tough
	Quality Framework		Cllr Bill Borrett/Cllr Alison Thomas	James Bullion
15 September 2023	Norfolk Safeguarding Adult Board Annual Report		Cllr Alison Thomas	James Bullion
	Winter Planning		Cllr Bill Borrett	James Bullion
	Adult Social Care Digital Strategy		Cllr Alison Thomas	James Bullion
	Children's Social Care review and Norfolk Response		Cllr Penny Carpenter	Sara Tough
	Mental Health Strategy for Adult Social Services		Cllr Alison Thomas	James Bullion
	Recreational Drugs and Alcohol Task and Finish Group		Cllr Bill Borrett	Stuart Lines

17 November 2023	Norfolk Armed Forces Community Covenant – Annual		Cllr Margaret Dewsbury	Tom McCabe
19 January 2024				
15 March 2024				

Items to be sent to Members as briefing notes:

- Home Schooling – March 2023
- Update on the music service – Month TBC
- carers social impact bond – **Month TBC**

Items to be scheduled as either reports or briefing notes:

- Update on SEND transformation programme and new SEND units - **month TBC**
- Task and finish group to consider how a code of conduct can be agreed to govern discussion of sensitive issues – **Month TBC**
- Carers Strategy – **Month TBC**
- processes in place around new foster carers and re-registration of returning foster carers – **Month TBC**

People and Communities Select Committee

Item No:

Report Title: Update on the Social Work Workforce in Children's Services

Date of Meeting: 17 March 2023

Responsible Cabinet Member: Cllr John Fisher (Cabinet Member for Children's Services)

Responsible Director: Phil Watson, Director of Children's Social Care

Executive Summary

The Select Committee has requested an update regarding progress of the current position of the Social Work Workforce

This note briefly summarises the current state of the Social Worker (SW) workforce, as well as progress and activity towards achieving a fully established and stable workforce of in Children's Services

Recommendations / Action Required

The Select Committee is asked to note the contents of the briefing paper.

1. Background and Purpose

1.1 The current state of the national job market for Social Workers is still extremely challenging, with most Authorities experiencing issues with recruitment and retention of these staff. In Norfolk we hope that achievement of our 'Good' OFSTED rating published in January 2023 will support our work towards a fully permanent and stable social work cohort.

1.2 The government has recognised these issues within the published Independent Review of Children's Social Care 2022 and is currently consulting upon national social care reforms following recommendations in that report. These include some workforce measures to address and control the use of agency workers, have much more clearly defined and manageable social work roles, and create an early career framework for those entering the profession.

- 1.3 Whilst needing to maintain stability in our wider Social Worker workforce, our key focus has been to support the recruitment and retention of Family Assessment and Safeguarding Teams (FAST) Social Workers, where we have had the most significant difficulties in retaining employees.

1.4 It is not unusual in all Local Authorities that is these particular practitioners working at the sharp end of safeguarding and children work, where the greatest turnover and attrition occurs.

2. Proposal

2.1 The following tables set out the workforce establishment for front-line Social Workers (including newly qualified, experienced and senior social workers). They do not include management positions:

All Front-line Social Workers	Establishment - level 1,2 & 3 Social Workers (FTE)	Employed Social Workers (FTE)	Agency Social Workers (FTE)	Total FTE (Agency & Employed)	Turnover % (Dec 22)	Vacancies (FTE)
Dec 2022	288.26	259.30 (90 %)	24.8 (8.6%)	284.10	16.5%	28.96 (10.0%)
Jan 2022	316.02	250.82 (79.4%)	23.1 (7.3%)	273.94	21.3%	65.2 (20.06%)

During last 12 months we have had 46 external leavers and 48 starters (Headcount - includes NQSWs) within these teams.

We have restructured some services, which has reduced our overall establishment, however we have made progress towards increasing our establishment of employed Social Workers as can be seen in the figures with 90% of posts filled on an employed basis.

Family Assessment & Safeguarding Teams (FAST)	Establishment - level 1,2 & 3 Social Workers (FTE)	Employed Social Workers (FTE)	Agency Social Workers (FTE)	Total FTE (Agency & Employed)	Turnover % (Dec 22)	Vacancies (FTE)
Dec 2022	129	111.24 (86.2%)	12.4 (9.6%)	123.62	16.8%	17.76 (13.8%)
Jan 2022	129	83.88 (65%)	17.4 (13.5%)	101.3	21.3%	45.12 (35.0%)

During last 12 months we have had 19 external leavers and 34 starters (Headcount - includes NQSWs) within these teams. These figures show an improvement of 21% in posts filled by employee Social Workers.

2.2 We have undertaken or continued with the implementation of a range of activities to support of recruitment and retention during this period, including:

- **Financial Incentives:**
 - Financial incentives – such as welcome payments and retention payments to FAST social Workers (51 payments to date)
 - Incentives for appropriately performing social workers to convert to employment (39 offers, with 3 acceptances)
 - 'Recommend a Friend' payment (5 in total; 2 for FAST)
 - Welcome payments for experienced SWs joining specific teams
- **Working Practices/Model:**
 - Locality practice management arrangement to best support newly qualified social workers in case holding positions
 - A 'Deal for Social Workers' to support professional development and reduce bureaucracy
- **Focus on Key Recruitment Pipelines:**
 - We have also now started to benefit from our investment in our Social Worker apprenticeships programme, with our first cohort of graduates (8 for Children's) in Jan 2023.
 - International Recruitment Programme, where we recruit quarterly cohorts
 - Recruitment campaigns/BAU recruitment - Online advertising and editorials; virtual events; attendance and presentation at Community Care live; TV advertising; increased use of digital media and contact
 - Development of a regional recruitment portal for Children's Social Workers – due to 'go live' April 2023
- **Well-being**
 - Conducted Clinical Supervision pilot in FAST to better support well-being and resilience and currently considering how that can be mainstreamed and embedded to best support the emotional impact of the work.

2.2 We have also engaged an external organisation (Research in Practice) to undertake qualitative work to directly engage with Social Workers and managers, to better understand and improve retention rates. There is a roll out programme of management and leadership events across April/May 2023 to disseminate the learning and better enable teams and practitioners to be supported undertaking the job they do.

2.3 In relation to the recommendations from the national children's social care review, there are also plans to pilot elements of the 'family help' approach which will see Social Workers supported by a much greater range of roles and disciplines in managing their work as part of multi-disciplinary teams, and Norfolk is awaiting details on how it might apply to become a pathfinder which would come with funding from the DfE.

2.3 We will continue to work hard to maintain and hopefully improve stability of our workforce and would like to thank Elected Members and the wider Council your continued support in this critical workforce priority

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 Health and Safety implications (where appropriate): N/A

8.6 Sustainability implications (where appropriate): N/A

8.7 Any Other Implications: N/A

9. Risk Implications / Assessment

9.1 Inability to recruit and retain sufficient permanent staff in core service areas, in particular Social Work, is recorded on the Children's Services departmental risk register as a potential issue should we fail to maintain stability of our workforce.

10. Recommendations

The Select Committee is asked to note the contents of this briefing paper

11. Background Papers

11.1 N/A

Officer Contact

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